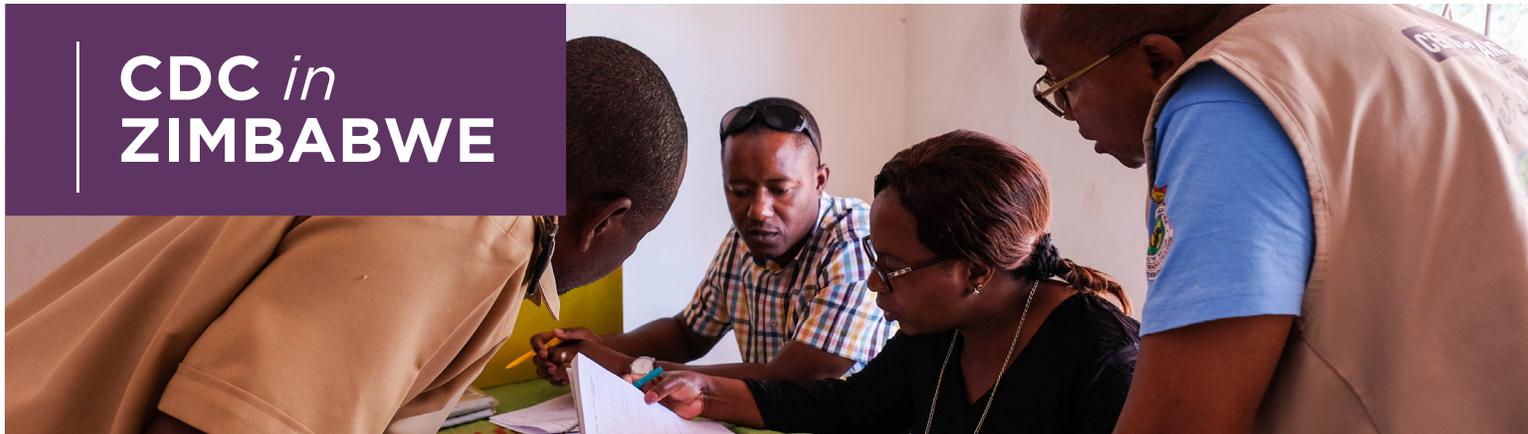


CDC *in* ZIMBABWE



Accessible version: <https://www.cdc.gov/globalhealth/countries/zimbabwe/>

The Centers for Disease Control and Prevention (CDC) established an office in Zimbabwe in 2000, with an initial focus on HIV interventions and health systems strengthening through the Leadership and Investment for Fighting an Epidemic (LIFE) Initiative. CDC's support expanded in 2011 to include interventions for malaria under the U.S. President's Malaria Initiative. CDC works with Zimbabwe and local organizations to support health systems strengthening and increase access to and quality of HIV and malaria interventions.



Implemented integrated HIV Testing Services (iHTS) strategy in 2019 in response to a need for differentiated testing models to find undiagnosed People living with HIV (PLHIV). The proportion of new positives identified through index testing increased over time.



>50,000 PLHIV offered index testing in 2019 by CDC supported HIV programs. Of those, 96% accepted index testing and >70,000 contacts were obtained. Through index testing efforts, >10,000 new positives were identified.



PEPFAR and CDC have prioritized TB Prevention Treatment (TPT) scale-up as a strategy to end TB.



Transition from paper-based to electronic systems towards developing a comprehensive EHR and LIMS continued in 2019. The long-term goal is to build integrated electronic data collection systems that will feed into the District Health Information System (DHIS-2) national repository.



Data suggests that adolescent girls and young women are most likely to have a recent HIV test result across all districts. CDC Zimbabwe plans to scale up the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program that provides counseling and PrEP provisions.



Conducted the first Integrated Biobehavioral Survey (IBBS) among MSM and transgender women/gender queer individuals (TGW/GQ) in Zimbabwe between March and July 2019 through a partnership with ICAP at Columbia University.



Increased local partner funding from 6.4% to 27% in 2019. The Extramural Management Branch improved the capacity of local partners to manage cooperative agreements.



Released ZIMPHIA 2015-2016 in August 2019. This PEPFAR initiative, implemented in collaboration with CDC, showed the face of the epidemic has changed in Zimbabwe. ZIMPHIA 2020 began data collection in November 2019.



CDC supports the Inter-Country Support Team, East and Southern Africa (ESA) based in Zimbabwe. CDC provides technical support on the elimination of measles, the control of rubella/congenital rubella syndrome, and maternal and neonatal tetanus.



All ESA member states have established a goal for Maternal and Neonatal Tetanus (MNT) elimination and for measles elimination by 2020, in alignment with the Global Vaccine Action Plan (2011-2020) and the African Regional Immunization Strategic Plan (2014-2020).



Malaria cases and deaths increased in 2019. The President Malaria Initiative/CDC advisor provides support for major malaria interventions including vector control, pharmaceutical and supply chain management, surveillance, monitoring and evaluation, and social and behavioral change communication.



Viral Load testing capacity scaled up in 11 laboratories in 2019 from the 6 laboratories in 2016, with support from CDC laboratory program through a robust mentorship program, integrated sample transportation system, optimizing the Laboratory information management systems (LIMS).

PrEP SUCCESS STORY IN MAZOWE

A young woman learns how to prevent HIV

Mazowe district is using a Peer-to-Peer model to raise Pre-Exposure Prophylaxis (PrEP) awareness and create demand for service uptake amongst adolescent girls and young women (AGYW) at risk of contracting HIV. Through the model, a total of 523 AGYW were reached with messages between January and December 2019, including a 21-year old sex worker who we will call Hope in this story.

CDC recommends PrEP as an HIV prevention strategy. Taking PrEP medication (a pill) as prescribed reduces the risk of getting HIV via sexual contact by about 99%.

Most of the time Hope uses protection during sex but occasionally, some clients pressure her into having unprotected sex by offering additional cash. Hope has also been physically and sexually abused. All her clients have been of unknown HIV status. Hope has been treated for Sexually Transmitted Infections (STIs) several times but does not have HIV.

Hope learned about PrEP through a PrEP Champion at Bare Clinic in February 2019. That month she decided to initiate PrEP as she considered herself to be at risk of contracting HIV. She also consented to follow-ups through phone calls and visits at her home by community health workers.

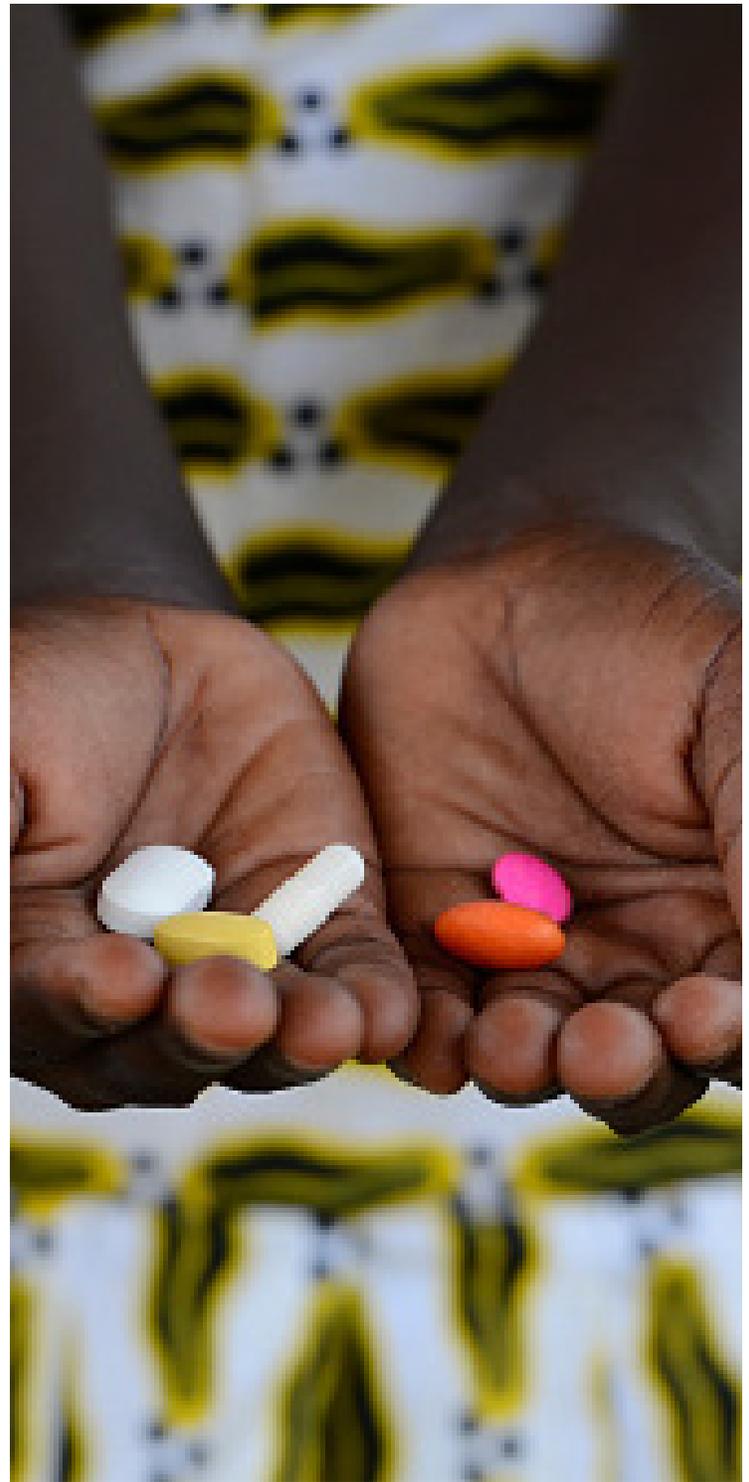
Two weeks after starting PrEP Hope failed to turn up to one of her scheduled visits. PrEP Champions followed-up with an in-person visit to her home.

“Taking pills daily is proving to be more work than I anticipated. Yes, I am at risk, yes, I want to remain HIV negative for the rest of my life, but the pill burden is way too much for me. What should I do?” Hope shared.

After noting her concerns, Hope was referred to her local clinic for further counselling. She received more information on the benefits of combination HIV prevention and provided with adherence counselling.

Hope decided to re-initiated PrEP in April 2019 and since then has been consistently taking her drugs. She continues getting adherence support from PrEP Champions. Hope last tested for HIV in September 2019 and her results came out negative.

Hope remains a role model sex worker who refuses to let her lifestyle determine her HIV status. “Though I still have unprotected sex once in a while, I feel safe because I know I have some level of protection. PrEP has given me control over my health. I am prepared,” Hope said during our last encounter.



CDC STAFF

- 8 U.S. Assignees
- 32 Locally Employed



AT A GLANCE

Population: >14,000,000 (2019)
 Per Capita income: >\$ 1,000
 Life expectancy at birth: 60 M/ 63 F
 Infant Mortality Rate: 60/1,000

Sources:
 World Bank 2019, Zimbabwe
 Population Reference Bureau, Zimbabwe



TOP 10 CAUSES OF DEATH

1. HIV/AIDS
2. Respiratory infections & TB
3. Enteric (intestines) diseases
4. Neglected Tropical Disease & Malaria
5. Other infections
6. Maternal & neonatal
7. Nutritional deficiencies
8. Neoplasms (cancers)
9. Cardiovascular (heart) diseases
10. Chronic respiratory diseases

Source:
 GBD Compare 2017, Zimbabwe



For more country information
www.cdc.gov/globalhealth/countries/zimbabwe