



CDC in 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.



CDC STAFF

- 8 U.S. Assignees
- 29 Locally Employed



AT A GLANCE

- Population: 16,529,904 (2017)
- Per capita income: \$1,850
- Life expectancy at birth: F 62/M 58 years
- Infant mortality rate: 50/1,000 live births

Sources:
World Bank 2018, Zimbabwe
Population Reference Bureau 2018, Zimbabwe



TOP 10 CAUSES OF DEATH

1. HIV/AIDS
2. Lower respiratory infections
3. Tuberculosis
4. Ischemic heart disease
5. Neonatal disorders
6. Diarrheal diseases
7. Stroke
8. Protein-energy malnutrition
9. Diabetes
10. Road injuries

Source:
GBD Compare 2018, Zimbabwe



HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with Zimbabwe to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

CDC works closely with Zimbabwe's Ministry of Health and Child Care (MOHCC) to strengthen and expand the country's response to the HIV epidemic. CDC's partnership with the MOHCC focuses on HIV prevention interventions such as voluntary medical male circumcision and prevention of mother-to-child transmission; HIV testing and counseling; expansion of antiretroviral treatment services for people living with HIV; improvement of health information systems for case-based surveillance; and strengthening Zimbabwe's laboratory network for HIV and tuberculosis (TB) diagnostics.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

With TB as the leading cause of death among people living with HIV, CDC supports the integration of HIV and TB services and TB infection control in health facilities. CDC is also providing technical assistance and direct support in the nationwide scale up of TB preventive therapy, to reduce morbidity and mortality among people living with HIV.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are the groups most affected. Under the U.S. President's Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of Zimbabwe to support the implementation of malaria prevention and control interventions. These interventions include providing long-lasting insecticide-treated nets and indoor residual spraying, preventing malaria in pregnancy, and improving diagnostics and case management.

CDC has engaged in various activities to support malaria prevention, testing, and treatment in Zimbabwe, including:

- Providing support to the MOHCC's goal of universal coverage of long-lasting insecticidal nets in the 30 high-burden malaria districts with moderate to high transmission of malaria.
- Training health facility workers and community health workers to improve malaria case management.
- Procuring approximately 1 million doses of sulfadoxine-pyrimethamine for treatment of malaria in pregnant women, supporting the National Malaria Control Program's policy on malaria in pregnancy.
- Providing technical assistance to refine the quality assurance of rapid diagnostic tests throughout the health system, and providing recommended best practices for implementation.

Water-Borne Disease Outbreaks

CDC Zimbabwe has also responded to requests from MOHCC to provide technical support for water-borne disease outbreaks. Between September and December 2018, CDC provided MOHCC with technical experts and supplies to strengthen laboratory and clinical surveillance during a cholera outbreak affecting more than 10,000 individuals.

In 2018, at the request of the MOHCC, CDC headquarters provided technical assistance through the temporary deployment of 15 experts supporting the following areas: disease surveillance, laboratory specimen processing, case management, coordination, technical guidance for vaccination campaigns, and emergency water, sanitation, and hygiene (WASH) activities. The experts worked with the ministry, city health and other stakeholders including Médecins Sans Frontières' (MSF), WHO and UNICEF to standardize case definitions, improve data quality, improve clinical management, and assist the lab with specimen processing and testing for antibiotic sensitivity.



2018 CDC IMPACT IN ZIMBABWE



More than 1.2 million Zimbabweans are receiving antiretroviral treatment (ART) through CDC-PEPFAR support, representing approximately 83% coverage of people living with HIV across the country.



In 2018, CDC supported approximately 70,494 voluntary medical male circumcisions, the cornerstone of biomedical HIV prevention in Zimbabwe.



CDC supported 7 central laboratories across the country to scale up viral load testing, with approximately 84% of those undergoing testing achieving viral suppression.



Supported the National Malaria Control Program by procuring approximately 1 million doses of sulfadoxine-pyrimethamine for treatment of malaria in pregnant women.

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

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