

## STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) works closely with Zimbabwe's Ministry of Health and Child Care (MOHCC) to further expand the robust national HIV response to reach HIV epidemic control. CDC Zimbabwe has provided technical assistance (TA) and supported program implementation to build Zimbabwe's public health capacity and technical expertise while enhancing the infrastructure required for a high-impact, sustainable HIV response.

Current areas of strategic focus include:

- HIV prevention, testing, and antiretroviral treatment (ART),
- HIV and tuberculosis (TB) screening, treatment, and TB infection control program integration,
- Laboratory support for HIV and TB diagnosis and monitoring, and
- Health systems infrastructure strengthening, including health information systems, public health disease surveillance, capacity building, and quality improvement.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

### HIV Case-Finding

CDC Zimbabwe and other implementing partners support the MOHCC-targeted and innovative HIV case-finding strategies. The strategies include HIV index case-testing in both facility and community settings, HIV self-testing, targeted testing using risk screening, specific outreach for hard-to-reach key and vulnerable populations, and HIV case-based surveillance.

### HIV Treatment Program

Collaborative efforts between CDC Zimbabwe and MOHCC have resulted in the expansion of ART to over 1.2 million Zimbabweans, translating to approximately 83% of people living with HIV (PLHIV) across the country receiving HIV treatment with ART (PEPFAR program data). This is largely the result of technical assistance, direct human resource support, and strong coordination among stakeholders.

### Voluntary Medical Male Circumcision (VMMC)

VMMC is a cornerstone of biomedical heterosexual HIV transmission prevention in Zimbabwe; an estimated one new female-to-male HIV infection is averted with every eight male circumcisions. In Fiscal Year 2018, CDC Zimbabwe provided technical assistance and support to the MOHCC to successfully conduct 70,494 circumcisions (PEPFAR program data).

### Surveys, Surveillance and Program Information

CDC Zimbabwe is supporting the MOHCC to scale-up and rollout HIV case-based surveillance. By the end of 2019, CDC anticipates more than 150 health facilities will be reporting data on newly diagnosed and recently infected persons.

The first Zimbabwe Population based HIV Impact Assessment (ZIMPHIA), conducted in 2016, provided epidemic decision-making data. The second ZIMPHIA will start data collection in November 2019 and provide an estimate on progress toward reaching epidemic control.

CDC, in conjunction with ICAP – Columbia University, is conducting the first men who have sex with men (MSM) size estimation survey in Zimbabwe. The survey will enable us to better understand and serve the stigmatized high-risk key populations who may not be seeking HIV services.

### TB/HIV:

CDC Zimbabwe is collaborating with the MOHCC and the UNITAID-funded IMPAACT4TB project to implement, scale-up, and evaluate TB preventive treatment (TPT). New, shorter, safer TPT drug regimens will be rolled out; this includes isoniazid and rifapentin (3HP) taken once weekly.

### Laboratory Support

CDC, working in partnership with the MOHCC, is strengthening universal access to viral load (VL) testing for all people on treatment. Program data for 2018 indicates approximately 492,000 patients were able to access a VL test with a national viral load suppression rate of 84%. Innovations to increase access to VL testing include optimization of the Integrated Sample Transport (IST) systems, improved result management systems, and Clinic Laboratory Interface (CLI). Capacity building continues through external quality assurance and strong quality management to support HIV and TB testing and monitoring activities.

### Key Country Leadership

President:  
Emmerson Mnangagwa

Minister of Health:  
Obadiah Moyo

U.S. Ambassador:  
Brian A. Nichols

CDC/DGHT Director:  
Shirish Balachandra

[Country Quick Facts](http://worldbank.org/en/where-we-work)  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$1,790 (2018)

Population (million):  
14.44 (2018)

Under 5 Mortality:  
50/1,000 live births (2017)

Life Expectancy:  
62 years (2017)

[Global HIV/AIDS Epidemic](http://aidsinfo.unaids.org)  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 12.7% (2018)

Estimated AIDS Deaths  
(Age ≥15): 19,000 (2018)

Estimated Orphans Due to  
AIDS: 580,000 (2018)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
1,086,674 (2018)

[Global Tuberculosis  
\(TB\) Epidemic](http://who.int/tb/country/data/profiles/en)  
([who.int/tb/country/data/profiles/en](http://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
221/100,000 population  
(2017)

TB patients with known HIV  
status who are HIV positive:  
63% (2017)

TB Treatment Success Rate:  
81% (2016)

TB Mortality:  
12/100,000 population  
(2017)

**DGHT Country Staff: 36**  
Locally Employed Staff: 29  
Direct Hires: 6  
Fellows & Contactors: 1

**Our success is built on the backbone of science and strong partnerships.**

July 2019 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

