Know Your Epidemic

• **15%** of adults are HIV-positive ZDHS 2010/11 compared to 18% in 2005-06
  – Currently, **18%** of women and **12%** of men are infected
• Prevalence is highest among the *widowed* and the *divorced/separated*
• Prevalence increases with **number of lifetime partners**
• **12%** of couples are discordant
• **6%** of young people age 15-24 are HIV-positive

Source ZDHS 2010-2011
Trends in HIV Prevalence Age 15-49 years

Percent HIV positive, women and men age 15-49 years

- Total: 2005-06 ZDHS = 18, 2010-11 ZDHS = 15
- Women: 2005-06 ZDHS = 21, 2010-11 ZDHS = 18
- Men: 2005-06 ZDHS = 15, 2010-11 ZDHS = 12
Trends in HIV prevalence 15-24 years

Percent HIV positive, women and men age 15-24 years

- Total: 2005/06 = 7.8, 2010/11 = 5.5
- Women: 2005/06 = 11, 2010/11 = 7.3
- Men: 2005/06 = 4.2, 2010/11 = 3.6
For Whom?: explicitly identify and prioritize on populations, geography, Age, Sex...

CRITICAL ENABLERS
- Political commitment / Advocacy
- Management, M&E, Procurement
- Research and innovation
- Community mobilisation
- Testing, counselling and referral
- Stigma reduction
- Gender violence/
- local response impacting exposure
- Laws, legal policies and practices
- Incentives

20%

MAJOR SYNERGIES
- Social Protection, Education, Health Systems, STI treatment, Blood safety, Gender, Legal reform, Poverty reduction, Employer practices

5%

75%

Source: Schwartlander, B
Draft Zimbabwe Combination HIV Prevention Framework

**Core programme areas**

- Medical male circumcision
- Condom Promotion
- ART/Positive Prevention
- PMTCT
- Key affected populations

**Complementary health interventions**

- HIV treatment and care, OI/STI treatment, blood safety
  - Sexual and reproductive health
  - Nutrition
  - Clinical GBV management

**Critical enablers / structural interventions**

- Strengthened health systems
- Policies
- Social protection (school attendance, cash transfers)
- Access by all populations concerned (youth, women, men)

**SBCC**

- Sexual behaviors and related norms
- Stigma
- Gender relations
- Demand creation for services through community, IPC, mass media, advocacy, leadership

**HIV Testing & Counseling**
Basis and Rationale of HIV Prevention Approach

- Given the primary transmission mode, significant emphasis on prevention of sexual transmission

- Primary orientation of behavior change communication is to increase acceptance of biomedical prevention services within target populations

- Applying the latest prevention technologies and “state-of-the-art” practices

- Utilizing evidence-based monitoring and evaluation methods to maximize public health impact

- Fully integrated within nationally “owned” prevention programs

- Investing our little resources into what gives us the best result
COMBINATION PREVENTION AND THE INVESTMENT FRAMEWORK

Zimbabwe sees the IF as an opportunity to:

• Review and re-prioritize the national response
• More realistic costing, resource flow analysis (both internal/external and monetary/non-monetary)
• Gaining on efficiencies and effectiveness and building an investment case for HIV
• Zimbabwe is committed to implementing the IF and coordinating the process to develop a roadmap for the next steps for Zimbabwe using the IF
THANK YOU