Antiretroviral therapy target declared by country:
Estimated number of people needing antiretroviral therapy (0-49 years), 2005:

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- **55 000** by the end of 2005

The prevalence of HIV infection varies with place of residence. The most severely affected areas (with average HIV prevalence of about 35%) are large-scale commercial farms, administrative centres, high-growth areas outside cities and towns, state lands and mines. Urban areas have an average HIV prevalence of 28% versus about 21% in rural areas. Other groups severely affected by HIV/AIDS include women who engage in sex work, uniformed personnel and orphaned children.

**Policy on HIV testing and treatment**

HIV testing is provided within the context of voluntary testing and counselling, diagnostic testing (preventing mother-to-child transmission, opportunistic infections and antiretroviral therapy) and blood safety. Rapid tests are most frequently used, and other tests are used for quality assurance. The country has a comprehensive response to HIV, especially for care and treatment, which includes treatment for opportunistic infections; community and home-based care and support; and antiretroviral therapy. Guidelines on antiretroviral therapy have been developed and disseminated. Treatment is provided free of charge where feasible, and coverage is limited and expansion has been limited due to a lack of funds. The government is committed to providing access to care and treatment to all people living with HIV/AIDS.

Antiretroviral therapy: first-line drug regimen, cost per person per year

<table>
<thead>
<tr>
<th>Antiretroviral therapy</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stavudine + Lamivudine + Nevirapine</td>
<td>321 000*</td>
</tr>
</tbody>
</table>

**Knowledge of HIV prevention methods (15-24 years) [%] - male**

- 2003: 21.7 - 27.8%

**Knowledge of HIV prevention methods (15-24 years) [%] - female**

- 2003: Not Available

**Reported condom use at last higher risk sex (15-24 years) [%] - male**

- 1999: 42

**Reported condom use at last higher risk sex (15-24 years) [%] - female**

- 1999: 69

**Reported condom use at last higher risk sex (15-24 years) [%] - male**

- 1999: 69

**Reported condom use at last higher risk sex (15-24 years) [%] - male**

- 1999: 69

**Knowledge of HIV prevention methods (15-24 years) [%] - female**

- 2003: Not Available

**Knowledge of HIV prevention methods (15-24 years) [%] - male**

- 2003: Not Available

**Reported number of people receiving antiretroviral therapy (0-49 years), 2005**

- May 2005: 293 000

**Estimated number of people needing antiretroviral therapy (0-49 years), 2005**

- Nov 2005: 23 000

**Estimated number of people receiving antiretroviral therapy (0-49 years), 2005**

- Dec 2005: 321 000*
In 1987, the government established the National AIDS Coordinating Programme to lead the national response to the epidemic. A multisectoral National AIDS Council was established in 1991, including representation from the government, private sector, nongovernmental organizations, churches and people living with HIV/AIDS. The health sector response to HIV/AIDS is led by the Ministry of Health and Child Welfare. In 1999, the President launched the Joint United Nations Programme on HIV/AIDS (UNAIDS) Policy and National Strategic Framework, which formed the policy and operational base for responding to HIV/AIDS. Recent activities have included UNAIDS national policy development, the development and provision of voluntary counseling and testing and prevention of mother-to-child transmission services, promotion of comprehensive treatment and targeted interventions for sexually transmitted infections, HIV surveillance activities and overall HIV/AIDS coordination. In 2002, the government declared HIV/AIDS and the lack of antiretroviral therapy to be an emergency and committed funds to support the scaling up of antiretroviral therapy. The government intends to provide access to treatment to everyone in need. However, shortages of human resources, in adequate supplies of antiretroviral drugs, psychosocial support and nutritional support. Plans are underway to decentralize the provision of antiretroviral therapy services and reach out to rural areas. Zimbabwe has a relatively comprehensive health care system with reasonably well-developed infrastructure. A fairly strong network of health facilities in both urban and rural areas serves as a ready platform for expansion. Tuberculosis control is also an important priority, and the increasing number of other health workers succumb to HIV/AIDS. Shortages of drugs and supplies comprise another major constraint essentially due to high and rising costs, the inadequate availability of foreign exchange reserves and fragmented procurement and distribution systems for drugs and supplies. Additional laboratory support (especially with regard to equipment and reagents) is required. The policy framework for expanding antiretroviral therapy services needs to be developed, including policies regarding payment for antiretroviral therapy services, social criteria for setting priorities among people receiving treatment in the public sector and workplace antiretroviral therapy programmes. Links between testing and counselling activities for excluding HIV/AIDS remains one of the biggest obstacles to the effective treatment and care of people infected and affected by HIV.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US$ 360 million and US$ 375 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 145 000 people by the end of 2005.
- In 1999, the Government of Zimbabwe introduced a levy to finance HIV/AIDS activities. Revenue from the National HIV/AIDS Levy (3% of taxable income) goes into the National AIDS Trust Fund, which is managed by the National AIDS Council. The National AIDS Council and its district structures disburse the funds directly to beneficiaries. Following the declaration of the lack of access to HIV/AIDS treatment as an emergency in June 2002, the government together with the National AIDS Council set aside approximately US$ 700 000 in 2003 and US$ 2.9 million in 2004 solely for the procurement of antiretroviral drugs. The Ministry of Finance has also put in place a facility to provide up to US$ 1 million per month to the Ministry of Health and Child Welfare for the purchase of antiretroviral drugs.
- Zimbabwe submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for total funding of US$ 14.1 million and two-year approved funding of US$ 3.7 million. The grant agreement was signed in May 2005, and as of November 2005, US$ 4.3 million had been disbursed for implementation of activities. Zimbabwe also submitted a successful Round 5 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total funding request of US$ 62.4 million and two-year approved funding of US$ 3.9 million. The focus of the proposal is to support a decentralized roll-out of antiretroviral therapy services in the country.

5. Treatment and prevention coverage

- In 2003, WHO and UNAIDS estimated Zimbabwe's total treatment need to be 290 000 people, and the WHO "3 by 5" treatment target was calculated at 145 000 (based on 50% of estimated need). In 2005, WHO and UNAIDS estimated that Zimbabwe's total treatment need had risen to 321 000 people.
- The number of centres providing antiretroviral therapy increased progressively from 5 in June 2004 to 48 in September 2005, covering 32 of 60 districts. As of June 2004, an estimated 6000 people were receiving antiretroviral therapy. The number of centres providing antiretroviral therapy had increased by 33 in 2005, and at the end of the year, 23 000 people were receiving antiretroviral therapy.
- In 2005, the number of patients being treated had doubled to 46 000, with the bulk of the increase coming from the public sector.
- As of September 2005, an estimated 6000 people were being treated.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Health and Child Welfare is responsible for delivering HIV/AIDS prevention, care and treatment services, including the national antiretroviral therapy programme, with support from various partners. More than 70 hospitals of different sizes operated by the government, nongovernmental organizations and the private sector have been identified for delivering antiretroviral therapy services. WHO provides normative guidance in developing treatment and training guidelines and other tools for delivering antiretroviral therapy. The Zimbabwe office of the United States Centers for Disease Control and Prevention provides technical support for a range of areas including reinforcing laboratory capacity, management capacity, surveillance and research. UNICEF is currently supporting the procurement of antiretroviral drugs, and the National Pharmaceutical Company is responsible for drug storage and distribution. The Medicines Control Authority of Zimbabwe is the drug regulatory authority.

Community mobilization

A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. Several nongovernmental organizations are involved in community-related work. The nongovernmental organizations operate under the umbrella organizations Zimbabwe AIDS Network and the Zimbabwe National Network of People Living with HIV/AIDS. Other institutions involved in community mobilization include the Southern Africa HIV and AIDS Information Dissemination Service (SAFARIDS).

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far
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SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

• Conducting a scoping mission to Zimbabwe in February 2004 in collaboration with UNAIDS and the Ministry of Health and Child Welfare to assess the current status of antiretroviral therapy implementation and the opportunities for scaling up access to treatment and to identify areas for WHO support
• Supporting the AIDS and Tuberculosis Unit of the Ministry of Health and Child Welfare and other partners in developing a comprehensive national plan for scaling up antiretroviral therapy
• Supporting the development of the National Health Sector Strategy for HIV/AIDS
• Supporting capacity-building for training in comprehensive management of HIV/AIDS including antiretroviral therapy at the provincial and district levels; supporting adaptation and implementation of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy to enhance training of first-level health workers and community support groups; and supporting the mentoring process to ensure sustained quality care for people living with HIV/AIDS
• Providing support for implementing the Global Fund Round 1 grant and developing the Global Fund Round 5 proposal
• Supporting the strengthening of the monitoring and evaluation system for the antiretroviral therapy programme within the context of the existing monitoring and evaluation system
• As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting the improvement of access to information on HIV prevention, sexual and reproductive health and infant feeding in the context of preventing mother-to-child transmission; making HIV counselling and voluntary testing available for couples, pregnant women and women contemplating pregnancy; and providing access to antiretroviral drug prophylaxis for the mother-to-child transmission of HIV and access to follow-up programmes for infants exposed to HIV
• Supporting the Ministry of Health and Child Welfare in establishing a team to implement and manage the rapid scale up of antiretroviral therapy
• Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future
• Assisting the government in reviewing policies and normative documents and standards on HIV/AIDS treatment and care for different levels of the health care system (primary, secondary and tertiary)
• Providing technical assistance in setting up systems for tracking people receiving antiretroviral therapy
• Providing technical support in developing systems for monitoring drug resistance
• Providing ongoing support for capacity-building
• Supporting the implementation of Phase II of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

Staffing input for scaling up HIV treatment and prevention
• Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include an international HIV/AIDS Country Officer and one National Programme Officer for HIV/AIDS.