

OCTOBER 2006

Key Messages

- **Turning the tide against HIV and AIDS is a top priority for DFID in Zimbabwe.** Progress is being made. DFID will provide £20 million to a five year behaviour change programme which is co-funded with USAID. The aim of this funding is to allow Population Services International (PSI) to develop communication campaigns to address issues such as HIV related stigma and multiple partnerships, as well as increasing HIV prevention services and commodities. Although there has been a decline in prevalence, the HIV infection rate at 18% is still one of the highest in the world.
- **We need to scale up the HIV response including increased access to Anti-Retroviral Therapy.** Zimbabwe has a higher proportion of people living with AIDS without access to treatment than any other country. We will support the Expanded Support Programme (ESP) for HIV/AIDS, Prevention and Treatment. The ESP is a multi-donor initiative, under the National Strategy for HIV and AIDS, involving UN agencies, working towards the goal of universal access by 2010 for all Zimbabweans in need of Anti-Retroviral Therapy (ART). The immediate beneficiaries of this support will be the 30,000 poor people living with HIV and AIDS who are currently unable to access ART. The ESP will also address the difficulties experienced by poor people in accessing prevention, treatment and care services. Subject to final approval, The UK expects to contribute £18.5 million over three years.
- **Working together through a national strategy is vital to manage the response to Orphans and Vulnerable Children.** Zimbabwe has over 1.8 million orphans and this number is growing (UNICEF 2005). We have given £22 million to UNICEF's response to the National Plan of Action in Zimbabwe in a bid to improve the plight of orphans and other vulnerable children across the country. This will support activities by civil society organisations to keep children in school and to protect them from all types of abuses.
- **DFID is working with others to develop a programme to reduce in maternal and infant mortality with other partners.** This aims to protect the lives of mothers and newborns affected by HIV and AIDS and to maintain access to family planning services, provision of contraceptives, improve access to lifesaving obstetrics and newborn care, reducing exposure to HIV infection during pregnancy, delivery and breastfeeding.
- **DFID is committed to supporting the reduction in child mortality.** DFID is working with UNICEF to plan a response to combat infectious diseases threatening the lives of women and children, including the provision of insecticide treated bed nets to protect against malaria and support to childhood vaccines.

Challenges Key Facts

- Zimbabwe has one of the highest HIV prevalence rates in the world, with 18% of adults infected (DHS 2006).
- Life expectancy has fallen to 37 for men and 34 for women mainly due to HIV and AIDS and low levels of treatment (less than 10%)
- In Zimbabwe, the maternal mortality ratio has increased at an alarming rate from 296/100,000 in 1994 to an estimated 1068/100,000 live births in 2005 (UNICEF, 2005), which is a long way off the MDG target of 174/100,000.
- One in twelve children dies before the age of five but most of these deaths occur in the first 12 months of life. The infant mortality rate has also been rising steadily – it is now estimated to be 72% higher than it would have been without HIV and AIDS.
- At least 57% of these are women. AIDS accounts for some 75 per cent of all patients in hospital beds.
- There are 3200 deaths a week and women account for nearly six out of ten deaths due to AIDS-related causes.
- Health services are under stress due to the depletion of staff (50% vacancy rate in health facilities) and declining budgets
- Almost one in three children has lost one or both parents, with a total estimate of 1.3 million orphans. The number of orphans will continue to grow with the peak of orphaning likely to be 10 years after the peak of HIV prevalence.

Progress

The HIV prevalence rate is beginning to decline. A significant share of the decline has been attributed to real changes in behaviour leading to lower exposure to the virus by high risk groups. Behaviour change has resulted (partly) from a sustained programme of prevention activities based on consistent messages, increased availability of condoms and reduction in concurrent partners. DFID has supported jointly with USAID the largest prevention programme in Zimbabwe and the results, though small, are significant and reinforce the need to deliver sustained support over a long period of time.

We believe that working with others and alignment with soundly-based national priorities in the HIV/AIDS and Orphan and Vulnerable Children sectors is the best way to make progress. DFID is working closely with other partners to support the HIV and AIDS response in Zimbabwe.