

# Health and Family Planning Overview

## ZIMBABWE



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Population:	11.4 million (BUCEN 2002)
Infant Mortality Rate:	65 (DHS 1999)
DPT3 Coverage:	80.9%, children 12–23 mos. (DHS 1999)
Nutrition:	26.5% stunting, children 0–59 mos. (DHS 1999)
Total Fertility Rate:	3.96 (DHS 1999)
Maternal Mortality Ratio:	695 (DHS 1999)
Contraceptive Prevalence Rate:	50.4%, all women, modern methods (DHS 1999)
Adult HIV Prevalence:	33.7 (UNAIDS 2001)
Current Living AIDS Orphans:	780,000 (UNAIDS 2001)
Demographic and Health Surveys:	1988, 1994, 1999
Multi-Indicator Cluster Surveys:	None

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### Country Profile

Rich with natural and human resources, industrial capacity, and a functioning infrastructure, Zimbabwe is full of development potential. In recent years, however, economic and political crises have wiped out many of the gains achieved since independence in 1980. Zimbabwe's involvement in the war in the Democratic Republic of the Congo consumes precious national resources. Exacerbating the situation, Zimbabwe suffers from one of the highest rates of HIV/AIDS in the world, which further erodes social and economic progress. Given the country's grave development situation, USAID in 1999 extended its program to 2005, reversing an earlier decision to close it.

**HIV/AIDS in Zimbabwe.** Zimbabwe has the world's third highest adult HIV prevalence rate behind Botswana and Swaziland. About one-third of the adult population is HIV-positive, and studies indicate that between 66 and 73 percent of all adult deaths in 2000 were attributable to AIDS. HIV/AIDS has reduced life expectancy to 39 years, and the U.S. Bureau of the Census projects that by 2003 Zimbabwe will have negative growth (between –0.1 and –0.3 percent) because of the epidemic's devastating impact. In response, the government has formed the National AIDS Council to coordinate a multisectoral response to the epidemic. The National AIDS Control Program coordinates health sector HIV activities. Zimbabwe spends approximately 60 percent of its health care budget on HIV/AIDS. Beginning in January 2000, a compulsory AIDS tax of 3 percent was levied on personal and corporate income to help address the AIDS crisis. Revenues from the tax are intended to help purchase low-cost generic drugs and address the needs of AIDS orphans. Donors and the public share concerns, however, about how the proceeds are spent.

### USAID Strategy

Building a stronger democracy and implementing an effective response to the catastrophic HIV/AIDS epidemic are USAID/Zimbabwe's two main goals. Both goals are key contributors to regional stability and progress. Toward these ends, USAID/Zimbabwe follows a five-year (2000–2005) strategic plan to mitigate the political and AIDS crises. The plan uses targeted interventions to help ameliorate the effects of Zimbabwe's social, economic, and political problems.

**Strategic Objective:** HIV/AIDS crisis mitigated

#### Intermediate Results:

- Behavior change resulting from use of quality services with proven effectiveness to prevent HIV transmission and mitigate impact at the household level
- Enhanced capacity to conduct advocacy to prevent HIV transmission and mitigate impact at the national level
- Enhanced capacity to support community responses to children affected by HIV/AIDS



## Major Program Areas

**HIV/AIDS.** For 2000–2005, USAID/Zimbabwe redesigned its HIV/AIDS objectives to promote behavior change beginning with voluntary counseling and testing (VCT) for HIV. At the policy and advocacy level, the Mission seeks to strengthen the ability of nongovernmental organizations (NGOs) and the commitment of the government to address HIV/AIDS. The Mission relies heavily on NGOs to implement social marketing and community approaches to VCT services. As a result, these services have become more accessible and affordable to a significant proportion of the population. The Mission is supporting efforts to reduce the risks of HIV and other sexually transmitted infections to pregnant women as well as a study of female condom use. USAID/Zimbabwe also has launched a program to generate increased community support activities on behalf of children affected by HIV/AIDS.

**Health and Family Planning.** Once one of the best public health systems in Africa, Zimbabwe's service delivery system is being eroded by the combined impact of HIV/AIDS and economic recession. In response, USAID/Zimbabwe strives to improve available health services and maintain consistent distribution of family planning and reproductive health supplies through the public and private sectors. USAID works closely with the U.K. Department for International Development (DFID) and the European Union to maintain progress in improving the reproductive health logistics system. USAID supplies contraceptives to the public sector, while DFID supplies condoms. USAID plans to reduce its contraceptive procurement, advocating that the government and other donors assume more responsibility. It will continue to support social marketing of condoms and other contraceptives, however, as an alternative less dependent on the public sector. The USAID/DFID-cofinanced PROFAM activity, which supplies low-priced contraceptives, is largely responsible for an increase in private sector contraceptive sourcing in recent years.

## Results

- With support from USAID, the government launched a national HIV/AIDS policy.
- The Mission's strategic objective team sought and obtained additional HIV funding after social marketing VCT activities and condom sales exceeded targets for a number of years.
- Most Zimbabwean adults do not know their HIV status, so 12 "New Start" VCT clinics have been established to increase individuals' self-awareness of their status.
- 250 community-based reproductive health workers received training in HIV/AIDS outreach skills.
- Condom sales totaled 15.7 million in 2001, exceeding the target of 11 million by 43 percent.
- A \$2 million oral contraceptive procurement contributed to a national contraceptive prevalence rate of 50 percent, one of the highest in sub-Saharan Africa.

## Major Implementing Partners

USAID/Zimbabwe's partners in implementing population, health, and nutrition activities include Population Services International, the Futures Group International, Catholic Relief Services, Pact, and the Population Council.



*This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).*

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