



ZIMBABWE

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Snapshot of the Strength of the Health Information System as a Source of HIV Data

Health information systems (HIS) are important tools in combatting the HIV epidemic, from the individual to the population level. Electronic health records contain individual patient information that helps clinicians provide high-quality care and can improve continuity of care across services and institutions. Laboratory information systems improve the submission of lab tests and the receipt of results. Logistic information systems can help forecast the need for medications and other commodities and reduce stockouts of antiretroviral drugs and other medications. Routine health information systems are used to compile this information for reports from facilities to the national level. Data use at all levels of the health system is necessary to monitor coverage of HIV interventions and progress toward targets. And finally, population-level surveys provide information on changes in behavior and HIV prevalence every few years; these data are needed to assess the impact of HIV programs over time.

HIV IN ZIMBABWE

- Adult HIV prevalence rate: 13.3¹
- Prevalence rate for women: 16.1¹
- Prevalence rate for men: 10.5¹
- Number of adults living with HIV: 1,300,000²
- Number of new HIV infections in 2016: 40,000²
- Number of AIDS-related deaths in 2016: 30,000²
- People living with HIV who know their status: 74%²
- People who know their status and are on antiretroviral therapy (ART): 87%²
- People on ART who have achieved viral suppression: 86%²

1 UNAIDS. (2017). AIDSinfo. <http://aidsinfo.unaids.org>

2 United States President's Emergency Plan for AIDS Relief. (2018). Country Specific Information: Zimbabwe. Retrieved from <https://www.pepfar.gov/countries/index.htm>

3 World Health Organization. (2018). Global Health Observatory: Zimbabwe Summary Statistics. Retrieved from <http://apps.who.int/gho/data>

4 United Nations Statistics Division. (2016). 2020 World Population and Housing Census Programme. Retrieved from <https://unstats.un.org/unsd/demographic/sources/census/censusdates.htm>

5 United Nations Development Programme (UNDP). (2018) Human Development Indices and Indicators: 2018 Statistical Update. Retrieved from <http://hdr.undp.org/en/2018-update>

6 International Telecommunications Union. (2017). ICT Development Index 2017. Retrieved from <https://www.itu.int/net4/ITU-D/idi/2017/index.html>



Population

16,150,000+³

Year of last census

2012⁴

Life expectancy at birth

59.8/63.1 years (m/f)^{3,5}

Total expenditure on health

10.3% GDP³

Physician density

0.077 per 10,000³

Nurse & midwife density

1.167 per 10,000³

Hospital bed density

17 per 10,000³

Internet users

23.12% of the population⁶

This is one of 13 briefs prepared by MEASURE Evaluation (funded by the United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief) to document the strength of a country's HIS as a source of reliable data for efforts to control the HIV epidemic.

HEALTH INFORMATION SYSTEM FACTS

Indicator name	Status	Global* status	Title and details
Health strategy	yes	72%	The National Health Strategy (NHS) for Zimbabwe 2016–2020
Health sector monitoring and evaluation (M&E) plan	no	42%	
Health information system (HIS) policy	no	19%	
HIS strategic plan	no	33%	Health Information System National Strategy for Zimbabwe 2009–2014
Core health indicators	yes	49%	The National Health Strategy (NHS) for Zimbabwe 2016–2020
HIS coordinating body	yes	26%	
Master health facility list	yes	28%	
Completed Health Metrics Network assessment	no	56%	
Population census within the past 10 years	yes	49%	2012 Census
Availability of national health surveys	yes	100%	2015 Demographic and Health Survey
Completeness of vital registration (births and deaths)	no	7%	17.2% complete for deaths; unknown for births
Electronic system for routine site-level data	yes	91%	https://www.dhis2.org/inaction
Health statistics office	yes	98%	http://www.zimstat.co.zw
Annual health statistics report	no	9%	Zimbabwe National Health Profile 2015
Health statistics website with latest data available	no	49%	http://www.mohcc.gov.zw
Data quality assessment aligned with health sector strategy	yes	67%	

Indicator name	Status	Global* status	Title and details
Performance of Routine Information System Management (PRISM) assessment conducted in any region or district	no	47%	
Percentage of facilities represented in health management information system reports is available	yes	74%	
Proportion of government offices using data to manage health programs (set and monitor targets) is available	yes	40%	
Measles coverage reported to the World Health Organization (WHO)/UNICEF	yes	98%	WHO and UNICEF estimates of immunization coverage: 2017 revision ; page 9.
Data on the number of institutional deliveries available by district and published within a year	no	28%	
Policies, laws, and regulations mandating public and private health facilities to report indicators determined by the national HIS	yes	33%	Public Health Act
Standards or guidelines for routine health information system data collection, reporting, and analysis	no	51%	
Procedures to verify the data quality	yes	47%	
Routine health information system forms allow for gender disaggregation	yes	60%	
At least one national health account completed in the past 5 years	no	35%	
Database of healthcare workers by district and main cadres updated in the past 2 years	yes	26%	Human Resources Information System (HRIS)
Annual data on tracer medicines and commodities in public and private health facilities available	yes	21%	National Medicines Survey, Zimbabwe Public Sector Report 2013 National Medicines Survey, Zimbabwe Private Sector Report 2013
eHealth strategy	yes	58%	Zimbabwe's E-Health Strategy 2012–2017
Completeness of disease surveillance reporting is available	no	28%	

* "Global status" is the percentage of the 43 countries tracked by the [HIS Strengthening Resource Center](#) that have a positive result (yes/no) for the indicator. A positive result (yes) indicates that the indicator is available and current; a negative result (no) indicates that the indicator is unknown, not available, or not current.

According to the 2005/2006, 2010/2011, and 2015 Zimbabwe Demographic and Health Survey reports, the proportions of reproductive-age women who were tested for HIV in the past 12 months and received the results of the test were 7 percent, 34 percent, and 49 percent for those years, respectively: a steady increase.⁷⁻⁹ The proportion of men in the same age group and respective years was 7 percent, 21 percent, and 36 percent.⁷⁻⁹ In addition, in 2015, 71.3 percent of pregnant women attending antenatal care received counseling on HIV, an HIV test, and the results of that test.⁷

According to the Zimbabwe Global AIDS Response Report 2016, the country's goal is for 81 percent of all people living with HIV to be on ART by the year 2020. As of 2015, it was estimated that 61 percent of those 15 years and older (adults) and 76 percent of children ages 0–14 years were receiving ART. ART retention among adults was estimated to be 85 percent for adults and 84 percent for children ages 0–14 years.¹⁰ The Zimbabwe population-based impact assessment

of 2015–2016 found that, of those living with HIV and on ART, 86.5 percent were virally suppressed (87.9% of women and 84.1% of men).¹¹

Zimbabwe's national strategy for the HIS for 2009–2014 is the most recent HIS strategy document. It stated, “[the national health] information system should have the capacity to collect, store, manage, process, analyze, report and disseminate reliable data on key health indicators on a regular and timely basis.”¹² Six overarching objectives to create such a system were outlined.¹² The activities required to meet the six objectives can be summarized as (1) harmonizing and revising data collection tools across sectors; (2) centralizing data storage; (3) updating SOPs and establishing coordinating committees to oversee implementation (e.g., create a technical working group to oversee the development of an eHealth framework); (4) addressing health sector training needs; and (5) producing timely and accurate reporting documents.¹²

7 Zimbabwe National Statistics Agency & ICF International. (2016). Zimbabwe Demographic and Health Survey 2015: Final Report. Rockville, MD, USA: Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. Retrieved from <http://dhsprogram.com/pubs/pdf/FR322/FR322.pdf>

8 Zimbabwe National Statistics Agency (ZIMSTAT) & ICF International. (2012). Zimbabwe Demographic and Health Survey 2010–11. Calverton, MD, USA: ZIMSTAT and ICF International. Retrieved from <http://dhsprogram.com/pubs/pdf/FR254/FR254.pdf>

9 Central Statistical Office/Zimbabwe & Macro International. (2007). Zimbabwe Demographic and Health Survey 2005–06. Calverton, Maryland, USA: Central Statistical Office/Zimbabwe and Macro International. Retrieved from <http://dhsprogram.com/pubs/pdf/FR186/FR186.pdf>

10 National AIDS Council. (2016). Global AIDS Response Progress Report 2016: Follow-up to the 2011 Political Declaration on HIV/AIDS, Intensifying our Efforts to Eliminate HIV/AIDS (Zimbabwe Country Report: Reporting Period: January 2015–December 2015). Retrieved from http://www.unaids.org/sites/default/files/country/documents/ZWE_narrative_report_2016.pdf

11 Ministry of Health and Childcare. (2016). Zimbabwe Population-Based HIV Impact Assessment: ZIMPHIA 2015–2016, Preliminary Findings Summary Sheet. Retrieved from http://phia.icap.columbia.edu/wp-content/uploads/2016/11/ZIMBABWE-Factsheet.FIN_.pdf

12 Ministry of Health and Childcare. (n.d.) Health Information System: National Strategy for Zimbabwe 2009–2014. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/country_docs/Zimbabwe/mohcw_national_health_information_system_strategy.pdf