HIV prevalence among adults appears to be declining, though it remains high. Adult HIV (15-49) prevalence (%) (1995-2009) [1]  

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult HIV</th>
<th>Year</th>
<th>Adult HIV</th>
<th>Year</th>
<th>Adult HIV</th>
<th>Year</th>
<th>Adult HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>36.0%</td>
<td>2000</td>
<td>19.5%</td>
<td>2005</td>
<td>14.5%</td>
<td>2009</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Nearly all women receive skilled care during pregnancy; not enough poor and rural women do during delivery. Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2009) [16] 

- 93% of women were reported to have utilized antenatal care (ANC) services at least once during pregnancy in 2009, though 2005-2006 data suggests that >65% did so after the 3rd month of pregnancy. (b) 80% had a skilled attendant during delivery, though disparities exist in utilization, with 92% of the richest women and 90% of urban women receiving care by a skilled attendant during delivery, as compared to 39% of the poorest and 49% of rural women.

In 2009, HIV-testing in pregnant women increased to 46%, compared to 15% in 2004. In 2008, 55% of ANC sites were reported to have HIV testing services. (a) There is evidence of high ANC utilization, suggesting either low utilization of testing services, or other barriers to HIV-testing in ANC.

Increasingly more women and children are receiving ARVs for PMTCTs, but the gap between mothers and infants is vast. Trends in percentage of HIV-positive pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [3] 

- In 2009, 56% of HIV-positive pregnant women received antiretrovirals (ARVs) for PMTCT; only 35% of HIV-exposed infants received prophylactic ARVs for PMTCT. With continued efforts to reach women with PMTCT services, and renewed commitment to addressing gaps in ANC access and delivery by a skilled attendants, national targets for PMTCT can be met.

:\n
**DRAFT: National Targets by 2015 [18]**

- 30% fewer HIV positive women have unmet need for family planning in 2015 than 2011
- 85% of HIV positive pregnant women receive antiretrovirals for PMTCT
- 100% of HIV-exposed infants receive virologic testing within 6 weeks of life
- 100% of HIV-positive pregnant women assessed for ART eligibility via CD4 testing
- 100% of sites that provide antenatal care also provide HIV testing & ARVs for PMTCT

**Strategic Focus of National Plan [18]**

**Integrate:**
- HIV prevention into ANC services;
- Family planning (FP) into HIV counseling and testing (HCT), PMTCT services, and pre-ART and ART services;
- HIV services into HCT and FP services; and
- PMTCT into HIV prevention programmes.

**Expand:**
- Availability of comprehensive PMTCT services for pregnant women;
- Early infant diagnosis; and
- Coverage of ART to sites that offer PMTCT.

**Strengthen:**
- Retention of mother-infant pairs in PMTCT;
- PMTCT monitoring & evaluation; and
- Participation of men in PMTCT services.

**POLICY ENVIRONMENT**

- Costed ZNAPSI 2011-2015 first draft developed [5]
- No costed sub-national plans [8]
- WHO option A adopted [8]

**BUDGET ENVIRONMENT**

- Global Funds (GFATM) recipient: R 1.5 & B [7]; limited re-programming of GFATM funds from R8 phase 2 for PMTCT underway [8]
- PEPFAR Programme Country [9]
- Domestic Health Financing:
  - Govt expenditure on health, as per cent of total govt spending: 8.9% [4]
  - Total Health Financing: [11]
  - Of pocket: 24%; Public: 34%; Aid: 19%; Private: 23%

**THE BOTTOM LINE**

If Zimbabwe is to reduce new infections among children, the following actions are essential:
- preventing new HIV infections among young women and improving access to family planning services among women living with HIV
- improving equitable access to skilled delivery by rural and poor women
- expanding PMTCT services in ANC sites and improving access to HIV testing within PMTCT services. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women.
- Improving access to PMTCT ARVs for HIV-exposed infants and women and therapy for the woman’s own health.
References

[6] Personal communications with UNICEF East and Southern Africa Regional Office
[21] Zimbabwe National Nutrition Survey, 2010- Preliminary findings