STATEMENT DELIVERED BY AMBASSADOR ALBERT R. CHIMBINDI ON DURING THE FIRST REGULAR SESSION OF THE UNICEF EXECUTIVE BOARD: 8 TO 11 FEBRUARY 2022

AGENDA ITEM 5: “ORAL REPORT ON UNICEF FOLLOW-UP TO THE RECOMMENDATIONS AND DECISIONS OF THE FORTY-SEVENTH AND FORTY-EIGHTH MEETINGS AND TWO SPECIAL SESSIONS OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS PROGRAMME COORDINATING BOARD”

President of the Executive Board - Ambassador Rodrigo A. Carazo

Executive Director, – Ms. Catherine Russell

Distinguished delegates

Allow me to take the floor on agenda item 5, whose subject matter is an important one to the African region, given the high HIV/AIDS incidence, prevalence, and risk of infection in Sub Saharan Africa, particularly, in Southern Africa, my own region.

The COVID-19 pandemic has impacted the fight against HIV/AIDS, rolling back decades of progress in awareness, prevention and treatment, further exposing the already vulnerable people living with HIV/AIDS. We commend UNICEF for its response to the COVID-19 pandemic on HIV/AIDS and are encouraged that it continues to be active and visible in Zimbabwe, playing a critical role in areas, under its purview, in the UNAIDS Programme Coordinating Board.

We welcome the elevation and separation of pediatric treatment, from adult treatment, and its combination with the elimination of vertical transmission (PMTCT) of HIV. This rejuvenated focus on children allows for equally focused interventions on ending the AIDS epidemic among children, who are UNICEF’s constituency.

Mr. President,
The Government of Zimbabwe has done a lot in fighting the HIV/AIDS epidemic, including instituting the landmark AIDS levy to mobilise domestic resources, demonstrating my Government’s commitment to end HIV/AIDS. With the support of the Global Fund and other partners, including UNICEF, Zimbabwe has also achieved strong results, including halving HIV/AIDS related deaths, from around 52 000 deaths, annually, in 2010, to the current average of 22 000 deaths.

With an estimated 5100 new child infections in Zimbabwe, among children aged 0–14 in 2020, we recognize the task ahead of us, and are confident that with the continued and strengthened support of our partners, especially UNICEF, we will eliminate mother to child transmission, as well as new transmissions in adolescents.

Mr President, Zimbabwe is also making progress towards the 90-90-90 targets, as set in our National HIV/AIDS Policy. We are among the sub-Saharan African countries with the greatest access to antiretroviral treatment (ART), with 88% of all people living with HIV on treatment. We appreciate UNICEF’s efforts in Zimbabwe to continue HIV treatment for over 10,000 children, 23,000 adolescents and nearly 14,000 pregnant and lactating women. We also acknowledge and appreciate the technical support for HIV prevention through the Global Fund.

In conclusion, we would like to emphasize that UNICEF’s comparative advantage in promoting the wellbeing of children makes it indispensable and uniquely positioned to support children and adolescents living with and affected by HIV/AIDS.

I thank You