



Ending HIV/AIDS with Children, Adolescents and Young Women

AROUND 1.3 MILLION LIVE WITH HIV IN ZIMBABWE, AND MORE THAN 10 PER CENT OF THOSE ARE UNDER 19 YEARS-OF-AGE.

YOUNG FEMALES SUFFER SIX TIMES MORE THAN MALES.

The situation

HIV and AIDS remains a challenge in Zimbabwe, with a prevalence of 11.58 per cent translating into an estimated 1.3 million people living with HIV in 2021. Of these about 72,100 were children 0 – 14 years and 77,300 adolescents aged 10 – 19 years. An estimated 53,000 pregnant women required prevention of vertical transmission of HIV services in 2021.

Women have a higher prevalence rate (14.7%) than men (8.7%). HIV incidence is highest in females for ages 15-29 years. Among the 15-19 years the incidence among females is 6 times higher than their male counterparts.

Zimbabwe has made great strides in prevention, resulting in a decline in estimated HIV prevalence rates from 25 per cent in 2002 to around 11.58 per cent in 2021. Similarly, incidence (new HIV infections) and AIDS related deaths, which peaked in 1994, have been declining sharply to less than 20,200 in 2021. Rapid progress must be made during this decade to remain on track to end AIDS

by 2030 and meet the set global targets: 95 per cent of people living with HIV knowing their HIV status; 95 per cent of people who know their status are on treatment; and 95 per cent of people on treatment are with suppressed viral loads. Currently, 96 per cent of adults know their HIV status; 96 per cent of adults living with HIV are on treatment and 93 per cent of adults on treatment have a suppressed viral load.

However, children are still behind in achieving the 95-95-95 targets: 73 per cent of children know their HIV status, 73 per cent children living with HIV are on treatment and 58 per cent have achieved viral load suppression. Concerned by the stalling of progress for children, and the widening gap between children and adults, Zimbabwe is a signatory to the global alliance to ensure that no child or adolescent living with HIV is denied treatment and to prevent new infant HIV infections by the end of the decade.



UNICEF Response

UNICEF is supporting the Government to ensure children, adolescents, pregnant and lactating women - especially adolescent girls and young women, including those with disabilities - access and utilize integrated HIV prevention, treatment and care services, which include mental health and psychosocial support (MHPSS), sexual and reproductive health and Gender Based Violence interventions, and adolescent engagement and participation.

This entails alignment of national guidelines with the latest World Health Organisation (WHO) recommendations, introducing new service delivery models and technology, and building capacity of the health workforce for HIV service delivery through on job training and mentorship.

UNICEF is supporting the scaling up of peer support mechanisms to ensure adolescents and young mothers living with HIV remain on treatment and are retained in care. The use of a peer support system

encourages other adolescents to open and freely discuss their experiences, thereby reducing stigma and promoting adherence to HIV treatment. This is supported by approaches that provide risk screening and counselling.

UNICEF is promoting and supporting engagement of young people, including the caregivers of children living with HIV, community-based health and social workers. UNICEF utilizes child friendly guidance and information, education and communication (IEC) materials that facilitate counselling and disclosure on HIV. Adolescents and young people are engaged in planning and monitoring interventions that affect them, including development of national strategies and guidelines ensuring that issues of adolescents and young people are well articulated.

The gains made through the HIV programs, in particular reducing the number of new infections in children and adolescents, must be sustained. At the same time efforts must be made to improve the quality-of-service delivery and to prioritize interventions for populations at high risk.

Target beneficiaries

10,000 children living with HIV

15,000 adolescents living with HIV

20,000 pregnant and lactating women living with HIV

15,000 Adolescent Girls and Young Women (AGYW)

CONTACTS

Zeinab Adam, Deputy Representative, Programmes
zeadam@unicef.org

Jacqueline Kabambe, Chief of HIV/AIDS and
Adolescents Development & Participation,
jkabambe@unicef.org

Alexandra Makaroff, Partnerships Specialist
amakaroff@unicef.org

TOTAL BUDGET \$1.9m

Strengthen national mechanisms, policies, and legislation for integrated HIV/Sexual Reproductive Health (SRH)/GBV/MHPSS services for adolescents, especially girls, adolescents with disabilities and adolescents in humanitarian situation. **\$400k**

Strengthen capacity of service providers to deliver HIV prevention and treatment services for children, adolescents and pregnant women. **\$500k**

Scale up HIV prevention amongst adolescent girls and young women through implementation of the core package of service **\$600k**

Equip adolescents and young people (10-24yrs) with information, knowledge, and skills to demand and access quality adolescent-friendly HIV/SRH/GBV/MHPSS services and information. **\$400k**