

HIV and Sexual Reproductive Health

ZDHS 2015 Key Findings

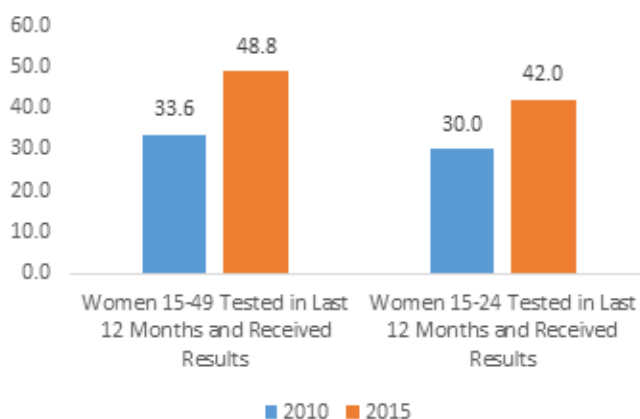
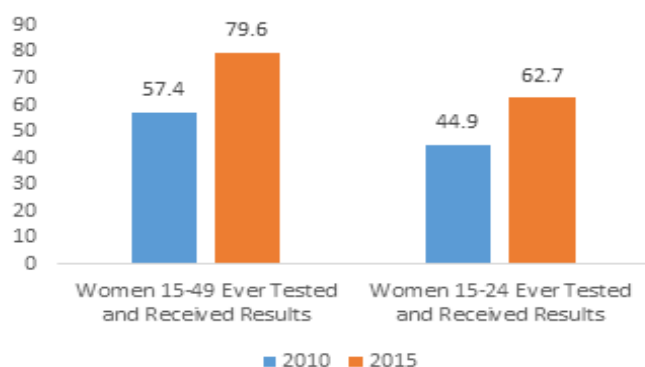


A 50% Increase in Testing Within the Last Year for both Women and Men

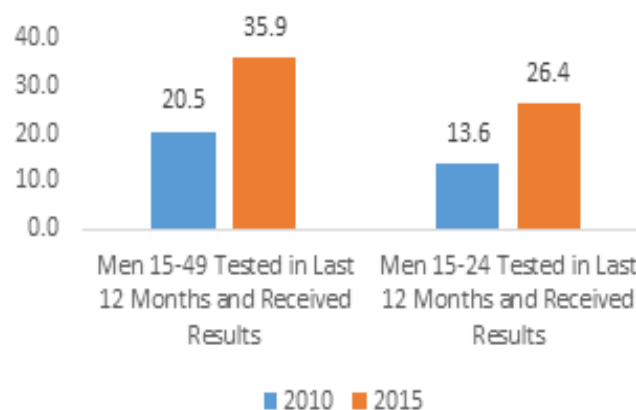
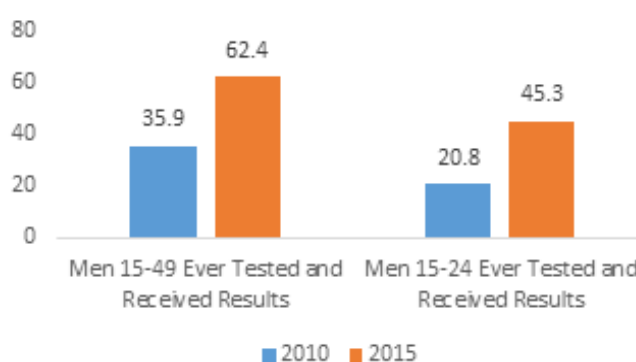
The increase in the percentage of women who tested in the last year can be partly explained by the successful rollout of the Prevention of Mother to Child Transmission (PMTCT) Programme.

For men, it could be partly related to availability of HIV testing in the Voluntary Medical Male Circumcision (VMMC) Programme, but the increase in testing among 20-24 year old men is largely attributed to other programmes, as only 12.8% men of that age group underwent circumcision.

HIV Testing among Women

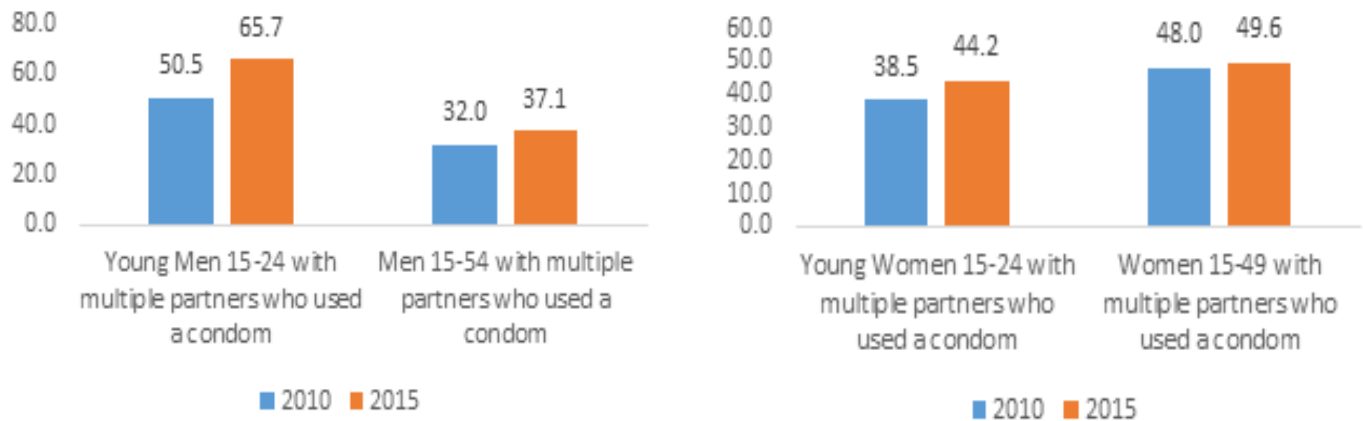


HIV Testing among Men



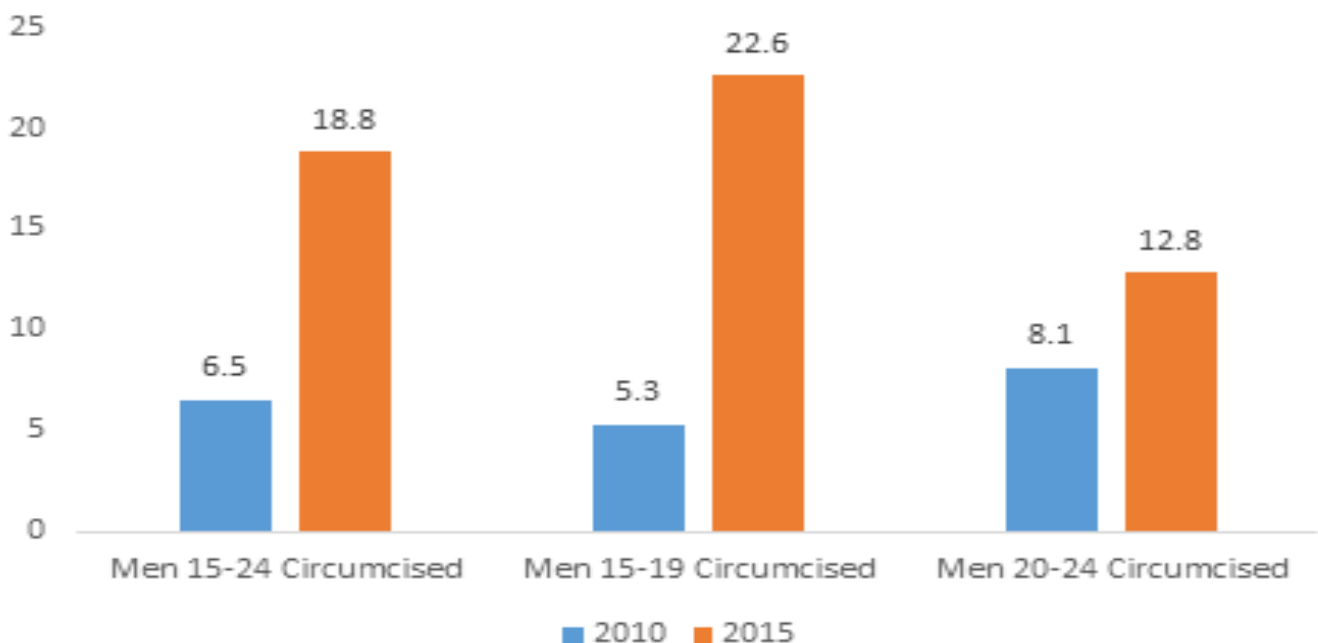
Condom Use Among Young Men at Risk Increased Significantly by One Third

Although the mean number of lifetime sexual partners did not change significantly and the percentage of men having multiple sexual partners has increased from 10.6 to 14.3% between 2010 and 2015, the ZDHS results show increased protective behaviours as condom use among young men with multiple partners increased by one third.



Successful Uptake of Male Circumcision

The 2015 ZDHS shows that the uptake of the VMMC programme has been effective, especially among men 15 to 19 years old.

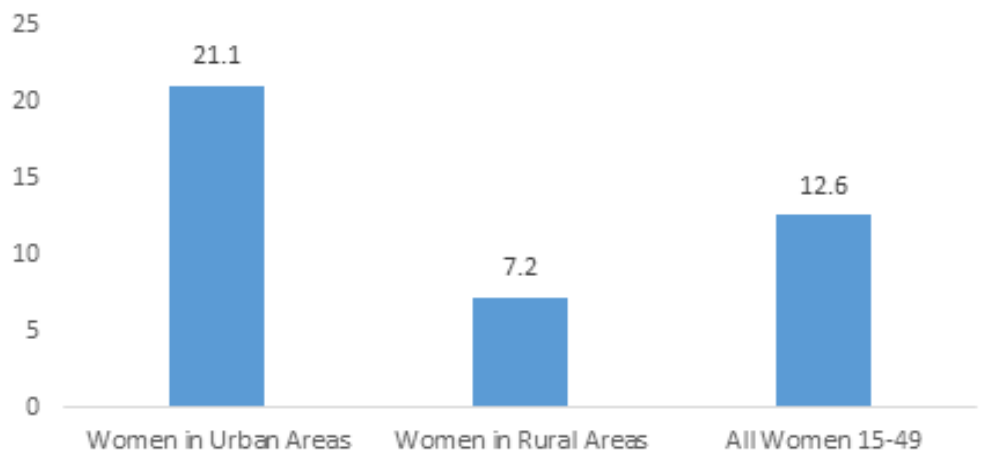


Prevention of Cervical Cancer

Cervical cancer is one of the leading causes of death among women of reproductive age and screening is the entry point for treatment. Cervical cancer is usually associated with high HIV and Human Papilloma Virus prevalence. The 2015 edition of the ZDHS has for the first time measured the prevalence of cervical cancer screening. Programme data show that in 2012, 7% of women had ever been screened, a figure that has nearly doubled in three years. The percentage of urban women screened (21,1%) is close to the 2018 national target of 25%.



Women Ever Screened for Cervical Cancer



Where to Invest More?

The results of the ZDHS confirm significant progress towards achieving the 90-90-90 targets. This is confirmed by the 2015 HIV estimates that show a 25% decrease in new infections (from 1% in 2010 to 0.74% in 2015). At least 77 300 people contracted HIV in 2010 compared to 57 300 people in 2015. HIV prevalence declined from 15% in 2010 to 13.8% in 2015.

The progress towards dual Elimination of Mother To Child Transmission (EMTCT) of HIV and Syphilis is also confirmed by the dramatic increase in the treatment rate of syphilis amongst pregnant women, from 42.8% in 2013 to 83% in 2015 (source; HMIS, 2015). In addition, the percentage of women who tested positive for syphilis has decreased by 60% in the same period.

As a whole, the increased testing, VMMC and increased condom use as highlighted by the 2015 ZDHS, shows that HIV prevention programmes were successful in changing behaviors. However, we are still far from the elimination of the epidemic as one in five women and one in three men have never tested for HIV.

Prevention efforts need to be re-invigorated so as to;

1. Leave no one behind: Reach out to young people, people in rural areas, poor urban youth and unmarried women; concentrate youth HIV interventions in places that have the greatest needs.

2. Strengthen condom programming through integration into SRH and HIV programmes, as it is cost effective and provides triple protection.

3. Strengthen health service delivery through systematic implementation of SRH and HIV linkages.

4. Support Ministry of Health and Child Care (MoHCC) to rapidly expand the cervical cancer programme, by increasing the number of facilities providing cervical cancer screening in the rural areas, through setting up new VIAC sites and outreach clinics.

UNFPA Work on HIV and SRH

Together with other partners, UNFPA works to improve HIV and SRH in Zimbabwe through interventions supported by UKaid, Government of Sweden, IrishAid, EU including the following:

- 1. The Demand Generation Programme** uses a home visit approach to disseminate information through interpersonal communication. Topics covered include family planning, cervical cancer, HIV, VMMC, teenage pregnancy. **1 600** Community Behaviour Change Facilitators were trained and operate in **26** districts. The programme reached **2** million people and resulted in approximately **700 000** people accessing Sexual Reproductive Health (SRHR) services between 2013 and 2015.
- 2. Through the VMMC Programme,** UNFPA has provided support to the MoHCC in policy development, generating evidence that supports programming (PrePex device), programme coordination and quality assurance.
- 3. The HIV/SRH integration Programme** has supported the development of guidelines, training tools in order to strengthen the health system, supported service delivery in **3** pilot sites and trained **2389** nurses to deliver integrated services.
- 4. The National Cervical Cancer Programme:** Through UNFPA's technical and financial support, the MoHCC has rolled out a national cervical cancer screening programme based on Visual Inspection with Acetic Acid and Cervicography (VIAC). With funding from the Integrated Support Programme (ISP), UNFPA's support includes procurement and distribution of equipment and consumables, training of health workers in screening and management of precancerous lesions (**178** to date). Using lessons learnt and experience from the two pilot sites, United Bulawayo Hospital and Masvingo Provincial hospital, the VIAC programme was expanded to **88** sites and more than **175 914** women were screened.
- 5. Management of STIs:** Through the Intergrated Support Programme for Sexual and Reproductive Health and Prevention of HIV and Gender Based Violence, UNFPA supported the revision of the Guidelines for Syndromic Management for STIs and the training of **1 700** health workers. UNFPA also procured **1** million HIV tests in 2014 and more than **220 000** Syphilis tests in 2015 alone.



Appreciation goes to the following partners who have provided financial and technical support to the ZDHS:

