

Fact Sheet - HIV Decline in Zimbabwe: Positive Behaviour Change Makes a Difference

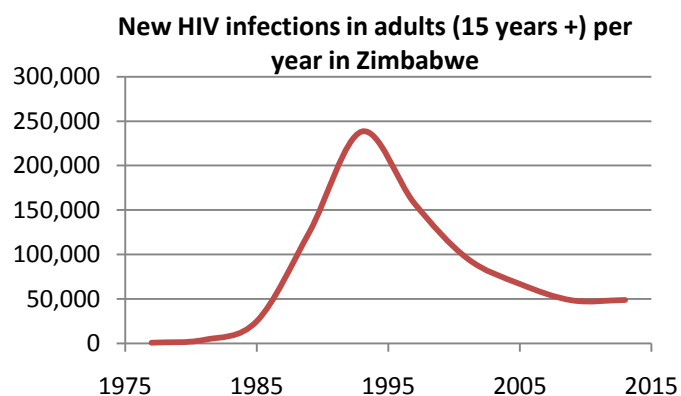
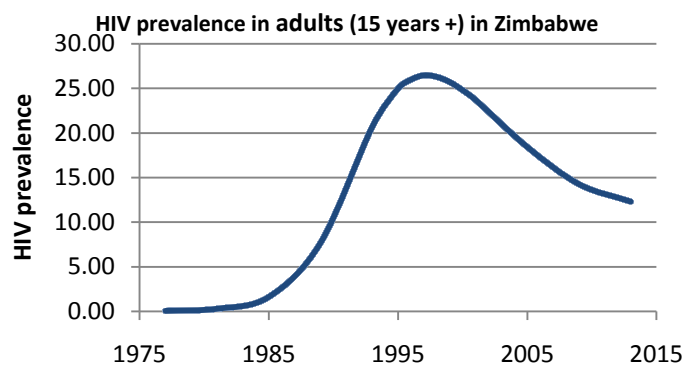
Southern Africa is the region most affected by HIV world-wide with HIV prevalence rates peaking between 10 and 40 % of the adult population. Zimbabwe is the only country in this region, in which HIV prevalence has declined substantially at national level. The story of this HIV decline is summarized in this fact sheet.

Clear evidence for an HIV decline

Zimbabwe's HIV decline is confirmed by different types of data, which makes experts confident that the decline is substantial and real.

- 1) There is a clear decline of HIV prevalence in pregnant women aged 15-49 visiting ante-natal clinics from 25.7 % in 2002 to 16.1 % in 2009.¹
- 2) Among young adult women and men aged 15-29 a similar HIV decline was found in nation-wide surveys among the general population²:
- 3) Other studies confirmed the trend of the decline, including a comprehensive randomized trial among communities in Manicaland.³

After consolidating the different data available, National HIV Estimates were produced involving the Ministry of Health, the US Centre of Disease Control, United Nations agencies and independent experts. According to these National Estimates HIV prevalence peaked around 1997 at around 26.5 % in the adult population and declined since then to 14.3 %. HIV prevalence in young women declined from 23.7 % in 1997 to 6.9 % in 2009.⁴



Source: 2009 National HIV and AIDS Estimates
Which behaviours changed in Zimbabwe?

What caused the HIV decline? Mortality or fewer new infections?

The decline in HIV prevalence is a combination of mortality and reductions in new infections. Levels of AIDS related deaths in Zimbabwe have increased rapidly over the 1990s, but there is evidence that mortality peaked and leveled off around 2002/3 and declined since then. Most importantly, researchers found that the extent of the HIV decline could not be explained by mortality alone.⁵

A **significant decline in new infections** is required to explain this sharp HIV prevalence decline. Data from different studies confirms that there were reductions in new infections. What is particularly encouraging is that **HIV declined most sharply in young people aged 15-24**, an age group with little mortality - which strongly supports the finding of a reduction in new HIV infections. A frequently asked question is whether migration played a role, but from available data it is very unlikely that people living with HIV would have left Zimbabwe in disproportionately high numbers.

Why did new HIV infections go down?

Reductions in new HIV infections in generalized HIV epidemics can be explained by two main reasons:

- 1) **Natural dynamics**: if the groups at higher risk are already infected or have died, new infections go down, simply because there are fewer HIV negative persons at higher risk to be newly infected. This naturally happened in all Southern African epidemics, even those without an HIV prevalence decline.
- 2) **Behaviour change**: What made the difference in Zimbabwe, however, is that there have been significant changes in sexual behaviour, which explain the sharp decline in HIV prevalence. It is found that broader based risk reduction started around 1999.



More and more young people in Zimbabwe walk the talk. Fewer young people have casual or multiple sex partners and many young people use condoms with non-regular partners.

Behavioural surveys in Zimbabwe show a reduction in casual sex, in the number of extra-marital partners, in paid sex and high-levels of condom use with non-regular sex partners since 1999.

Zimbabwe's HIV epidemic, just like the epidemics in other Southern African countries, is mainly driven by heterosexual transmission. This has been linked to networks of multiple including concurrent sexual relations, in which high viral load of new HIV infections is passed on rapidly. Reductions in multiple partners and high-levels of condom use in Zimbabwe were strong enough to slow down HIV transmission in these networks and make these networks themselves smaller. There are also indications that the extent of sex work in Zimbabwe declined.

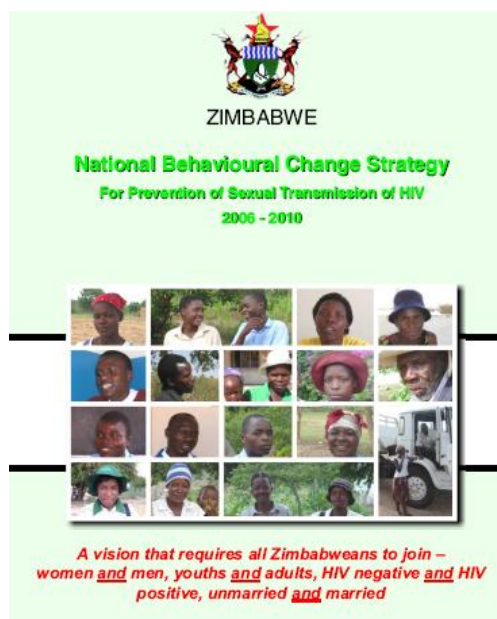
Why did behaviours change?

Qualitative research and historical mapping of HIV prevention programmes was carried out, to find out more about the reasons for the behavior changes observed since 1999. Researchers observed a shift in social norms towards reduced acceptability of casual sex and multiple partnerships. Men reported that having an STI or being seen with a partner other than one's wife was no longer a sign of manhood. Behaviour changes in terms of partner reduction were consistently reported among men. The dramatically increasing number of AIDS related deaths, which affected

nearly all families made a strong impression on communities and was cited as one motivation for reducing multiple partnerships. Reduced ability by men to afford multiple partners was another reason given by community members. High levels of condom use with non-regular partners were achieved through vibrant condom programmes implemented by the Zimbabwe National Family Planning Council, Ministry of Health and PSI Zimbabwe supported by their partners DFID, USAID, JSI Zimbabwe and UNFPA. Historical mapping also found consistent high media coverage since the early 1990s and high coverage of STI treatment since the late 1980s. The behavior changes started in the late 1990s, around a time when interpersonal communication about HIV between friends, in schools, work places and churches increased. Although the risk reduction cannot be attributed to a single programme or campaign, programmes have contributed to an increasing understanding of sexual transmission including prevention methods in the population and thereby supported behaviour changes. Finally, while HIV could spread rapidly in Zimbabwe's highly mobile society, relatively high education and literacy levels also allowed for a rapid dissemination of AIDS awareness and HIV prevention messages. Despite the decline in HIV prevalence, still one in seven Zimbabweans are HIV positive and over 60,000 new infections are recorded every year, which is unacceptably high and confirms the urgent need for further investments in prevention, treatment, care and support.

What is done to sustain this positive trend?

Over recent years, stakeholders in Zimbabwe's HIV response have made efforts to develop an evidence-based HIV prevention response based on lessons from the past. A National Behaviour Change Strategy is being implemented focusing on reduction in multiple including concurrent partnerships, increased consistent condom use, but also addressing underlying issues such as social norms and stigma. HIV prevention services such as PMTCT and Testing&Counselling have been scaled up, while male circumcision was introduced as an additional HIV prevention service.



Zimbabwe's National Behaviour Change Strategy is based on the lessons from the HIV decline and promotes further reductions in multiple partnerships and increased consistent condom use

Zimbabwe National Behaviour Change Strategy 2006-2010 - Cornerstones:

Overall co-ordination: National AIDS Council, Ministry of Health and Child Welfare

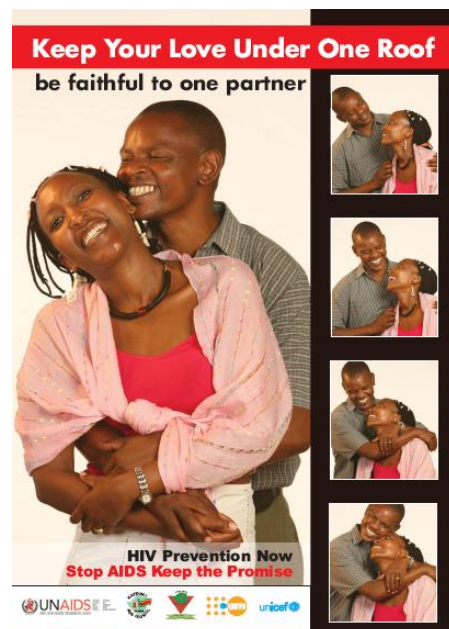
Key programme partners: Population Services International (PSI), United Nations Population Fund (UNFPA), United Nations Children Fund (UNICEF), UNAIDS, Centre for Disease Control (CDC)

Local partners: Community leadership, local NGOs, faith-based organizations, private sector and all public sectors

Key funding partners: UK Department of International Development (DFID), United States Agency for International Development (USAID), European Commission, Swedish International Development Agency (SIDA), Canadian International Development Agency (CIDA), IrishAid, Embassy of Norway

Funding support 2006-2010: 16.6 million USD

Funding gap 2006-2010: 23.2 million USD



Poster in support of Zimbabwe's National BC Strategy.

¹ MOHCW, 2007, 2009: National Survey of HIV and Syphilis Prevalence Among Women Attending Antenatal Clinics in Zimbabwe.

² MOHCW, ZNFPC, NAC, CDC. 2004. Young Adult Survey 2001-2002; CSO, Macro International Inc. 2007. Zimbabwe Demographic and Health Survey 2005-2006.

³ Gregson et. al. 2006. HIV Decline Associated with Behaviour Change in Eastern Zimbabwe. Science Magazine, 3 Feb 2006, pp. 664-666.

⁴ MOHCW. 2010. Zimbabwe National HIV and AIDS Estimates 2009.

⁵ Data supporting this and the following paragraphs: UNAIDS. 2005: Evidence for HIV Decline in Zimbabwe. A Comprehensive Review of the Epidemiological data. Gregson (2010): HIV decline in Zimbabwe due to reductions in risky sex? Evidence from a comprehensive epidemiological review. In: International Journal of Epidemiology.

