

# Country Factsheet

# Zimbabwe

Sexual and Reproductive  
Health and Rights



## Country context

### Situation and trends

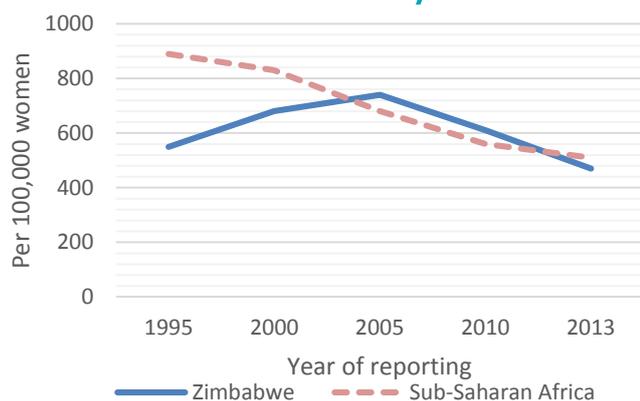
Zimbabwe has a high HIV burden and high HIV/TB coinfection (22,442 TB/HIV co-infected patients in 2013).<sup>12</sup> Women suffer from high rates of cervical cancer (47/100,000 women), mother to child transmission (MTCT) (9.61% in 2013), and maternal mortality.<sup>3,4</sup> Maternal experiences are also marked by persistently high neonatal mortality (29/1,000 lb)<sup>5</sup>, infant mortality, and under-five mortality. Zimbabwe continues to experience high fertility rates and teenage pregnancies.

### Healthcare infrastructure and access

Severe economic challenges facing the country have precipitated a state of foreign donor led systemic and crisis management interventions to address HIV and AIDS, and sexual and reproductive health (SRH) challenges. These foreign donors provide only limited funds directly to the government; the bulk is allocated to, and managed by, NGOs. The donor influence on health provision in Zimbabwe is deepened by the limited domestic investment in health which stood at 8% of national budget in 2011 (falling well short of the 15% pledged in the Abuja Declaration 2001).

The right of access to basic health care, including SRH and chronic conditions, is enshrined in the 2013 Constitution of Zimbabwe but a sub-clause explicitly makes realisation of these rights conditional on resources available<sup>6</sup>. This becomes a salient condition when considering that Primary Health Care (PHC) services coverage reaches less than 50% of the 62.9% of the population that live in rural areas, antiretroviral treatment programmes cover just 77% of adults and 46% of children who are eligible, there is limited reach of the Prevention of Mother to Child Transmission programme, and there is little evidence of systematic interventions in key populations<sup>7</sup>

### Maternal mortality trends



## Health Statistics

### Demographic statistics

Total population	14,149,648 (2013) <sup>8</sup>
Urban population % of total	32.7% (2013) <sup>9</sup>
Net official development assistance received (current US\$)	1,001,220,000 (2012) <sup>10</sup>
Public health expenditure as total of health expenditure	Not available
Income share held by the lowest 10%	Not available
HDI score female	0.468 (2013) <sup>11</sup>
HDI score male	0.424 (2013) <sup>12</sup>

### SRHR statistics

Maternal mortality ratio (out of 100,000)	614 (2014) <sup>13</sup> 470(2013) (adjusted) <sup>14</sup> 960(2010/11) <sup>15</sup>
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	57 (2012) <sup>16</sup>
Child mortality rate (per 1000 live births, in the first five years)	21 (2014) <sup>17</sup>
Proportion of Births Attended by Skilled Birth Attendants	66% (2006-2013) <sup>18</sup>
Antenatal care coverage (at least one visit)	94% (2014) <sup>19</sup>
Total fertility rate	3.56 (2012) <sup>20</sup>
Adolescent birth rate (births per 1000 girls aged 15-19)	120 (2014) <sup>21</sup>
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	60% (2014) <sup>22</sup>
Unmet need for family planning (% of women of reproductive age (aged 15-49)	15% (2011) <sup>23</sup>
<b>HIV and AIDS</b>	
Number of people living with HIV	1,400,000 (2013) <sup>24</sup>
Adults aged 15 to 49 prevalence rate	15% (2013) <sup>25</sup>
Women Living with HIV as proportion of total prevalence	58% (2014) <sup>26</sup>
Young women (15-24) prevalence	6.6% (2013) <sup>27</sup>
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	87% (2014) <sup>28</sup>

## Challenges in SRHR

### Maternal health

Factors contributing to high rates of maternal mortality include adolescent SRHR challenges, limited reach of PHC services, critical shortage in trained midwives (500 practicing in the country)<sup>29</sup>, lack of integration between SRH and HIV and AIDS interventions, and complications from unsafe, unsanctioned abortions. While there are no national estimates regarding unsafe abortions, records obtained from Harare Hospital indicate that the number of admissions for unsafe abortion related complications have increased over time, and have resulted in high rates of mortality.<sup>30</sup> If mothers are able to access PMC clinics, they face demands of user fees even where services are supposed to be free.<sup>31,32,33</sup> The World Bank manages the *Results-Based Financing Programme* to facilitate people's access to, and improve delivery of, mother, newborn, and child health services.

### Sex workers

Knowledge gaps exist for all key populations but one recent study (2011) on female sex workers (FSWs), conducted in different locations revealed 50-70% HIV prevalence

with only 26-38% of those infected receiving treatment. FSWs reported harassment and stigma as major barriers to accessing HIV treatment.<sup>34</sup> Likewise, 23% of FSWs reported having Sexually Transmitted Infections yet only 66% of those individuals sought treatment. Reports of police confiscating condoms suggest challenges to prevention efforts.<sup>35,36,37</sup> In the same study, 13-24% of FSWs experienced physical violence, and 8-23% experienced sexual violence.<sup>38,39</sup>

### Young people

Adolescent SRH is characterised by a high adolescent birth rate and civil resistance to sex education in schools. There are misperceptions about age of access to contraceptives (16 without parental consent) reinforced by health staff who frequently turn away sexually active schoolgirls requesting contraception as they are perceived as too young to be having sex, or they are unmarried.<sup>40</sup> This may contribute to the situation where adolescent and young adult women have over twice the HIV burden of men of the same age (7.6% females: 3.2% males).<sup>41</sup> Although rates of contraception amongst adolescents increased in rural areas from 30% to 37% between 2006 and 2011, usage decreased in urban areas from 50% to 29% during the same period (overall contraceptive use reduced amongst women from 68% to 60%).<sup>42</sup> In response, UNFPA implemented a national Adolescent and Youth SRHR programme establishing 'youth friendly' health facilities.

## Instruments of response

### Key laws, policies and strategies

Policies and programmes have been supported by renewed investment of resources in health services by the Zimbabwean government since the late 2000s that led to the generation of a number of initiatives tackling HIV and AIDS, and SRHR with improving trends in areas such as maternal mortality.

**'National Adolescent Sexual and Reproductive Health Strategy, 2010–2015'** provides a standard framework for sexual health and highlights three different approaches: health facility-based, school-based and community-based models.

**'National Policy on HIV/AIDS' 1999** to guide programmes aimed at combating HIV/AIDS and introduced an AIDS Levy. Implementation of the national policy is spearheaded by the National AIDS Council and the disbursement of funds managed by the National AIDS Council Board.

**National HIV and AIDS Strategic Plan (ZNASP II): 2011-2015** is a multi-sectoral framework developed to inform and guide the national response towards achieving zero new infections, zero discrimination and zero AIDS related deaths by 2015. The development of the plan is premised on a human rights based planning approach that is complemented by evidence and results based management approaches.

**Launch of the Zimbabwe Agenda for Accelerated Country Action (ZAACA), 2011-2015** has five outcome areas addressing factors that increase the vulnerability of women and girls to HIV and AIDS. The initiative specifically targets marginalized women and girls, including mobile populations, disabled women and girls, sex workers, poor rural women, migrant women, cross border traders, women living in informal settlements and adolescent girls who were perinatally infected with HIV.

**National Maternal and Neonatal Health Roadmap 2007-2015** provides a strategic framework for addressing maternal and neonatal health challenges currently facing Zimbabwe. The Road Map is an overarching strategy for scaling up the national response to reduce the current levels of maternal and neonatal mortality and morbidity in line with the MDG health related targets

### Key international treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	<b>Ratified 1986/05/30</b>
<i>United Nations Convention on the Rights of the Child (UNCRC)</i>	<b>Ratified 1990/10/11</b>
<i>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</i>	<b>Acceded 1991/06/12</b>
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	<b>Ratified 2008/04/15</b>
<i>African Charter on Democracy, Elections and Governance</i>	<b>Not signed</b>

## References

- <sup>1</sup> UNAIDS (2014) *HIV and Aids estimates* [www.unaids.org/en/regionscountries/countries/zimbabwe](http://www.unaids.org/en/regionscountries/countries/zimbabwe) Accessed 9.3.15.
- <sup>2</sup> WHO (2014) *Zimbabwe, TB epidemiology*, [www.who.int/countries/zwe/en](http://www.who.int/countries/zwe/en) Accessed 28.05.2015
- <sup>3</sup> WHO/ICO HPV Information Centre (2010) *Human Papillomavirus and Related Cancers, Third Edition 2010; Zimbabwe Summary Report Update*.
- <sup>4</sup> Global AIDS Response (2014) *Country Progress Report, Zimbabwe*.
- <sup>5</sup> UNICEF (2014) *Multiple indicator Cluster Survey 2014 key findings report*
- <sup>6</sup> Constitution of Zimbabwe (2013) *Amendment Act (No. 20), Ch. 4, clause 76*
- <sup>7</sup> Global AIDS Response (2014) *Country Progress Report, Zimbabwe*
- <sup>8</sup> World Bank Group, World Databank, World Development Indicators; *Population, total* <http://data.worldbank.org/indicator/SP.POP.TOTL> Accessed 20.04.2015
- <sup>9</sup> WHO; Indicator and Measurement Registry; *Urban population (% of total)* <http://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS> Accessed 20.04.2015
- <sup>10</sup> World Bank Group, World Databank, World Development Indicators; *Net official development assistance received (current US\$)* <http://data.worldbank.org/indicator/DT.ODA.ODAT.CD> Accessed 20.04.2015
- <sup>11</sup> UNDP; International HDI; *HDI score (female)* <http://hdr.undp.org/en/content/hdi-female> Accessed 17.04.2015
- <sup>12</sup> UNDP; International HDI; *HDI score (male)* <http://hdr.undp.org/en/content/male-hdi> Accessed 17.04.2015
- <sup>13</sup> UNICEF (2014) *Multiple indicator Cluster Survey 2014 key findings report*
- <sup>14</sup> UNICEF *State of The World's Children 2015 Country Statistical Information* [www.unicef.org/infobycountry/tanzania\\_statistics.html](http://www.unicef.org/infobycountry/tanzania_statistics.html) Accessed 02.07.15
- <sup>15</sup> UNDP (2012) *Zimbabwe Millennium Development Goals Progress Report*
- <sup>16</sup> UNDP (2012) *Zimbabwe Millennium Development Goals Progress Report*
- <sup>17</sup> UNICEF (2014) *Multiple indicator Cluster Survey 2014 key findings report*
- <sup>18</sup> UNFPA (2014) *State of our World's Population 2014*
- <sup>19</sup> UNICEF (2014) *Multiple indicator Cluster Survey 2014 key findings report*
- <sup>20</sup> WHO; Indicator and Measurement Registry; *Total fertility rate (per woman)* <http://apps.who.int/gho/data/node.main.110?lang=en> Accessed 16.04.2015
- <sup>21</sup> UNICEF (2014) *Multiple indicator Cluster Survey 2014 key findings report*
- <sup>22</sup> UNFPA (2014) *State of our World's Population 2014*
- <sup>23</sup> CARMMA *Country Scorecard Zimbabwe*
- <sup>24</sup> UNAIDS (2014) *HIV and Aids estimates* <http://www.unaids.org/en/regionscountries/countries> Accessed 21.05.2015
- <sup>25</sup> UNAIDS (2014) *HIV and Aids estimates* <http://www.unaids.org/en/regionscountries/countries> Accessed 21.05.2015
- <sup>26</sup> SADC (2014) *Gender Protocol Barometer*
- <sup>27</sup> World Bank Group, World Development Indicators; *Prevalence of HIV, female (% ages 15-24)* <http://data.worldbank.org/indicator/SH.XPD.PUBL/countries> Accessed 22.05.2015
- <sup>28</sup> SADC (2014) *Gender Protocol Barometer*
- <sup>29</sup> SADC (2014) *Gender Protocol Barometer*
- <sup>30</sup> UNDESA, *Abortion Policies, A Global Review* [www.un.org/esa/population/publications/abortion/profiles.htm](http://www.un.org/esa/population/publications/abortion/profiles.htm) Accessed 10.07.2015
- <sup>31</sup> Guttmacher Institute (2014) *Sexual and Reproductive Health Needs Of Adolescents in Zimbabwe*, Brief No3.
- <sup>32</sup> SADC (2014) *Gender Protocol Barometer*, Ch.6 Health.
- <sup>33</sup> UNICEF (2014) *Annual Report 2013 – Zimbabwe*
- <sup>34</sup> Mtetwa, S. et al. (2014) "You are wasting our drugs": health service barriers to HIV treatment for sex workers in Zimbabwe, BMC Public Health, 13:698
- <sup>35</sup> Cowan, F. Et al. (2014) *Engagement with HIV Prevention Treatment and Care among Female Sex Workers in Zimbabwe: a Respondent Driven Sampling Survey*, PLoS ONE 8(10): e77080
- <sup>36</sup> Mtetwa, S. et al. (2014) "You are wasting our drugs": health service barriers to HIV treatment for sex workers in Zimbabwe, BMC Public Health, 13:698
- <sup>37</sup> UNAIDS (2014) *The Gap Report 2014*, p7
- <sup>38</sup> Cowan, F. Et al. (2014) *Engagement with HIV Prevention Treatment and Care among Female Sex Workers in Zimbabwe: a Respondent Driven Sampling Survey*, PLoS ONE 8(10): e77080
- <sup>39</sup> Mtetwa, S. et al. (2014) "You are wasting our drugs": health service barriers to HIV treatment for sex workers in Zimbabwe, BMC Public Health, 13:698
- <sup>40</sup> Guttmacher Institute (2014) *Sexual and Reproductive Health Needs Of Adolescents in Zimbabwe*, Brief No3
- <sup>41</sup> UNDP (2012) *Zimbabwe Millenium Development Goals Progress Report*
- <sup>42</sup> Guttmacher institute (2014) *Sexual and Reproductive Health Needs Of Adolescents in Zimbabwe*, Brief No3



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