



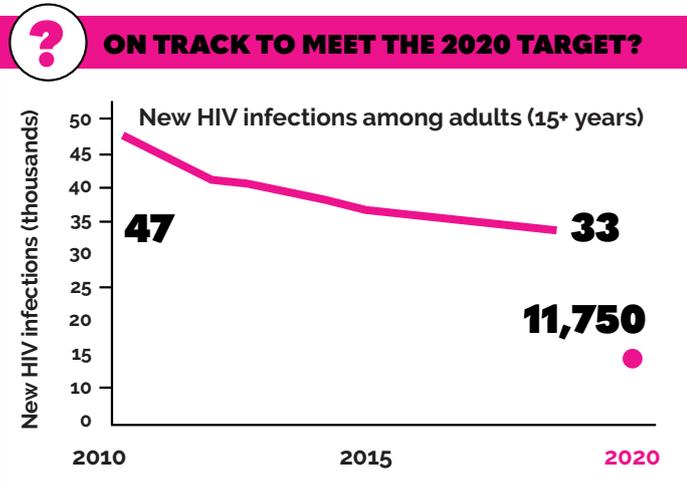
ZIMBABWE

HIV PREVENTION SHADOW REPORT 2019

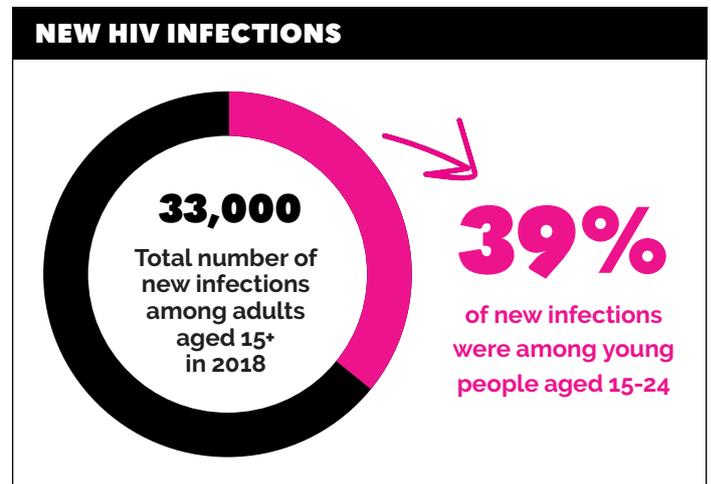
Summary of civil society analysis

In the last year, Zimbabwe continued to make good progress implementing the prevention road map. A new Key Populations HIV and AIDS Implementation Plan aims to significantly improve programming. The country now has indicators to monitor structural and behavioural barriers that impede the HIV prevention response.

However, insufficient data is collected on the most marginalised groups. Also a recent Legal Environment Assessment Report identifies existing legal and policy barriers that contribute to stigma and discrimination. Though the report makes important recommendations there are no realistic plans to implement them.



Source: hivpreventioncoalition.unaids.org



Source: UNAIDS Estimates, 2019

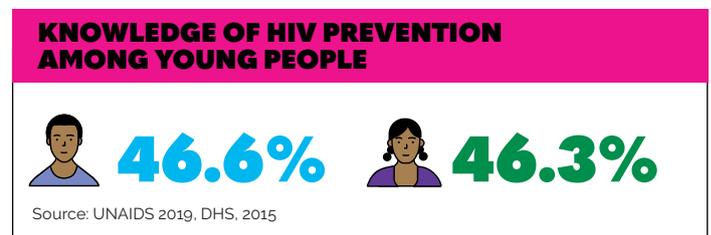
KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE				
	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	NO DATA	2016	NO DATA	NO DATA
HIV prevention services coverage	NO DATA	39%	NO DATA	NO DATA

Source: Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org

LEGAL AND POLICY ENVIRONMENT

Same sex activities	Criminalised
Sex work	Criminalised
Injecting drug use	Criminalised
HIV transmission or exposure	Criminalised
HIV testing without parental consent	Permitted +16yrs

Source: lawsandpolicies.unaids.org, Zimbabwe National Guidelines on HIV Testing and Counselling



HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the **HIV Prevention 2020 Road Map** which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society's perspective on how Zimbabwe performed in 2019.



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1 Conduct strategic assessment of prevention needs and identify barriers to progress

Zimbabwe's annual Global AIDS Monitoring Report tracks its performance against key targets, including HIV prevention. Encouragingly, the government has started monitoring structural and behavioural indicators that impede the HIV prevention response. For adolescent girls and young women, Zimbabwe now measures gender-based violence, social protection and comprehensive sexuality education. In addition, new indicators on community-led responses have been added to the Zimbabwe Health Information System. However, the report includes very little data on programming for marginalised groups, particularly transgender people, men who have sex with men and people who use drugs.

The need for accurate size estimates of key populations is recognised. Testament to this is the availability of credible size estimates for sex workers. A size estimate study for men who have sex with men has also recently been conducted, however results are yet to be released due to lack of political will.

2 Develop or revise national targets and road maps

Although a new HIV strategy is needed, prevention targets are included in the Zimbabwe National HIV and AIDS Strategic Plan (2015-2020). National targets for all prevention pillars have been set and they are passed down to subnational level. However, monitoring at this level remains problematic and it remains unclear how service coverage for key populations will be measured, without accurate population size estimates for all key groups.

A new Key Populations HIV and AIDS Implementation Plan (2019 - 2020) aims to significantly improve programming at national, provincial and district level. The plan provides good examples of combination prevention programming for marginalised groups and represents good collaboration between government and civil society organisations.

3 Enhance prevention leadership, oversight and management

The National AIDS Council (NAC) continues to coordinate the HIV prevention response in collaboration with the Ministry of Health (MOH). The National Prevention Partnership Forum, coordinated by MOH, meets quarterly to review progress. The forum is an effective mechanism, with many of its key recommendations being taken on board by the MOH and NAC.

In the last year, NAC has also been active at provincial and district level, providing coordinated leadership on HIV prevention work. It does this through quarterly review and technical working group meetings at subnational level, which then feed into national consultations.

4 Introduce legal and policy changes to create an enabling environment

The recent Legal Environment Assessment Report coordinated by the United Nations Development Programme and NAC identifies legal and policy barriers that contribute to stigma and discrimination and hinder effective HIV prevention. This includes laws criminalising HIV transmission, homosexuality, sex work and drug use.

Although the report makes useful recommendations, there are no realistic plans to implement them. Decriminalisation has fallen off the government's agenda with no commitment to address injustice and inequalities. While the government has acknowledged the need to address certain structural barriers, like reviewing the age of consent for accessing sexual and reproductive health services, no tangible progress has been made.

One positive development is in harm reduction, where civil society and networks of people who use drugs have been actively engaged with government representatives in the development of a Drug Control Master Plan. However, detailed activities are yet to be shared.

5

Develop national guidance and intervention packages, service delivery platforms and operational plans

In the last year, the NAC and MOH made considerable progress defining guidance and intervention packages for the main prevention strategies.

The government has launched a new implementation plan for key populations. Combination prevention packages of services for adolescent girls and young women, for men who have sex with men and for sex workers are being rolled out across the country. However civil society prevention advocates are concerned that there are simply not enough prevention services to reach all those who need them.

For instance, in high prevalence settings MOH has established ten static clinics for sex workers and men who have sex with men. However, this approach is limited to a few major cities, leaving many other urban areas without services. The government is also piloting a key populations-friendly service delivery model in selected healthcare centres under a new mentorship programme, but again this is restricted to a few trial sites.

6

Develop capacity building and technical assistance plan

Three years after the launch of the Global Prevention Road Map Zimbabwe still has no formal technical assistance plan in place. Interventions that do take place to address technical gaps and to build capacity remain uncoordinated and sporadic.

Through the technical working groups and national prevention forum meetings, NAC, MOH and civil society partners continue to identify technical assistance needs. Nevertheless, the lack of leadership from government and guidance from external partners, means that the identified needs are not formalised into a technical assistance plan.

7

Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Global targets stipulate that 30% of service delivery will be community led by 2020. Despite this, government funded social contracting mechanisms for civil society implementers still do not exist in Zimbabwe.

Community-based organisations are considered critical partners of MOH and NAC, and their contribution to the national prevention response is valued. However, community-based programmes are all funded by donors, and much of the community prevention work is implemented by volunteers. Though community systems strengthening is included as a critical strategy in most national health documents, like the National Strategic Plan (2015-2020), it remains tokenistic.

8

Assess available funding and develop strategy to close financing gaps

Funding for HIV prevention has not increased, and the government continues to rely heavily on donors. Currently only one fifth of the AIDS response is funded domestically. The AIDS Levy (the mechanism to raise domestic resources) has been severely affected by inflation, as it is collected in local currency. The budget earmarked for prevention remains inadequate. Due to limited resources, the government has struggled to procure HIV testing kits and condoms. Also due to funding constraints they have failed to invest sufficiently in prevention programming for key populations and adolescent girls and young women.

To address funding shortfalls the country developed a National Health Financing Policy and Strategy in 2018. However, it's unclear if the strategy is being implemented.

9

Establish or strengthen programme monitoring systems

Monitoring and evaluation systems have remained the same in the last year. The introduction in 2013 of the health information system across the 67 districts supports the monitoring of all health facility-based prevention services. There is ongoing advocacy to push for broader disaggregation of data by age, gender and sexual orientation, but progress is slow and there is resistance from the authorities.

It is proving complicated to measure prevention services provided by the community. Community-based monitoring includes community health monitoring teams and a community scorecard which is increasingly used by CSOs. Nevertheless, overall community monitoring is manual, unsystematic, and in most cases driven by CSOs.

NAC and MOH have started collecting data on sex workers and men who have sex with men. However, transgender people and people who use drugs are yet to be considered. This limits the generation of evidence and contributes to further marginalisation of these groups.

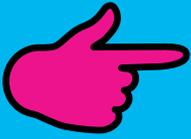
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Strengthen national and international accountability

National and international accountability systems have not improved in the last year. NAC and MOH are formally accountable to the government, but there doesn't appear to be regular reviews of their achievements. Also, there is poor coordination between the various accountability mechanisms.

On a more positive note, the Global Prevention Coalition represents an important international accountability system where promises, plans and progress made by NAC and MOH are regularly reviewed.





RECOMMENDATIONS

In order to meet the global and national targets, Zimbabwe should prioritise the following actions:

- 1** Increase the number of prevention services in order to reach all those who need them, making prevention services available in health facilities, schools, the workplace and communities. Scale up combination prevention packages for adolescent girls and young women and for all key populations.
- 2** In line with recommendations made in the Legal Environment Assessment Report, address structural barriers that prevent Zimbabwe from achieving its prevention targets, particularly by addressing laws criminalising HIV transmission, homosexuality, sex work and drug use as well as by reviewing the age of consent for accessing sexual and reproductive health services.
- 3** Strengthen targets and systems collecting data on access to HIV prevention for key populations, particularly at the subnational level. Conduct size estimate studies for people who use drugs and for transgender people and release the recent estimates on men who have sex with men.
- 4** Increase domestic financing for HIV prevention and commit national resources to finance the community-based delivery of prevention services through social contracting. Ensure civil society organisations are fully and transparently engaged in national and subnational dialogues about HIV prevention financing, including around the implementation of the National Health Financing Policy and Strategy.

METHODOLOGY

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation's progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

ACKNOWLEDGEMENTS

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For national progress reports see: www.frontlineaids.org/prevention

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