Summary of civil society analysis

Zimbabwe has taken several concrete steps to improve programmes and policies that will enable better HIV prevention outcomes among key populations and adolescent girls and young women. There have been specific efforts to engage key population organisations in policy making.

However, the legal and political environment for marginalised communities remains hostile. The economic impact of the COVID-19 related restrictions is undermining the government’s plans to raise more domestic funding and increase the budget for HIV prevention.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1. Needs assessment
2. Prevention targets
3. Prevention strategy & leadership
4. Legal and policy reform
5. Key population size estimates
5b Defined key population package
5c Adolescent girls & young women size estimates
5d Adolescent girls & young women package
6. Capacity development & technical assistance plan
7. Social contracting
8. Financial gap analysis & strategy
9. Strengthen monitoring
10. Performance review & accountability

ON TRACK TO MEET THE 2020 TARGET?

New HIV infections among adults (15+ years)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>47,000</td>
</tr>
<tr>
<td>2015</td>
<td>34,000</td>
</tr>
<tr>
<td>2020</td>
<td>11,750</td>
</tr>
</tbody>
</table>

KEY POPULATIONS: DATA, SERVICES, STIGMA

<table>
<thead>
<tr>
<th>Latest size estimates</th>
<th>2019</th>
<th>2016</th>
<th>People who use drugs</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevention service utilisation</td>
<td>25.5%</td>
<td>44%</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Avoidance of health care due to stigma &amp; discrimination</td>
<td>8.3%</td>
<td>39.3%</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

LAWS THAT CRIMINALISE

- Same-sex activities
- Sex work
- Drug use or possession for personal use
- Criminalisation of transgender people
- HIV transmission, non-disclosure or exposure

ADOLESCENT GIRLS AND YOUNG WOMEN

- SRHR services not available without parental consent
- Intimate partner violence (15-19 years)
- HIV prevention service coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 16 yrs</td>
<td>31.3%</td>
</tr>
<tr>
<td>OVER 16 yrs</td>
<td>17%</td>
</tr>
</tbody>
</table>
HIV PREVENTION 10-POINT PLAN
A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress, including lack of political leadership, restrictive laws and policies, insufficient funding, and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country’s progress against these barriers. This shadow report sets out civil society’s perspective on how Zimbabwe performed in 2020.

STRENGTHENING POLITICAL LEADERSHIP

There are signs that parliamentarians’ attitudes and actions towards key populations are shifting. A recent delegation of 70 MPs visited the Southern African Development Community (SADC). The National AIDS Council (NAC) has hired a Technical Lead for the issue of key populations, who is tasked with addressing issues raised by some civil society partners, including setting up a steering committee to help expand programming efforts, and development communication materials for public engagement. There are also plans to hire Provincial Key Population Officers to further support this work. A new national technical assistant is also in place to guide capacity building efforts.

The government is making efforts to expand opportunities for key population-led organisations to engage in policy making. This year, the National Key Population Forum elected its own Chairperson and is no longer overseen by the NAC. Two new provincial Key Population Forums have also been set up, with donor support. Civil society has fed into various national strategies and processes, including the newly developed HIV and AIDS strategic programme. The MoH created new national treatment and rehabilitation centres, and new anti-retroviral treatment programmes.

ADDRESSING POLICY GAPS AND LEGAL BARRIERS

There have been some progressive changes in Zimbabwe’s legal and policy environment recently. In 2020, Parliament approved the Marriages Bill which, if passed by Senate, will repeal Section 79 of the Criminal Code criminalising HIV transmission. The MoH created a new national treatment and rehabilitation guidelines, which include harm reduction. These guidelines will inform the Inter-Ministerial Committee’s Drug Master Plan, now under development with input from civil society. The government’s national dialogue on age of consent barriers to sexual and reproductive health services following advocacy by civil society. A public consultation on the issue has started, fostering heated debate across and vocal opposition from religious groups who are insisting on abstinence.

The new Education Amendment Bill makes it illegal for schools to expel girls who are pregnant. This reflects ongoing advocacy efforts to promote the rights of young women and gender equality, as well as raise issues in unintended pregnancies and gender-based violence following school closures due to COVID-19. Zimbabwe has committed to implementing comprehensive sexuality education (CSE) despite some opposition from teachers, community leaders and parents. The new Global Fund proposal includes plans to support the Ministry of Education to monitor the delivery of CSE.

Despite these gains, the legal and political environment remains largely unchanged for key populations. Homosexuality is still criminalised. LGBT people, people who use drugs and sex workers continue to experience violence, intimidation, stigma and discrimination, although fewer sex workers have been arrested due to the expansion of human rights literacy programmes. The law remains silent on transgender people’s rights and healthcare is rarely tailored to meet their needs.

Significantly, the new National Strategic Plan (2021-2025) makes concrete commitments to improve laws and policies, reduce stigma and discrimination, and increase access to justice. It’s critical these commitments are translated into action. Activities to engage with policy makers for law reform have also been incorporated in the new Global Fund grant (2021-2023) and it’s important that some of this funding supports key population-led advocacy.

IMPLEMENTING QUALITY PROGRAMMING AT SCALE

The National HIV/AIDS Activity Report Form was revised earlier this year to track HIV testing and cohort tracing. The MoHCC finally approved the Integrated Bio- Behavioural Survey Study on men who have sex with men and transgender women, which can be used to guide programming and prompt further policy reform. A new Stigma Index for people living with HIV, including key populations, was also developed.

However, there are still no national size estimates for people who use drugs and transgender people, although the new National Key Population Forum has started work on this. The MoH has developed a minimum service package for all key population groups. While it has expanded drop-in centres for key populations, these services are limited to major cities and there have been sensitisation trainings for healthcare workers in urban areas resulting in 30 key population-friendly clinics in Harare, Bulawayo and Masvingo.

PEPFAR’s DREAMS programme continues to provide HIV prevention services to adolescents and young women reported problems in procuring key commodities including second line antiretroviral (ARV) drugs. The government has introduced a 2% tax on electronic transactions to raise additional funds, but it’s allocation is at the discretion of the Ministry of Finance.

Planned expansion of HIV prevention services is now likely to rely on the 2014-2023 Global Fund grant. This time, USD57M is allocated to ‘HIV Services Delivery’ – a slight increase on the last grant cycle. This still only represents 8% of the total grant allocation. Importantly, this proposal now includes funding for national transgender programming. A new social contracting mechanism is also included and will hopefully support greater investment in community-led services.

Zimbabwe recently developed a Road Map to guide the delivery of the national health insurance scheme. If implemented effectively, it could provide access to prepaid health services, including for adolescents and key populations.

THE IMPACT OF COVID-19 ON HIV PREVENTION

During the COVID-19 lockdown imposed in early 2020 it was hard to access HIV prevention services, and neither family planning nor HIV testing were included as ‘essential’ services.

Restricted operating hours for public and private clinics, and restricted public transport limited people’s access to contraception, family planning and HIV treatment. Adolescents, girls and young women reported challenges in accessing contraceptives, putting them at risk of unplanned pregnancy and possibly engaging in HIV treatment being – the government agreed to a 6-month take-home supply for people living with HIV – there were some stock outs of second line ARV medicines. There were also reports of high user fees, with people being charged USD$3 for ARV refills.

Lockdown coincided with run-away inflation and health workers’ strikes, and many working in the informal sector faced challenges in maintaining their livelihoods and feeding their families. It was particularly difficult for ordinary Zimbabweans to bear the brunt of this lockdown also exacerbated the high rates of gender-based violence and there was a spike in human rights abuses.

COVID-19 has also highlighted the need to fund innovative approaches and differentiated service delivery models, including peer-delivered HIV testing in high-risk communities, community distribution of safer sex commodities and targeted HIV testing. Civil society organisations (CSOs) have taken on the role of peer-educators and procured STI antibiotics, and established monitoring systems to track the provision of HIV prevention services in healthcare facilities during times of COVID-19.
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. As part of this process, activists from different community-based organisations decided to work together to analyse their nation’s progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

LEADERSHIP
Building on recent efforts to better engage key populations, the government of Zimbabwe must now follow through with adequate funding, full implementation and greater accountability around the delivery of the National Strategic Plan.

LAWS & POLICIES
Zimbabwe should take further steps to improve the legal and political environment for key populations, including by repealing laws that criminalise and discriminate against LGBT people, sex workers and people who use drugs, and through further efforts to tackle violence and human rights violations against them. It is critical to review the age of consent to access SRH for young people below 16 years to enable them to access prevention tools.

FINANCING
The government must step up its efforts to mobilise and allocate more resources for HIV prevention from both domestic and donor budgets. This includes ongoing advocacy with the Ministry of Finance to ensure this money is allocated effectively. Social contracting should be immediately and progressively rolled out. The Ministry of Health should also commit to releasing National AIDS Spending Assessments more regularly, to help guide and track investment decisions.

QUALITY PROGRAMMING
Zimbabwe must ensure it has accurate size estimates for all key populations and that key population-friendly services are available wherever they are needed, rather than in major cities only. The quality of programmes for adolescent girls and young women needs to be expanded and improved, including by involving young people more directly and ensuring that services are tailored to their needs.

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