

UNITED FOR PREVENTION

ZIMBABWE



United for Prevention (U4P) was a Frontline Aids project. The 18-month project, which ran from April 2023 to September 2024, supported civil society and community coalitions in seven African countries to hold their national governments accountable for domesticating and implementing the commitments outlined in the [Global HIV Prevention 2025 Road Map](#). The participating coalitions were located in Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zimbabwe.

In this profile we share highlights from the U4P coalition in Zimbabwe, led by SAfAIDS.

” **THIS WORK REALLY BRINGS OUT THE VOICE FROM THE COMMUNITIES, WHO ARE WORKING IN HIV PREVENTION, SPEAKING TO THE ISSUES AND HOLDING GOVERNMENT TO ACCOUNT. IT HAS THE POWER, AND IT HAS THE VOICE**

(SSI, U4P Coalition, Zimbabwe)

U4P Coalition in numbers



15 coalition members*



6 significant moments of change recorded in the project advocacy log



4 advocacy asks



17 HIV prevention spaces in which U4P members participated**

*SAfAIDS (coalition lead), ZNNP+, JHWO, DOMCCP, TransSmart, SAT, FACT, Health Foundation Zimbabwe, Zvandiri, ZCLDN, ZHI, ZICHIRE, SRC, PZ

**The MoHCC convened quarterly HIV Prevention Partnership Forum; National AIDS Council (NAC) organised Key and Vulnerable Populations Forum (KVP); Advocacy Core Team (ACT) partners meeting; Global Fund Country Coordination Mechanism meetings, National meaningful involvement of PLHIV forums; Zimbabwe Inter-Ministerial Committee on Drugs; NAC Review Meetings/Task Forces; Community-Led Monitoring Steering Committee; NAC Provincial and district stakeholder meetings; DREAMS National Partners Meeting; Forum for College Authorities on Sexual and Reproductive Health (FOCASS). National Technical Working Groups (TWG) on Condoms; Young People HIV and AIDS; Sexual and Reproductive Health Rights; Advocacy and Communication; HIV and AIDS for Persons with Disabilities; National HIV Sustainability; and Gender.

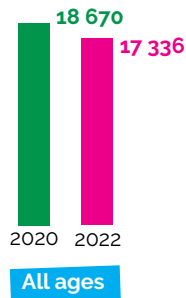


COUNTRY OVERVIEW

The U4P coalition in Zimbabwe conducted a PESTLE¹ analysis, which was also later validated and updated following the development of an **HIV Prevention and Accountability** report. Key findings from their analysis and Accountability Report that informed their advocacy strategy are highlighted below.

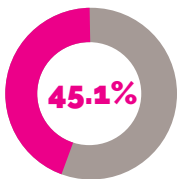


New HIV infections

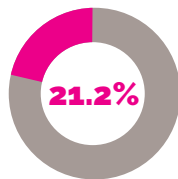


Zimbabwe has a **well-structured HIV policy framework** and HIV machinery. However, several strategic documents guiding the national response are either outdated, or there is limited implementation. For example, the implementation of the Zimbabwe National Drug Master Plan (2020-2025) remains to be updated and is weakly funded.

Estimated HIV prevalence among **key populations** (KPs)²:



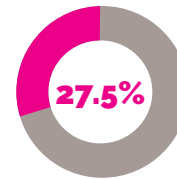
sex workers (2016)



men who have sex with men (2019)



people who use drugs



transgender people (nd)



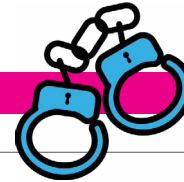
The Zimbabwean government has not met the 15% allocation of national GDP to health as per the Abuja Declaration with its highest **health budget allocation coming in 2021 at 13%***. The available domestic resources are not enough for tailored capital and services investment within the HIV sector.

Source: <https://www.herald.co.zw/unicef-rep-lauds-zim-health-progress/>



The **absence of accountability mechanisms** for how domestic funding is used affects the overall effectiveness and sustainability of the HIV response and is a potential barrier for new investments in this area.

LEGAL ENVIRONMENT



Criminalised?

Same-sex sexual acts	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	NOT CRIMINALISED
HIV transmission, non-disclosure, or exposure	NOT CRIMINALISED

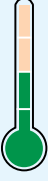

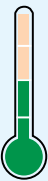
Source: UNAIDS Laws and Policies Analytics, Human Dignity Trust

¹ A PESTLE analysis investigates the political, economic, social, technological, legal and environmental context.

² UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. [Sourced here.](#)

ADVOCACY STRATEGIES, ADVOCACY ASKS AND PROGRESS MADE



Alignment to action in the Global HIV Prevention Road Map	Advocacy asks	Progress achieved	Progress status
Action 10: The 2025 Global HIV Prevention Road Map priority action points are implemented	The NAC and the Ministry of Health and Child Care finalise and launch the Zimbabwe HIV Prevention Road Map by September 2024.	The Zimbabwe HIV Prevention Road Map has not been finalised or launched. After meetings with the government in September 2024, a country report on the road map milestones was consolidated which included civil society and community priorities. The government committed to finalising and disseminating the report in the final quarter of 2024.	Medium 
	The NAC and the Ministry of Health and Child Care identifies / defines and includes clear milestones for the implementation of the road map priority action points, in collaboration with civil society and community networks by June 2024.		
Action 5: Social contracting is implemented as per the Policy Guideline for the Government of Zimbabwe Public Financial Support to Society Led HIV and AIDS Services Delivery	The NAC publicly disseminates the Social Contracting Policy Guidelines, including the call for proposals, and the criteria for social contracting by June 2024.	A dissemination dialogue was conducted with civil society to disseminate the Social Contracting Policy Guidelines. NAC committed to reviewing the guidelines and publicly launching them on 1 December 2024.	High 
Action 7: Implement harm reduction interventions for People Who Use Injecting Drugs targeting all primary healthcare centres in Harare	The Ministry of Health and Child Care introduces a minimum health service package for people who use drugs at all primary health care centres in Harare by September 2024.	The Zimbabwean government has not yet adopted a minimum health service package for people who use drugs. Coalition partners are providing technical input to Zimbabwean parliamentarians as they draft a concept note for the new strategy. This input could help shift the current punitive narrative surrounding drug use and move the conversation toward a harm reduction approach, promoting HIV prevention for people who use drugs.	Medium 

OUTCOME STORY:

ENGAGEMENT WITH THE NATIONAL AIDS COUNCIL ON THE SOCIAL CONTRACTING POLICY GUIDELINES



Outcome: The NAC participated in a dialogue with the U4P coalition on the dissemination of the Social Contracting Policy Guideline. This marked a pivotal shift in transparency through the government working with civil society organisations on HIV financing.



Contribution: The coalition has consistently engaged with the NAC to prepare for a dialogue on social contracting. On 1 August 2024, the U4P coalition convened a meeting with NAC representatives, implementing partners from 10 provinces, and other stakeholders. At this meeting, NAC committed to publicly disseminate the Social Contracting Policy Guidelines, including future calls for proposals and selection criteria. This commitment from NAC marks a significant step towards addressing the lack of transparency in how organisations are selected for social contracting, potentially leading to more equitable resource allocation in HIV services.



Significance: The coalition's engagement with the NAC marks a watershed moment in Zimbabwe's HIV response. In a country facing resource constraints and economic volatility, this push for transparency in social contracting could lead to a more equitable and efficient allocation of funds in the HIV sector. This initiative aims to fill a critical gap in the current system, as the selection criteria for socially contracted implementers have long been unclear, leaving many civil society organisations in the dark. By advocating for the public dissemination of the Social Contracting Policy Guidelines, the coalition is not just pushing paper – they are paving the way for a more transparent distribution of resources among those on the frontlines of HIV prevention. What sets this effort apart is its inclusive, participatory approach. The coalition has successfully engaged implementing partners from ten provinces, fostering a sense of collective ownership that's crucial for lasting change. This initiative could open doors to increased support and collaboration, bolstering the country's HIV response in the long term.

Next steps: Moving forward, the coalition has a clear roadmap to capitalise on their initial progress. Recognising the importance of widespread awareness, the coalition plans to collaborate with NAC to identify and leverage additional channels for disseminating the guidelines, maximising their reach and impact across the sector. A core objective remains to promote increased transparency in future social contracting processes. As the guidelines are disseminated, the coalition will take on a monitoring role, ensuring that the principles of transparency outlined in the guidelines lead to real change in social contracting. Identify the target date for NAC to publicly disseminate the Social Contracting Policy Guidelines, including call for proposals and criteria for social contracting.

TIMELINE OF OUTCOME STORY

2023



April

Launch of the U4P coalition in Zimbabwe



September

PESTLE analysis completed



December

National launch of the Zimbabwe [HIV Prevention and Accountability](#) report showcased at the ICASA conference held in Zimbabwe

2024



March

Coalition begins engagement with NAC on Social Contracting Policy Guidelines dissemination



May

A Social Contracting Guidelines Dissemination Dialogue conducted in Mutare on 9 May 2024 with various Civil Society Organisations and NAC, to strengthen knowledge on the Social Contracting Policy Guideline(s), including relevant Terms of Reference and Standard Operating Procedures to Social Contracting in Zimbabwe

An implementation meeting with government and CSOs on the HIV Prevention Roadmap was held on 8 May 2024



August

Meeting with implementing partners from 10 provinces, including coalition members, leadership, coordinators, and beneficiaries. NAC representatives attended and committed to publicly disseminate the Social Contracting Policy Guidelines



September

Target date for NAC to publicly disseminate the Social Contracting Policy Guidelines, including call for proposals and criteria for social contracting



PROMISING PRACTICES

- **The active participation of U4P coalition members in existing networks, TWGs and multi-stakeholder forums enhanced the members' ability** to represent the interests of key populations and communities at the national level. For example, the Zimbabwe coalition engaged in a provincial key populations forum, a core advocacy group forum, a quarterly HIV Prevention Partnership Forum and a KVP Forum.
- **The Zimbabwe U4P coalition effectively built relationships with government actors in a restrictive environment** through a combination of strategic engagement and collaborative advocacy. The coalition worked closely with the NAC and the Parliamentary Portfolio Committee on Health by positioning themselves as partners who support national goals, rather than adversaries. The coalition used existing government platforms and worked within established frameworks, which fostered trust and cooperation. For instance, the coalition's efforts to launch the HIV Prevention and Accountability report and provide technical support in drafting the HIV Prevention Road Map led to the government's active participation and endorsement.

KEY LESSONS LEARNT

- **Tailored advocacy messaging is more effective:** the Zimbabwean coalition partners used the country's PESTLE and stakeholder analysis to identify unified advocacy messages that resonated with their target audiences and desired action.
- **Reporting processes have ensured clear records of activities and data sharing:** this transparency allows members of the coalition to hold each other accountable for the accuracy and progress of their work.

Sources:

The U4P coalition in Zimbabwe has done incredible work in providing data for this profile, as identified from the following sources:

- Zimbabwe U4P Monthly MEL Meeting Tracker
- U4P Quarterly Narrative Report - Zimbabwe
- Zimbabwe Coalition Accountability Strategy
- Zimbabwe HIV Prevention and Accountability report
- Zimbabwe PESTLE analysis
- U4P advocacy log
- Mid-term review of U4P, conducted by Southern Hemisphere, 2024

This profile was written by Elena Mancebo Masa, Zimingtonaphakade Sigenu and Dena Lomofsky on behalf of Southern Hemisphere Consultants, with editorial input from Casey Davison O'Brien, Leora Pillay and Libby van Zee of Frontline AIDS and Letwin Chanakira and Musarurwa Hove from SAfAIDS Zimbabwe. Design by Jaywalk Design for Change.

