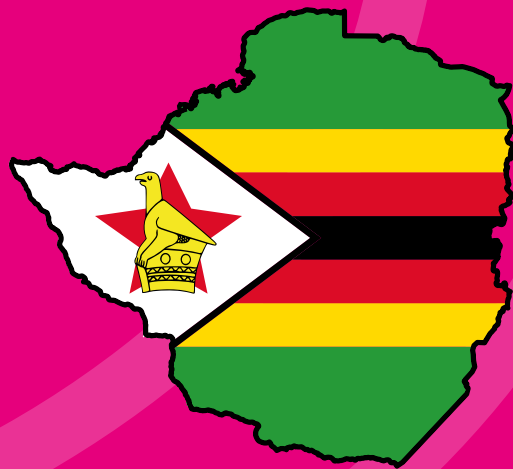
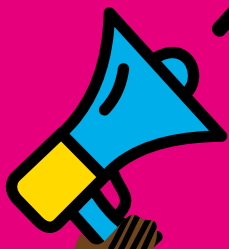
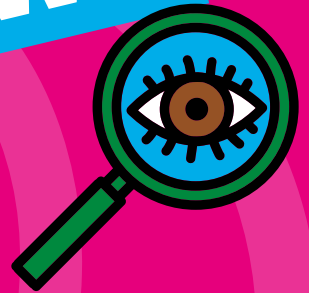


**ZIMBABWE**



**HIV PREVENTION  
& ACCOUNTABILITY  
A COMMUNITY  
PERSPECTIVE  
2023**



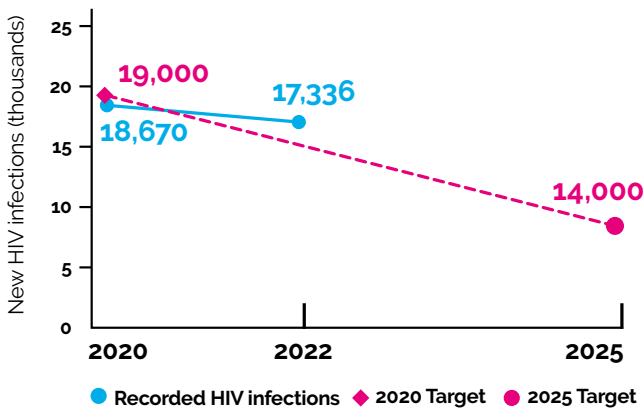
# SUMMARY OF CIVIL SOCIETY ANALYSIS

Zimbabwe is making positive progress in several areas of HIV prevention. It has developed a Monitoring and Evaluation (M&E) framework and is actively working on establishing a national digital health strategy. Zimbabwe is also taking commendable steps towards closing the gap in service coverage for adolescent girls and young women and adolescent boys and young men through social contracting.

However, recent laws like the 2023 Patriotic Act will change the environment for civil society organisations (CSOs) by restricting civic space and limiting their ability to hold government to account. This will also potentially reverse the gains achieved by Zimbabwe's health budget, increasing the risk of falling short of the Abuja Declaration target and compromising the sustainability of the country's HIV response.

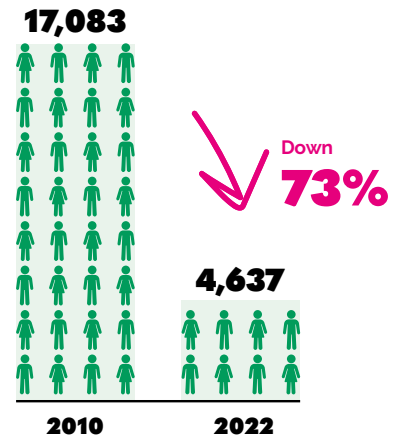
Growing anti-rights movements are threatening access to sexual reproductive health and rights (SRHR) services for youth as well as lesbian, gay, bisexual and trans and queer (LGBTQ+) communities and people who use and inject drugs. Civil society engagement in national events organised by the National AIDS Council (NAC) is often tokenistic, with CSOs often feeling that their contributions to policy processes and discussions are not meaningfully considered.

## NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

## NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

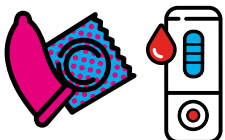


## KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate (year)	2016	2019	NO DATA	NO DATA
Estimated HIV prevalence	45.1%	21.1%	NO DATA	27.5%
HIV prevention service coverage	79%	26%	NO DATA	NO DATA
Avoidance of healthcare due to stigma and discrimination	39%	8%	NO DATA	11%

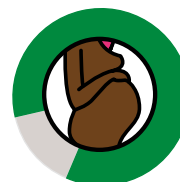
Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

## INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)  
**✓ Yes Fully integrated in all health facilities**

Source: [National Commitments and Policy Instruments Database](#)



**85%**

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

## STRUCTURAL BARRIERS



### 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](#)

## ZIMBABWE



## GENDER VIOLENCE



**19%**

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

## STIGMA



Latest stigma index report conducted in

**2022**

Source: [Global Network of People Living with HIV \(GNP+\)](#)

## FINANCING



15% Abuja Declaration target

**11%** of government budget to health expenditure

Source: [Community Working Group for Health](#)



International funding for HIV prevention

**56%**

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

**44%**

## ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✓ For adolescents 16 years and over



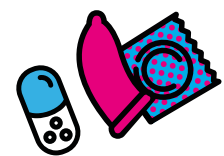
HIV testing without parental consent

✓ For adolescents 14 years and over



National CSE curricula in place

✓ Primary & secondary



**46.44%**

Knowledge of HIV prevention amongst adolescents (aged 15-24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

# PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



## ACTION

1

### EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



The National HIV and AIDS Strategic Plan (ZNASP IV 2021–2025) recently underwent a hasty mid-term review due to the approaching Global Fund Cycle 7 grant process. However, CSOs and communities felt they were not meaningfully engaged or represented.

The review showed that there was an improved acknowledgement of the challenges faced by key populations. The revised ZNASP IV addressed some of these challenges, but no awareness or sensitisation efforts have occurred since then due to a lack of funding.

Priority districts are identified through an annual mapping process. However, population size estimates (PSE) are hindered by funding constraints and key populations often feel reluctant to participate due to stigma and fear of criminalisation. PSEs exist for sex workers, men who have sex with men, and prisoners. But these estimates are largely outdated, and are often based on a sample from a small number of cities.

A 2022 situational analysis on drug use, including people who use and inject drugs, covered just five out of ten provinces. Accurate estimates or targets for transgender people are still lacking, despite their inclusion in ZNASP IV. However, a proposed Integrated Biological and Behavioural Surveillance (IBBS) survey for men who have sex with

men, transgender people and people who inject drugs targeting five cities, funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR), is due to start in March 2024. However, advocates have been told that the IBBS for people who inject drugs will be limited to Harare.

The last Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) was conducted in 2020, with limited consultation of communities. The upcoming Zimbabwe Demographic and Health Survey will likely be discussed during the national budget consultations, but civil society has not yet been engaged. Reports for both surveys are usually posted online, but are often published late, and there is limited dissemination at district level.

#### RECOMMENDATIONS

- ✓ **Meaningfully involve CSOs and communities in all strategy and operational planning processes and end tokenistic engagement. Ensure that results from surveys are shared promptly and a process is held to support verification.**
- ✓ **Conduct up-to-date PSEs for all key population groups with the meaningful involvement of community-based organisations and key stakeholders from start to finish, prioritising populations where estimates are out of date or unavailable.**

## ACTION

# 2

## PRECISION PREVENTION APPROACH



The ZNASP IV includes national and sub-national targets and has been disseminated at national level, although district-level dissemination remains a challenge. A limited number of civil society groups were consulted in the development of these targets.

The ZNASP IV targets align with global targets for behavioural and biomedical interventions, including UNAIDS' [95-95-95](#) targets, where Zimbabwe has made real progress, already achieving the target on testing. There are ambitious programme coverage targets for most key population groups, but data gaps are significant, especially for people who use drugs.

Similarly, ambitious targets for reducing gender-based violence and addressing stigma and discrimination towards key populations lack appropriate baseline data, making tracking progress more challenging. Unfortunately, the plan also lacks specific targets for addressing legal barriers, which are a critical component of UNAIDS' [10-10-10](#) targets.

Zimbabwe has an HIV Technical Working Group (TWG) and a Key Populations Forum convened by the NAC each quarter.

They include civil society and community representatives, and aim to monitor progress, review best practice and implement recommendations.

The Ministry of Health and Child Care (MoHCC) leads Prevention Partnership Forums quarterly, involving civil society and community organisations. Unfortunately, civil society feels that their input in these forums is not meaningfully considered and finds the engagement tokenistic.

### RECOMMENDATIONS

- ✓ Include a wider and more meaningful engagement of CSOs and communities in all HIV prevention forums and TWGs, including widely sharing the TWG meeting reports, minutes and action points.
- ✓ Set targets on legal barriers, in line with UNAIDS [10-10-10](#) targets, and develop indicators to measure and report on progress, as well as developing plans for addressing data gaps on stigma and discrimination, gender-based violence and key population programme coverage.

## ACTION

# 3

## COUNTRY INVESTMENT NEEDS



Over the years, the proportion of government budget allocated to the health sector in Zimbabwe has been far below the Abuja Declaration target of 15%, at 11% in 2023.

Although ZNASP IV is fully costed, the budget breakdown of key population programming is not clear. The last National AIDS Spending Assessment (NASA) was carried out in 2019–2020 but is still being finalised and has not been shared with civil society. While audited accounts for the National AIDS levy have historically been shared on the NAC's website, a comprehensive breakdown of the HIV budget is not available.

The proportion of HIV funding provided by donors for the 2022–23 period is not available, but UNAIDS estimates it at around 44% in 2021. To create more domestic resourcing, the health levy – 5% tax from mobile airtime and data – and the AIDS levy – 3% tax from individuals, companies and trusts – were established. However, there is little transparency on where this money goes.

The last high-level financing dialogue was held in 2021 with CSO representation. CSOs were also involved in the development of a costed investment case for the National

Health Strategy (2021–2025) and a New Zimbabwe HIV Investment Case 2.0 (2021–2025). Although not yet fully operational, both documents reference HIV prevention. More needs to be done to ensure these plans are adequately funded. It is unclear whether government still plans to roll out the National Health Insurance (NHI) scheme scheduled for 2025 or whether key population packages will be included.

### RECOMMENDATIONS

- ✓ Increase domestic funding for health to reach the 15% Abuja Declaration target.
- ✓ Publish the annual health budget and accounts in full, clearly showing the budget allocations and spending for each of the five pillars, so that levels of investment can be tracked over time; provide transparency on how the 5% health levy is being spent.
- ✓ Ensure that the NHI scheme actively addresses barriers to coverage for key and marginalised populations to access comprehensive HIV prevention and other HIV services.

**ACTION****4****HIV PREVENTION POLITICAL LEADERSHIP**

The multi-sectoral HIV response is coordinated by NAC with the MoHCC providing overall leadership. NAC is decentralised through Provincial AIDS Action Committees (PAACs) and District AIDS Action Committees (DAACs). These are multi-stakeholder committees and include government, development agencies, local authorities, civil society and community-based organisations, community networks and donor agencies. They are responsible for supporting the coordination of the response at provincial and district level.

However, tensions exist between NAC and PAACs/DAACs over resources. Civil society argues that NAC has more high-level staff than DAACs and PAACs, leading to a resource imbalance. The DAACs and PAACs are therefore underfunded and provinces with higher HIV prevalence often receive lower allocations compared to NAC. The unstable macro-economic environment, coupled with the fluctuating Zimbabwe dollar, makes it difficult for NAC to implement all the planned activities effectively at national and sub-national levels.

Due to the fragile political environment, civil society

is concerned about NAC's lukewarm approach to key populations and urges more open solidarity. Civil society also notes the gradual growth of an anti-rights movement in Zimbabwe.

On a more positive note, some politicians openly champion HIV prevention and stand with civil society and communities by helping to ensure that human rights and community needs are factored into political decisions on health.

**RECOMMENDATIONS**

- ✓ **Restructure the NAC to reduce the cost of the head office and release funds to DAACs and PAACs. Develop guidelines with criteria for PAAC and DAAC budgets and staffing, based on need and HIV epidemic in the district/province.**
- ✓ **Ensure that NAC takes a clear and vocal stance on the importance of HIV prevention for all populations, helping to protect evidence-based HIV prevention programmes from changes in the political landscape and from the influence of the anti-rights movement.**

**ACTION****5****COMMUNITY-LED HIV PREVENTION SERVICES**

Although it is positive to see targets for community systems strengthening, there is currently no national-level data available to monitor progress effectively. This means the proportion of HIV prevention services being delivered by community-led organisations remains unknown.

The implementation of new social contracting guidelines has begun, with each province currently contracting a maximum of two organisations. The guidelines were made available, but not widely publicised. There is a lack of transparency around the selection criteria, and information about funded organisations is not readily available.

The 2021 PEPFAR Sustainability Index and Dashboard showed that less than 9% of funds allocated to CSOs come from domestic sources. Currently, there are no established formal legal frameworks or policies allowing CSOs to compete openly for government funding to deliver HIV services.

NAC primarily disburses funding to civil society through the National AIDS Trust Fund, through social contracting. Funds are now disbursed quarterly in a bid to curb inflation challenges. However, the value remains compromised due to ongoing hyperinflation.

In Zimbabwe, there is no comprehensive technical assistance (TA) plan. The MoHCC manages TA for NAC but does not address technical capacity gaps in other government departments like the Victim Friendly Unit,

and other sectors such as law enforcement on services for sex workers. Sensitisation work often falls to CSOs and community networks.

Aligned with ZINASP IV, there is a Key Populations Technical Working Group and a Technical Support Committee that helps to strengthen the capacity of the key population-led organisations and supports the acceleration of activities. There is also a National Key and Vulnerable Populations-led Forum that assesses programme gaps and addresses capacity needs.

Youth inclusion remains a real challenge. Community-led monitoring (CLM) and differentiated service delivery models are still not youth-led. There is no youth seat within the Global Fund Country Coordinating Mechanism (CMM) and there is limited social (public) contracting for youth-led organisations

**RECOMMENDATIONS**

- ✓ **Increase transparency around social contracting by publishing the guidelines, grants and organisations funded. Develop a new legal framework to enable community and CSOs to apply for and access domestic financing.**
- ✓ **Develop a unified TA plan and help address the capacity gaps of community organisations and programme implementers, including establishing and fully resourcing a mechanism for key population-led organisations to share expertise, collaborate and coordinate.**



## ACTION

# 6

## REMOVE SOCIAL AND LEGAL BARRIERS



In 2023, Zimbabwe introduced the Patriotic Act, which presents huge limitations for civic space. Under these laws, civil society and community organisations working in HIV prevention can be prosecuted and threatened. This has also resulted in changes to the registration of non-governmental organisations (NGOs), which has created more bureaucracy and discrimination against key population-led organisations.

The Zimbabwe Human Rights Commission is tasked with safeguarding human rights and monitoring violations. However, only a small number of violations are reported as communities have concerns around data confidentiality and security. NAC has rolled out human rights trainings facilitated by civil society, primarily in project areas, but these are programme specific and therefore not sustainable. There is no human rights violation database that covers programmatic human rights violations.

Zimbabwe has shown some commitment to human rights by developing the National AIDS and HIV Policy and repealing Section 79 of the Criminal Code on the wilful transmission of HIV. The most recent Legal and Environmental Assessment (2019) also recommended the decriminalisation of consensual adult same sex, drug use and sex work along with measures to strengthen access to healthcare services for these communities, which the government has been reluctant to act on.

Zimbabwe has endorsed the Global Partnership to Eliminate HIV-Related Stigma and Discrimination and has a target for reducing stigma and discrimination to less than 10%. However, the rate was 67.9% and it's unclear how much

budget is being devoted to this area.

The growing anti-rights movement is negatively impacting access to sexual and reproductive health (SRH) and comprehensive sexuality education (CSE). While the CSE curriculum has been strengthened and extended to primary and secondary schools, teacher training is limited due to inadequate resources, and many do not feel equipped to teach certain topics. In May 2022 Constitutional Court ruling raised the age of consent for sex from 16 to 18. Although this was welcomed by some advocates as it increases legal protection from sexual exploitation for children aged 16 and 17, it also brings further complications around adolescents' access to HIV testing and other SRHR services.

Access to SRH services is possible in PEPFAR and Global Fund-supported sites. CSOs have been pushing for greater clarity on this nationally, via the Medical Services Amendment Bill.

### RECOMMENDATIONS

- ✓ Repeal the Patriotic Act, removing barriers to registration and recognising the vital role that civil society has in engaging government on accountability.
- ✓ Implement all recommendations of the 2019 Legal Environment Assessment and the 2022 Stigma Index, including calls to decriminalise consensual adult same sex, drug use and sex work.
- ✓ Develop a clear legal framework on the age of consent, for access to SRHR services to ensure that young people have access to HIV and SRHR services nationally.



## ACTION

# 7

## PROMOTE HIV PREVENTION INTEGRATION



There are agreed minimum packages of services for adolescent girls and young women and key populations. Zimbabwe developed a National Drug Master Plan (2020-2025) outlining harm reduction strategies, including needle and syringe programmes, opioid agonist maintenance therapy (OAMT) and naloxone for people who use and inject drugs. However, people who use drugs remain largely under-served, with harm reduction programming only just starting in the new Global Fund grant (GC7). Harm reduction was expected to start as a result of reprogramming efforts within the current Global Fund grant. However, NAC has delayed releasing the funds to sub-recipients due to start this work.

Programming for adolescent girls and young women is primarily implemented through the DREAMS New Generation programme, funded by PEPFAR, which was expanded to six new districts between July-October 2023. However, a significant number of young women and girls outside priority districts remain unreached. An additional difficulty facing Zimbabwe is the lack of funding for programming targeting adolescent boys and young men.

Condom use across Zimbabwe is high, attributed to the implementation of a total market approach, effective awareness campaigns and specific population targets. There are challenges with stock-outs due to delays in

shipments, as well as policies prohibiting the distribution of condoms in schools and prisons, limited funding and myths/misinformation around free condoms.

There is a growing demand for oral pre-exposure prophylaxis (PrEP), and some innovations have been put in place to maintain and strengthen demand. This includes implementing micro-planning, a peer-to-peer methodology of outreach, to support PrEP users. However, there are challenges with PrEP such as inadequate stock, poor distribution modalities and unsustainable funding.

Zimbabwe has scaled up to include access to viral testing in public clinics and is publicising the "treatment as prevention" campaign to support prevention efforts. To further support HIV prevention integration, HIV self-testing was made available in family planning clinics where HIV testing was not routinely offered.

### RECOMMENDATIONS

- ✓ Expand programming to reach more adolescent girls and young women, as well as adolescent boys and young men, to achieve HIV prevention goals.
- ✓ Expedite the implementation of harm reduction programming for people who use drugs and inject drugs.





## ACTION

# 8

## NEW HIV PREVENTION TECHNOLOGIES



Zimbabwe set a precedent in Africa for the speedy approval of both Cabotegravir Long-Acting Injectable PrEP (CAB-LA) and the Dapivirine Vaginal Ring (DVR). Both technologies were added to the Guidelines for HIV Prevention, Testing and Treatment of HIV in Zimbabwe in 2022. Current barriers around access to these commodities include funding, sustainability, demand creation, the licensing of distributors and the poor dissemination of guidelines across communities.

Zimbabwe is also part of the Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project and the Catalyzing Access to New Prevention Products to Stop HIV (CATALYST) study. This has so far reached over 180 healthcare providers with oral PrEP training and sensitisation on emerging PrEP methods (DVR, CAB-LA, event-driven-PrEP and the dual prevention pill).

The CATALYST study will be used to introduce the new HIV prevention methods and will provide and assess an enhanced service delivery package for women, which includes oral PrEP, DVR and CAB-LA. This study will yield results to inform the implementation of PrEP across Zimbabwe and the rest of Southern Africa.

### RECOMMENDATIONS

- ✓ **Widely disseminate the PrEP Guidelines and updated Guidelines for HIV Prevention, Testing and Treatment of HIV in Zimbabwe.**
- ✓ **Allocate or advocate for further funding to roll out new HIV prevention technologies beyond the current implementation study sites.**

## ACTION

# 9

## REAL-TIME PREVENTION PROGRAMME MONITORING



Zimbabwe has invested significantly in health information systems for the HIV response. The Impilo project, initiated in 2015, introduced electronic health records to replace paper-based data collection and to train healthcare workers in digital data management. It is now being fully implemented, aiming to reach five central hospitals, seven provincial hospitals, 30 district hospitals and 384 clinics across the country, with over 2,000 health workers trained.

ZNASP IV has an M&E framework that guides the response reporting through the Health Management Information System, which includes biomedical data from District Health Information System (DHIS2). Civil society and private sector organisations funded by donors or through social contracts with the government use the National AIDS Reporting Form (NARF) to record activities against national indicators. The system also includes surveys, surveillance and evaluations to track ZNASP outcomes and impact, providing evidence for programming. Data collection is decentralised and

frequently updated. These efforts aim to harmonise reporting in Zimbabwe, but challenges in accessing and using DHIS2 persist.

The NAC has developed a national M&E advisory group to lead M&E and research on the HIV response, but key research and information from district level is missed due to ongoing issues with the national reporting system. For example, civil society is reluctant to use the NARF, and there is limited focused engagement on it by NAC beyond the submissions of data. Communication of feedback and data dissemination to district and community level needs strengthening.

### RECOMMENDATIONS

- ✓ **Develop standard operating procedures, job aides and a curriculum and training plan on DHIS2, to be rolled out at national and district levels.**

## ACTION

# ACCOUNTABILITY FOR HIV PREVENTION

# 10



Zimbabwe has played a pivotal role in the creation of the Global HIV Prevention Coalition and attends all regional meetings. However, NAC has not domesticated the national HIV Prevention Road Map, and conversations around this seem to have stalled. As it stands, civil society is not informed about where the domestication of the Road Map stands.

Community-led monitoring (CLM) is growing, bolstered by funding streams from the Global Fund and PEPFAR. CLM is centred on feedback regarding HIV services in general, and as it is new, there are no notable findings yet. NAC has developed a National Steering Committee that is spearheading the development of a CLM strategy involving civil society and communities.

Civil society and community organisations are engaged by NAC to validate certain data and review progress in some TWGs. However, CSOs were not engaged on the submission of the Global Prevention Coalition survey in 2023. The lack of frequency of the national TWGs also poses serious challenges in terms of actively reviewing ZNASP IV implementation.

Civil society struggles to access information regularly on interventions, implementation progress and the impact of innovations and new strategies. The lack of consistency in accountability platforms and the tokenistic engagement of civil society exemplify wider concerns around accountability and transparency.

## RECOMMENDATIONS

- ✓ Finalise the national HIV Prevention Road Map without further delay, ensuring that this includes clear and ambitious milestones – in collaboration with civil society and community networks.
- ✓ Actively involve communities and civil society in the validation of the Global AIDS Monitoring (GAM) data, and submissions to UNAIDS to ensure transparency and accountability.
- ✓ Speed up the development of a national CLM strategy, including the meaningful participation of civil society and community networks. This must include clarifying the process for reviewing and responding to data and feedback collected through CLM.



## METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

## ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: Sincere thanks for the country coalition partners below and the coordinating partner in Zimbabwe, SAfAIDS.

Coordination and editing: Vicky Anning, Leora Pillay, Clare Morrison, Libby Van Zee, Lola Abayomi, Fionnuala Murphy, Ntombizodwa Mthembu, Aditi Sharma, Amelia Weekley, Revanta Dhamarajah, Lois Chingandu and Suzanne Fisher-Murray.

Design: Fruit Design.

We gratefully acknowledge the funding for the United for Prevention programme from the Bill & Melinda Gates Foundation, and support from the READY+ programme funded by the Embassy of the Kingdom of the Netherlands in Maputo.

## OUR PARTNERS



## SUPPORTED BY



**FRONTLINE  
AIDS** 

[www.frontlineaids.org](http://www.frontlineaids.org)

**JOIN US.  
END IT.**

