



ZIMBABWE

HIV PREVENTION SHADOW REPORT 2020



Summary of civil society analysis

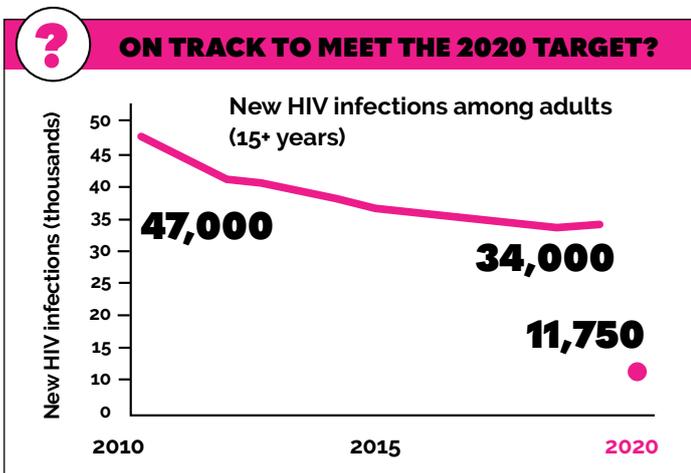
Zimbabwe has taken several concrete steps to improve programmes and policies that will enable better HIV prevention outcomes among key populations and adolescent girls and young women. There have been specific efforts to engage key population organisations in policy making.

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 | ● |

● Good progress ● Partial progress ● No or little progress



Global HIV Prevention Coalition 4th Annual Progress Report

| | KEY POPULATIONS: DATA, SERVICES, STIGMA | | | |
|---|---|--------------|----------------------|--------------------|
| | Men who have sex with men | Sex workers | People who use drugs | Transgender people |
| Latest size estimates | 2019 | 2016 | NO DATA | NO DATA |
| HIV prevention service utilisation | 25.5% | 44% | NO DATA | NO DATA |
| Avoidance of health care due to stigma & discrimination | 8.3% | 39.3% | NO DATA | NO DATA |

KP atlas, Global HIV Prevention Coalition 4th Annual Progress Report

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

UNAIDS Laws and Policies Analytics

| ADOLESCENT GIRLS AND YOUNG WOMEN | | |
|--|--|--|
| <p>SRHR services not available without parental consent</p> <p>UNDER 16 yrs</p> | <p>Intimate partner violence (15-19 years)</p> <p>31.3%</p> | <p>HIV prevention service coverage</p> <p>17%</p> |

Global HIV Prevention Coalition 4th Annual Progress Report

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a 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.



©Peter Caton for READY



STRENGTHENING POLITICAL LEADERSHIP

There are signs that parliamentarians' attitudes and actions towards key populations are shifting. A recent delegation of 70 MPs visited a LGBT drop-in centre in Mutare, led by the Parliamentary Committee on Health. A few parliamentarians are advocating for the rights of key populations, with some actively pushing this agenda within the Southern African Development Community (SADC).

The National AIDS Council (NAC) has hired a Technical Lead for 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 developing communication materials for public engagement. There are also plans to hire Provincial Key Population Officers to further support this work. A new technical assistance plan is also now 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 Key Populations HIV and AIDS Implementation Plan (2019-2020), the new HIV and AIDS Strategic Plan (2021-2025) and the new Global Fund for AIDS, TB and Malaria proposal, where partners secured additional funding for HIV prevention.

However, lack of investment and accountability continues to hinder implementation. Most interventions listed in the Key Populations Implementation Plan lack a "lead" agency, and it's unclear which budget is being used to deliver it. The NAC and Ministry of Health (MoH) is meant to report quarterly to the Parliamentary Portfolio Committee on Health on progress towards these strategies, but meetings are often postponed.



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 Marriage Bill which, if passed by Senate, will repeal Section 79 of the Criminal Code criminalising HIV transmission.

The MoH created 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 is taking steps to address 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 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 rises 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.



ADEQUATE AND SUSTAINABLE FINANCING

In 2019, only 15% of Zimbabwe's total HIV budget was allocated to prevention. Around 80% of this comes from external donors, with PEPFAR and Global Fund together contributing 97% of external funding.

During the last five PEPFAR Country Operational Plans, there has been a steady increase in funding allocated to HIV prevention, with around US\$1.2 million allocated to key populations in 2020. However, funding for human rights programming is mainstreamed into wider programming costs, making it difficult to track.

In 2019, NAC developed a proposal to increase domestic financing for HIV prevention, earmarking an additional US\$3.7 million for adolescents, key populations, and gender-based violence programming, to be spent between October 2019 and December 2020, but it's unclear if this commitment was honoured. Economic recession due to COVID-19 threatens the stability of domestic financing, including the National AIDS Trust Fund (NATF). The NAC is mostly funded through this Trust Fund, and the entity

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 2021-2023 Global Fund grant. This time, US\$35M is allocated to HIV prevention – 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 pre-paid health services, including for adolescents and key populations.



IMPLEMENTING QUALITY PROGRAMMING AT SCALE

The National HIV/AIDS Activity Report Form was revised earlier this year and now tracks HIV testing and contact 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 has also been commissioned.

However, there are still no national size estimates for people who use drugs and transgender people, although the new National Strategic Plan does commit to this. The MoHCC 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 adolescent girls and young women

in 16 high-risk districts, complemented by the Global Fund's modified DREAMS in 4 districts. Plans are underway to expand the DREAMS programme to reach more adolescents out of school and young women engaging in sex work. However, most partners are not youth-led, and their services are not differentiated or adapted to adolescents' age, gender identity or sexual orientation.

Wider uptake of Pre-exposure Prophylaxis (PrEP), especially among adolescents, has been affected by perceptions that it was only available for key populations.

Condom use remains higher than in other countries in the region, but external funders are cutting their investment in this area or prioritising the creation of self-sustaining markets, which has led to price hikes and made condoms unaffordable for some marginalised groups.

Voluntary Medical Male Circumcision (VMMC) demand creation and mobilisation has declined due to COVID-19 related restrictions.



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.

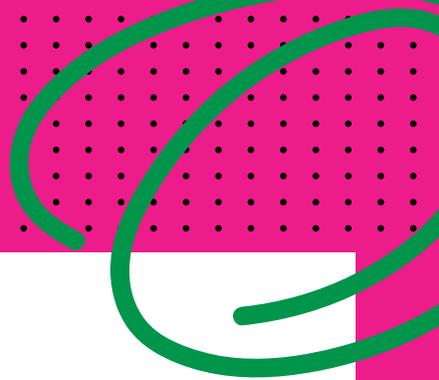
Restricted operating hours for public and private clinics, and restricted public transport limited people's access to condoms, lubricants and STI treatment. Adolescent girls and young women reported challenges in accessing contraceptives, putting them at risk of unplanned pregnancy and unsafe abortion. Despite HIV treatment being prioritised – the government agreed to a 6-month take-home supply for people living with HIV – there were some stock outs of second line (ARV) medications. There were also reports of high user fees, with people being charged US\$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. Marginalised groups continue 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 community outreach for ARV and PrEP refills, community distribution of safer sex commodities and targeted HIV testing. Civil society organisations (CSOs) have taken the initiative and procured PrEP and STI antibiotics, and established monitoring systems to track the provision of HIV prevention services in healthcare facilities during times of COVID-19.



RECOMMENDATIONS



IMPACT OF COVID-19

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Zimbabwe must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

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.

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.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership to develop the 2020 shadow report.

National research and analysis: sincere thanks to our country partners listed below.

Coordination and editing: Lloyd Dembure, Pemberai Zambezi, Matteo Cassolato, Clare Morrison, Fionnula Murphy, Aditi Sharma, Juliet Hellier, and Vicky Anning.

Design: Fruit Design.

We gratefully acknowledge funding from The Partnership to Inspire, Transform and Connect the HIV response (PITCH). PITCH is a joint partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

OUR PARTNERS



SUPPORTED BY

