

ZIMBABWE

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In Zimbabwe, the UN Joint Team on HIV and AIDS made significant contribution to the strong advances made in expanding HIV testing, treatment, care and sexual and reproductive health (SRH) services among the general population, particularly adolescent girls and young women, and key populations. In 2021, advances were made in scaling up multimonth dispensing of antiretroviral medicines to 95.6% of the people living with HIV. The UN Joint Team provided technical and financial assistance to integrate HIV services in the COVID-19 response and ensure COVID-19 prevention messages would effectively reach vulnerable populations, including key populations and people with disabilities. Dual HIV and syphilis rapid diagnostic tests were integrated as part of the antenatal care services to overcome the persisting high level of vertical transmission of HIV in Zimbabwe. HIV prevention was a priority for the Joint Team, hence efforts were made to scale up condom distribution, life skills and comprehensive sexuality education; referral services among of young people and key populations, including female sex workers and men who have sex with men; and peer-led sensitization on SRH, rights, prevention of HIV and sexual and gender-based violence (SGBV). Outreach through mobile one stop centres and access to essential service packages, including post-exposure prophylaxis (PEP) were expanded to help survivors of violence. The Joint Team successfully advocated for the adoption of the new Marriage Bill that sought to protect women from violence and discrimination.

HIV TESTING AND TREATMENT

In 2020-2021, the UN Joint Team supported the Ministry of Health and Child Care and the National AIDS Council and Tuberculosis Programme to expand HIV case-based surveillance in Bulawayo, Chegutu, Chitungwiza, Epworth, Goromozi, Harare, Marondera, Seke, and Zvimba. Generation of critical information, such as modes of transmission from the surveillance will strengthen population- and location-based HIV programmes.

Technical assistance for the promotion of HIV self-testing services targeting men and young people in the informal economy resulted in 40 000 people working in the informal sector, including mining, receiving HIV testing and counselling (HTC) services. The Joint Team achieved optimal integration of HIV testing and SRH services to improve access among adolescents and young people. Trainings for community adolescent treatment supporters and young mentor mothers reached 23 000 children, adolescent and young people living with HIV,

including pregnant and breastfeeding girls and their infants. Provision of child- and adolescent-friendly HIV services and support was successful via home visits, SMS, and outreach activities, leading to increased uptake of HTC and adherence to antiretroviral treatment (ART).

Consorted advocacy and technical assistance to the Ministry of Health ensured the adoption of the differentiated service delivery (DSD) approach and expansion of the 3-6 months multimonth dispensing (MMD) of ART—MMD increased from 80% in 2020 to 90% by November 2021, greatly improving treatment adherence during the COVID-19 pandemic.

The Joint Team technically and financially assisted the National AIDS Council to integrate HIV services in COVID-19 response in five districts—Beitbridge, Matobo, Masvingo, Mwenezi, and Umguza—reaching an estimated 12 651 people (8572 females, 4079 males). The funding enabled the recruitment of five COVID-19 response coordinators to support implementation of various operations, including food distributions in these districts. A COVID-19 and HIV call centre was established to address the needs of people living with HIV and mitigate potential disruption of HIV services during the pandemic—over 6000 people used services of the call centre in 2021.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

The Joint Team made technical contributions for the assessment of Zimbabwe's progress towards the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis; analysis of barriers impeding uptake of early infant diagnosis (EID) for HIV-exposed babies; and the national validation coordination for EMTCT certification.

However, at 8.9% in 2021, mother-to-child transmission of HIV remains high in Zimbabwe (UNAIDS HIV Estimates 2022). In this regard, the Joint Team supported the Government to adopt the standard HIV testing strategy consisting of three consecutive HIV-reactive results on serology assays; and dual HIV and syphilis rapid diagnostic tests as part of the antenatal care services aligned with the 2019 World Health Organization recommendations. Technical assistance provided by the Joint Team also helped strengthen the capacity of health workers in the delivery of targeted HTC, and in the linkage to prevention of mother-to-child transmission of HIV (PMTCT) and ART services among pregnant and breastfeeding women, adolescents, and children in 220 health facilities in 10 high burdened districts.

An HIV risk screening tool and motivation package targeting pregnant and breastfeeding adolescents and young women; and an HIV prevention package for all adolescent girls and young women were developed and implemented, strengthening access to quality information and services among these high-risk groups.

The Joint Team supported the establishment of the Office of the First Lady in Zimbabwe as a key advocacy platform and support her office carry out and facilitate high level advocacy and awareness events that highlight the vulnerability of adolescent girls and young women to HIV infection, SGBV and other SRHR issues and advocate for availability and access to the services. To this end, we supported a learning visit of the OFL to Kenya, finalised a costed SRHR/HIV/GBV advocacy Strategic Plan for the Office of the First Lady and an implementation plan for the "Free to Shine campaign" that was launched by the First Lady in August 2018 to support its dissemination and implementation through resource mobilization.

HIV PREVENTION AMONG ADOLESCENT AND YOUNG PEOPLE AND KEY POPULATIONS

In 2020-2021, the Joint Team prioritized combination HIV prevention reinforcing Zimbabwe's progress in reducing new HIV infections in the country. The Government was supported to roll out an innovative strategy for condom distribution and dissemination of SRH messages in food distribution points. Technical assistance for the promotion and coordination of the public sector condom programme enabled condoms distribution among 102 million males.

The Ministry of Primary and Secondary Education was supported to expand comprehensive life skills, sexuality and HIV education and information for young learners in and out of schools and tertiary education institutions. Various topics, including gender equality, GBV, early and unintended pregnancy, and cyber security were included in comprehensive sexuality education (CSE) and aligned to the international technical guidance. The Joint Team facilitated the development of Life Skill Education materials and learner modules; and the Fit for Life and Work learner's workbook and a WhatsApp Chatbox. A draft Curriculum Framework on Comprehensive Sexuality Education, Gender, HIV and Human Rights for Higher and Tertiary education institutions was developed in partnership with sector ministries and academia, and support from the Spotlight Initiative.

To increase SRHR and HIV knowledge and promote safe behaviour, the Joint Team supported various social, and behaviour change communication (SBCC) initiatives and implementation of quality CSE reaching an estimated 97 313 adolescent and young people across the country.

The Sista2Sista mentoring clubs in 23 districts were supported to conduct virtual outreach initiatives and individual follow-up services for adolescent girls and young women with sexual and reproductive health and right (SRHR), gender-based violence (GBV), and HIV prevention services. The clubs reached 861 051 adolescent people, including 38 368 vulnerable adolescent girls and young women. A total of 33 268 parents and 43 824 adolescents were also engaged through parent-child communication groups on SRHR and HIV-related discussions. SRHR, GBV, HIV, and COVID-19 messages broadcasted on mass media reached an estimated 710 000 people across the nation. Similarly, 6425 adolescent and young people living with HIV (including pregnant and breastfeeding adolescent girls and young women) were reached with SRH, HIV, GBV information through community adolescent treatment supporters and young mentor mothers.

The Joint Team contributed to the inclusion of services targeting key populations into community outreach and education programmes. In this view, female sex worker peer educators were supported to reach 9819 female sex workers in six districts through microplanning—a peer-led outreach strategy tailored to monitor female sex workers in need of clinical services such as HIV testing, TB, STIs and counselling. This public sector-focused programme is being implemented through the National AIDS Council district structures to ensure sustainable community outreach and service referral services. Meanwhile, 1532 men who have sex with men accessed counselling addressing various psychosocial issues, including self-esteem and image, GBV, alcohol and drug abuse, adherence to treatment, and stigma and discrimination. A total of 14 097 men who have sex with men also received HIV prevention services in five Drop-In Centres through the Global Fund grants and in collaboration with networks of men who have sex with men in Bulawayo, Gweru, Harare, Masvingo, and Mutare.

Advocacy and technical support resulted in the inclusion of HIV services in the National COVID-19 Preparedness Plan; and risk communication and community engagement on COVID-19 programmes, including information on linkages between SRHR, HIV and GBV were integrated in all SBCC initiatives rolled out during pandemic.

The Joint Team provided community health workers and key populations peer educators with mobile data and airtime, personal protective equipment (PPE), and guidance on infection prevention and control to support virtual and face-to-face community support services, electronic reporting during the COVID-19 pandemic. Technical assistance was provided to the Youth Advocates Zimbabwe (YAZ) for the establishment of a youth helpline 393, thus strengthening access to information on HIV and AIDS and COVID-19 among young people and key populations.

The capacity of primary counsellors in sign language was strengthened resulting in improved access to SRHR, HIV, and GBV services for people with hearing and speech impairment. Various learners' modules (grades 5-7) and COVID-19 prevention and control messages, including 63 000 copies of information cards translated into local languages and Braille were disseminated to learners, teachers, and parents via different platforms. An estimated 1.75 million people were reached with these messages through three community radio stations in Bulawayo, Masvingo and Mutare cities.

GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

The Joint Team in collaboration with the Ministry of Health and the National AIDS Council, developed a strategic framework of engagement for the Office of the First Lady to strengthen coordination and evidence for high-level advocacy for HIV, SRHR, GBV and other health and development related issues. As a result, the Office of the First Lady worked with the Ministry of Health and Child Care and AFRICAID to develop and disseminate high impact communication materials (short films), engage relevant community structures, undertake social and resource mobilization activities, and support the provision of HIV, SRHR and sexual and GBV services. More than 200 pregnant and lactating women living with HIV in Zimbabwe were reached with messages to increase awareness on adherence and retention in care during community events. The Office of the First Lady also led the engagement of men and boys to promote male involvement in EMTCT, reproductive, maternal, neonatal, child and adolescent health (RMNCAH), and their own health reaching 5000 men in each of the 10 provinces of Zimbabwe. The Joint Team further technically and financially assisted the strengthening of a national GBV call centre (575) established in the Office of the First Lady.

The Zimbabwe Gender Commission, government and private institutions, employer organizations, trade unions, and civil society organizations came together to develop and launch the Strategy for Elimination of Sexual Harassment and Gender Based Violence in the Workplace in Zimbabwe, 2021-2025. The strategy seeks to protect all levels of workers, and other persons in the world of work, against SGBV in the workplace and ultimately create an enabling environment for Zimbabwean workplaces that are free from harassment and SGBV.

The Joint Team provided technical and financial assistance to the Ministry of Gender and Medium Enterprise Development and the National AIDS Council for the conduction of an assessment, which provided a comprehensive review of the HIV burden and its drivers; offered evidence-based actionable recommendations on HIV and SRHR; highlighted gender equality priorities and proposed interventions that are transformative, especially for women, girls, and key vulnerable populations, to address the gaps and guide the Zimbabwe National Strategic Plan 2021-2025 (ZNASP IV), programming and investment processes.

To galvanize community support and commitment for the elimination of gender inequality and SGBV, the Joint Team supported the training of 146 leaders of the Zimbabwe Council of Churches and other interfaith networks to improve their understanding of HIV, SRHR and CSE. Similarly, around 8000 employees from five companies were sensitized on addressing SGBV in the workplace; and a roundtable brought together 60 women living with HIV for a discussion on GBV and its impact on access to comprehensive HIV care and treatment services among girls and women living with HIV. Economic empowerment initiatives led by the Joint Team also reached 549 vulnerable women, including survivors of GBV, women and girls with disabilities or those taking care of children with disabilities, elderly women living with HIV, and women living in extreme poverty with skill building programmes on income generating activities and small grants to start small enterprises.

The COVID-19 pandemic-related social restrictions and lockdown increased SGBV against girls and women in Zimbabwe. The Joint Team contributed to the scale up of outreach through mobile one stop centres and access to essential service packages, including post-exposure prophylaxis (PEP) for violence survivors within 72 hours of violence incidents.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

The Joint Team provided technical support for the development of a policy brief based on the legal environment assessment which was completed in 2019. The policy brief draws key findings and recommendations on challenges facing young key populations, including stigma and discrimination, the age of consent law, and other laws that criminalize same-sex behaviour and deny legal recognition of gender. The Joint Team led advocacy and collaboration with the Zimbabwe Lawyers for Human Rights, parliamentarians, National AIDS Council, and civil society and successfully repealed Section 79 of the Criminal Code that criminalizes HIV transmission.

Technical support was provided for the establishment of people living with HIV support groups in the informal sector to ensure access to peer counselling and psychosocial support; and foster meaningful participation of people living with HIV to eliminate stigma and discrimination and uphold their human rights.

In 2021, the Joint Team advocated for the adoption of the new Marriage Bill that seeks to protect women from violence and discrimination, including ending child marriages and decriminalization of HIV transmission. These efforts included identifying champions within the Parliament to secure strong support to the new Marriage Bill in the National Assembly; supporting women representing the Pan-African Positive Women's Coalition (PAPWC) to tell their stories and give evidence around the consequences of criminalization of HIV transmission; assisting civil society organizations to develop a shadow bill for the proposed Marriage Bill; and developing information, education, and communication (IEC) materials on decriminalization of HIV transmission. [Note: This new marriage bill was adopted by the parliament and adopted into law by the President in March 2022]

HIV AND HEALTH SERVICES INTEGRATION

In 2021, the Joint Team provided technical assistance to conduct a new Zimbabwe Vulnerability Assessment to further understand the impact of food and nutrition security on the health outcomes of people living with HIV and vulnerable populations. Key findings rated households of people living with HIV as more vulnerable and insecure compared to households that are not affected by HIV. Hence, the Joint Team continued to advocate to the Government and other stakeholders to scale up health and social services that prioritize vulnerable households of people living with HIV.

The National AIDS Council was supported to develop and disseminate an integrated information package to improve the capacity of communities in responding to emergencies in districts affected by Cyclone Idai, drought, and cholera hotspots. This package consisted of information on general health and nutrition, HIV, GBV, protection from sexual exploitation, sexual violence and abuse, COVID-19, and water, sanitation, and hygiene. Peer educators, community-based counsellors, volunteer health workers, community leaders and professional nurses were also trained on delivery of integrated SRH, HIV, and tuberculosis services in humanitarian situations.

INVESTMENT AND EFFICIENCY

Technical and financial support provided by the Joint Team strengthened strategic evidence for the HIV response—the 2019 HIV estimates and projections, and Global AIDS Monitoring 2021 were finalised to improve HIV programming in the country. Capacity building training on the UNAIDS Country Health Situation Room was conducted for 53 representatives from government, development partners, and civil society organizations, resulting in an increased and regular use of data dashboards.

The Joint Team also supported efforts to mobilize adequate domestic and external resources for the sustainability of the national HIV and COVID-19 responses. In the domestic front, the Government co-financed adolescent girls and young women health programmes, including SRH, and HIV testing and prevention services in 23 districts bridging the funding gap and increasing the sustainability of the HIV response.

The HIV investment case was finalized and continued to inform HIV programming and grant proposals. For example, the Global Fund 2021-2023 grant concept note which was developed using the evidence from the investment case secured US\$ 700 million in grants for the HIV response. The Joint Team also assisted Zimbabwe in accessing a cumulative total of US\$ 170 166 856 through the Global Fund COVID-19 Response Mechanism in 2020-2021.

Following the critical contributions made towards the 2019 Sustainability Index and Dashboard and the Responsibility Matrix, the Joint Team participated in the PEPFAR Country Operational Plan (COP20) planning process, raising US\$ 230 million for implementation of client-centred programmes in 2020.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team's contributions to the national HIV response were aligned to the United Nations Sustainable Development Goals (SDGs) and the "leave no one behind" principle, targeting principally people living with HIV, people with disabilities, women and girls, children, people who use drugs, and people affected by the COVID-19 pandemic. Organizations for Persons with Disabilities (OPDs) were supported to develop an action plan for 2021-2025 to roll out the National Disability Policy, which advocates for the inclusion of people with disabilities in holistic HIV and SRHR programmes. The Joint Team further assisted 14 OPDs to establish strategic networks and linkages with the Government, employers, and workers to improve coordination and linkages to HIV and SRHR services.

The Joint Team made significant contributions that ensured prioritization of HIV in the Zimbabwe United Nations Sustainability Development Cooperation Framework (ZUNDSCF) 2022-2026, mainly in Strategic Priority 1 that addresses people-centred, equitable human development and wellbeing. ZUNDSCF will focus on addressing inequalities, prioritization of programme implementation based on differentiated service delivery models, and elimination of harmful social norms and through policy and legal reform, in line with the Global AIDS Strategy 2021-2026.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic constrained both community- and facility-led health services, including HIV prevention and treatment, SRH, SBCC services. Planned activities and priority programming were also affected by the pandemic-related social restrictions. Poor internet access, connectivity, and high costs of data limited opportunities to implement virtual capacity building and monitoring of HIV programmes. Disturbance in the global supply chain created occasional stock-outs of HIV-related medicines and commodities challenging provision of various services including MMD and syphilis testing. Occasional shortages of PPE also affected service delivery and put frontline healthcare workers at risk of COVID-19 infection. There is an urgent need to accelerate mitigating actions to revive affected programmes, especially HIV prevention services to sustain gains made over the last decades.

Shortage of staff and high staff attrition exacerbated the quality and efficiency of service delivery during the pandemic. Inadequate knowledge around the guidelines for HIV testing for children and adolescents and weak capacity for counsel services among children and adolescents remain challenges in the HIV response. Retention and capacity building of human resources should be top priorities for the Government and development partners in the health sector.

Experiences showed that task-shifting to lay cadres and community service providers may assist in maintaining differentiated services and reaching national and global targets even during national emergencies.

Non-disclosure of HIV status among children and adolescents continues to be one of the main barriers to optimum adherence to treatment and an instigator of the rising mental health issues among adolescent people. Lessons learned stressed that community engagements are critical in the promotion of uptake of services by adolescents, including adolescent girls and young mothers living with HIV. They also showed that mobile applications significantly contributed towards retention and adherence to treatment among adolescent and young people.

Prevalence of stigma towards people living with HIV and key populations, and lower coverage of HIV services for key populations, particularly among transgender persons continue to increase their risk of HIV infection and AIDS-related morbidity and death. GBV cases in Zimbabwe remain high overwhelming existing shelters for survivors of violence. Experiences underscore the critical role radio and digital technologies have in reaching wider community with SBCC and therefore it would be useful to launch more interactive radio programmes to educate and guide adolescent and young people on SRH, safe decision-making, and life skills.

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