COMMUNITY COP 23 ZIMBABWE

Introduction

Civil society and community groups welcome the new PEPFAR 5X3 Strategy that acknowledges and prioritises equity as well as focuses on the intersectionalities of human rights, gender and socio-economics of the most marginalised communities. of The COP23 priorities should therefore align to this strategy in an ambitious, agile and innovative way.

This strategy comes at a time when Zimbabwe regressed in its fight against HIV due to COVID 19, with very high shortages of health workforce and below minimum investments in health financing at about 12.7% share of the national budget invested in health and 20 USD per capita spend in health.

CSOs and Community groups therefore contribute to the COP23 through the following priorities that came through CSO consultations in 3 regions of Zimbabwe (Southern, Eastern and Northern) as well as constituency specific consultations by Young People, PWUID, PLHIV, Women, Persons with Disabilities, Key populations, Civil Society Organisations in Bulawayo, Masvingo , Mutare and Harare.

1. Orphans & Vulnerable Children Programming

Maternal Mortality Rates (MMR) remains unacceptably high at 462 per 100 000 live births, though this is a decline from 651 maternal deaths per 100 000 live births in 2014 (MICS 2019). In as much as Infant mortality rate fell from 52/1000 to 47/1000 in 2019. Under 5 mortality rates declined from 69/1000 in 2015 to 65/1000 in 2019. However, neonatal mortality rate has risen from 29 per 1000 live births in 2015 to 32 per 1000 live births in 2019 (MICS 2014, 2019).

COP23 Priorities

- Allocate childhood case finding , and viral load tracking resources to OVC partners from clinical partners since the OVC program uses a case management based approach and provides an easier platform to engage in interventions that can identify the MMR, NMR, Malnutrition, home deliveries through multiple models such as the National Case Management Approach , Early Childhood Stimulation (ECS), Integrated Mother Baby Course (IMBC), VL surge from 27% to 78% , among a host of others. This will ensure that all the caregivers can be reached by the service and hence reduces duplication by the clinical partners who are also following up on the same children.
- Fund an RBF program for traditional midwives to bring to care those who traditionally do not use facilities using a referral form and an incentive is then given to those that eventually deliver in facilities.COP22 priority which is equally a COP23 Priority; PEPFAR should bring back the impactful school health program (Head to Toe screening) since education subsidies have been moved to BEAM , as an entry point in schools in higher burden districts and hotspots with low screening reach for children as well as stunting.
- In Community COP22, page 6 CSOs demanded that;
- Within the same PEPFAR-funded programs, different levels of community incentives exist among partners including payments to VHWs by Global Fund. This causes confusion and competition instead of complementarity and collaboration. PEPFAR must harmonize the amount paid to community volunteers across all partners- USAID & CDC nationally. This was not achieved in COP22.
- COP22 Priority; still remains a COP23 Priority: PEPFAR should standardize incentives for community volunteers and similar cadres working in the OVC program across all PEPFAR partners.

Access to social welfare support services to OVC in health, education, birth registration

Government of Zimbabwe has an inadequate social protection program for orphaned, vulnerable children to meet their food, education, health and shelter needs. As a result, in 2022, there was a 50% school dropouts (UNICEF 2022 report), 33.7% child marriages (ZimStats 2022) and high child labour especially in Artisanal & Small Scale mining areas.

Integrate Adolescent young boys and men in OVC Programming

COP22 Population and Epidemiologic Data showed that ART coverage is lower among men (84%) than men (89%) at ages 15-24. PEPFAR FY21 MER Data further showed that only 123,091 men compared to 397,415 aged 15-24 tested for HIV. This reflects poor health seeking behaviour amongst ABYM. Furthermore, ZIMPHIA 2020, indicates that ABYM between the ages of 15-24 have a Viral Load Suppression of 49.2%

COP23 Priorities

- Financial resources for awareness campaigns against child marriages and labour especially in OVC partners across the mining areas of Zimbabwe.
- Support (fuel & lunch) the movement of a mobile registration centres for easier accessibility of mobilized OVC , their families and caregivers.
- Funding for social protection as the social enablers are critical for improved health outcomes.
- Fund sanitary wear on average US$2 per girl per month to most vulnerable adolescent young girls
- Integrate ABYM in OVC programming for effective engagement of boys in the HIV/AIDS response

2. DREAMS

Significantly lower numbers of individuals adhere to Oral PrEP. There is limited choice for Biomedical HIV Prevention for AGYW and Pregnant and lactating populations and young people with only condoms and Oral PrEP are available for use. Zimbabwe has approved the Dapivirine ring and Cab-la for use, however there are no guidelines developed yet to enable roll out.

Men have received considerably less attention in the epidemic and receive less targeted HIV prevention programmes. The DREAMS program lacks disaggregated data for Lesbians, Bisexual Queer and Transwomen.

SRHR

Adolescent birth rate remains unacceptability high although the rate declined from 120 births per 1000 women in 2015 to 108 births per 1000 women in 2019 (MICS 2019).

High absenteeism of OVC girls during their monthly periods due to non-availability of sanitary pads increases their vulnerability to be exposed to contracting HIV and early marriages. Government of Zimbabwe committed to a provision of sanitary wear for OVC with no avail. (Source: 2022 Monetary Policy statement). This is evidenced by a report SNV 2022 that 54% of the girls had experienced mocking or stigmatization during their menstrual cycle

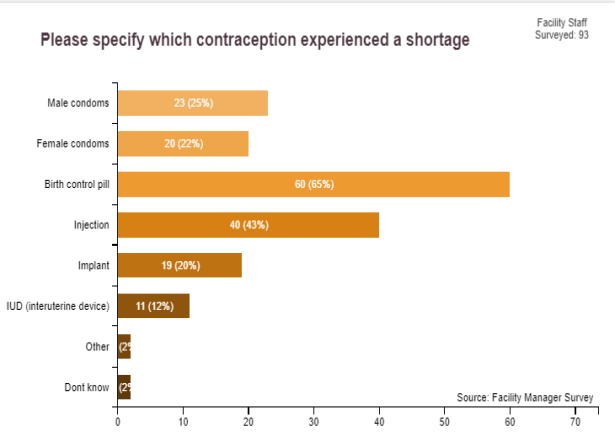
COP23 Priorities

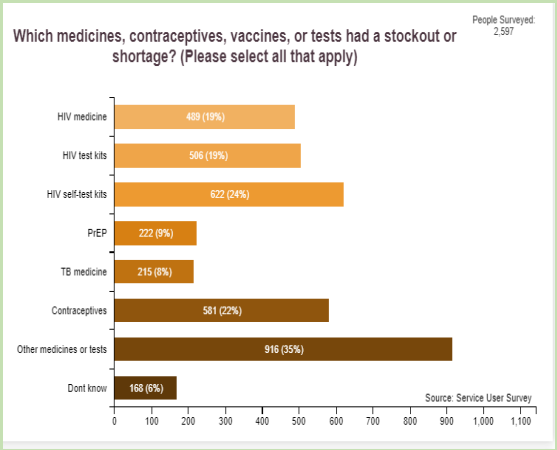
- Introduce new diversity custom indicators (Lesbians, Bisexual Queer and Transwomen)
- Expand access to HIV prevention products (Dapivirine ring and CAB-LA) and fund advocacy engagement relating to development of guidelines and investments in products procurement and rollout. E.g MOSAIC and PSH Dapivirine ring demonstration
- Partner with indigenous local and youth/community led organisations in the implementation of DREAMS.
- Passport to success??

3. Prevention

Condoms

Male condoms have erratic supplies and the uptake of the female condom is low. Female condom awareness raising on its uptake has been intensified but uptake still remains very low.





COP23 Priority

- Reduce the investment in Female condoms and instead put the resources towards branded Male condoms.

TPT COP23 Priorities

- Expand provision of TB preventive therapy (TPT), specifically 3HP, to all PLHIV newly enrolled into care, and expand provision of TPT to eligible household contacts of PLHIV with active TB, including young children and HIV-negative adults.
- LAM testing provided to 100% of PLHIV who are hospitalized. LAM testing provided to all PLHIV presenting to care in outpatient settings with signs of advanced illness or with CD4<200 [i.e. 14% of TX_NEW target].
- Reduction in 3HP and 6RH COP Funds as per the Guidance, why when the concern leading to low uptake was limited treatment preparedness, myth removal and hesitancy.

4. Care & Treatment

Paediatric HTS

Zimbabwe continues to have inequalities in ART access, especially at subnational levels (UNAIDS Global AIDS Update, 2022). As HIV testing and treatment programmes expand globally, children living with HIV are often being left behind. In 2021, an estimated 800 000 [640 000–990 000] children living with HIV were still not receiving HIV treatment worldwide. Children comprised 4% of people living with HIV in 2021 but 15% of AIDS-related deaths, and the gap in HIV treatment coverage between children and adults is increasing rather than narrowing, including in Zimbabwe.

The Antiretroviral Therapy (ART) coverage and viral suppression for children is 71% and 85% respectively, well below the national adults' coverage of 96% and 93% respectively (UNICEF, 2023). The major barriers to ART access by children were reported to be LTFU as their care hinged on willingness of a guardian to accompany them to a health facility, to which they have to travel long distances to.

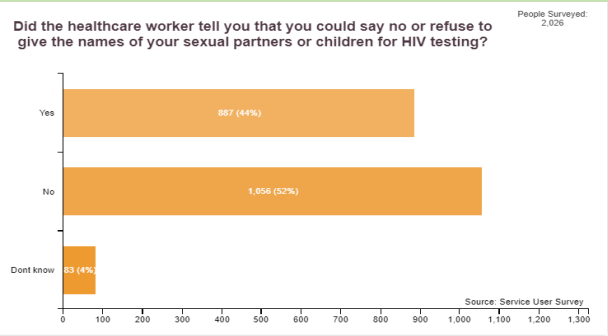
The National AIDS Council (NAC) carried out an estimation of the number of PLHIV in 2021. There were no documented estimates of HIV incident cases in the 5 – 9 and 10 – 14 years old age groups, while the estimated incidence in the 0 – 4 years age group was 2.6 per 100,000 in both boys and girls.

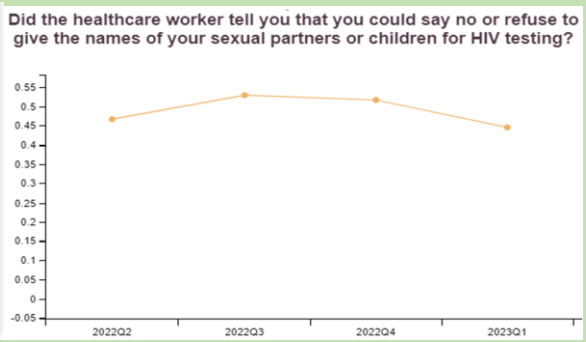
An assessment of the landscape of HIV care for the paediatric population conducted by Clinton Health Access Initiative (CHAI) in 2022 found that there was limited HCW capacity to screen for HIV including AHD in children. Limited stocks of paediatric ART regimens results in intermittent supply for children as the DSD model may supply adults with ART for 6 months and a child for 1-month. While care for PLHIV continues to improve, counselling and support programs for children have not been tailored to meet their unique needs.

Furthermore, the discrepancies in reaching the 95-95-95 targets observed between children and the adult population, more efforts should be put to ensure that the same targets (95-95-95) are reached among children between 0 – 14 years.

COP23 Priorities:

- Increase Accessibility of HIV Testing and Treatment to Infants and Children
- There is a need to ensure the net is wide enough to identify and retrieve children at risk in the community, and that the children who are brought to health facilities, and further reduce the loss to follow-up.
- Research: Population survey to estimate the burden of HIV in children aged 0 – 14 years
- Index case testing using a community and health-facility based model
- Research: Knowledge, Attitudes and Practices of CLHIV to determine behavioural practices among known and late-initiated
- Age-appropriate stakeholder engagement to identify barriers to accessing treatment and care.
- Shift resources for children case finding TB /HIV from clinical partners to OVC partners
- Scale up the piloted Find Test and Treat paediatrics – piloted in Kwekwe, Bulawayo, Seke Districts
- PPM – policy for FREE HIV testing for children attending private health facilities
- Interventions to improve TB prevention, screening and diagnosis and treatment as well as CLHIV client monitoring
- Quantification, procurement and equitable distribution of paediatric ART regimens , Child-oriented PITC, IEC material Health worker capacitation – by periodic attachment at centers of excellences (COEs)
- Scale up the piloted Find Test and Treat paediatrics (piloted in Kwe Kwe, Bulawayo, Seke Districts)





CLM data for Q1COP22 shows that there is involuntary HIV status disclosure. Data from FGDs and testimonies further revealed that involuntary HIV status disclosure is also associated with green books.

COP23 Priorities

Integration of care for older adults with HIV/NCD co-morbid conditions

The majority of PLHIV on ART in Zimbabwe are older adults, PLHIV50. More women (61%) on ART are living beyond 50 years than men. Older adults ≥ 50 years, face a number of challenges that go unnoticed due to a number of factors. Currently there is little or no data to plan interventions in the country.

- Reach Three to four times as many males than females to reach the treatment targets across all age bands, with DSD interventions that increase Treatment coverage including Treatment preparedness, Treatment literacy and Treatment adherence.
- Double resources for fortnightly workplace visits to offer clinical services to males.
- Introduce enhanced counselling at 1 week, 2 weeks and monthly intervals to assess client readiness /preparedness.
- PEPFAR to support digitalization of the current health access 'green book' cards learning from COVID 19 vaccination cards while maintaining uniformity with the current general patients color codes to avoid accidental disclosure.
- Each district should have a viral load machine so that we have results within one week. It improves monitoring of the HIV positive client especially when it comes to adhering to ART medications.
- Limited attainment of U=U motivates for a need to address the root causes through a multisectoral approach such as the Viraemia clinic.
- PEPFAR to invest in Youth KVP data gaps and tailor made programming and intervention to reduce risk and promote positive health outcomes.

Research studies involving older adults living with HIV in Africa are emerging, despite being a neglected area of study for a long time. The focus of HIV research in Zimbabwe and most African countries has been on children and the 15-49-year age group. Local and international prominent sources of HIV data report prevalence and incidence rates mainly for those aged below 49 years. The prevalence rates for older adults; age ≥ 50 years is almost always disregarded. This represents a significant blind spot within the global response to the epidemic of HIV infection and AIDS. Studies on older adults and HIV & AIDS conducted in Zimbabwe emphasize the social and economic impact of HIV infection, mainly its impact on this age group in their role as caretakers of children orphaned as a result of parents dying from AIDS.

Existing studies on HIV infection among older adults have largely focused on developed countries. Studies in those countries emphasize two key phenomena: the growing older adult population is mostly the result of the life prolonging effects of anti-retroviral treatment that has been almost universally available in Zimbabwe.

The success of being able to grow old rather than die at a young age has now been complicated by the fact that older adults with HIV are developing illnesses at an early age (50-65) that are typically associated with old age. These include osteoporosis, cardiovascular disease, multiple cancers, hypertension, and diabetes. Managing the health (Multimorbidity Management) is causing the HIV care system to change radically in response to these developments. The seminal research conducted by a CBO (ACRIA) became one of the primary catalysts that brought the issue of HIV and aging onto radar screens. The numbers make this major change in the epidemic undeniable.

COP23 Priorities:

- PEPFAR Should set targets and more focus on the aging with HIV Population by providing periodic multimorbidity management.
- Fund the development of a crosscutting policy for comprehensive package for older PLHIV for screening, treatment and care.

Advanced HIV Disease (AHD)

In Zimbabwe in 2021, it is estimated that 1.3milion people were living with HIV. During the same period, approximately 23,000 new HIV infections (about a fifth of these having AHD) and 20,000 AIDS related deaths were reported. Zimbabwe has made strides in meeting the 95-95-95 targets, advanced HIV disease and AIDS-related deaths continue to be a challenge. Only 93% (vs targeted 95%) had a suppressed viral load. These gaps in HIV management and negative disease outcomes reflects the need for health systems strengthening. HCWs have been trained, and medicines continue to be mobilized through PEPFAR and GF and other funding mechanisms, therefore gaps may still exist in the laboratory network, negatively affecting lab monitoring and surveillance among people newly infected with HIV including those with AHD.

Care for patients/clients with AHD is partially decentralized to secondary level in the health delivery system in addition to being available at tertiary and central level. One-hundred and twelve (112) facilities including 67 district level health facilities, 22 Mission Hospitals, nine (9) general hospitals, eight (8) Provincial Hospitals, six (6) Central Hospital offering advanced health care services.

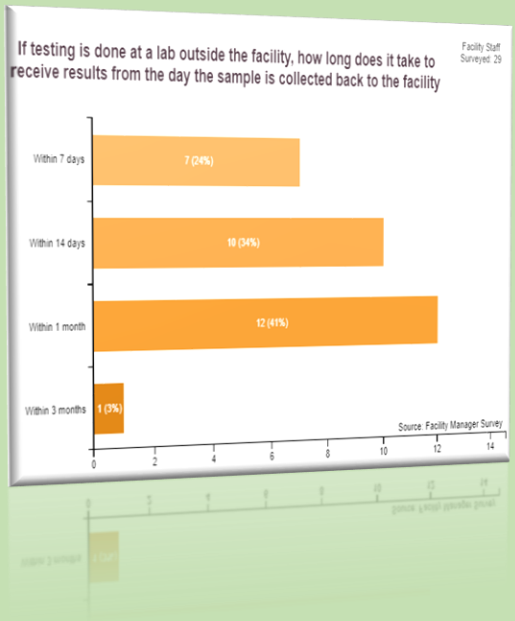
COP 23 Priorities

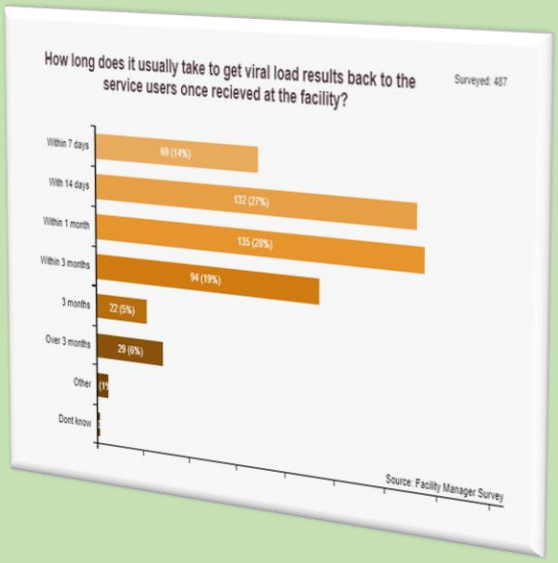
- Fund the optimal cryptococcal meningitis treatment regimen: induction with single high dose (10 mg/kg) of liposomal amphotericin B infusion followed by 14 days of maintenance oral therapy of flucytosine and fluconazole.
- The sites above and more must be adequately resourced to provide routine lab surveillance for patients newly diagnosed to HIV including those with AHD and those who are not virally suppressed.
- Capacitate Laboratories to Provide Ancillary Tests Key to Monitoring and Management of PLHIV including Advanced HIV Disease
- Ensure functional CD4 machines are in place and utilized.
- Integration of palliative care into HIV programming especially for AHD.

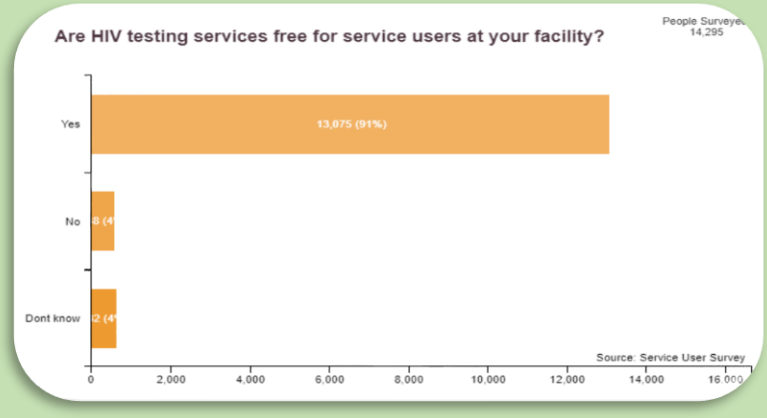
Viral load results are now taking 4 to 5 weeks from the previous 3 months which is still too long. The aim of viral load collection is to ensure virally suppressed results thus preventing HIV infections. People end up having bleeding fatigue when they are bled and no results come, only for them to be bled again.

COP23 Priority

- Reduce Viral Load result turnaround time.
- Each district should have a viral load machine so that we have results within one week. It improves monitoring of the HIV positive client especially when it comes to adhering to ART medications.







Treatment of STIs

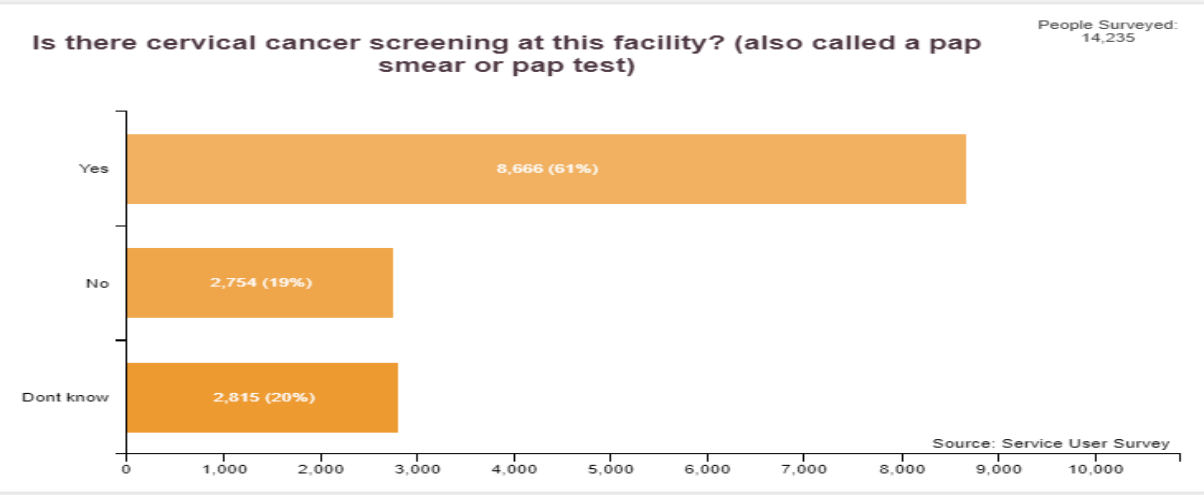
Treatment of STIs requires one to pay user fees and some go untreated due to financial constraints. Their immune system is already compromised and are susceptible to several opportunistic infections and it worsens their condition.

Cervical Cancer

Some organizations / clinics were making VIAC compulsory because of set targets by funders. When a client refuses to have VIAC done she is supplied with 2 weeks ART medication until VIAC has been done. This has negatively affected ART re-supplies and adherence to medication.

In as much as this is a lifesaving intervention , these human rights misnomers are motivating recipients of care to say that VIAC should be voluntary since some HIV positive clients are not

comfortable with the process and should only be done when the client is ready so as to improve adherence.



Interviews held by Family AIDS Support Organisation (FASO) in December 2022 with PLHIV ,revealed that 70% of the respondents reported that VIAC was compulsory and leading to some interruptions of medication as they want to avoid VIAC being done to them. Recipients of care must be educated so that they make informed choices.

COP 23 Priorities

PEPFAR Implementing Partners must increase adherence Training (counselling) and shun any human rights violations in order to achieve targets.

TB/HIV Co-infection

PLHIV on DSD model, who are also receiving TB care receive 6-months ART supply but still require monthly TB reviews. They may not see an obvious need to return to the health facility for this purpose. In Zimbabwe under the Global Fund NFM3, RR/MDR-TB patients in care, regardless of HIV status benefit from monthly cash disbursements and grocery hampers, and these serve as enablers for treatment adherence and draw them to the health facility on a monthly basis providing an opportunity for adherence counselling and behaviour change advocacy. DS-TB patients face similar challenges to RR/MDR-TB patients which include loss of employment, loss of social and food security and would benefit from these treatment enablers. Ensuring treatment adherence to TB medicines can also facilitate adherence to HIV treatment medicines.

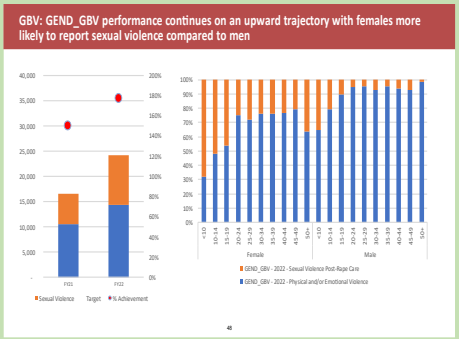
In Zimbabwe, the number of presumptive TB patients who were diagnosed with HIV has generally increased, from 42,010 in 2020 to 55,801. While TB/HIV coinfection has gone down from 70% to 54% in 2022, this still remains high. There is a need to support the country to optimize care among PLHIV.

COP23 Priority

- Provision of treatment enablers for DS-TB patients in the form of cash disbursements and nutritional support. Priority areas include Mashonaland West, Midlands, Mashonaland East, , Matabeleland North and Masvingo.
- There is need to scale up community TB case finding in Artisanal and Small scale mining communities given their 9 fold risk to HIV due to TB and Silica dust exposure.

Gender Based Violence

Gender based violence and access to services have remained a concern. The childhood prevalence of sexual violence was 9.1% among females and 1.1% among males ages 18-24 (Violence Against Children Study, 2017). Thirty six percent (4 130) of sexual violence survivors reported within 72 hours at their nearest health facility. According to the gender analysis report [1];



Most LGBTI, MSM and LBQ women experience intimate partner violence. This results in a lot of mental and psychological trauma. Due to criminalisation and restrictive laws and policies most people do not have the privilege to access services and report their perpetrators. Again Males are not forthcoming because of their help seeking behaviour.

COP23 Priority

- Increased campaigns and education against IPV and GBV. Build the capacity of VFU on how to handle MSM, LGBTI and LBQ women cases. Create a one stop centre model at most Drop in Centres so as not to lose clients in the referral pathway.
- PEPFAR to scale up awareness raising on the need to seek help by men on GBV , consequently resulting in reduction of mental illness.

Mental Health

Despite the increase in drug and substance use , interventions targeting youth still lack psycho social support for young people which is resulting in an increase in mental health challenges. This is therefore leading to treatment defaulting. Therefore young people are lagging behind in terms of the 95-95-95 targets.

COP23 Priorities

- COP22 Target: PEPFAR ensure that all adolescents that are transitioning into adult life have a transition plan that includes cognitive behavioural therapy to avoid a possible gap, as they transition out of CATS.
- PEPFAR to provide referrals or creation of rehab centers that are specific to the LGBTIQ community as the whole LGBTIQ spectrum is affected by drug and substance abuse.
- Training of community cadres in rural and peri urban areas to offer basic counselling
- PEPFAR to train counsellors on Transgender psycho-social and counselling needs.
- Scale up mental health and psycho-social support interventions across all programs.
- Deliberately support frontline workers including Community Health Workers with caring for the carers PSS program.

Community Led Monitoring

Community Health Advocate (CHA) in rural areas have to walk close to 20 kms, to and from the health facility for data collection. A case in point is CHAs in Mpisini, Ward 14, in Umzingwane were mobile coverage is a problem causing delays in syncing of data on to COMMCARE**.**

CLM tools are mostly health facility based, so CLM is being medicalized and not putting the social being at the centre to meet the context and respond to the recipient of care realities outside of

[1] Health and Gender Equity Policy Brief: Key Considerations for Zimbabwe's Health Sector

facilities. Person centric care is not about persons being statistics swallowing pills. GBV issues and mental health are not adequately addressed due to the approach. If all the questions regarding the facility are responded , does that have an effect on the efficacy of the medication in the absence of other social determinants of health?– in the event they don't report or don't know about reporting on adverse drug reactions , where are other social enablers, other than stigma asked? The coordination structure at the top is admin and HR heavy at the expense of the CBOs worse with the coming in of UNAIDS compared to support to CBOs and especially community cadres, this defeats the real cause of Community Led Monitoring. There is also no representation of young people in the CLM National Steering committee, rendering a gap in the voice of young people.

COP23 Priority

- Do a cost benefit analysis of the role of UNAIDS , its Admin and HR costs versus what is going to the real work and revise the structure or model appropriately for efficiency , lest the cadres end up being demotivated, fatigued and see no value for them and start to compromise data quality.
- Include a seat for the youth in the National CLM Steering Committee and also include youth indicators in the CLM data collection tools.
- PEPFAR to revise structural support to CLM for quarterly advocacy engagements and review of CLM Data DHE, PHE engagements
- COMMCARE data mainly medicalized tools, very minimal social focus. Modify tools and extend beyond facility eg Very little data capturing community social life and effect on access to HIV services
- To increase monthly stipends of community footprint to at least 50 USD also compare with what other CLMs eg Ritshidze, Haiti and others are paying community monitors. Provide for admin support to CBOs for making payments to CHAs,
- Increase Data Allowance and Transport Allowance for CHAs
- Increase community footprint to a maximum of 4 cadres per facility that has a larger catchment area.
- Provision of bicycles as a tool of the trade for ease of travel
- Purchase of solar panel powered tablets for CBOs to be able to assist them with data collection and syncing with COMMCARE in peri urban and rural areas where electricity and connectivity are issues
- Capacity building of traditional leaders to effectively monitor community led projects and enhance sustainability
- Develop a harmonized National CLM Framework to standardize CLM across the PERFAR, GF , STOP TB Partnership[2] and GIZ supported CLMs.
- Shift the resources meant for COP Consultations and coordination of advocacy to ZAN for effective National CLM advocacy.
- Funding to facilitate formation of DRR committees in schools and communities.
- Disability Accessibility Audits as part of the CLM programme
- Engage PWD Peer educators with sign language and braille competence to mobilise, assist and enhance service delivery to PWD
- Basic training on Sign language to Health personnel and CHAs

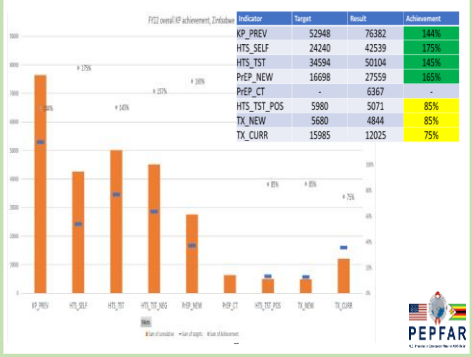
[2] https://play.google.com/store/apps/details?id=com.duretechnologies.apps.android.oneimpactzimbabwe

Priority Populations

MSM

Low targets set in COP20 and 21 for KP_PREP resulting in over achievement. In COP21, PrEP targets went up 68% among SW, 77% among MSM and 201% among TG, compared to COP20. The 2021 Q4 results for PREP coverage amongst KPs shows an achievement of these targets of 114% for PrEP_NEW and 95% for PrEP_CURR despite COVID 19 related obstacles. Nonetheless, that overachievement depicts a need to adjust targets to ensure all KPs have access to PrEP.

Overall strong achievement of KP indicators in FY22



COP23 Priority

- Increased investment to strengthen DSD and peer to peer models designed for the identified MSM subgroups
- Roll out of injectables to reduce pill burden.
- PEPFAR to fund hotspot mapping for improved reach through especially in tertiary institutions and peri urban areas.
- PEPFAR should increase resources for outreaches to offer services to rural and Peri Urban MSM.
- PEPFAR should fund KP CBOS to lead the work around the legal and policy environment, evaluation and review, to address structural barriers that threaten sustaining the gains.
- PEPFAR to facilitate high level engagements and support advocacy efforts to change the age of consent to access SRH services in Zimbabwe, in order to facilitate access to essential health services for young Key populations.

Female Sex Workers

- Strengthen the one stop Model.
- Increased resources for advocacy towards decriminalization law reform.
- Introduction of Prep injectables.
- Removing gender-related barriers in health services & wider community; empowerment activities for women who use drugs, addressing parental rights and stigma & discrimination of women who inject drugs.
- Training for health workers on offering friendly services to people who use drugs, incl. incorporating a module in nursing schools.
- PEPFAR should pilot Gender Affirming Care services including Hormonal replacement therapy for transgender people as part of HIV prevention treatment and care and risk reduction. Hormonal Therapy for transgender individuals, anonymous self-testing for sex workers, syringe exchange programs for drug user etc.
- PEPFAR should support mental health for vulnerable key populations through models from concerned KP groups such as Looking In Looking Out (LILO Connect) exchange programs for drug user etc.

Transgender

PEPFAR to avail resources for Sensitization of the ministry of home affairs on Trans registration.

LBQ Women

LBQ women are not recognised as Key Populations in the ZNASP IV despite acknowledging vulnerability. PEPFAR and GF are targeting MSM and Transgender only.

COP23 Priorities

PEPFAR to increase LBQ community footprints in KP districts to respond to cases of IPV and GBV

To increase mobilization activities for HTS, SRHR and mental health services.

Disability

CSOs requested for a study to quantify the magnitude and risk of HIV within persons with disabilities and instead PEPFAR supported a study to quantify the burden of disability among a sample of PLHIV . In as much as that was critical, it missed the advocacy and focus of finding the missing cases, who might be from among the disability groups. The following barriers continue to affect access to quality services;

- 95 % of the Zimbabwean population are not able to communicate in sign language and in braille.
- 0,2 % unavailability of inclusive disability digital technologies
- 75 % of health facilities are not disability accessible or friendly
- 2 % of health personnel are disability inclusive in terms of communication and appreciation

COP23 Priority

- PEPFAR to work with organisations of persons with disability (OPDs) to quantify the magnitude and risk of HIV within persons with disability and make recommendations on strategic interventions to address their plight.
- Disability Inclusive healthcare facilities and Capacitate and train healthcare workers on priority populations friendly service provision.
- PEPFAR to introduce a quota system for all programs for persons with disability –at least 1% of targets (OVC, Dreams, Care and treatment
- Produce IEC materials on HIV prevention, care and treatment, STIs and other SRH needs for Persons with disability (Braille, audio, visual)

Sustaining the Response, Advocacy , Linkages & Integration

PEPFAR`s policy on non-payment of cash reimbursements to Government employees including Village Health workers is retrogressive in a country like Zimbabwe which has high staff attrition, low morale, low motivation and the related stresses that HR in government face.

COP23 Priority

- PEPFAR HQ must remove the policy provision and issue a blanket cover for all programs in Zimbabwe

Localization

COP/ROP23 Guidance reiterates the target of passing 70% of programming funds (for direct and/or indirect services) through locally owned, led, and operated organizations (e.g., partner governments; faith-based institutions; KP-led, women-led, youth-led organizations; and private-sector entities). Localization, now referred to as national capacity building, (at all levels—national, regional/provincial, district) contributes to the first 3 pillars and health systems and security. It also makes sense from a gap-filling perspective because locally led organizations understand their community's needs best. A local perspective is useful for tailoring services to close remaining gaps.

However, despite the improved guidance in terms of directives to work with local organisations- former International Organisations in Zimbabwe continue to evade this by having localized but continue to be a mirror of the INGO and when tasked to work with a local organisation they work with their Embryo connected child- under the guise of building local capacity. This is visible across the partners and the PCO /USAID/CDC all knows them. They all got grants without even having a single audit as a local, or even a year in operation as a local but because they manipulated the definition at the expense of real indigenous local. After exotically localizing they still do not want to work with genuine locals.

COP23 Priority

- PEPFAR to have deliberate grant conditions and performance indicators with regards these organisations (INGO and the false Locals) on capacity building and graduation of the genuine locals not only in the OVC space where this has happened for the three graduates- in earnest but also for the clinical and other USAID partners.
- PEPFAR to request for local registration that has been in operation for 5 years with own audit reports and should also go through the same process that the indigenous local organisations are subjected to.
- PEPFAR to enforce that INGOs or their local Embryos identify and work with genuine local organisations even in the current interventions as COP23 starts.

Domestic Resource Mobilization (DRM)

In 2022 there was an improvement in the health sector budget which jumped to 14.9% from 13% in 2021. However only 5% was received by the MoHCC in 2022 (2022 National Budget Analysis - Z I M C O D D) . By the Confirmation of the Minister of Health and Child Care that they only received 5% of the total 14.9% promised in the national expenditure

COP23 Priority

PEPFAR should fund CSOs to be able to participate and track public expenditure (health budget)

Adolescents and Youth-Led Advocacy

In 2022 there were significant efforts to address policy issues around age of access to services for adolescents' boys and girls, having the year ending on a high note around the Medical Amendment Bill. The efforts made might currently there is limited choice of HIV prevention products for people pregnant and lactating people. They are only currently using condoms and oral, and treatment as prevention. Zimbabwe has been one of the first African countries to approve cab-la (2022) and Dapivirine ring (2021) but there is still no roll of the products to all priority populations due to lack guidelines and lack of funding of the commodities[3][4]. Young People are lagging behind towards achieving the 95-95-95 Targets and this has be largely attributed to by the lack of access to services due the legal and policy environment (ZIMPHIA 2020).

COP23 Priorities

- PEPFAR should fund ongoing advocacy campaigns aimed at addressing age restrictions to accessing health services for adolescents in Zimbabwe

[3] https://www.who.int/news/item/01-11-2022-zimbabwe-first-country-in-africa-announced-
[4] Advancing HIV Prevention Research in Pregnant and Lactating Populations (PLP):
Priority Advocacy Objectives and Next Steps (AVAC)
https://www.avac.org/sites/default/files/u3/AVAC_PHASES_ThinkTank_ePoster_Final_July%2015%202022.pdf

- PEPFAR to provide funding to scale up cab-la and Dapivirine ring once guidelines are in place.
- Enhance strong linkages with other USG and other complementary funded projects like the Livelihoods , DREAMS, Clinical, TB LON, OVC etc to ensure that recipients of care receive wrap around services – if one partner is focusing on TB let the other partner dealing with livelihoods target the same household/Recipient of care- for quality health outcomes.

COP23 Priority.

PEPFAR to have a mandatory District /Provincial level Quarterly TWG meeting to have plans and progress on this partnership for sustainability.

Funding to facilitate formation of DRR committees in schools and communities

People Who Use and Inject drugs

People who use and inject drugs have done a situational analysis on drug use in Zimbabwe's five provinces. The provinces are Harare, Bulawayo, Mashonaland West, Central and Manicaland Provinces. The results of the research points to a link between injecting drug use and sex. The results also pointed to a lot of sexual activity between people use stimulants drugs and their sexual partners, https://english.mainline.nl/posts/show/14462/assessing-the-drug-scene.

COP23 Priorities

Strategic Intervention	**Current Context**	**Priority and Ask**
Community led monitoring	Zimbabwe does not have data on PWIDs. This becomes difficult for any intervention on people who use and inject drugs without data. https://english.mainline.nl/posts/show/14462/assessing-the-drug-scene.	**PEPFAR should fund :** • A size estimation and health Needs Assessment for PWIDs • PEPFAR train selected people who use drugs on CLM. • Select provinces, towns facilities for CLM Implementation • Roll out CLM Pilot. • Present CLM results and use for advocacy.
Community engagement, linkages and coordination	People who use drugs do not appear anywhere on spaces of decisions in Zimbabwe. https://english.mainline.nl/posts/show/14462/assessing-the-drug-scene.	**PEPFAR should fund:** • Training PWID on HIV Programming and designing of community led psycho social programs
Capacity building & leadership development	Lack of data is an indicator of lack of leadership capacity. https://english.mainline.nl/posts/show/14462/assessing-the-drug-scene.	**PEPFAR should fund:** • Invest in PWUID networks. • Leadership & advocacy training for selected people who use drugs • Organizational development training & support for peer-led organizations', incl. grant-writing training • CS-wide advocacy against PVO Bill

		PEPFAR should fund: • Core funding for peer-led organizations' • Small grants to peer-led organizations' for mobilization activities
Community empowerment for people who use drugs	People who use drugs are stigmatized and discriminated in Zimbabwe. The community lacks initiative in spaces of authority.	• PEPFAR should fund • Training for peer-led organizations' on community harm reduction service delivery, incl. SRH integration • •Peer-led service design, implementation & monitoring (tailored to people with overlapping vulnerabilities, such as women, youth, LGBTIQ+ communities, sex workers & people with disabilities) • Increase number of drop-in PWUID centres in Harare, Mutare, Bulawayo, Mutare, Kwekwe and all border towns.
Sexual & reproductive health (SRH) services, incl. STIs, hepatitis & post-violence care	People who use and inject drugs are not involved in spaces of SRHR, no data on HIV/AIDS testing and no data on PreP and Pep up take.	• **PEPFAR should fund:** Tailored maternal services for pregnant women who use drugs (PTCT, post-natal care, pre-natal care & linkage to support services) • Improve access to contraception / family planning for women who use drugs • Prevention, screening, testing & treatment of sexually transmitted infections • Screening for cervical cancer &HPV • Anal cancer screening • Post-violence counselling, incl. medical management, legal linkages & psychosocial / mental support
Removing human rights-related barriers to (HIV) prevention	Due to stigma and discrimination, pwud are criminalized.	**PEPFAR should fund:** • Advocacy & awareness raising to revoke the condition to stop using drugs before being seen in health-care facilities • Removing gender-related barriers in health services & wider community; empowerment activities for women who use drugs, addressing parental rights and stigma & discrimination of women who use drugs • Dialogues with policy makers • Systematically documenting human rights violations & referral to redress and support • Work with police to develop SOPs on fair & humane treatment of people who use drugs, grounded in human rights principles • Training for health workers on offering friendly services to people who use drugs, incl. incorporating a module in nursing schools
Eliminating stigma & discrimination in all settings	People who use and inject drugs are stigmatized and discriminated in Zimbabwe	**PEPFAR should fund programs to:** • Eliminate of stigma and discrimination on pwud in Zimbabwe
Key & vulnerable populations - others	Zimbabwe does not have data on the nexus between drug use and other infections. https://english.mainline.nl/posts/show/14462/assessing-the-drug-scene.	PEPFAR should fund • Tailored community-based TB treatment, care & prevention for people who use drugs • Education on the links between drug use and TB for health service providers • Education & IEC on TB, TB prevention & TB treatment for people who use drugs