

# **COMMUNITY COP21 ZIMBABWE**

**COMMUNITY PRIORITY RECOMMENDATIONS**

**FOR PEPFAR COP21**

# INTRODUCTION



Despite having one of the HIV and TB highest burdens in the world with a severely incapacitated health workforce lacking tools and decent working conditions and an extremely fragile health system, Zimbabwe has made tremendous strides in the HIV response. “Zimbabwe has now met the second and third 90-90-90 targets and has achieved the overall target for 2020 by exceeding 73% of Viral Load Suppression among all adults living with HIV.”<sup>1</sup>

However, this progress faces serious threats, particularly due to the COVID-19 pandemic with to date, a recorded 37,354 COVID-19 infections and over 1551 deaths<sup>2</sup>. Access to HIV services, in particular viral load and HIV prevention services, was severely affected during the lockdown period.<sup>3</sup> COVID-19 exacerbated gender-based violence and poverty among other social determinants of health. According to the Musasa Project, a total of 2,768 cases related to violence against women and girls have been recorded in Bulawayo and other parts of the country from March to June alone this year, an increase of 70%. Data highlights that 94% of cases were partner violence.<sup>4</sup> This puts AGYW and women at more risk of infection in the absence of an ambitious expansion and rollout prevention and tools and technologies such as PrEP and the new vaginal ring along social and behavioural change interventions. Clear gaps in psychosocial support and mental health interventions for the PLHIV community were exposed and widened with the pandemic and COP21 will need to focus interventions on these.

Despite healthcare worker strikes, closure, or partial services at most facilities due to the pandemic, nearly 1,162,994 clients were retained on treatment through resilient and adaptive community outreach and successful scale up of Multi Month Dispensing of Antiretroviral therapy and other DSD models that need scaling up in COP21. Community based organisation and civil society organisations along with PEPFAR implementers and other actors adapted their strategies and approaches to reach communities with services and community health care workers were essential in the delivery and continuity of services around the country.

PEPFAR's commitment towards 70% local partnership by end of COP21 is highly commendable, however, we are critical and concerned about the registration of previously International NGOs with headquarters in the US into local NGOs leaving the real indigenous and local organisation further out and excluded from funding and implementation. This is not sustainable in the long term and in COP21, PEPFAR needs to ensure funding

does go to ‘real local and indigenous organisation’ to expand differentiated service deliveries, for example BHASO and the OFCAD model.

COVID-19 has also severely impacted and slowed even further the struggling TB program in Zimbabwe, and this remains of concern for CSOs.<sup>5</sup>

Zimbabwe has seen an increase in HIV funding by PEPFAR from USD\$20 million in 2010 to about \$203 million inclusive of all new funding. PEPFAR will need to leverage COP21 and funding gaps to coordinate better with other donors as Global Fund especially on health systems strengthening and support CSOs lobby with other actors as World Bank and IMFs COVID-19 resources to ensure health is a big share of these external additional resources, while at the same time holding the government accountable to a clear vision on sustainable and health and HIV funding strategy for Zimbabwe, that among things addresses public resource management, program and resource efficiencies, illicit financial flows, capital flights and progressive and tax justice as among sources of expansion of fiscal space for health and HIV in Zimbabwe. That is where the money is and is the big elephant in the room.

Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, and other vulnerable settings are now more vulnerable than before as their funding is likely to be dropped first. In COP21 and the future, particular attention should be paid to the paediatric cascade and young people (0-19 years).

Community Led monitoring remains essential and needs to be expanded despite the late kick off of the initiative in Zimbabwe due to delays in small grants staffing and CBO selection. This is the second year that CSOs and communities in Zimbabwe are developing a Community COP. For COP21, there are 10 priority intervention areas for CSOs, and the specific issues are summarised in a box at the end of each sub section and section.

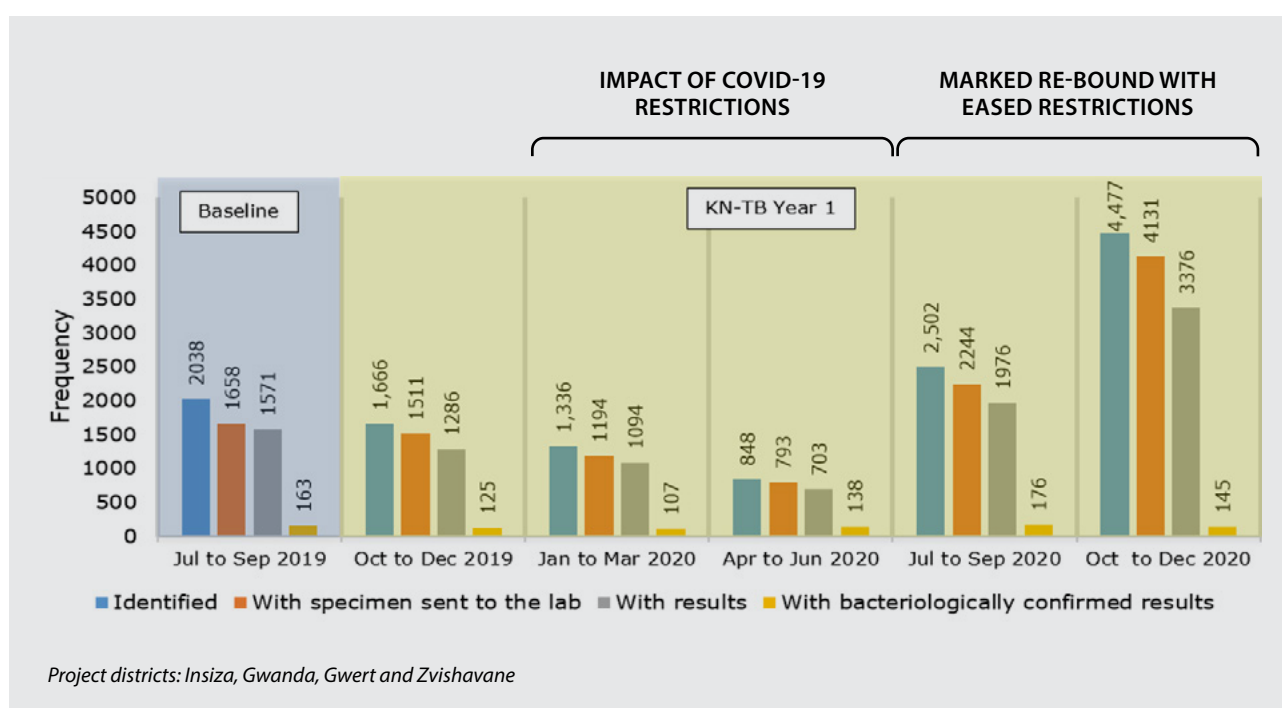
1. ZIMPHIA. 2020

2. <https://www.zimbabwe-situation.com/news/zimbabwe>

3. The devastating effects of COVID-19 on maternal health in Zimbabwe | Amnesty International)

4. Covid-19 Lockdown: Gender-Based Violence Cases Up By 70% - NewZimbabwe.com

5. USAID KNTB Grant.



# PRIORITY INTERVENTIONS FOR COP21

## 1. PREVENTION

### 1.1. Expand PrEP Program Rollout

While there has been a remarkable decline in HIV incidence, prevention efforts still trail far behind in the HIV response. Zimbabwe has made strides in rolling out PrEP. A lot of emphasis is placed on initiation however, not equally as much on PrEP continuation. PEPFAR has increased PrEP allocation to US\$3.7m however, there are certain aspects that need to be prioritised for PrEP to effectively contribute towards the reduction of new HIV infections. More efforts need to be made in supporting and tracking the continuation of clients on PrEP. To date the country has rolled out PrEP to about half of the districts, 31 out of 63.

Given that PrEP is a relatively new intervention, (with PrEP pilots starting in 2016 and rollout in 2018), general uptake has been low. People who are likely to benefit from PrEP will ask their peers for confirmation. If the peers are not aware of PrEP, it is unlikely that the person will consider PrEP as an option. PrEP literacy is critical for Zimbabwe if we are to sustain PrEP delivery. Once communities are aware and understand what PrEP is, they will be able to support each other to continue PrEP. As a country, we are seeing a sharp drop after the first couple of months after PrEP initiation likely attributable to lack of information, lack of support in the community and other myths and misconceptions on PrEP within the communities.

There is a need to invest in understanding more how different populations cycle on and off PrEP through implementation science to demonstrate feasibility. Understanding how people and communities would like to use PrEP will help the country in several ways including, forecasting for PrEP commodities and how to monitor those on PrEP.

PrEP uptake was negatively affected by the pause in community demand creation activities from Q2 to Q4 in response to COVID lockdown restrictions since March 2020. Despite these COVID-19 induced challenges, the demand for PrEP has remained relatively high.

MMD and community refills ensured continued upward trend for PrEP\_CURR despite COVID lockdown restrictions. PEPFAR reported that the PrEP Program leveraged on DSD models that were in place prior to COVID to surpass COP19 targets (Colour Z for MSM, MMD, PrEP, DSD Assistants, PrEP champions, community level refills). PrEP uptake was highest among FWS followed by MSM. In COP21, PrEP beneficiaries would like PEPFAR to scale up DSD approaches including MMD and community refills to facilitate continuity among users, engagement of DSD Assistants, PrEP Champions/peer cadres to follow-up individuals who have discontinued on PrEP (in-person, SMS, phone call and continuing leveraging on already existing platforms).

From the national PrEP implementation plan, as of December 2020, the country had initiated about 27 000 people over a three-year period against a target of 31 567. Zimbabwe's PrEP targets are not as ambitious as in other countries, for instance, PEPFAR only budgeted \$2.8m for Zimbabwe eight times less than Zambia's \$16m in COP21.

	Financial Year			
	Expenditures			Budgeted
	2018	2019	2020	2021
Asia Regional Program	182,636	1,069,671	0	0
Botswana	36,862	129,259	246,242	199,974
Brazil	0	0	43,060	72,948
Burma	0	0	591,310	770,608
Cambodia	0	310,104	0	0
Cameroon	0	0	307,097	910,094
Caribbean Region	0	53,392	0	0
Côte d'Ivoire	0	0	429,150	753,865
Democratic Republic of the Congo	0	0	500,213	350,156
Dominican Republic	133,469	179,583	398,635	368,125
Eswatini	273,305	378,665	698,821	1,388,659
Ethiopia	0	151,284	376,477	1,400,000
Haiti	0	17,190	104,623	1,059,057
India	0	21,243	141,521	724,545
Jamaica	0	0	48,960	0
Kenya	4,774	1,015,590	841,140	5,996,026
Kyrgyzstan	0	0	32,412	114,900
Lesotho	3,855,920	3,033,142	2,787,891	1,288,858
Malawi	0	42,421	32,271	3,117,953
Mozambique	1,724,791	1,612,105	1,190,591	5,718,254
Namibia	279,075	556,391	936,400	3,482,760
Nigeria	393,848	44,580	560,772	2,374,669
Rwanda	0	8,559	0	955,401
South Africa	3,570,368	1,619,627	14,506,505	25,577,957
Tajikistan	0	0	19,573	62,910
Tanzania	2,286,134	1,112,494	2,682,826	8,263,441
Thailand	0	0	1,312,481	1,063,300
Uganda	2,963,882	1,941,665	1,829,716	9,000,000
Ukraine	139,772	21,837	4,245	801,557
Vietnam	370,930	884,587	1,272,426	3,136,561
Zambia	449,418	1,481,773	3,024,604	16,289,295
Zimbabwe	854,102	1,137,777	807,030	2,823,529
<b>Total</b>	<b>17,519,286</b>	<b>16,822,939</b>	<b>35,726,992</b>	<b>98,065,402</b>

### COP21 TARGETS:

- Double PrEP targets including the oral and microbicides.
- Scale up PrEP for AGYW and KP, addressing critical gaps in commodities and scaling up client centred, differentiated approaches to support AGYW to stay on PrEP.
- Integration of services and processes - HIV testing and SRH service provision.
- Introduce Client Readiness Assessment to improve retention and adherence.
- PEPFAR to support community-based organisations recruitment and training of PrEP Champions.
- Continue scaling up PrEP for pregnant and breastfeeding women.
- Strengthening PrEP integration in clinical entry points prioritising ANC, OI/ART, STI, FP to reach all PrEP eligible prioritising PBFW and SDC support the strengthening of a standard referral pathway and coordination of service delivery.
- Integrated into scope of all clinical IPs supporting public sector facilities.
- Scale up proven the PrEP demand creation interventions e.g., the PrEP Ambassador training.
- Ensure PrEP is delivered as part of the comprehensive prevention package.
- Ensure PrEP is delivered as the standard of care.



## 1.2. Expand VMMC Uptake

The expansion of VMMC uptake has been derailed due to COVID-19 restrictions that have disrupted the demand and service delivery models. 43% (127 000 out of a 300,000 target) VMMC achievement in FY20 and 94% sites scaled down services during Covid-19 Q3 & 4. New WHO guidelines regarding provision of MCs in the 10-14-year-old adolescents has decreased the outputs as this age group has constituted most MCs performed. Mitigating the current impact requires immediate action on health facility capacity and demand generation in the short term while building resilient service delivery approaches for the long term. Key VMMC stakeholders including MoHCC suggest developing online training approaches and strengthening the pre-service training curriculum for health workers presents a long-term opportunity to increase the number of health workers available to offer VMMC and other HIV Prevention services.

Some of the factors affecting VMMC uptake include lack of access as there are fewer sites in larger districts. PEPFAR should increase sites in large districts. Inability to reach special groups of men has also contributed to reduced uptake. There is a need for PEPFAR to continue supporting community VMMC activities. VMMC messaging targeted for special groups men especially older men with targeted messaging is strongly recommended.

### **COP21 TARGETS:**

- *Fund innovative demand generation approaches for VMMC.*
- *Health worker initiated VMMC mobilisation for men seeking other health services.*
- *Support community based male VMMC and other HIV prevention interventions.*
- *Integrating VMMC demand generation with other HIV programs or non-HIV interventions.*
- *Capacitating more static sites with resources to offer routine MC services.*
- *Introduction and scale up of the Shang Ring method.*

## 1.3. Roll out Microbicides for AGYW – Dapivirine Ring (DVR)

Zimbabwe has made significant progress towards the attainment of the 95-95-95 targets with 86.8% of people living with HIV having been tested and knowing their status, 97% of those tested are on antiretroviral therapy and 90.3% of those on treatment being virally suppressed. Although performance on the 95-95-95 targets is better for women (88.3%, 97.6%, 91.0%) compared to men (84.3%, 95.9%, 89.0%), women continue to be disproportionately affected by the HIV pandemic, accounting for 59% of the new infections in the country. HIV prevalence is consistently higher among women compared to men between 15-49 years of age. Overall, HIV prevalence was 15.3% among women and 10.2% among men whilst HIV incidence was 0.54% among women and 0.20% among men. Annual incidence of HIV among adults (ages 15 years and older) in Zimbabwe was at 0.38% against a target of 0.24% in 2020.

The gender disparity is most pronounced among adolescent girls and young women (AGYW). While HIV incidence is declining overall, it has remained largely stable among AGYW. In 2018, approximately a third of all new HIV infections in people above the age of 15 were among young people under the age of 24. There were 9,000 new infections among young women, more than double the number of new infections among young men (4,200). Young women aged 20-24 years have a prevalence rate three times greater than their male counterparts (8.1% vs. 2.7%).

In January 2021, the World Health Organization recommended the use of the Dapivirine vaginal ring (DVR) as an additional prevention choice for women, 18 years and older, who are at substantial risk of HIV infection as part of combination prevention approaches. Substantial risk is defined as HIV incidence greater than 3 per 100 person-years. The Ministry of Health and Child Care (MoHCC), through the National PrEP Technical Working Group (TWG), is in the process of adapting the guidance and include the ring as an additional HIV prevention option for women in Zimbabwe.

At the beginning of February 2021, the International Partnership for Microbicides (IPM), who are the developers of the DVR, submitted their Ring dossier to the Medical Control Authority of Zimbabwe (MCAZ). It is anticipated that the DVR will be reviewed under a Collaborative Registration Procedure (CPR), within a 90-day period from the date of submission.

The ring has the potential to address some of the challenges associated with daily oral PrEP including less frequent dosing needs which may lead to better adherence, non-systemic and fewer side effects, less frequent health facility visits and is discrete.

Given the progress made to date around the DVR as well as the high HIV incidence among AGYW, it is imperative to include the DVR in COP 21 as we work towards reducing new HIV infections and eventually eradicate all new HIV infections. This strategic move will help expand HIV prevention options available as we know that use increases as choice is expanded.

#### **COP21 TARGETS:**

- *With MoH and CSOs, lobby for the expediting of registration of the Dapivirine Vaginal Ring (DVR) and, eventually, long-acting cabotegravir for prevention (CAB-LA).*
- *PEPFAR in COP21 should already identify programs and models of care for the rollout of the Ring.*
- *PEPFAR in COP21 should budget for the provider training needs for rolling out the Ring.*
- *Fund community and civil society roles in leading communications and engagement in program design and roll out.*
- *PEPFAR to include DVR in selected PEPFAR sites in COP21 and fund demand generation.*
- *PEPFAR to consider integration of Ring into SRH services including FP as well as community models.*

### **1.4. Invest in Social Behaviour Change Communication (SBCC)**

SBCC was a key strategic area during the pre-ART era. Since then, the HIV response has been heavily bio medicalized and subsequently lost the human touch. Clients are targets and numbers (statistics) and there is little focus on the social determinants of health. Consequently, there is a lot of leakages of clients across the cascades.

There is currently a combination prevention package that is coordinated by NAC and MoHCC, implemented by partners and supported by several donors, PEPFAR included. Each component of the combination prevention package is a standalone program thematic area with funding. For example, there is a national Condom program and VMMC program, but the Social Behaviour Change Communication (SBCC) program was dropped and not prioritized for many years now. Consequently, we see in continuity of treatment, increased client interruption in treatment and new incidence. The COVID-19 pandemic especially with the different waves reminds the country that SBCC is an essential key component of any disease response and needs to remain constant throughout the response and not once off.

Equally, COVID-19 required prevention messaging (Infection Prevention and Control- IPC), and now that the vaccine is with us, there is low uptake in the general population and likely among PLHIV too. PEPFAR will need to fund PLHIV demand creation, awareness raising, advocacy to demystify myths and misconceptions among PLHIV.

#### **COP21 TARGETS:**

- *PEPFAR to support SBCC programs for out of school Youth including expansion of the DREAMS*

#### **program and strengthening and adopting the Brother-to-Brother model for engaging ABYM**

- *Adoption of community engagement models that strengthen the Adolescents and young people, e.g., the SASA model.*
- *PEPFAR to support SBCC programs for COVID-19 targeting vulnerable communities.*
- *PEPFAR to support CSOs and community led COVID-19 vaccine anti-misinformation, awareness raising, advocacy, demand creation for PLHIV.*

### **1.5. Fund and expand “Men and Boys Program” and wellness initiatives, rebrand condoms and strategically distribute them**

While there has been a remarkable decline in HIV incidence, prevention tools such as PrEP among other interventions are not sufficient. Condoms remain critical in prevention efforts. However, these need to be rebranded, socially marketed, and strategically distributed to reach more people.

The current economic challenges faced by Zimbabwe has seen the push of the economy further into the informal sector resulting in prolonged working hours for men. This is also coupled with a disturbed social structure and weak community-based social activities, making it extremely difficult to reach men with health services. It is evidence that targeted male specific HIV-service provision is needed to increase the number of men tested and treated. Besides VMMC, there are no other direct HIV interventions targeted for men and young boys as compared to women.

Specific programming for men and boys is still disproportion as is their linkage to treatment care and support. Men do not sufficiently seek care and support and there is need to fund and expand specific models of care and intervention showing good results such as the Men and Boys Program that reach men where they are unlike expecting men and boys to seek care and support. To reach more men, NCD screening need to be integrated as part of the Standard STI screening.

#### **COP21 TARGETS:**

- *PEPFAR to include NCD Screening as part of the Standard STI screening.*
- *PEPFAR must ensure funding for a “men and boys” programme that will target issues surrounding HIV prevention, treatment, and care e.g., within the workplace.*
- *PEPFAR should fund wellness initiatives at workplaces to enhance behaviour change towards an HIV response.*
- *PEPFAR should ensure inclusion of a one stop shop with SRH services and fund outreach programmes for hard-to-reach audience e.g., mobile health clinics/centres.*
- *PEPFAR to expand the condom program by providing a wider choice of condoms for young people.*
- *Support Private Sector Clinics/ Male Health Forums (for example by reaching the men in the workplace through partnerships with the private sector) to promote male demand for and access to health services. In support of the Solar for Health initiative.*



- Support improved access to HIV, TB and STI services for men, by funding at least 2 men-specific drop-in centres per district, social marketing and men's treatment days at all PEPFAR funded facilities.
- Targeted mobile testing efforts across all PEPFAR districts should be directed at adolescent boys and men.
- Use multiple disease screening as an entry point to offer HIV services for men.
- Support fast track models for men at facilities and in

*communities through medicine collection points and community drug delivery point, and male community ART groups to improve adherence and retention.*

- Support low cost and effective community initiatives such as Brother to Brother, Men's forum and transformative masculinities in all PEPFAR districts to encourage uptake of HIV service by adolescent boys and men.
- Rebrand condoms and strategically distribute them.

## 2. TREATMENT

### 2.1. Improve Paediatric HIV Management and provide optimal Paediatric ART

#### HOW WERE WE DOING IN DIAGNOSING AND TREATING PAEDIATRIC HIV IN 2020?

##### UNAIDS Report for 2019:

- 68% of adults living with HIV are on ART
- 53% of children living with HIV are on ART

**CHILDREN 15%  
LOWER THAN  
ADULTS**

##### PEPFAR Report for 2020:

- 87–94% of adults have suppressed viral load
- 64–79% of children have suppressed viral load

**CHILDREN 20%  
LOWER THAN  
ADULTS**

With all these challenges, we know that we are not doing our best for children living with HIV.

**We need new, better ARVs for children NOW.**

There have been challenges with uptake of Lopinavir formulations for Paediatric ART including liquids and pills and improved formulations that include pellets and granules. Paediatric ART dosing remains too complex – more pills to give, difficult for the caregiver and the child. Dolutegravir (DTG) 50mg ("adult DTG") tablet is widely available in many countries and recommended for use in children > 20 Kg. Many studies have shown DTG to be as or more: SAFE, EFFECTIVE, and TOLERABLE compared to the other leading ARV options of Efavirenz and Lopinavir.

Paediatric DTG 10 mg dispersible ("pDTG"), scored tablets now allows all children to benefit from DTG's significant clinical benefits. Paediatric dolutegravir 10 mg dispersible, scored tablets is a new generic formulation of DTG that allows it to be used for children living with HIV (CLHIV) who are at least 1 month of age and weigh at least 3 kg and up to 20 kg. Until now, available products have only allowed DTG treatment for children or adolescents ≥20 kg. Benefits of DTG use for children <20 kg include clinically superiority, tolerability in patients and bolsters adherence. WHO recommends DTG for all children over 4 weeks of age, with dosing (and formulation) determined according to a child's weight. DTG is part of the preferred Paediatric 1L regimen for all CLHIV over 4 weeks and ≥3 kg. DTG also provides a potent and well tolerated option as the preferred second line (2L) regimen for CLHIV who fail either Lopinavir/ritonavir (LPV/r) or NNRTIs (Efavirenz, Nevirapine).

Despite massive gains in PMTCT, HIV infection during pregnancy and breastfeeding is still driving new HIV infections amongst children. HIV negative mothers continue to be at risk of HIV infection, even during pregnancy and breastfeeding.

Move to DTG, LPV/r granules must start immediately and NVP must be stopped. There is a need to scale up VL testing through DSD, outreach, and CLI including support to and use of OVC partners.

Evidence based interventions such as the Integrated Mother Baby Course, CATS, peer support, OVC interventions that reach more of this age group should be supported with more resources to identify, support, monitor while referring to care (including close working linkages with clinical partners - Community clinical linkages to identify HIV positive children and adults-). OVC partners are involved in case management of HIV affected households hence this is an opportunity to reach and equally identify indexes without infringing on their rights. PEPFAR should optimize ART initiation and follow up at community level: test at community, initiate at community and follow up at community (the TIF model).

#### **COP21 TARGETS:**

- *PEPFAR should focus on Treatment optimisation.*
- *PEPFAR should ensure that all newly initiating CLHIV on ART and existing virally suppressed 1L children >4 weeks and between 3-20 kg should be transitioned to pDTG. WHO has recommended dosing for ABC/3TC & DTG paediatric formulations.*
- *PEPFAR should ensure all CLHIV on ART failing 1L of EFV, NVP, or LPV/r and children already on successful 2L ART with viral load suppression are transitioned to pDTG.*
- *PEPFAR should do a rapid assessment in COP 20 to see the CLHIV under 4 years in sample sites so as to determine appropriate action in COP21, the current COP20 Q1 data shows significant CLHIV that are under 0-4 implying HIV transmission.*
- *Increase early infant diagnosis of HIV through support and strengthening supply of POC EID cartridges and consumables.*
- *Support decentralisation of EID testing to all provinces.*
- *PEPFAR should also support the rollout of PrEP for pregnant and breastfeeding women.*
- *PEPFAR should support treatment literacy programs/interventions.*
- *MoHCC with support from partners (AIDS FONDs and SAFAIDS with 4 local implementing Partners is in a second-year pilot that has seen the training of community case finders and testers who also do DBS and are motorised to transport it. This has seen a marked improvement in DBS turnaround time and new initiations.*
- *Integrate Paediatric TB/ HIV interventions in all Orphans and Vulnerable Children (OVC) programs.*
- *Capacity building for implementation of Option B+ (HRH, infrastructure).*
- *Continuous QI/QA for delivery of PMTCT and Paediatric HIV.*
- *Commodities supply and distribution for Option B+.*
- *Community systems strengthening for follow-up,*

*continuity of treatment (retention) and adherence of HIV infected women and their families.*

- *Longitudinal care for mother-infant pairs (Scale up the Implementation of the Integrated Mother Baby Course -IMBC).*
- *Strengthen M&E including conducting OR.*
- *Strengthen EID and the continuum of care to early infant treatment (EIT).*
- *ART in MNCH and integration—integration—integration including joint planning and M&E*
- *Clinical attachments to centres of excellence and mentorship.*
- *Scale up community Based TB activities such as screening, contact tracing and investigation, treatment observation and support.*

## **2.2. Invest in Treatment Literacy: Women, Girls, Men and Boys**

According to Avert's report on HIV and AIDS in Zimbabwe, in 2019, 93% of adult women living with HIV were on ART compared to 83% of adult men living with HIV. The proportion of people retained in care after 12 months is relatively good in Zimbabwe, standing at between 85% and 90% since 2011 and in 2018 retention at 12 months was 87%. Men and women have comparable HIV treatment retention rates; however, children, adolescents and young people are less likely to be retained in care. Drug resistant HIV is an issue in Zimbabwe. In 2018, the World Health Organization (WHO) found levels of pre-treatment HIV drug resistance above 10% among those initiating first-line ART.

Improvements in retention and reductions in HIV drug resistance can be achieved through improved investment in treatment literacy. In PEPFAR sites, there is inadequate treatment preparation dialogues and sessions for especially men and boys initiating on ART and results in inconsistent treatment uptake.

#### **COP21 TARGETS:**

- *Expand treatment literacy and enhance counselling and psychosocial support.*
- *Fund activities that enhance treatment literacy among men, boys, and girls.*
- *Fund and expand differentiated service delivery for ART refills that are convenient and confidential e.g., private drug pick up and refill points.*
- *Scale implementation of differentiated service delivery for HIV treatment to reach at least 60% of all PLHIV and ensure a minimum 25% are accessing treatment from a community-model and at least 20% from a group model.*

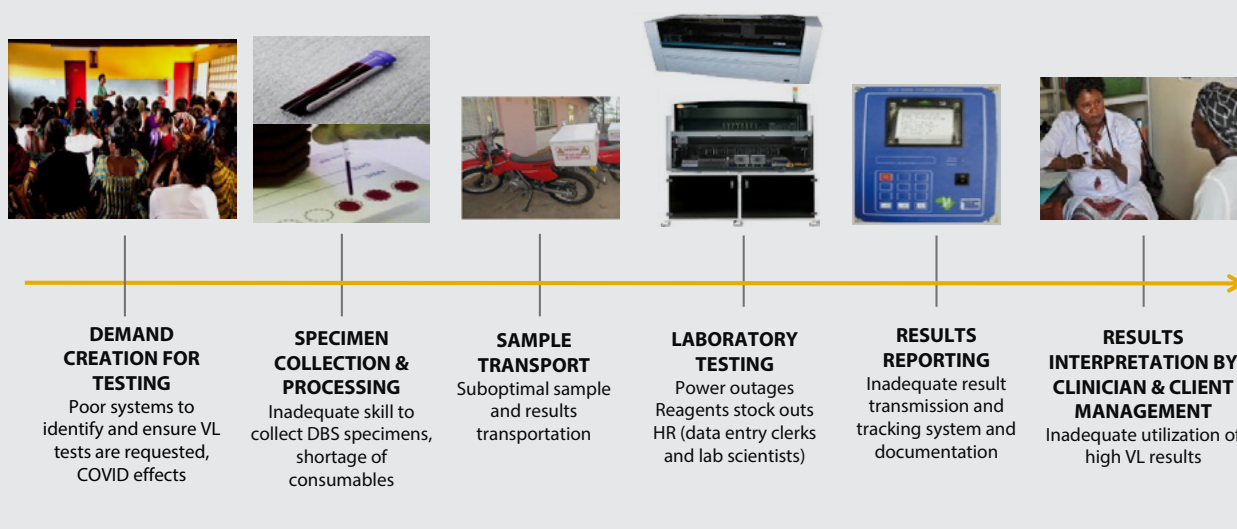
## **2.3. Expand viral load to 85% of all eligible people**

PEPFAR data shows that 1–4-year-olds have the lowest viral load testing coverage (27%) and <70%. Young people <20 years of age both males and females have viral load



Labelled kitchen utensils for a young person living with HIV being discriminated against in Masvingo. (Courtesy of Site Level CLM20)

## VIRAL LOAD TESTING CASCADE AND CHALLENGES



suppression of 73%, the lowest among special groups vulnerable to HIV. Several factors have been attributed to lower viral load testing uptake among this population chief among them, stigma, and discrimination. There is an increasing recognition of the substantial unmet mental health needs of Adolescents living with HIV who have higher rates of depression and other common mental health problems than do their HIV negative peers.

For example, In Masvingo, ACT Site Level CLM partner reported high treatment discontinuation among the 14-19 years old. Follow up results showed that as transitioning youths, both male and female YPLHIV felt stigmatised, and one young man reported low self-esteem due to an extreme form of discrimination he is subjected to at home. The family labelled his initials on the plate and cup he uses in the house.

In COP20, PEPFAR committed \$6-9 million to a bold viral load expansion surge to complement co-funding from the Global Fund for the same targeting 85% coverage by the end of FY20. Among other details of the surge, PEPFAR committed to scale

up clinic-laboratory interface (CLI) in at least 10 high VL gap districts, ensuring that the clinical partners, OVC/ community partners, and the laboratory partner work harmoniously and measurably to increase access to VL services for all eligible PLHIV already on ART.

Besides the obvious VL reagent gap, there are gaps in access, specimen transport and results utilization/ clinical status monitoring. Investments had been made in POC VL, but it is currently underutilised and not fully funded. There was very little POC VL testing done in 2020 as SAMBA orders did not come and there were no reagents for both GeneXpert, Samba and mPima machines are also not being utilised yet they can provide much needed EID testing for children including VL support for special groups. Demand creation for VLT has been very low and further compounded by COVID-19. There are populations with lower viral suppression rates, and these include Paediatrics, Adolescents, and young people especially AGYW, Pregnant Women and men; all of whom can benefit from POC VL that will provide same day or near same day results for clinical decision.



## 2.4. Improve Sample Transportation

Our community-led monitoring found that despite efforts made, the current sample transportation system remains fragmented and inadequate to cater for the VL plasma transportation. Health care workers reported that clinics at most, transport samples twice a week, while the real need would be daily transportation within 6 hours to the centrifuging laboratory. Facilities and Clinics are not well and adequately equipped with functioning centrifuges, fridges, and backup power.

COP20 Q1 data shows that VLC and VLS is working relatively well in only 10 (Harare, Bulawayo, Chegutu, Gweru, Hurungwe, Chitungwiza, Sanyati, Makonde, Nkayi and Masvingo) out of the 41 Districts. The same data shows a drop in proxy viral load coverage from 61% in Q4 (2020) to 51% in Q1 (2021). PEPFAR TA districts added to Tx\_PVLS reporting requirements, resulting in a 10% drop in VL coverage due to suboptimal program performance in those districts. The proxy coverage in PEPFAR DSD districts is at 58% in the same reporting period.

There is a 35% Integrated Sample Transportation (IST) gap in PEPFAR districts. To address this gap, PEPFAR will collaborate with UNDP/GFATM to saturate IST to 100% in all districts. In the last grant, the GFATM approved a budget of over \$1.6 million to support the procurement of 94 motorcycles. The staffing gap is estimated to be approximately 68%. While the motorcycles have been procured, there are no corresponding commitments to hiring an equivalent 94 drivers to transport the samples and in COP21 PEPFAR should support the salaries of the 94 drivers.

### COP21 TARGETS:

- *Expand Viral Load Testing (VLT) from the current 56% to the 85% as per COP20 targets.*
- *Invest in and support Viral Load literacy and advocacy by empowering PLHIV to enhance social accountability.*
- *Procure commodities and reagents for POC VL to test special populations (PBFW, children, AYP, men and those presenting with high viral load).*
- *Fund a national sensitisation campaign to generate demand for HIV services such as VLT.*
- *Fund, adopt and expand the use of Point of Care Viral Load or M-Health facilities such as the GX alert system used for Gene Xpert, for viral load result dissemination from lab to facility.*

- *Prioritize POC VLT for special populations like PBFW, adolescents and young people, children, and those with unsuppressed VL. Invest in Viral Load Testing and monitoring for 90% of Children, adolescents and young people living with HIV (CAYPLHIV) and their caregivers with high viral load.*
- *Adopt and support the Scale up of models such as FTT (Find, Test and Treat 1000) Paediatrics, and the PATA C3 (Paediatric AIDS Treatment Africa – Clinic CBO Collaboration) and IMBC (Integrated Mother-Baby Course) models to promote Paediatric treatment and adherence.*
- *Fund the setup of solar power at all provincial Labs and some district facilities with large geographical catchment areas.*
- *Support with resources (medication, personnel, utensils) to treat opportunistic infections for PLHIV with high viral load.*
- *Purchase equipment and consumables based on need in every district. Training on use and utilisation of PEPFAR purchased existing 137 Gene-Xpert POC machines for the TB program approved for VL and early infant diagnosis (EID) as well as purchase of cartridges, and machine maintenance. There is need for PEPFAR to take advantage of the Gene-Xpert ability to multiplex to maximise utilisation.*
- *Purchase sample containers designed to carry different samples. PEPFAR must fund repair services of pre-existing motorcycles for sample transportation and riders per district and budget monitoring to curtail misuse of funds.*
- *PEPFAR to take advantage of Hologic platform and multiplex for VL and HPV.*
- *Buy cartridges to allow the labs to use GeneXpert POC machines for VL and EID. Currently each cartridge costs US\$14.50 compared to the US\$17 for conventional testing.*
- *Scale up Community level Viral load demand creation, awareness raising and follow ups especially through use of OVC and DREAMS partners working closely with clinical partners.*
- *Utilize the same and other USAID supported TB partners through Community Level Interventions (CLI) in integrating sample collection within the different programs.*

### 3. Consolidate and strengthen the existing Community-Led Monitoring (CLM)

The COP21 Guidance highlights several priority areas essential for a sustained HIV national response, specifically: (1) transitioning HIV services to local partners; and (2) addressing the sustainability of KP-led CSO through innovative financing strategies. More resources are needed to support CLM build (1) sustainable CLM systems. Given the slow start to the current (COP20) CLM implementation a catch-up plan for the CBOs is required to enable onboarding and capacity building of the 15, as well as ample time to meet their current CLM objectives.

Civil Society applaud PEPFAR for the USD\$1m CLM funding in COP20. However, given the delays in the Small Grants grant-making, initiation and implementation of the current (COP20) CLM implementation, CSOs will need more time and resources to consolidate, strengthen and get up to speed with building the capacity of the current 15 subgrantees of the PEPFAR CLM grants to meet their current CLM objectives. CLM is expected to identify and help resolve barriers hindering access to HIV services. During consultations, community members lament the lack of capacity to manage and implement programs and have recommended Support Capacity Needs Assessment and Mapping of KP-led organisations.

#### **COP21 TARGETS:**

- *Continue to support the scaling up of the Community-Led Monitoring and ensure this is strengthened and consolidated and set aside additional resources in COP21 to fund the gaps that may not have been anticipated in the initial budget to enable a strong robust CLM system in Zimbabwe.*

- *Ensure local organisations including KP led become direct recipients of USG CLM funds, while others are identified and capacitated to become (Primes) future recipients PEPFAR should provide resources for link and learn visits by upcoming primes so that they learn from their peers, in the country and within the region. Current primes must also receive a localised NICRA that the INGOs and their new local babies receive.*
- *As a way of sustaining community participation in sustainable HIV epidemic control, PEPFAR should ensure that 70% of funding received by Zimbabwe from a PEPFAR implementing agency should go to local indigenous organisations given current developments where some INGOs have re-registered and are now presenting themselves as local entities, and now continue to pass funding to themselves as implementing partners.*
- *Commit to support the harmonisation of community-led monitoring and advocacy models between PEPFAR and GF.*

### 4. Expand Investment in Key Population Programs (Leave No one Behind)

Over the years KP-led organisations have proven effective in delivering quality social services in the response. However, their efforts are often hindered by several challenges: earmarked and direct funding and specific resources for key populations, a responsive and enabling legal/policy environment to allow for the establishment and effective management of KP-led CSOs without barriers to resources or limits on access by clients.

KP communities are reporting emerging social challenges including substance abuse. Mental health challenges have generally increased in the last 12 months largely due to Covid-19 national lockdowns and an exacerbated economic crisis. COVID-19 curfews have led to increased violence faced by key populations and a reduction in income amongst community members.

In COP21, PEPFAR should focus on models and approaches to support the sustainability of KP-led CSOs, expanding the menu of options available to strengthen and support the long-term viability and strength of these organisations.

PEPFAR committed resources in COP20 and COP21 towards KP programming and monitoring through CLM. We acknowledge the guidance towards creating a sustainable KP-led CLM in COP21. KP led organisations generally lack capacity to compete with established CSOs for funding. It is prudent that PEPFAR continues to support KP-led organisations through CLM and that it continues to make CLM mandatory on all USG HIV response calls in Zimbabwe. PEPFAR, are mandated in COP21 to put in place a governance structure that engenders confidence amongst

key partners that the operations will be transparent, focused on achieving results, and that their investments will be well used. The governance structure should reflect equal representation, transparency, and autonomy.

#### **COP21 TARGETS:**

- *PEPFAR maintains at least \$8,586,386 supporting COP21 as well as integrating the lessons of KPIF implementation into how COP funding is allocated and programmed.*
- *Increase KP targets for PrEP and increase the number of sites from the current 5 sites to 10 sites in COP21.*
- *PrEP distribution should include successful DSD models such as community initiation and dispensation and MMD, tailored demand creation, increased PrEP literacy, and utilisation of peer navigators.*
- *Address VL challenges to improve VL Coverage for key populations continued focus on differentiated testing approaches including safe and ethical index testing.*

- *Support Parents of LGBTQ support groups programming.*
- *Strengthen support for community case-based management for KPs to meet the unique needs of clients and improve the service experience for communities on the fringes.*
- *Strengthen supply chain for HIV/ SRHR commodities for effective Multi Month Scripting and Dispensing (MMSD).*
- *Support the provision of gender affirming interventions such as provision of hormonal therapy and other medical equipment such as binders for trans and gender diverse persons (Learning from the Vietnam Case referenced in the COP21 guidance).*
- *Strengthening the capacity of the community footprint to actively participate in retention in care (delivery of the MMD ART supplies).*
- *Optimise opportunities for same day ART initiation.*
- *Use of virtual platforms (tele- health) to support clients on ART strengthen the public sector to provide KP friendly HIV treatment supporting the expansion of service delivery in KP DIC.*
- *Strengthen supply chain management in the ART program avoid drug stock outs in the public sector.*
- *Invest in consumer powered care programs.*
- *Invest in Treatment and support for Victims of GBV for KP and YP.*

#### **4.1. Invest in KP Specific DSD Models (see Annex for detailed examples of KP DSD models)**

The Zimbabwe National AIDS Strategic Plan 2021-2025 outlines the need to strengthen client centred services, use of community outreach platforms, active involvement of KP peers and adoption of differentiated service delivery (DSD) models. The document further emphasises the need to build the capacity of KP-led organisations to provide peer mobilisation, HIV testing services (HTS) and linkage to and retention in care.

Among PEPFAR IPs, there is varied performance, investments, focus related to community outreach for key populations. Community led monitoring of outreach service delivery for key populations plays an essential role by continuously exploring opportunities for improvement through established friendly feedback mechanisms. Monitoring the relative vulnerability and risk of each individual targeted beneficiary, community outreach workers supply essential first level data that informs decision making.

PEPFAR is highly recommended to initiate a “local partnership” arrangement where capacitated local CSOs equitably partner with smaller CSOs with a clause on capacity strengthening. We strongly advise a Clinical DSD-Social DSD CSO partnership premised on capacitation for community-based HIV response.

##### **COP21 TARGETS:**

- *Continued investment through the KPIF, retaining technical expertise in the TSC to coordinate and support efforts towards entrenching the HIV response for KPs in the public sector and anchored within strengthened KP led community-based organisations.*

- *Provide technical support for expansion and capacity building of service provision for key populations through the public sector.*
- *Reconfigure the funding mechanism for KPIF to ensure that resources reach grassroots, peer to peer KP led organisations. CSOs recommend PEPFAR to consider having a purse under KPIF funded through the PEPFAR small grants program.*
- *Strengthen support for Differentiated Service Delivery (DSD) models, considering COVID-19 adjustments.*
- *Acknowledge and scale up best practices in use of peer or lay workers to provide KP friendly, linguistically appropriate, and culturally competent services including community mobilisation, linkage, and retention in care.*
- *Continued investment through the KPIF, retaining technical expertise in the TSC to coordinate and support efforts towards entrenching the HIV response for KPs in the public sector and anchored within strengthened KP led community-based organisations.*
- *Provide technical support for expansion and capacity building of service provision for key populations through the public sector.*
- *Reconfigure the funding mechanism for KPIF to ensure that resources reach grassroots, peer to peer KP led organisations. CSOs recommend PEPFAR to consider having a purse under KPIF funded through the PEPFAR small grants program.*
- *Increase funding and targets to match high demand for PrEP among KPs and expand PrEP in the KP program.*

#### **4.2. Strengthen ICT Design Structure**

According to COP21 guidance, HIV Case finding approaches puts the percentage of HTS\_POS from index testing at 75% (for countries with ART coverage >80%). Given previous challenges related to ICT, having targets that are too high may put pressure on service providers which may result in malpractices e.g., coercion. Targets set for ICT that may breach ethical principles. There is a need for clear guidance on ICT given the challenges that have been encountered on ICT in the past.

##### **COP21 TARGETS:**

- *Strengthen of KP led health facility monitoring.*
- *Prioritise monitoring implementation of remedial action for ICT related Adverse Events.*
- *Monitor ICT refusal (non-consent) rates- program to report on these within a standard threshold and investigate sites with exceedingly high and very low refusal rates and evidence generation on reasons for refusal, document findings in all PEPFAR sites.*
- *Differentiate the HIV testing service offer to include Self testing, PITC, Social and Risk network referral testing beyond ICT.*
- *Continued training of providers in provision of safe and ethical ICT.*



### 4.3. People and Young Men Using Drugs

Zimbabwe is experiencing an upsurge in illicit drugs and trafficking use especially among young people and Key Populations. Crystal Meth use is on the increase among young people. We do not know the magnitude of injecting drug use, but it is a cause for concern, giving rise to new HIV infections and STIs.

It is estimated that approximately 3% of the adult population (450 000 people) had either a drug or alcohol use disorder (WHO). Alcohol and substance use related problems are one of the top 3 problems seen in mental health services in all our 10 Provinces in the country.<sup>6</sup>

Young people admit to starting alcohol and substance use as young as 12 years in Zimbabwe<sup>7</sup>. Common substances abused in Zimbabwe are alcohol (both licensed and unlicensed brews), tobacco, cannabis, and non-medicinal use of controlled medicines such as codeine containing medicines and benzodiazepines. There has also been a surge in occupational related exposure especially in the Artisanal and Small-Scale Miners (ASMs) through Mercury use.

Anecdotal evidence shows an increased number of young men displaying withdrawal symptoms and psychotic behaviours since COVID-19 lockdowns started 12 months ago. The KP community is also reporting increased substance abuse, especially alcohol. In response, GF in partnership with GALZ is offering counselling services, however one counsellor per site is not adequate. There is however a need for increased counselling services especially substance abuse along HIV testing and ART adherence among the KP community in Zimbabwe.

Zimbabwe drug laws criminalise drug use. Criminalisation of drug use leads to PWUD to shy away from health services, and

in some cases used to “justify” health providers poor attitudes towards PWUD. Furthermore, drug abuse management capacity is at its minimum as there is limited infrastructure in the country. There is a need for a novel approach to address barriers prohibiting users’ access to HIV and STI treatment.

In response to this growing problem, MoHCC and CSOs (Zimbabwe Civil Liberties and Drug Network) developed and launched the Zimbabwe Drug Masterplan, Treatment & Rehabilitation Guidelines for Alcohol and Substance use Disorders in Zimbabwe in December 2020.

*“We acknowledge the social and political dilemma that PEPFAR faces intervening in drug and substance abuse in Zimbabwe. As communities, we strongly welcome the idea of side funding to treat, rehabilitate and counsel People who Use Drugs in our communities.”*

#### **COP21 TARGETS:**

- **Support Drug abuse intervention in Zimbabwe, specifically, Support Harm Reduction Programmes in Zimbabwe among KPs who abuse drugs and other substances.**
- **Integrate harm reduction interventions in ABYM, ASMs and DREAMS/OVC programs including in children and youth living and working in the streets.**

6. MOHCC Strategic Plan

7. Nkoma. 2014

- **Community sensitisation: Support Community-led National Drug & Substance Abuse Campaign in collaboration with MoHCC and CBOs; MoHCC Drug Abuse Rehabilitation and Treatment Policy national sensitisation.**
- **Support mental health programming for young men and older men in Zimbabwe by collaborating with GF community-based counselling.**
- **Integrate men's HIV interventions with Drug and Substance abuse response.**
- **Support treatment and rehabilitation of recovering addicts.**
- **MoHCC Drug Abuse and Rehabilitation and Treatment Policy national sensitisation; support the training of at least 150 parliamentarians, 30 judges on drug policy reform and the criminal justice system.**
- **Support the development of a litigation strategy to ensure that Prisoners and other drug users in closed settings have access to HIV/AIDs treatment services.**
- **Support training of 30 media practitioners on reporting on issues PWUD in Zimbabwe.**

- **PEPFAR should support policy and implementation, with appropriate counselling and funding**
- **Capacitate already existing GF KP counselling project by doubling HRH and number of sites from three counsellors per site to six.**

#### 4.4. SGBV and Psycho-social Support for KPs.

The PEPFAR Zimbabwe FY20 Q3 POART report for COP20 showed an increased incident of reporting of SGBV especially IPV during the early phase of the COVID 19 lockdown, affecting mostly young girls and women in unions. COVID also impacted the PEPFAR Implementing partner's major service delivery to the 10- to 24-year-old categories especially essential ASRH and PrEP services for the 10-19 young women selling sex as the graph below shows.

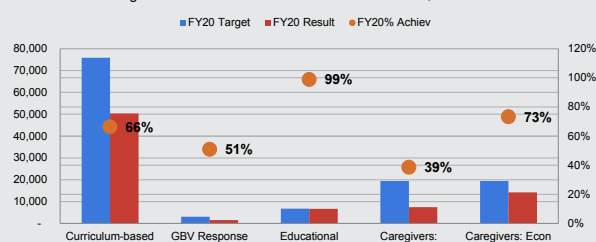
#### COP21 TARGET:

- **Conduct an Impact Assessment for Access to HIV, SRH and GBV services for Key Groups under PEPFAR Support.**

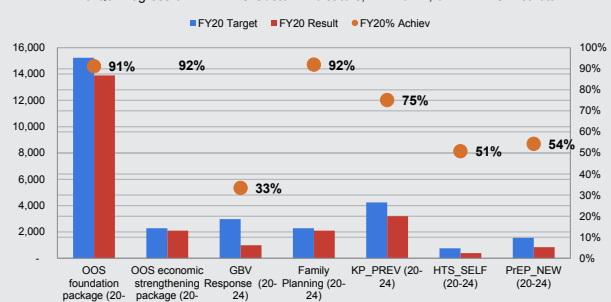
## DREAMS CUSTOM INDICATORS SHOW NOTABLE ACHIEVEMENTS IN SERVICE DELIVERY DESPITE MAJOR OPERATIONAL CHALLENGES DUE TO COVID-19

- + COVID-19 had a major impact on delivery of DREAMS services in all age groups
- + For 10–14s school closures impacted ability to deliver the primary package & GBV prevention & response activities in schools; parenting interventions were also affected
- + For 15–19s, services for young women selling sex were most affected
- + For 20–24s, GBV response, HIVST & PrEP were all impacted by limitations on movement during the lockdown periods

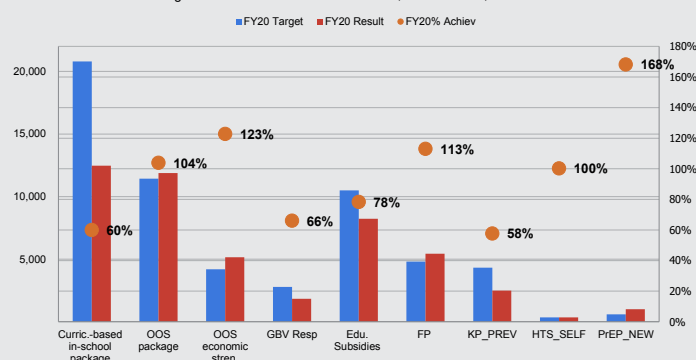
FY20 Q3 Progress on DREAMS Custom Indicators AG 10-14, 6 DREAMS districts



FY20 Q3 Progress on DREAMS Custom Indicators, YW 20-24, 6 DREAMS Districts



FY20 Q3 Progress on DREAMS Custom Indicators, AGYW 15-19, 6 DREAMS Districts



## 5. Fund and increase the numbers of Human Resources for healthcare workers including lab technicians, CATs, data clerks, counsellors, nurses, and pharmacists among others in PEPFAR priority districts. Fund a joint Human Resources for Health inventory and situation and gap analysis of all frontline health care workers in the country funded by PEPFAR, Global Fund, Government of Zimbabwe and other private and bilateral donors in Zimbabwe.

Zimbabwe was faced with critical and severe health workforce shortages and challenges pre-COVID-19 and this has been exacerbated with COVID-19. Despite these gaps, there remains a lack of a robust inventory of frontline health care workers in the country as well as an updated HRH Policy and investment case pooling all government and donor resources to resolve this crisis. Data on the health workforce is outdated and not accessible. In 2017, the health worker population ratio in Zimbabwe was at 1.2 per 1000 in the public sector falling below the recommended minimum threshold of 2.5 (doctors, nurses and midwives) per 1000 people to achieve UHC 8. The population increase is not matching with the numbers of the health workforce in the country. As such, the low numbers of health workers face high workload, poor salaries and lack of tools and diagnostics to do their work, lack of decent working conditions and most recently in the context of COVID-19 pandemic also lack PPEs to protect themselves and often hostile communities.

The impact of these shortages on the delivery of HIV services and even so in the context of COVID-19 has potential to reverse the many gains the programs has made with few health workers now spread thin to also manage the pandemic. Data shared by the PEPFAR lab team show that currently there is a gap of 95 lab scientists and data clerks at PEPFAR supported lab sites in Zimbabwe. The current 43 lab personnel are often overwhelmed and likely they have to process COVID-19 samples as well.

COP18-20 data shows that some populations were being missed in the continuum of care and treatment especially 1-19-year-olds. The Zvandiri Africaid Viral Load Study showed that 51% of Adolescents LHIV have common mental health disorders of whom 36% had virological failure. Mental health is one of the factors contributing to poor retention in care. One notable investment in HRH is the Community Adolescent ART Supporter (CATS) led stigma and discrimination reduction interventions for caregivers, communities, religious and traditional leaders, and stakeholders is currently being implemented in some PEPFAR districts.

In COP19, CATS-led mental health screening was scaled up to identify CAYPLHIV at risk of poor mental health. This initiative has been driven by AFRICAID's program and research data finding 51% of adolescents living with HIV have common mental disorders; only 63% of those are virally suppressed. Poor mental health among adolescents living with HIV (ALHIV) has been found to be closely linked to parental support, stigma, and discrimination. CATS engagement with caregivers has been found to improve parental support, communication, and reduced stigma towards their CAYPLHIV. Lack of disclosure was found to be negatively impacting adherence as most children and their guardians do not know what the medication is for.

With an average of one counsellor per site for example, the GF KP Counselling project has thus shown that counselling is critical for vulnerable populations during national lockdowns and for continued treatment and PEPFAR should equally invest in more counsellors per sites.

Between January and February 2021, Zimbabwe has recorded a record high of 5574 unplanned pregnancies among adolescents under the age of 16 years. The lifting of the Gag Rule should facilitate support of social safety nets such as social welfare and family planning activities among young women and men.

### **COP21 TARGETS:**

- *Fund 43 lab and data clerks to ideal 133 at all PEPFAR supported labs.*
- *Fund the IST system personnel including the 94 drivers of the IST motorbikes.*
- *Invest in more counselling support for KPs by recruiting 2 Counsellors per PEPFAR site.*
- *Double the number of CATs to mitigate risk of high turnover but also to sufficiently provide quality services through scale up of information, counselling, and support for caregivers of their CAYPLHIV caseloads and mental health screening.*
- *Increase the number of Community ART Treatment Services (CATS) from the current 885 to 1500 and consider layering with other approaches. In Community Level Monitoring CLM, 14–19-year-olds reported social challenges associated with participating in the Zvandiri project such as discrimination by association presenting dating challenges where some ALHIV are sometimes forced to.*
- *Fund at least 800 Psychosocial Support and Mental Health (on average 20 per district) support.*
- *Hire about 95 mix of lab scientists and data clerks in line with COP20 commitments. Out of the 133 lab scientists and Data Clerks, only 43 scientists are contracted so far. In addition, district laboratories and diagnostic centres need 55 Lab Scientists and 55 SMLTs to improve turnaround time.*

8. Global Health Observatory Data, 2017



Above left: Head Girl of Mvuthu High School explaining TPT in Umzingwane District. Above right: Educating men on TPT, ESOBOMVU Clinic Umzingwane district (courtesy of CLM20)

- **Personal Protective Equipment (PPE) including N-95 respirator masks, aprons, gloves, sanitizer, and face shields have been procured and distributed to all PEPFAR supported health facilities for use by healthcare workers and community healthcare workers to protect them against COVID-19, in COP21 and the remainder of COP20.**
- **With the GoZ, Global Fund and other stakeholders to conduct a detailed Nationwide Human Resources for Health Situation and gap Analysis to determine who**

**is funding what, where how much investments and assess the HRH needs and gaps in training, recruitment and retention of HRH and financing/costing and based on this begin dialogue and conversation on government sustainability of HRH. PEPFAR could leverage its influential position to also engage with WB, IMF, bilateral and other multilateral agencies to a joint timebound for example 5 year investment in HRH with a clear handover/transition plan to government.**

## 6. TB/HIV/COVID-19

Zimbabwe remains one of the top 8 countries in Africa on the world's top 30 list of countries with a high burden of TB, TB/HIV and MDR- TB. While there has been significant progress in reducing the TB burden in the country in the last decade, Zimbabwe estimated TB burden in 2019 remains high at 29,000 cases. Child management of TB remains poor with only about 5-8% of all TB notifications occurring in children under 15 years old.

HIV continues to be the single greatest risk factor for developing Tuberculosis (TB) in Zimbabwe which has a high burden of HIV and of TB among People Living with HIV. In 2017, 6300 People Living with HIV (PLHIV) died of a TB related illness while 23000 PLHIV developed active TB yet despite ambitious TPT target for 2020 (91,200) and for 2021 (147,620), only about 11% of PLHIV began Tuberculosis Preventive Therapy (TPT<sup>9</sup>). This is worrying especially in the context of COVID-19 as low uptake of TPT renders PLHIV susceptible to TB, reducing immunity and therefore increasing susceptibility to other respiratory infections such as COVID-19. TPT can reduce deaths among PLHIV by up to 80%.<sup>10</sup> More recently, evidence has shown that the combined use of IPT and antiretroviral therapy among people living with HIV significantly reduces the incidence of TB.

### ISONIAZIDE FEARS

- + *Can I take isoniazide when pregnant?*
- + *Will I develop sore feet again?*
- + *My discordant partner will become tired of my collection of medication*
- + *Is it not better to wait for TB infection?*
- + *My neighbour had side effects to this medication*

Partly, the low uptake of TPT is due to historical fears and experiences of PLHIV with Isoniazid as shown in the figure below. PEPFAR should invest in a national TPT and HIV Treatment literacy campaign is highly recommended.

### COP21 TARGETS:

- **Integrate TPT in all PEPFAR interventions.**
- **Increase targets for TB screening in PLHIV.**
- **Expand TPT targets including shorter regimens (3HP= 12 once-weekly doses of rifapentine (P) + Isoniazid (H), 3HR = three months of daily rifampicin (R) + Isoniazid (H), 4R = four months of daily rifampicin (R)).**
- **Fund demand creation and treatment literacy for the uptake of TPT by PLHIV in communities**
- **Integrate community monitoring of TPT services at health facilities to check on service provision and identifying gaps associated with provision of TPT.**
- **Strengthening supporting systems amongst PLHIV to enhance TPT uptake and adherence e.g. DSD models, support groups.**
- **Fund TPT treatment support and monitoring of patients on TPT treatment.**

9. WHO 2018 Global TB Control Report

10. CDC Division of Global TB and HIV 2018

## 7. Mental Health

The quality of services accessed by PLHIV is often not what they expect nor anticipate. PLHIV are dismayed at the lack of attention paid to the treatment of mental health related issues and other HIV comorbidities.

The current approach to HIV response in Zimbabwe is highly bio-medicalised and there are very little psychosocial interventions for PLHIV. Yet, Zimbabwe has a significant number of trained and lay counsellors including expert clients who can offer counselling services at health centres and in the community. Scaling up psychosocial support in the communities would potentially ease the pressure on health workers at facility level.

Mental health issues among young people are increasing significantly in Zimbabwe. Zvandiri reports that 1500 ALHIV screened in 10 districts of Zimbabwe, 38% presented with Common Mental Disorders. Men are also reported to be engaging in Crystal Meth popularly known as “Mutoriro or Guka Makafala”. There is limited knowledge on drug abuse management in Zimbabwe. Public psychosocial services are also limited. A GF MSM Counselling project counsellor had this to say.

*“Currently there is lack of specialised training especially on intersex & trans persons to offer specific related counselling. Each counsellor on average attends to 25 clients a month both physical & virtual. There is a need for more personnel to cover DICs and affinity groups in the periphery” — KP Counsellor*

Due to Covid-19 Lockdown restrictions, PLHIV on ART reported facing challenges accessing medications particularly ART refills. Stigma and discrimination increased significantly. To mitigate the situation, Zim-TTECH and ZNNP+ partnered and provided mobile ART refill services in Harare. Community members reported feeling abandoned and desperate. Most members wished for someone to talk to during their time of greatest need, however there is currently limited or lack of public counselling services in Zimbabwe.

*“We are only served with our meds and no questions asked, what if I am having side-effects?” said a KP member. “PEPFAR is just after targets, we are humans too”.*

*“We highly recommend the mental health support in COP21, as this has a bearing on the last 90/95 on Viral*

*suppression which is currently below 80%. Psychosocial support is key to ensure linkage to care, adherence, and loss to follow-up. Given the commodities around cancer, TB, Diabetes, and the Covid-19 pandemic, the need to include palliative care and psycho-social support within the mental health component becomes critical”.*

Global Fund and NAC through other partners is providing counselling services to the LGBTQ community in Zimbabwe in 3 sites, Harare, Masvingo and Bulawayo. Demand for counselling services is high and the current services are not adequate. PEPFAR should invest/collaborate with GF and double the current number of counsellors and sites from 3 to 6. Drug and substance abuse ranks the highest among social behaviours associated with HIV risk.

### COP21 TARGETS:

- Strengthen and resource counselling services across the treatment cascade from pre-testing, testing, initiation, linkage to and retention in care and viral suppression Invest towards Non-Communicable Diseases (NCDs) management and STI screening and treatment at all PEPFAR facilities.
- Extend counselling services for PLHIV, Adolescents, Young People and Adults +50 Living with HIV particularly those reporting drug and substance abuse such as the Trans community that is reporting increased self-injection of hormonal products.
- Adopt and expand existing Counselling Services models such as Friendship Bench Model,) hotline and virtual platform approaches. Use of peer driven psychosocial support modelled after the Friendship Bench initiative implemented with sex workers.
- Consider layering CAT model with other psychosocial models, Youth Helpline and Youth.
- Support and KP CBOs with KP friendly psychosocial counsellors to provide mental health support.
- Invest in training of frontline health care providers to conduct routine screening and first line support for KPs in psychosocial distress.
- Support mental health of KPs by collaborating with GF community-based counselling, double the number of counsellors two 2 per site.
- Support Harm Reduction among KPs who abuse drugs and other substances.



## 8. Advanced HIV Disease

Despite expanded access to ART a significant proportion of people living with HIV still die of AIDS-related illnesses every year. For stable patients where routine VL is available, CD4 is no longer needed. Nevertheless, WHO still recommends prioritisation of people with low CD4 counts in settings where the management of opportunistic infections especially in patients with advanced HIV disease. Baseline CD4 count remains the best diagnostic tool to assess patient's immune and clinical status, the risk of opportunistic infections and guide clinical management, especially in patients with advanced HIV disease.

CD4 can also help guide clinical decisions in patients who are virologically failing ART or who have disengaged from treatment for some time. Capacity to do CD4 testing needs to be maintained. Point of care tests play an important role in reducing diagnostic delays that can result in patients being lost to follow-up and increased mortality.

Zimbabwe adapted the WHO guidance on advanced HIV disease and currently is looking to revamp CD4 machines that had been lying dormant for a number of years. Current Zimbabwean guidelines recommend CD4 testing for ART naive PLHIV, patients with interrupted ART by at least 90 days and returning to care

and patients on ART with suspected/confirmed treatment failure. LF-LAM and CRAG tests are recommended for patients with advanced disease presenting related symptoms followed by appropriate treatment.

### **COP21 TARGET:**

- *In COP 21, PEPFAR should support procurement of AHD diagnostics and treatment for all PEPFAR sites including training HCPs to prioritise testing for CD4 and treatment for the 3 identified groups.*

## 9. Older Adults Living with HIV -Aging with HIV

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 and programming 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  $\geq 50$  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 and AIDS conducted in Zimbabwe only emphasise the social and economic impact of HIV infection, mainly its impact on this age group in their role as

caretakers of children orphaned because of parents dying from AIDS and not their wellbeing.

Due to good quality ART and the changing trends on stigma and discrimination, PLHIV are aging gracefully with HIV. However, their plight is generally out of the radar of HIV response. Older



adults  $\geq 50$  years living with HIV are prone to serious side effects and other related health challenges such as NCDs and mental health. We applaud PEPFAR for Cervical Cancer screening. Through this initiative, we encourage PEPFAR and partners to use data generated to inform programming for the PLHIV  $\geq 50$  years as most beneficiaries are older adults living with HIV.

#### **COP21 TARGET:**

- *In COP21, PEPFAR should support a Needs Assessment survey to assess the impact of HIV on older adults ( $\geq 50$  years) with HIV in Zimbabwe.*

## **10. Integration of COVID-19, SRHR, HIV AIDS in PEPFAR Programs for AGWY living with Disability**

Generally, the COVID-19, SRHR, HIV and AIDS programs in Zimbabwe do not effectively integrate the needs of persons living with disability particularly AGYW. Despite being acknowledged as a priority in policy and other documents, this does not translate in any investments. Yet, access to HIV prevention, care, treatment and support and sexual and reproductive health and rights services is equally important, and in some cases even more important, for people with disabilities compared with their peers without disabilities but programs and interventions continue to miss this key group.

The lack of availability of data collected through Government structures that can show the level of burden of HIV for persons with disability is an indicator of the lack of prioritisation of this population group. No known research in Zimbabwe has managed to determine the number of people with disabilities in the country who are infected and are living with HIV. The hope is that the ICAP led disability will result in data-based interventions targeted at PWDs. Anecdotal evidence suggests substantial rates of HIV infection, disease, and deaths among people with disabilities. Data from sub-Saharan Africa suggest an increased risk of HIV infection of 1.48 times in men with disabilities and 2.21 times in women with disabilities compared with men without disabilities.

Limited funding for these programs funding consequently leave this most marginalised and vulnerable group excluded and further left behind. For example, despite opportunities to integrate AGYW with disability under DREAMS and the Sista2Sista programs, this has not also been standardised and prioritised.

According to an assessment carried out by My Age Zimbabwe

on Disability Preparedness of Health Facilities in responding to COVID-19, SRHR, HIV and AIDS focusing on Adolescent Girls and Young Women, persons with disabilities are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to underlying health conditions and socioeconomic inequalities, including poor access to health care. Protection risks for women and girls with disability are further increased due to disruption of pre-existing protection mechanisms and crucial services owing to family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services to mention a few.

#### **COP21 TARGET:**

- *PEPFAR COP21 set specific targets for reaching AGYW to access SRHR, HIV and AIDS and COVID-19 services in all PEPFAR sites in Zimbabwe by October 2021.*

# ANNEX 1. KP DSD MODELS

Table 1.1: Facility Based DSD Strategies

STRATEGY	MODALITY	DESCRIPTION	SERVICE
ColourZ	<ul style="list-style-type: none"> <li>Brand Marketing</li> </ul>	The ColourZ is a brand conceived and developed by the MSM community as a model of how they prefer accessing services from a public health facility. It makes use of signages only known to MSM, which are put at health facilities to direct the MSM clients directly to a KP friendly waiting room from where they may be served by KP friendly competent health staff. The model allows MSM to discreetly arrive and access their services at health facilities by passing general public waiting areas	<ul style="list-style-type: none"> <li>All clinical services</li> </ul>
Index Case Testing	<ul style="list-style-type: none"> <li>Contact Tracing</li> </ul>	A strategy to maximise HIV case detection by soliciting details of contacts of consenting HIV positive clients in a bid to trace and seek consent for these contacts to also get HIV testing services.	<ul style="list-style-type: none"> <li>HTS</li> </ul>
DSDA Support	<ul style="list-style-type: none"> <li>Client ushering</li> </ul>	Skilled community cadres at the facility called DSD Assistants identify and welcome KP community members, make them feel comfortable at the health facility and help them navigate the different rooms from where they will be accessing services. Objective is to make KP client calm, feel safe, and be re-assured of high quality friendly of service they may expect.	<ul style="list-style-type: none"> <li>All clinical services</li> </ul>
KP Desk	<ul style="list-style-type: none"> <li>Client support</li> </ul>	Involved having a KP information desk put at a health facility. The KP desk is manned by a KP member affiliated to a KP organisation. KP desk serves as an entry point for KP, with health education provided in a social space while waiting for clinical service. It also serves as a community feedback platform where KPs can feel safe to comment on the quality of services received, sharing with another community member who has access to talking directly with the clinic staff.	<ul style="list-style-type: none"> <li>All clinical services</li> </ul>
Assisted Service Access	<ul style="list-style-type: none"> <li>Client Support</li> </ul>	This strategy is used when a community member needs to be at the health facility but is not comfortable going alone. A trusted community cadre (EMP/PE/Order advocate/community outreach worker) would then escort the KP client to the health facility, support them through service access, and leave when the client is comfortable being alone at the facility.	<ul style="list-style-type: none"> <li>All clinical services</li> </ul>

Table 1.2: Community Based DSD Strategies

STRATEGY	MODALITY	DESCRIPTION	SERVICE
<b>CARGS</b>	<ul style="list-style-type: none"> <li>• HCW led</li> <li>• SW led</li> </ul>	KPs receive their ART refills in a group that is managed either by a health care worker or a peer (self-formed).	<ul style="list-style-type: none"> <li>• ART pick up</li> <li>• ART adherence support</li> <li>• VL Collection</li> </ul>
<b>Microplanning</b>	<ul style="list-style-type: none"> <li>• Peer Led (SW)</li> </ul>	Regular, risk differentiated, and structured one on one peer led biomedical prevention and support.	<ul style="list-style-type: none"> <li>• Condom and Lubricant distribution</li> <li>• Referral for HTS</li> </ul>
<b>Targeted Testing</b>	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Hot spot mapping</li> </ul>	In Targeted testing an outreach team focuses efforts on an identified hotspot area, where community mobilisers would have already mobilised a group of KP clients needing services. Such places for Targeted testing can be Hotels, Brothels, etc.	<ul style="list-style-type: none"> <li>• HTS</li> <li>• STI Screening</li> </ul>
<b>Social Network Testing</b>	<ul style="list-style-type: none"> <li>• Contact Tracing</li> </ul>	An HIV case finding approach that offers HTS services to social networks of HIV positive SWs.	<ul style="list-style-type: none"> <li>• HTS</li> </ul>
<b>Moon Light Testing</b>	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Hot spot mapping</li> </ul>	HTS services are offered through a night time outreach activity at a pre-identified hotspot area such as nightclubs, night gigs, musical galas etc.	<ul style="list-style-type: none"> <li>• HTS</li> <li>• STI Screening</li> </ul>
<b>Unique Individual Models</b>	<ul style="list-style-type: none"> <li>• Outreach</li> </ul>	This strategy tries to meet the specific needs of each unique client by providing that client with services from a place they select as a safe space for them.	<ul style="list-style-type: none"> <li>• HTS</li> <li>• ART</li> </ul>
<b>Camouflage Strategy</b>	<ul style="list-style-type: none"> <li>• Outreach</li> </ul>	Camouflage service delivery involves embedding KP services under another program which is socially acceptable. KP are mobilised say for a social event, but under that social event, the objective is to provide services to as many attendees as possible	<ul style="list-style-type: none"> <li>• HTS</li> <li>• ART</li> <li>• PrEP</li> <li>• STI Screening</li> </ul>
<b>Family Targeting Models</b>	<ul style="list-style-type: none"> <li>• Outreach</li> </ul>	This involves targeting consenting families of KPs. This can be a family where one or more or all are KPs, and they are comfortable receiving services together. The flip side of this strategy can also be FARGS where it is the family that self-organise to simulate a CARG	<ul style="list-style-type: none"> <li>• ART</li> <li>• HTS</li> <li>• PrEP</li> </ul>
<b>Girls Clubs</b>	<ul style="list-style-type: none"> <li>• Safe space</li> </ul>	Safe space for YWSS where emotional, social and clinical needs of YWSS are provided.	<ul style="list-style-type: none"> <li>• HTS</li> <li>• PREP</li> <li>• STI services</li> </ul>
<b>Friendship Bench</b>	<ul style="list-style-type: none"> <li>• Mental Health</li> </ul>	Provision of mental and psychosocial support through trained lay providers	<ul style="list-style-type: none"> <li>• Mental health support</li> </ul>

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