



OUR STORY | ZIMBABWE

Part one in a series sharing stories of change from MPact's Bridging the Gaps Program



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Introduction

This change story features the work of Gays and Lesbians of Zimbabwe (GALZ), MPact's Bridging the Gaps partner in Zimbabwe since 2012. It highlights the critical role played by Bridging the Gaps (I and II) in contributing to increased recognition of gay and bisexual men and the broader LGBTI community by the Ministry of Health in Zimbabwe through specifically earmarked funding and issuance of normative guidance for key populations at the national level. This translates to a firm commitment from the Ministry to scale-up delivery of HIV-related services for gay and bisexual men and the training of healthcare professionals to deliver those services sensitively and competently across 45 sites identified by the community. This change was realized through Bridging the Gaps' support for global-level advocacy, community-led advocacy, and technical interventions and the delivery of MPact-led technical assistance to GALZ.

The Problem

Lack of support from the government to address barriers to service delivery

Stigma and discrimination due to a client's sexual orientation or gender identity are common in health facilities in Zimbabwe and elsewhere in the world. According to a 2012-2017 violations report published by GALZ, one of the adverse effects of such unfriendly environments are reduced health seeking behaviours, for example, LGBTI individuals with STIs going without treatment for long periods for fear that they will be discriminated against. Further, overt discriminatory practices in some health settings prevent LGBTI individuals from even seeking care in the first place. In one case from 2012, a 23-year-old gay man was told by the attending nurse that the sexually transmitted infection he was presenting with was a punishment from God for his homosexual behaviour. Another example collected anecdotally in 2014 points to a gay man being ridiculed by the nurse for an anal infection. The nurse called others to make a spectacle of him and laugh at him.

While these examples paint a sobering picture of the lived realities of LGBTI people attempting to seek and access HIV-related care, GALZ has a history of intervening with healthcare providers in Zimbabwe to sensitize them. In 2014, GALZ partnered with MPact to roll out a nine-module training curriculum developed by MPact and Johns Hopkins University, in part as a technical assistance intervention to build GALZ's capacity to engage and mobilize health professionals serving gay and bisexual men. Not only were positive results seen among the healthcare providers trained, but GALZ was also able to leverage its new capacity to train and sensitize additional health professionals and raise new resources for future training initiatives.

Despite these positive results, it was challenging for gay and bisexual men to access friendly services everywhere without a comprehensive strategy. This clearly required the support of the government, which at the time, did not have any meaningful national health policy or normative guidance document developed in consultation with the LGBTI community. The Zimbabwe National AIDS Strategic Plans (ZNASP 2006-2010; ZNASP 2011-2015; ZNASP 2015-2018) each mentioned men who have sex with men, but there was no serious commitment towards any program implementation. Largely due to the state-sanctioned homophobia promoted by the ruling party, the government had no official HIV prevalence rate or size estimate data published. This meant it could not earmark any resources for the delivery of sensitive and competent sexual health services to gay and bisexual men in Zimbabwe.



PrEP Demand Generation Training (2019) organized by MPact with advocates from GALZ

The Actions

Against this backdrop, MPact and GALZ organized the following activities across Bridging the Gaps I and II. They are worth highlighting given their relevance to the changes realized within the Ministry of Health in 2018. The activities are organized in chronological order, pointing to global-level gains in financing and normative guidance development, followed by technical support to in-country partners to translate those successes at the country level.

01

GLOBAL-LEVEL ADVOCACY TARGETING PEPFAR, GLOBAL FUND, AND UNITED NATIONS

During 2011-2015, we prioritized global advocacy so that HIV programs supported by organizations like PEPFAR and Global Fund could take affirmative steps to promote the human rights for people living with HIV, people who inject drugs, sex workers, and LGBTI people, including their rights to health, dignity, and freedom from violence, discrimination, and stigma. This was a first step prior to ensuring that national health plans recognized the unique health needs of key populations and that integrated, high-quality health services are safe, comprehensive, available, affordable, acceptable and accessible for them at the country-level.

Community-informed global advocacy efforts led by MPact and other global partners since then were amplified over time to achieve tangible progress at the global level. MPact and other global networks from the Bridging the Gaps alliance kept the pressure on large multilateral and bilateral agencies like PEPFAR, the Global Fund, and the United Nations to sustain, increase, and renew their commitments to gay and bisexual men, transgender women, people who use drugs, and sex workers. MPact advocated for the inclusion of programming for key populations within the new Global Fund Strategy (2017-2022), as a priority area within Catalytic Investments, and as reportable activities through the development of key performance indicators. Pushing PEPFAR and Global Fund to invest in and earmark funding for key populations and to incorporate principles of meaningful engagement of civil society through appropriate mechanisms was an important advocacy win for the global advocacy partners in Bridging the Gaps.

02

TECHNICAL ASSISTANCE TO GALZ IN ANNUAL PEPFAR COP PROCESSES

As a result of the advocacy wins at the global level, opportunities for tapping PEPFAR funding began to manifest as negotiations among country stakeholders, U.S. missions, and international organizations under the auspices of the annual PEPFAR Country Operational Plan (COP) processes at the country and regional levels. During each annual COP development process, MPact issued several informational and educational advocacy briefs/notes targeting community advocates in order to promote greater engagement of gay and bisexual men and other key populations with in-country PEPFAR COP processes. MPact also worked closely with GALZ to conduct advocacy during Zimbabwe's COP review process. MPact prepared in-depth analyses of the draft COP for Zimbabwe and shared them with GALZ, other local partners, and global advocacy groups so that it became easier for advocates to find entry points to intervene during the process.

03 TECHNICAL ASSISTANCE TO GALZ IN GLOBAL FUND PROCESSES, STRUCTURES, AND PROGRAMS

Similarly, as a result of earmarking funding and developing inclusive policies that mandated that country governments and principal recipients include key population programming, opportunities for tapping Global Fund resources also opened up through mechanisms like the Country Coordinating Mechanism and Concept Note Development at the country level. However, communities were often tokenized in these situations and were less knowledgeable of Global Fund processes and mechanisms. They found it difficult to challenge efforts to silence or undermine community-led or community-targeted programming. To address this and to build the capacity of community partners to be more technically prepared, MPact also provided ongoing technical support to GALZ in their advocacy for better inclusion of key populations and their needs in processes related to the Global Fund. This technical support was focused on:

- enhancing key population network involvement in the delivery of technical support at country level
- including stronger key population program components in Global Fund Concept Notes and budgets
- improving key population engagement in country dialogues

04 DIRECT FUNDING SUPPORT FOR LOCAL ADVOCACY AND MOBILIZATION

Funding from Bridging the Gaps since 2012 has allowed GALZ to actively bring together civil society and HIV stakeholders to raise awareness of needs of the community to improve the rights of LGBTI persons. Further meetings and engagement complemented by other partners allowed GALZ to hold dialogues with parliamentarians. GALZ also actively participated in issues of national interests pertaining to holding the government to account under the Advocacy Forum coordinated by the Ministry of Health, National Aids Council, and PEPFAR. GALZ actively participated in PEPFAR and Global Fund processes to advocate for inclusion, resource allocation, and programming for gay and bisexual men, as well as transgender people. This served the purpose of holding a broad community of HIV actors together in Zimbabwe to focus on programming for gay and bisexual men.

05 TECHNICAL ASSISTANCE ON CURRICULUM DEVELOPMENT AND MOBILIZING HEALTHCARE PROVIDERS

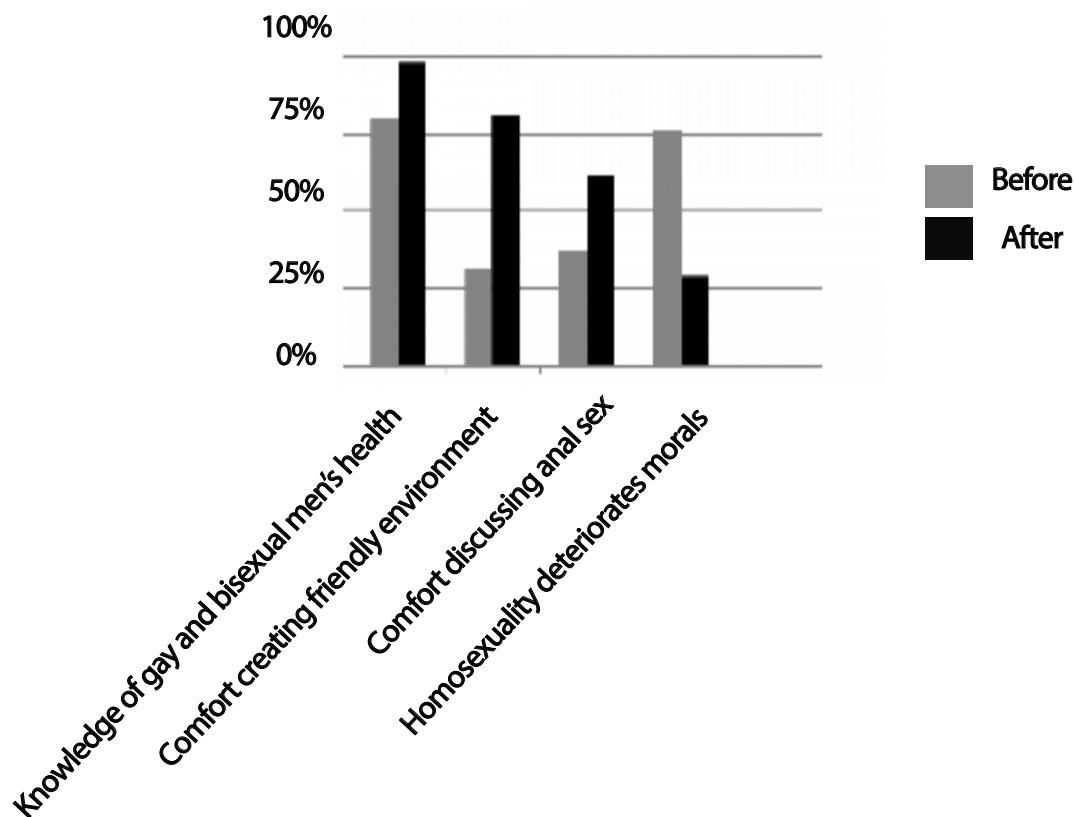
It was inadequate to merely tap funding and prepare communities for advocacy. We also foresaw a great need for building community systems to interact more robustly with the health sector directly. It was an opportune moment for this in Zimbabwe when MPact, in partnership with Johns Hopkins University (JHU), developed a nine-module training curriculum for healthcare providers in 2013. The aim was to provide local community groups serving gay and bisexual men, like GALZ, with the ability to independently implement training programs and build cultural and clinical competency among healthcare providers while using their accrued experiences towards resource mobilization and national-level advocacy.

In June 2014, MPact, in partnership with GALZ, conducted a pilot test of the curriculum as a quality-control step in the curriculum development process. This allowed for the provision of technical assistance to GALZ at a time when there were very limited resources available for sensitizing health professionals in Zimbabwe. MPact and GALZ discussed teaching methods, relevance of content, course materials, timing, and flow of the trainings. It also enabled GALZ to co-facilitate and support the training to increase healthcare providers' knowledge, attitude, and clinical skill so that they could deliver quality care to gay and bisexual men in a legally constrained environment.

MPACT-JHU CURRICULUM ROLL OUT IN ZIMBABWE: DEMONSTRATING A MODEL THAT WORKS

Thirty participants attended the training, a majority of whom were physicians and who came from both public and private Zimbabwean health institutions, international NGOs, human rights organizations, and government bodies, including the AIDS and TB unit, which is the national HIV coordinating body of the country. The evaluation showed that participants' overall knowledge of gay and bisexual men and related health issues increased statistically significantly over the course of the training. At post-test, participants were more familiar with the unique health needs of gay and bisexual men, the primary causes of health issues for this population, and the barriers they face when accessing healthcare services. These participants are better prepared not only to care for gay and bisexual men in the clinical setting, but also to recognize and possibly work to address the significant barriers faced by the community when accessing healthcare more broadly.

MPact-JHU Curriculum Pilot Test: Key Findings



The Changes

The gains in financing, normative guidance development, and technical support to in-country partners mentioned above resulted in improved sexual and reproductive health for key populations in Zimbabwe. These gains stemmed from changes in attention, earmarked investments, environments, and delivery of healthcare services.

01

INCREASED ATTENTION TO KEY POPULATIONS FROM PEPFAR, GLOBAL FUND AND UNITED NATIONS

Advocacy efforts mentioned above have translated into increases in earmarked funding at the global level for key population programs, stricter accountability measures to ensure that national resource allocations are commensurate with local epidemiological burden, and availability of up-to-date clinical and operational guidance tools to support country-level HIV-related programming for key populations. Examples of this include the development of the Global Fund Key Populations Action Plan (2014-2017) and the creation of the Global Fund's special initiative on community, human rights, and gender advised by MPact and other global advocacy partners.

Over the 2014–2016 funding cycle for the Global Fund, the number of countries with key population representatives in their Country Coordinating Mechanisms increased from 53 to 61, and the number of countries with accurate population size estimates for female sex workers and men who have sex with men [increased from 32 to 55](#). In 2012, PEPFAR announced a \$15 million implementation research initiative to identify specific interventions effective among KPs, a \$20 million challenge fund to support country-led KP plans, and a \$2 million contribution to the Robert Carr Civil Society Networks Fund, which supports capacity building among KP networks. In 2014, USAID awarded funding for LINKAGES, a five-year initiative being implemented by FHI 360 to reduce HIV transmission among KPs and to improve their enrollment and retention in care. In 2015 PEPFAR partnered with the Elton John AIDS Foundation to direct an additional \$10 million to support programs focusing on LGBTI people affected by HIV. And in 2016, PEPFAR announced a \$100 million Key Populations Investment Fund, designed to expand access to proven HIV prevention and treatment services for [key populations](#). Normative guidance has also become available, such as the WHO-led Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations in 2013 and the UNFPA-led MSM Implementation Toolkit (MSMIT) in 2015, which guides implementation of HIV-related services for gay and bisexual men.

02

EARMARKED INVESTMENTS FOR REACHING MORE GAY AND BISEXUAL MEN IN ZIMBABWE FROM PEPFAR

The capacity strengthening of GALZ by MPACT on PEPFAR issues and the joint advocacy conducted by MPact and GALZ at the annual COP processes have culminated in Zimbabwe supporting programs and services for gay and bisexual men in five cities. This included doubling of targets and commensurate increases in funding support to reach more gay and bisexual men in 2016-2018 as well as earmarked investments for the training of healthcare providers in 2018. Further, PEPFAR through its subgranting to Population Services International (PSI), has allowed GALZ and other key populations to directly access resources to mobilise gay and bisexual men and transgender people linking them to HIV testing, STI screening, pre-exposure prophylaxis (PrEP), and information regarding sexual health and rights.

03

EARMARKED INVESTMENTS FOR REACHING GAY AND BISEXUAL MEN IN ZIMBABWE FROM THE GLOBAL FUND

Global Fund engagement by GALZ with support from MPact and linked global advocacy around the Catalytic Investments saw the Ministry of Health, the Country Coordinating Mechanism, and the National AIDS Council allocating \$2 million for programs and services for gay and bisexual men in 2017. The resources were earmarked to increase uptake in HIV services through establishment of drop in centers and linkage to services within new centers and public health facilities viewed as friendly by LGBTI people and other key populations. GALZ and UNFPA with other key populations went into partnership to implement programs in five sites around Zimbabwe under the grant. Last year, 7,000 gay and bisexual men were targeted under the Global Fund with increases expected each year until 2020.



“Old regime versus new regime — so much has changed. Right now when we are talking about KP services. Wilkins is a model clinic. Even if there is a lack of medication — they figure out a way. Our communities did not know about ourselves. Parliament started by saying these people have a mental illness - at the end of the session, they wanted to engage with gay men. Everybody is going to accept what we're giving out — when we are visiting these sites, we see people who are enthusiastic about working with you. Far more progressive than South Africa — Zimbabwe accepts us.”

- Community Member, GALZ

04

A MORE ENABLING ENVIRONMENT IN ZIMBABWE

GALZ leveraged resources from Bridging the Gaps to address policy gaps by engaging parliamentarians through trainings and dialogue. At least 22 parliamentarians were trained and sensitized on LGBTI issues. This has seen champions within the parliamentary committee on health calling for social inclusion and programming for LGBTI within the HIV health sector. Furthermore, the Parliament of Zimbabwe extended an invitation for civil society to submit reviews and recommendations to the Zimbabwe Health Bill. GALZ took the opportunity to provide input on the proposed Health Bill to raise issues that address the rights of LGBTI persons in accessing health services in a friendly environment. GALZ made its submission in Parliament during the bill's consideration.

The Ministry of Health's inclusion of gay and bisexual men in the national HIV response gave GALZ an opportunity to engage government and other political parties during the election period in Zimbabwe in 2018. The advocacy for equal recognition is also in response to the Open for Business mantra promoted by the government, which is supported by the Transitional Stabilisation Program — a program that emphasizes the rights of all citizens, civic participation, access to health, and improvement of job opportunities. The GALZ-led engagement saw an improved respect for the rights of LGBTI persons as there were fewer violations reported in 2018 by LGBTI persons compared to the previous years. There was also improvement in the uptake of HIV prevention and testing interventions.



PrEP Demand Generation Training (2019) organized by MPact with advocates from GALZ

05

DEDICATED STAFF, NORMATIVE GUIDANCE, AND A NEW TRAINING MANUAL FOR HEALTHCARE PROVIDERS FROM THE MINISTRY OF HEALTH

In 2017, a key populations position was created within the Ministry of Health to oversee programs for key populations in Zimbabwe. The previously UNFPA-seconded position at National AIDS Council, also became a fully-funded position, thanks to Global Fund support from the Catalytic Investments. As a result of advocacy efforts, in 2018, the Ministry of Health and Child Care in close partnership with GALZ developed and piloted its first-ever Key Populations Manual for Healthcare Providers and launched a Minimum Service Package for Key Populations. The Ministry has now committed to training and resourcing providers and staff working across 45 sites that were identified by the community last year. Prior to this, there were no sites offering key population-friendly services. When this is fully implemented, LGBTI Zimbabweans will be able to seek and receive quality HIV-related services without fear at any of the 45 health facilities.

The Ministry's manual draws substantially from the MPact-led curriculum for healthcare providers that was developed and piloted in Zimbabwe in 2014. The technical assistance provided by MPact to GALZ to train healthcare providers helped build GALZ's technical capacity in engaging the Ministry of Health to issue national-level normative guidance and a manual for training healthcare providers with dedicated funding for implementation.

Analysis and Significance of the Changes

This change story points to the importance of a range of activities from global-level advocacy to locally-led interventions. It also shows that change takes time as these developments took place over a period of four to five years. Importantly, it spotlights the role of community, their resilience, and the ingenuity of their work. In 2014, stigma and discrimination was still rampant in health system in Zimbabwe, with few providers and clinics even open to seeing LGBTI people. This change was a result of sensitization of health professionals by GALZ using MPact's curriculum, years of national-level and global-level advocacy targeting PEPFAR, Global Fund, UN agencies, and the National AIDS agencies in-country, and, lastly, the provision of MPact technical assistance to GALZ over time so that they could guide the Ministry of Health in development of guidance and roll out of interventions.

Since their formation in 1990, GALZ has navigated several constraints in operating as an organization working on behalf of the LGBTI community. This includes experiences such as arrests, social exclusion, intolerance, incidents of raids of the GALZ offices, or violence targeting LGBTI communities largely attributable to the homophobia and human rights abuses widely promoted during the presidency of the former dictator Robert Mugabe. This decades-long regime that came to an end in 2017 served to instill a sense of fear among the LGBTI community, worsened levels of intolerance among the general public and media, and forced policymakers to remain silent on LGBTI issues.

“

Back in the day, we had informal contact with the Ministry of Health. At that time, we were simply happy that they were willing to receive information. The environment at that time, created by Mugabe, did not even allow the Ministry to want to be associated with GALZ. Then, after a few years, they would start sending us invitations to meetings but without any mention of GALZ and being addressed to anyone and without a signature.”

- Executive Director, GALZ

Given this context, the developments at the Ministry are hugely significant and bring GALZ one step closer to its vision, which is to create “a just society that promotes and protects human rights of LGBTI people as equal citizens in Zimbabwe.” Integral to achieving this vision is a specific priority on access to health services, including HIV-related services for gay and bisexual men. To this end, GALZ has leveraged MPact’s Bridging the Gaps financial and technical support to advance the health and rights of the gay community in Zimbabwe over the past several years with positive results.

GALZ is an advocacy organization at its core, but it is also more than just an advocacy organization. With incredibly nuanced knowledge of service delivery dynamics, the real lived realities of gay and bisexual men in Zimbabwe and public health issues, we were able to broker resources from large international funding agencies through our work with the Ministry of Health and other organizations like PEPFAR and Global Fund.

Through direct funding support to GALZ, local communities were mobilized to become more aware of their rights and voice their demands. Additionally, GALZ was able to continue and sustain its advocacy targeting holders of power within the government, including parliamentarians, ministries, and international donors to facilitate a more enabling environment than what LGBTI Zimbabweans had historically experienced. While a significant factor in this change involved the ousting of the President in 2017, the changes outlined here were realized even before the ousting, thus pointing to advocacy gains.

This change story shows that global advocacy efforts do not take place in isolation. In fact, it demonstrates a response to demands placed on high-level policymakers and global funding institutions by civil society so that key population needs are met in the context of the country’s environment. As a global network and in close partnership, MPact worked as an intermediary link between GALZ and high-level policy makers. By carefully tracking shifts in the global HIV policy environment and analyzing their implications with partners at the country level, MPact was able to interpret community needs against donor demands — translating these into tangible results. This includes gathering timely input from in-country community leaders, facilitating robust information exchange, and ensuring capacity building of local activists to bear influence at the national level.

The changes outlined here also reinforce the wider role of intermediaries such as MPact as not only brokers of global-level investments and relationships, but also as providers of timely technical assistance aligned with country-level priorities. This goes beyond the building of advocacy capacity but also includes imagining community-based organizations in a leadership role with doctors, nurses, and other healthcare providers as well as with health.



“GALZ has been pushing for gay rights and policy change in Zimbabwe for a long time. This is something we truly appreciate. Even the work of the Ministry of Health around service delivery is informed by GALZ. When the Ministry conducted its first training for key populations, we needed to rely on GALZ again who brought in the expertise.”

- Official at the Ministry of Health and Child Care, Zimbabwe

Roles

From technical assistance (TA) to direct funding to advocacy to guidance to curriculum development, MPact linked GALZ to global networks in order to facilitate change at local, regional, national, and international levels.

GLOBAL NETWORKS	UN advocacy to develop normative guidance	PEPFAR/Global Fund advocacy to increase overall investments	
MPACT	gay and bisexual men -specific guidance, curriculum, and TA	PEPFAR/Global Fund advocacy and TA	Direct funding to GALZ and TA
GALZ	Sensitization of healthcare providers and engagement with the Ministry of Health	COPs and Global Fund negotiations at country level	Community mobilization and development

Next Steps

The Ministry of Health has committed to training and resourcing providers and staff working across 45 sites that were identified by the community last year. The Ministry is training every provider and staff member within the health sites. When fully implemented, LGBTI Zimbabweans will be able to seek and receive quality HIV-related services without fear at any of these health settings. According to the Ministry, this is a sustainability strategy and their contribution to ending AIDS in 2030. As these efforts move forward, additional resources need to be incorporated for proper evaluation of the trainings, course-correction, and follow up with trained providers. There are conversations underway about integrating LGBTI health topics within medical and nursing school curricula and the issuance of e-tablets for distance learning as a strategy to reduce cost burden from trainings.

Despite this optimism, the day when all gay and bisexual men can freely seek services without fear is not here yet. Further, the new political environment needs to be watched and monitored. Zimbabwe's new President has been less charged about LGBTI issues compared to his predecessor but neither has he voiced support for LGBTI people publicly. Having extended an invitation to GALZ to express its priorities, the ruling party has remained open to hearing the voices of the community during the election period. On World AIDS Day, the First Lady visited the booths of gay and trans-led groups seeking their input and asking them to convene a meeting with her. While the political environment does seem starkly different to previous years, it is too early to say where Zimbabwean's ruling party truly stands on the issue. The country has also undergone serious economic uncertainties since 2018 which will continue to affect the lives of all citizens, including organizations like GALZ which are in need of resources to improve the health of LGBTI populations in the country.

GALZ has reported that the number of human rights violations has gone down since the ousting of Mugabe, but it is important to not throw caution to the wind. As the Ministry of Health moves forward with several trainings of healthcare providers using its newly minted manual, they are also exercising caution in protecting the safety and security of the LGBTI community in the context of service delivery. Not surprisingly, the local gay community sees much hope in the way forward given the progress made through Bridging the Gaps.

ABOUT MPACT

MPact Global Action for Gay Men's Health and Rights was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by men who have sex with men. MPact works at the intersection of sexual health and human rights and is linked to more than 120 community-based organizations in 62 countries who are leading innovative solutions to the challenges faced by gay and bisexual men around the world.

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