



Zimbabwe Aids Network
Civil Society Coordinating Platform on HIV/ AIDS, SRHR and Health

Civil Society Six-Point Plan for Community HIV Response; accelerating actions to achieve the 90-90-90 targets.

THE UNIQUE VALUE OF CIVIL SOCIETY TO THE ZIMBABWE HIV/AIDS STRATEGY

CSOs have consultatively identified key priorities to inform community interventions in the National Strategic Plans (NSPs) for the Health sector, particularly the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP). These priorities are vital for the ZNASP investment case to effectively respond to the needs and aspirations of local communities. The HIV/AIDS epidemic has reached a stage which necessitates a robust and urgent response in keeping with the changing contextual realities and evolving needs of key populations.

Accelerating the role of CSOs and community led interventions enhances the prospects of achieving the 90 90 90 targets. They optimise investment outcomes in the health sector thus ensuring effective reach, equitable distribution of resources and responsiveness to the felt needs of key populations. Civil Society Organisations (CSOs) remain an enduring locus for meaningful organising and collective action to address HIV/AIDS with marked success in many crucial areas. Critical interventions by CSOs have included e.g. i. Structured engagement with policy spaces and processes, ii. Direct service delivery, iii. Resource mobilisation, iv. Monitoring and evidence collection, v. Social accountability, and vi. Representation of key constituencies. These interventions impacting millions of Zimbabweans over multiple years demonstrate CSOs' unique capability to support both the community and biomedical focused interventions to achieve HIV epidemic control.

The ZNASP investment case can optimize results by leveraging on the on-going CSO capacity strengthening initiative being supported by the UNDP and UNAIDS in collaboration with the Ministry of Health and Child Care and the National Aids Council. To date, the initiative has yielded the CSOs Community Charter, the Engagement Framework and Database/HUB whose

orientation is to foster sector coordination and complementarity in the community response.

1. Community Based Monitoring and Accountability (CBMA).

CBMA leverages the various capabilities of communities in order to deepen and widen oversight of the Investment Case. Increased opportunities for community participation and ownership engendered by CBMA creates opportunities for local communities to review the interventions; amplify their experiences, and set their priorities thus improving the effectiveness, responsiveness and impact of national and sub-national responses. An envisaged dual feedback loop which yields information to inform services and programmes enhances the responsiveness of interventions to rapidly changing needs and priorities.

To backstop accountability for the ZNASP, CSOs will therefore provide autonomous monitoring and tracking of ZNASP results, evaluation of the implementation of ZNASP at sub-national levels, and independent tracking of key ZNASP financing indicators. CSOs shall also enhance accountability by deploying social accountability mechanisms, which include the HIV prevention scorecard being developed, embedded in the Global AIDS Monitoring System among other locally developed tools. Significantly, CBMA will galvanize CSO actions to mitigate corruption related risk in the health sector using the Corruption Risk Methodology developed by UNDP. For the ZNASP investment case, CBMA shall integrate new technologies that help in disease surveillance and viral load monitoring.

2. Meaningful Engagement and Amplifying Voices of Marginalized Communities, Key and Affected Populations.

In Zimbabwe, CSOs have demonstrated their experience and expertise; the reach and relationships with diverse communities, key and marginalized populations to ensure that they shape and inform the programs, services, and policies that relate to them. This approach is central to engendering the rights based approaches to addressing issues relating to marginalized communities, key and affected populations.

Additionally, CSOs have access to communities and populations especially women through highly developed network of civic actors working in various areas, making CSOs participation even more strategic. For ZNASP, civil society shall ensure that the Investment Case reflects the policy and program priorities of local communities which

in turn informs the framing and monitoring of HIV programs and services. For instance, this will entail strengthening the Meaningful Involvement of PLHIV in their diversity, engagement of men and boys which is essential to the realization of the 2025 targets.

3. Implementing HIV programmes and direct service delivery-Enhancing health outcomes by implementing and scaling up evidence and strengthening linkages to services - informed interventions and reaching the most vulnerable through increased social contracting: CSOs comparatively wield significant infrastructure to deliver health programs and services especially to and among hard to reach areas and populations. In Zimbabwe, CSOs have spearheaded piloting of innovations, service integration, demand generation, and strengthening health systems. Civil society shall support the implementation of ZNASP Investment Case, through bringing to scale combination prevention programs and services that reach key and vulnerable populations through engendering social contracting. The thrust of social contracting is to place indigenous CSOs as the conduit of service delivery, leveraging on their presence in local communities.

The primary focus shall be targeted programmes and services (Treatment Literacy, Self-Testing, Condoms, PrEP, Viral Load Testing, VMMC and ART) for Adolescent Girls and Young Women (AGYW), men and boys, the informal sector actors and Key Populations (LGBTIQ and sex workers) and PLHIV) and address Gender Based Violence and inequalities. Other innovations include community based models for care and support such as Differentiated Care and Support groups for PLHIV to also address issues around HIV and ageing and as well as ART and nutrition.

4. Community Based Research.

Evidence emerging from community based research has often been the missing link between technical knowledge and the lived experiences of key populations and local communities. In Zimbabwe, CSOs have fostered research which has yielded essential evidence on the status of health services and programs; such research has crucially led to the piloting of novel interventions and best practices for delivering services and programmes. In support of ZNASP Investment Case, CSO will facilitate innovative community based research and support piloting of innovations for integrated service delivery and programs.

5. Sustainable Community Systems Strengthening.

For ZNASP, the Investment Case must make deliberate and structured efforts to support resilient Community Systems Strengthening (CSS). CSS supports the development of knowledgeable and coordinated communities and CBOs, Key Population (sex workers, LGBTIQ and PWD) and PLHIV groups and structures. Thus the Investment Case must address the capacity strengthening needs of these groups and structures to sustain effective community responses through sustainable community systems. The Investment Case must therefore capacitate the different community actors to contribute to the sustainability of community level health interventions.

6. Advocacy - Increased Domestic and International Financing for Health.

For the ZNASP, CSOs will advocate for neglected but high impact areas in investment cases; and lobby for policies and mobilize resources that support implementation of Investment Cases, especially for other important health services such as non-communicable diseases and comprehensive sexual and reproductive health service provision. The emerging thrust of the NSPs for health including achieving UHC and the 90-90-90 goals have not been matched by commitments to increase resources. Government funding for health has consistently fallen short of the 15% and 11.3 % Abuja and SADC benchmarks respectively, thus severely curtailing the capacity of the public health infrastructure to provide quality services for all populations.

At the core of the advocacy agenda is to support the sustainability and transition planning to ensure continuity of programmes and services to reach the 2025 targets. Therefore, local and international advocacy for increased financing and health remains a key objective and important contribution of CSOs in the ZNASP.

END!!!