



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Lessons Learned on the Implementation of Key Populations
Differentiated Service Delivery Programs in Zimbabwe

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Presentation Overview

Objectives of the presentation

Overview of HIV/AIDS in Zimbabwe

Burden of HIV among Key Populations

National Key Populations Program

The KP Technical Support Committee

Zimbabwe KP service delivery model

10 Key Lessons from Implementing Key Populations HIV/SRHR Differentiated Service Delivery Programs in Zimbabwe

Conclusions

Acknowledgements



Objectives of this presentation

- **To make the link between differentiated service delivery and KP programs**
- **To share cross-cutting lessons about scaling up high quality KP services**
- **To emphasize the importance of KP-led programming**
- **To highlight the importance of optimizing HIV prevention, testing, linkage and treatment services for key populations in Africa**

Overview of HIV & AIDS in Zimbabwe

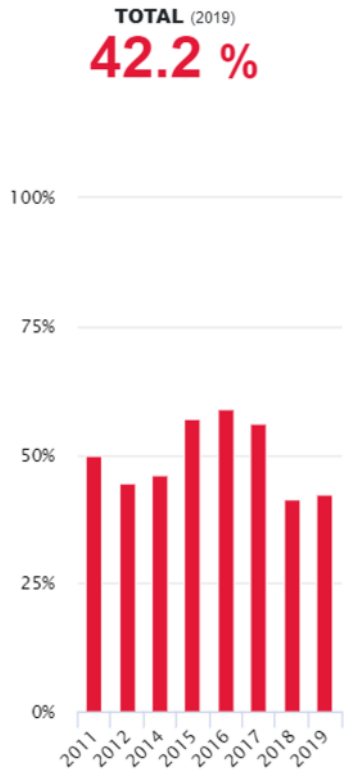
Zimbabwe remains one of top countries heavily burdened by HIV/AIDS & TB epidemics

- **1,4M PLHIV (2019 estimates)**
 - 1,3M adults
 - 84,000 children
- **HIV Prevalence: 11.8% (15-49 age group)**
 - Female 14.8%
 - Male 8.6%
- **HIV Incidence: 0.45% in 2020 (ZIMPHIA, 2020)**
 - down from 1.42% in 2011, 0.98% in 2013
- **TB/HIV co-infectivity rate of 62% [Global TB Report, 2019]**

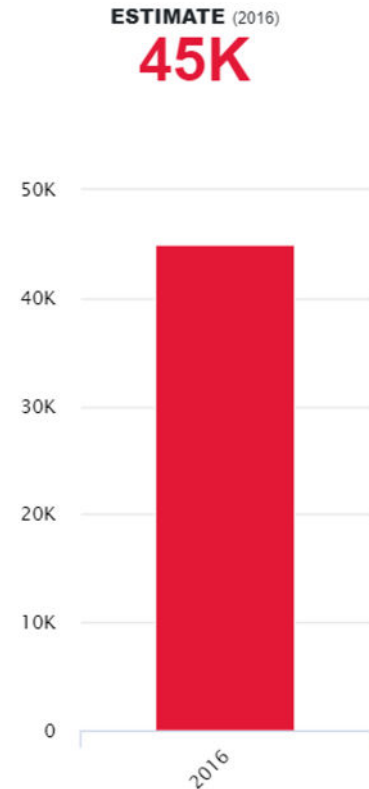


Burden of HIV among Key Populations

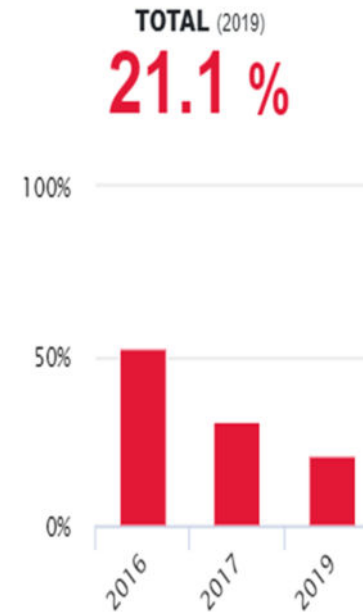
FSW HIV Prevalence



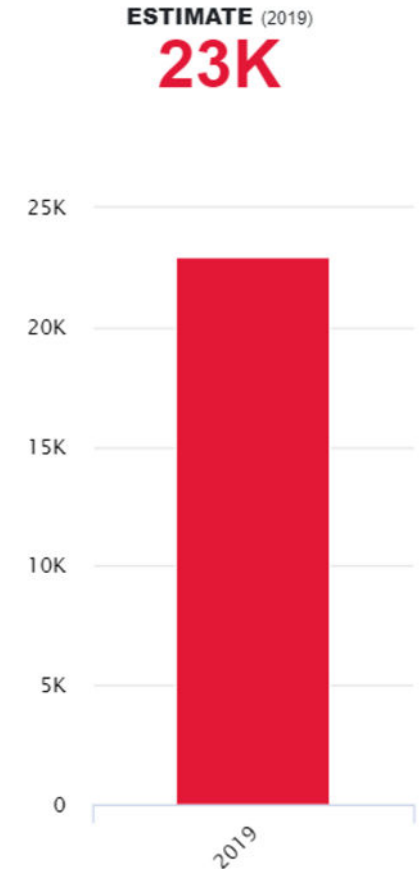
FSW Population Size Estimates



MSM HIV Prevalence



MSM Population Size Estimates



HIV sub-epidemics show evidence of a disproportionate burden of disease among KP groups, with 42.2% HIV prevalence among female sex workers (FSW) and 21.1% among men who have sex with men (MSM),



National KP Program Design

MoHCC oversees differentiated HIV clinical service delivery, which includes:

- Implementing a standard package of HIV/ SRHR interventions
- KP provider trainings for healthcare workers to provide **KP-friendly and affirming services**;
- Outreaches from both fixed and mobile sites
- Facilitating a KP Technical Working Group to identify and scale best practices.

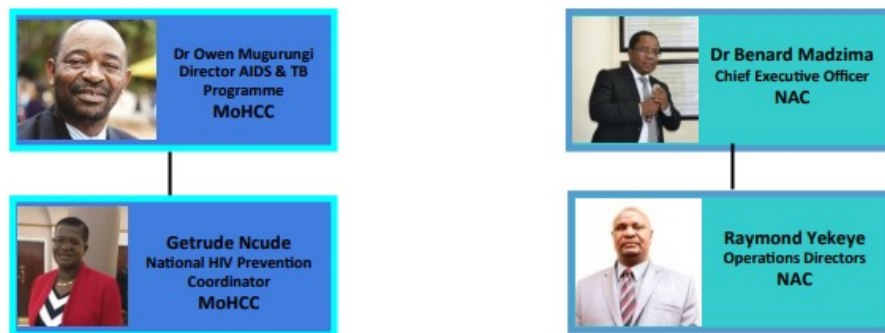
NAC provides a multi-sectoral response that includes:

- Policy guidance
- Community-based prevention, community mobilization, and capacity building
- Facilitating the creation of an enabling environment, including support for national and provincial KP Forums to foster meaningful engagement of KP communities.

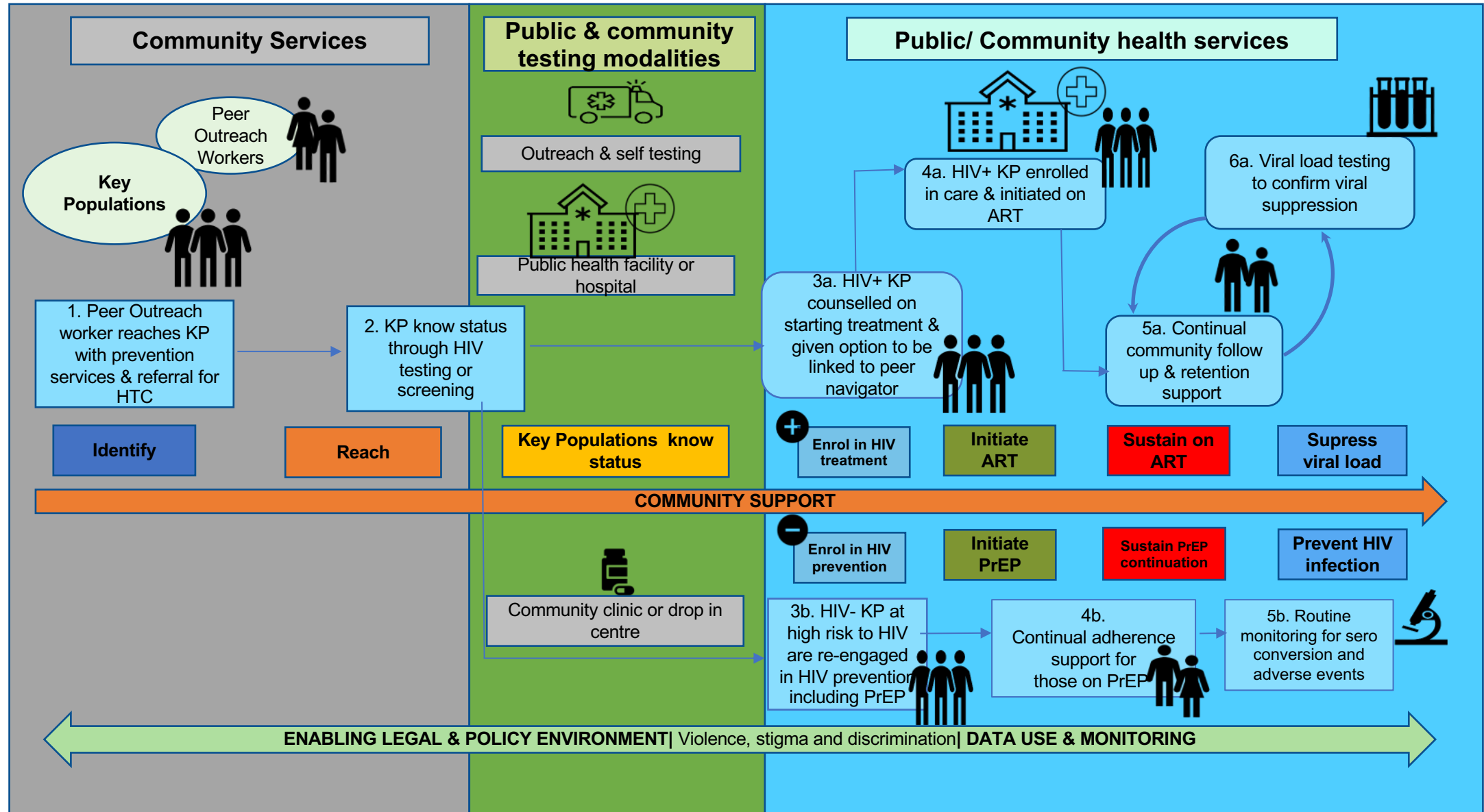
The program utilizes a KP community oriented and peer-led service delivery approach relying strongly on partnerships with **KP led civil society organizations**.

Structure of the TSC

The KP TSC is co-led by the Zimbabwe Ministry of Health and Child Care and the National AIDS Council. It is responsible for coordinating and implementing a comprehensive and culturally competent National KP program as a **ONE** TSC, behind **ONE** National HIV Strategic Plan and utilizing **ONE** results framework.



Zimbabwe KP service delivery model





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10 Key Lessons from Implementing Key Populations HIV/SRHR Differentiated Service Delivery Programs in Zimbabwe

1. Embed differentiated care for KPs in National HIV Strategic plans and policy documents

- Zimbabwe National HIV Strategic Plan IV, (2021-2025); Operational and Service Delivery Manual (OSDM)
- Target and tailor DSD interventions for KP sub populations including:
 - sex workers in their diversity,
 - men who have sex with men,
 - trans and gender non-conforming persons,
 - prisoners and people who use and or inject drugs



2. Lead with evidence



- Conduct population size estimates for KP groups, Female Sex Workers, Men who have Sex with Men, Transgender and gender non-conforming persons
- Stigma index study for Key Populations
- Legal Environment Assessment

3. Establish and enable the functions of an indigenous long term national KP technical support mechanism

- Embedding the TSC in both the National AIDS Council and the Ministry of Health and Child Care ensuring buy in and stewardship from the leadership of these institutions.
- The strategic placement of TSC secondments at central and subnational levels to decentralize TA closer to communities



4. Nurture healthy partnerships within the multi sectoral response, creating boundaries and fertile environment for collaboration.

- **Political will is key**
- The clarity of roles and responsibilities across the principals within Ministry of Health and Child Care, the National AIDS Council and KP led civil society organizations is critical for seamless collaboration and success
- Anchor the national KP response within the leadership of strong capacitated, KP led CBOs.



5. The centrality of KP identifying leadership and KP astute technical experts

- KP representation within the GF country mechanism
- A KP led National key populations forum
- The National Key Populations Technical Support Committee
- A Key Populations Technical working group

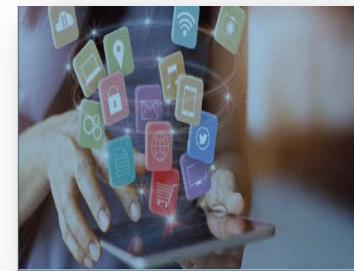


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6. Adapt implementation to respond to new challenges, shocks, evidence, innovations with nimbleness at scale



Further differentiation of KP service delivery to adjust for COVID 19 challenges



Leveraging digital platforms



Leveraging a hybrid approach to rolling out KP implementation

7. Strengthen KP driven Community led monitoring



- Strengthened and adaptive feedback loops for faster, smarter program decisions

8. Foster a culture that promotes, protects and fulfills the human rights of marginalized communities

- Ensuring KPs, and their networks know their rights-the right to health, the right to stigma-free health services, the right to equal treatment before the law, the right to dignity, and to bodily autonomy and choice.





9. Fund high quality interventions at scale

- Microplanning models with sex workers
- Differentiated community case-based management for MSM



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10. Plan for sustainability

- Public sector capacity strengthening 
- Entrench HIV response among strong and capacitated KP Community Based Organizations 
- Leverage domestic financing models to bring the KP program to scale
- Establish platforms for continued learning
- Strengthen capacity of health care workers to deliver KP competent HIV/SRHR services
- Strengthen linkages with various technical working groups

Conclusion

- **Differentiated service delivery for KP communities works when ...**
 - We consult and engage community based and key populations led organizations
 - All innovations, adaptations, approaches are carefully vetted by trusted community-based representatives of KP constituencies
 - Take a participatory and collaborative approach to safeguard HIV services and hard- fought gains made in the HIV response.



Acknowledgements



Thank You

