

Lessons Learnt implementing Integrated KP-focused HIV/SRHR programs in the Public Sector, Zimbabwe

Getrude Ncube

National HIV Prevention Coordinator

Ministry of Health and Child-Care, Zimbabwe

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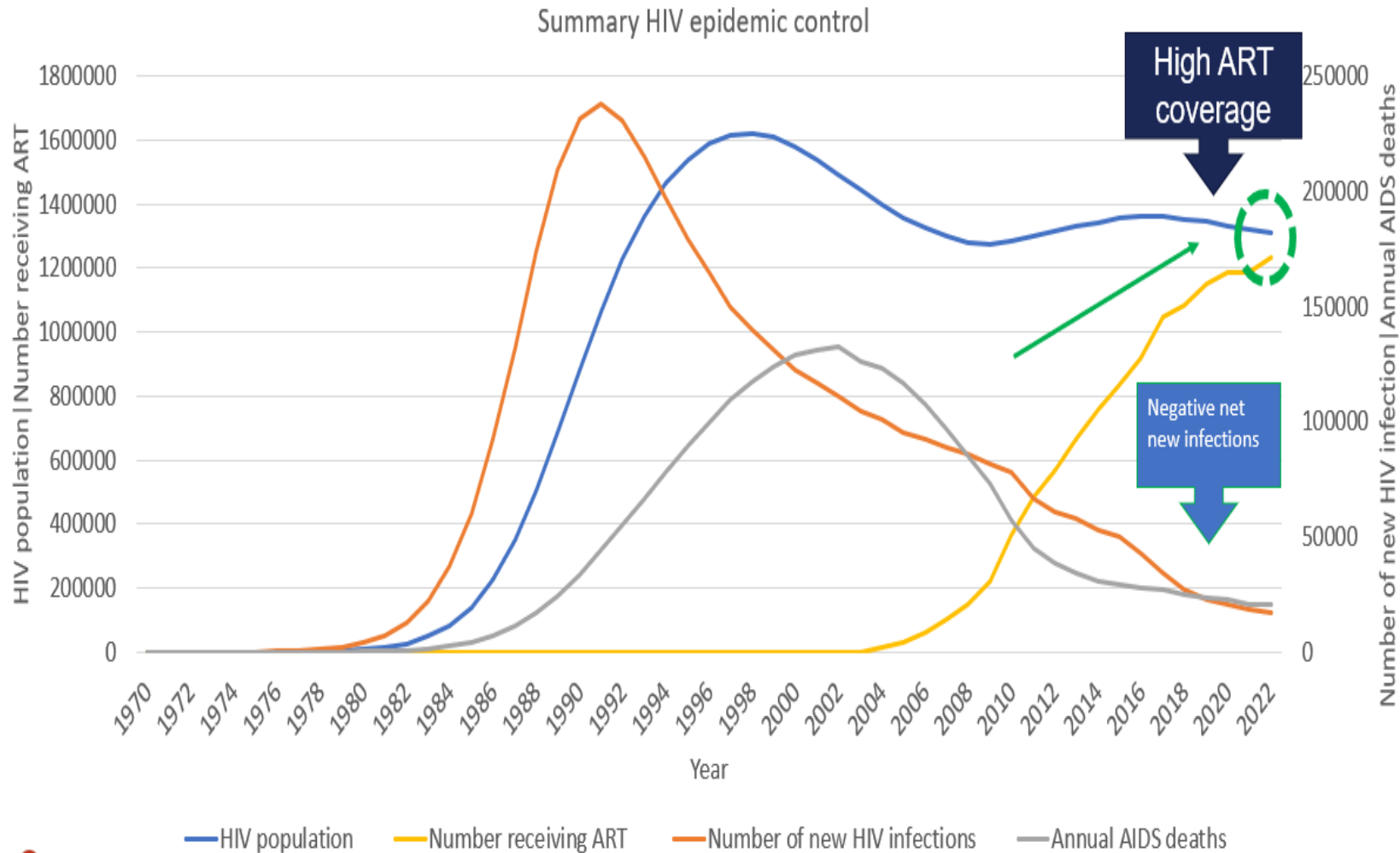


Presentation Outline



- Progress towards the 95-95-95 UNAIDS Fast Track targets
- National Key Populations program design
- Zimbabwe HIV/SRHR Service Delivery Model for Key Populations
- Strategies for implementing KP differentiated service delivery (DSD) programmes
- Key milestones in the implementation of the KP program in Zimbabwe
- Considerations for implementing integrated KP-focused HIV/sexual and reproductive health and rights (SRHR) programs in the public sector
- Successes and barriers to implementation

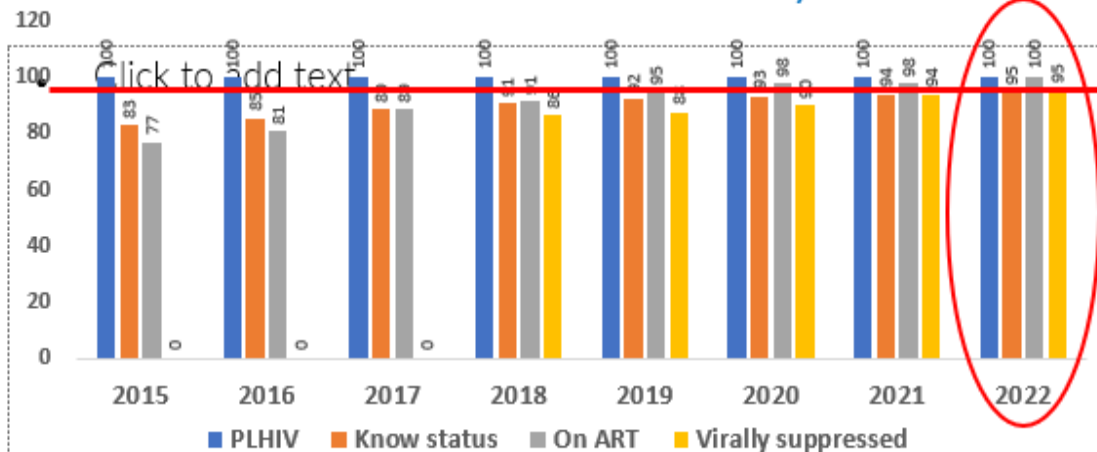
Zimbabwe Reaches Epidemic Control



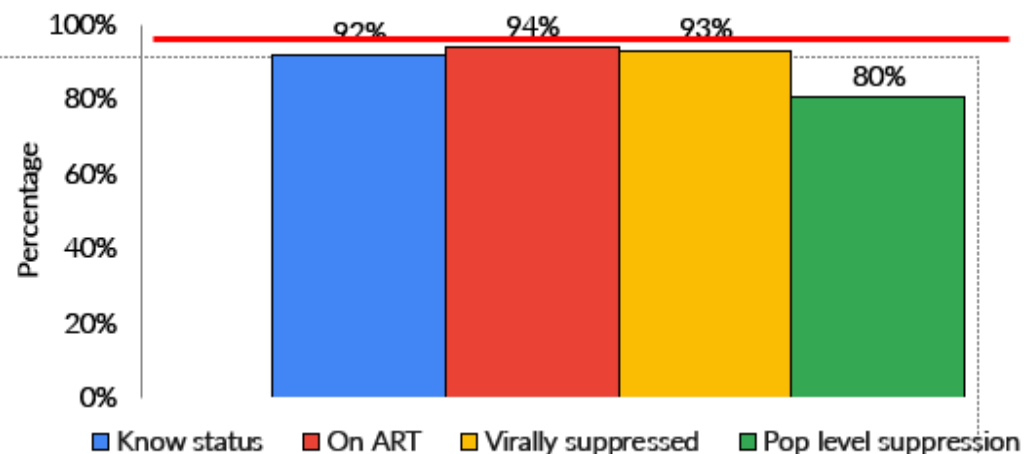
- Zimbabwe has achieved epidemic control
- Significant decline in HIV prevalence
- Decline in number of new HIV infections
- Decline in annual deaths due to AIDS
- Gaps persist for Key Populations, Children, AGYW

KP Progress towards 95-95-95 targets

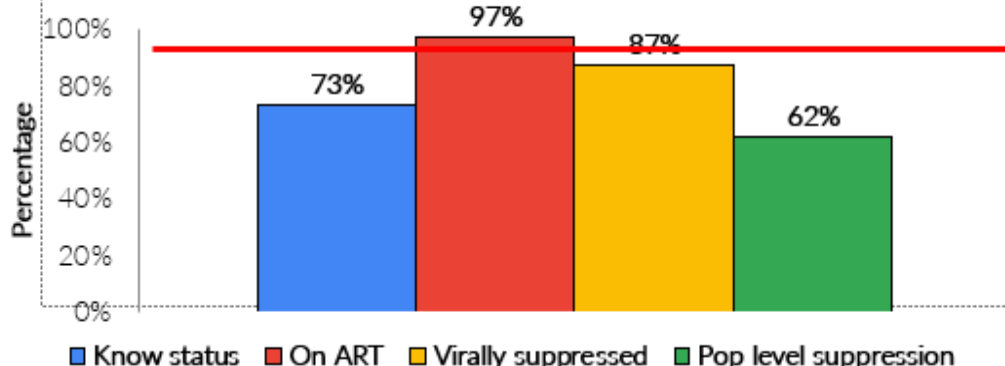
NATIONAL HIV ESTIMATES, 2022
95-95-95 ADULT POPULATION 15-49 years



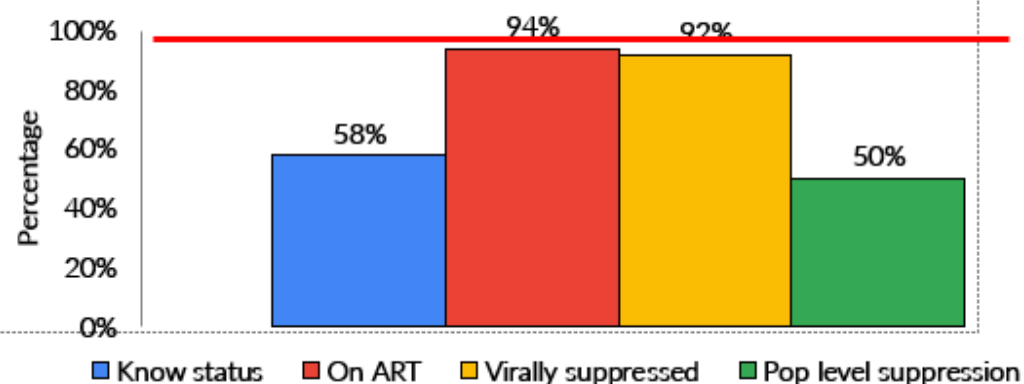
AMETHIST TRIAL DATA
95- 95- 95 CASCADE FOR FEMALE SEX WORKERS



ICAP IBBS DATA, 2019
95-95-95 CASCADE FOR MSM



ICAP IBBS DATA, 2019
95-95-95 CASCADE FOR TRANSGENDER PERSONS



National Key Populations Program Design



MoHCC oversees differentiated HIV service delivery, which includes:

- **Policy guidance** - make sure it is aligned with global guidance
- Implementing a standard integrated 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 (TWG) to identify and scale best practices



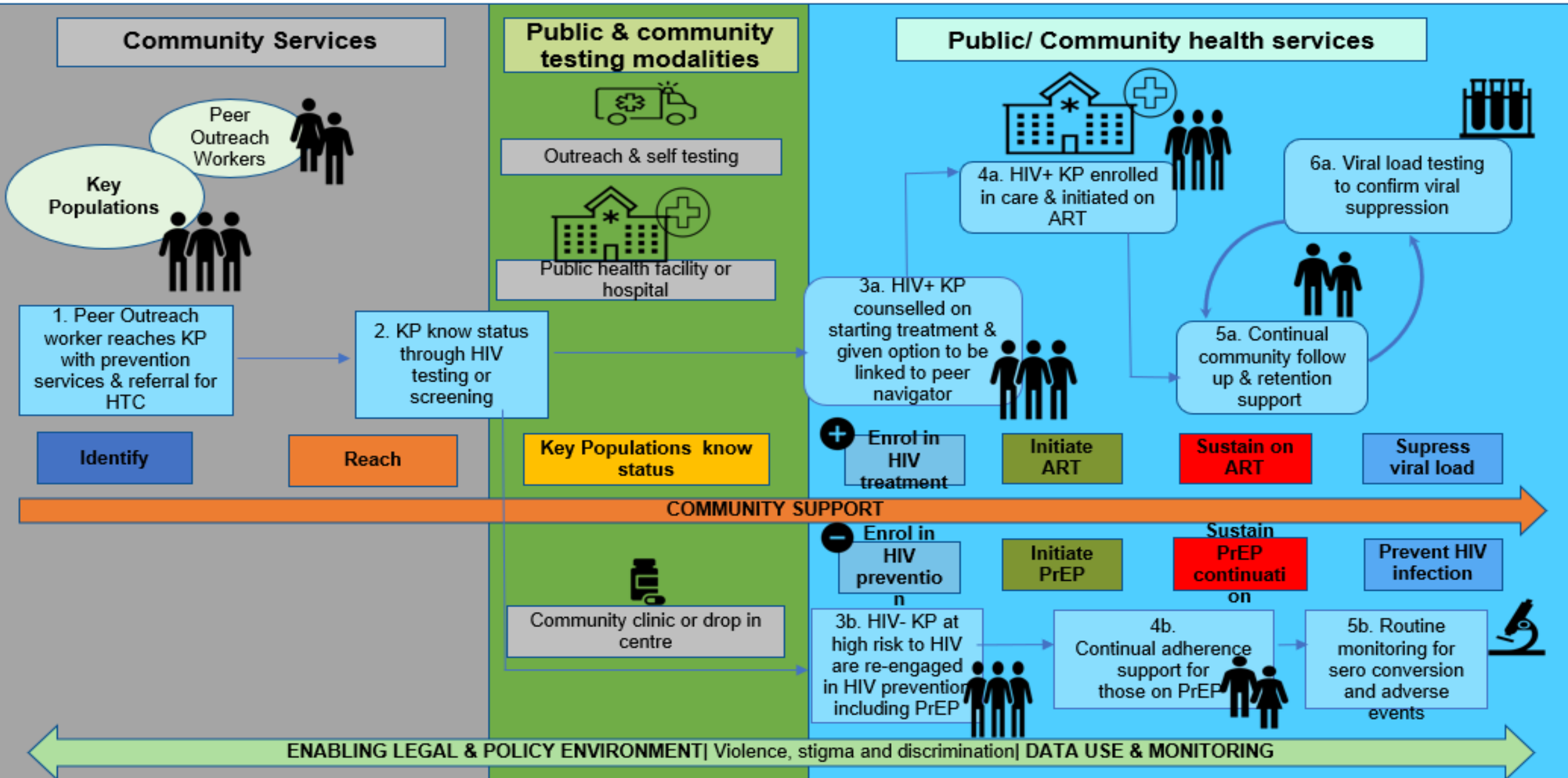
NAC provides a multi-sectoral response that includes:

- The “**3 ones**”- one **strategy**, one **coordination** and one **M&E** system
- 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.

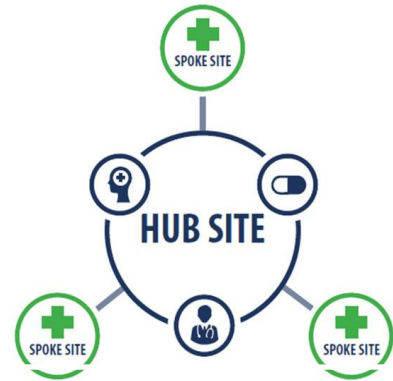


The program utilizes a KP community oriented and peer-led service delivery approach relying strongly on partnerships with **KP-led civil society organizations**.

Zimbabwe HIV/SRH service delivery models for KPs



Strategies for implementing integrated KP DSD programs

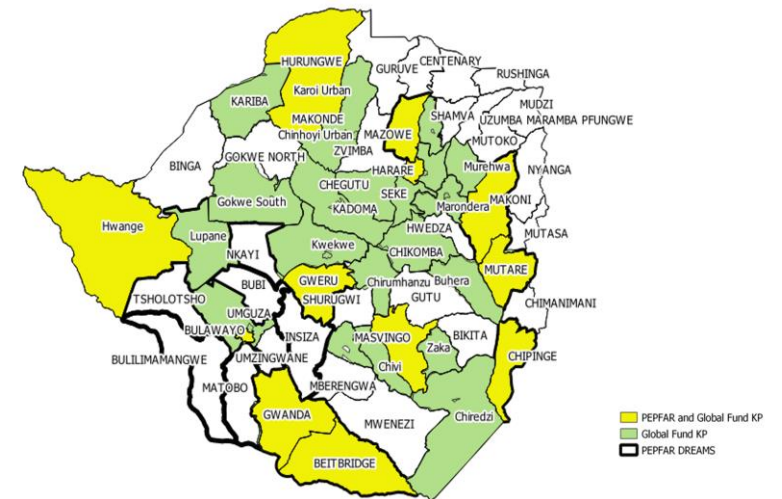


Hub and spoke model

Static facilities (Govt. Centres of Excellence, DICs) operate as hubs with variable outreach points radiating from each hub into the community

Differentiated, decentralized service delivery approach

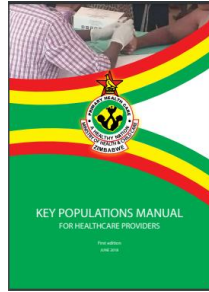
- Multi-disciplinary teams in distinct geographical clusters
- Differentiated and disaggregated for sex workers (SWs) and their clients, men who have sex with men (MSM), and transgender people (TG)
- Service integration, task sharing/shifting, self-care
- Layering of HIV prevention care and treatment services with SRH, STI
- Peer-led demand creation and retention support through KP peers and KP Health Assistants
- Incentivized KP peers to mobilize and navigate



Key milestones in the implementation of the KP program in Zimbabwe

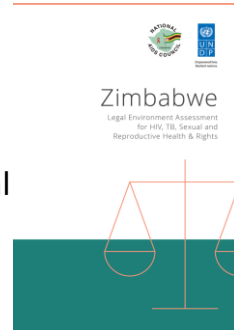
2018

Training manual for service providers on key populations, including Job aids and a minimum service package for different KP subgroups



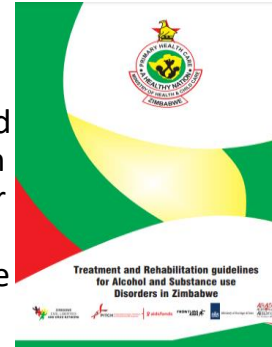
2019

Zimbabwe Legal and Environmental Impact Assessment for KPs, UNDP, NAC



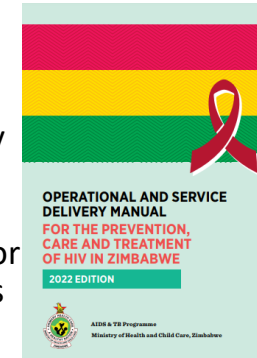
2020

Treatment and Rehabilitation Guidelines for Alcohol and Substance Use disorders



2022

Operational Service Delivery Manual with special considerations for key populations



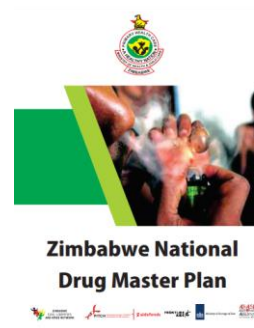
2023

Development of a KP Implementation Plan with Harm reduction for PWUID



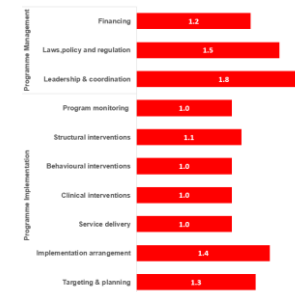
2020

Zimbabwe National Drug Master Plan



2022

Review of National HIV Prevention Program (PSAT Lite) for KPs including PWUID



2023

Midterm review of ZNASP IV emphasizes establishment of HIV prevention and harm reduction interventions for PWUID



Considerations for implementing integrated KP-focused HIV/SRHR programs in the public sector

1. **Embed differentiated care** for KPs in National Strategy and Policy frameworks
2. **Lead with Evidence** - know and close the equity gaps that affect KP
3. Establish and enable the functions of a **decentralized, indigenous long-term national KP technical support mechanism**.
4. **Nurture healthy partnerships** within the multisectoral response, creating boundaries and fertile environment for collaboration and delivery of **KP-friendly services**
5. Centrality of **KP identifying leadership** and KP astute technical experts

Considerations for implementing integrated KP-focused HIV/SRHR programs in the public sector *(continued)*

6. Adapt implementation to respond to new challenges, shocks, evidence, innovations with nimbleness at scale e.g., COVID-19
7. Strengthen KP-driven community-led monitoring (CLM)
8. Foster a culture that promotes, protects and fulfils the human rights of marginalized communities
9. Fund high quality interventions at scale and anchor the HIV response for KPs within domestic financing and social contracting mechanisms.
10. Plan for sustainability- the HIV response among KPs is secured when the program is entrenched in the public sector and driven by strong KP-led community organizations

What has worked well?



KP-centered service delivery

- Differentiated PrEP, ED- PrEP and ART services
- Microplanning & peer navigation
- Hotspot mapping
- Integrated service offer (STI, FP, TB); Mental Health
- HCD informed approaches for reaching MSM (Colour Z)
- Public sector capacity building
- Client-level data used for tracking, monitoring & informing programming



KP leadership & engagement

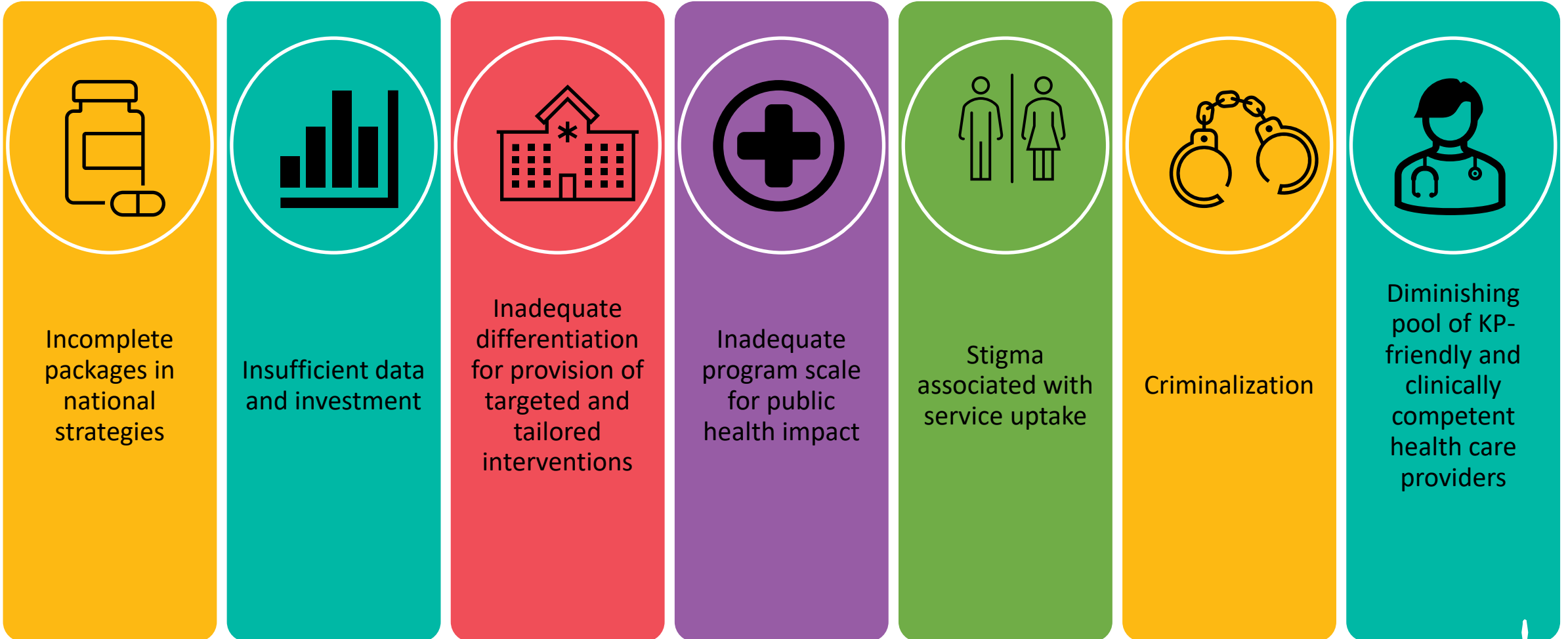
- KP led & competent orgs implementing
- KP Technical Support Committee & KVP Forum elevating KP voices
- KP community-based organization (CBO) capacity strengthening
- KP CBOs engaged in CLM
- KP members as key program staff members



Addressing structural barriers

- Some integration of violence response, mental health screening & efforts to integrate substance abuse
- Rollout of Gender & Sexual Diversity training
- Initial discussion to integrate KP-friendly training into nurses' pre-service education

Barriers to implementing integrated HIV/SRHR intervention



Way Forward

- Dissemination of the Key Populations Compendium of Standard Operating Procedures (SOPs)
- Review of the KP-friendly manual including an online module for service providers
- Biobehavioural survey for size estimates for MSM, PWID, Transgender women
- Integration of KP topics in pre-service training of health care workers
- Engaging CBOs in CLM to monitor service delivery and uptake in facilities.

ACKNOWLEDGEMENTS



MOHCC

KP TSC

PEPFAR and its implementing partners

Global Fund

Civil Society Organisations

Key Populations

Thank You