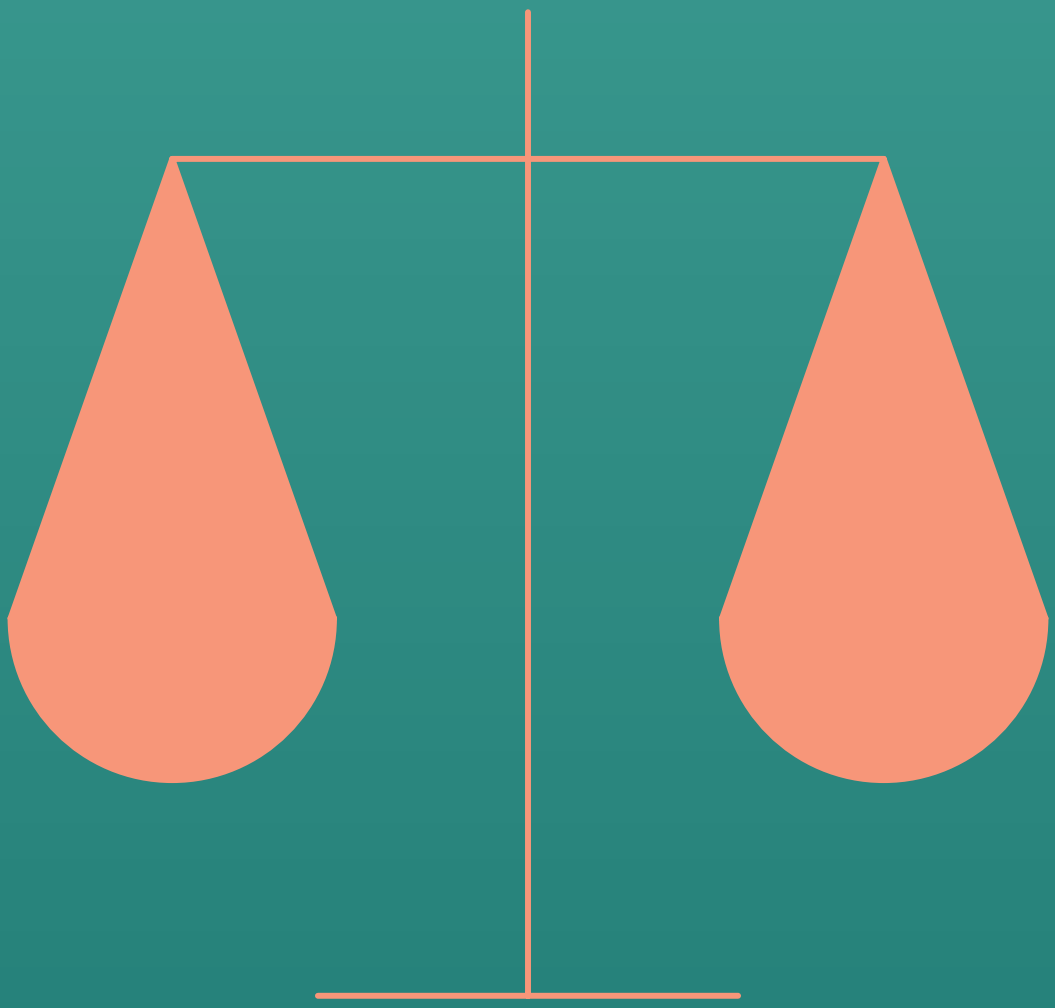
Zimbabwe

Legal Environment Assessment for HIV, TB and Sexual and Reproductive Health & Rights

2025 Update

Summary Version



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#WeBelongAfrica brings together multiple initiatives that enable inclusive, just, affirming, safe, productive and fulfilling lives for all people in Africa, irrespective of sexual orientation, gender identity, gender expression or sex characteristics, and irrespective of HIV status or risk.

UNDP HIV and Health Group, Zimbabwe.

Contents

Abbreviations and acronyms

HIV	Human Immunodeficiency Virus
KVPs	Key and vulnerable populations
LEA	Legal Environment Assessment
LGBTI	Lesbian, gay, bisexual, transgender and intersex
PHA	Public Health Act
PwD	People with disabilities
PWUID	People who use or inject drugs
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UNDP	United Nations Development Programme
ZHRC	Zimbabwe Human Rights Commission
ZNASP	Zimbabwe National AIDS Strategic Plan

Findings and recommendations

Findings

Zimbabwe has made commendable progress in addressing some issues raised by the 2018 Legal Environment Assessment (LEA) report and creating an enabling legal and policy environment to ensure access to HIV/AIDS, tuberculosis (TB) and sexual and reproductive health (SRH) services for everyone. The following is a summary of key achievements made during the period under review:

- The Government of Zimbabwe has repealed section 79 of the Criminal Law Code, which criminalizes willful transmission of HIV.
- Relevant national strategic plans, masterplans, frameworks, policies, strategies and guidelines have been developed and approved to improve the quality of HIV, TB and SRH services provided to key and vulnerable populations (KVPs).
- Interventions have been implemented with a focus on: (i) providing appropriate SRH services to KVPs; (ii) increasing the number of KVP-friendly facilities; (iii) strengthening the monitoring of the quality of service provision; (iv) enhancing the participation of adolescents and young people in drafting laws, policies and guidelines for strengthening HIV/SRH services; (v) evidence-building regarding drug use and injection; and (vi) capacity-building and scaling up the provision of treatment, rehabilitation and psychosocial services for people who use or inject drugs (PWUID).
- Chapter 5:15 of the new Marriages Act of 2022 has set 18 years as the minimum age for marriage, in line with regional and international standards. This is a step in the right direction regarding prevention of child marriage and reducing the risk of infection with HIV and sexually transmitted infections (STIs).
- The principles of public health and practice, also referred to as the guidelines or general framework for the delivery of public health interventions, are now enshrined in chapter 15:17 of the new Public Health Act (PHA) of 2018. Similarly, health rights and confidentiality requirements are defined.

On the other hand, the following ongoing challenges make it difficult for KVPs to access HIV, TB and SRH services:

- Challenges in criminal law and SRH law
- Limited domestic funding of KVP programmes
- Limited implementation of existing protective laws
- Difficulties in accessing justice for rights violations
- Insufficient anti-discrimination law and strategy to protect KVPs
- Failure to meet the needs of PWUID
- Failure to address the needs of people with disabilities (PwD)
- Insufficient efforts to address the needs of sex workers (SWs)
- The recent US government requirements on changing reporting tools used by implementing partners may prevent the collection of precise and accurate data on KVP interventions.

Recommendations

To strengthen Zimbabwe's legal and policy framework and ensure the provision of quality HIV, TB and SRH services to KVPs, several fundamental changes, adjustments and investments are required. These focus on addressing legal barriers, promoting inclusivity, and ensuring the availability and accessibility of health services tailored to the needs of KVPs. The following are key recommendations from this review:

1. The repeal of section 79 of the Criminal Codification Act, which criminalized willful transmission of HIV, highlights an urgent need to release from incarceration all persons convicted and currently serving sentences for contravening the section.

Key action points:

- Human rights institutions, civil society organizations, parliamentarians and relevant stakeholders should lobby for a Presidential amnesty for persons convicted and currently serving sentences for contravening section 79 of the Criminal Codification Act.
- There is a need to compile statistics on the actual number of persons incarcerated for contravening section 79, by working closely with the Ministry of Justice, Legal and Parliamentary Affairs, and KVPs in prisons and correctional services.

2. SRHR/HIV programmes for KVPs are primarily donor funded, which highlights a need for increased domestic funding and a sustainability road map.

Key action points:

- Produce an impact assessment report through a consultative process.
- Finalize the sustainability action plan to ensure continuity of SRH/HIV programmes for KVPs. The plan should prioritize support for creating an enabling legal and policy framework, address social and structural drivers of HIV-related discrimination, and increase domestic funding of KVP-specific health programmes and Community Led Monitoring initiatives.
- Zimbabwe needs to invest and support 70 percent of KVP funding; political will should be demonstrated through financial commitment and by adopting best practices.

3. Strengthen the PHA and the Criminal Laws Amendment (Protection of Children and Young Persons) Act of 2024, by striking out provisions that criminalize or perpetuate criminalization of transmission of HIV.

Key action points:

- Amend section 48 of the PHA to clearly indicate that medical officers do not need to report HIV-related illnesses and deaths to the local authority.
- Amend section 57 of the PHA to explicitly indicate that criminalization of willful exposure to infectious diseases does not include HIV.
- Amend section 80 of the Criminal Law Code, regarding the use of the accused's HIV status as an aggravating factor in sentencing and stiffer criminal charges (over 10 years) for crimes when the accused is HIV-positive.
- Replace section 80 of the Criminal Law Code and section 73A of the Protection of Children and Young Persons Act with: "In the case of sexual offences, such as rape, that result in the transmission of HIV or create a significant risk of HIV transmission, the HIV-positive status of the offender should only be

considered an aggravating factor in sentencing if the offender knew he/she was HIV-positive at the time of committing the offence."

4. Decriminalize adult consensual same-sex sex, sex work, and personal drug use and injection.

Key action points:

- Repeal section 73 of the Criminal Law and Codification Act, which criminalizes sodomy.
- Amend section 78 (3) of the Constitution, which states: "Persons of the same sex are prohibited from marrying each other."
- Repeal section 14(1)(f) of the Immigration Act, which discriminates and prohibits "prostitute or homosexual" visitors or immigrants from entering Zimbabwe.
- Annul sections 81–83 of the Criminal Law and Codification Act, which criminalize sex work.
- Conduct further research into the risk factors for HIV transmission among KVPs to support evidence-based policy and practice reforms in Zimbabwe.
- Scale up engagement with religious and traditional leaders and avid believers to understand their perspectives on sex work and inform HIV programming.
- Amend chapter 15:02 of the Dangerous Drugs Act and sections 156–157 of chapter 9:23 of the Criminal Code, which have a blanket punishment for both the user and the trafficker.

5. Strengthen anti-discrimination laws.

Key action points:

- The Zimbabwe Human Rights Commission (ZHRC) should strengthen its administrative justice function and support for access to justice, by engaging with relevant stakeholders to contribute to an improved legal and policy environment for affected populations. This work might include, among other issues, a focus on reviewing, improving and strengthening the service charters of these institutions to protect and promote the right to administrative justice of the affected groups.
- Enact comprehensive anti-discrimination legislation that explicitly protects individuals based on HIV status, sexual orientation, gender identity, engagement in sex work, and drug use and injection.
- Gender-based violence should be included in public policy and strategy, and the gender policy should treat gender-based violence as a continuum and recognize that KVPs experience it in private and public spaces.
- Strengthen data collection and analysis on stigmatization and discrimination and take informed decisions.
- Amend section 56(3) of the Constitution to explicitly include HIV as a prohibited reason for discrimination.
- Amend sections 3(1) and 4(1) of the Prevention of Discrimination Act (chapter 8:18) to include protection of people living with HIV, and amend section 5 of the same Act to explicitly mention HIV as a prohibited reason for discrimination to access finance.
- Amend the new PHA to explicitly provide for the meaningful involvement of women, including adolescent girls and young women, in the drafting of laws, policies and guidelines concerning SRHR.

6. Strengthen monitoring of the implementation of rights-based HIV workplace policies, by developing the capacity of managers, supervisors, workplace peer educators and counsellors to provide accurate and adequate HIV information to their peers in the workplace, to protect workplace rights and prohibit HIV-related discrimination, be it before or during employment.

Key action points:

- Develop a national occupational safety and health Act to provide a framework for the monitoring and evaluation of implementation of rights-based HIV workplace policies.
- Enact the ZGC's regulations with provisions that allow the Commission to approach courts for interdicts against employers who dismiss workers for reporting allegations of sexual harassment or any other gender-based discrimination.

7. Strengthen the availability, accessibility, acceptability, quality and affordability of HIV, TB and SRH services received by KVPs.

Key action points:

- Develop guidelines for the use of digital technology, such as mobile apps and SMS reminders, to enhance treatment adherence, provide health education and maintain confidentiality for KVPs.
- Section 4 of chapter 15:10 of the Termination of Pregnancy Act should be amended to allow unrestricted access to safe abortion, post-abortion services and SRH services and products by adolescents below 18 years and women with unplanned and unwanted pregnancies.
- Advocate for a policy that allows minors in need of SRHR services to access them without having to seek parental consent.
- Develop capacity-building programmes for teachers on SRHR issues to ensure that they provide comprehensive sexuality education to learners.
- The National Disability Policy should become legislation to improve the quality and effectiveness of services received by PwD.
- The National AIDS Council and partners should facilitate comprehensive research into risk factors (e.g. sodomy, drug use and injection, tattooing) for HIV transmission in prisons and provide evidence-derived recommendations for the harm reduction measures required.
- International guidelines (UNDO, 2020; WHO 2022) and past studies (Kanguade, 2014; van Hout et al., 2022) highlight a need to ensure accessibility of condoms and lubricants in prisons and other closed settings to curb HIV transmission among inmates.
- Update the KVP training manuals and health care provider training manuals to reflect the ethical requirements (e.g. confidentiality, privacy, informant consent) contained in chapter 15:17 of the new PHA.

8. Ensure HIV, TB and SRH services are fully integrated and address the specific needs of KVPs, including access to pre-exposure prophylaxis, post-exposure prophylaxis, contraception and STI management.

Key action points:

- Amend the PHA to explicitly provide for access to integrated, quality health care in general, SRH care, and HIV and TB treatment for women and girls.
- Conduct operational research on the barriers, motivators and policy options for the provision of post-exposure prophylaxis and counselling services outside working hours to inform policy reform and health programming.

9. Build the capacities and strengthen the accountability of health care workers, law enforcement agents, judges and parliamentarians.

Key action points:

- Health workers
  - Scale up in-service training for health care workers on the unique needs and rights of KVPs to reduce stigma and discrimination in health settings.
  - Incorporate KVP-specific modules into the training curriculum of health care workers.
  - Strengthen implementation of the National Disability Policy by reviewing the training curriculum of all health care workers to cover: (i) the rights and needs of PwD in health care settings; (ii) competency in the use of Zimbabwean Sign Language; and (iii) principles of universal design of health facilities, as well as disability-sensitive programming of health interventions.
  - Establish reporting and accountability systems for health care-related discrimination and ensure prompt disciplinary action against offenders.
  - The Patient Charter should be displayed in all health facilities, translated into local languages, and there should be a contact number for patients to submit complaints and compliments.
- Law enforcement agents
  - Scale up in-service training of law enforcement officers on the rights of KVPs, to reduce harassment, stigma and discrimination. Such training should highlight the need to ensure that KVPs enjoy equal protection under the law, and promote adherence to universal human rights guidelines.
  - Lobby for inclusion of victim-friendly topics in the training curriculum of police officers.
  - Establish reporting and accountability systems for work-related discrimination and ensure prompt disciplinary action against offenders.
- Judges
  - The National AIDS Council and UNDP need to facilitate the development of a national key populations training manual for judges.
  - Support the sensitization of judges and sector ministries, regarding the rights and risks faced by KVPs.
  - Develop prosecutorial guidelines to provide guidance on the use of general criminal laws in cases relating to HIV transmission.
- House of Assembly (parliamentarians)
  - The National AIDS Council and partners should sensitize new and senior parliamentarians regarding: (i) the health risks, rights and needs of KVPs; (ii) legal barriers faced by KVPs; and (iii) law reform priorities to promote public health and human rights.
  - The ZHRC may consider targeted lobbying and advocacy programmes to encourage the House of Assembly to amend or enact laws, policies and practices that protect, promote and safeguard the rights of people living with HIV and KVPs, and to highlight human rights issues related to TB and SRH.

10. Carry out community engagement and sensitization on the rights and needs of KVPs.

Key action points:

- Scale up community engagement, dialogues and sensitization on the rights, vulnerabilities and needs of KVPs. This includes targeting key stakeholders such as religious and traditional leaders, change agents, heads of departments and the general public.
- Launch national campaigns to reduce stigma and discrimination against KVPs and promote understanding of their health needs.

- The ZHRC should strengthen its administrative justice function by engaging with relevant stakeholders to contribute to an improved legal and policy environment for affected populations. This work might include a focus on reviewing, improving and strengthening the service charters of these institutions to protect and promote the right to administrative justice of the affected groups.
- The ZHRC should develop human rights awareness/education/promotion programmes focusing on people living with HIV or TB, SRH and KVPs (including targeting young KVPs) to raise public understanding and promote engagement on the human rights and entitlements of these social groups, particularly in view of the Commission's advocacy function.
- Support engagement with the Legal Resources Foundation and Zimbabwe Lawyers for Human Rights to train KVP representatives on human rights defender approaches, including supporting legal literacy and rights awareness. Provide an enabling legal and policy environment to ensure the participation of KVPs in policy development and programme design to ensure interventions address their lived realities.

11. Strengthen access to justice and improve legal support for KVPs.

Key action points:

- The ZHRC should engage more with all key stakeholders to appreciate human rights issues concerning people living with HIV or TB, SRH and KVPs. This would facilitate and strengthen its oversight and human rights monitoring role and contribute to improving the human rights of the affected social groups in the framework of the LEA.
- Laws and policies need to be simplified so that an ordinary person can understand them.
- Establish community-based legal aid programmes to protect KVPs from rights violations, including workplace discrimination, police abuse and denial of health care.

12. There is a need to strengthen monitoring and evaluation functions regarding implementation of LEA recommendations.

Key action points:

- Develop a monitoring and evaluation plan/framework to track implementation of the LEA recommendations.
- Routinely communicate monitoring and evaluation findings to KVP forums, the National Steering Committee and LEA stakeholders.
- Ensure that the successor to ZNASP IV has specific indicators for PWUID.
- Include HIV-related stigma and discrimination indicators as part of the national HIV and TB response monitoring and evaluation systems, to assess progress over time.
- Ensure that the successor to ZNASP IV has specific indicators for tracking implementation of gender mainstreaming and progress in addressing gender inequalities within HIV interventions.
- Invest in research into KVP-specific health challenges and barriers to care, using findings to inform policies and programmes.
- Develop monitoring and coordination mechanisms to support implementation of existing and new laws and policies in the context of HIV, TB and SRH service provision.

13. Ensure wide dissemination of the 2024 LEA report.

Key action points:

- Plan for and conduct nationwide dissemination workshops.
- Use digital platforms (e.g. National AIDS Council, UNDP and implementing partners' websites), social media (e.g. Facebook, X) and media organizations.
- The consultant should produce a full LEA report, along with a summarized version with key findings and recommendations. A link should be provided to access the full report.
- Consider the feasibility of ensuring that the summary report is readily available in public health facilities. Where feasible, the summary report can be translated into local languages and presented using pamphlets and flyers.

Specific recommendations

LGBTI populations

- Decriminalize consensual same-sex relationships to reduce stigma and ensure that men who have sex with men can access HIV, TB and SRH services without legal repercussions. Section 73 of the Criminal Law and Codification Act criminalizes sodomy; (ii) section 78 (3) of the Constitution states: "Persons of the same sex are prohibited from marrying each other"; and (iii) section 14(1)(f) of the Immigration Act discriminates and prohibits "prostitute or homosexual" visitors or immigrants from entering Zimbabwe.
- Strengthen anti-discrimination law to protect the rights of persons to equality and non-discrimination on the basis of sexual orientation and gender identity.
- Ensure that transgender people are able to have their affirmed gender recognized in identification documents, and that official forms accommodate their gender identity.
- Strengthen the provision of effective HIV and SRH services and commodities for LGBTI populations.
- Stigma and discrimination reduction programmes, including with traditional authorities and faith-based organizations, should be undertaken to reduce stigma, discrimination and violence against LGBTI populations
- Support human rights training and awareness campaigns for law enforcement officials, including the Victim Friendly Unit. The training should cover rights of LGBTI populations, emphasizing the principles of equality and non-discrimination, and the right to equality before the law and equal protection of the law.
- Provide health facility-level training for medical and non-medical cadres to address stigma and discrimination against LGBTI populations and increase understanding of the health needs and rights of LGBTI populations.
- Sensitize LGBTI populations to increase awareness of: (i) HIV, viral Hepatitis and other STIs and health risks; (b) new laws and amendments; and (b) their rights.
- Conduct further research to inform advocacy on the types of violence faced by LGBTI populations (e.g. being forced to go to church because people think they are possessed by demons: "We don't feel safe from the Christian violence").
- Promote effective measures to prevent and redress violence against LGBTI populations.

Sex workers

- Repeal laws that criminalize sex work, to create a supportive environment where SWs can access health services without fear of arrest or harassment. Sections 81–83 of the Criminal Law and Codification Act criminalize sex work.

- Create policies protecting SWs' rights, including access to health care, education and social services. For example, to access STI treatment in local clinics, the health policy requires a patient to be accompanied by a partner. This is not feasible for SWs because they sell sex to many clients/partners, and the Ministry of Health and Child Care needs to revisit the policy.
- Provide more SW-friendly health facilities, where SWs have access to non-judgemental, confidential and comprehensive health care services.
- Sensitize health care providers on SWs' specific health risks and needs, human rights and non-discriminatory practices.
- Support peer-led initiatives promoting health education, HIV/STI prevention and SRH services.
- Ensure SWs living with HIV have uninterrupted access to antiretroviral therapy.
- Provide TB screening, prevention and treatment services tailored to SWs' needs.
- Develop and implement economic empowerment programmes for SWs to enhance their financial literacy, entrepreneurship and vocational training.
- Provide social protection services for SWs, including counselling, shelter and legal assistance.
- Foster partnerships with SW-led organizations and communities to improve the involvement of SWs in decision-making processes.
- Increase funding for SW-led organizations: support organizations providing health services, social support and advocacy for SWs.
- Collaborate with organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and the United Nations Population Fund (UNFPA) to leverage resources, expertise and best practices.
- Encourage private sector investment in health care services and social support programmes for SWs.

People who use or inject drugs

- There is a need to decriminalize personal drug use and injection to reduce stigma and ensure that PWUID can access HIV, TB and SRH services without legal repercussions. Chapter 15:02 of the Dangerous Drugs Act and sections 156–157 of chapter 9:23 of the Criminal Code have a blanket punishment for both the user and the trafficker.
- Develop a new ZNASP (2026–2030) with specific indicators for PWUID.
- Develop a national KVP training manual for judges which emphasizes the need for judges to ensure they strike a balance between the use of deterrent measures and rehabilitation when judgement is passed on personal use and injection of drugs by PWUID.
- Design protocols and Standard Operating Procedures for HIV and TB prevention, diagnostics, treatment and care services for PWUID, including harm reduction services.
- Formally adopt harm reduction for PWUID in Zimbabwe.

People living with HIV

- Amend part II of the Prevention of Discrimination Act (chapter 8:18) to include protection from discrimination of people living with HIV, women, pregnant women, children, PwD and KVPs.
- Amend section 5 of the Prevention of Discrimination Act (chapter 8:18) to explicitly mention HIV as a prohibited reason for discrimination to access finance.
- Amend the Immigration Act to reflect the provisions of the National HIV and AIDS Policy, so that there is no requirement for HIV testing of visitors or immigrants to Zimbabwe and there are no exclusions based on discrimination against populations.
- Leverage technology, such as mobile apps and SMS reminders, to enhance treatment adherence, provide health education and maintain confidentiality for people living with HIV.

- Launch national campaigns to reduce stigma and discrimination against people living with HIV and promote understanding of their rights and health needs.
- Create safe spaces for KVPs.
- Ensure legal reforms and existing constitutional human rights are enforced.

Adolescents and young key populations

- Section 4 of chapter 15:10 of the Termination of Pregnancy Act should be amended to allow unrestricted access to safe abortion, post-abortion services and SRH services and products by adolescents (under 18 years) and women with unplanned and unintended pregnancies.
- Develop capacity-building and training programmes for teachers to ensure that they provide comprehensive sexuality education to learners.
- Enact a comprehensive Sexual Harassment Act.
- Develop guidelines for the use of digital technology, such as mobile apps and SMS reminders, to enhance treatment adherence, provide health education and maintain confidentiality for KVPs.
- Support the provision of youth-friendly services in health care facilities through partnerships, networking, collaboration and training of health care workers on medical ethics and the rights of young KVPs.
- Strengthen programmes to sensitize women, adolescent girls and young women, including young KVPs, on their rights, including SRHR and the right to protection from gender inequality, harmful gender norms and gender-based violence.

People with disabilities

- The National Disability Policy should become legislation to improve the quality and effectiveness of services received by PwD.
- Strengthen implementation of the National Disability Policy by reviewing the training curriculum of all health care workers to ensure: (i) the rights and needs of PwD in health care settings; (ii) competency in the use of Zimbabwean Sign Language; and (iii) principles of universal design of health facilities, as well as disability-sensitive programming of health interventions.
- Develop the capacity of all health care institutions to provide services and information to PwD in appropriate formats that include Zimbabwean Sign Language, large print and Braille.
- Resources should be mobilized to implement social protection programmes for KVPs, including orphans and vulnerable children, as provided for in ZNASP (2021–2025) and the National Disability Policy. The National Disability Policy requires that at least 15 percent of health students at all levels should be persons with different types of disability.
- Ensure sign language interpretation services are available in all health care settings. Health care workers should be trained to use Zimbabwean Sign Language.
- Support implementation of the National Disability Policy, which requires that at least 15 percent of health students at all levels should be persons with different types of disability.
- The principles of universal design and reasonable accommodation (as defined in the National Disability Policy) should be adopted in health care infrastructure modification or the initial construction of health care centres. All public health campaigns must be inclusive and accessible to PwD.
- Strengthen collection of disaggregated data to help in assessing the participation and needs of PwD.
- The nature of free health care provided to PwD in public health care institutions should be improved, as they sometimes fail to obtain medication because their Assisted Medical Treatment Order does not cover it.

Prisoners

- The National AIDS Council and partners should facilitate comprehensive research on risk factors (e.g. sodomy, drug use and injection, tattooing) for HIV transmission in prisons and provide evidence-derived recommendations on the harm reduction measures required.
- Due to compelling evidence that confirms that men are having sex with men in prisons (Telisinghe et al., 2016; Usman et al., 2021; WHO, 2022; Heraldonline, 2024) and the high probability that HIV is being transmitted unchecked among inmates, there is a need to develop an advocacy plan and lobby for the introduction of condoms and lubricants in prisons.
- Strengthen the Prison Health Policy and Strategic Plan and ensure access to prevention commodities, in accordance with international guidelines for HIV prevention in prisons, including drug treatment for PWUID, condoms, disinfectant for tattooing equipment, and safe needles and syringes, and prevention of mother-to-child transmission should also be available for pregnant women in prison.
- Continuously review and amend the Prisons and Correctional Services Act (chapter 7:23), to align with international human rights standards and national health policies.

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Annexes

Annex 1. Participants in the LEA inception meeting

15 October 2024

1. United Nations Development Programme (UNDP)
2. International Labour Organization (ILO)
3. Embassy of Sweden
4. Global Fund Country Coordinating Mechanism
5. The Lancet Global Health Commission (LHC)
6. Parliament of Zimbabwe
7. National AIDS Council (NAC)
8. Zimbabwe Civil Liberties and Drug Network (ZCLDN)
9. Zimbabwe Human Rights Commission (ZHRC)
10. Zimbabwe Gender Commission (ZGC)
11. Ministry of Health and Child Care (MoHCC)
12. Zimbabwe Prisons and Correctional Services (ZPCS)
13. National Association of Societies for the Care of the Handicapped (NASCOH)
14. Trans Research Education Advocacy and Training (TREAT)
15. Zimbabwe National Network for People Living with HIV (ZNNP+)
16. Population Solutions for Health (PSH)
17. Family AIDS Care Trust (FACT)
18. Zimbabwe Community Health Intervention Research (ZiCHIRe)
19. Students and Youth Working on Reproductive Health Action Team (SAYWHAT)
20. Zimbabwe AIDS Network
21. Hweva Trust
22. Pamumvurwi
23. Pakasipiti
24. Women Against All Forms of Discrimination (WAAD)
25. Zimbabwe Sex Workers Alliance (ZIMSWA)
26. Sexual Rights Centre (SRC)
27. Rise Above Women's Organisation (RAWO)
28. Youth Gate Zimbabwe
29. Intersex Community of Zimbabwe (ICOZ)
30. Zimbabwe Technical Assistance, Training and Education Center (Zim-TTECH)
31. Zimbabwe Community Health Intervention Researche (Zichire)
32. Southern Africa Aids Dissemination Service (SAfAIDS)
33. Zvandiri

Annex 2. List of focus group discussions conducted

Participants were lesbian, gay, bisexual, transgender and intersex (LGBTI) people, people who use or inject drugs (PWUID), and sex workers (SWs) in their diversity.

- Bulawayo, 2 November 2024
- Harare, 5 November 2024
- Masvingo, 8 November 2024
- Mutare, 12 November 2024.

Annex 3. Consultative workshop participants

Bulawayo consultative workshop, 1 November 2024

1. United Nations Development Programme (UNDP)
2. United Nations Educational Scientific and Cultural Organization (UNESCO)
3. National AIDS Council (NAC)
4. Zimbabwe National Family Planning Council (ZNFPC)
5. Zimbabwe Lawyers for Human Rights (ZLHR)
6. Gays and Lesbians of Zimbabwe (GALZ)
7. Advocacy and Research for Men in Zimbabwe (ARMZ)
8. Zimbabwe National Network for People Living with HIV (ZNNP+)
9. Students and Youth Working on Reproductive Health Action Team (SAYWHAT)
10. Centre for Sexual Health and HIV/AIDS Research Zimbabwe (CESHHAR)
11. Population Solutions for Health (PSH)
12. Zimbabwe Health Interventions (ZHI)
13. Zimbabwe Sex Workers Alliance (ZIMSWA)
14. Zimbabwe Men Against HIV & AIDS (ZIMAHA)
15. Trans Research Education Advocacy and Training(TREAT)
16. Young People's Network on Health Wellbeing (YPNHW)
17. Sister Informing Sisters about Topics on AIDS (SISTA)
18. Sexual Rights Centre (SRC)
19. Hands of Hope (HOH)
20. Midlands Key and Vulnerable Populations Forum
21. Rehabilitation and Prevention of Tuberculosis (RAPT)
22. AIDS HealthCare Foundation (AHF)
23. Musasa
24. Village of A Marginalised Community (VoMac)
25. POW WOW
26. Grassroot Soccer
27. Scripture Union Zimbabwe
28. Skys Metro FM

29. Bantwana Zimbabwe (BZ)
30. Grassroot Soccer

Harare consultative workshop, 4 November 2024

1. United Nations Development Programme (UNDP)
2. National AIDS Council (NAC)
3. Zimbabwe Prisons and Correctional Services (ZPCS)
4. National Association of Societies for the Care of the Handicapped (NASCOH)
5. Leonard Cheshire Disability Zimbabwe (LCDZ)
6. Zimbabwe Civil Liberties and Drug Network (ZCLDN)
7. Gays and Lesbians of Zimbabwe (GALZ)
8. TransSmart Zimbabwe
9. Purple Hand Africa
10. Young People's Network on Health and Wellbeing (YPNHW)
11. Students and Youth Working on Reproductive Health Action Team (SAYWHAT)
12. For Youths by Youths (FYBY)
13. KidzCan Zimbabwe
14. Youth Gate Gate
15. Zimbabwe Community Health Intervention Research (ZiCHIRe)
16. Save Our African Pride (SOAP)
17. Zimbabwe National Network for People Living with HIV (ZNNP+)
18. Adult Rape Clinic (ARC)
19. Women Against All Forms of Discrimination (WAAD)
20. Zimbabwe Technical Assistance Training and Education for Health (Zim-TTECH)
21. Zimbabwe Rainbow Community (ZRC)
22. Hands of Hope (HOH)
23. Female Voice
24. Chisungo Trust
25. Springs of Life Zimbabwe (SLZ)
26. Maxwell & Friends Foundation (MFF)
27. Glory Ministry

Masvingo consultative workshop, 7 November 2024

1. United Nations Development Programme (UNDP)
2. Ministry of Health and Child Care (MoHCC)
3. National AIDS Council (NAC)
4. Zimbabwe Republic Police Victim Friendly Unit (ZRP-VFU)
5. Centre for Sexual Health and HIV/AIDS Research Zimbabwe (CESHHAR)
6. Population Solutions for Health (PSH)
7. Batanai HIV & AIDS Service Organisation (BHASO)
8. Gays and Lesbians of Zimbabwe (GALZ)
9. Masvingo City Council
10. Space for Marginalised Groups in Diversity in Zimbabwe Trust (SGDZT)
11. Hands of Hope (HOH)

12. The Mirror
13. Centre for Immunology and Infection Research (CIIR)
14. Health Centre Committees (HCC)
15. Legal Resources Foundation (LRF)
16. Commissioner for the Lancet Global Health Commission (LHC)

Annex 4. Key informant interviews

1. World Health Organization (WHO)
2. United Nations Development Programme (UNDP)
3. Thematic Committee on HIV, Parliament of Zimbabwe
4. National AIDS Council
5. Zimbabwe Civil Liberties and Drug Network (ZCLDN)
6. National Chairperson Key Populations Forums
7. National Chair TB Survivors Association
8. National Association of Societies for the Care of the Handicapped (NASCOH)
9. Ministry of Health and Child Care (MoHCC)
10. Zimbabwe Prisons and Correctional Services (ZPCS)
11. Zimbabwe Technical Assistance Training and Education for Health (Zim-TTECH)
12. Zimbabwe Lawyers for Human Rights (ZLHR)
13. Zimbabwe Human Rights Commission (ZHRC)
14. Zimbabwe Gender Commission (Awaiting response)
15. Zimbabwe National Network for People Living with HIV (ZNNP+)
16. Students and Youth Working on Reproductive Health Action Team (SAYWHAT)
17. Gays and Lesbians of Zimbabwe (GALZ)
18. Commissioner for the Lancet Global Health Commission (LHC)
19. Population Solutions for Health
20. Zimbabwe AIDS Network
21. Family AIDS Care Trust (FACT)
22. Ministry of Women Affairs, Community, Small and Medium Enterprises Development
23. Ministry of Justice Legal and Parliamentary Affairs
24. Zimbabwe Federation of Trade Unions
25. Ministry of Health and Child Care
26. Rise Above Women's Organisation (RAWO)

Annex 5. Participants in the LEA National Steering Committee consultative meeting

1. United Nations Development Programme (UNDP)
2. National AIDS Council (NAC)
3. Zimbabwe Civil Liberties and Drug Network (ZCLDN)
4. Gays and Lesbians of Zimbabwe (GALZ)
5. Zimbabwe Gender Commission (ZGC)
6. Zimbabwe Technical Assistance Training and Education for Health (Zim-TTECH)
7. Sexual Rights Centre (SRC)
8. Youth Gate Zimbabwe
9. Intersex Community of Zimbabwe (ICOZ)
10. UNAIDS
11. Zimbabwe Human Rights Commission (ZHRC)
12. Rise Above Women's Organisation (RAWO)
13. Sexual Rights Centre (SRC)
14. Zimbabwe AIDS Network
15. Member of Parliament

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UNDP

UNDP HIV and Health Group, Zimbabwe