



To Whom It May Concern,

Thank you for the opportunity to contribute to your report to the Human Rights Council describing the action being taken and recommending action to be intensified or initiated to meet the innovative targets on societal enablers, as recognized in the Political Declaration on HIV and AIDS (the Political Declaration) adopted by the General Assembly in 2021 as requested under Human Rights Council resolution 47/17.

Our submission focuses on Zimbabwe's progress towards addressing societal enablers affecting young key populations (YKPs). This submission defines YKP as lesbian, gay, bisexual, transgender and intersex youth and other young men who have sex with men, aged 10-29; young people who sell sex, aged 18-29 years; young people who use drugs, aged 10-29; and youth under 18 who are incarcerated or in juvenile detention. In particular, we focus on the legal and policy environment as it impacts YKPs, the effectiveness of public education campaigns and anti-stigma training on issues affecting YKPs, the empowerment of lesbians with respect to their sexual and reproductive health, and health programming for YKPs. The information in this submission is based on our work, consultations with our members and widely-available research.

About us

Trans and Intersex Rising Zimbabwe (TIRZ) was founded in early 2017 and registered in 2021 in Zimbabwe. TIRZ is a community-based, youth, trans and intersex-led organisation. It seeks to increase awareness and advocate for the rights and identities of the sex- and gender-diverse community in Zimbabwe. TIRZ has been part of initiatives that aim to reduce the risk of HIV/AIDS among YKPs.

Health Fonds Trust Zimbabwe advocates for equal access to health for key populations and young people and envisions a Zimbabwe where key populations have access to equitable health, sexual and economic rights and a stigma-free faith community.

Trans Research Education, Advocacy & Training (TREAT) is an initiative that seeks to address the violations of trans* diverse and gender non-conforming people's rights in Zimbabwe in the areas of health, justice and socio-economics. TREAT envisions a society where everyone is free to express their gender within, across and beyond the male-female binary without fear of discrimination, stigma or victimization.

Youth Gate Zimbabwe Trust (YGZT) is a non-profit organization established in 2018 and legally constituted in 2019 as a Trust. YGZT is a human rights and youth-led organization focusing on fostering advocacy and inclusive sexual and reproductive health and rights approaches for young populations groups, including sexual and gender minority youth, young people who use drugs, young sex workers and young people living with HIV in Zimbabwe.



Legal and policy environment

There have been some positive developments in the legal and policy environment in Zimbabwe as it relates to YKPs. For instance, Zimbabwe has included key populations in its HIV and AIDS National Strategic Plan, 2021-2025 (the Strategy). However, the Strategy does not specifically include YKPs or lesbians. Both of these groups need to be specifically included in the Strategy to ensure that HIV programming addresses their particular vulnerabilities and needs.

The National Drug Master Plan, 2020-2025 (the Plan) is a positive, initial step to ensuring access to harm reduction for people who use drugs in Zimbabwe. It includes developing guidelines and protocols and providing access to harm reduction services, including opioid substitution therapy and needle and syringe programs.¹ However, thus far there is no governmental commitment to implementing the Plan.

Despite these positive developments, there remain significant gaps. Most notably, the law criminalizes HIV non-disclosure, exposure and transmission;² aspects of sex work, including solicitation, procuring, and living off earnings of sex work;³ and sexual relations between males.⁴ Further, even where there are supportive policies, such as the Strategy, there is not enough awareness amongst YKPs of these laws and policies and their rights.

Of particular concern to YKPs is the support for the raising of the age of consent for sex from 16 years of age to 18.⁵ Even currently with the age of consent for sex at 16, young people struggle to independently access sexual and reproductive health care services, including contraceptives and abortion.⁶ The raising of the age of consent to sex to 18 will make it increasingly more difficult for young people to access sexual and reproductive health care services.

Finally, HIV-related policies should be integrated; for instance, health policies should quote and include relevant sections of adolescent policies, to ensure that the various policies are working together.

Public education campaigns

There are public education campaigns which focus on anti-stigma and raising awareness of issues that affect YKPs and the rights of YKPs. However, they are run by civil society

¹ Ministry of Health and Child Care et al. National Drug Master Plan, 2020-2025 p. 24 (<https://www.ltaz.co.zw/wp-content/uploads/2021/06/Zimbabwe-National-Drug-Master-Plan-7-5.pdf>).

² Section 79 of the Criminal Law (Codification and Reform) Act

³ Sections 81-83 of the Criminal Law (Codification and Reform) Act

⁴ Section 73 of Criminal Law (Codification and Reform) Act

⁵ Andile Tshuma. Align age of consent, marriage policies to protect girl child. *The Chronicle*; 12 June 2021 (<https://www.chronicle.co.zw/align-age-of-consent-marriage-policies-to-protect-girl-child/>).

⁶ Louise Carmody. Op-Ed – Zimbabwe: Confusion around age of consent has devastating effects for children’s sexual and reproductive health. *Amnesty International*; 22 March 2019 (<https://www.amnesty.org/en/latest/campaigns/2019/03/op-ed-zimbabwe-confusion-around-age-of-consent-has-devastating-effects-for-childrens-sexual-and-reproductive-health/>)



organizations (CSOs) with little to no support from the government and therefore are not adequate for addressing the societal enablers of HIV amongst YKPs. For instance, though there are government-supported, anti-stigma campaigns in school for people living with disabilities, there are no such campaigns for queer people. Capacity of YKPs to engage in advocacy with the government is minimal as YKPs are unaware of their rights and the governmental processes within which they can advocate for legal and policy change. There are some activities seeking to build that capacity, but without government support, these activities are piecemeal and are insufficient.⁷

Where government-supported education campaigns do exist, they are not inclusive of different sexualities and gender identities. Schools are trialling a guidance and counseling programme that includes sexuality education, but these programmes do not include diverse sexualities and gender identities and teachers are not well-trained in how to teach even the approved material.⁸

Anti-stigma training for healthcare workers and law enforcement

YKPs continue to experience high levels of stigma and discrimination in accessing healthcare services and violence and discrimination in their interactions with law enforcement.⁹ To address stigma in healthcare, CSOs run trainings for healthcare workers on issues affecting YKPs, but they are not adequately supported by the government. In many instances, CSOs will train healthcare workers in one facility, but the workers will move facilities and new healthcare workers are unaware of YKPs issues. The National AIDS Council is engaging in training in some health facilities as well, however, there is a need for more systematic training that is supported throughout the government for lasting change. Further, the training must include YKP-related issues, including components of gender-affirming healthcare, as there continues to be stigma towards YKP in accessing healthcare services. For instance, YKPs report being told they are too young to be having sex or that their engagement in sexual activity is criminalized and thus the healthcare workers are unable to help them.¹⁰

Anti-stigma training for law enforcement is a significant challenge. There is minimal, effective anti-stigma training for law enforcement despite there being a significant need for such training. This training should be led by the government jointly through the Ministry of Health and Ministry of Justice and other relevant ministries.

Empowerment of lesbians with respect to their sexual and reproductive health and other YKP-related health programming

⁷ See e.g. United Nations Development Programme (UNDP), African Men for Sexual Health and Rights (AMShER), HEARD. Project brief: linking policy to programming: reducing HIV risk and improving sexual and reproductive health of young key populations in the Southern African Development Community; February 2020.

⁸ Gudyanga E, de Lange N, Khau M. Zimbabwean secondary school guidance and counseling teachers teaching sexuality education in the HIV and AIDS education curriculum. *SAHARA J.* 2019;16(1):35-50.

⁹ National AIDS Council and UNDP. Zimbabwe Removing legal and policy barriers for young key populations in the Zimbabwean HIV response: Policy Brief; 2020.

¹⁰ *Id.*



Lesbians remain excluded from HIV-related programming despite there being initial evidence that they are more vulnerable to HIV than the general population.¹¹ There is a need for healthcare workers and the Ministry of Health to be more aware of and sensitized to the health needs of lesbians, further research on how HIV affects lesbians, and a discussion of whether lesbians should be included in the definition of key populations.

There remain gaps in health programming for YKPs. In particular, there is a need to ensure key population-friendly services are also youth-friendly and that YKP-friendly services are integrated into youth-friendly services. Further, there is not enough programming for young queer people with disabilities and for YKPs in rural and remote areas of the country.

Conclusion

Though Zimbabwe has made some initial progress in addressing societal enablers, there continues to be significant advancement needed for Zimbabwe to meet the targets set out in the Political Declaration.

¹¹ Matebeni Z, Reddy V, Sandfort T, Southey-Swartz I. I thought we are safe: Southern African lesbians' experiences of living with HIV. *Cult Health Sex.* 2013;15 Suppl(0):34-47.