Call for inputs:

Report to the UN Human Rights Council on the realization of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3.

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Research: understanding the health care needs of LGTBI and GNC people

Gathering of data, including data disaggregated by sexual orientation and/or gender identity, by the state on:

i) access to and/or delivery of health service

In Zimbabwe, SOGI issues remain implicit and under-prioritized within the developmental discourse and national health programming. This has resulted in limited generation of SOGI-related data and scarcity of healthcare interventions that integrate and mainstream SOGI. Although data related to access and/or delivery of health services is available, rarely is it disaggregated by SOGI. Through the use of primary source documents such as HIV Testing Services (HTS) registers and other data collection tools, state-run facilities and other healthcare service providers are able to capture data and report on the volume and frequency of service uptake. Within the public service sector, there is marginal streamlining of SOGI, as a result public sector facilities, which are largely state-run, have been unable to document and capture SOGI-related data. Other stakeholders such as donor-funded healthcare facilities and HIV-serving civil society organizations have been instrumental in advancing SOGI integration into health service delivery and remain the focal sources of SOGI-related healthcare data. Even so, the data available mainly focuses on HIV related healthcare services and only cover Key Populations (men who have sex with men, transgender persons and sex workers) excluding lesbian, bisexual and gender non-conforming cis women.

Notably, the available data does not include other health issues (mental health, hormonal replacement therapy, non-communicable diseases, etc.) that affect LGTBI communities.

ii) the number of new HIV infections per 1000 uninfected population

Data related to HIV incidence is available and regularly updated through nationwide and population specific studies. Zimbabwe's most recent Population Based HIV Impact Assessment (ZIMPHIA, 2021)[1] provides a cascade of data related to HIV incidence within the general population. Noteworthy, the assessment is silent on SOGI issues. The availability of HIV incidence data that is disaggregated by SOGI is mainly as a result of research initiatives by international partners such as PEPFAR and ICAP in collaboration with national-level implementing partners (both state and non-state). However, it should be noted that the data available on HIV incidence through these researches mainly focuses on specific populations identified as key and vulnerable in the national HIV response, which excludes groups such as lesbian, bisexual and gender non-conforming (LBGNC) women. As a result, any data available on (LBGNC) women is notably rudimentary and does not fully exhaust SOGI-related issues affecting this group.

iii) The suicide mortality rate

The state collects data on suicide mortality rate for the general population and disaggregates the data based on the binary gender markers (Male and Female) and not by SOGIE.

iv) Coverage of treatment interventions for substance use disorders

Government has raised concern on the rise of substance use disorders in Zimbabwe and as such one of Zimbabwe's biggest mental disorders hospital Ingutsheni, is in the process of establishing a drug rehabilitation center[2]. In June of last year, President Emmerson Mnangagwa promised that the government would take bold measures to stamp out the scourge of drug abuse, adding that the government would upgrade existing mental health institutions so that they admit drug abuse patients. Operalization of the Zimbabwe National Drug Master [3]Plan (ZNDMP 2020 - 2025) and the Treatment and Rehabilitation Guidelines of Alcohol and Substance abuse use disorder of Zimbabwe (TRGASUD ZIM) are some of the ways the state has attempted to collect data and tackle the scourge of substance and alcohol abuse in Zimbabwe, however this information is not collected nor is it disaggregated according to SOGI.

The Bio Behavioral study (BBS) research undertaken by ICAP in partnership with Ministry of Health, GALZ an association of LGBTI people in Zimbabwe and PEPFAR documents the use of Alcohol and drugs amongst MSMs, Transgender women and Gender queer individuals. Yet again, the data available from this study mainly uses the HIV lens and leaves out LBQ women and transgendermen.

v) Access to sexual and reproductive health care

The 1985 Zimbabwe National Family Planning Council Act 39 nationalized family planning activities through the creation of the Zimbabwe National Family Planning Council (the "ZNFPC"), a parastatal organization under the MoHCC. The ZNFPC is responsible for the provision of reproductive health services, treatment and research and for advising government agencies on population and development issues. This research and relevant programming however is through a cisgender heterosexual lens and does not take into account the unique sexual and reproductive health care needs of diverse individuals based on their sexual orientation and or gender identity

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[1] https://phia.icap.columbia.edu/zimbabwe-2020-summary-sheet/

[2] https://www.chronicle.co.zw/just-in-government-to-upgrade-mental-health-institutions/

[3] https://www.ltaz.co.zw/wp-content/uploads/2021/06/Zimbabwe-National-Drug-Master-Plan-7-5.pdf

Steps taken to research and understand the health care needs of LGTBI and GNC people of all ages at the national level

Ministry of health in partnership with other donor funded facilities have carried out numerous research to understand the health care needs of MSM, Transgender women and Genderqueer individuals in Zimbabwe. This is in relation to HIV programming. An example of this is the Bio Behavioral survey for MSM & TSW/GQ that was carried out by ICAP in partnership with Ministry of Health, PEPFAR And GALZ[4]. Carried out in 2018-2019, ICAP implemented a formative assessment and biobehavioral survey (BBS) among men who have sex with men (MSM) and transgender women/genderqueer individuals (TGW/GQ) in Harare and Bulawayo, Zimbabwe. To better inform the development and implementation of HIV prevention and control programs by the Zimbabwe MOHCC and the National AIDS Council (NAC), the project aimed to identify bio behavioral risk factors and estimate the HIV prevalence and population size for MSM and TGW/GQ in Harare and Bulawayo.

Furthermore the Ministry of Health has developed a minimum care package that aims to optimize HIV services for MSM in Zimbabwe. [5]Most of these interventions primarily focus on HIV and STIs for key populations leaving out the health care needs of the broader LGBTI community such as lesbian, bisexual and queer women and transgender persons. The focus on HIV related health care neglects an important component of gender affirming health care for transgender persons which is Hormone replacement therapy and gender affirming surgeries.

In conclusion data is often not analyzed through an intersectional lens. Geographic origin, nationality, gender (in a binary sense) and age are some of the few identities/variables that are often used to analyze data. Sexual orientation and /or gender identity as a lens to analyze data is only considered if its HIV programming related and even then not all groups of people in the LGBTI are included.

Inclusion: LGTBI and GNC people in the decision-making process

Measures put in place to consult with and include persons affected by violence and discrimination based on sexual orientation and gender identity in law and policy making in relation to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and in relation to realizing the SDGs

There are notable efforts by the state to include LGBTI people in law and policy making in relation to HIV programming. The Parliamentary portfolio committee on health as well as the thematic committee on HIV have reached out to LGBTI CSOs, by conducting community familiarization visits to LGBTI CSOs within their operational drop in centers. In 2019, LGBTI people and others from key population groups were consulted in the development of Zimbabwe's National Health Strategy. A year later, they were invited to contribute to the development of the country's fourth national HIV and AIDS plan (ZNASP 4), which will steer the Government's HIV response until 2025. Particularly significant is the Ministry of Health and Child Care's (MOHCC) decision to partner with GALZ and SRC to train public health workers across the country. Civil society has fed into various national strategies and processes, including the Key Populations HIV and AIDS Implementation Plan (2019-2020), the new HIV and AIDS Strategic Plan (2021- 2025), the PEPFAR/USAID funded Going the Last Mile for HIV Control Programme (2017 - 2022) and the new Global Fund for AIDS, TB and Malaria proposal, where partners secured additional funding for HIV prevention.[6]

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[4] https://icap.columbia.edu/wp-content/uploads/Zimbabwe-IBBS-Report_Final_17Aug20.pdf

[5] https://cquin.icap.columbia.edu/wp-content/uploads/2020/12/CQUIN-MSM-DSD-Presentation-Zimbabwe-20-Nov-2020-Final-content.pdf

[6] https://frontlineaids.org/wp-content/uploads/2021/01/PITCH-Change-story-Zimbabwe.web_.pdf

According to a Frontline AIDS shadow report on HIV prevention Zimbabwe has taken several concrete steps to improve programs and policies that will enable better HIV prevention outcomes among key populations and adolescent girls and young women. There have been specific efforts to engage key population organizations in policy making. [7] However, this is as far as the inclusion and consultation in law and policy making goes. When it comes to discourse around reproductive rights and mental health there has been no consultation or inclusion of LGBTI persons. The current school curriculum and manuals on sexual and reproductive health make no mention of LGBTI persons.

Main barriers, in law or practice, for persons affected by violence and discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights

While the state has made efforts to include LGBTI persons in the Extended Zimbabwe National HIV and AIDS Strategic Plan and the Key Populations Implementation Plan within the framework of HIV programming, the criminalization of consensual same sex act law remains the biggest barrier for LGBTI persons to receive care that meets their physical and mental health needs and rights. According to the ICCPR report, the recently concluded 2020 Stigma Index Research carried out by the Zimbabwe National AIDS Council also highlighted that criminalization of same-sex sexual relations resulted in public officials and workers (like health care workers at public facilities) denying services to the LGBTI community on the basis that the legislated prohibition on same-sex sexual relations barred them from offering services to LGBTI people.

Furthermore, the vacuum on laws that establish the rights of transgender persons in Zimbabwe has resulted in transgender persons facing barriers in the health needs they require especially gender affirming health care such as hormone replacement therapy and gender reassignment surgeries. As a result Transgender people in Zimbabwe, out of desperation, are often forced to self medicate through the street market, which is an expensive route and can cause serious life threatening medical complications such as blood clots, strokes, and pulmonary emboli. The inability for trans gender persons to change their gender marker on government issued documentation inhibits their access to healthcare services that contribute to their physical and mental well-being.

Access: ensuring that LGTBI and GNC people affected by violence and discrimination have access to affordable health care

Statistics on the level of violence and discrimination on LGBTI persons in Zimbabwe are quite worrying. According to the research report, *Are we doing alright? Realities of violence, mental health and access to healthcare related to sexual orientation and gender identity and expression in Zimbabwe*[8] , LGBTI people in Zimbabwe are particularly vulnerable to physical violence and other different forms of violence sexual and physical than their cisgender heterosexual counterparts. For example the level of sexual violence experiences among lesbian participants in this study was up to triple that of women in the general population. The levels of sexual violence among gay participants in the study were up to 2.5 times higher than the levels of sexual violence experienced by women in the general population (36% versus 14%). The levels of sexual violence experienced by transgender women was up to triple that of women in the general population (45% versus 14%).

[7] https://frontlineaids.org/wp-content/uploads/2020/12/FrontlineAIDS_-Zimbabwe_FINAL_2.pdf

[8] http://www.ghjru.uct.ac.za/sites/default/files/image_tool/images/242/PDFs/Dynamic_feature/SOGIE%20and%20wellbeing_09_Zimbabwe.pdf

Despite all these statistics there are no measures in form of policies or programs that have been taken to address the mental health care needs of LGBTI persons and there are no efforts to ensure access to affordable and nondiscriminatory health care

Policies or programs that exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experience of assault or gender-based violence

The Victim Friendly Unit (VFU) at every police station is designed to assist all victims of all forms of violence. While there has been effort to be inclusive of LGBTI victims the VFU still remains largely not friendly to LGBTI persons.

Training and Education: health care professionals and educational institutions

The training curriculum of health care professionals generally does not include the specific health needs of LGBTI persons.
In a conservative country like Zimbabwe, general comprehensive sexuality education in educational institutions has been a topic of controversy with religious groups insisting on abstinence instead. This level of conservativeness makes it almost impossible for sexuality education to be inclusive of sexual and gender diversity. While Tertiary institutions may have modules on human sexuality and diversity

Sustainable Development Goals

Does the State measure progress against any of the following SDG3 indicators for persons affected by violence and discrimination based on sexual orientation and gender identity? If so, please comment on whether health outcomes are improving or declining:

The state only measures progress against the new HIV infections SGD3 indicator based on SOGIE through the national ZIMPHIA survey

i. Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations;

   https://zw.usembassy.gov/national-hiv-survey-zimphia-2020-results-indicate-zimbabwe-is-on-track-to-achieve-hiv-epidemic-control-by-2030/

While data for the general population exists for the rest of the SDG3 Indicators it is not disaggregated by sexual orientation and gender identity