

# Daily E-Bulletin

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# Zim rolls out Child-friendly ARV formulations to keep children on treatment

By Michael Gwarisa

The Minister of Health and Child Care (MoHCC), Dr Douglass Mombeshora says more than 87 percent of children in Zimbabwe are now on child-friendly Dolutegravir (DTG) based formulations.

His remarks follow indications that children in Zimbabwe were lagging regarding treatment coverage and data from 2022 shows that only 69 percent of children living with HIV were on Antiretroviral Treatment compared to 95 percent of adults on ART.

Speaking during a panel session of Accelerating the Implementation of the Global Alliance Country Action Plan to End AIDS in Children by 2030 at the ongoing ICASA, minister Moembshora said Zimbabwe had scaled up innovations to find children living with HIV in a bid to link and retain them on ART using community-based strategies.

“To increase the third 95 of UN-AIDS 95-95-95 targets, Zimbabwe is supporting peer support mechanisms including the use of networks for PLHIV to keep children on treatment to achieve viral suppression.

“To date, we have rolled out child friendly formulations with more than 87 percent of children on DTG based formulations and our target is to reach 98 percent by the end of this year 2023, a target which is attainable,” said Dr Mombeshora.

He added that in response to the current treatment disparities, the



**Dr Douglass Mombeshora visits WHO stand at ICASA**

Ministry of Health has developed its Global Alliance Country Work plan presented at the High-Level meeting in Dare-Salam Tanzania. Zimbabwe was represented by Vice President Constantino Chiwenga at that meeting.

Since its launch the Global Alliance has been fully costed and implementation accelerated in partnership with UNICEF, World Health Organisation (WHO), UNAIDS and other funding partners and Civil Society Organisations (CSOs) including Networks of People Living with HIV.

“We recently convened a meeting of the Global Alliance Country Team to take stock of progress on the implementation of the Global Alliance Work plan.”

He said that progress has been made in several areas including domesticating the global alliance and ending AIDS in children by 2030 with a high level of political commitment.

“My Ministry has been progressing in moving from dual elimination of Mother to Child Transmission of HIV

and Syphilis, to tipple elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B Virus.” At the pre-world AIDS Day commemorations in Victoria Falls, Zimbabwe launched its Triple EMTCT pan and on December 2, 2023, First Lady Auxilia Mnangagwa hosted the African First Ladies at a high-level organisation of Africa First Ladies for the Development (OFLAD) for the meeting on ending new HIV infections among children by 2030.

Dr Billiard Tapesana, the Executive Director a.i Zvandiri said the Com-

munity Adolescents Treatment Support (CATS) was a success story of communities taking the lead in the HIV and AIDS response.

“There has been phenomenal success regarding the integration of community cadres in this response. In Zimbabwe we have the CATS, they have been trained and mentored to help their peers, counsel their peers and collect the services that they require. The CATS have been adopted by the ministry of health and have been seconded to health facilities to offer services to their peers,” said Dr Tapesana.

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# ICASA spotlights worrying trend of Viral Hepatitis in Africa

By Michael Gwarisa

More than 91 million Africans live with Hepatitis B or C, which are the deadliest strains of the virus, according to a World Health Organization (WHO) scorecard that was launched in 2021.

The Viral Hepatitis Scorecard 2021 which looked at data from the African region but focused on Hepatitis B and C, both of which cause liver cirrhosis and cancer showed that in 19 countries, more than 8 percent of the population is infected with Hepatitis B, while in 18 countries, more than 1 percent of the population lives with Hepatitis C. In 2020, the African region accounted for 26 percent of the global burden for Hepatitis B and C and 125,000 associated deaths.

Around 70 percent of Hepatitis B infections worldwide occur in Africa. It can take decades after infection from the virus before an individual starts manifesting symptoms. Thus, what is particularly worrying for the future is that the region accounts for 70 percent of the global Hepatitis B cases found among children younger than 5 years, with 4.5 million African children infected. Currently, 33 countries have a Hepatitis B prevalence of more than 1 percent among children younger than 5 years, which is a small improvement from 40 countries in 2019.

Speaking during a panel session on Viral Hepatitis, Dr Olufunmilayo Lesi - WHO Viral Hepatitis Lead said the rise in drugs use especially those who inject drugs was pushing the prevalence of Hepatitis high.

“You might be asking why we are talking about Hepatitis at an HIV conference. There is a point of overlap of Hepatitis C, HIV and Drug use. The prevalence of Hepatitis C is high. 50 to 70 percent of some people who inject drugs so it becomes a very important co-morbidity and global health has recognised that and in the last funding cycle, Hepatitis C and B were also addressed in the Global Funding Cycle,” said Dr Lesi. She added that elimination of Hepatitis is possible, however, there was a



Dr Olufunmilayo Lesi -

lack of awareness of the disease and only a few knew of their hepatitis status.

“In our Global Health Sector strategy, we also have a target of reaching 90 percent of people to ensure they are aware of the diseases. So HIV’s first 95 percent is similar to Hepatitis C and B’s first 90 percent. Do you know where we are? We are only at 20 percent so there is huge testing gap and we need innovative way to close that gap.”

She said Hepatitis self-testing was the way to go and has the potential to scale up and support HVB.

“For viral Hepatitis, we have a strategy we have the tools, we have a target we have the guidelines. Why are we not making progress? However, we can eliminate viral hepatitis. Egypt has shown us that Hepatitis C elimination is possible.”

In 2021, WHO established the 2021–2030 Framework for an Integrated Multisectoral Response to

Tuberculosis, HIV, Sexually Transmitted Infections and Hepatitis in the African region. The aim is to support milestones that include the introduction of the Hepatitis B birth dose vaccine in 35 Member States, diagnosis of at least 30 percent of those with chronic hepatitis infections, and the achievement of 30% of people with Hepatitis B and C on treatment. Hepatitis remains an important public health threat in Africa. Progress in prevention, diagnosing and treatment was impeded between 2019 and 2021 due to the insufficient implementation of hepatitis interventions in countries.

Vanessa Msolomba, Project Manager at the Wits Reproductive Health and HIV Institute (Wits RHI) at said self-testing for Hepatitis has proven to be a reliable tool in in South Africa.

“As of 2018, according to a study that was done, there was about 45 prevalence among people who inject drugs but the study that we

have conducted this year, we have recruited about 1279 participants and of those, 960 have been positive on the Hepatitis C Self-Testing which is about 70 percent. So self-testing increases Hepatitis C coverage and also creates awareness because the majority of participants that we have seen, about 3 percent say they have never tested for Hepatitis C before,” said Vanessa.

Meanwhile, WHO has devised new recommendations for Hepatitis testing and screening. WHO Technical Officer Lead for viral hepatitis prevention, testing and populations Global HIV, Hepatitis and Sexually Transmitted Infections Programmes said WHO now recommended focused testing.

“In all epidemic settings, offer HBsAg or HCV Ab testing to adults and adolescents: From populations most affected by HBV or HCV infection (ie. populations with high seroprevalence or history of risk exposure and/or behaviour). With a

clinical suspicion of chronic viral hepatitis (ie. symptoms, signs, laboratory markers) including children. HBV: Sexual partners, children and other family members, and close household contacts of those with HBV infection; Health-care workers: in all settings, and offer HBV vaccination not vaccinated previously.”

In settings with  $\geq 2\%$  or  $\geq 5\%$  (intermediate/high) HBsAg or HCV Ab prevalence, offer all adults and adolescents routine access to testing, with linkage to care and prevention services. Consider where specific identified birth cohorts of older persons at higher risk of HCV infection. All pregnant women should be tested for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible in the pregnancy (HIV standing recommendation since 2007; syphilis: strong recommendation, moderate-quality evidence; HBsAg: strong recommendation, low quality evidence).

## African countries urged to prioritise Advanced HIV data and diagnostics

By Kudakwashe Pembere

African governments must address the emerging saddening trends of advanced HIV where people are still dying due to lack of diagnostics and data driven policies.

Addressing the media during a plenary press conference on Advanced HIV, HEPS Uganda Executive Director Mr Kenneth Mwehonge said apart from TB being a comorbidity killing people living with HIV, Cryptococcal meningitis is a threat that needs to be nipped.

“One, I wanted to start with the number of dead, and it’s very, very sad that we have 30 million people on treatment, but that has not translated into reduced death. The coverage is high, but the deaths have persisted. “So that’s a big, big shame for all of us, and yet it’s preventable. And it’s preventable in these three ways. One, as my colleagues have said, we need to test for advanced HIV disease among two categories of people.

“People newly entering into care. WHO has updated guidance last year, which provides a package of care. “We need that adopted in two policies in each country. Two, not only

adopted, because we track adoption, we are doing great, but implementation. And you know why?”

“Because we are seeing 80% of people that get advanced HIV disease and are dying from typhoid, are those that have been in care and fallen out. But the challenge is testing them for CD4 count is not readily available for them,” he said.

He said for those who would have defaulted, returning to HIV care, the diagnostics are scarce in Africa.

“We are doing better in terms of those newly entering care, but not doing terribly but for those that are returning to care. So we need that addressed by each government. Secondly, we need to confirm their tests. Once your CD4 is confirmed to be below 200 cells per milliliter, then we do what we call a crab test, which confirms whether you have CryptoCoccal.

“And if it’s positive, then we do a confirmatory test, what is popularly known as lumbar puncture. And that access to that is also a big problem. And we need that budgeted for by all governments, by all countries. We need PEPFAR and all multinationals

to fund it.

“We are not doing so badly. When it comes to treatment, once they’ve done the confirmatory test and you’re positive, there are no commodities. WHO now has confirmed that they are highly effective treatment, popularly known as the LAMP single high dose of Lipsomal Amphotericin B combined by Flutaxotine, Flucytosine and Fluconazole. It’s a triple therapy. That’s what’s recommended. We want commodities for that in every country,” he said.

He said some African countries are not committing money towards the fight against advanced HIV.

“We are seeing both from Global Fund and PREPFAR, that’s where there’s a gap. No one wants to commit money there. We’re also seeing it in countries with the domestic resources. No one is committing money there,” he said

The HEPS director also said African countries need information on the data around advanced HIV. “So those are our concerns, but also around data. We need guidance from the World Health Organization on the specifics you have talked about. Who

are these women? Who is dying? Are they women? Are they men? Are they children? We need that in two countries reporting it and avail to us,” he said.

Ms Patricia Ochieng from Kenya said absence of critical lab components for diagnosing advanced HIV have resulted in clinicians in her country demotivated in doing the tests.

“We find that we have these machines in our countries, some of them have been broken, there are no reagents. Clinicians, because of work, are not doing what the guidelines say.

“We have guidelines in countries like my country, Kenya, which states very clearly that the person who’s coming in for the first time, they need to have a CD4 test done. But because sometimes those things are not within, or because sometimes the conditions are just that, people are put on treatment and missed, and yet they could be having AHD,” she said. “So by the time they start treatment, I respect him, and the ADHD is also in. So a person is dying of pre-tropical meningitis, a very painful death that

can be averted. Sometimes, yes, it is diagnosed, but they are not in the patients.”

Dr Donald Mubaiwa, Zimbabwe’s focal person for the Global Fighting Coalition said it was important for African governments to collate data on advanced HIV for themselves to improve decision making instead on relying on PEPFAR data.

“On the data issue for countries that have been engaged under the Country Operational Planning Process, the PEPFAR planning processes, Global Fighting Coalition started pushing PEPFAR to include AHD.

“And when they started to measure AHD, so from the PEPFAR data it starting trickling in to the country. What we then need to do is for governments to make proper decisions, we then cannot just rely on that data.

“So the fact that that data is coming through means there is a bigger problem. So we cannot continue to wink at a girl in the dark, we need to make decisions based on the overall data. So you find the data now trickling in from PEPFAR programs.”



# Zim-TTECH Rides on Four Grants to scale-up HIV Treatment and Care at Community level

By Michael Gwarisa

As of October 1, 2023, the Zimbabwe Technical Assistance, Training and Education Centre (Zim-TTECH) is now the prime recipient of three PEPFAR grants, through the Centre for Disease Control (CDC) which will scale up HIV and Tuberculosis Treatment and Care in Zimbabwean communities.

The three grants include the Care and Treatment grant, the DREAMS grant and the Voluntary Medical Male Circumcision (VMMC) grant.

Speaking to HealthTimes at the ICASA conference, Zim-TTECH Demand Creation and Training Advisor, Abisha Jonga said they aim to capacitate communities in the HIV response and ensure Zimbabwe attains its 95-95-95 targets.

“As you are aware, we are a partner of the Ministry of Health and Child Care funded by PEPFAR through the CDC. The first Grant is the Care and Treatment Grant where we work on everything related to HIV from testing through intuiting clients who test positive through prevention programs for those that test negative and providing support for those who are already on ARVs through the provision of resupplies.

“We are working in 20 districts which are direct service delivery districts and we help provinces with Human Resources for Health support. We have nurses seconded to those facilities and we have community health workers seconded in those facilities. In total, we operating in 400 health facilities across the five provinces and 20 Districts,” said



Jonga.

Zim-TTECH also provides technical assistance to an additional 11 districts that are not directly supported. The care and treatment program falls under a consortium known as ZIMPAC which stands for Zimbabwe Partnering to Accelerate AIDS Control. The consortium is made up of five local partners with ZimTTECH being the managing partner.

It also has Zvandiri which focuses on children and adolescents up to the age of 24 while PADARE mobilises men to change attitudes in health-seeking behaviour and support the elimination of violence against women. PZAT focuses on working with marginalised communities and key populations. The ZNNP+ coordinates community work and treatment

literacy among PLHIV.

The second grant ZimTTECH is managing is the DREAMS Grant and it works towards supporting the prevention of HIV transmission to adolescent girls and young women. The program has been operating in four districts of Matabeleland North but this year starting October 1, it has been expanded further into the Seke district.

“The third program is the Voluntary Medical Male Circumcision (VMMC) program. It is a separate grant and it operates under a different consortium known as the ZAZI consortium which has ZimTech, ZACH, and ZICHIRE.”

Meanwhile, Zim-TTECH has a fourth grant, the Electronic Health

Records (EHR) which is now in its second year and covers the 10 provinces of the countries.

“We aim to ensure that the issue of using paper-based registers becomes a thing of the past. The MoHCC is working on EHR with our support so that every client who visits the health facility is captured digitally and for ease of reporting.”

Zim-TTECH was the recipient of the five-year PEPFAR award-Strengthening Epidemiology and Strategic Information grant through the Center for Disease Control (CDC). The award officially begins on 30th September 2022

The award is being implemented through the “Impilo” Electronic Health Record (EHR)/CBS pro-

gram. The program aims to build the Ministry of Health and Child Care’s (MOHCC) capacity at the national, provincial, and district levels to collect key strategic information (SI) required to measure progress towards achieving epidemic control and generate a strong evidence base for informed program decision-making in Zimbabwe.

Zim-TTECH envisions universal access to safe, client-centered, and high-quality healthcare for all people while working to improve the health and well-being for all through the provision of technical assistance and direct service to the health sector, as well as strengthening healthcare worker skills to support the sustainability of health systems.

FRIDAY 8 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
Edutainment (Interludes in between sessions)- creative mechanics song poetry & music -	Womandla and SWEAR	0900-1615hrs	ARASA Community Booth No 15
<b>TOPIC:</b> Sexual Orientation, Gender Identity and Expression (SOGIE)	ARASA	10-15-16.15hrs	ARASA Exhibition Booth No 34
Topic: Pasi pemuti talk- How to create feminist spaces that are inclusive and adaptive to diverse intersectionalities.	Womandla	1015-1100hrs	ARASA Community Booth No 15
<b>TOPIC:</b> Youth Prison Pollution Alliance (Youth PoPs) discussion on drug and substance abuse	SANOP	1115-12.00hrs	ARASA Community Booth No 15
<b>TOPIC:</b> Cancer care for all. Addressing the needs of women and LGBTQI+ individuals- Exploring issues like access to screening and treatment. Experiences of stigma and discrimination in the health care settings.	Women Health Issues Trust:	1400-1500hrs	ARASA Community Booth No 15
<b>TOPIC:</b> Roundtable Conversation- Key takeaway lessons on how to make our communities safe and inclusive- Notes will be used to develop a Best practice guide.	Womandla	1530-1615hrs	ARASA Community Booth No 15

SATURDAY 9 DECEMBER 2023

DAY, DATE AND TOPIC	FACILITATOR	TIME	VENUE
<b>TOPIC:</b> Collaboration Opportunities	ARASA	1015-12.00hrs	ARASA Exhibition Booth No 34
<b>TOPIC:</b> Accelerating Community Collaborations in ending HIV	ACCEPT Consortium : Transmart Led	1030-1200hrs	ARASA Community Booth No 15

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Email: [communications@arasa.info](mailto:communications@arasa.info) | Website: <https://arasa.info/> | Twitter: @\_ARASAcmmms

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# Advancements in Anti-Retroviral Therapy: A Paradigm Shift Towards Enhanced Safety in HIV Management

**Dr. Tadesse T. Mekonen**

**Executive: Clinical Research and Development, Avacare Health Group:**

This paper examines the transformative developments in HIV therapy, focusing on the evolution of anti-retroviral agents (ARVs) over the past four decades. It particularly highlights the transition from Tenofovir Disoproxil Fumarate (TDF) to Tenofovir Alafenamide Fumarate (TAF) in the context of enhanced safety benefits.

Since the initial identification of HIV as a global health crisis, considerable progress has been made in the realm of ARVs. The primary goal of these therapeutic agents is to suppress viral replication, thus restoring immune function, improving the overall health of individuals living with HIV (PLHIV), and curbing the transmission of the virus. Over 30 ARVs have been approved, each with varying efficacy and safety profiles.

The widespread adoption of Tenofovir Disoproxil Fumarate (TDF) administered at a dosage of 300mgs once a day in combination with Emtricitabine (FTC) and Dolutegravir (DTG) has been a cornerstone in first-line HIV treatment. Despite TDF's efficacy in viral suppression, its usage raises significant safety concerns, notably nephrotoxicity and a reduction in bone mineral density. These adverse effects are particularly pertinent in populations with a pre-



disposition to chronic diseases, such as those of African descent.

However, the introduction of Tenofovir Alafenamide Fumarate (TAF), a novel prodrug of Tenofovir, marks a significant advancement in the safety of ARV regimens. Administered at a dosage of 25mg daily in conjunction with FTC and DTG, TAF demonstrates superior renal and bone safety profiles compared to TDF. Clinical

trials across diverse settings have substantiated these findings, additionally suggesting the potential for reversing TDF-related toxicities upon transitioning to TAF-based regimens. Despite these improvements, TAF is not without its drawbacks, including associations with weight gain and elevated lipid levels. Nevertheless, its introduction in several African countries, including Botswana, Namibia, Zambia, and Zimbabwe, represents a

significant step forward in advancing the management of HIV.

The shift from TDF to TAF epitomizes the ongoing evolution in HIV treatment, prioritizing safety while maintaining efficacy. It opens avenues for further research and development in ARV therapy, aiming to enhance the quality of life for PLHIV. The need for continuous monitoring and adaptation of

treatment protocols remains crucial in the dynamic landscape of HIV management.

**Keywords:** HIV, Anti-Retroviral Therapy, Tenofovir Disoproxil Fumarate, Tenofovir Alafenamide Fumarate, Safety Profile, Clinical Trials."

## Stigma and discrimination derailing HIV successes

**By Munyaradzi Doma**

A worrying trend of stigma and discrimination which is obtaining in the country will derail the successes that have been made in the HIV response, Executive Director of Zimbabwe National Network for People Living with HIV, Tatenda Makoni has revealed.

Makoni revealed this during an International Conference on Aids and STIs in Africa (ICASA) side session which was organised by Aids and Rights Alliance for Southern Africa (ARASA).

The side session was running under the theme: "Expanding needs, diminishing means, shrinking civil space and funding for HIV and sexual reproductive health programming in Africa."

According to the World Health Organisation (WHO), "social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and specific disease. "In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

"Such treatment can negatively affect those with the disease, as well as their care givers, family, friends and communities."

And according to UNAIDS, it is said, "Stigma and discrimination impedes the HIV response at every step, limiting access to: Stigma and

discrimination increases the risk of HIV acquisition and progression to AIDS, violence, and marginalization while reducing access to education, employment and justice." Makoni revealed that the stigma index of 2022 has revealed some shocking statistics, evidence that a lot had to be done to get things right. "Of-course there is stigma and discrimination, I will go at length the whole night to talk about the stigma and discrimination but I want to speak on the last stigma index that we did in 2022 and the figures are alarming, they are shocking, they are unacceptable.

"At a point when we thought that stigma was going to go down, it actually rose because when we are talking about the six-year mark towards 2030, we are supposed to see a drop in terms of stigma and discrimination, but but actually it's on the rise.

"From 2014 study it was on 65,5 percent, but 2022 study it rose to 69,7 percent and that is something we do not need to look at with a good eye. "It means there is something that we are not doing right as a country. Yes we are performing well in terms of the indices but when we look at the programming around stigma and discrimination, there is no clear programme that is dealing with stigma and discrimination, yet we are all agreeing that stigma and discrimination is there at prevention, is there at treatment.

"We are not doing anything about it, what we are doing is that we are just taking piecemeal approaches to addressing stigma and discrimination,"



said Makoni.

He added that equally worrying was the increase in internalised stigma, which has led to many mental health issues.

Makoni revealed that in the most serious cases, victims don't just feel unloved or unworthy, but some end

up committing suicide.

"What is also more shocking for me is that the current stigma index study took another dive. We are now witnessing more of internalised stigma, and that needs a new paradigm in terms of dealing with stigma and discrimination.

"It's no longer the opaque stigma that you see but now it's internalised, people feeling unloved, hence we now have mental health issues, we now have a number of drug and substance abuse, hence we now have the increase in the number of people also committing suicide," he added.



# ARASA unveils 2022/2033 Health and Rights report

By Michael Gwarisa

In a bid to uncover and address the shrinking civil space and funding gaps for Sexual Reproductive health, HIV, and Tuberculosis programming in the Southern African regional, ARASA has launched its 2022/2033 Health and Rights report.

The report was launched this week on the sidelines of the 22nd Edition of the International Conference on Aids and STIs in Africa (ICASA). ARASA director, Dr. Ntombi Muchuchuti said the report was in synch with the ICASA theme for 2023, Let Communities Lead.

“The report is an analysis and assessment of the legal framework within the 18 countries to see the progress towards the Sustainable Development Goals. The policies and legal framework and what is happening and our intention is to try and write about the laws that criminalise HIV transmission and laws that criminalise same-sex, laws that criminalise probably drug use,” she said.

She added that the report was also set to address the laws that can undermine the progress that has been made regarding HIV prevention and to ensure that the 2030 agenda is a reality.

“We have given the partners, the communities the report so they know in their various countries, how the progress is going, what area still needs to be dealt with and to be able to engage with their governments in



terms of coordinating and bringing to the fore the gaps that are there in the country and engaging with their own government.”

She added that they had convened for the communities to come and discuss issues regarding HIV prevention, sexual reproductive health rights and sexual and gender orientation. “We work with diverse communities, we work with the key populations,

we work with people that use drugs, we work with the sex workers, we also work with the LGBTIQ community, including people affected and infected with HIV.

“Our intention was to bring diverse communities to discuss and to debate and to also monitor the progress and what is lacking and what has been done so well and learn from each other. Key to the discussion was that we had donor communities, the de-

velopment corporation, we also had various government departments and we also had civil society from other countries, including the communities themselves.”

She added that their responsibility is to convene space so that they create (a space) for people to come and discuss, further adding that they work across the region in 18 countries and their main targets are the parliamentarians, the human rights commis-

sioners, media, civil society, human rights defenders, including the people that are infected or affected with HIV.

Dr. Muchuchuti also presented the report to Ms Gumisayi Bonzo, the TransSamrt executive director since she works directly with communities.

## ZACH urges harmony within African churches and governments to promote health-care

By Kuda Pembere

Working in silos drags the attainment of some ambitious health targets amongst African governments set or ratify for themselves, a top Zimbabwe Association for Church Hospitals (ZACH) official has said.

ZACH executive director Ms Vuyelwa Chitimbi told delegates at an ICASA session on faith leaders churches, as well as governments are not walking the talk when it comes to collaboration in driving the health sector to enviable levels.

“If we look at the churches, all churches across the country, have got different arms in the church. We have health, we have got education, we have got justice and peace, we have got humanitarian and so forth.

“So I think within the church we have the strength which can address some of the challenges which we face when we implement. But the key issue is also to engage other arms of the church to intervene and help us to intervene in some of the issues because they also get funding to support certain issues to do with justice and we can leverage on each other to do more.

“But what we are doing now is not engaging each other. Same goes for

the Minister of Health. Minister of Health, yes, is Minister of Health, but if you look at some of the challenges which we are facing in terms of addressing health, they cut across other government departments, whether it's in agriculture, water, and so forth,” she said.

“So that's why I'm saying the challenge which we have, and that's why we try for a lot of resources, we want to work in silos, and we want to compete. So we cannot succeed if we are running different places and maybe targeting somebody who's up there, but some of us are coming from the other side, from the back.”

She also said cross country collaborations where African countries share their experiences in dealing with issues such as adolescent health are important.

“But I think, even if you are looking at pediatric, looking at youth and so forth, it's a step towards something. We are still starting, we are learning, and today we are gathered here, we are sharing information, and that's why we are calling this a South to South learning.

“So from what everyone is presenting, we are taking something, but also the doors are open to say, let me visit Uganda to learn from what they



ZACH Executive Director Mrs Vuyelwa Chitimbi

are doing with their peer education, targeting young boys, pushing boys to men, and I can implement that.

“But sometimes the cultures and the terrains are not the same, so we need to understand that so that we balance the situation. Then talking on leadership, I think if most of us look at their countries, all govern-

ment departments now are looking at issues to do with leadership and governance,” he said.

Meanwhile, another panelist at the session said he is hopeful the project dubbed Faith Paediatric Champions will contribute to the global alliance to end AIDS.

“Linked to that the development of

peer groups in countries so that individuals will not work in isolation, but as we know peer groups in any sphere provide mutual support and encouragement so that they can learn so we can find new examples,” said the panelist.



# DAPP Zimbabwe impacts 400 000 Zimbabwean lives

By Kuda Pembere

Development Aid from People to People (DAPP) Zimbabwe says it has reached 400 000 people in Zimbabwe with life-changing projects amongst them being the Total Control of the Epidemic for HIV and TB.

Some of the other projects implemented include a vocational training school for youth, sustainable agriculture and climate change as well as community development to mention but a few.

DAPP Zimbabwe is one of the earliest civil society organizations to impact the lives of people living with HIV in the early 2000s before the advent of Antiretroviral treatment (ART) in Zimbabwe.

Speaking to DAPP Zimbabwe Country Manager Mr Luckson Soda, he said they started the total control of the epidemic project in 2000, a time when ART was unavailable in the country.

“We launched a pilot project in 2000 which we called Total Control of the Epidemic. This was a very big step towards engaging the people because, during that time, we had a philosophy that only people can liberate themselves from all traits of HIV.

“So it was based on the people, engagement of the people, involving the community, organizing structures will sustain the fight against HIV. And it meant a lot. We built a lot of experiences from such a program in 2000 and rolled it out. It was in Bindura and because it was so successful, then we rolled out to many districts in Zimbabwe,” said the DAPP Zimbabwe country director

Mr Luckson Soda in an interview with the publication.

He said their program was cascaded to other countries in the SADC region.

“Nine districts in Zimbabwe and eventually, we also rolled it in the region, in Botswana, in Namibia, in Zambia and others but the pilot project was here in Zimbabwe. So we used all the lessons we learned in Zimbabwe to try and support other neighbouring countries, our country associations for DAPP,” Mr Soda said.

Yet while the period between 2000 and 2004 had its challenges, the DAPP Zimbabwe was innovative enough to come up with initiatives such as counselling and promotion of good nutrition.

“You know the total control of the community to know their status and this was the very foundation and a better step for one to take an informed decision.

“How then do you cope up if you are positive? How then do you continue protecting yourself if you are negative?”

“So you could then take an informed decision in and the whole the program was supposed then to support those who test positive of course 2000 there was no medication but then how do they how could such a condition be supported we came up with local structures that will give support of those who tested positive,” Mr Soda noted.

Mr Soda mentioned the psychosocial toll living with HIV during those days had on persons and also the measures they took to make these people outlive the virus.

“You know those days you would



DAPP Zimbabwe team at ICASA

feel that then you feel desperate, you feel hopeless because you know very well there's no medication. But then we continue to those who were positive by making sure that their surrounding provides a support system.

“We then trained our field officers to provide counseling, continuous counseling. That was key because mental health was the very first. Maybe somebody does not have a symptom by then, but it's positive.

“But what was needed that time was to make sure that their mindset, their behavioral change should be towards living with HIV as a way of giving themselves hope. But that was done with structures like what we call TRIO. TRIO was a structure

made out of the one who is positive and the family member at the house and the counsellor who come every time and provide this psychosocial counseling,” Mr Soda said.

He also commended the country for hosting the ICASA conference which has brought about 7 000 people from all walks of life together.

“Yeah, this is a golden opportunity for Humana people to people, especially development aid from people to people as a local NGO in Zimbabwe working for the past 42 years in Zimbabwe.

“And then we are so happy that we have an opportunity to participate on this ICASA conference, this is gold

because this is a platform where we are exchanging experiences. The whole world is here. Those are players who are implementing programs to try and control the epidemic.

“So we are so happy that we have been having such an opportunity to participate in the discussions, also to contribute our experience, our daily experiences, what works and what did not work, and that helps us to strengthen our programming in a way, because this is where we can see the whole call needs collective effort and this is how we can also build this collectiveness approach towards achieving universal health,” Mr Soda said.

## Women Networking Zone tackles HIV and gender issues

By Phillipa Mukome Chinhoi

With young women being disproportionately affected by HIV in Zimbabwe and other African countries, it is important to ensure no woman is left behind in accessing reproductive health services, Ms Tendai Westerhoff has said.

Ms Westerhoff is the Coordinator of the Women's Networking Zone and National Director of the Pan African Positive Women's Coalition Zimbabwe. She said there were several emerging issues affecting older women living with HIV.

The Women Networking Zone at the 22nd edition of the ICASA provides a safe space and also a networking space for women affected and living with HIV from across Africa

Westerhoff said, “Knowledge of HIV status, through HIV testing and counselling is very important during pregnancy, child birth and breastfeeding since women living with HIV can transmit to their infants during these times.”

“We recognise the link between the macro structures where policies and programs are developed and designed and links to our everyday experiences and realities. There is a need for change and for us to end AIDS by 2030, we need to have conversations to interrogate the politics, and the personal lived experiences and strategies on how to create corrections and ensure HIV policies and programs.”



She added: “We also pick up advocacy issues in terms of service delivery that affects women and girls, we discuss new trends that are happening especially counselling and mentorship programs for girls, leadership, awareness, inclusion, care, support and knowledge of HIV and non-communicable diseases.”

The network zone also includes

women who are ageing as they are also affected by HIV.

“We are inviting women at ICASA to come and share with us, it's a good opportunity for us to meet once in every two years and share progress updates in terms of policies and new guidelines that are coming, global targets to end HIV and AIDS. Women are unique and are also part of the communities hence they need support

on issues that affect them and their families,” Westerhoff said.

Josephine Ncube from Ntunjambili village in Matobo who was also at the networking zone said women should be included in traditional courts since they have no representation at the community level.

“Women attend courts but what we want is a committee which has women so that our rights are not infringed,

we want to speak about these HIV issues on our own, a man can never express how I feel about my body more than myself,” said Ncube. She noted that as rural women have no access to online information hence the need to bridge the digital divide between the urban and rural areas.



# PZAT's Princess Mharire scoops Young Investigator Best Abstract award at ICASA

By Staff Reporter

Pangaea Zimbabwe AIDS Trust (PZAT) Monitoring and Evaluation Officer, Princess Mharire has been awarded the Young Investigator Award Best Abstract at the 22nd Edition of the International Conference on AIDS and STIs (ICASA.)

The track and abstract title was Human Rights, Social Science & Political Science and the topic: Beyond Metrics: How the Simple Participatory Assessment of Real Change (Sparc) Tool Provides A Holistic Approach To Advocacy Measurement. Out of the 2540 total abstracts and 78 oral abstracts that were reviewed, Princess's Abstract was selected. Speaking to HealthTimes after the momentous occasion, Princess said she was elated and cherished the recognition.

"I am excited because this award is a recognition of the importance of monitoring and evaluation in advocacy work. It's a symbolic shift from implementing activities to focusing more on what is changing as a result of advocacy efforts," she said.

Her presentation focused on how advocates can measure the effectiveness of their advocacy initiatives using a participatory evaluation called Simple Participatory Assessment of Real Change (SPARC). This approach has helped the Coalition to Accelerate and Support Prevention Research (CASPR) to document the effectiveness of their interventions in the overall HIV Prevention Research Agenda.

The award's major objective is to



encourage young researchers and to recognize excellence, ICASA 2023 will present the Young Investigator Award for each track. The prize supports young researchers who demonstrate excellence in the area of research programs related to the scale-up of prevention and treatment interventions in resource-limited

settings.

To be eligible for nomination, the presenting authors of the abstract must be no older than 35 years of age on 4th December 2023 and is a citizen of a low/middle-income country (according to the World Bank classification).

Princess Mharire is a young professional with experience and expertise in monitoring and evaluating of advocacy projects, spanning over five years. She is knowledgeable in creating essential tools that enable advocates to monitor their progress, take stock of their wins, and docu-

ment their results; whilst harvesting learnings throughout the cycle of their advocacy initiatives. Princess is a social scientist who holds qualifications in Sociology; Monitoring and Evaluation; as well as sexual and reproductive health rights.

## More countries in the world softening stance on LGBTIQ

While Homophobia and hate against the LGBTIQ community are still rife in most parts of the world, data shows that more countries were doing away with laws that criminalise the Lesbian Gay Bisexual Transsexual, Intersexual, and Queer (LGBTIQ) communities.

A 2023 joint report by HIV Policy Lab, Oneill Institute, Global Network of People Living with HIV (GNP+) and the United Nations Development Program (UNDP) titled Progress and the Peril: HIV and the Global Decriminalisation of Same-sex, there were 65 countries with harsh laws against the LGBTIQ in contrast to 128 non criminalizing countries.

"This report called Progress and the Peril, HIV and the Global Decriminalization of Same-Sex Sex looks at what the state of the world is right now. And it finds three key pieces. First, at the start of the AIDS response, the vast majority of countries, over 120 territories and countries, criminalized same-sex sexuality.

"As of 2023, 129 countries do not criminalize same-sex sexuality. That is now two-thirds of countries that have removed or never had the criminalization of LGBT people. That is a sea change from the start of the AIDS response," Dr Matthew Kavanagh from Georgetown University in the US said.

"And much of the success of the AIDS response is due directly to that move on decriminalization. The second key finding is that there have been increasing decriminalizations in

the past few years."

He noted that in 2022, more countries removed criminalizing laws than in any year in the past 25 years. "And, since 2017, Trinidad and Tobago, India, Angola, Botswana, Gabon, Bhutan, Antigua and Barbuda, St. Kitts and Nevis, Singapore, Barbados, Venezuela, Cook Islands, and Mauritius. 13 countries just in the last few years that have removed criminalizing laws from the books," he said.

Dr Kavanagh also noted that men who have sex with men in criminalizing countries are five times more at risk of HIV compared to those in non-decriminalising countries.

"The third key message from the report is that HIV is being driven by criminalization. So we looked at the empirical evidence of what are the effects of criminalizing laws. In countries that criminalize, gay men and other men who have sex with men have five times higher rates of HIV than in countries that don't criminalize.

"Even more importantly, countries that criminalize at the population level have made less progress against AIDS than countries that don't criminalize. They have lower knowledge of status in the entire population, and they have lower rates of HIV viral suppression at the entire population level. The AIDS response itself is undermined by criminalization," he said.

"And so as we look at this, we are still deeply worried about the 65 countries that continue to criminalize

same-sex sexuality. We are seeing absolutely a handful of countries that are countries that criminalize that are deepening their criminalization, that are increasing the penalties and increasing the negative pressure on LGBT people. But around the world, they are increasingly out of step." He said with over 120 countries decriminalizing LGBTIQ, those that haven't must follow suit.

"Today, two-thirds of countries don't criminalize same-sex sexuality, including the vast majority of G20 countries. The major economies are moving in that direction. That is the direction that the world is moving in. The hope is that other countries will follow suit as soon as possible," he said

While countries like Zimbabwe have

reached the 95-95-95 milestone, yet still battling rising new infections, Botswana Network on Ethics, Law and HIV (BONELAH) executive director Ms Cindy Kelemi said criminalization repels people from services.

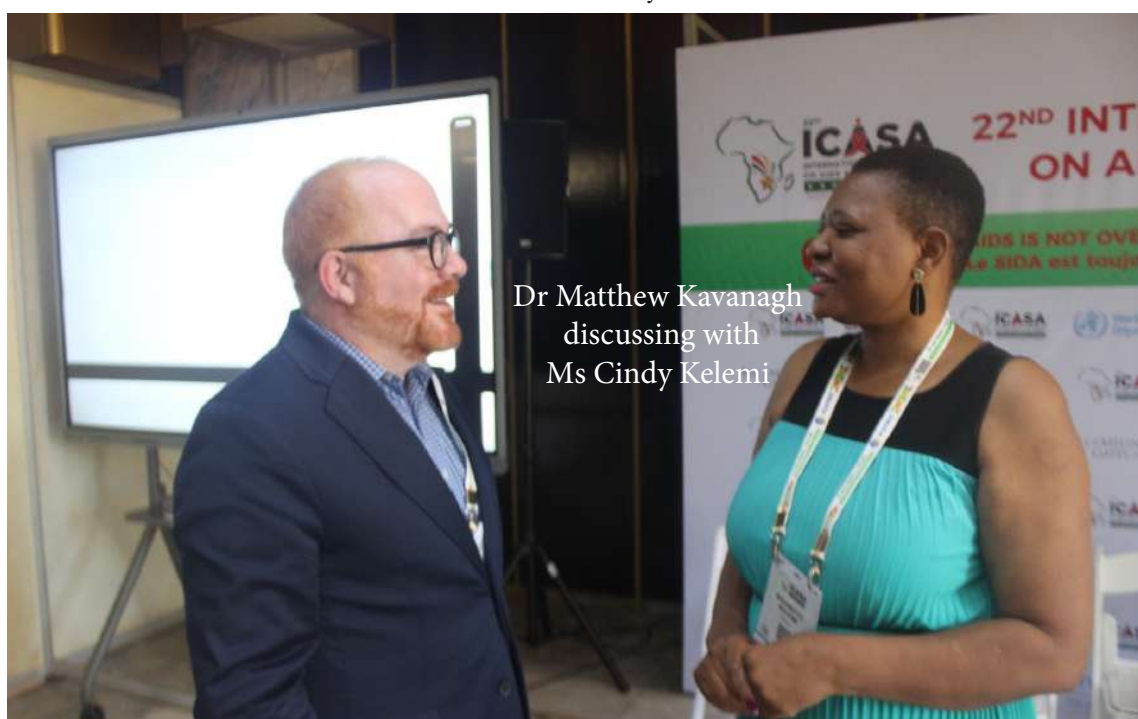
"What we see around the world is that the clearest link is between HIV infections and criminalization. That's very clear, that criminalization drives people away from services. And so it is possible to reach 95, 95, 95, which remember is not 95, right? I should know it off the top of my head, but it's 83%, right?"

"Something like that. If you do 95 times 95 times 95, maybe you've reached 80 some odd percent and still have a high infection rate. And that's where Zimbabwe is today. Zimbabwe

has still relatively high rates of HIV infection despite having reached 95, 95, 95 goals.

"One of the explanations of that is that you haven't reached yet many of the people who are most in need, and that probably includes LGBT people in Zimbabwe.

"The statistics aren't clear because the research is hard to do in contexts that are criminalizing, but if you have reached high levels of coverage but you still have high levels of infection, what it tells us is the people you haven't reached, that 10 or 15 percent, are probably the most marginalized and they're the most affected by HIV. And so that's part of what's going on, probably, underneath the statistics," she said.



Dr Matthew Kavanagh discussing with Ms Cindy Kelemi



**DO NOT IGNORE A CRY FOR HELP!**

Help is nearby.

It is a call or SMS or WhatsApp away.

Take action if a child near you or someone you know is suffering any of these abuses;

1. Physical abuse
2. Emotional abuse
3. Sexual abuse including rape, indecent assaults, exposure to sexual material
4. Sexual or Economic abuse and exploitation
5. Child being married off against her will or allowing a child to elope and not do anything about it
6. Threats or intimidation of any kind
7. Neglect of a child

Get in touch with any of these numbers for free assistance in Zimbabwe

Help needed	Who can help?	Coverage	Their Contact details
Counseling/emotional support	<ol style="list-style-type: none"> <li>1. National GBV Hotline</li> <li>2. Childline</li> <li>3. Ministry of women affairs</li> <li>4. Department of Social Development</li> <li>5. Musasa</li> <li>6. Shamwari Yemwanasikana</li> <li>7. Padare/Men's Forum</li> <li>8. Contact</li> </ol>	National	<ol style="list-style-type: none"> <li>1. 575</li> <li>2. Call 116 App 0732116116</li> <li>3. District office near you</li> <li>4. District office near you and Ward Child Care Workers</li> <li>5. Econet 08080074 Netone 08010074 Telecel 0731080072-4</li> <li>6. Toll Free 08011034 Helpline 0777851120</li> <li>7. Helpline 0776027290</li> <li>8. Netone 08010186/7 Whatsapp 0719528158/9</li> </ol>
Reporting violence	<ol style="list-style-type: none"> <li>1. National Hotline</li> <li>2. Ministry of Education</li> <li>3. Childline</li> <li>4. Saywhat Hotline</li> <li>5. ZRP Victim Friendly Unit</li> <li>6. Zimbabwe Gender Commission</li> <li>7. Shamwari Yemwanasikana</li> <li>8. Issues/Pane Nyaya</li> </ol>	national	<ol style="list-style-type: none"> <li>1. 575</li> <li>2. 317</li> <li>3. 116 or App 0732116116</li> <li>4. 577</li> <li>5. Econet 08080554 Netone 080101149 Telecel 0735342874</li> <li>6. Toll Free 08004379</li> <li>7. Toll free 08011034 Helpline 0777851120</li> <li>8. Media 0773910095</li> </ol>
Place of safety/Fostering	<ol style="list-style-type: none"> <li>1. Department of Social Development</li> <li>2. Ministry of women affairs</li> <li>3. Musasa</li> </ol>	National	<ol style="list-style-type: none"> <li>1. Any district office or CCW in your Ward</li> <li>2. Any district office near you /WardCo</li> <li>3. Econet 08080074 Netone 08010074 Telecel 0731080072-4</li> </ol>



# Health and Safety Measures Published For Delegates Attending ICASA 2023 In Harare

*The ICASA Conference will run from 4 to 9 December, 2023 at the Harare International Conference Center (HICC). The conference will be running under the theme, “AIDS IS NOT OVER: Address inequalities, accelerate inclusion and innovation.”*

## *Attendee health and safety measures*

*Here’s all you need to know for attending ICASA 2023 safely, responsibly, and confidently. Note that some guidelines are mandatory.*

*NB: All delegates should have their COVID-19 vaccination cards and yellow cards. Cholera vaccination cards if available will also be appreciated.*

## *Action to take in advance*

### *Mandatory – badging*

*To avoid lines, we’ll email your QR code confirmation in advance. Please have this QR code with you on your smartphone or as a printout when you arrive at the conference venue. Badge holders and lanyards will also be available at registration desks.*

## *AT RAINBOW TOWERS HOTEL & CONFERENCE CENTER – moving around the Conference*

*Wearing face masks is mandatory within the Rainbow Towers Hotel & Conference Center (except for medical exemptions). Staff, Security, and ICASA 2023 Volunteers are jointly responsible for monitoring face-covering compliance and both are authorized to escort people out of the venue in the case of non-compliance.*

### *Mandatory – Staff access to booths*

*Booths with exhibiting partners will have their own dedicated info desk.*

## *Entering the Conference*

*Traffic flow in and out of the conference center will be carefully managed. As much as possible we will ensure one-way movement of people to minimize contact. There will be appropriate signage provided and volunteers to assist and guide delegates to their various destinations.*

### *Exhibition hall density*

*Wider aisles will be added wherever possible and the conference will provide more seating areas in the exhibition hall to reduce crowding and improve traffic flow.*

### *Mandatory – Refreshments*

*The conference venue will provide an extended range of individually packaged food items and will observe all applicable COVID-19, public health and safety standards.*

## *Cleaning standards and special measures during the Conference*

### *Mandatory- Exhibition Hall cleaning*

*The convention space will be cleaned regularly including electrostatic spray treatment every night in accordance with ICC standards. Exhibitors will also be required to clean meeting areas between each appointment or meeting.*

### *Mandatory – Health and Safety monitoring*

*ICASA 2023 staff, volunteers, and security at the venue will continually monitor the COVID-19 and public health safety protocols across the conference to ensure compliance.*

### *Hand Sanitizer*

*Hand sanitizer dispensers will be placed throughout the conference venue as well as the exhibition hall and community village. Attendees are encouraged to sanitize their hands frequently and after every meeting.*

### *Meeting/Conference rooms*

*Meeting rooms will be set up in compliance with the current social distancing and room capacity guidelines in Zimbabwe to ensure you can take part safely in ICASA 2023 sessions.*

### *Other Safety standards*

*The venue has implemented a vast range of health and safety measures which are not detailed on this page but can be viewed on the Rainbow Towers Hotel and Conference Centre website.*

*Importantly, the entire Rainbow Towers Hotel & Conference Center, including the exhibition halls, is equipped with highly efficient ventilation systems concurrent with International Conference standards.*

*Important notice: All delegates are required to avoid eating street food and purchasing from street hawkers. All delegates are to patronize restaurants within the conference venue.*

*In case of a positive COVID-19 test, the affected delegate will cater for all related costs, including quarantine.*

### *Medical Travel Insurance*

*Delegates must hold valid medical travel Insurance to cover his or her duration.*



