

# Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa



## Country Profile: ZIMBABWE

Despite tremendous progress scaling up AIDS treatment, care, and prevention services over the past decade, the epidemic among gay men, other MSM, and transgender individuals continues to grow. With an adult HIV prevalence rate of 14.9 percent, Zimbabwe remains one of the most heavily impacted countries in the world, yet there is no reliable estimate of prevalence among MSM and few programs funded to reverse the epidemic among this neglected population.<sup>1</sup> Though international donors have adopted policies to address the epidemic among key populations, these commitments are not being upheld by current levels of funding or implementation.

Stigma and discrimination against this population are commonplace. Laws that criminalize same-sex practices further marginalize and prevent access to life-saving programs. As a result, these men and women struggle to obtain the most basic health services, such as condoms, lubricant, and HIV testing.

In the report, **Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa**, amfAR, The Foundation for AIDS Research and The Johns Hopkins University Center for Public Health and Human Rights document the current state of the AIDS response for gay men, other MSM, and transgender individuals in six Southern African countries: Botswana, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe. What follows is a summary of the findings for Zimbabwe and recommendations for moving forward. For the full report, please visit [www.amfar.org/gmtreport](http://www.amfar.org/gmtreport). All data current as of May 2013.

### LIMITED FUNDING FOR MSM-SPECIFIC PROGRAMS

The majority of external funding for Zimbabwe's HIV/AIDS response comes from two sources: The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States government, primarily through PEPFAR. Both The Global Fund and U.S. government have made efforts to adopt progressive

policies toward gay men, other MSM, and transgender individuals, but implementation of these policies has been inconsistent on the ground.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria**  
Of the approximately \$278 million of approved HIV funds Zimbabwe has received from The Global Fund, none have gone to support programs targeting gay men, other MSM, or transgender individuals.

The country received HIV/AIDS funding in Rounds 1, 5, and 8, and applied for but did not receive funding in Round 10. The Round 10 proposal included MSM in its definition of key HIV-affected populations, but no activities to specifically target the population were outlined.

No groups representing gay, other MSM, or transgender individuals have ever been invited to sit on The Global Fund Country Coordinating Mechanism.



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**United States Government**

From FY2007 to FY2009, Zimbabwe received \$97.9 million from PEPFAR to support comprehensive HIV prevention, treatment, and care programs.<sup>2</sup> However, no funds were directed toward MSM-specific activities, nor was the population mentioned in the country’s 2008 and 2009 country operational plans (COPs).

In 2010 and 2011, MSM were included as a target population for an antiretroviral treatment outcomes evaluation project in its implementation stage, but no funding data or details for the project were provided in either COP.

**PUNITIVE LAWS, STIGMA, AND DISCRIMINATION<sup>3</sup>**

Same-sex practices are illegal in Zimbabwe and punishable by as much as life in prison.

There is little support within the government to change these laws. Both the prisons commissioner and police commissioner have referred to the need to uphold and enforce laws prohibiting same-sex practices and a number of politicians, including President Robert Mugabe, have made openly anti-gay statements. In May 2012, for example, Justice Minister Patrick Chinamasa told United Nations High Commissioner for Human Rights, Navi Pillay, that his government rejected calls for basic LGBT rights and would continue to arrest people for engaging in same-sex practices.<sup>4</sup> This attitude among government officials fuels a broader climate of stigmatization and discrimination within society, stoked by the media and numerous religious and community leaders.

Stigma and discrimination are also prevalent in healthcare facilities, leading many to be reluctant to seek care. The failure of the healthcare system to meet the needs of gay men, other MSM, and transgender individuals is also reflected by the absence of condom-compatible lubricant in most public health facilities or civil society organizations providing HIV prevention services.

**MOVING FORWARD**

UNAIDS’s new Investment Framework, The Global Fund’s 2012–2016 Strategy Framework, and PEPFAR’s *Blueprint for Creating an AIDS-Free Generation* all emphasize the need to target MSM and transgender individuals. However, to date, implementation lags far behind these policies.

Despite the many challenges that persist, there are also signs of opportunity.

Despite the lack of legal protection for gay men, other MSM, and transgender individuals and Zimbabwe’s generally discriminatory political and social climate, a 2011 United Nations-sponsored assessment concluded that “Zimbabwe has allowed the existence of informal lobby groups” for MSM and other sexual minorities.

While the National AIDS Commission maintains that its interventions are for all citizens even if gay men, other MSM, and transgender individuals are not specifically mentioned in the agency’s responses and reporting. There are reportedly efforts underway to explore how key populations can be reached more effectively, including opening a dialogue with Gays and Lesbians of Zimbabwe (GALZ).

**RECOMMENDATIONS**

- The government of Zimbabwe should decriminalize same-sex practices between consenting adults, as well as promote other equitable policies related to full access to public and private services.
- Donors should require that a share of their funding be directed toward the needs of gay men, other MSM, and transgender individuals. Part of this effort might be supporting civil society advocacy aimed at reducing discriminatory services in the health sector and the decriminalization of same-sex practices.
- Civil society should address human rights more universally and engage peer organizations working on issues affecting the LGBT community. UNAIDS should play a key role in

What is criminalized?	What are the punitive measures?
Any person consenting to anal sex	Felony charges, punishable by 25 years to life in prison
Any person attempting to commit anal sex	Felony charges, punishable by seven to 14 years in prison

bridging civil society organizations and battling homophobia that exists within them.

- Global Fund and PEPFAR officials in Zimbabwe should specify a certain percentage of available funds to be directed toward services for gay men, other MSM, and transgender individuals.

### ENDNOTES

- 1 UNAIDS (2011). AIDSInfo database. Available at [www.unaids.org/en](http://www.unaids.org/en)
- 2 PEPFAR. Partnership to fight HIV/AIDS in Zimbabwe. Available at [www.pepfar.gov/countries/zimbabwe/index.htm](http://www.pepfar.gov/countries/zimbabwe/index.htm)
- 3 Itaborahy L (2012). State-sponsored homophobia: A world survey on laws criminalizing same-sex sexual acts between consenting adults. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). Available at [http://old.ilga.org/Statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2012.pdf](http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf)
- 4 The Advocate.com (2012). Zimbabwe rejects calls for LGBT rights. Available at [www.advocate.com/news/daily-news/2012/05/21/zimbabwe-rejects-calls-lgbt-rights](http://www.advocate.com/news/daily-news/2012/05/21/zimbabwe-rejects-calls-lgbt-rights)

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