The Zimbabwe Civil Society Charter

Sustaining the HIV and AIDS Response and Health Outcomes

FROM COMMITMENT TO ACTION: Civil Society commitment to accelerate impact in the HIV and AIDS response and sustain health outcomes

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The Zimbabwe Civil Society Charter for sustaining the HIV and IDS response and improve on Health outcomes.

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ABBREVIATIONS

CSO	Civil Society Organization
KP	Key Population
MIPA	Meaningful Involvement of People Living with HIV
MSM	Men who have Sex with Men
NAC	National AIDS Council
NATF	National AIDS Trust Fund
NCD	non-communicable disease
PLHIV	People Living with HIV
SIDA	Swedish International Development Agency
SRHR	Sexual and Reproductive Health and Rights
SW	Sex Workers
UN	Unite Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
ZAN	Zimbabwe AIDS Network

Use of Terms

In this Charter, unless the context otherwise requires, the following expressions shall have the following meanings:

1. Civil Society Organizations

"Civil society Organizations (CSOs) refers to the wide array of non-governmental and not-for-profit organizations that address HIV and AIDS and health challenges , expressing the interests and values of their members or constituencies, based on ethical, cultural, scientific, religious or philanthropic considerations. Thus, civil society organizations have the following dimensions:

- Not governmental and not part of the public administration,
- Not for profit,
- Serving the general interest (interest of its members or of others),
- Zimbabwe CSOs only (not international).
- Respond to HIV and AIDS and health challenges.

2. Key Population

Key populations are defined as sub-groups of the population at "higher risk of being infected by HIV, who play a key role in how HIV spread, and whose involvement is vital for an effective and sustainable response to HIV. Zimbabwe considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and people with Disability also are particularly vulnerable to HIV and frequently lack adequate access to services.[1]

[1] http://nac.org.zw/key-populations-programme/

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The development of the Civil Society Charter for Sustaining HIV and AIDS Response and Health Outcomes, in Zimbabwe was commissioned and supported by the Zimbabwe United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV and AIDS (UNAIDS) Country offices to assist in strengthening the role of civil society in Zimbabwe to maximize the impact of HIV and AIDS interventions and improve health outcomes. The Zimbabwe Civil Society Organizations (CSOs) in the HIV and AIDS and health sector are grateful for all the support, including technical and financial, received from the UNDP.

We are also grateful to the Development Partners who provided valuable insights that enriched the content of the Charter. Specifically, we are grateful to the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the Swedish International Development Agency (SIDA) and the President's Emergency Plan For AIDS Relief (PEPFAR) for sharing relevant experiences of their engagement with CSOs that provided fresh perspectives on the role of civil society organizations (CSOs) in the health sector and the need for an expanded mandate, in line with new sector realities.

We are grateful to the Ministry of Health and Child Care and the Ministry of Women's Affairs, Gender and Community Development and the team at the National AIDS Council (NAC) who provided critical information on the public sector's position on the role and mandate of CSOs in complementing government's efforts in the HIV and AIDS and Health sector as a whole.

We would like to thank all the CSO representatives and leaders who participated in the consultative workshops that generated the content of the Charter, including its vision and priority commitments and for sharing their honest views on the challenges facing CSOs working in the health sector in Zimbabwe.

We are deeply indebted to the CSO Reference Group and the Zimbabwe AIDS Network (ZAN) for taking on the enormous challenge of undertaking the follow-up activities towards creating a common platform for CSOs as well as overseeing the implementation of the Charter and the CSOs Engagement Framework

PREAMBLE

In light of the changes in the HIV and AIDS epidemic that have resulted to shifts in the response to the epidemic at national, regional and global level, we, the Zimbabwe Civil Society Organizations, convened and adopted this charter based on consultations within the Civil Society Organizations (CSOs), and other Stakeholders in the HIV and AIDS sector and outcomes of three CSOs' workshops held in December 2018, in Harare.

This Charter is our common response towards addressing the implications of the changing HIV and AIDS epidemic and corresponding challenges facing CSOs in the national response, as well as the urgent need to redefine the focus of CSOs in the health sector and providing them an opportunity to take up emerging community health needs as well as to adapt to new approaches and shifts in funding priorities and mechanisms.

While committing this charter, we are guided by the following commonly agree vision;

"A sustainable, well-coordinated, and capacitated civil society sector that is accountable and responsive to community health needs and rights, operating in a supportive policy environment and in collaborative partnerships with the government and development partners".

As we work towards this vision, we ***declare*** our resolve to pay due regard to the following principles by which our organizations and leadership commit themselves to respect, uphold and strengthen as fundamental elements of our core values.

1. ***Solidarity*** through collective efforts to respond to the suffering, as well as the injustice, caused by HIV and AIDS.

2. ***Responsibility*** by every individual, community, institution and nation towards HIV and AIDS to prevent its spread and to care for those infected and otherwise affected.

3. ***Tolerance*** through respect for the equal worth, dignity and autonomy of people affected by HIV, including those with different beliefs, opinions, and life styles.

4. ***Empowerment*** of all people to protect themselves from infection by being able to refuse unsafe sex and to cope with HIV and AIDS if they or someone in their family is infected.

5. ***Equity/Distributive Justice*** to ensure all people and all demographic groups are treated fairly, equitably and equally and have equal and equitable access to available information, prevention methods, treatment and other related HIV and AIDS services.

6. ***Respect for Persons*** to ensure realization of individuals' rights, personal integrity, and dignity.

7. ***Country ownership*** to ensure interventions respond to community needs and specific to national and local context.

WE ACKNOWLEDGE THAT;

a. dynamics in the epidemiological trends have resulted to increased HIV burden on Key Population (KP) subpopulations, despite evidence of decreased incidence and prevalence in the general population. This calls for more focused interventions targeting within integrated service delivery platforms.
b. shifts in funding priorities have led to reduced resources for specific health interventions, directly impacting on the sustainability of programs and functioning of some CSOs.
c. advances in treatment have changed health service delivery and the role of CSOs and communities in the sector.
d. evidence-based public health interventions have led to targeting of the unique demographic groups that are more vulnerable to HIV and AIDS, such as key populations and young girls and adolescent. This has increased the pressure on CSOs to continuously adapt their strategies in line with the new priority focus areas.
e. shifts towards health service integration have increased pressure on CSOs to expand their scope, skills and strategic partnerships.
f. demand for accountability for results by communities and funding agencies, has led to increased demand for transparency and accountability and more participatory programing.
g. increased levels of corruption across health systems adversely affecting access to quality services, mostly among the poor households, calls for CSOs to scaleup focus on accountability measures such as public and CSO expenditure reviews, citizens' engagement in planning, resource allocation and monitoring processes; open and transparent budgetary processes; Strengthening governance and oversight mechanisms.
h. rapid and often adverse social, political, economic and demographic changes have changed the health seeking behaviors and consumption of health services at household level and that women and men are affected differently, as well as establishing barriers to accessing services by the KPs.
i. there is heightened vulnerability of children and exclusion of marginalized populations including the disabled, sexual minorities, young girls and adolescents.
j. successes in HIV and AIDS treatment programs, resulting to increased life expectancy among PLHIV, has presented a new challenge including increased cases of NCDs and mental health challenges among PLHIV.

WE RECOGNISE

a. the increased interdependency and the shrinking gap between the public, private and civil society sectors, has strengthened collaboration and enhanced complementarity among stakeholders. This has also provided an opportunity for creating synergies and areas of leverage, such as resource mobilization, access to technical support and capacity building, and promote innovation.
b. the improved information and communication infrastructure and processes has enabled CSOs and communities to access and share critical public health information in real-time, at country, regional and global levels. This has presented an opportunity for development of creative and innovative responses to new and emerging complex and interconnected HIV and health challenges.

WE COMMIT TO THE FOLLOWING

1 Redefining CSOs' space within the changing HIV and AIDS epidemic

We are facing multiple challenges mainly as a result of shifts in the global macroeconomic environment resulting in shrinking public funding, the emergence of new public health challenges and emergencies, including non-communicable diseases (NCDs); mental health; increased demand for transparency and accountability by funding partners and communities; and the advances in HIV and AIDS treatment, which have shifted focus to biomedical approaches. For us to survive in the ever-changing environment and contribute to the attainment of health outcomes, we must redefine our role and adapt to the new approaches.

Areas for Priority Action

1.1. Reducing and mitigating the impact of Gender Based Violence and early marriages;
1.2. Greater focus on improving access to Sexual Reproductive Health Services and Rights, among all, including the KPs;
1.3. Scaling up HIV and AIDS interventions targeting young girls and adolescents and key populations;
1.4. Scale up HIV and AIDS treatment literacy, to increase and sustain treatment of PLHIV.

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2 Scaling up NCD interventions

Non-Communicable Diseases are estimated to account for 33% of all deaths in Zimbabwe2. We have noted that morbidity and mortality due to NCD is higher among PLHIV, with projections that adult PLHIV will be as twice as likely to suffer from at least one NCD in 2035[3]. As the country is credited with commendable progress in expansion of antiretroviral therapy for HIV, resulting to rising life expectancies among people living with HIV, trends have emerged of co-morbidity from non-communicable diseases in those living and aging with HIV. We have identified this as a priority area for programing and investment and we have committed to support expansion of NCD services in Zimbabwe through integration of NCD services into HIV programs and scaling up community action in responding to NCDs challenges.

Areas for Priority Action

2.1. Support integration of NCD services into HIV programs;
2.2. Strengthen community based NCD prevention and control;
2.3. Support establishment and strengthening of national multisectoral NCD policies and coordination mechanism (including planning, implementations and monitoring).

[2] World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018

[3] https://www.ncbi.nlm.nih.gov/pubmed/29369158#

2.4. Advocate for development and implementation of policies that address differential vulnerability and risks to caution the low-income households against high costs of NCD diagnosis and treatment.

3 Strengthening Community Action and Voice

Effective national HIV and AIDS responses requires concrete community action and meaningful involvement of PLHIV in setting priorities, making decisions, planning strategies and implementing them to achieve better health outcomes. We commit to support processes that empower communities in designing and implementing HIV and AIDS responses and promoting health.

Moving forward, we will seek to build resilient and sustainable community structures and systems that will sustain the gains in the HIV and AIDS response and improve health on outcomes. We will support communities to draw on local resources to develop flexible systems and strengthen public participation in setting the community health agenda.

Areas for Priority Action

3.1. Support continuous access to information and learning opportunities
3.2. Scale up community capacity building on priority HIV and AIDS interventions and on emerging health needs
3.3. Enhance community and citizens engagement and influence on local policy processes, including planning, resource prioritization and monitoring
3.4. Support Public Expenditure Tracking Systems (PETS) through capacity building on PETS and implement PETS activities.
3.5. Increase CSOs influence in national budgeting processes including resource prioritization

4 Develop Organizational Capacities and Skills

We commit to play a more active and visible role in combating HIV and AIDS as well as emerging health interventions, through enhanced participation in agenda setting, program design and coordination at national level. This will require enhanced organizational and technical capacity in generation and utilization strategic information, advocacy and in policy processes, as well as strengthened capacity to build and sustain strong organizations and national CSO coordination platforms and networks.

Areas for Priority Action

4.1. Strengthen governance and leadership capacities
4.2. Build and strengthen a CSO central coordination platform while supporting thematic networks
4.3. Scale up the generation and utilization of strategic information for meaningful engagement in policy, programing and resource allocation processes
4.4. Increase access to technical support for effective programing and policy processes
4.5. Strengthen organizational capacities for sustainable resource mobilization

5 Develop a Common and Coherent Policy and Advocacy Agenda

Influencing policy change is a difficult and complex process for the Civil Society in Zimbabwe, because we have limited power, resources and control. Influencing public health policy and priority interventions requires complex interactions and negotiations among a range of stakeholders, including public sector policy makers, interest groups, and development partners.

We are cognizant of these challenges and are committed, through this charter, to scaleup our role in priority setting for HIV and AIDS interventions, and health sector policy processes.

We will target the following results in the national health policy framework;

- Enactment of national health policies that allow enhanced access to quality health services by all. This will include supporting increased public expenditure on health services, support integration of services, scale up access to quality reproductive health services, and strengthen community health units including community health workers cadres, and lower level health centers.

- Conducive and supportive policy and legal environment for development and implementation of public health programs and services across all communities. This will include integration of human rights into programing and health service delivery, align law enforcement to public health and rights approaches, and provide clarity on ambiguity between criminal law and individual rights to health services.

Areas for Priority Action

5.1. Develop a common advocacy agenda for ending HIV and AIDS and priority health sector issues, outlined in commitment number 1. "Re-orient HIV and AIDS and health services".
5.2. Develop and adopt a common CSO framework for monitoring policy implementation
5.3. Increase CSO participation in national, provincial and district coordination and policy platforms.
5.4. Support the translation of national and regional policies into action.
5.5. Build public awareness and engage national, sub-national and local stakeholders on priority policy and advocacy issues.
5.6. Adapt constructive advocacy strategies that include the following four critical advocacy roles for CSOs – advisory, lobbying, mediating and incubating roles.

6 Strengthen Institutional Financial Viability and Sustainability

There is stiff competition for resources among CSOs in the health sector in Zimbabwe, due to limited donor funding to the sector. But to achieve our goals and make a long-term impact we must remain financially viable and sustainable. Towards this end, we commit to work together to strategically enhance our organizational financial viability and sustainability.

Areas for priority Action

6.1. Build and strengthen strategic partnerships, including coalitions among CSOs and other stakeholders, for resource mobilization
6.2. Create and strengthen public private sector partnerships
6.3. Scale up engagement with the public sector including the National AIDS Council (NAC) to increase CSOs' access to the National AIDS Trust Fund (NATF)
6.4. Support diversification of funding streams at organizational level.
6.5. Enhance capacity building for resource mobilization

7 Mainstream Anticorruption in the Health Sector

Like most countries, developed and developing, the Zimbabwe health system is vulnerable to corruption, at every level of service delivery and in all sectors; public, private and the civil society. Despite the overwhelming evidence of corruption in the health sector, actors have been relatively silent and inactive towards anticorruption measures. This is partly attributed to the fact that the health sector is fragile, and therefore aggressive anticorruption approaches, without fixing the existing system weaknesses, can break the already dysfunctional health systems. Inadequate capacities to fight corruption also contributes to very little action against the vice.

Forms of corruption in the health sector include:

a. Corruption in human resources for Health management; commonly evident through high cases of absenteeism, nepotism, disproportionate distribution of health workforce and inconsistency in application of remuneration policy .
b. Procurement corruption; leading to overpricing and substandard supplies as well as unfair competition.
c. Theft and misuse of public health property; including medicines and equipment diverted from public use to private business.
d. Embezzlement of funds; mostly user fees and funds earmarked for public health programs.
e. Persistent conflict between private and public practice by physicians.
f. Corruption in national health insurance mechanisms including private health insurance systems.

Corruption affects the health sector in many ways; it diverts the very little available resources away from healthcare, leading to poorer quality care and making access to healthcare unfair. These adverse effects and consequences of corruptions often affects low poor households the hardest. Ironically, we, the civil society, a vocal champion for the rights of the poor, have overlooked corruption in the health sector despite its devastating impact on the poor and marginalized communities.

We have committed to take up anticorruption in the health sector as a priority area of focus, and design and implement appropriate multisectoral anticorruption strategies.

Areas for priority Action

7.1. Build consensus on scale of corruption; CSOs will mobilize stakeholders to build consensus on the need to recognize corruption as a critical challenge in the Zimbabwe health systems. This will raise awareness of the nature and scale of corruption and its impact on the health sector.
7.2. Set anticorruption priority and advocate for resource allocation to support anticorruption interventions including strengthening health sector oversight and management systems, enhance

community monitoring and reporting, mainstream anticorruption into public sector management systems.

7.3. Strengthen and mainstream whistle blowing mechanisms and promote whistle blowing at community level as a crucial community role in protecting public resources and ensuring threats to financial integrity, public health services and human rights do not go unchecked.

7.4. Strengthen accountability and transparency; scaleup requirements for transparency and accountability at all levels of health care delivery, this includes

- 7.4.1. Use of financial performance and reporting as tool for transparency.
- 7.4.2. Enhance transparency in budgeting and resource allocation processes.
- 7.4.3. Institutionalize civil society and public expenditure tracking as a tool to monitor efficiency and appropriate utilization of aid and public resources.

7.5. Scale up community empowerment and citizens engagement in planning, monitoring and evaluation of service delivery.

OUR REQUIRED ACTIONS

- **advocate** for increased domestic financing and universal health coverage based on human rights and gender equity
- **invest** in sustainable and resilient community systems
- **build capacity** for policy development, leadership, effective and responsive programing, knowledge transfer research, and health literacy
- **coordinate and self-regulate** CSOs to ensure a high level of professionalism and accountability
- **partner and build coalitions** among CSOs and with public and private sectors and international organizations for enhanced peer to peer and South-to-South learning as well as increase joint ventures.
- **adapt and enforce code of ethics and conduct** for CSOs to enforce existing sector requirements including implementation of this charter.

AMENDMENT

The Charter shall be amended by the Civil Society Leadership in consultations with CSOs from time to time keeping it in line with the changing health sector focus and priorities at national, regional and global levels. The Leaders will establish mechanisms to periodically meet and review the implementation of the Charter, and make adjustments where necessary, through an all-inclusive process.

ENDORSEMENT

Civil Society Leaders in Zimbabwe health sector subscribe to and endorse the Charter to guide their work and engagement with other key stakeholders in the health sector at the national, regional and global levels.

Annex 1: Organizations Involved in the development of this Charter

Batsiranai Programs Manicaland, Zimbabwe
BHASO
ChildLine Zimbabwe
Christian Care
FACE Zimbabwe
Family AIDS Support Organization
FOST
GALZ
Hope Alive
Jointed Hands
Joint United Nations Programme on HIV and AIDS
Katswe Sistahood Director
Loving Hand
Masvingo Association Of residential Care Facilities
Ministry of Women's Affairs, Gender and Community Development
Ministry of Health and Child Care
National AIDS Council
Pamumvuri Comfort and Orphan Care and not Kurainashe
PAPC- ZIM
PATAM
RAPT
Rural Unity for Development Organization
SGDZT
SIDA
Simukai Child Protection Programme
SRC
TAAF Caledonia
Tony Waite
TRANS SMART TRUST
UMC
Umguza AIDS Foundation
Umzingwane AIDS Network
United Nations Children's Fund
United Nations Development Programme
Uzumba Orphan Care
WAAD
WAG
Young Men Christian Association
Youth Alive
Youth Dialogue Zimbabwe
Youth Engage
Zimbabwe AIDS Network
ZCBC
Zimbabwe Aids Project
Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender
Zimbabwe Civil Liberties and Drug Network
Zimbabwe Rainbow Community
Zimbabwe National Network of PLHIV
ZRC Mutare
ZWLWHNF