



Landscape analysis report on Sexually Transmitted Infections Prevention, Treatment and Management Strategies in Zimbabwe

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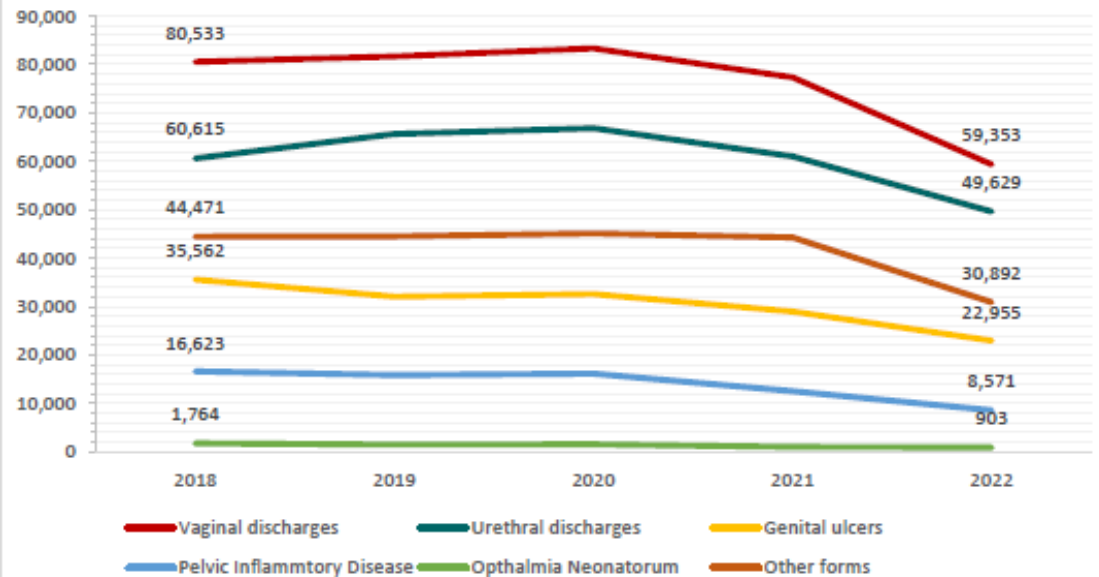
Webinar Title: Results from STI Landscaping Analyses in East and Southern Africa



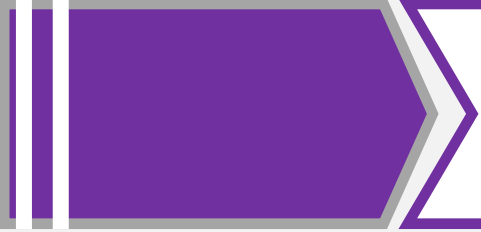
Background

- Sexually Transmitted Infections (STIs) continue to be a major public health problem in Zimbabwe
 - 8% of sexually active men and women reported either having an STI or are experiencing STI symptoms (ZDHS 2015).
 - Among the respondents, 48% of women and 55% of men did not seek any advice or treatment.
- If left untreated, STIs can lead to severe health complications, including pelvic inflammatory disease (PID), increased risk of getting HIV, certain cancers (Cervical cancer), and even infertility.


Trends in STI syndromes reported 2018-2022




Objectives of the Landscape analysis




- Identify gaps and unmet needs that could impact the successful implementation of STI prevention and management programs.



- Understand the opportunities and threats that may impact the implementation of STI prevention and management programs



- Identify existing assets in the community that could support the implementation of STI prevention and management programs



- Come up with key recommendations that can strengthen STI prevention and management programs in Zimbabwe.

Methods

- A qualitative assessment was conducted
- Data was collected through focus group discussions and semi-structured interviews with key informants.
- Participants were asked about STI testing, prevention and access to testing and treatment services
- FGD participants and key informants were drawn from nine districts which were purposively sampled from nine of the provinces in the country
- Data collection activities were conducted between the 18th of September and 24th of November 2023
- Data was analyzed by developing codes which were mapped to develop broader categories



Sub-groups identified

Community Dialogues

- Adolescent Girls and Young Women (Mat South)
- Adolescent Boys and Young Men (Mash East)
- Sex workers (Harare)
- Pregnant and lactating women (Mash Central)
- Persons with disabilities (Masvingo)
- Men who have sex with men and Transgender persons (Bulawayo)
- Men (Touts and Artisanal miners, Midlands)
- Women (informal and formal traders, Manicaland)
- Women (faith-based) (Mat North)

Key Informant Interviews

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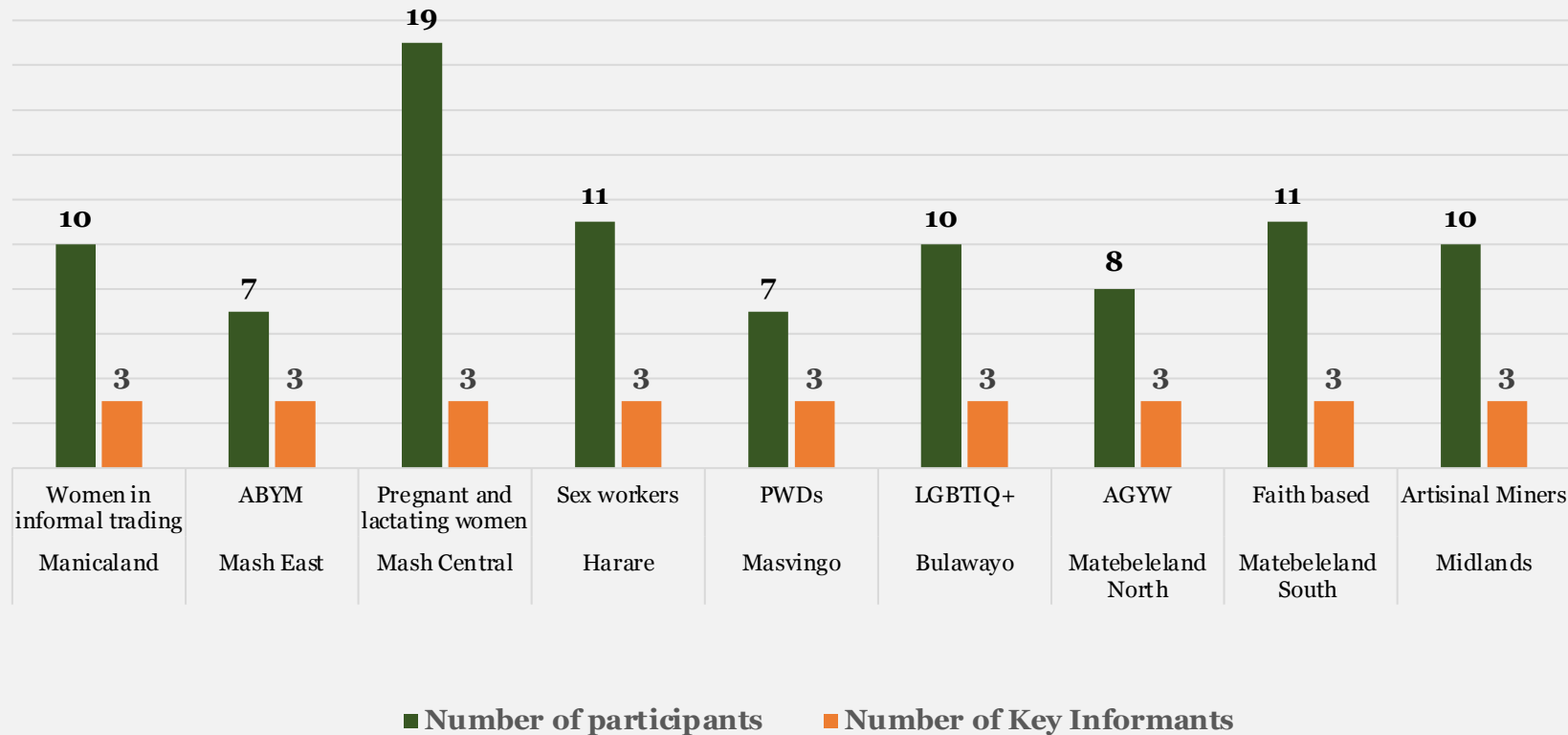
- Community-based Organization
- Zimbabwe National Family Planning Council
- Ministry of Health and Childcare
- National AIDS Council
- Civil Society Organizations

Findings



Profile of respondents

Participants reached by province during the consultation process



Key drivers of transmission of STIs

- Low-risk perception among respondents despite having basic information on STIs
- Low health seeking behavior among persons who contract STIs health-seeking

- Economic vulnerability as key driver of STI transmission

- The intersectionality between drug and substance abuse and risk of contracting STIs

- The risk of contracting STIs in committed relationship associated with low health-seeking behavior

Key drivers of transmission of STIs

"People don't know the complications of STIs, and most people don't know the early symptoms of STIs"
Key informant interview CSO Mashonaland East

"When a wealthy client offers more money and does not want to use a condom I will comply because I really need the money to pay for rentals and food." Community dialogue Sex Worker Harare

"You can't just drink beer without having a woman to enjoy with, sex marinate the excitement"
Community dialogues Artisanal Miner Midlands

"I have a friend who has had a vaginal discharge for a very long time because the husband always has sex with sex workers when he gets money. She gets treated but the husband always reinfects her"
community dialogue Lactating woman Mashonaland Central

Access to STI Treatment, Care and Management services

- Access to treatment of STIs through unofficial channels
- STI related stigma in accessing health services
- Long waiting periods at health facilities
- Use of Traditional herbs to treat STIs

The traditional healers do not ask a lot of questions when treating an STI, they only give you powerful medication and you don't have to walk long distances to buy them." **Community dialogue ABYM Mashonaland East**

- Poor quality of care from health professionals
- High cost of STI diagnostic, treatment, and management services
- Parents/guardians act as barriers to accessing STI services among young people.

"I would rather not access the services than to go and risk my parents finding out. I have a friend whose parents were called after she visited the clinic for treatment, she was forced to go and stay with the person she was having sex with." **Community dialogue AGYW Matabeleland North**

- Disclosure and index case finding for STI treatment as a barrier to accessing STI treatment
- Stock outs of medicines when accessing STI treatment

"I am a sex worker, but I don't want everyone to know so when I have an STI. The clinic requires me to bring my partner but how would I know who gave me the STI when I have had sex with several people" **Community dialogue Sex Worker Harare**

Knowledge on STI policies and strategy

Generally, most of the respondents including key informants were not aware of any policies or strategic guidelines that inform the national response to STIs in Zimbabwe

- Lack of community programs specifically for STI prevention, treatment, care and support services

“There are no community programs specifically for STIs. These are integrated within other running programs.” Key informant Bulawayo

“I personally think STI programs are not getting enough attention. It is very different from interventions which are coming targeting HIV. As we are doing our workshops and implementing our activities we just brush off issues to do with STIs.” Key Informant Masvingo



Summary Findings

Gaps and unmet needs

- Prioritization of STIs within coordination platforms for health at all levels including Technical Working Groups.
- Strong movements driven by civil society working towards universal access to STI prevention, treatment, care, and support.
- Adequate range and supply of vaccines, diagnostic and treatment options for STIs.

Opportunities

- Acknowledgement by Government on the need to strengthen the response to STIs.
- Availability of best practices on linking communities to health services including DSD models, outreach, and health literacy programs.
- Availability of technology and virtual platforms to engage communities and facilitate access to services

Threats

- Existing STI is related to stigma and discrimination by health professionals.
- Health Systems continue to deteriorate with issues centered on attrition of health workers, availability of medicines and insufficient medical equipment.
- Lack of coordination and overall strategy in responding to STIs beyond HIV.

Strengths and Assets

- A strong base of civil society organizations in their diversity who have done well in complementing the response to HIV among other public health issues.
- Government operational structures have already included the response to STIs as core program area including the use of community and village health workers
- Coordinators and support workers are available at national level

Conclusions



Unlocking resources that are needed to ensure that communities have access to STI literacy, diagnostic, care, and support services.



Calling for responsive systems and processes that address gaps in the continuum of care including mitigation strategies against drug stock outs. Contributing towards development, availability, and utilization of biomedical STI interventions.



Building a strong movement of stakeholders inclusive of communities that facilitates sustained commitment and a collective mission to address barriers, gaps and challenges related to accessing STI prevention, treatment, care and support services



Efforts should be targeted towards creating a culture of providing high quality services where confidentiality is upheld and access to services is non-judgmental.



Strategic investments should be made in designing new models and borrowing from approaches that have worked in responding to HIV focusing on mental health and using digital platforms to raise awareness.

THANK YOU!

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