

LOCAL LEVEL ADVOCACY

UNIVERSAL ACCESS TO TREATMENT AND ATTAINMENT OF
HEALTH RIGHTS

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OBJECTIVES

- Out line the situational analysis of HIV in Zimbabwe
- Show the effectiveness of advocacy by PLHIV at grass roots level
- Show how local level advocacy can influence outcomes at national and international level.
- Show gaps and challenges faced by advocacy teams.

SITUATION ANALYSIS: Getting to zero

- While the ZNASP II places rights as a guiding principle for the response to HIV, the reality is that the rights of people living with HIV are severely compromised and Zimbabwe stands way behind its neighbours in the region in terms of treatment, care and support available to PLHIV.
- Diagnostic services
- Long distances to access ART sites
- None availability of important drugs
- Shortage of human resources(doctors, lab technicians)
- Consultation fees and OI charges
- Government Social assistance(AMTO) not accepted with health institutions
- Maternal health care being charged

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- Discriminatory laws which do not promote HIV programming (willful transmission, police and prison act)
 - Non availability of ECOSOC rights in the constitution

Local level advocacy structure

- The structure of local level advocacy operates at five levels;
- Support group
- ward level,
- cluster level,
- district level,
- provincial level

SUMMARY OF ADVOCACY STRATEGY

GOAL	OBJECTIVE	SUCCESS INDICATORS	MEANS OF MEASUREMENTS	TARGETS	ALLIES AND OPPORTUNITIES	METHODS AND ACTIVITIES	RISKS AND ASSUMPTIONS	TIME SCALE	RESPONSIBILITY

ADVOCACY REPORT SHEET

ADVOCACY ACTIVITY	WHAT WAS THE PROBLEM	EFFECT	OBJECTIVE	WHO DID YOU ADVOCATE TO	ALLIES	WHAT METHODS WERE USED	WHAT CHALLENGES DID YOU FACE	WHAT WERE THE RESULTS OF THE ADVOCACY	PARTICIPANTS
Decentralization	PLHIV travelling long distances to access refill and services	Defaulter and lost to follow rates were increasing	To have PLHIV have services at local health centre	MOHCW NAC	ZNNP+	Research	MOHCW was hesitate due to the expenses to be encountered	Decentralization is being done through mobile initiating sites	Support Groups ATs MSF MOHCW Business community Chiefs
Diagnostic services	PLHIV could not be done re-CD4 Counts and pathology fees are too high	PLHIV who qualify to be on ART not accessing	To have more diagnostic machines and existing functional	MOHCW NAC	CHASAs PLW Disability	Health and rights Forum Petition	NAC felt challenged by PLHIV	More PIMA machines to come	ATs
Health care funding	Government had been allocating less than 15% to health	70% of Zimbabwean drugs are donor funded	To have a sustainable fund for Health to support NATF	Minister of Health Parliamentarians	ZLHR ZNNP+	Seat in Petition March on WAD	Issue was politicized	Budget was increased to 345m from 150m	Harare AT Masvingo AT

CONCLUSION

- The strength of this approach lies in social investment in ordinary community members who feel they own the project.