



# Advancing STI Prevention and Care in Zimbabwe

April 2026

## Executive Summary

Sexually transmitted infections (STIs) remain an under-prioritized public health challenge in Zimbabwe. Although included within the broader sexual and reproductive health (SRH) framework, STIs lack sustained policy recognition, coordinated implementation and management strategies, and dedicated financing. Insufficient integration of community voices into the STI response, limited workforce training, and reliance on syndromic management limit effective prevention and care options.

**This advocacy agenda advances a coordinated, equity-driven approach in Zimbabwe to:**

1

Amplify community voices' contribution to STI policies and programming through dialogues and engagement to reduce stigma and improve awareness and acceptability.

2

Support national coordination and integration for STI research, policy, and programming.

3

Facilitate multilevel preparedness for emerging technologies and innovations in STI vaccines, diagnostics, and management.

**STI**Watch

An initiative of  AVAC  
Advocacy Access Equity

# Vision

A coordinated national STI response where STIs are prioritized, quality care is delivered, and affected communities contribute to shaping policy and practice.

## The Case for Action

**A landscape analysis of Zimbabwe's STI ecosystem identified structural and implementation gaps that limit progress:**

- STIs are acknowledged in policy but, under-prioritized in financing and coordination mechanisms.
- Syndromic management remains the standard of care with limited diagnostic availability and partial antimicrobial resistance (AMR) surveillance.
- Healthcare workers face limited access to updated training and technical guidance.
- Community-based organizations are insufficiently integrated into national STI planning processes.
- National systems are not fully prepared for adoption of new STI technologies.

These gaps disproportionately affect young people, women, and key populations who already face structural barriers, stigma, and limited access to quality services. Without coordinated advocacy and structured engagement, Zimbabwe risks continued fragmentation, inequitable service delivery, and missed opportunities for prevention, surveillance, and uptake of new innovations.

# Key Actions to Improve STI Prevention, Diagnosis, and Care in Zimbabwe

To address these gaps, three core priorities will guide advocacy efforts.

1

## Document and Align National STI Priorities

Zimbabwe requires clearly documented and publicly articulated national STI priorities that align funding, programming, research, and policy efforts. Establishing shared priorities will strengthen coordination across sectors, reduce fragmentation, and create a unified framework to guide implementation and accountability. Clear national direction is essential to elevate STIs within broader health planning processes and ensure sustained attention.

2

## Strengthen the Health Workforce on STI Management

Improving STI outcomes requires sustained investment in healthcare worker training and guideline uptake. Strengthening technical capacity in STI diagnosis, treatment, and antimicrobial resistance management will improve quality of care and reduce stigma within clinical settings. Building workforce readiness now will also position Zimbabwe to equitably adopt emerging diagnostics, vaccines, and treatment options.

3

## Institutionalize Community Representation in STI Advocacy

Communities most affected by STIs must have structured opportunities to inform national decision-making processes. Institutionalizing mechanisms for community representation ensures that policies and guidelines reflect lived realities, address barriers to access, and strengthen accountability. Meaningful inclusion of community voices enhances legitimacy, improves responsiveness, and supports more effective and equitable STI programming.

**Together, these three priorities aim to create alignment between national coordination, frontline service delivery, research evidence, and lived community experience.**

# Strategic Approach

**This agenda advances a coordinated model that deliberately links policy engagement, service delivery realities, research evidence, and community voices.**

## Policy Engagement and Government Alignment

Structured engagement with national stakeholders will support integration of STI priorities within existing SRH, HIV, antimicrobial resistance, and universal healthcare frameworks. Advocacy efforts will focus on strengthening coordination, reinforcing national ownership, and embedding STI priorities within ongoing planning processes.

## Community Education and Advocacy Alignment

Community-centered engagement will elevate STI awareness, reduce stigma, and strengthen confidence to participate in policy discussions. Documented lived experiences will inform advocacy messaging and ensure national priorities reflect real access, barriers, and service gaps.

## Healthcare Worker Capacity Strengthening

Capacity-building initiatives will integrate technical STI management with advocacy principles, positioning healthcare workers as implementers, quality improvement leaders, and contributors to policy dialogue. Strengthened provider capacity enhances both service delivery and policy implementation.

# Equity and Community Engagement

This advocacy agenda centers populations most affected by STIs, including young people, women, and key populations, as active contributors to decision-making and accountability processes. Too often, communities experiencing the greatest burden of infection have limited influence over policy discussions, guideline development, and service design. This agenda seeks to ensure that community perspectives and lived experiences inform national STI priorities.

Structured community dialogues will provide opportunities for individuals and community-based organizations to share experiences accessing STI services, including barriers related to stigma, availability, and quality of care. Insights from these discussions will be documented and synthesized to inform advocacy messaging and policy conversations.

Community representatives will also be supported to participate in broader STI discussions with policymakers, healthcare providers, and researchers. Embedding community leadership within STI advocacy strengthens accountability and helps ensure that policies and programs reflect real service gaps and priorities.



# Conclusion

Zimbabwe has a timely opportunity to shift from fragmented attention to a coordinated, evidence-informed, and community-driven STI response.

By clearly articulating national priorities, strengthening workforce capacity, and institutionalizing community representation, this advocacy agenda provides a practical pathway to elevate STIs within national planning, improve service quality, and prepare for emerging innovations.

This document remains adaptive and will evolve as policy, epidemiological, and community contexts change.



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## About This Work

This advocacy agenda is part of STIWatch, an initiative of AVAC, a global advocacy organization working to advance equitable access to HIV prevention. This agenda was co-created with STI experts, advocates, researchers, healthcare providers, and community leaders in Kenya, South Africa, and Zimbabwe, ensuring they reflect national priorities and local realities. AVAC's role is to support, convene, and amplify, working alongside in-country partners to advance advocacy that is locally driven, context-specific, and grounded in existing health systems and community leadership. This work is made possible by the support of the Gates Foundation.

**Find out more at [STIWatch.org](https://STIWatch.org) and [avac.org](https://avac.org).**

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