

**Joint Shadow Report to the Universal Periodic Review (UPR):
Human Rights Situation of Persons with Albinism in Zimbabwe**

By



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Africa Albinism Network (AAN): AAN is a non-governmental organization working to promote the dignity, rights, and welfare of persons with albinism and their family members in Africa.

National Albinism Organisations Network of Zimbabwe (NAONZ): NAONZ is a consortium of organizations including Alive Albinism Initiative (AAI), Albinism Dare to Dream Initiative (ADDI), Integration of People with Albinism (IPA), Noble Hands Zimbabwe (NHZ), and For Four Girls Zimbabwe Trust (FFGZT)) collaborating to promote education, health equity, advocacy, research, human rights and welfare of persons with albinism in Zimbabwe.

Executive Summary

Zimbabwe has made some positive policy commitments, including the launch of the National Disability Act 2025, reforms in the education sector, continued efforts to align domestic law with the Constitution and the Convention on the Rights of Persons with Disabilities, and the inclusion of an albinism-related question in the 2022 population census. These steps provide an important basis for advancing the rights of persons with albinism.

However, consultations with leaders of albinism organisations in Zimbabwe show that broad disability inclusion has not yet translated into adequate, targeted and budgeted measures for persons with albinism. Albinism-specific needs are still commonly bundled under general disability programming, resulting in gaps in sunscreen supply, dermatological care, low-vision support, public awareness, data collection, social protection, education and participation in policymaking.

Stakeholders identified urgent concerns, including poor access to affordable sunscreen, limited skin cancer prevention and treatment services outside major cities, inadequate health education and counselling from birth, stigma and neglect in health facilities, bullying and delayed enrolment in schools, lack of assistive devices and trained teachers, harmful myths, sexual exploitation linked to beliefs about luck or business success, blame and abandonment of mothers of children with albinism, and insufficient protection of children from bullying, sun exposure and harmful religious practices.

This report calls on the Zimbabwe Government to adopt, fund and operationalise a National Action Plan for Persons with Albinism, aligned with the African Union Plan of Action to End Attacks and Other Human

Rights Violations Targeting Persons with Albinism in Africa (2021-2031), and developed in meaningful partnership with national organisations of persons with albinism.

Questions to the Government of Zimbabwe

1. Does the Government have a specific budget line for programmes benefiting persons with albinism, including sunscreen, protective clothing, low-vision devices, dermatological screening, skin cancer treatment, public awareness and social protection?
2. What steps has the Government taken to train healthcare professionals (i.e., nurses, midwives, doctors), community health workers and social workers on albinism, counselling at birth, respectful treatment, early detection of skin cancer and appropriate referral pathways?
3. What steps has the Government taken to collect and publish disaggregated data on persons with albinism, including data on education, employment, health, violence, access to justice, social protection and rural/urban location?
4. What measures are in place to prevent bullying, name-calling, delayed enrolment, stigma and discrimination against learners with albinism in schools, and to provide reasonable accommodation such as large print, spectacles, magnifiers, appropriate seating and teacher support?
5. How is the Government working with albinism organisations, traditional leaders, religious leaders, schools and media houses to conduct government-led, year-round awareness campaigns on albinism?

6. Does the Government intend to adopt, fund and operationalise a National Action Plan for Persons with Albinism, developed in consultation with national organisations of person with albinism and aligned with the African Union Plan of Action on Albinism (2021-2031)?

I. Introduction

1. Persons with albinism are a distinct group within the broader disability rights framework. They experience discrimination based on disability, colour, appearance, harmful myths, and social exclusion. In Zimbabwe, their rights must be understood through an intersectional lens, particularly where albinism intersects with poverty, gender, childhood, rural residence, disability, and limited access to health care.
2. Zimbabwe's third-cycle UPR outcome provides a strong basis for addressing the rights of persons with albinism. Supported recommendation 139.22 called on Zimbabwe to ensure protection, in law and practice, of vulnerable groups, including women, children and persons with disabilities. Supported recommendation 140.49 called on Zimbabwe to pursue efforts to integrate the Convention on the Rights of Persons with Disabilities into domestic law.
3. This submission therefore does not present albinism as a separate or isolated concern. Rather, it demonstrates that the rights of persons with albinism are already covered by Zimbabwe's accepted obligations and UPR commitments on disability, health, education, equality, social protection, women's rights, children's rights and access to justice.

II. Methodology

4. This report is based on a review of Zimbabwe's third-cycle UPR documents, including the Working Group report, the State's national report, the addendum on supported and noted recommendations, the thematic list of recommendations, and OHCHR technical guidance for stakeholder submissions. The report is also informed by desk research and consultations with national albinism organisations in Zimbabwe. A Focus Group Discussion was held on 4 June 2026 with leaders of

albinism organisations in Zimbabwe. The discussion covered education, public awareness, harmful beliefs, data collection, budgetary allocation, cooperation with civil society, health, sunscreen and dermatology, skin cancer, employment and livelihoods, violence and personal security, women and children, social protection, representation and priority recommendations for the fourth UPR cycle. The evidence from the Focus Group Discussion is qualitative and reflects the lived experience and programmatic observations of albinism organisations leaders. Quantitative figures reported during the discussion, including census data and estimated community data, should be treated as stakeholder-reported figures.

A. Legal and Policy Framework

5. Zimbabwe has taken steps relevant to the rights of persons with disabilities. Its national report notes that the Education Act incorporates human rights clauses on gender, disability, health and equity for children, and that the National Disability Policy was launched to address marginalisation and discrimination against persons with disabilities.
6. Stakeholders acknowledged these broad frameworks but emphasized that albinism is still largely treated as part of a general disability category. It should be noted that Albinism is a double disability. Stakeholders reported that disability issues are often bundled together and that there are few dedicated spaces where persons with albinism and their representative organisations are consulted specifically on the policies, budgets and services that affect them.
7. General disability policies do not automatically address the lived realities of persons with albinism. Persons with albinism require regular sunscreen, protective clothing, eye care, low-vision devices,

dermatological screening, early skin cancer detection, reasonable accommodation in education and employment, public awareness campaigns and protection from myths and harmful practices.

8. The Government should ensure that disability laws, health reforms, education policies and social protection frameworks expressly recognise albinism-specific needs. It should also ensure that persons with albinism and their representative organisations participate meaningfully in law-making, policy development, budget planning and monitoring.

B. Education

9. Zimbabwe supported recommendations on access to education, including recommendation 139.99, which called for urgent steps to ensure that all children have access to education, including those in remote areas, and to eliminate root causes of discrimination affecting girls' education. Zimbabwe's national report also notes that the Education Act prohibits exclusion from school on grounds including disability and requires disability-friendly infrastructure and facilities.
10. Stakeholders reported that the Ministry of Primary and Secondary Education has taken some steps toward disability inclusion, including an audit in government schools to assess learners' needs. However, they emphasized that such measures are not always albinism-specific and may not cover private schools. Learners with albinism continue to need individualized low-vision support, including large print, spectacles, magnifying devices, appropriate seating and other assistive technologies depending on the degree of visual impairment.
11. Access to reasonable accommodation is inconsistent. Some schools provide large-print materials, particularly during examinations, but this often depends on whether a disability specialist teacher is available. Not all schools have trained teachers, and rural or newly

established schools may be severely under-resourced. Stakeholders described rural schools where very few teachers cover multiple grades, making it difficult to provide inclusive education responsive to albinism.

12. Learners with albinism also face bullying, name-calling, avoidance and segregation in school environments, particularly where other learners have never interacted with a child with albinism. Some parents reportedly delay enrolment because they fear that their child will be abused in school, while some families do not prioritise the education of children with albinism due to stigma or harmful beliefs about their future.
13. The Government should ensure that inclusive education is funded and implemented in practice. This includes training teachers on albinism, providing large print and low-vision devices, ensuring safe and shaded school environments, preventing bullying, conducting awareness sessions when a child with albinism enrolls or transfers to a school, and ensuring that children with albinism are not placed in segregated settings where such placement is unnecessary or inappropriate.
14. Special measures are also needed to ensure that children with albinism have birth certificates, identity documents and other documentation required for school enrolment and progression. These measures should be linked to broader child protection and social protection systems.

C. Health

15. Health remains one of the most urgent areas for persons with albinism in Zimbabwe. The main health risks include vulnerability to ultraviolet radiation, sunburn, precancerous lesions, skin cancer and visual impairment. These risks are preventable when sunscreen, protective clothing, health education, regular dermatological checks, eye care and early treatment are available.

16. Stakeholders reported that the Government is not currently providing sunscreen to persons with albinism in a regular, adequate or systematic way. Sunscreen is largely supplied through NGOs, private sector donations and albinism organisations, but quantities are insufficient. Stakeholders reported that donations may consist of a few hundred bottles at a time, which cannot meet national need.
17. Sunscreen is also expensive and difficult to find, especially outside major towns. Stakeholders reported that a low-end tube may cost around USD 12, while preferred brands may cost significantly more depending on SPF and type. They estimated that an adult may need approximately two to three bottles per month, while children may require around one and a half to two bottles, depending on exposure and usage. Because of cost and limited availability, some persons with albinism ration sunscreen or rely on unsafe substitutes such as clay applied to the skin.
18. Stakeholders also reported major gaps in counselling and health education from birth. Parents may leave maternity facilities without adequate explanation of albinism, skin protection, eye care, or where to seek help. In rural and remote areas, children may grow up without accurate information, increasing the risk of preventable skin damage and later skin cancer.
19. Skin cancer prevention and treatment remain inadequate. Stakeholders reported that most dermatologists are concentrated in the capital city, while dermatology services in other provinces are limited or unavailable. Skin cancer screening programmes led by CSOs have revealed that many persons with albinism are being screened for the first time as adults. Transport costs, distance, lack of information and limited referral pathways prevent many people from accessing services.

20. Stakeholders further reported late referrals, misdiagnosis and inadequate treatment of skin lesions or wounds. Some persons with albinism presenting with wounds may be given basic pain relief or skin lotion without proper examination or referral. Healthcare professionals (i.e., nurses, doctors), community health workers and social workers require training on albinism, early identification of skin cancer risks, respectful treatment and referral procedures.
21. Reports of stigma and neglect in health facilities are deeply concerning. Stakeholders described situations in which persons with albinism were treated as belonging to an organisation rather than as patients, where health workers reacted to their appearance or wounds with fear, and where inadequate wound care contributed to deterioration. Such treatment discourages health-seeking behaviour and undermines the right to health.
22. The Government should recognise sunscreen as an essential health commodity for persons with albinism and establish a national programme for free or subsidised sunscreen, protective clothing, dermatological screening, eye care, skin cancer prevention and treatment. Dermatology and skin cancer services should be decentralised to provincial and district levels, with clear referral pathways from community health workers and primary clinics to provincial hospitals.

D. Employment and Livelihoods

23. Persons with albinism often face barriers to employment because of stigma, discrimination, visual impairment, lack of educational support, and health risks linked to outdoor work. Women and youth with albinism may face additional barriers linked to poverty, exclusion, and gender stereotypes.

24. Stakeholders reported some positive examples of persons with albinism employed in public sector institutions, including in education, health, policing, prisons, media and local administration. These examples show that inclusion is possible when opportunities are opened, and reasonable accommodation is provided.
25. However, barriers remain significant, especially in the private sector. Stakeholders reported that persons with albinism may perform well in interviews but still be rejected because employers assume they will be a problem, cannot perform certain tasks, or will make clients uncomfortable. Women with albinism may also be rejected from domestic work because households fear having them around children.
26. Poverty and lack of formal employment push many persons with albinism into informal livelihoods such as vending, farming and artisanal mining. These activities often involve prolonged sun exposure, which increases health risks. In rural areas, families may have to choose between purchasing sunscreen and meeting basic food needs.
27. The Government should adopt targeted measures to improve employment and livelihood opportunities for persons with albinism, including reasonable accommodation in public and private employment, enforcement of anti-discrimination protections, vocational training, indoor and low-sun-exposure livelihoods, entrepreneurship support, access to finance and social protection.

E. Violence, Personal Security and Access to Justice

28. Persons with albinism in parts of Africa have historically faced threats, attacks, trafficking, grave robberies and other harmful practices linked to myths and ritual beliefs. In Zimbabwe, stakeholders reported fewer cases of severe attacks compared with some other countries, but they emphasized that harmful beliefs and serious violations still occur and require urgent attention.

29. Stakeholders referred to cases of sexual exploitation and abuse linked to the harmful belief that sex with a person with albinism can bring luck, business success or wealth. Women and girls with albinism are particularly exposed to this risk. Such cases may remain hidden due to stigma, family pressure, fear, lack of safe reporting channels and limited access to justice.
30. Access to justice for persons with albinism requires safe reporting channels, police awareness, survivor protection, legal aid, psychosocial support, accessible courts and remedies. Justice institutions should understand albinism-related risks and should not treat cases involving persons with albinism as ordinary incidents without considering the discriminatory or harmful-practice dimension.

F. Women and Children with Albinism

31. Women and children with albinism face intersecting forms of discrimination. Girls with albinism may experience bullying, sexual vulnerability, exclusion from school, harmful myths, and barriers to health and social protection. Women with albinism may experience discrimination in employment, family life, relationships, motherhood and community participation.
32. Stakeholders reported that mothers of children with albinism may be blamed for the birth of the child, accused of infidelity, treated as cursed, abandoned or exposed to domestic violence. In public spaces, mothers may be stared at, avoided or treated as disturbing others simply because they are with a child with albinism.
33. Children with albinism face protection concerns from the family level to school and community settings. Stakeholders reported bullying, name-calling, delayed school enrolment, denial of education, lack of identity documents, forced sun exposure through household duties, and harmful religious practices where children are taken to so-called

healing spaces and exposed to the sun or false claims that albinism can be cured.

34. Gender-based violence, child protection, sexual and reproductive health, education and social protection programmes should specifically include women and children with albinism. These programmes should provide accurate information, counselling, family support, safe reporting, psychosocial support, legal assistance and links to health and education services.

G. Discrimination, Stigma and Social Exclusion

35. Stigma remains one of the root causes of exclusion of persons with albinism. It affects family acceptance, schooling, employment, health-seeking behaviour, participation in public life and access to justice. Discrimination may occur in both public and private spaces, including schools, workplaces, health facilities, religious settings, traditional settings and communities.
36. Stakeholders reported that government-led awareness on albinism remains limited. Awareness efforts are largely led by albinism organisations, especially around International Albinism Awareness Day. Government actors may attend or post messages during such events, but stakeholders reported few sustained government programmes focused specifically on albinism.
37. Civil society organisations have conducted awareness activities across different provinces and communities, often within limited resources. These activities are important but cannot substitute for a national, government-led awareness strategy. Government should lead and fund public education while partnering with albinism organisations as technical and community partners.
38. Harmful beliefs persist, including the belief that albinism is a curse, that persons with albinism should be separated from society, or that

sexual contact with a person with albinism brings luck or business success. Such beliefs are reported in both rural and urban spaces and may be reinforced by traditional or religious misunderstanding.

39. Public awareness should be carried out through schools, clinics, hospitals, local government offices, radio, television, social media, traditional leaders, religious leaders and community structures. Materials should include posters in clinics and schools, school-based sensitisation when a learner with albinism enrolls or transfers, health education at birth, and positive stories showing the leadership, achievement and dignity of persons with albinism.

H. Data Collection, Participation and National Action Planning

40. A major gap is the absence of comprehensive, reliable and disaggregated data on persons with albinism. Without data, it is difficult to plan sunscreen supply, health services, education support, employment programmes, social protection, awareness campaigns, or justice interventions.
41. Stakeholders reported that Zimbabwe's 2022 population census included a specific albinism-related question and recorded 9,754 persons with albinism. They welcomed the inclusion of the question but expressed concern that the figure is likely an undercount. They stated that the question was reportedly added late that some enumerators may not have asked it consistently, that some families may not have disclosed albinism, and that persons in remote areas may have been missed. Stakeholders estimated that the actual number may be closer to 20,000 to 21,000 persons, though this should be verified through official and participatory data collection.
42. The Government should conduct a dedicated or strengthened enumeration of persons with albinism in partnership with national albinism organisations. Enumerators should be trained to ask

questions respectfully and consistently, protect privacy, reach remote areas and collect data disaggregated by age, sex, location, education, employment, health, social protection and access to justice.

43. Stakeholders also reported that there is no specific government budget line for persons with albinism. Existing support is mainly available through general disability or vulnerable population mechanisms. For example, the Assisted Medical Treatment Order may support access to free treatment in public hospitals, but it does not cover transport to facilities, which is a major barrier for rural communities. Stakeholders also reported that education support through BEAM has not been consistently functional for children with disabilities in recent years, although some tertiary support may be accessed through social welfare and university-based disability funds.
44. The Government should create specific budget lines for albinism-related health, education, awareness, social protection and participation measures. It should ensure that social protection covers not only hospital costs but also transport, sunscreen, protective clothing, assistive devices, school materials and other practical needs.
45. Stakeholders reported cooperation with the Department of Social Services, the Ministry responsible for public service, labour and social welfare, the Ministry of Primary and Secondary Education, and the Ministry of Higher and Tertiary Education. However, cooperation with justice institutions and other ministries remains limited and should be strengthened through formal coordination mechanisms involving albinism organisations.

I. Participation and Representation

46. Persons with albinism have the right to participate in public life and to influence decisions that affect them. Stakeholders reported some positive examples of persons with albinism serving as local councilors,

district-level administrators, public officers and media professionals. These examples should be built upon.

47. At the same time, persons with albinism remain underrepresented in governance, leadership, and decision-making spaces. Political participation may be constrained by stigma, fear of victimisation, lack of resources, and unsafe public environments. Persons with albinism should be represented in local, ward, district, provincial and national committees, including bodies dealing with health, education, disability, social protection, women and children, and human rights.
48. The Government should create safe and accessible platforms for persons with albinism and their organisations to participate in law-making, policy development, budgeting, monitoring and public leadership. Participation should include women and youth with albinism and should not be limited to token attendance in general disability forums.

III. Recommendations

We recommend the following:

49. The government of Zimbabwe should develop, adopt, fund and operationalise a **National Action Plan on Albinism by 2027**, in consultation with national albinism organisations, and align it with the African Union Plan of Action on Albinism (2021-2031) and Africa Disability Protocol.
50. Collect and publish reliable disaggregated data on persons with albinism, including through a strengthened national census process or a separate participatory enumeration conducted in partnership with albinism organisations. In doing so, the Government should use internationally recognised tools such as the Washington Group Short Set on Functioning to identify persons with disabilities, including those

with visual impairment, while also including albinism-specific questions to ensure that persons with albinism are not lost within broad disability categories. Data should be disaggregated by age, sex, location, disability status, education, employment, health, social protection, violence and access to justice, and should be used to guide planning, budgeting and service delivery.

51. **Sunscreen and protective commodities:** Inline with the World Health Organization's 2025 inclusion of therapeutic broad-spectrum sunscreen on the Model Lists of Essential Medicines and Essential Medicines for Children for the prevention of skin cancer in persons with albinism, Zimbabwe should recognise sunscreen as an essential health and lifesaving commodity for persons with albinism. The Government should establish and fund a national programme to provide free or subsidised therapeutic broad-spectrum sunscreen with high SPF, protective clothing, hats, sunglasses and accessible sun-protection information through schools, primary health facilities and community outreach. The Government should also promote quality-assured local production and procurement of sunscreen to improve affordability, continuity of supply and access, particularly for persons with albinism in rural and low-income communities.
52. **Decentralise dermatological services** and establish regular skin cancer screening, early detection, treatment, referral and follow-up pathways from community health workers and primary clinics to district and provincial hospitals.
53. **Health worker training:** Integrate albinism into medical, nursing, social work and community health curricula and train health workers on counselling at birth, respectful treatment, low vision, skin cancer prevention, wound care and referral.

54. **Inclusive education:** Ensure that learners with albinism receive reasonable accommodation, including large print, spectacles, magnifiers, accessible learning materials, safe seating arrangements, shaded school environments, teacher training and protection from bullying.
55. **School and community awareness:** Implement year-round government-led awareness campaigns on albinism through schools, clinics, media, traditional leaders, religious leaders and local authorities, in partnership with albinism organisations.
56. **Employment and livelihoods:** Adopt targeted measures to improve employment and livelihood opportunities for persons with albinism, including reasonable accommodation, private sector anti-discrimination measures, vocational training, entrepreneurship support and safe indoor livelihood options.
57. **Women and children:** Ensure that women, girls and children with albinism are specifically included in gender-based violence, child protection, sexual and reproductive health, education, birth registration, social protection and family-support programmes.
58. **Participation and representation:** Ensure the meaningful participation of persons with albinism and their representative organisations in all laws, policies, budgets and programmes that affect them, and promote their representation in local, provincial and national leadership structures.

IV. Conclusion

Consultations with Zimbabwean albinism organisation leaders show that persons with albinism still face practical barriers that are preventable: lack of sunscreen, limited dermatological services, health worker stigma, school bullying, inadequate reasonable accommodation, poverty, harmful

myths, gender-based vulnerability, weak data and no dedicated budget line. We urge Zimbabwe to move from broad disability inclusion to targeted protection and practical support for persons with albinism. This requires a funded National Action Plan on Albinism, reliable data, accessible health services, inclusive education, social protection, protection from violence, public awareness, and the meaningful participation of persons with Albinism in decision-making.