



HIV FINANCING AND SUSTAINABILITY IN ZIMBABWE:

HIV AND AIDS SENSITISATION MEETING WITH PARLIAMENTARIANS
New Parliament of Zimbabwe Building

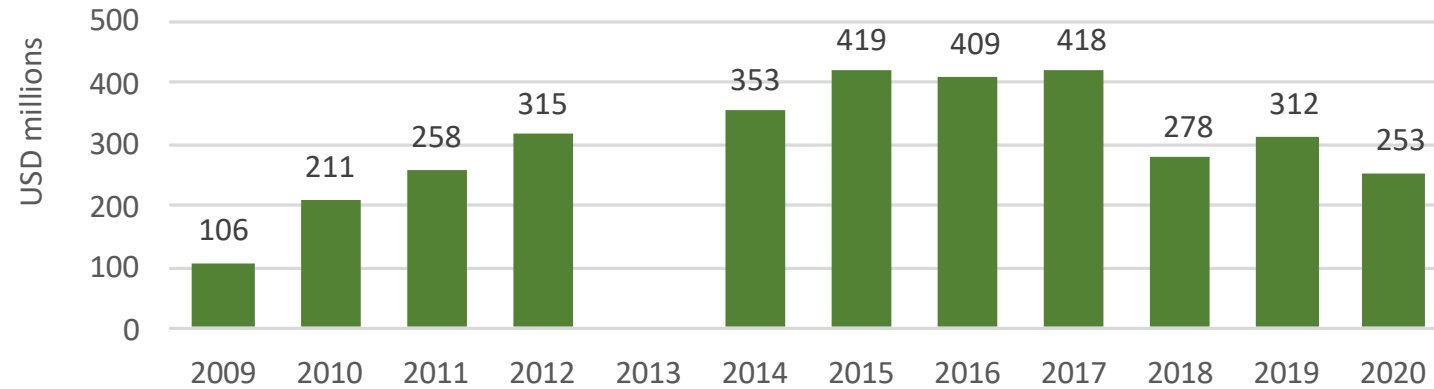
13 September 2024

GODFREY MUZARI National AIDS Council



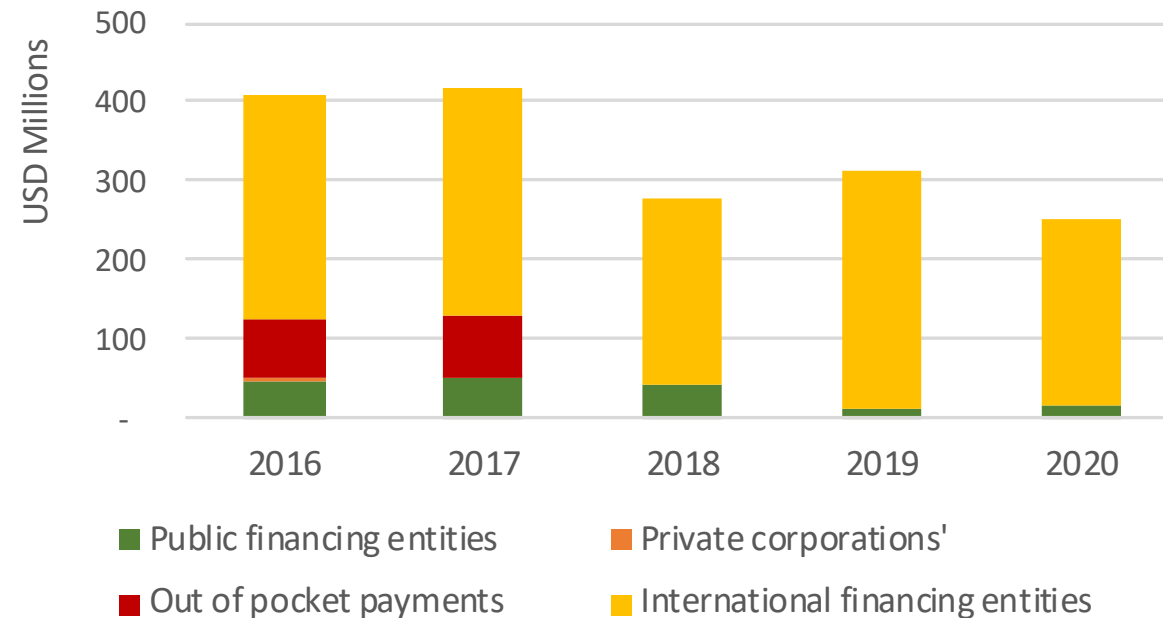
HIV Financing Trends in Zimbabwe (2009-2020, USD millions)

HIV expenditure in Zimbabwe (USD millions)

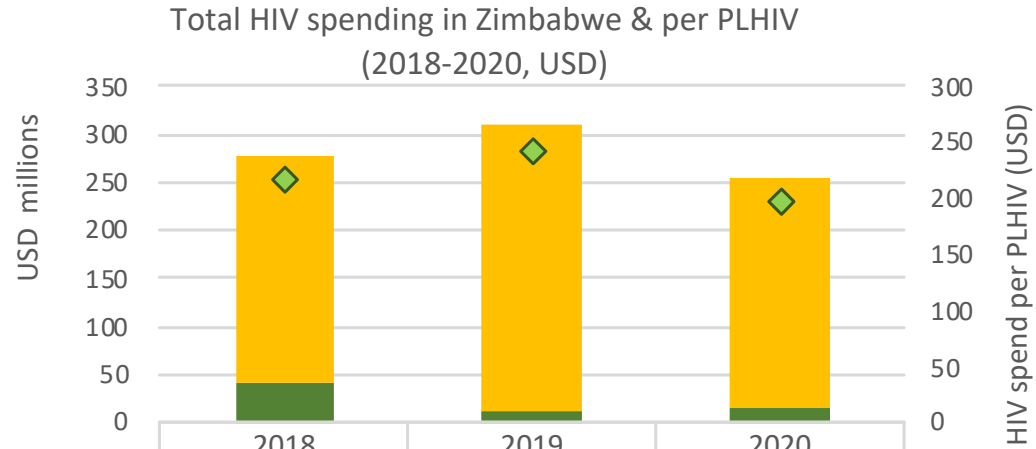


NB. 2016-2017 NASA included domestic private sources (0.5% of total) and out of pocket payments (11.9% of total) (not included in 2018-2020 NASA).

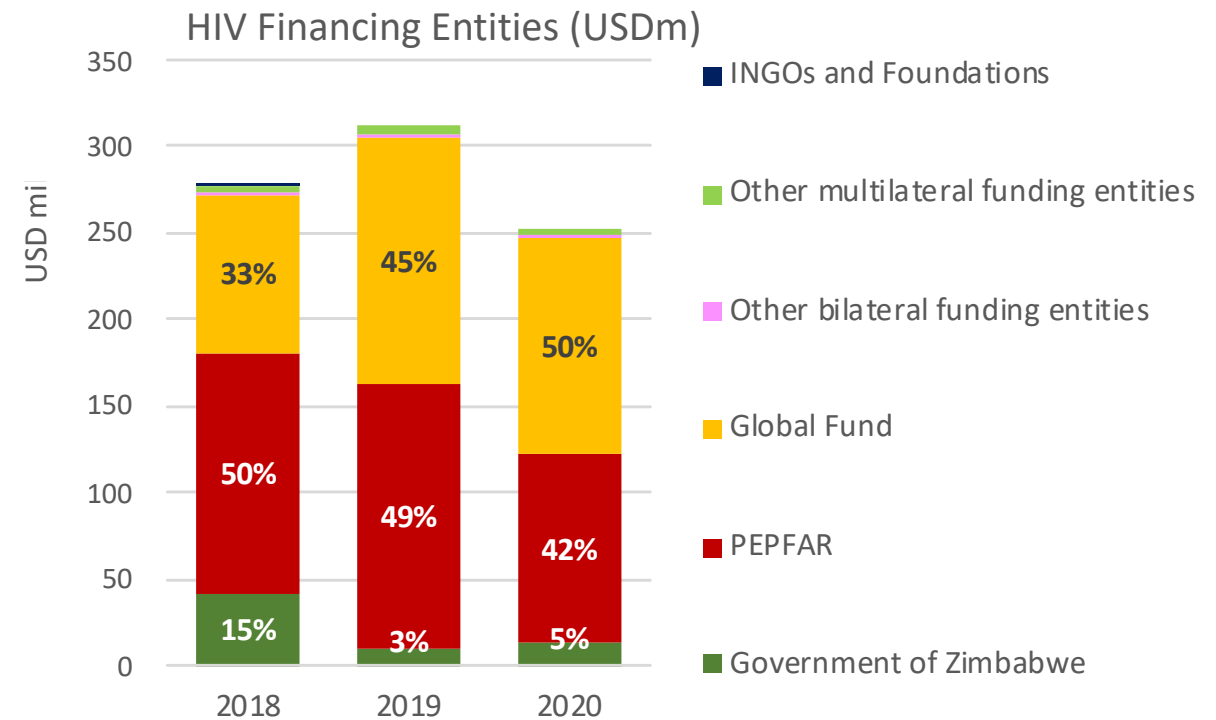
HIV financing entities in Zimbabwe (2016-2020, USD millions)



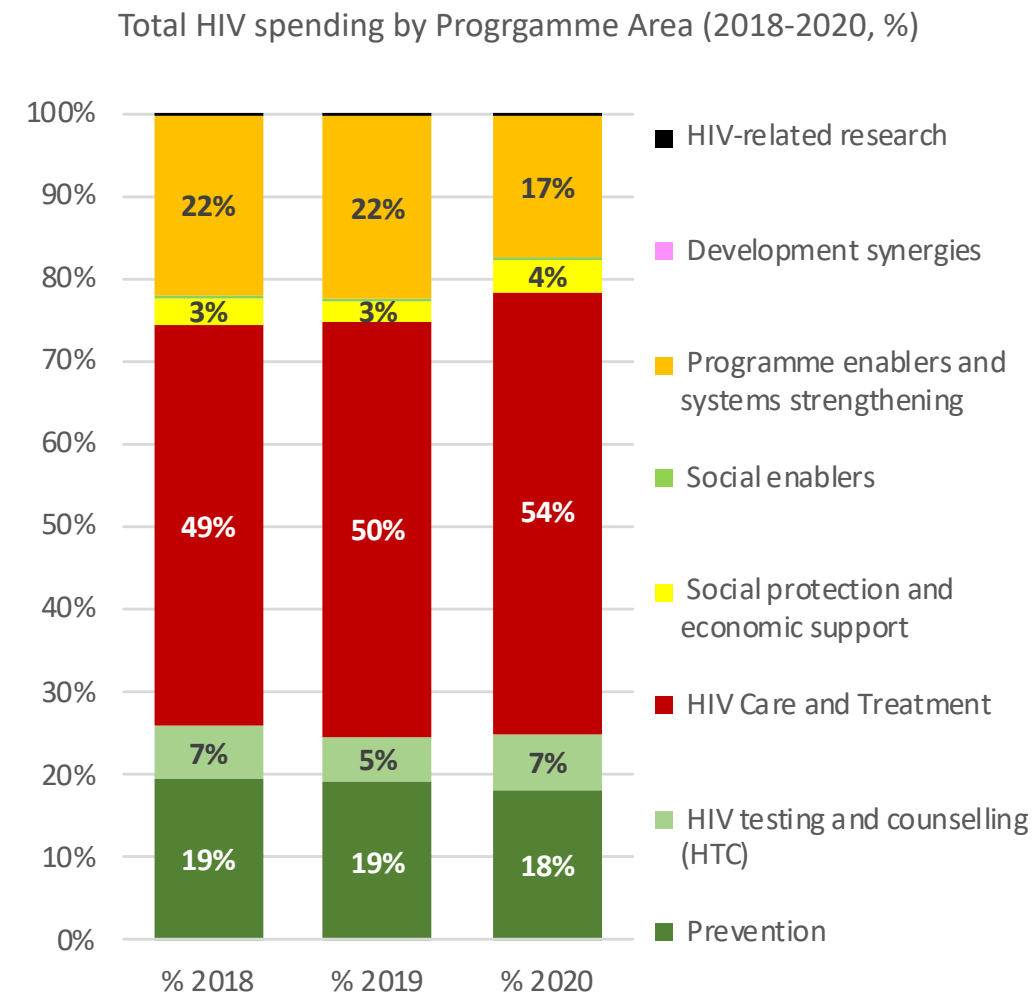
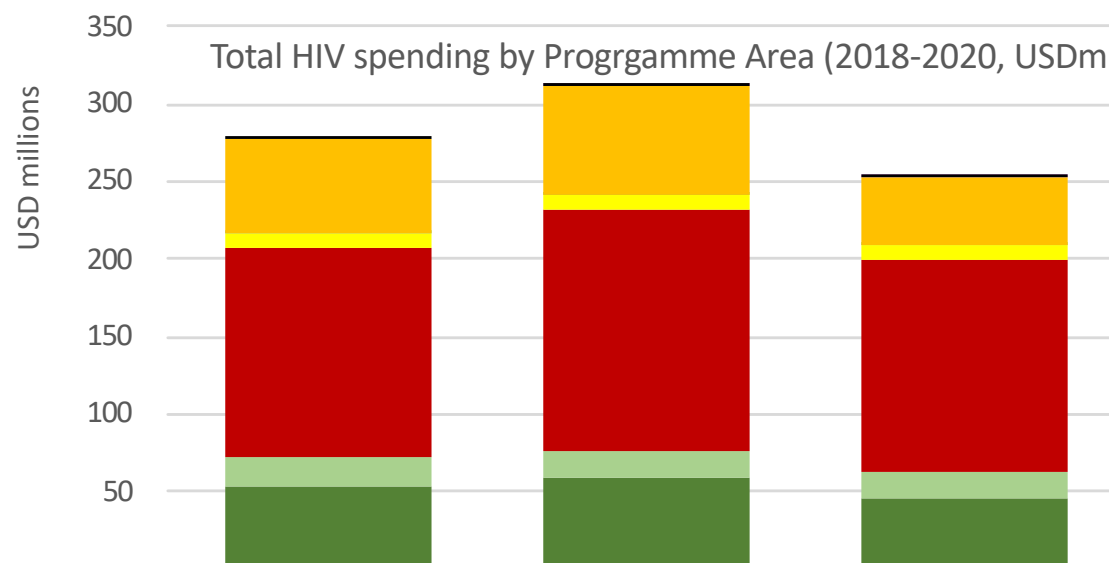
Total HIV Spending in Zimbabwe by Financing Entities : 2018-2020 (USD millions)



	2018	2019	2020
International financing entities	236 133 428	301 128 278	238 991 132
Private financing entities	0	0	0
Public financing entities	41 786 813	10 387 698	13 880 662
HIV spend per PLHIV (USD)	217	243	198

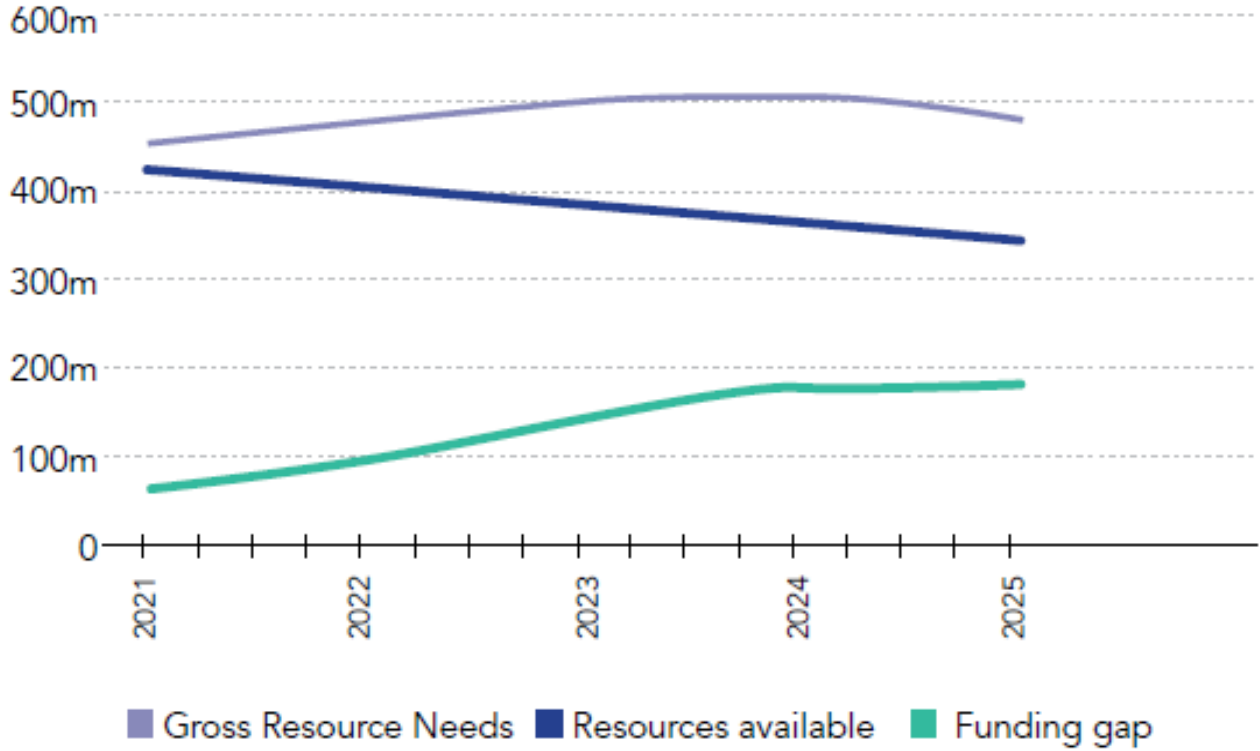


Spending by HIV Programme Area: 2018-2020 (USD millions, %)



	2018	2019	2020
■ HIV-related research	224 654	75 133	170 814
■ Development synergies	-	35 059	489 402
■ Programme enablers and systems strengthening	60441 555	69670 149	43137 251
■ Social enablers	896 180	450 655	498 663
■ Social protection and economic support	9328 626	8484 421	9844 361
■ HIV Care and Treatment	134869 964	156786 453	135315 314
■ HIV testing and counselling (HTC)	18118 051	16312 592	17582 642
■ Prevention	54041 210	59701 514	45833 346

ESTIMATED RESOURCE NEEDS, AVAILABLE FUNDING AND GAP (USD MILLIONS)



Source ZNSPIV

In 2024, the funding gap is approximately USD 133 Million to achieve the target resource envelope in the ZNSPIV.

HIV DOMESTIC FINANCING (AIDS levy)

- AIDS Levy was introduced after enactment of the National AIDS Council Act (Chapter 15:14).
- It is 3% of PAYE and corporate tax
- It is collected by the Revenue Authority and remitted direct to NAC on a monthly basis

AIDS LEVY ADMINISTRATION

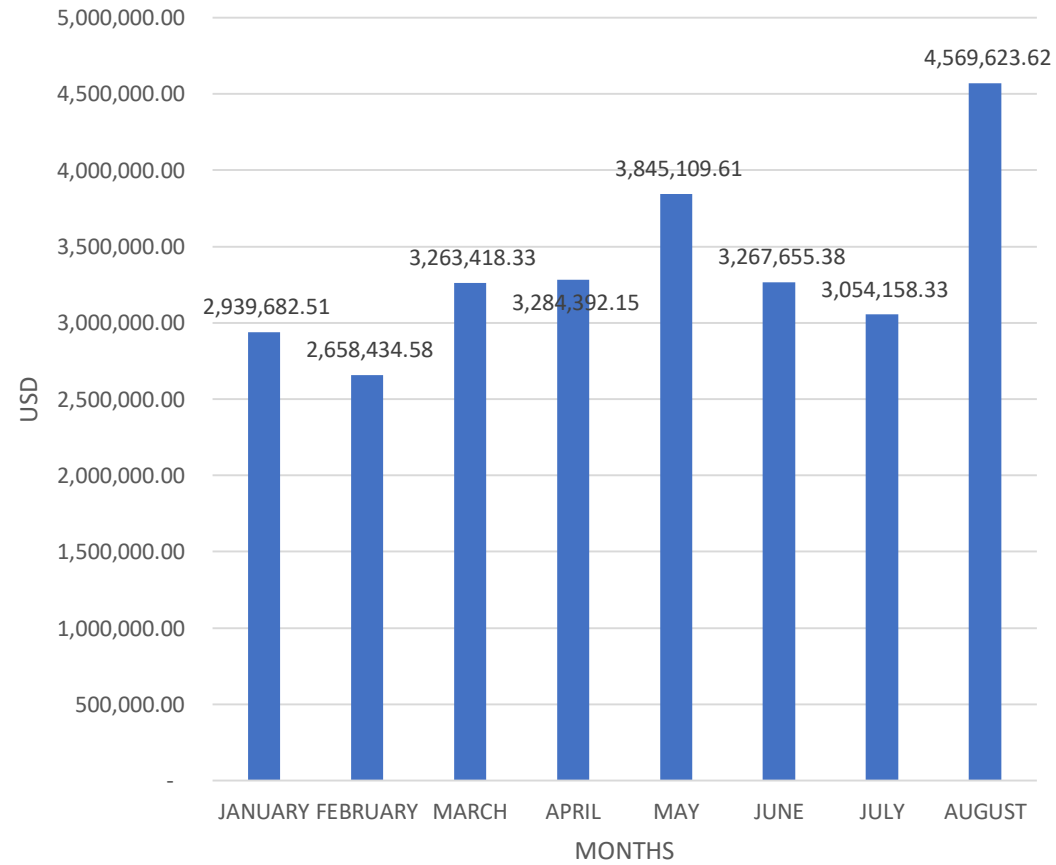
- AIDS Levy expenditure allocations are approved by the board and authorized by the Ministry of Health and Child Care (MoHCC) (parent Ministry)
- Expenditure allocations are as follows:

AIDS LEVY ADMINISTRATION

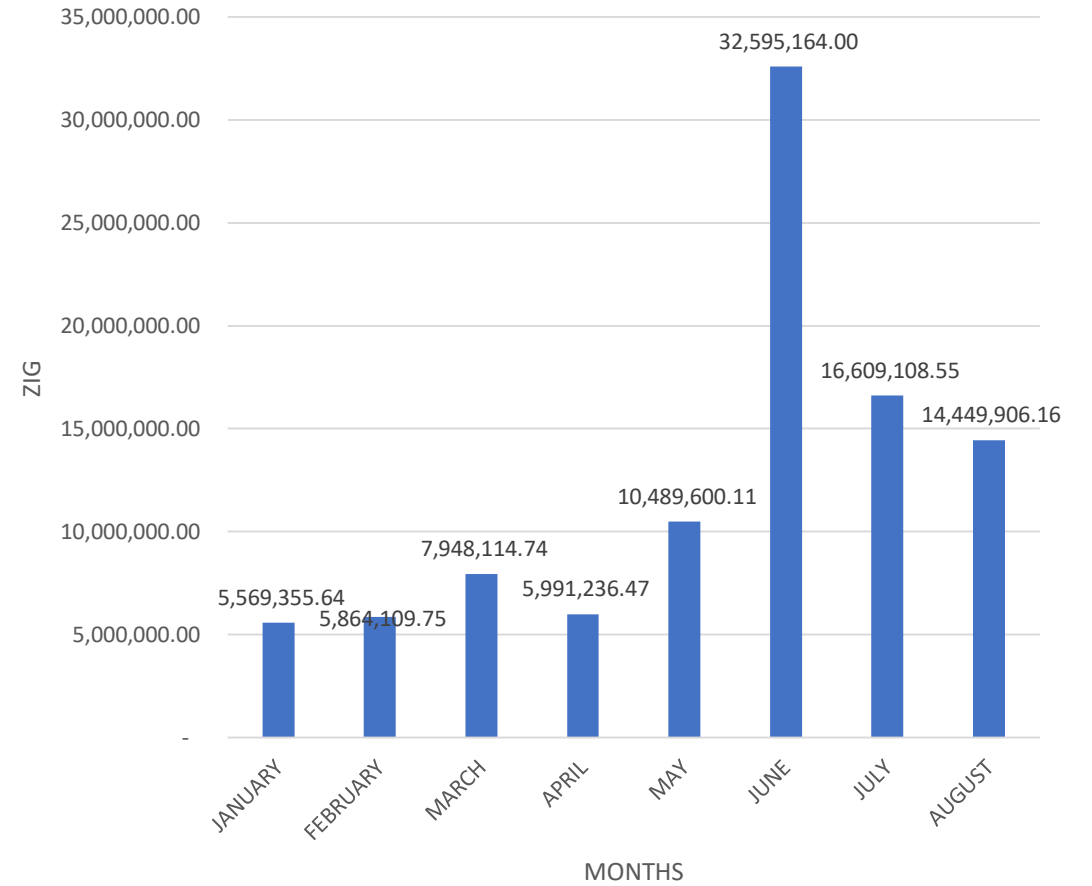
Thematic Area	%ge Allocation
Treatment and Care	50%
Prevention	12%
Logistics and Support	30%
Enabling environment	3%
Planning, Monitoring and Evaluation	5%
Total	100%

2024 AIDS LEVY RECEIPTS

2024 AIDS LEVY RECEIPTS (USD)



2024 AIDS LEVY RECEIPTS (ZIG)



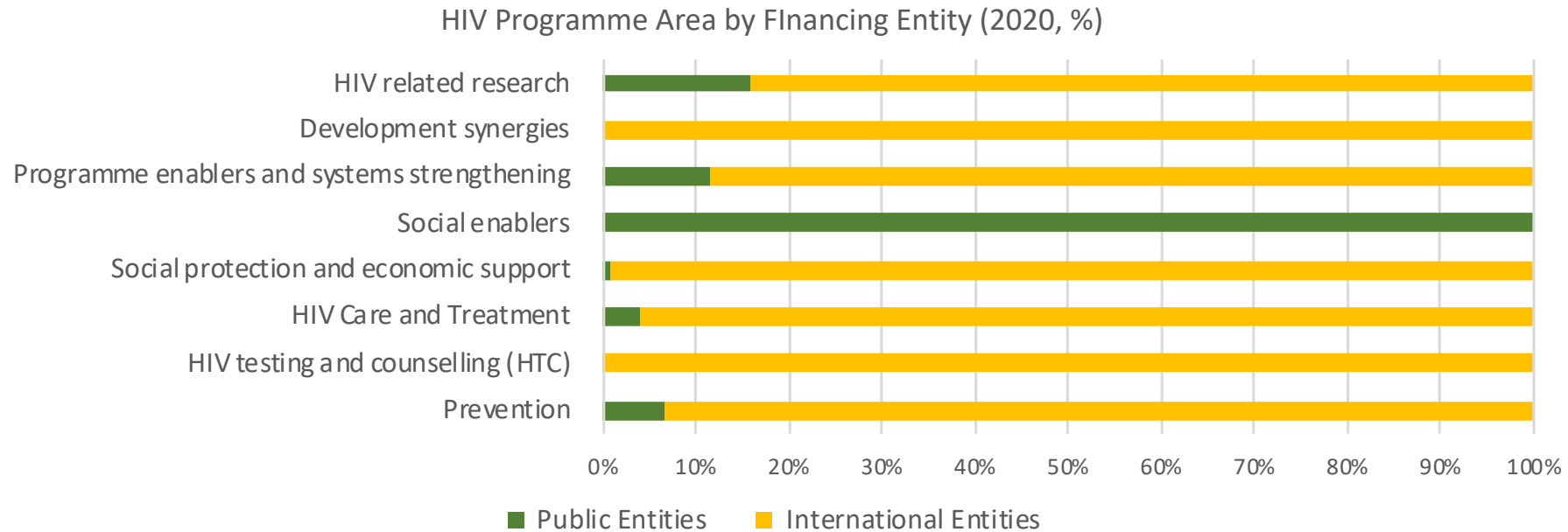
Financing of HIV related diseases-Cancer

- Research have shown that 60% of cancer cases are HIV related.
- Through MOHCC, the Council had the following initiatives to curb prevention and early diagnosis of cancer:
 - Procured 11 colposcopy machines and Reagents
 - Procured 16 true screen machines
 - Support the cancer policy documents

Financing of HIV related diseases-Cancer

- Funding /Carry out trainings and campaigns
- Support Cancer organisations through golf fund raising initiative
- Support children with cancer at Parirenyatwa Hospital through a local organization.
- Support the breast cancer symposiums

Domestic Vs International funding per program area (2020, USD, %)



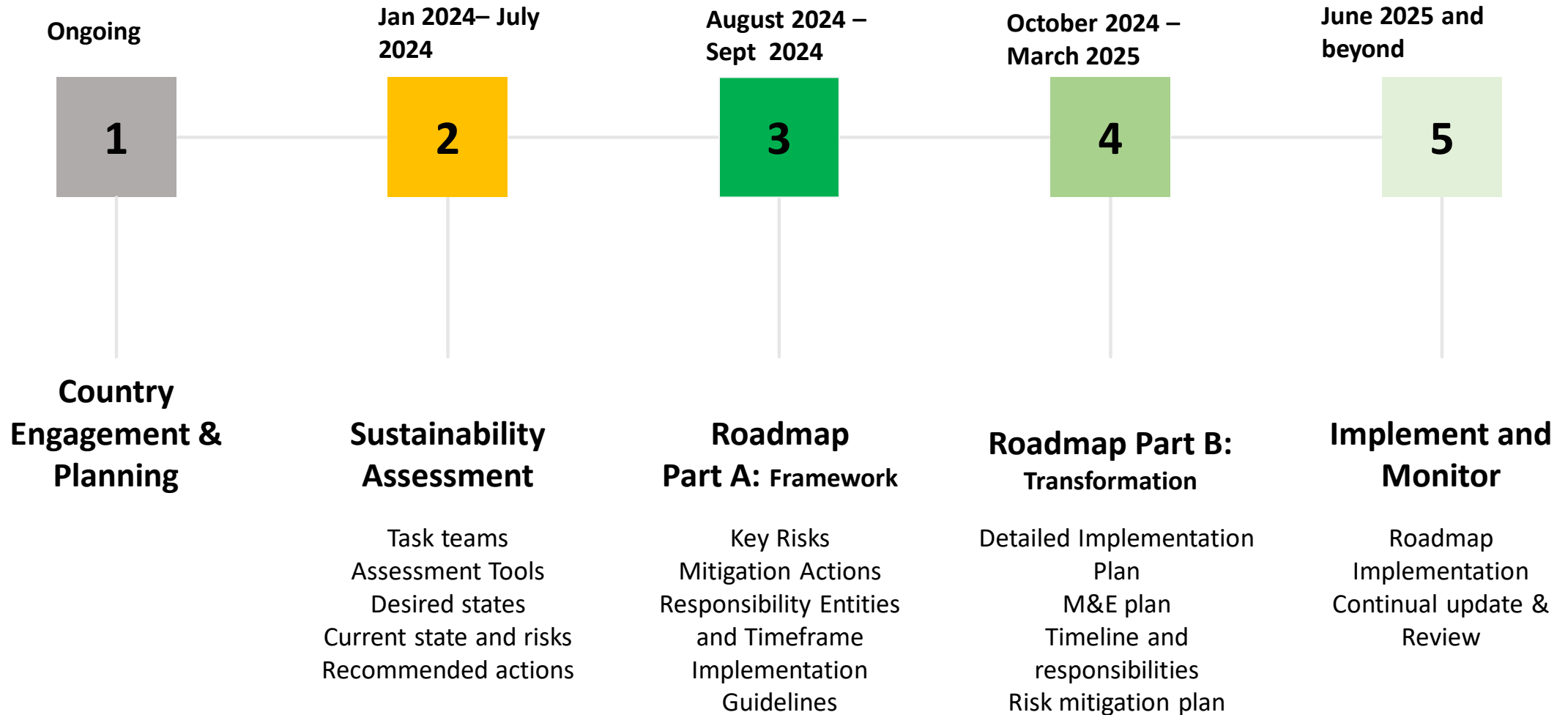
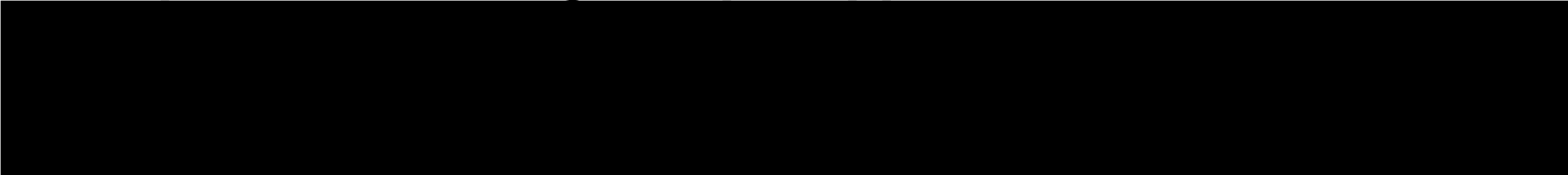
HIV Programme areas by FE (2020, USD)	Public Entities	International Entit	Total per Program	% Public	% Int. Entities
Prevention	2 987 722	42 845 624	45 833 346	7%	93%
HIV testing and counselling (HTC)	12 451	17 570 190	17 582 642	0%	100%
HIV Care and Treatment	5 320 594	129 994 720	135 315 314	4%	96%
Social protection and economic support	91 996	9 752 365	9 844 361	1%	99%
Social enablers	498 663	-	498 663	100%	0%
Programme enablers and systems strengthening	4 942 292	38 194 960	43 137 251	11%	89%
Development synergies	-	489 402	489 402	0%	100%
HIV related research	26 943	143 871	170 814	16%	84%
Total HIV (USD)	13 880 662	238 991 132	252 871 793		

ZIMBABWE SUSTAINABILITY ROAD MAP

- In line with dwindling donor financing world wide Zimbabwe is in the process of developing Sustainability road map
- With the stakeholder consultations Zimbabwe came up with its own definition of Sustainability.

ZIMBABWE SUSTAINABILITY DEFINITION

“Zimbabwe defines a sustainable HIV response as the ability of the country to achieve and maintain epidemic control, ending AIDS as a public health threat through an effective, functional, efficient, accessible, equitable, transparent and accountable national health system in an enabling environment, supported by adequate domestic resources” .



What is needed to sustain the HIV response

Sustainability Domain	Defining the Proposed Domains	Key questions for considerations
1. Leadership and Governance	Ensuring that HIV remains on the political agenda, and that the legal and policy environments are conducive for an effective response	<ul style="list-style-type: none"> • How is the programme governed and managed to ensure effective implementation and partner coordination?
2. Strategic information and Epidemiological sustainability	Ensuring that gains are not reversed, and that new HIV infections and deaths continue to decline	<ul style="list-style-type: none"> • What data systems are in place? How is the data utilised to inform decision making? • Does the programme collect adequate information to make timely programme decisions?
3. Quality Assured Service Delivery	Ensuring that the specific program or intervention can be maintained in an integrated primary care system, i.e., transitioning from an emergency or project specific response to a long-term mainstreamed approach	<ul style="list-style-type: none"> • What are the service delivery models implemented and are there adequate resources to support implementation and achieve programme targets? • How is quality maintained across all pillars of the programme? • How are the supply chain systems managed to support service delivery?
4. Financial sustainability	Finding stable and diversified funding mechanisms to finance the HIV response.	<ul style="list-style-type: none"> • How is the programme financed? • What specific areas (programme, geographic and age-group) of the programme are financed?
5. Human rights, gender and equity	Protecting the right to health for all populations including those who are historically marginalized and promoting appropriate services to the right individuals	<ul style="list-style-type: none"> • How is the right to health protected? • Are the policies and laws that protect historically marginalized populations? • Are the services appropriately delivered to right individuals?
6. Health workforce	Ensuring adequate HRH to deliver quality HIV services to right individuals, in right	<ul style="list-style-type: none"> • Does the country have an HRH strategy? • Is donor support to HRH aligned to national HRH strategy?

SUSTAINABILITY question??

- Given the macro-economic and fiscal outlook in Zimbabwe, what is the capacity for the government to substitute donor investments with domestic funds in financing HIV drugs and commodities and diagnostics?

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WHAT SHOULD WE DO TO BE SUSTAINABLE

Raise sufficient funding

- Sufficient domestic funding is raised each year to achieve national HIV program goals (based on maximum public and private capacity) without reliance on external funding for essential HIV services and systems.
- There are sufficient and complimentary external investments from development partners, through a well-coordinated resource harmonisation mechanism, that prevent funding gaps and duplication of roles. Promote layering of services
- Catalytic innovative financing mechanisms for HIV, such as investment vehicles for the private sector, Social Impact Bonds (SIBs) and blended finance arrangements, contribute strategically to the mix of domestic funding.

Raise sufficient funding cont...

- National health insurance/ pre-payment schemes contribute sufficiently to total HIV funding
- There is effective co-ordination of government, private sector and development partner funding for the national and sub-national HIV programs, resulting in adequate and predictable financing.
- HIV budget allocations are protected and resilient to macro-economic and fiscal shocks.

Allocate resources efficiently and spend well

- Budget allocations and spending reflects national priorities, as guided by investment case modelling and other available evidence.
- Health financing and financial management systems and financial staff capacities are functioning well to enable budget monitoring and accountability by all stakeholder groups.
- The PFM system for health is functional [functions optimally] which results in timely and efficient budget disbursements and strong execution of budgets at all levels.
- Appropriate policies, public financing mechanisms and partnership models are in place which permit CSOs/ FBOs to be funded from a government budget for HIV services through open competition / best procurement practices at national and sub-national level levels.

Evidence and quality data

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