

CASE STUDY | 2013

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# ZIMBABWE

AN AIDS STRATEGY  
FOCUSED AND ALIGNED  
WITH OUR VISION AND  
THE UNITED NATIONS  
TARGETS FOR 2015.

UNAIDS Country Office helped the National AIDS Council and partners to streamline and prioritize interventions, ensuring the concept of investment thinking was clearly articulated within the strategy. In addition to applying the investment thinking, the strategy was people-centred and was very clear on how services would be delivered to the people. This NSP (national strategic plan) was the basis for Zimbabwe's application to the Global Fund.

Raymond Yekeye  
Operations Director  
National AIDS Council

## Introduction

Zimbabwe was one of the first countries to secure a grant for its HIV response under the Global Fund to Fight AIDS, TB and Malaria's (Global Fund) new financing system. The new funding model (NFM) focuses on countries with a high disease burden but limited domestic resources. It is more flexible in the timing of grants and it is more predictable because recipients know in advance how much they will get.

The US\$ 311 million grant to Zimbabwe reflects the size of the HIV challenge. It is also a vote of confidence in Zimbabwe's efforts to halt and reverse its HIV epidemic. This case study examines how a country whose AIDS response was effective, people-centred and prioritized, but heavily under-funded, seized the chance to take its response to a new level, and the part UNAIDS played. The three-year grant almost equals all other HIV assistance Zimbabwe has received from the Global Fund in the past decade.

## The HIV challenge

The ferocity of the AIDS epidemic took Zimbabwe by storm and by the late 1990s some 30% of its population had become infected with the virus. An alarmed government responded by creating in 1999 a special tax – an AIDS levy – on income and company profits to pay for a domestically financed response through the National AIDS Trust Fund. The National AIDS Council (NAC) was set up to coordinate the response and in 2003, AIDS was declared a national emergency.

Antiretroviral therapy (ART) was introduced a year later and has been steadily scaled up. A first national strategic plan was agreed in 2006, followed by a second in 2011, which was guided by UNAIDS' people-centred, 'three zeros' vision—zero new infections, zero stigma and zero AIDS-related deaths.

The epidemic in Zimbabwe has been reversed faster than in any other country in southern and eastern Africa, helped by behaviour change, with people having fewer sexual partners, and high condom distribution. In 2012 there were some 69 000 new HIV infections, the lowest figure since the mid-80s, testimony to the country's commitment to reversing the epidemic, despite a lack of domestic resources.

## Working behind the scenes

UNAIDS has been firmly engaged in helping to strengthen Zimbabwe's national capacity to respond effectively to the epidemic. UNAIDS has opened a dialogue with the Health Ministry, the NAC, the Parliament, representatives of people living with HIV and key populations, as well as development partners, including the Global Fund. The UNAIDS team supported the adoption of a human rights approach to HIV programming for key, often marginalized, populations—a step that has proven a challenge in many countries. The team worked with national partners to publicize through the media – both domestic and international – the successes of the HIV response and bring these successes to the attention of donors.

One aspect of UNAIDS' work proved particularly important for the NFM. Encouraged by UNAIDS, the country pursued a strategic investment approach that was agreed to by all stakeholders for the 2011 national plan. This meant policies and actions were selected for their expected impact and targets set in terms of the number of people to benefit. This people-centred approach requires that the HIV response be viewed as an investment in health and development rather than a heavy financial burden and liability.

## Still heavily affected

Nevertheless Zimbabwe remains one of the most affected countries in the world. Out of its 13 million population, some 1.2 million are living with HIV, and adult prevalence is at around 15%. By the end of 2012 Zimbabwe was in urgent need of significantly more international help to meet the ambitious targets set out in its strategic plans. The new funding model, therefore, offered a golden opportunity for Zimbabwe to get to the next level in its HIV response, particularly in treatment. While the first period of ART scale-up had reached 85% adult coverage under 2010 guidelines, it is only 50% under the new WHO recommendations.

## The new funding model

Zimbabwe was one of six countries chosen to pioneer the NFM. It looked a good choice. It had a focused, prioritized national plan; it could demonstrate success in applying past Global Fund grants; it had a flourishing national dialogue between stakeholders, and it had good relations with its technical and development partners. The NFM process centres on a concept note, which replaced the previous application document. The concept note must lay out the disease burden and the current response, and detail the needs to be met by the guaranteed, 'indicative' grant, together with other actions that could be taken were

UNAIDS involvement in the NFM was critical and pivotal as they both educated and advocated and took the initiative to involve civil society both in the Country Coordinating Mechanism (CCM) and the community systems strengthening (HSS/CSS) sub-committee of the CCM. They provided crucial guidance to the civil society members on the writing team.

Roselyne Dete, Civil society organizations' representative in the NFM process in Zimbabwe

money available. The note also calls for gap analysis of coverage targets and financing.

On 4 March 2013 Zimbabwe was invited to apply. The country then engaged in an intensified process of country dialogue and concept note drafting. The CCM, a multi-sectoral national body that manages all Global Fund-related matters, directed preparation of the note. The final concept note was submitted to the Global Fund on April 2 — just 21 working days later. The indicative award was US\$ 279 million, which was added to an existing Global Fund grant of US\$ 32 million. These funds will sustain and expand high impact HIV prevention and treatment services, including for key populations. The country also sought an additional US\$ 244 million above the indicative award to be focused on expanding HIV treatment. This additional request was recognized by the Global Fund and could be funded at a later date. The additional amounts would allow Zimbabwe to ensure people living with HIV have early access to treatment in line with the 2013 WHO guidelines.

## UNAIDS and the NFM

Having always made the best of scarce resources, Zimbabwe developed a well-considered NFM proposal that all partners bought into. It was one of the first to use the strategic investment approach in a grant application. Having helped lay the ground work, UNAIDS now helped to seize the opportunity. When the Global Fund asked the CCM to assign one of its members to oversee development of the concept note, the CCM turned to the UNAIDS country coordinator. The UNAIDS team assisted the writing team and stakeholders in producing the concept note in a number of ways, including making a specific estimate of the additional impact of the proposed investment in terms of additional lives saved and infections averted. The UNAIDS team also brokered advice from partners such as UNAIDS Cosponsors WHO and UNFPA to help the writing team choose the best service delivery models for key populations. Throughout the process, the UNAIDS team worked in close partnership with the Global Fund team and UNDP, the principal recipient of the grant in Zimbabwe.

## Takeaways

Zimbabwe's success in the NFM process demonstrates the importance of partnerships—the partnership of the public sector and civil society, of national institutions and international organizations, of the Global Fund and UNAIDS working to help the country make its case, of UNAIDS with its Cosponsors supporting Zimbabwe to describe clearly the targets in its application. It also shows the importance of putting people first and delivering results for people; national ownership and leadership; inclusive participation in an ongoing country dialogue, and increasing the visibility of the HIV response inside and outside the country.

The Global Fund and UNAIDS country teams worked successfully in assisting Zimbabwe in articulating targets based on the latest evidence, and in the planning and implementing of programmes. Throughout the new funding model process the UNAIDS and Global Fund country teams combined to help their Zimbabwe partners master the new approach and meet the requirements of a concept note for the new funding model.

Mark Dybul, Executive Director  
Global Fund to Fight AIDS,  
Tuberculosis and Malaria

Zimbabwe's national AIDS strategy is highly focused and fully aligned with UNAIDS' shared vision and the targets set by the United Nations General Assembly Political Declaration for 2015. This proved an enormous advantage in preparing the application for the Global Fund grant.

Michel Sidibé  
Executive Director  
UNAIDS