



Zimbabwe's approach to HIV program Transition and Sustainability

Major Gen. Gerald Gwinji MD, MSc, MPH
Secretary for Health _ Zimbabwe

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Presentation Outline:

Country Context

Background

Towards Transitioning &
Sustainability

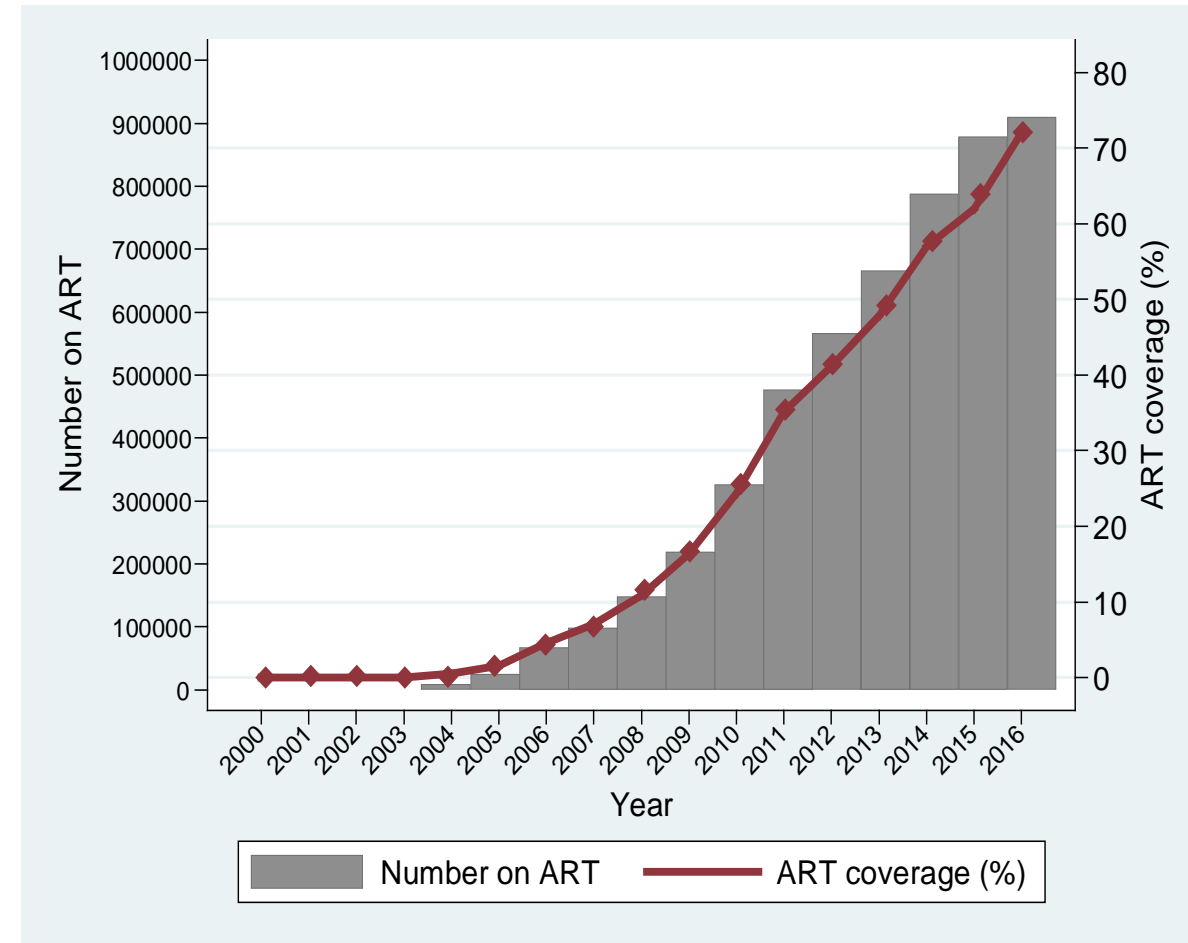
Lessons Learnt

Conclusions



Country Context

- Zimbabwe has a **generalized HIV** epidemic and a population of **13.5 million** (Census 2012)
- Total PLHIV: **1,32 m** (76,653 children) [2017 Estimates]
 - Male 41%
 - Female 59%
- **HIV Prevalence:** 14,6% among 15-64 year age group [ZIMPHIA]
 - Females: 16.7%
 - Males: 12.4%
- **HIV Incidence:** 0.45% in 2016



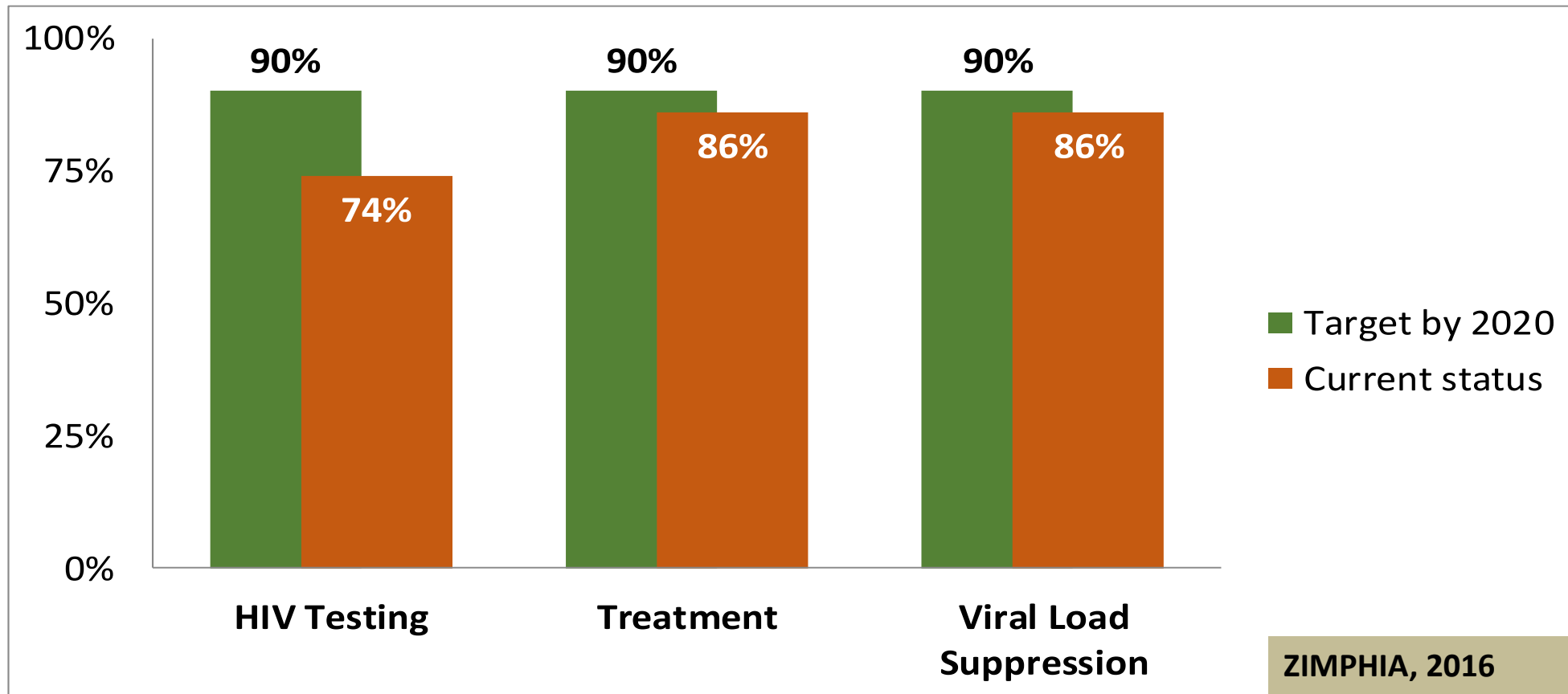
Over 1,1 million people receiving ART in Zimbabwe

Background:

- Life expectancy for Zimbabweans increased from 34 years in 2006 to 58.5 years in 2015 (positive correlation with expanding access to Antiretroviral therapy)
- Zimbabwe's economy depends heavily on its mining and agriculture sectors.
- Economic growth rate has slowed due to low investment levels and poor performance of the productive sectors
- Gross Domestic Product (GDP) estimate - \$17,85 billion in 2017
 - Per Capita GDP – US\$ 2,300
 - Real GDP growth rate estimated at 2.8% in 2017
 - Main Sources: Value Added tax, Personal Income and Excise Tax

Source: World Bank Global Economic Prospects Report, 2018

Zimbabwe has made great progress in controlling the HIV epidemic and is well positioned to achieve the 90-90-90 Fast track targets



Though prevention gaps persist, the treatment cascade suggests the country is on track to achieve the 90-90-90 targets

Towards Transitioning & Sustainability

- **Investment Case** thinking (2010) – for the revitalisation of the health sector, identification of high impact priority interventions and resources mobilisation
- Assesses the **performance of the system** in delivering the **selected interventions**:
 - availability of essential commodities,
 - availability of human resources,
 - physical accessibility,
 - utilization (initial and continuous utilization), and
 - quality of service

Towards Transitioning & Sustainability

Human Resources for Health

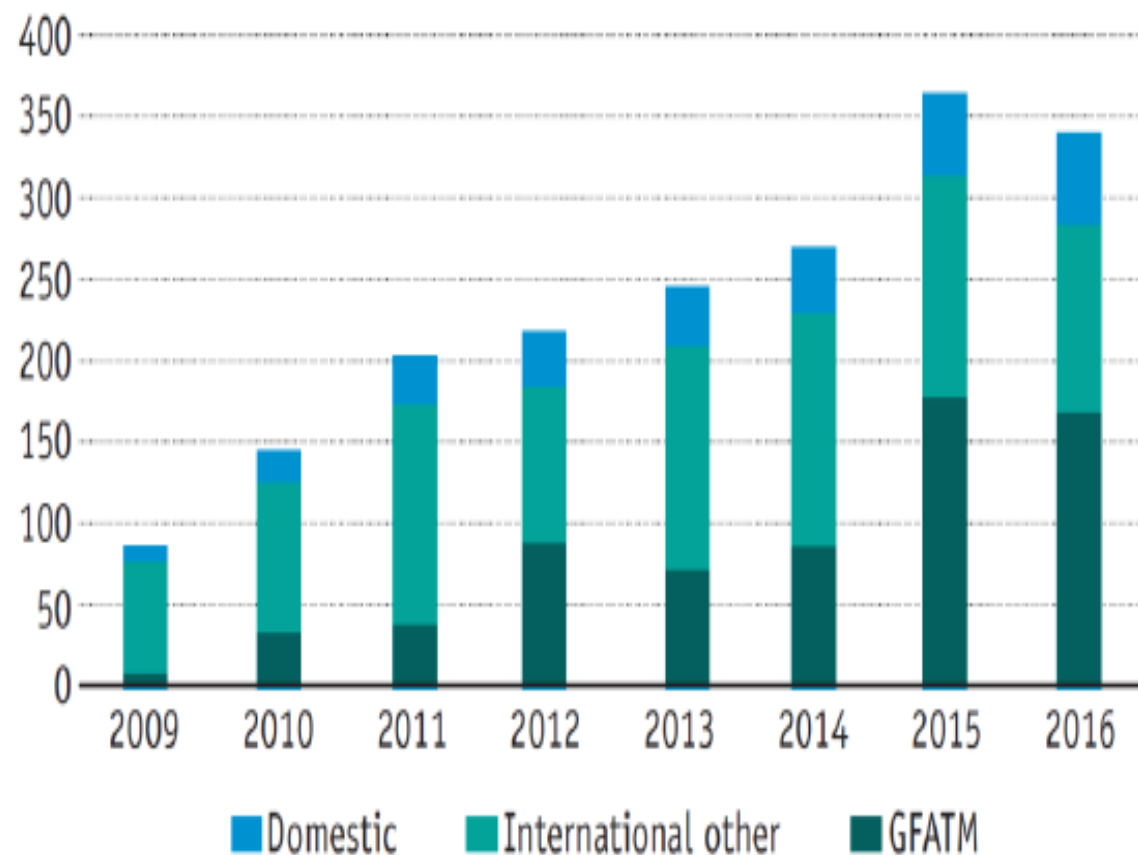
- Critical shortages existed in human resources for health across all cadres; however, improvements in vacancy rates observed from 60% in 2009 to current below 18%
- HRH gaps remain critical for certain cadres including **laboratory scientists, physiotherapists, pharmacists, medical doctors and specialists**
- Government has absorbed additional cadres while development partners have supported retention of health workers through a **comprehensive HR Retention Scheme**
- **Task shifting** has been a **key strategy to alleviate the burden** in the health system. Examples include: Nurses authorized to conduct VMMCs; Lay counsellors (Primary counsellors) offering HIV testing services

Towards Transitioning & Sustainability

Increasing Domestic Resources for Health

- The Government of Zimbabwe has demonstrated increasing commitment towards raising domestic resources to fund its national AIDS program
- While 80-85% of the response remains externally funded, domestic spending increased by 40% from 2011 to 2014.
- The GOZ committed over USD 850 million to its overall national health response over 3 years (2014-2016)

Figure 23: Domestic vs. External HIV Funding in Zimbabwe (US\$ millions)¹⁰⁴



Towards Transitioning & Sustainability

Increasing Domestic Resources for Health

- **National AIDS Trust Fund**

- In 1999, Zimbabwe introduced an AIDS levy (the NATF) – a 3% tax on income and corporate revenue.
- NATF continues to generate substantial resources of around \$35 million annually for Zimbabwe's AIDS response .
- By policy, at least 50% of funds are used for purchase of antiretroviral medicines. Other spending includes administration and capital costs, HIV prevention, and monitoring and evaluation.
- The NATF is a cornerstone of the government's target to increase domestic financing of the HIV response to 30% by 2018.

Towards Transitioning & Sustainability

Increasing Domestic Resources for Health

- **The Health Levy**
 - 5% on airtime and mobile data targeting mobile telecommunication users
 - First proposed in the 2017 Financial Budget, effected by Mar 2017 and \$22 mil had been collected by Jan, 2018
 - Aimed at raising funds to acquire drugs and equipment for the public health sector
- **Private Public Partnerships**
 - Play an important role in financing and health service provision
 - Private for profit Players include clinics, hospitals, pharmaceutical, device and equipment industries
 - Spent approx. 2% of overall Health expenditure in 2017
 - Uncoordinated investments in the HIV response limits accountability and transparency

Towards Transitioning & Sustainability

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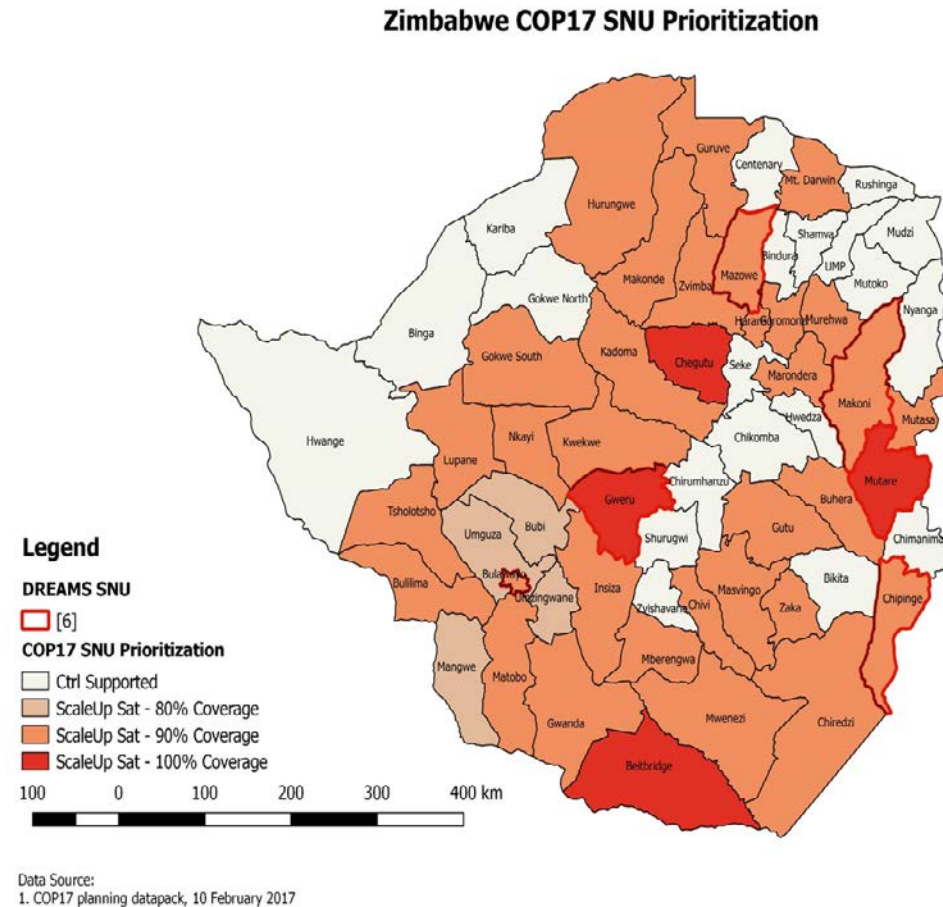
Towards Transitioning & Sustainability

Increasing Domestic Resources for Health

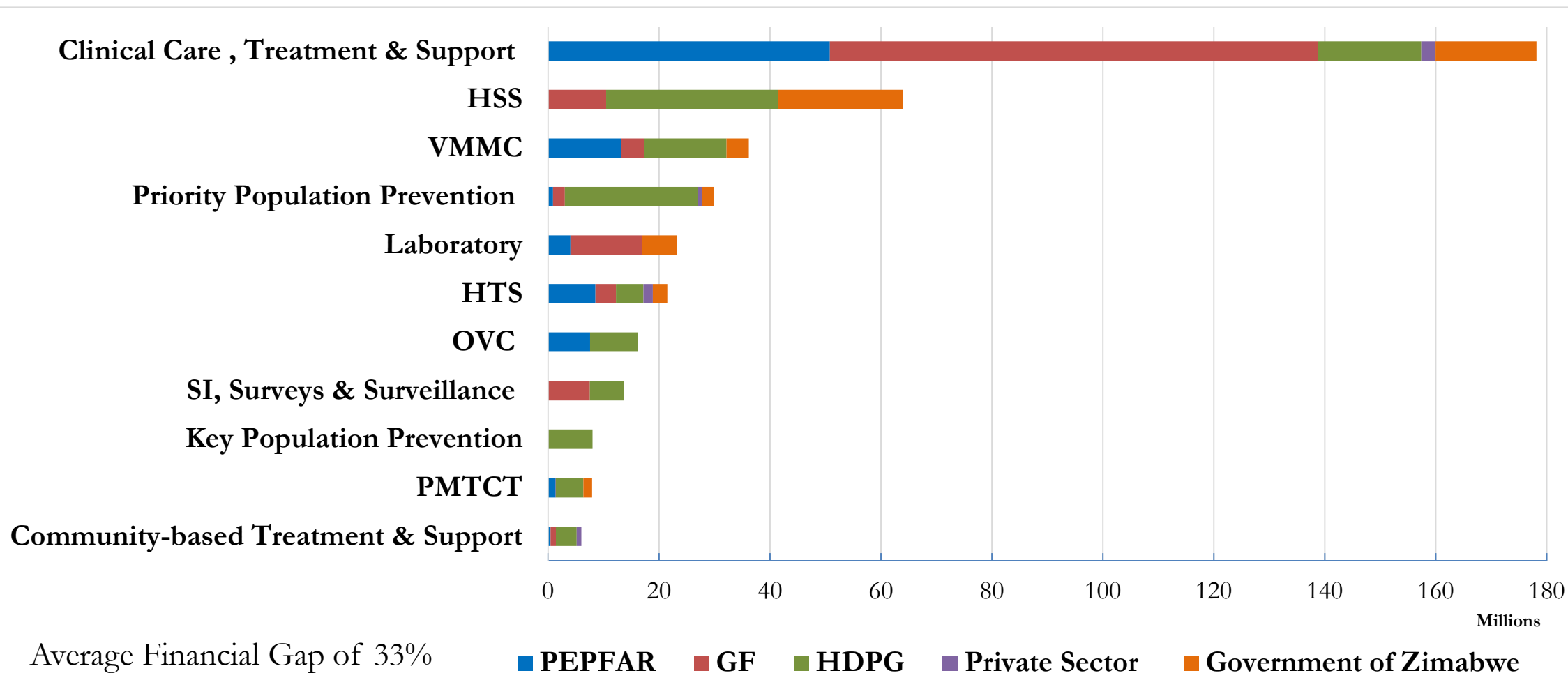
- **Partnerships with communities +DSDs**
 - Differentiated Service Delivery- more resources channelled to new and unstable patients
 - Empowering clients and communities to be more accountable for their health through active participation

Developmental Partners Support

- PEPFAR supports 40 priority districts in COP18, increased from 36 in COP16
 - Saturated support to districts
 - High prevalence and incidence
 - Achievement of epidemic control through supporting 80% of clients in need of ART
 - Contributes approx. 34% of resources
- Global Fund
 - Supports approx. 710, 000 clients on ART plus their buffer
 - Contributes approx. 43% of resources
- Bilateral Partners
 - Contribute approx. 10% of support



Context: 2017 Annual Investment Profile by Program Area



Strategic Areas to Mobilize More Domestic Resources

- Introduce innovative revenue raising schemes such as sin taxes and ring-fence for health sector
 - E.g. Taxes on tobacco, alcoholic drinks etc.
- Pooling of central and local government funds
 - E.g. Expediting national health insurance scheme
- Strengthen financial management systems at facility level(PFMS)
- Implementation of evidence based advocacy for increased allocation of government resources to health at central and local government
- Strengthen innovative mechanisms to collect revenue from the informal sector
 - E.g. Health levy
- Strengthen the regulation of the medical schemes environment
 - Policy regulation for Medical Aid Associations
- Results Based Financing
 - Linking of remuneration of the health workforce to critical indicators on the performance framework

Lessons Learnt

- Innovation in increasing domestic funding
 - AIDS Levy
 - Health Levy to tap into the country's wide informal sector employment base
- The use of PPPs assist in leveraging available domestic resources
- Developmental partners' support has assisted in acceleration of progress towards epidemic control

Conclusions

- The country is still committed to the regional and international agreements in health financing e.g. Abuja Declaration, etc
- Sustained efforts are being made to increase domestic funding and thus ensure sustainability

