



The Zimbabwe AIDS levy: Investing locally for HIV prevention

A case study by the HIV Multisector Leadership Forum

*(a community of practice of Director Generals
of National AIDS Coordinating Authorities)*

With support from the Global HIV Prevention Coalition



The Zimbabwe AIDS Levy, officially termed the National AIDS Trust Fund, represents a pioneering effort in sustainable funding for HIV/AIDS programs. Its implications, benefits and impacts have been documented over time. This case study provides the unique perspective of the Zimbabwe National AIDS Trust Fund by exploring its implications and opportunities for HIV prevention.

In the late 1990s and early 2000s, Zimbabwe was confronted with HIV and AIDS epidemic. Initial reliance on international donor support became precarious due to government-donor tensions resulting from Zimbabwe's land reforms in the early 2000's. In response to the urgent need for local funding, Zimbabwe introduced the AIDS Levy.

It imposes a 3% tax on corporate profits and personal incomes. The Zimbabwe Revenue Authority (ZIMRA) collects the funds which are channelled into the National AIDS Trust Fund administered by the National AIDS Council (NACA).

THE ACTORS WHO MAKE THE FUND WORK

The National AIDS Council of Zimbabwe is a parastatal under the Ministry of Health that is governed by an independent Board of 10 Directors, like majority of AIDS Coordinating Authorities in the region. It is the principal custodian of the levy, responsible for collection, allocation, and transparent administration of the fund guided by regulations on allocations, CAPEX, administration and recurrent expenditures.

Budgets are approved prior to expenditure in line with Finance regulations and guided by the following appropriations: 50% for Antiretroviral Therapy Programme, 10% prevention, 6% M&E and coordination, 5% enabling environment and 23% and 4% for programme logistics support and assets respectively. The Ministry of Health and Childcare provides oversight and also quantifies and approves commodity procurement, which is undertaken by the National Pharmaceutical Company (NATPHAM) of Zimbabwe. The NACA financial accounts are independently audited every year by the Comptroller and Auditor-General.

Civil society organizations, especially communities of persons living with HIV/AIDS, play a crucial advocacy and accountability role. To ensure that HIV remains a priority, the NACA Board invests in regularly submitting performance reports of the Levy, the NACA as an institution and of the HIV response to national, political and agenda setting institutions, and especially to the Ministries of Health and Finance, and Parliament.

WHY THE FUND IS IMPORTANT FOR ZIMBABWE

The fund was an essential resource during the periods of donor exit from Zimbabwe and hyper inflation. As a source of domestic funds, it is an avenue for resource allocations towards country priorities, especially in areas that are of strategic interest or that donors divest from. In 2023, the fund managed approx. US\$30million that filled donor resource gaps and has contributed to current successes. 95% of those receiving ART are virally suppressed and Zimbabwe has attained a 78% reduction in new HIV infections thus, on its way to attaining the HIV prevention roadmap targets.



The Levy is a unique opportunity enabling locally controlled and flexible funding and prioritization of critical gaps in HIV/AIDS programming based on national needs and priorities. It empowers the NACA to make autonomous decisions and provides inadvertent power to convene donors and implementing partners and coordinate stakeholders and actors thus fostering self-reliance, national ownership and collective decision that have reduced disjoint and fragmentation across programmes at national and subnational levels.

THE IMPORTANCE OF THE FUND FOR HIV PREVENTION

The UNAIDS 2023 report notes that Zimbabwe has achieved major reductions in new HIV infections due to focused prevention programmes.

NACA HIV Prevention Stewardship: The Levy's structure, with a dedicated 10% for HIV prevention has provided the NACA with funding the steward the response through an operational strong national HIV prevention steering committee. HIV prevention is institutionalized within the NACAs structure with responsibility and budget allocation. The NACA has mapped out HIV prevention programmes, funders and implementers and undertakes prevention planning and data reviews at national and subnational levels.

The Levy is utilized to leverage external resources through offering co-financing for prevention priorities. For instance, during Global Fund proposal development and budgeting cycles. Under prevention programs, the AIDS Levy supports condom promotion, prevention of mother-to-child transmission, voluntary medical male circumcision, safe blood, youth and workplace programs, education and awareness campaigns that aim to reduce stigma and discrimination, encourage safe sexual practices, and promote HIV testing.

Leveraging multiple sectors to deliver prevention at scale:

Prevention programmes targeting general populations face the challenges of identifying those most likely to become infected from the large pools of individuals and then bringing the necessary services to the points of risk of these individuals and motivating uptake of prevention interventions.

The Zimbabwe NACA introduced a granular approach and funds each of the 10 provinces to support implementation of tailored interventions through identifying and linking the most vulnerable with education, peer-support, testing and treatment coverage in districts that are lagging. The Levy has funded the Ministry of Public Service, Labor and Social Welfare to identify vulnerable children and link them to testing and treatment and adherence monitoring. The NACA funded sensitization and education in the Law, Justice and Order sectors that resulted in removal of laws criminalizing HIV exposure, non-disclosure and transmission, although progress on laws criminalizing key populations remains limited. The Ministry of Education's module on reduction of stigma and discrimination is funded from the Levy. These efforts directly contribute towards sustaining the 95-95-95 targets and achieving the 10-10-10 targets.

The NACA initiated the necessary procedural and institutional arrangements for social contracting and developed policy guidelines for the "Government of Zimbabwe Public Financial Support to Civil Society-Led HIV and AIDS Service Delivery and Systems" initiative. The complexities of implementing social contracting relate to tensions between NGOs and government particularly where NGOs focus on accountability and rights, or they have evolved from welfare to high overhead budget organizations thus raising questions regarding government funding priorities e.g pay for NGO or health care worker salaries.

The NACA has been able to facilitate key populations programming in this context of a disabling legal



environment. Leveraging National resources to negotiate these tensions provides NACA the platform to reduce their perceptions as donor driven priorities and keep making progress

HIV prevention among adolescent girls and young women (AGYW):

While incidence among girls and women in Zimbabwe is declining, they still comprise 60% of new infections. Adolescents and young women are three times more likely to be infected than their male counterparts (3,752 vs 1,114 in 2022). Long-standing documented HIV risk factors include lower education attainment, exposure to intimate partner violence and sexual partnerships with older males. The triple threat of forced sexual initiation and gender-based violence (GBV), teen pregnancy and HIV remains an issue of priority in Zimbabwe although donors are divesting from the HIV response among AGYW. The AIDS Levy has allowed Zimbabwe to leverage its 'HIV dollar' to protect the people that need most to be protected if the incidence reduction that Zimbabwe currently enjoys is to be sustained. This is being achieved through investments in GBV prevention, supporting the Ministry of Health in sexual and reproductive health services targeting teen pregnancy and engagement with the Ministry of Education to institutionalize comprehensive sexuality education.

Scaling up and delivery of emerging HIV prevention technologies:

Studies show that women tend to favour discreet and long-lasting prevention tools and that both retention and adherence levels can be high (75). Zimbabwe has approved rollout of the Dapivrine ring and the NACA has integrated education and demand creation of the ring and other prevention commodities such as condoms with broader HIV and health community education. Scale up of this holistic approach faces challenges of donor support and thus the Levy has facilitated its implementation.

Commodities, integration and sustainability: The Levy has been used for integration of HIV with broader health such as: HIV testing, PrEP and PEP into family planning and sexual and reproductive health services; cervical cancer screening and linkage between ART and oncology clinics and; procurement of CD4 machines, family planning commodities and blood testing reagents. Zimbabwe's condoms programme including procurement, distribution through other sectors and entertainment places and monitoring are funded through the Levy.

THE LESSONS

The multifaceted impact of having domestic resources goes beyond monetary value for HIV prevention and the broader HIV response. Countries can make deliberate long-term investments towards institutionalizing HIV prevention, building local resilience and mandating their NACAs to invest in the actions and actors necessary to retain HIV, and by extension, HIV prevention a political and national priority. Domestic resources confer convening power and authority for the NACA to coordinate actors and partners authoritatively. NACAs then have the very critical platform necessary to navigate the delicate balance of political inclinations and scientific priorities in the context of issues such as key populations, programming or social contracting. Zimbabwe has leveraged the Levy's HIV prevention allocation to invest towards meeting its 10-point action plan and staying focussed on the HIV prevention pillars. Being institutionalized, other sectors can easily be accessed through a multi-sectoral approach to fact-track HIV prevention. It offers valuable lessons for other countries grappling with prioritizing HIV prevention and making incidence reduction sustainable pre and post 2030.





Leveraging multisector budgets for HIV prevention: Uganda's innovative approach

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