



AIDS LEVY DISBURSEMENT OVERVIEW

Initially, the National AIDS Council disbursed funds to organizations working in HIV and AIDS, but it was realized that the process only benefited established organizations with experience to write project proposals.

However, it became apparent that the disbursement criterion was not equitable in terms of geographic coverage and level of need. Financial assistance was approved based on the ability to write project proposals and access to information.

It disadvantaged most grass-roots communities who should have benefited too. In an effort to address the anomaly and to decentralize the disbursements, the NAC decided to disburse the funds through the rural and urban local authorities in the country.

The community response began in 2001 based on the implementation of district action plans which responded to priority needs for HIV and AIDS prevention, care and support, impact mitigation and research. District AIDS Action Committees (DAACs) were formed and they developed plans that became the basis for the disbursements of the National AIDS Trust

Funds and other resources available to the districts. Disbursements to various District AIDS Action Committees were effected in September 2001 with 5 million Zimbabwe Dollars disbursed to each district in the country.

Total disbursements done in 2001 were over five hundred million Zimbabwean dollars. Funds from the trust fund enabled to undertake prevention programmes particularly targeted at the youth.

There was also a heavy emphasis on mitigation focused activities in the district plans because of the high numbers of people dying from the HIV related illnesses and the economic hardships that the country was going through. In many districts the fund supported social mobilization and awareness for prevention, orphan support, inputs for child-headed families, assistance for supplementary feeding and home based care kits for patients.

The fund was also used in the training of home-based care-givers in many communities and to support their transport needs. Some home-based care givers purchased home based kits and bicycles for the care-givers.

Many rural districts revived the concept of food security called Zunde ra Mambo/Isiphala seNkosi to assist People living with HIV and AIDS and the ever increasing orphans due to HIV and AIDS .

The concept entails communities identifying a communal field where all community members till, after harvest the food is stored in a central granary to assist people in need particularly orphans. The keys for the granary are kept by the local chief who disburses the food equally to the needy.

Money from the AIDS Levy was therefore used to buy seeds and other inputs for the Zunde ra Mambo/Isiphala se Nkosi.

This scheme is still on in some provinces. The implementation of prevention, mitigation, nutrition, care and support programmes using the AIDS Levy went a long way towards reducing the impact of HIV and AIDS the HIV prevalence rate from high of over 30% in the late 90's to 24,6 % within the 15-49 age group in 2004-four years after the inception of the NAC.

EMERGING CHALLENGES AND RESPONSE.

However, despite the above achievements , the Government was faced with the challenge of ensuring quality care, good nutrition and anti-retroviral drugs to prolong the lives of those infected ,thus stretching the its financial resources as there was no external funding for HIV and AIDS then.

The Government had pinned hopes on the disbursement of funds from the Global Fund following the approval of the country's proposal under the inaugural Global Fund Round One Grant in 2002 which was only availed in 2005 for some reasons.

Consequently, the Government was forced to mobilize more funds from Treasury to augment the AIDS Levy, which was increasingly becoming inadequate to meet the growing needs of the national HIV response.

ART ROLL OUT AS the demand for ARVs increased following increased availability and affordability from Asian countries, the Government embarked on the national Anti-Retroviral Therapy (ART) Roll Out programme in 2004 and injected \$ 10 billion from Treasury while \$4,7 billion was released from the AIDS Levy towards the procurement of ARVs.

The new commitments towards procurement of expensive imported drugs had an impact on previous mitigation programmes the NAC and this was worsened by the delay in the disbursement of the Global Fund Round One grant which had been earmarked to cover community home based care and youth prevention programmes as adopted in the proposal.

While it took three years for Zimbabwe to receive its Round One grant in 2005, other countries received Round Two, Three and Four in the subsequent years. The ART Roll Out programme started off at the country's two major referral centres-Mpilo Hospital in Bulawayo and Harare Central Hospital, albeit at a slow pace due to financial challenges.

NEW AIDS LEVY DISBURSEMENT POLICY, NEW NAC MANDATE

In order to further boost the procurement of drugs which were increasingly on demand as more people went for HIV tests due to increased awareness programmes, the Government adopted a new policy in 2006 which stipulated that 50% of the AIDS Levy would go towards procurement of drugs.

This was considered the best priority under the then prevailing circumstances and this meant scaling down on other equally important interventions like mitigation and prevention by the NAC and this development marked the watershed on the

NAC's original mandate which included implementation of programmes, alongside coordination ,monitoring and evaluation.

The NAC thus assumed a new role of disbursing the 50 % of the AIDS levy towards drug procurement, coordinating and monitoring the national response towards which a plethora of NGO's were expected to take over some of the programmes which the NAC used to perform.

Various AIDS service organizations and NGO's with comparative advantages in different intervention areas like community home-based care, orphan support, awareness and prevention, mitigation, among others were thus registered to implement specific programmes.

The NAC though continued to run some awareness and prevention programmes, albeit on a small scale due to limited funds and focused more on its new core role of coordinating, monitoring and evaluation of the national response.

Through the concerted multi-sectoral response based on the Three One principle which entail One Coordinating Authority (NAC) One Strategic Framework (ZINASP) and One Monitoring and Evaluation System (administered by NAC) .

Zimbabwe has continued to enhance its response to the pandemic which has seen over 150 000 people accessing ART and the HIV prevalence rate declining t the current 15,6% from a high of over 30 % over the past four years.

AIDS LEVY -REGIONAL BEST PRACTICE

The AIDS Levy in Zimbabwe was thus rated a regional best practice in the Southern African Development Community region as it demonstrated the effectiveness of home grown initiatives in the response to HIV and AIDS. Despite delays in the disbursement of the Global Fund Round One and Five grants, the country has managed to adopt and implement policies, which have seen the country recording a marked decline in HIV prevalence and ensuring access to treatment to people living with HIV in the wake of political and economic challenges.

Some SADC member states have visited Zimbabwe to study how the AIDS Levy was administered so that they could replicate the practice back home.

AIDS LEVY AND THE EMERGING POLITICAL AND ECONOMIC ENVIRONMENT

Despite the aforementioned utilization and impact of the AIDS Levy on the national response to HIV and AIDS, the fund was not spared by the unfolding political and economic challenges which have continued to bedevil the country over the years.

The value of the AIDS Levy was adversely eroded by the hyperinflationary trend experienced in the country, especially over the past four years.

The raising unemployment situation due to the closure of companies meant reduced income from individual and corporate taxes, while foreign exchange and price distortions meant reduced procurement of expensive imported drugs and medical equipment to effectively respond to the pandemic.

Demand for drugs and other HIV and AIDS services has continued to increase in response to increased awareness, disproportionately to declining financial and material resources.

The once effective AIDS Levy has thus become a drop in the ocean, totally insignificant, leaving the entire national response to become reliant upon the Global Fund and donor support from the Expanded Support Programme.

Challenges in the entire health centre have also threatened to derail the progress made in the HIV response. However, following the recent adoption of the use of multiple currencies in the economy and as the economy is set to improve, it is hoped that the AIDS Levy will once more be more significant and effective in enhancing the HIV and AIDS response.

The creation and continued existence of the National AIDS Council through the AIDS Levy, has turned out to be the best thing to have happened in the history of the national HIV and AIDS response as the multi-sectoral institution has successfully managed to source funding for various programmes from the Global Fund and the Expanded Support Programme in the midst of the challenging political and socio-economic environment.

This has seen the country uphold and enhance health infrastructure, retain critical health personnel and expand the ART Roll Out programme.

Through the Global Fund Round One and the Expanded Support Programme, over 100 000 patients have been put on ARVs, while over 100 critical health staff comprising doctors, lab scientists and pharmacists have been retained through salary support in foreign currency.

Various medical equipment comprising CD4 count machines, genetic analyzers, full blood count machines as well as vehicles have been procured and these have helped to scale up access to treatment, care and support for people living with HIV.

Following the advent of a new political and economic dispensation in the country, it is hoped that the AIDS Levy will once more grow and effectively be utilized to further buttress and scale up the response to HIV and AIDS in Zimbabwe and thus reclaim and maintain its leadership status in the region and beyond.

This would ensure that Zimbabwe fulfills its 2008-2009 theme: Zimbabwe-proven leadership in HIV prevention: Scale Up Treatment, Care and Support Now!