



Zimbabwe SADC Epidemic Update Report

Follow up to the Maseru Declaration

ZIMBABWE COUNTRY REPORT

Reporting Period: January 2013 - December 2013

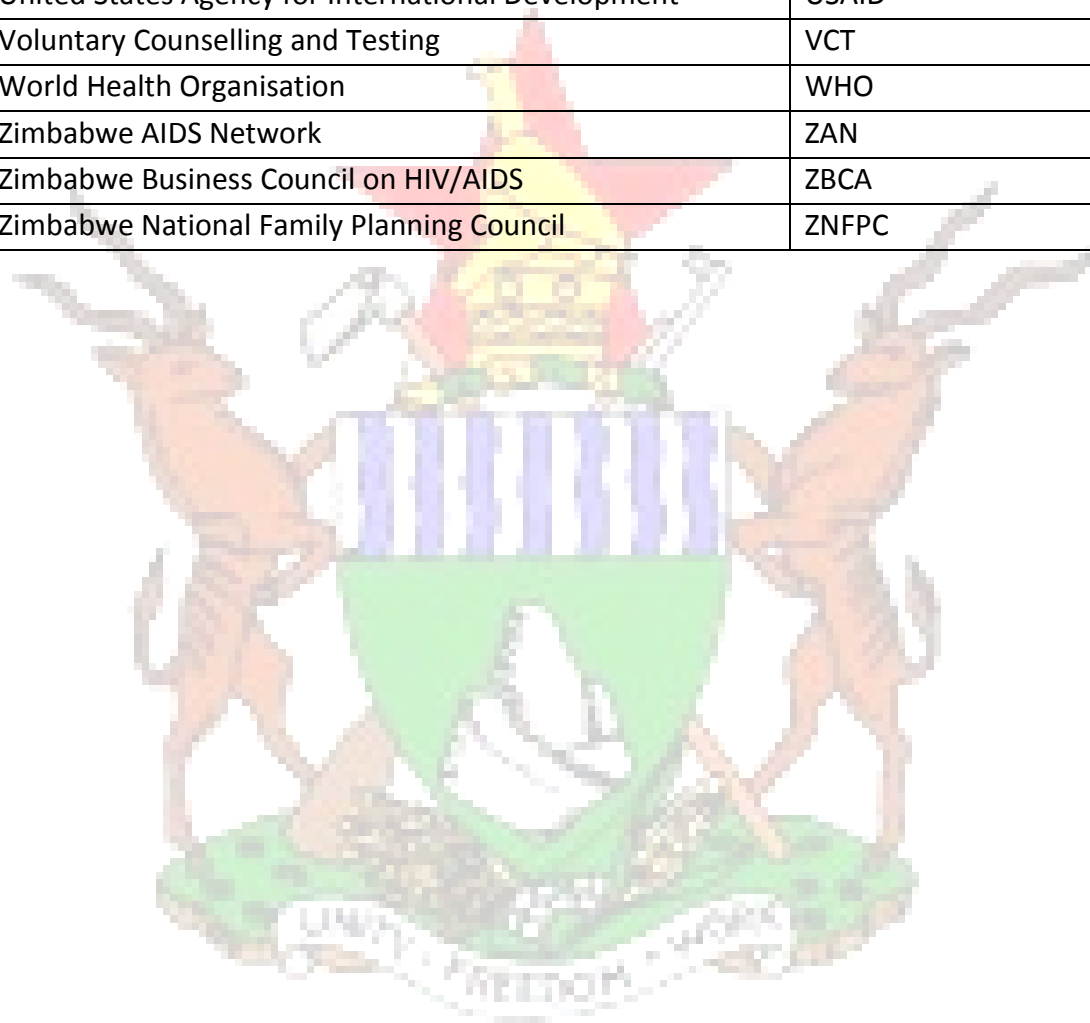
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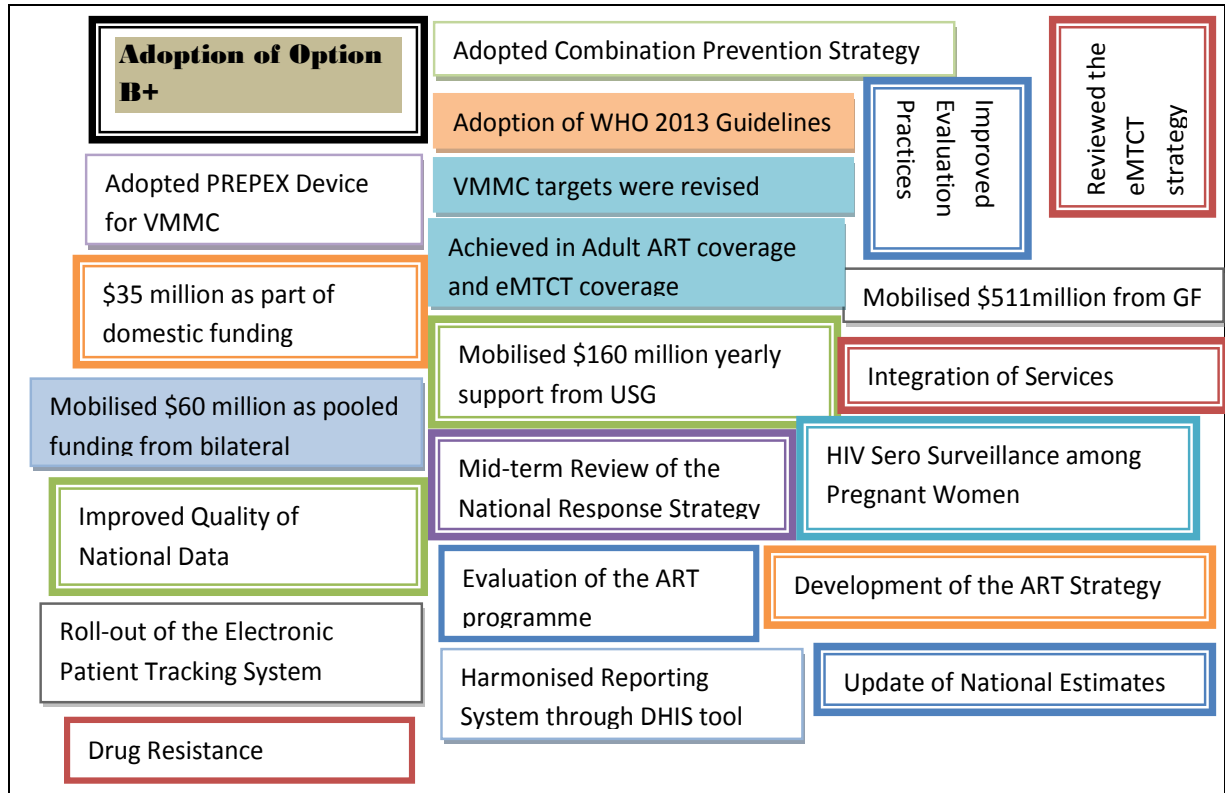
Abbreviations

Antenatal Care	ANC
Antiretroviral drugs	ARVs
Antiretroviral therapy	ART
Basic Education Assistance Module	BEAM
Behavior Change Communication	BCC
Canadian International Development Agency	CIDA
Central Statistics Office	CSO
Demographic and Health Survey	DHS
District AIDS Action Committees	DAAC
District AIDS Coordinators	DAC
Department of International Development	DFID
Early Infant Diagnosis	EID
Expanded Support Programme	ESP
Global Fund to Fight AIDS, TB and Malaria	GFATM
Human Immuno Deficiency Virus	HIV
Home-based Care	HBC
Information, Education Communication	IEC
John Snow International	JSI
Joint United Nations Programme on HIV/AIDS	UNAIDS
Knowledge, Attitudes, and Practice	KAP
Male Circumcision	MC
Ministry of Education, Sport and Culture	MOESC
Ministry of Finance and Economic Development	MOFED
Ministry of Health and Child Welfare	MoHCW
Ministry of Public Service, Labour and Social Welfare	MoPLSW
Monitoring and Evaluation	M&E
National AIDS Council	NAC
Multi Indicator Monitoring Survey	MIMS
National Action Plan of for Orphans and Other Vulnerable Children	NAP for OVC
National Blood Transfusion Services	NBTS
Opportunistic Infections	OI
Population Service International	PSI
Prevention of Mother to Child Transmission	PMTCT

Primary Care Counselors	PCCs
Southern African Development Community	SADC
Sexually Transmitted Infections	STIs
Swedish International Development Agency	SIDA
Tuberculosis	TB
United Nations Children Fund	UNICEF
United Nations Population Fund	UNFPA
United States Agency for International Development	USAID
Voluntary Counselling and Testing	VCT
World Health Organisation	WHO
Zimbabwe AIDS Network	ZAN
Zimbabwe Business Council on HIV/AIDS	ZBCA
Zimbabwe National Family Planning Council	ZNFPC



Highlights of Key Achievements



Status at a glance

This section highlights the impact and outcome results achieved in the AIDS response so far. There are visible tremendous gains made as show by table 1 and 2 below with respect to numbers of deaths averted, new infections averted and life gain years.

Estimates of the Impacts of the National Response 2013

Table 1: Impact Estimates

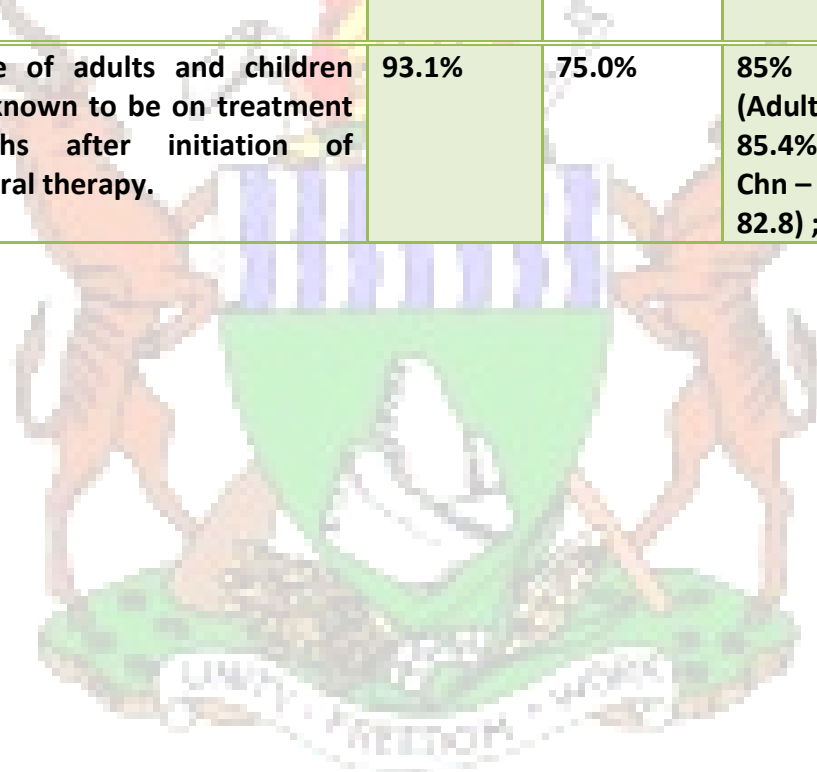
Impact indicators	2011	2012	2013
Deaths averted by ART (Thousands)	40.42	48.22	45.7
Infections averted by PMTCT (Thousands)	6.41	12.75	15.11
Life years gained by ART and PMTCT (Thousands)	210.02	269.79	323.47
Deaths averted by PMTCT (0-4) (Thousands)	2.91	4.06	5.4
HIV incidence rate	1.29	1.25	0.98
Annual HIV related deaths	115117	87335	61476
Total AIDS orphans	1151235	1084906	889339
HIV prevalence among pregnant women aged 15-24	12.5%	11.56%	9.85%

Programme Performance

The country has achieved universal access coverage in most of the lifesaving interventions. Table 2 provides the details.

Table 2: Programme Performance

Year	2007	2009	2012	2013
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission.	22%	59%	85%	82.05%
Number of Adults 15-49 who were tested and received results	579767	1108264	2240344	2274328
Number of males circumcised during the past 12 months according to national standards		2801	40775	112084
Percentage of eligible adults and children currently receiving antiretroviral therapy.	Adults - 31.3%, Chn - 9.7%	Adults - 62%, Chn - 22.2%	Adults- 85% Chn- 43%	Adults - 76.8%, Chn - 40.5%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults - 85.4%, Chn - 82.8) ;	85.7% (Adults- 87.1% Chn - 85.6%)



1. Background Information

1.1 Introduction

The SADC Epidemic Update Report provides an appraisal of progress towards Maseru Declaration. Zimbabwe participated at SADC meeting in November 2012, where there representatives pledged to produce HIV and AIDS Epidemic Update Reports in order review progress made in the HIV and AIDS response.

The data gathering and report writing process was coordinated by National AIDS Council. Data gathering and validation meetings were held with partners. A desk review of available literature on the country's response efforts to HIV and AIDS was also conducted. The final draft of the report was circulated for comments before endorsement.

1.2 Status of HIV Epidemic

Zimbabwe has a total population of 13 million, with a population growth of 1.1%¹. Zimbabwe has a generalized heterosexually driven HIV epidemic with adult prevalence of 15%² and an incidence of 0.98%³. The epidemic looks fairly homogenous with similar HIV prevalence levels across the ten provinces. However there are hot spots of HIV which are border towns, mining areas, growth points and resettlements farms. The HIV prevalence is slightly higher in urban areas than in rural areas. HIV prevalence in 15-24 age group women is 1.5 times higher than in men.

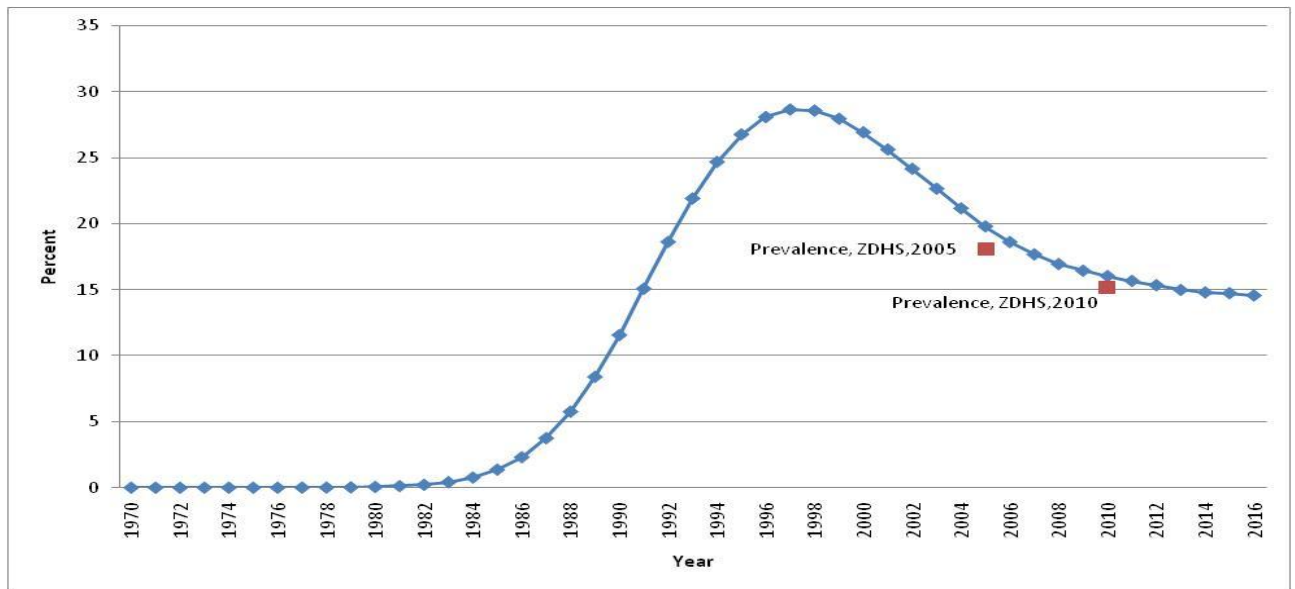
The decline in HIV prevalence was projected to have started in the late 1990's according to the 2012 version of Epidemic Projection Package spectrum (Figure 1). The prevalence peaked in 1997 at 26.48% (24.96 – 27.77%) and started declining thereafter as shown by figure 1 below.

¹ Zimbabwe Population Census Report 2012.

² Zimbabwe Demographic Health Survey Report 2010/11

³ National HIV and AIDS Estimates Report 2013

Figure 1: Trends in Adult (15+) HIV Prevalence, Zimbabwe 1970-2015



Source: National HIV and AIDS Estimates Report 2013

There was a sharp drop in HIV incidence from about 5.5% in adults in 1992 to about 0.98% in 2013. The decline of new infections is attributed to gains from positive behaviour change and high ART coverage. New HIV infections in children up to 15 years of age have been declining due to overall lower levels of both HIV infection in women at child-bearing age and mother-to-child transmission interventions.

2. Progress in Implementation of Commitments

This section tabulates the progress in implementation of SADC commitments.

2.1 HIV Prevention and Social Mobilization

Table 3: HIV Prevention and Social Mobilization

1. HIV Prevention and Social Mobilization			
Indicator	National Figure	Source and Year	Earlier National Figure, Source and Year
1.1 Percentage of young people aged 15-24 years who are HIV infected	9.85%	ANC Survey 2012	Females-7.3% Males-3.6% (ZDHS 2010/2011)
1.2 Percentage of men and women aged 15-49 years who had sex with more than one partner in the last 12 months	Females-1.1%, Males-10.7%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	Females-1.1%, Males-10.7% (ZDHS 2010/2011)
1.3 Proportion of young people aged 10-24 years who cite a member of the family as a source of HIV and AIDS related information	No Data	NA	Not reported
1.4 Percentage of schools that provided life skills-based HIV education in the last academic year	100% Primary Schools,100% Secondary Schools,	Ministry of Primary and Secondary Education, 2013	100% Primary Schools,100% Secondary Schools, Ministry of Primary and Secondary Education, 2013
1.5 Percentage of women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmissions	Females-51.9%, Males-47%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	Females-51.9%, Males-47% (ZDHS 2010/2011)

1.6 Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	82.05%	MOHCC PMTCT Report 2013, National Estimates Report 2013	85% MOHCW PMTCT Report 2012, National Estimates Report 2012
1.7 Percent of donated blood units screened for HIV in a quality-assured manner	100%	National Blood Transmission Services (NBTS), 2013	100%, National Blood Transmission Services (NBTS), 2012
1.8 Number of female and male condoms distributed	Male - 100,428,066 Female- 5,194,981	National AIDS Council (NAC) Annual Report 2013	Male-88,368,501 Female-4,691,762 NAC Annual Report 2012
1.9 Percentage of men and women aged 15-49 years who used a condom the last time they had sex with a casual partners with in the last 12 months	Females-48%, Males-33.1%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	Females-48%, Males-33.1% (ZDHS 2010/2011)
1.10 Percentage of infants born to HIV-infected mothers who are infected	12.75%	National HIV Estimates Report 2013	18%, National HIV Estimates Report 2012



2.2 Treatment, Care and Support

Table 4: HIV and AIDS Care, Access to Counseling and Testing Services and Support

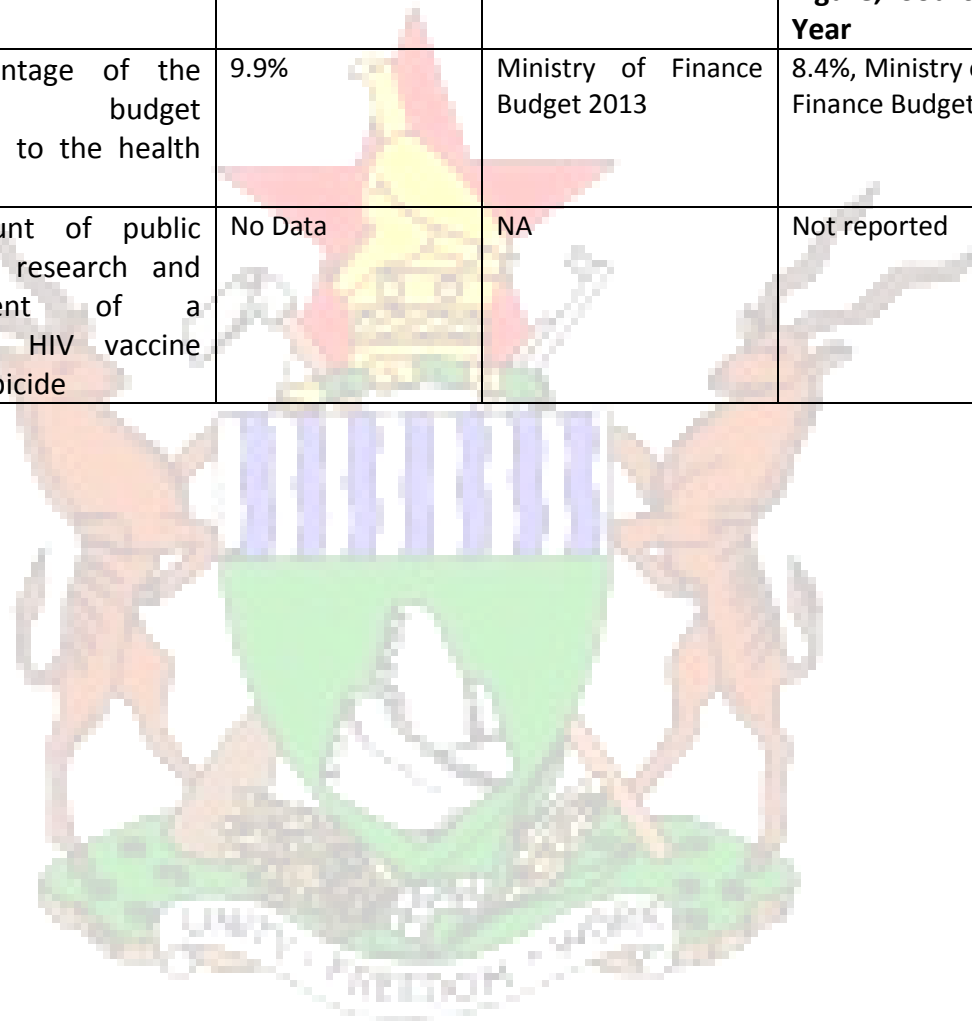
2. Improving Care, Access to Counseling and Testing Services and Support			
Indicator	National Figure	Source and Year	Earlier National Figure, Source and Year
2.1 Percentage of health care facilities providing ART	68.9%	MoHCC Annual Report 2013	63.6%, MoHCC Annual Report 2012
2.2 Percentage of health care facilities with referrals for HIV and AIDS care and support services	100%	MoHCC ART Programme data 2013	100% MoHCC ART Programme data 2012
2.3 Percentage of orphaned and vulnerable children aged 0-17 years whose households received free basic external support in caring for the child	11.7%	MoLSS Programme Monitoring Data 2013	21% MIMS Report 2009
2.4 Current school attendance among orphans and non-orphans aged 10-14 years	Orphans - 87.8% Non-orphans- 95.1%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	Orphans -87.8% Non-orphans-95.1% (ZDHS 2010/2011)
2.5 Percentage of children aged less than 18 years who are orphans (single, double orphans)	21.3%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	21.3% (ZDHS 2010/2011)
2.5 Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programmes	62.5%	NAC programme data 2013	59.5%, NAC programme data 2012
2.7 Percentage of chronically ill people that are receiving home-based care from trained care providers	No data	NA	Not reported
2.8 Number of providers trained in home-based care	71,336	NAC Annual Report 2013	27,324 NAC Annual Report 2012
2.9 Percentage who took an HIV test in the	Females-	Zimbabwe	Females-33.6%,

last 12 months and who know the results	33.6%, Males- 20.5%	Demographic and Health Survey (ZDHS) 2010/2011	Males-20.5% (ZDHS 2010/2011)
2.10 Percentage of facilities providing HIV testing services	94.9%	MoHCC programme data 2013	94.9%, MoHCC programme data 2012
2.11 Percentage of population expressing accepting attitudes towards PLWHA	Females- 39.8%, Males- 39.2%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	Females-39.8%, Males-39.2% (ZDHS 2010/2011)
2.12 Percentage of people with advanced HIV infections receiving ART	Adults- 76.8%, Children- 40.5%)	MoHCC Report 2013, National HIV Estimate Report 2013	Adults- 85% Children-43% MoHCC Report 2012, National HIV Estimate Report 2012
2.14 Percentage of districts or local administration units with at least one health facility providing ART	100%	MOHCC Programme data 2013	100%, MOHCC Programme data 2013

2.3. Intensifying Resource Mobilization

Table 5: Indicator to measure resource mobilization in SADC MS

3. Intensifying Resource Mobilisation			
Indicator	National Figure	Source and Year	Earlier National Figure, Source and Year
3.1 Percentage of the national budget committed to the health sector	9.9%	Ministry of Finance Budget 2013	8.4%, Ministry of Finance Budget 2012
3.2 Amount of public funds for research and development of a preventive HIV vaccine and microbicide	No Data	NA	Not reported



2.4 Additional Indicators

Table 6: Additional Indicators

4 Additional Indicators			
Indicator*	National Figure	Source and Year	Earlier National Figure, Source and Year
4.1 Percentage still alive after initiating ART (1 st and 2 nd line) after 12 months, 24 months, 36 months, etc	12mths-86.7%, 24mths-81.7%, 36mths-80.5%, 48mths-76.7%, 60mths-72.8%	NAC Annual Report 2013	12 months-84%, 24 months-79%, NAC Annual Report 2012
4.2 Percentage of people with advanced HIV infections receiving ART (disaggregated by age: 0-14, 15+years)	Adults (15+ yrs)-76.8%, Children (0-14 yrs)-40.5%	MoHCC Report 2013, National HIV Estimate Report 2013	Adults- 85% Children- 43% MoHCC Report 2013, National HIV Estimate Report 2013
4.3 Percentage of most-at-risk populations (IDU, MSM, CSW)** who received an HIV test in the last 12 months who know the result	65.8% (CSW only)	Ceshhar CSW survey report 2013 (Data for 14 site and n=2722)	Not reported
4.4 Percentage of most-at-risk populations (IDU, MSM, CSW) who are HIV-infected	No data	NA	Not reported
4.5 Number of males circumcised	176,857	MOHCC Programme data 2013	91,335 MOHCC Programme data 2012
4.6 Percentage of males circumcised (disaggregated by age)	15-49yrs-9.1%	Zimbabwe Demographic and Health Survey (ZDHS) 2010/2011	15-49yrs-9.1% (ZDHS 2010/2011)

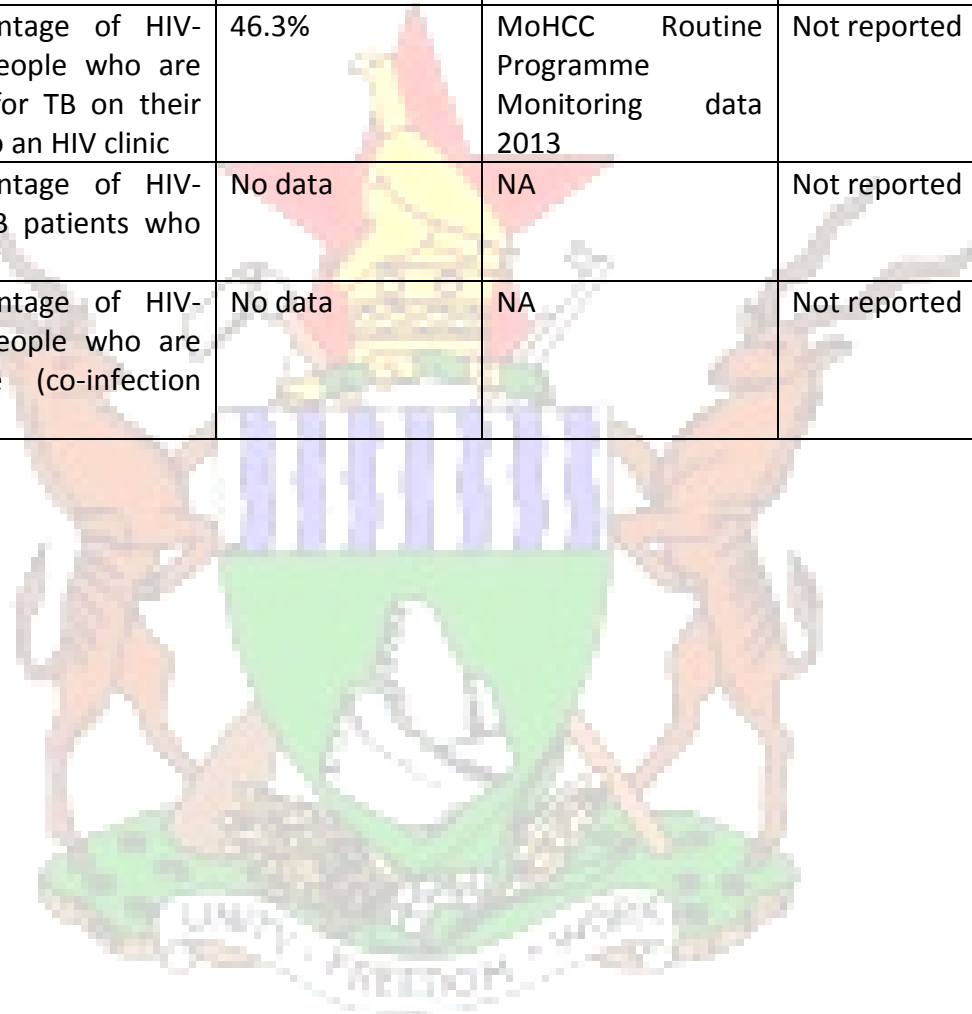
* where possible all indicators must be disaggregated by age and sex

** IDU=Injecting Drug Users; MSM-Men who have sex with men; CSW=Commercial sex workers

2.5 Collaborative Indicators for HIV/TB

Table 7: Collaborative Indicators for HIV/TB

5 Collaborative Indicators for HIV/TB			
Indicator*	National Figure	Source and Year	Earlier National Figure, Source and Year
5.1 Percentage of HIV-positive people who are screened for TB on their first visit to an HIV clinic	46.3%	MoHCC Routine Programme Monitoring data 2013	Not reported
5.2 Percentage of HIV-positive TB patients who are on ART	No data	NA	Not reported
5.3 Percentage of HIV-positive people who are TB-positive (co-infection rate)	No data	NA	Not reported



3. Progress in implementing interventions at Country Level

3.1 Prevention and Social Mobilisation

3.1.1 HIV Testing and Counselling

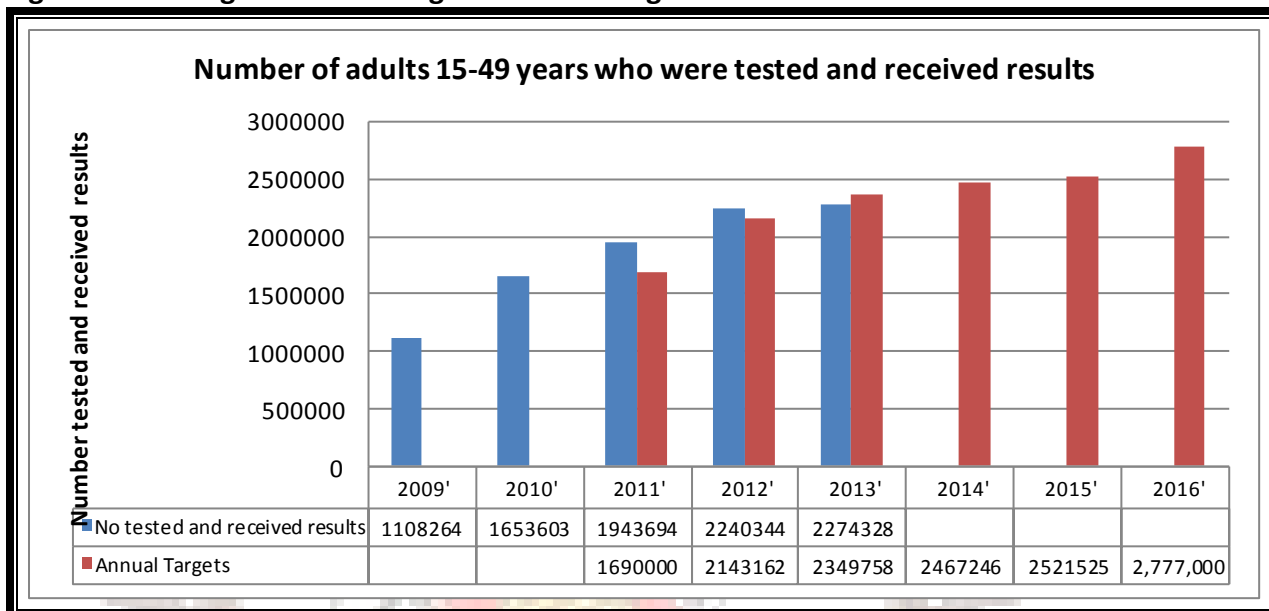
HIV testing is a crucial first step in the cascade of HIV treatment and an entry point to other prevention and care interventions including male circumcision, prevention of mother-to-child HIV transmission, and treatment of opportunistic infections. The DHS 2010/11 shows a marked increase in HIV testing coverage among both men and women. Furthermore, 91% of women and 88% of men knew where to access HTC services. In 2013 a total of 2,274,328 adults aged 15-49 accessed HTC in Zimbabwe against a target of 2,349,758 (Figure 2). Currently a total of 1,456 health care facilities are providing integrated HTC services through Antenatal Clinic (ANC), OI clinics, stand alone Testing and Counselling centres, outreach centres, TB clinics and STI clinics. HTC services are available to all citizens that need, inclusive of key populations. The key implementing partners of the program are; PSI; OPHID; ZAPP and WHO

Despite the gains made there is need to continue strengthening linkages and referral systems between HIV testing and subsequent interventions in the continuum of care. Emerging issues including community based HIV testing and counselling and the potential introduction of self-testing to reach the hard to reach populations needs to be explored.

Implementation Challenges

- Stock outs of HIV test kits
- Weak linkages and referral systems between HIV testing and subsequent interventions in the continuum of care
- Limited resources to conduct HIV Testing and Counselling campaigns

Figure 2: Coverage of HIV Testing and Counselling Services



3.1.2 Social and Behaviour Change Communication

The country has adopted the combination prevention strategy of which the National Behaviour Change programme is guided. The programme adopted the home visit model to share integrated behaviour change information. The Zimbabwe National Behaviour Change Programme (NBCP) is operative in all 65 districts of the country and is well integrated into different sectors. Outreach includes prisons and prison officers and prisoners have been trained in behaviour change courses.

The SBCC programme targets the sexually active in the 15 to 49 age group (men, women, boys and girls). A total of 7,947,109 person exposures were achieved in 2013 against a target of 5,480,000. Reviews have acknowledged SBCC as a high impact programme in Zimbabwe, and as one of the key interventions in the decline of HIV prevalence. SBCC interventions were intensified in the community, workplace and in schools, targeting most at risk and key populations. Key implementing partners of the programme are, World Vision; Regai Dzive Shiri; ZiCHIRE; Batsirai; FACT Mutare;

Zimbabwe AIDS Support Organisation (ZAPSO); Matebeleland AIDS Council; Midlands AIDS Support Organisation and UNFPA

Implementation Challenge

- Limitations on mobility of community workers (Behaviour Change Facilitators)

3.1.3 Condom Promotion and distribution

Condoms are distributed through public and private channels using the social marketing approach. In 2013, 100 million male condoms and 5.2 million female condoms were distributed. Key populations access female and male condoms in selected sites and health facilities. Implementers in the condom programme are mainly the local authorities, MoHCC, ZNFPC, PSI and PSZ.

100 million male and 5.2 million female condoms distributed in

Zimbabwe has remained an internationally acclaimed best practice in condom distribution. Despite the large scale distribution, gaps in consistent condom use persist, particularly within concurrent sexual relationships. Additionally, levels of condom use among PLHIV are low despite high levels of sexual activity.

3.1.4 Voluntary Medical Male Circumcision (VMMC)

Male circumcision is one of the key components of the National Combination Prevention Strategy. It is estimated

VMMC Coverage 14%

1.3 million men aged 15-49 (2012 to 2017) are required to be circumcised to achieve 80% coverage required to have public health benefit from the programme. Cumulatively about 176604 men were circumcised translating to 14% of the target. In order to scale up effort for VMMC, the country has adopted the PrePex device. Integrating early infant male circumcision in a horizontal approach as part of routine care of mothers and

infants would make this programme more sustainable in the long term. The providers of this service are; PSI; ZAPP, ZACH/ITECH; UNFPA; MOHCC, WHO.

Implementation Challenges

- Task sharing for VMMC programme
- Low coverage of VMMC services

3.1.5 Prevention of Mother to Child Transmission of HIV (PMTCT)

High quality, comprehensive PMTCT services are currently provided in 95% of the 1,560 health facilities in Zimbabwe.

PMTCT coverage
82.05% in 2013

PMTCT is one of the programmes that have achieved universal access (82% in 2013).

Zimbabwe adopted Option B+ in order to enable the elimination agenda. The recent national estimates reviewed that eMTCT rate has reduced from 18% in 2011 to 12.75% in 2013. The country is currently conducting PMTCT impact study which will inform future scale up of the programme. The programme is supported by USG, EGPAF, WHO/CIDA, UNICEF/CIDA, Global Fund, CHAI and NAC. The resource envelop available for the elimination of mother to child transmission is as follows:

Table 8: eMTCT Funding Matrix

Funding Source	2012-13		2013-14	
	Amount	Percentage	Amount	Percentage
US Government	13,944,189	33.6%	12,401,489	32.3%
CIFF	10,946,727	26.4%	10,946,727	28.5%
DFID	7,936,742	19.1%	8,275,000	21.6%
Global Fund	3,548,743	8.5%	424,650	1.1%
CIDA	1,682,303	4.1%	2,074,519	5.4%
UNICEF	1,291,464	3.1%	1,291,464	3.4%
WHO	1,105,000	2.7%	1,000,000	2.6%
GOZ-AIDS Levy	532,470	1.3%	532,950	1.4%
Axios	224,000	0.5%	224,000	0.6%
AUSTRALIAN AID	150,789	0.4%	176,000	0.5%
PSI	141,120	0.3%	141,120	0.4%
ESP	3,176	0.0%	3,176	0.0%
UNITAID Diagnostics	-	0.0%	900,000	2.3%

Grand Total (\$USD)	41,506,723	100.0%	38,391,095	100.0%
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Implementation Challenges

- Some 7% of HIV + pregnant women are still receiving single dose regimen (less efficacious)
- Long turn-around time for EID results

3.2 Improving Care, Access to Counselling and Testing Services, Treatment and Support

3.2.1 Antiretroviral Therapy (ART)

The country has adopted WHO 2013 guidelines. The total number of PLHIV receiving ART in Zimbabwe is 665,299 including 618,980 adults and 46,319 children with more than 9,000 PLHIV initiating treatment each month.

ART coverage; Adults 76.8% and Children

Table 9: Performance of ART programme

Year	2007	2009	2012	2013
Percentage of eligible adults and children currently receiving antiretroviral therapy.	Adults - 31.3%, Chn - 9.7%	Adults - 62%, Chn - 22.2%	Adults- 85% Chn- 43%	Adults - 76.8%, Chn - 40.5%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults - 85.4%, Chn - 82.8) ;	85.7% (Adults- 87.1% Chn - 85.6%)
Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy			79% (October 2010 Cohort data)	83.2% (Adults - 88.8%, Chn - 82.6%)

There was an evaluation of the National Treatment programme that has culminated into the revision of its five year strategy. Despite all these strides, the paediatric ART coverage remains at 40%, which is significantly below the universal access target of 85%. The key partners are: MSF, Private Sector, SafAIDS, MOHCC, NAC, ZHAU, CDC and UN.

Implementation Challenges

- Low paediatric ART coverage.
- Stock out of ART medicines
- Logistics and Supply chain management challenges
- Slow decentralization of ART initiation, especially for children
- Delays in review of policy to broaden nurses' scope of work

3.2.2 HIV/TB collaboration

Zimbabwe continues to experience a major HIV driven TB epidemic with co-infection rates of 82%. Considerable progress has been made towards addressing the 12 point WHO collaborative TB/HIV activities. As of 2011, 92% of all TB patients notified during the year had an HIV test result, 85% of the HIV positive TB patients received cotrimoxazole and 71% received ART. Progress on implementation of the 3I's has been very slow especially Isoniazid Preventive Therapy (IPT). TB/HIV services are available to all key populations that need it. The key implementing partners for the programme are: Private Sector and MOHCC

Implementing Challenges

- Weak collaboration between HIV and TB
- Slow implementation of Isoniazid Preventive Therapy (IPT)

3.2.3 Community and Home Based Care (CHBC)

There were 36,611 new clients who accessed C&HBC services in 2013. The average number of clients who accessed C&HBC services were 90,562(57%) against an annual target of 160,000. The client care giver ratio was 1:6, which is within the recommended WHO standard of 1:8. There has been a general decline in funding for this area with some organizations pulling out.

The percentage of community and home based care clients who are bed ridden remains very low at an average of 3%. This could be attributed to the impact of ART.

Implementing Challenge

- Decline in programme funding

3.3 Accelerating Development and mitigating the impact of HIV and AIDS

3.3.1 Orphans and Vulnerable Children

The government developed a National Case Management System in order to address the needs of the OVC. School related assistance has a coverage of more than 60% through the Basic Education Assistance Module.

Implementing Challenge

- Decline in programme funding

3.3.2 Meaningful Involvement of People Living With HIV (MIPA) and services for people living with HIV (PLHIV).

The country launched a Stigma Index Research initiative meant to gather routinely HIV-related Stigma data. This will enable the country to measure progress towards zero stigma and discrimination.

Community monitoring of OI and ART services was institutionalized in 2013, whereby PLHIV participate in monitoring treatment services offered.

Implementing Challenge

- Dwindling support for PLHIV

3.4 Intensifying Resource Mobilisation

The Government of Zimbabwe continue to collect the AIDS Levy which is 3 % of payee and corporate tax. The tax is collected by the Zimbabwe Revenue Authority and is directly remitted on a monthly basis to the National AIDS Council. The AIDS levy is the major contributor of domestic funding to the national response. The government continues to receive external support from the Global Fund, US Government, Department for International Development (DfiD) and other international partners.

NATF contributed US\$33.8 million in 2012 and US\$34.3 million in 2013 towards HIV and AIDS Response. About 55% of NATF funds were used for procurement ART medicines and commodities, whilst the rest went to other HIV programmes and administrative support for coordination.

International partners' contribution to the response is outlined in the table below.

Table 10: International Sources of HIV Funding

Funding Source	2012	2013
PEPFAR	56,384,367	17,888,900
Other Bilaterals	25,881,560	125,843,697
UN Agencies	9,977,459	6,882,033
Global Fund	91,695,912	73,112,570
Other Multilaterals	-	900,000
Other Internationals	36,782,920	-
Total	220,722,218	224,627,200

3.5 Strengthening Institutional Monitoring and Evaluation Mechanisms

The country reviewed the National Monitoring and Evaluation Plan to monitor the National Strategic Plan. The country improved data quality, evaluation culture, harmonised reporting system through the DHIS tool, conducted drug resistance monitoring, ANC survey and rolled out the electronic patient monitoring system. The nation has adopted the quality improvement monitoring as a tool to ensure quality service provision.

Use of evidence in programming has been key and further evidence is being sought through researches

