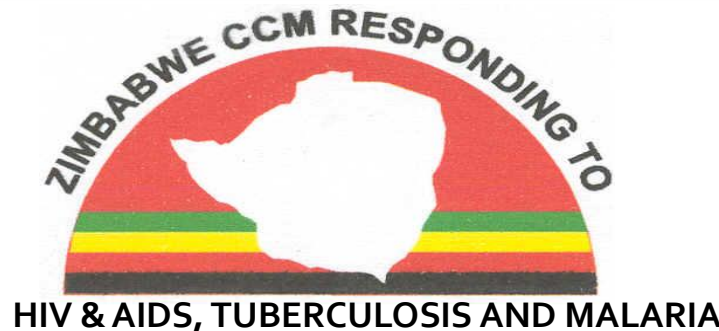


Zimbabwe Experience As Early Applicant In Developing A Concept Note Under the NFM

Dr Paul Chimedza (MP)
Deputy Minister of Health and Child Care



Summary of Zimbabwe's experience

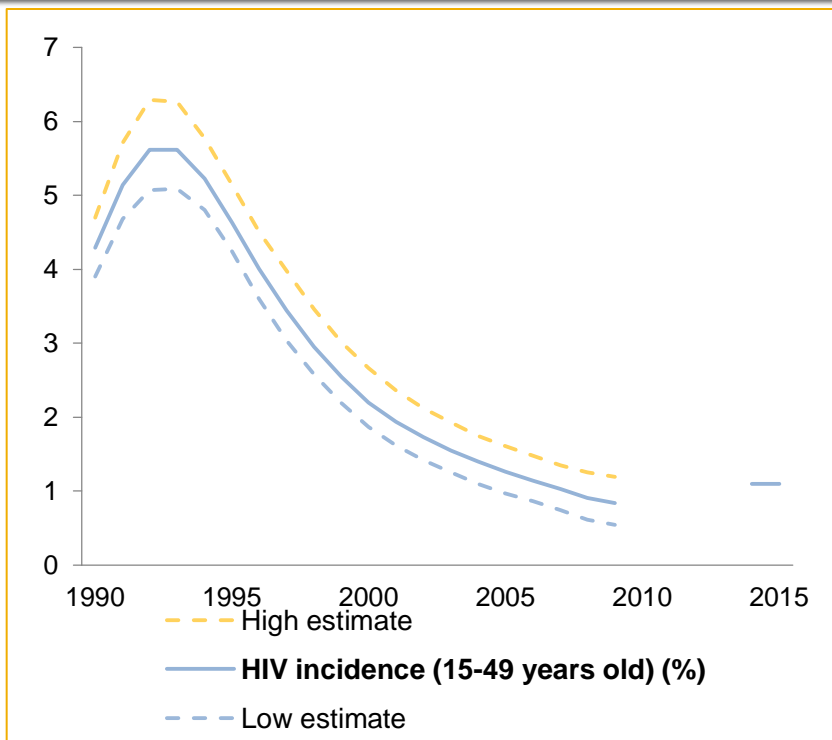
Key event	Date
Zimbabwe invited by GFATM to submit an HIV concept note as an early applicant under the NFM	5 th March 2013
HIV concept note submitted online	2 nd April 2013
TRP review Category 2 (311million USD for HIV 2014-2016, with additional 245M unfunded quality demand)	End April 2013
Addressing clarifications from TRP	May 2013
Grant making and signing of grant	17-21 June 2013

Zimbabwe Country Context

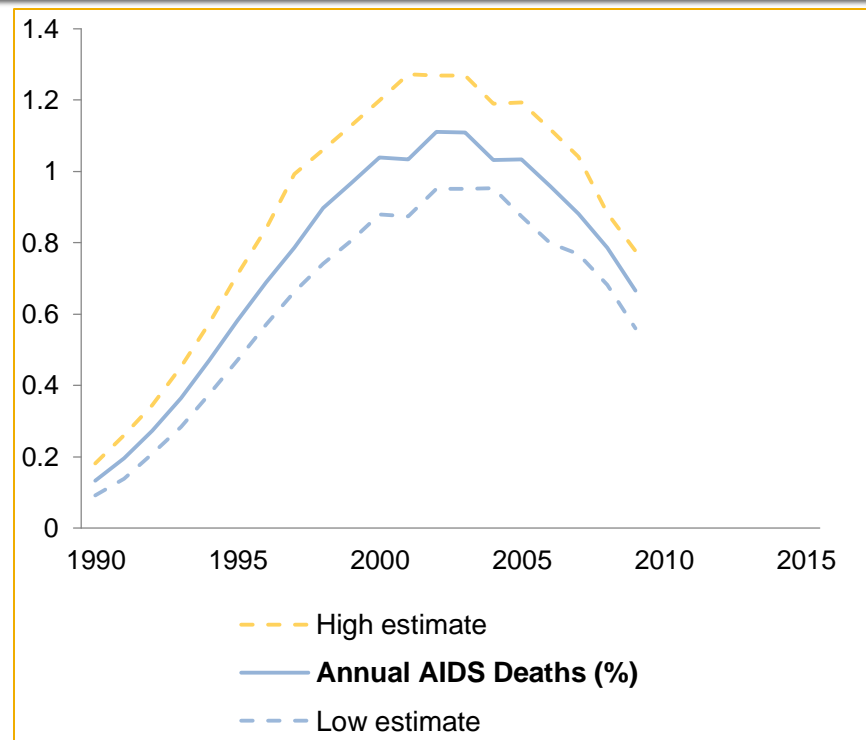
- Zimbabwe is a country in Southern Africa
- Population: 12,9m
- A country hardest hit with HIV epidemic; 1,2 million PLHIV
- The country suffered socio-economic crises between 2001 and 2009 characterized by hyperinflation, human resources shortages, and a weakened health system
- HIV Prevalence: 15% (ZDHS 2010/11) 15-49 yrs.
 - Female 18%
 - Males 12%
- HIV prevalence and incidence estimates derived from modelling show a declining HIV epidemic



HIV incidence peaked in 1993 and has fallen significantly



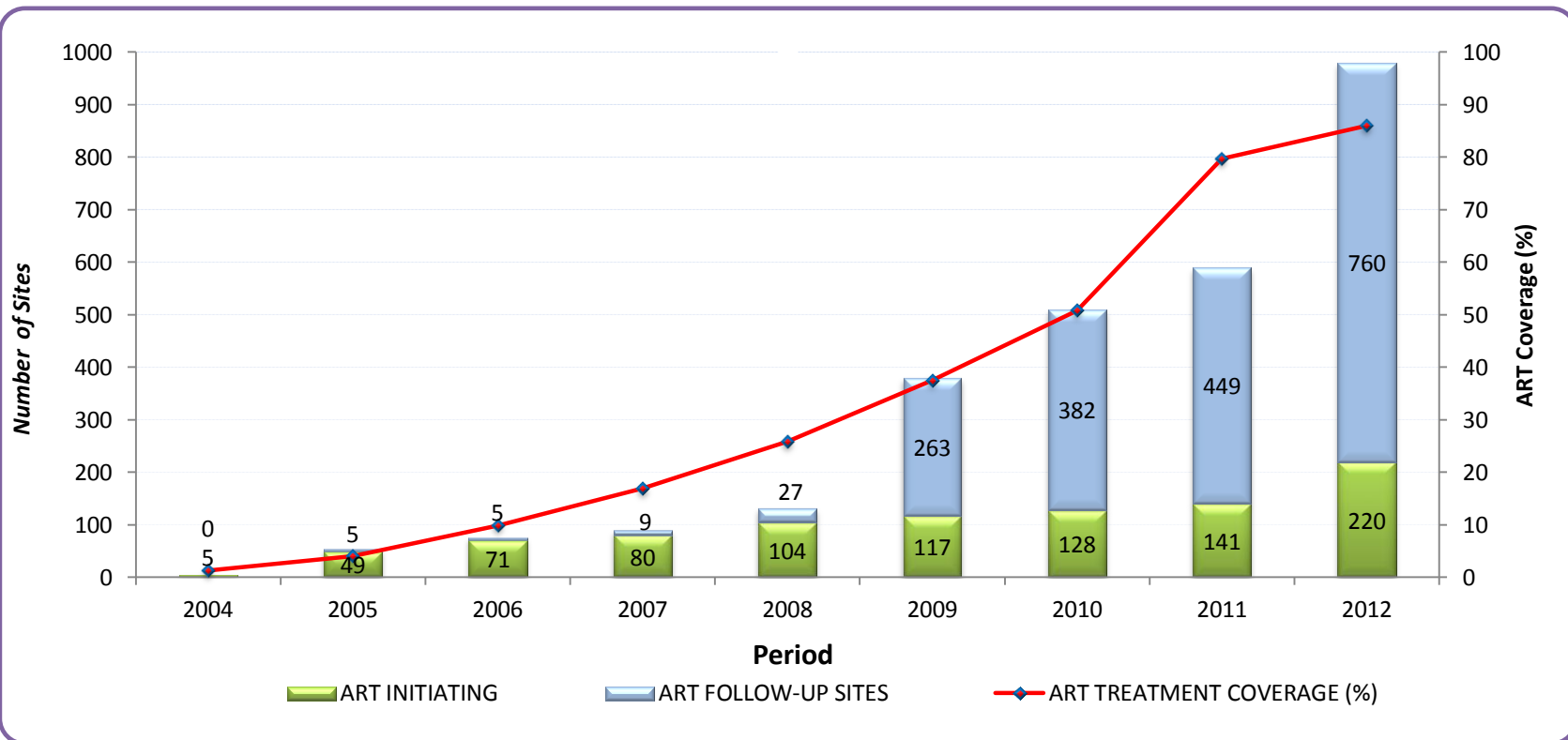
Zimbabwe HIV Incidence



Zimbabwe Annual AIDS Deaths

- Attributed to successful implementation of prevention strategies, especially behavior change, high condom use and reduction in multiple sexual partners
- AIDS-related mortality has also fallen

Zimbabwe ART Programme Scale Up



Substantial impact of the ART programme with **71,970 deaths** averted by ART in 2012 alone; Significant ART scale up for Adults reaching universal **access coverage (85%)** by end of 2012 based on 2011 estimates; **decentralization of ART** to 960 of 1,560 health facilities



Zimbabwe's HIV Response

- Multi-sectoral response with broad stakeholder involvement
- Zimbabwe introduced a 3% tax on income to increase domestic resources for the national AIDS response in 1999 (NATF)
 - 26% contribution towards ARV procurements
- 5-year 2011 to 2015 strategy
 - National response towards achieving zero new infections, zero discrimination and zero AIDS related deaths by 2015



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Country Dialogue

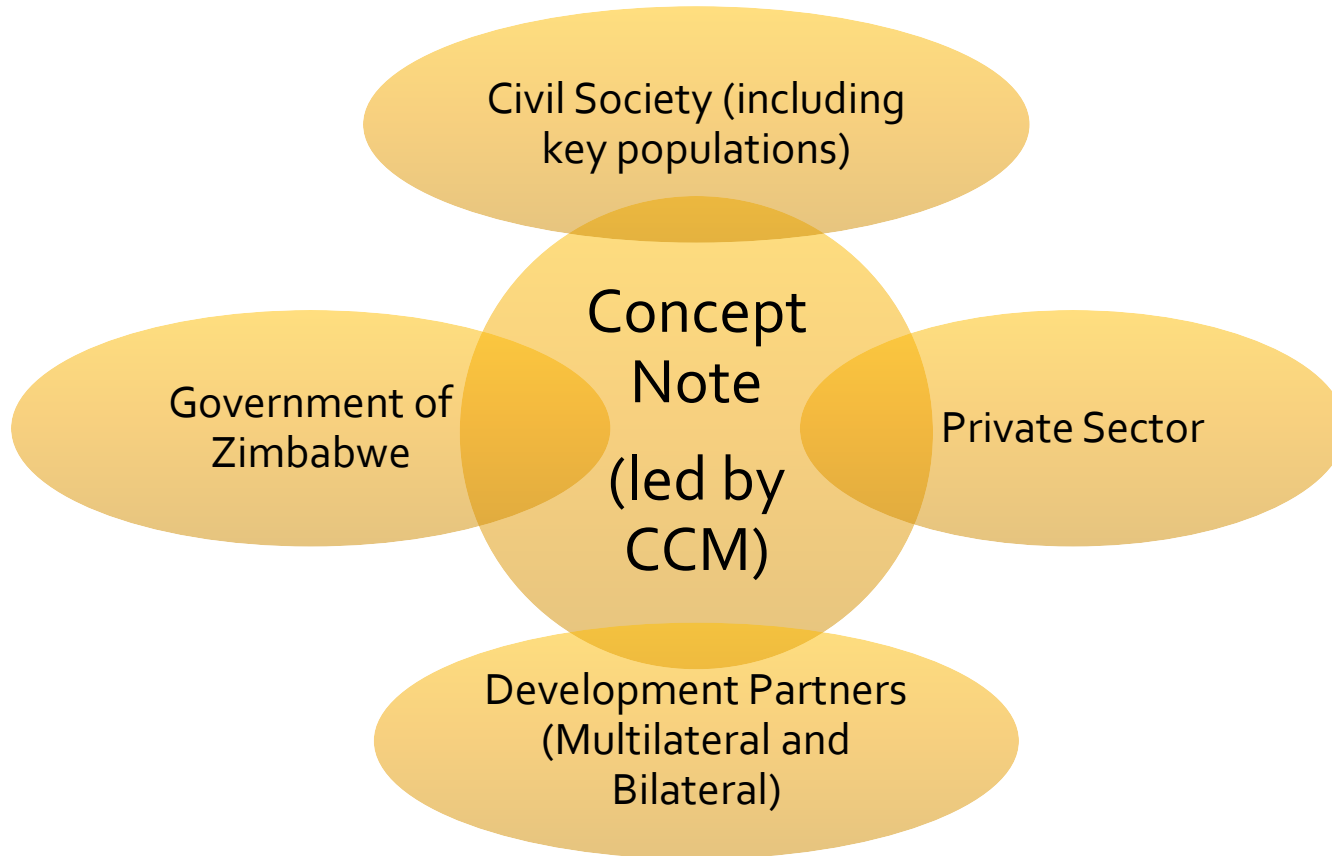
- Country Dialogue is not a Global Fund-specific process, and includes not only the CCM, but also key stakeholders such as Governments, donors, partners and civil society
- **Country dialogue is not a new phenomenon to Zimbabwe especially for HIV and AIDS responses and CCM processes which have always included multi-stakeholder involvement**
- The Zimbabwe CCM extended principles of country dialogue into concept note development process, ensuring all stakeholders were consulted, engaged and involved in the concept note development process



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Stakeholders involved in CN development



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Priority Setting

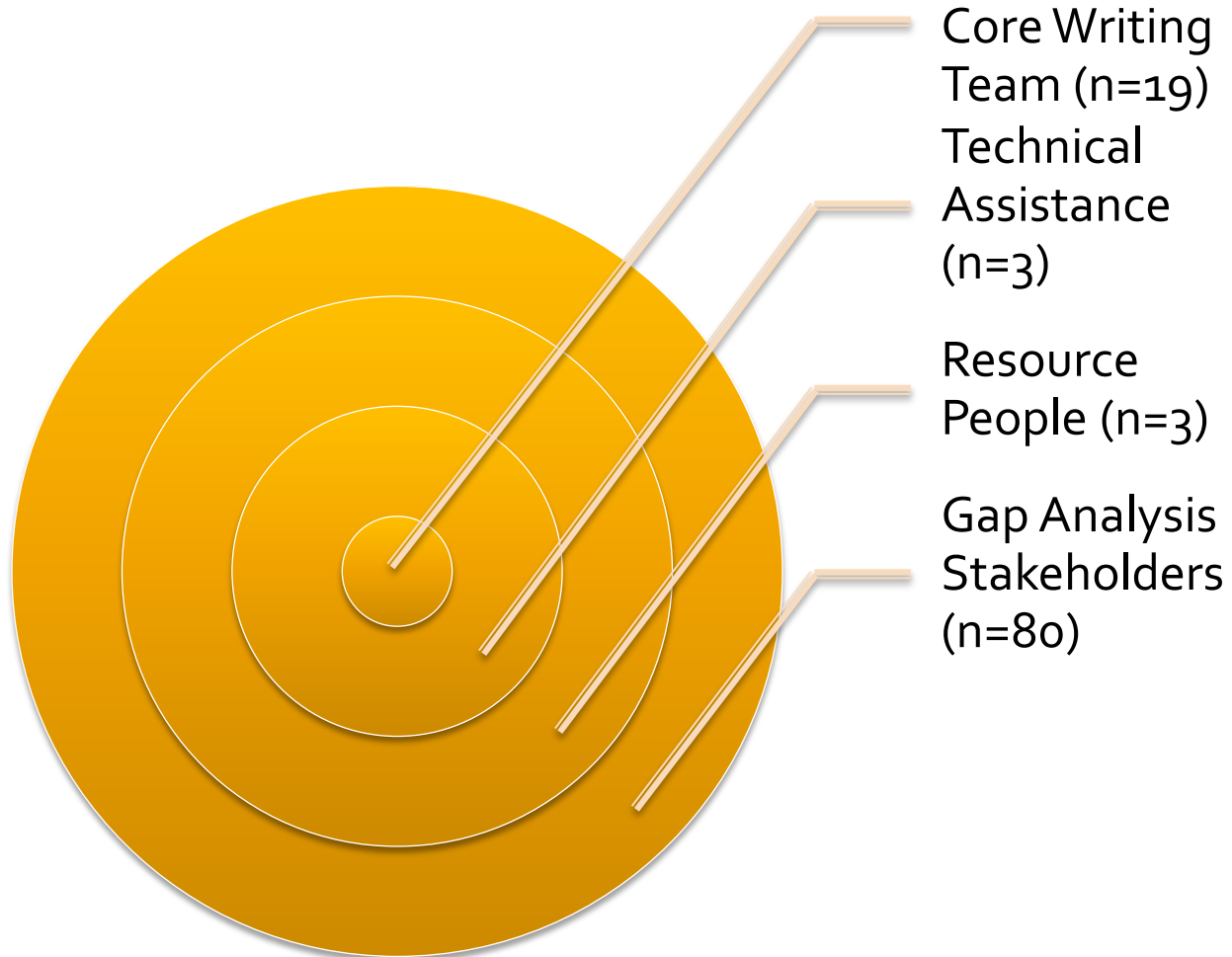
- The objectives and outcomes of application took into account priorities and targets for the national response outlined in **ZNASP II**
- An analysis of the current level of **achievement** was made and the programmatic and financial gaps determined
- **Recent evidence** on **effectiveness** of various HIV interventions were considered
- The request was intended to contribute to Zimbabwe's two main goals:
 - Reduce HIV related mortality by **38%** from 2009 to 2016
 - Reduce new HIV infections in adults (15-49) from **0.81%** (59,260) in 2012 to **0.6%** (44,910) by 2016; and reduce % of infants born to women with HIV who are infected from **18%** in 2010 to 7% in 2013 and to less than **5%** by 2016.



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Participants in writing



The Grant Making Process

- Grant documents
 - Detailed Implementation Plan (DIP)
 - PSM Plan
 - Performance Framework
- CN and all annexes informed development of the grant documents – highlights critical importance of:
 - Writing team involvement in grant making process
 - PR involvement in concept note development process
- Extensive consultations with all key partners in drafting the documents – government, CSOs, donors



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Challenges in the overall process

- Magnitude of task versus time available
- CN development took place during middle of ongoing planning / documentation processes for the country
- Disconnect between level of detail in CN and level of detail required for grant making
- Difficulty using some of the NFM tools (both CN development and grant making) ...
 - *... but lessons learned by early applicant countries have been addressed by GFATM secretariat in development of final tools for NFM roll-out*



Lessons Learned - CCM

- The CCM secretariat should be given authority to drive the process and made responsible for the process
- The Zimbabwe CCM made critical decisions on time. Timely decision making is pertinent if the process is to proceed smoothly
- Multi- stakeholder involvement should not be done for GF process only but should be an inherent country behaviour in health service delivery



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Lessons Learned – Role of Development Partners

- Development partners to respect country policies and strategic directions in fight against the 3 diseases.
- Leadership of programmes should remain with the Ministry of Health and Child Care
- Zimbabwe benefited immensely from support of partners in producing a concept note within a short period of time.
- Funding partners should be sensitised in advance of the estimated investment for the concept note development
- Development partners have strong linkages elsewhere hence provide information that greatly improves chances of successful submissions



Lessons Learned - PR

- Need to allocate sufficient time for grant making process
- Coordinate the negotiations for PSM, PF and DIP (Programmes) in order to synchronize the budget
- High participation by key stakeholders necessary during the drafting of the DIP to provide clarifications and support documents for the budget assumptions and ensure deadlines are met



Zimbabwe Success Factors

- A strong, existing national strategic plan, developed in a consultative manner and with clear objectives, indicators, costing of priorities, and based on sound technical analysis
- The rapid mobilization of a participatory and inclusive consultative process, planning and decision-making, attributable to the culture of consultation that exists in Zimbabwe
- Strong motivation and commitment to the process by the national health authorities;
- Consistently high performance of the existing Global Fund grants in the last few years



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Zimbabwe Success factors cont...

- **Strong national capacity, including a technically skilled and highly committed Writing Team**
- Coordinated and cohesive support by UNAIDS and its co-sponsors, as well as the many other technical partners involved
- Effective support by UNDP as the Principal Recipient in providing technical advice and input, especially during the grant making stage
- Timely support and guidance provided by the Global Fund Secretariat through a highly professional and service-oriented Country Team
- Constructive feedback from the TRP and capacity of the CCM and the Writing Team to respond and revise the submission.



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Thank you

