International Journal of Development and Sustainability
ISSN: 2186-8662 – www.isdsnet.com/ijds
Volume 14 Number 8 (2025): Pages 569-583
https://doi.org/10.63212/IJDS25030401

Zimbabwe's HIV response as a case of positive public administration

Hardlife Zvoushe *

School of Public Management, Governance and Public Policy, University of Johannesburg, South Africa

Abstract

The practice of public administration has for long been on the receiving end of disapprovals, negativity, public accusations, and prejudicial public judgements, especially on what governments are doing wrong. In recent years, however, this trend has been challenged by the rise of a scholarly movement fixated on projecting positivity in the study and practice of public administration. This paper feeds into this currently prevailing discourse on positive public administration, identifying and unpacking a positive case from Zimbabwe's well-documented response to the HIV epidemic. Built from a review of widely available documentary sources and statistical information, the paper presents a case of positive public administration anchored on three replicable lessons for African and other countries of the Global South: (a) leveraging multisectoral collaboration and broader stakeholder involvement, (b) innovating on domestic financing to boost resource levels for HIV response, and (c) the availability of demonstrable political will from government.

Keywords: Collaboration; HIV/AIDS Response; Positive Public Administration

Cite this article as: Zvoushe, H. (2025), "Zimbabwe's HIV response as a case of positive public administration", *International Journal of Development and Sustainability*, Vol. 14 No. 8, pp. 569-583.

* Corresponding author. *E-mail address:* hzvoushe@sociol.uz.ac.zw

1. Introduction

Public administration practice has suffered "bureau-bashing" for a long time, which is understood as the negative stereotypical denigration and criticism of the bureaucracy (Jahan and Shahan, 2012). This has mostly emanated from perceptions of wastefulness, indifference, inefficiency, and policy failure in most public bureaucracies globally (Douglas et al., 2021). For many, bureaucracies are associated with tardiness, red tape, attitudinal deficits, and general underperformance (Goldfinch, 2023). The immediate effect of these perceptions has been the lack of citizen trust in governments and a crisis of confidence in public institutions (Foster and Frieden, 2017). But in the midst of widespread negativity, a group of scholars in the public administration field and sub-fields have made a deliberate effort to recreate the battered image of the public administration practice by calling for deliberate efforts to study and propagate success stories, governmental achievements, and inspiring policy wins (Douglas et al., 2019). This movement has taken off under the label of "positive public administration" (PPA), which is basically an approach and a mindset focused on cultivating and promoting the investment of scholarly efforts in identifying positive/ success cases by governments and analysing the experiences to reveal the critical success factors that others may learn from and apply in their own environments. This paper reflects an effort to advance a positive story from Zimbabwe's health sector. It delves into the country's handling and control of the HIV epidemic for the past three decades. Its main contribution lies in the fact that while the paper is built based on publicly available documentary material, none of them has told Zimbabwe's HIV story from the lens of PPA. Instead, many count as technical pieces concentrating on publishing statistical data and trend analysis without much on the potential for lesson-drawing by other countries through isolating and discussing the contributing factors to the positive scores that statistical data are reflecting. This paper fills this gap by singling out the factors behind Zimbabwe's strong performance in bringing down its HIV prevalence rates over the past few decades.

Globally, the southern African sub-region is among the parts of Africa most affected by HIV (Halperin et al., 2011). Within southern Africa, Zimbabwe stands out as the only country that has recorded a significant decline in HIV prevalence rates over the past two-and-a-half decades (UNFPA, n.d.). In this paper, we advance that the Zimbabwean government's HIV response is one of the notable areas where the government demonstrated a high level of political commitment to fight and contain the disease. The paper also argues that the response effort is anchored on multisectoral collaboration or cross-sector collaboration involving mainly public sector actors making joint efforts with global and international intergovernmental and local non-governmental organisations to bring down the rates of HIV prevalence in the country. The government's national AIDS policy of 1999 emphasised the need for a broad-based multisectoral HIV response which would leverage the resources and capacities of different and diverse actors in combating the epidemic (GoZ, 1999). Equally important is the government's innovative domestic revenue raising through the establishment of the National AIDS Trust Fund (or simply, AIDS levy), which is a critical move towards sustainability in HIV/AIDS funding and reduced dependency on donor aid (Bhat et al., 2016). The government has further operated guided by its national AIDS policy and successive national HIV/AIDS strategic plans since 1999.

2. Positive Public Administration

Positive Public Administration (PPA) has been defined as "an approach to research and scholarship that examines the degree to which, the manner in which, and the conditions under which public policies, programmes, projects, organisations, networks, and partnerships thrive, advance important democratic values, and produce widely valued societal outcomes" (Douglas et al., 2019:1). It raises key questions about the comparative performance of different public administrations, public policies, programmes, and practices. It reflects a recognition of the potential and actual performance by governments in a manner that creates public value and advances the public interest positively. As both concept and practice, PPA is being amplified in a global context characterised by negativity and dwindling levels of trust and confidence in governments. This explains why some national contexts are experiencing 'bureauphobia', that is, a negative attitude by citizens toward civil servants and public administrations (Del Pino et al., 2016). To an extent, citizens are sometimes unaware, indifferent, or plain apathetic about good practices and achievements by their governments. PPA, therefore, is a stark contrast that constitutes a deliberate effort to identify success cases in public administration and determine the contributing factors such that experiences of excellence and good practice can be shared and possibly replicated in other contexts. PPA has been read in numerous and diverse cases, as observers and scholars sniff out cases of big wins and public value creation in different contexts. The fact that good lessons can come from unlikely places justifies Duncan's (2024) warning against looking at the wider world through an ethnocentric lens that would limit the potential for lesson-drawing from different regions of the world. Historically, world civilisations have made different contributions to good government and good public administration; therefore, what should precede lesson-drawing is a deep sense of humility (Duncan, 2024). The term 'positive public administration' was coined by a group of fifteen scholars who formed a movement to inspire hope amid sustained attacks on public administration practice. The idea of positivity in what governments do well is inspired by established practices in other social science disciplines, for example, positive psychology (van Zyl et al., 2023), positive evaluation (Van der Knaap, 2017), and positive organisation theory (Caza and Caza, 2008). Looking back, it is clear that in essence, PPA has been around for centuries as ancient Greek, Islamic, and Chinese traditions show—just short of the right conceptual label to provide a defined basis for a much more coherent body of research and practice. Hence, terms such as "good administration" (Matei and Băieșiu, 2014), "resilience thinking" (Duit, 2016), "positive theory" (Moe, 1998), and "good governance" (World Bank, 1992) all speak of positivity in government business. Proponents of PPA rallied other scholars in the field to develop conceptualisations of good governance, unpacking practices and processes that are being done well (Douglas et al., 2021).

Situated within the positive public administration thinking, this paper identifies and explores Zimbabwe's response to the HIV epidemic as an important case among African countries grappling to contain and control the HIV epidemic. Zimbabwe's HIV response reflects several attributes of PPA, including effective coordination of collaborative efforts and non-state actors, resulting in the successful delivery of a health programme that has had a significant national impact, as evidenced by its achievement of the UNAIDS's 95-95-95 targets, that is, (i) 95% of people living with HIV knowing their status; (ii) 95% of people who are HIV positive on ART (antiretroviral treatment); and (iii) 95% of people on ART achieving viral load suppression. For these targets, Zimbabwe achieved 96%, 99%, and 97% respectively, which means the country surpassed the set targets. This places Zimbabwe in a small group of five African countries (Botswana, Eswatini, Rwanda, Tanzania, and Zimbabwe) to meet the targets (Mupanguri, 2024). The case of Zimbabwe embodies positive policy

achievements based on financial innovation and the leveraging of cross-sector collaborations to deliver public health services in a financially constrained environment. The government further created relevant structures to ensure that financial assistance coming from non-state actors are used efficiently and effectively (Magocha, 2023). This becomes the basis for lesson-drawing by other Sub-Saharan African countries that may find themselves in similar circumstances of HIV burdens.

3. Methodological note

This paper is based on a structured review of literature and publicly available documents relating to Zimbabwe's national response to the HIV/AIDS epidemic. Sources were gathered from academic databases such as EBSCOhost and Google Scholar, and supplemented with grey literature from key institutions including UNAIDS, UNDP, WHO, and the National AIDS Council of Zimbabwe. The review focused on materials published between 1999 and 2025 that provide evidence on domestic health financing, political engagement, and multisectoral coordination. Documents were selected for their relevance to the core themes under discussion. The analysis involved synthesizing insights and identifying recurring patterns across the sources.

4. Governmental support and the HIV/AIDS policy responses in Zimbabwe

Zimbabwe recorded its first case of HIV back in 1985 (GoZ, 1999), and by the mid-1990s, about 25% of people aged between 15 and 49 were infected with HIV, while AIDS cases were already in excess of 400,000, and more than 500,000 children were orphaned as the disease took its toll on the population (GoZ, 1999). As an initial critical response to these developments, the government moved to formulate the national policy on HIV/AIDS in 1999 which recognised HIV/AIDS as a serious public health problem, with deep effects on the social and economic dimensions of life. The government adopted several policy strategies for addressing the HIV epidemic, including the creation of a multisectoral National AIDS Council (NAC) tasked with the coordination and management of the national response to HIV/AIDS. The institution was established as a parastatal under the Ministry of Health and Child Care. The government strategically prioritised HIV/AIDS epidemic as a key health challenge that required the mobilisation of political and resources support for its response activities and programmes. The government further made it mandatory for organisations to factor in HIV responses in organisational planning and programming. There was recognition of the need for monitoring and evaluating the effectiveness of HIV/AIDS programmes (GoZ, 1999:14). Once established, the NAC was governed by an independent board of directors, and operated through a decentralised structure made up of AIDS Action committees (NAC, n.d., Bhat et al., 2016). Another key development was the establishment of the National AIDS Trust Fund (or 'AIDS levy') in 1999, which was a levy calculated at the rate of 3% of earnings of formally employed individuals and of the profits of companies operating in the country. This was an innovative domestic resource mobilisation effort that has contributed significantly to the HIV response by government to date. The management of the AIDS levy was assigned to the NAC. It was also realised that certain legal provisions had adverse effects on the government's response to the pandemic; for example, Section 79 of the Criminal Law (Codification Reform) Act (Chapter 9:23) which criminalised HIV transmission. Upon assessment of such provisions, it was revealed that they were contributing to the stigmatisation and discrimination of people living with HIV (UNDP, 2019). Consequently, the government enacted the Marriages Act of 2022 to

repeal section 79 of the Criminal Law Code and decriminalise HIV transmission. Over the years, the government has been preparing five-year strategic plans in the area of HIV/AIDS to guide action by actors in the health sector.

5. Collaboration and innovation in Zimbabwe's health financing landscape

Zimbabwe's health financing landscape has been an arena where collaboration between governmental entities, international organisations, and non-state actors has been evident. Further, for its part, the government emerges as proactive and innovative in introducing a domestic health revenue stream to support the national HIV programmes. Funding for HIV/AIDS programmes has mainly come from domestic and external sources—the former constituting government, civil society and private sector firms. External sources mainly include actors such as the Global Fund, bilateral partners, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (Gwinji, 2018). Over the years, international donors have been contributing between 80% and 85% towards national HIV/AIDS responses in Zimbabwe. In a twenty-year period from 2003 to 2023, the Global Fund contributed US$1.796 billion to the national response to HIV (UNDP, 2023). In addition, an HIV grant worth US$436,970,984 to Zimbabwe was approved for the period 2024-2026 (UNDP, 2024). PEPFAR has been one of the major sources of external funding for HIV epidemic control, providing one third of development partner funding, channelling financial resources for programmes through the United States Agency for International Development (USAID) (U.S. Embassy, 2020). The year 2023 marked two decades of operation of PEPFAR in Zimbabwe, providing a range of tailored services that include HIV testing services, prevention, testing viral load for people living with HIV, and voluntary male circumcision (U.S. Embassy, 2023). In 2024 alone, PEPFAR committed about US$210 million to Zimbabwe, with US$200 million covering the period October 2024 to December 2024 (Zinyuke, 2025). Out of Zimbabwe's 64 districts, PEPFAR provided comprehensive HIV services to 40 of them (U.S. Embassy, 2020). The remaining 24 were taken over by other players. The UNDP, for example, implemented an HIV programme in 23 non-PEPFAR districts (UNDP, 2023). In the post-2020 period, a total of 800,000 people who are on ART have been receiving support, and of these, 700,000 were supported by the Global Fund and the remaining 100,000 supported by the AIDS levy (Gwarisa, 2022). Currently, the government is working towards HIV services sustainability and optimising HIV services beyond PEPFAR support (Mupanguri, 2024). A technical working group has been established to provide technical guidance on those processes.

Collaboration between the government, international organisations, and non-state actors (mostly international and local NGOs) in the HIV programme went beyond financial contributions to include capacity-building initiatives. An international NGO, Médecins Sans Frontières (MSF), for example, introduced interventions that included tailor-made anti-retroviral treatment delivery models that helped capacitate clinics and hospitals in handling huge caseloads of ART beneficiaries (Magocha et al., 2024). The initiative led to the creation of ART support groups that became important for dispensing critical health information and improving access to medication by cutting down on waiting times and distances travelled to health centres. But despite the positive developments that multiple funding partners brought to the implementation of HIV programmes, their collaboration with the government has had its challenges too. A study by Magocha et al. (2023) reported weak coordination mechanisms for aid and a lack of proper administration of the same. In addition, the collaboration between the government and non-state actors such as NGOs further raised

questions about "accountability, sustainability, and the allocation of resources" (p.2). These issues point to complications that still have to be addressed and navigated in the partnership between the government, international organisations, and non-state actors.

Besides the AIDS levy, the government introduced other taxes, specifically dedicating the revenue towards health sector needs, such as the health levy on airtime and data introduced in 2017. This was a health levy on airtime and data charged at the rate of 5% for every dollar. It was implemented with the accompanying motto: 'talk, surf and save a life'. The revenue collected from the health levy reached US$22 million by the beginning of 2018 (Gwinji, 2018), rising over the years to US$78 million by September 2024 (Freddy, 2024). The main purpose of the health levy was to purchase drugs and increase their accessibility in health centres across the country. This tax was therefore not necessarily committed to HIV programmes and related needs only. Rather, it was deployed to cover key areas of drug shortages within the health sector. As already mentioned, the AIDS levy was introduced by the government as a tool for domestic financing of the HIV/AIDS programmes. It was established through the National AIDS Council of Zimbabwe Act No. 14 of 1999. The AIDS levy is a 3% tax imposed on the profits of businesses and incomes of individuals, and deposited into the National AIDS Trust Fund to finance the government's national response to the HIV/AIDS epidemic. AIDS levy collections were supposed to serve as seed money to be complemented by contributions from international donors and local non-governmental and private actors (The Global Fund, 2016). It annually contributes 24% towards ARV procurement, and about 10% of it goes to fund prevention programmes. Figure 1 illustrates the annual appropriations by NAC to support Zimbabwe's HIV response. The levy has also funded condom programmes (procurement and distribution) implemented over the years in the country. In addition, it supports other HIV-related programmes such as prevention of mother-to-child transmission, awareness campaigns, safe blood, and voluntary medical male circumcision (NAC, n.d.). Thus far, the AIDS levy has gained popularity internationally as an innovative homegrown health financing solution for combating the HIV/AIDS epidemic (The Global Fund, 2016). Countries in the African region have sent representatives to understudy the initiative for lesson drawing (Munyukwi, 2018).

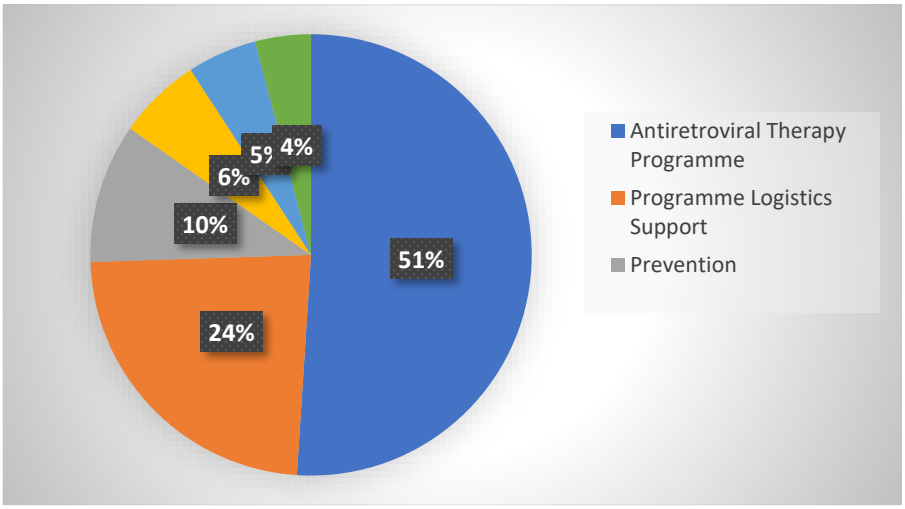

Figure 1. Annual Appropriations by Zimbabwe's National AIDS Council (NAC) for HIV/AIDS Response. (Source: Compiled from NAC reports).

6. Positive health outcomes

Following concerted efforts of governmental and non-governmental actors in the health field, Zimbabwe has been recording significant progress in its control of the HIV epidemic. In the period between 2009 and 2024, the number of adults and children living with HIV dropped from 1.4 million in 2009 to 1.3 million in 2024 (Mupanguri, 2024). There is a trajectory of decline in HIV prevalence among adults between 15 and 49 over the past two-and-a-half decades: from 26.5% in 1997, 24.3% in 2003, 20.1% in 2005, 14.3 in 2009, 12.8 in 2019 and to 10.5% in 2023 (UNAIDS, 2023; Matiashe, 2024; WHO, 2023). The number of adults and children receiving antiretroviral treatment (ART) increased from 37% in 2009 to 99% in 2024 (Mupanguri, 2024). The rates of new infections have also been taking a downward trend over the years, recording 75,000 in 2010, steadily dropping to 49,000 in 2015 and to 15,000 in 2023 (UNDP, 2023). The number of adults and children dying from AIDS dropped from 72,000 in 2009 to 19,000 in 2024 (UNAIDS, 2023; Mupanguri, 2024). The current Zimbabwe National HIV and AIDS Strategic Plan (2021-2025) seeks to achieve an 80% reduction in AIDS deaths and in new HIV infections among adults, youths and children (MoHCC and NAC, 2020). Table 2 reflects some of the confirmed statistical data on HIV/AIDS gathered over the years up to 2024 by different organisations. By 2023, Zimbabwe achieved the UNAIDS's 95-95-95 target (see Table 1) and is counted among the only five out of 54 African nations (Botswana, Eswatini, Rwanda, and Tanzania) that have achieved that target (Mupanguri, 2024). The full narration of the 95-95-95 target and Zimbabwe's scores against it are given below.

Table 1. Zimbabwe's actual scores on the UN 95-95-95 targets

UNAIDS Target	Actual Score
95% of people living with HIV knowing their status	96%
95% of people who are HIV positive on ART	99%
95% of people on ART achieving viral load suppression	97%

Source: Adapted from Mupanguri (2024).

Table 2. Zimbabwe HIV/AIDS statistics, 2009-2024

Year	AIDS levy collected	Adults and children living with HIV	HIV/AIDS prevalence rate for adults (15-49 years)	Adults and children newly infected with HIV	Number of adults and children receiving ART	Adult and child deaths due to AIDS
2024	US$30 million	1.3 million	-	15 474	-	19 417
2023	US$30 million	1.3 million	10.5%	15 000	95%	19 000
2022	-	1.3 million	11.0%	17 000	98%	20 000
2021	ZW$1 billion	1.3 million	11.6%	23 000	92%	20 000
2020	-	1.2 million	11.8%	25 000	94%	22 000

Year	AIDS levy collected	Adults and children living with HIV	HIV/AIDS prevalence rate for adults (15-49 years)	Adults and children newly infected with HIV	Number of adults and children receiving ART	Adult and child deaths due to AIDS
2019	US$6 million	1.4 million	12.8%	40 000	94%	20 000
2018	-	1.3 million	13.1%	35 000	85%	22 000
2017	-	1.3 million	13.6%	40 974	86%	22 100
2016	US$33 million	1.3 million	14.0%	36 700	75%	24 000
2015	US$36.1 million	1.3 million	14.2%	49 000	70%	30 000
2014	US$38.6 million	1.3 million	14.7%	56 044	62%	25 000
2013	US$34.2 million	1.4 million	14.9%	60 448	86%	28 000
2012	US$32.6 million	1.3 million	15.2%	72 000	85%	32 000
2011	US$26.4 million	1.3 million	15.4%	80 000	80%	44 000
2010	US$20.5 million	1.4 million	15.4%	75 000	50%	65 000
2009	US$25.7 million	1.4 million	14.3%	-	37%	72 000

Sources: Compiled from Mupanguri (2024), UNAIDS (2023), UNDP (2023), UNAIDS (2020a), UNAIDS (2020b), UNAIDS (2019), WHO (2023), NAC (2018), MoHCC (2018), NAC reports.

7. Explaining the HIV/AIDS prevalence decline

There are not many factors attributed to the substantial decline in HIV/AIDS decline in the past four decades. The often-cited factors include social changes, AIDS mortality trends, natural dynamics, behaviour change programmes, and biomedical interventions (Halperin et al., 2011; UNAIDS, 2011; UNFPA, n.d.). The spike in HIV/AIDS deaths in the mid-1990s (reaching 26.5% among adults in 1997) had an indirect effect of motivating sexual behavioural changes as men and women witnessed the dangers of HIV/AIDS from the fallen relatives and peers (UNFPA, n.d.). The death trends appeared to have created a strong mental effect that aroused fears about reckless sexual behaviours. Collaborative efforts of governmental and non-governmental actors (e.g. UNFPA, MoHCC, SafAIDS, USAID, DFID, SAYWHAT, Zimbabwe National Family Planning Council) saw the introduction of behaviour change programmes, including awareness campaigns through the mass media. These programmes reached underserved communities with campaigns for safer sex through use of condoms (UNFPA, 2016). Condoms are distributed to at least 1,560 health facilities countrywide, including pharmacies, supermarkets, tertiary institutions, among others. In some years, the country recorded the highest condom uptake for males and females in the continent annually; for instance, 115 million in 2014 and 125 million in 2017 (UNFPA, 2016). Emphasis was also on having fewer sexual partners and less extra-marital relationships (UNAIDS, 2011). There has also been significant youth involvement in leading the prevention efforts and behaviour change through delayed sex debut, abstinence, and condom use (UNAIDS, 2011). The National AIDS Policy of 1999 listed as one of its principles the centrality of information and behaviour change in the prevention and control of HIV/AIDS. This provided some basis for the development and implementation of the National Behaviour Change Strategy (2006-2010), anchored on encouraging safer sexual behaviour, eliminating multiple sexual partners, promoting marital faithfulness, promotion of condom use, reducing HIV/AIDS stigma and discrimination, and increased usage of HIV prevention services (NAC, 2006). Other

perspectives claim that naturally, once the affected groups die, there will be less infections and therefore the prevalence will decrease (UNFPA, n.d.). The HIV/AIDS prevalence decline was also attributable to the prevailing economic challenges the country faced, especially during its so-called 'crisis decade' (1998-2008) (Kanyenze, 2021), which was characterised by a record-breaking hyperinflation reaching 231 million percent, a 90% unemployment rate, a drop in living standards and worsening poverty levels (Munangagwa, 2009). The economic crisis left households with very limited disposable income, and it is this reality that also impacted on the sustainability of extra-marital relationships and hiring of commercial sex workers under the circumstances.

8. Persisting challenges

The pursuit of the 'America First' policy saw U.S. President Donald Trump sign an Executive Order to put in place a 90-day suspension of all aid that was channelled from the USA to countries across the world through the United States Agency for International Development (USAID) (Kates, 2025). The Order immediately stopped all ongoing implementation of U.S.-supported aid programmes in low and middle-income countries. The suspension of aid was taken to allow for assessment of the effectiveness of aid programmes and the extent of alignment with U.S. foreign policy. Hence, after the 90 days are up, the reviews of programmes will determine whether programmes will be continued, modified, or terminated (Kates, 2025). These developments have an immediate impact on programmes across sectors in countries of the Global South, from education to health. Of interest in the present discussion is the inclusion of PEPFAR in the Executive Order. At the time of writing, PEPFAR was granted a limited waiver to allow for the continued implementation of urgent life-saving HIV treatment services such as HIV testing, counselling, prevention of mother-to-child transmission, among others (Graham, 2025). What the limited waiver on PEPFAR means is that all HIV-related assistance not covered by the waiver, have been discontinued, forcing shut downs of services and laying off of staff in some cases. Since this development is still too recent, not much statistical data quantifying the impact of the partial availability of PEPFAR-supported services and activities is available. But generally, since its inception slightly more than two decades ago, PEPFAR funding has reached US$120 billion, saving at least 25 million lives globally by consistently providing HIV prevention and treatment services to low- and middle-income countries. In the wake of the withdrawal of funding by the U.S. government, the Zimbabwean government has resorted to intensified collections of sin taxes, that is, levies on sugary drinks, alcohol and cigarettes to cater for some of the gaps created by the suspension of donor funding (Zinyuke, 2025). Equally notable in the Executive Orders signed by President Trump is the move towards dissolving the USAID, the agency that has been responsible for implementing most of the USA's global health programmes.

The developments surrounding PEPFAR and their implications for HIV programmes in low- and middle-income countries highlight the persistent challenge of donor dependence evident in much of post-independence Africa. The sudden announcement to cut funding by Washington not only introduced a systemic shock to the health sector but also further exposed the constrained state of local health financing. It also placed an indirect indictment on governments that have not been proactive enough to reengineer health financing towards a vision of self-sustenance, even when it became clear before the PEPFAR withdrawal that there had been a donor retreat on HIV programmes starting more than a decade ago. As Zakumumpa (2021) explains, global health organizations began scaling down on HIV funding in the pre-2015 period, and as with the Global Fund, countries that attained middle-income status were weaned off based on the assumption that their per

capita income had improved. The whole scenario further speaks to the question of capacitation for institutional resilience, to close down areas of vulnerability and eliminate threats on programme sustainability.

For some time now, Zimbabwe has been the most informalised economy in the world after Bolivia (Zimbabweland, 2024). This has had implications for AIDS levy collections, which are solely drawn from the formal sector, leaving more than 60% of the economy outside the tax net. The continued growth of the informal sector is an indication of potential sources of AIDS levy contributions that are still outside the tax net. As the formal sector continues to shrink due to the persisting economic underperformance, so will the collections for the National AIDS Trust Fund be dwindling with time. There are no strategies in place currently to incentivise formalisation of informal businesses. The tax regime is not very attractive enough to induce formalisation by informal traders. Historically, AIDS levy collections and subsequent procurement of antiretroviral drugs were affected by phases of hyperinflation (2002-2008, 2019-2024) and currency-related challenges (2000-2008, 2017-2025). Since the reintroduction of the local currency in 2019, at least 98% AIDS levy collections were in Zimbabwean dollars, yet the procurement of HIV/AIDS drugs requires US dollars, complicating the procurement of drugs in the process (Gwarisa, 2019). Due to effects of hyperinflation, in 2019, the NAC could not procure HIV/AIDS drugs after collecting ZW$85 million (US$6 million), which was way too little compared to an average of US$30 million they used to collect under the multi-currency regime (2009-2018) (Gwarisa, 2019). The government's reintroduction of a monocurrency ten years after its suspension in 2009, saw the introduction of the RTGS dollars (RTGS$), and later, the gold-backed Zimbabwe Gold (ZiG/ZWG) dollars but these options have proved to be unsustainable, as inflation has surfaced again, leading to value loss, company closures and job losses. In September 2024, the government devalued its ZiG dollar by 40%, and this has an impact on AIDS levy collections, since these come from the formal sector. The country still has to deal with the macro-economic fundamentals that should support the sustainability of the preferred monocurrency (Nyoni, 2023). The government has had challenges securing public confidence in the local currency. So far, since the reintroduction of the local currency, the government has done very little to create demand for it, and by default, indirectly promoting the continued dominance of the U.S. dollars in all transactions. The government further needs to create the much-needed reserves of foreign currency, and improve the investment policy ecosystem to attract foreign direct investment (Nyoni, 2023).

Generally, AIDS levy collections have fluctuated in actual value depending with the state of the economy (Bhat et al., 2016), but since its inception in 2000 it has not been enough to meet requirements for HIV/AIDS action, and that has made the national response predominantly donor-driven. The full capacitation of the National AIDS Council requires more diverse options for gathering financial resources for the effective and efficient operation of NAC. The country is still grappling with challenges in its intervention programmes such as condom use campaigns, which have recorded limited condom uptake among the youth and limited access to the condoms by those willing to use them (UNFPA, 2016). Limited condom usage has mostly emanated from limited knowledge and religious and cultural beliefs which are yet to be addressed among the affected groups.

9. Conclusion

The paper presented the story of Zimbabwe's fight against the HIV epidemic, promoting a multi-sectoral approach that saw the creation of partnerships between the government and interested parties in the private and third sectors. The case offers insights on how governments in resource-constrained contexts may leverage

the capacities of other key stakeholders to help realise the goals and targets in health programmes. In many African countries, funding for HIV/AIDS responses has been a significant challenge, and lately, this has coincided with funding withdrawals from HIV programming by major donors (Zakumumpa et al., 2024), redirecting funding to other areas of need. Internationally, funding cuts in HIV programming by international donors have not only created varying levels of sustainability challenges in health programmes, but have further exposed the current limits of state capacity in health services delivery. The OECD (2015) acknowledged the need for reforms in its member countries' health financing because of the constraints of overreliance on public resources as the sole source of financial support, especially in light of the upward health spending triggered by demographic changes (OECD, 2015). Again, drawing from the Zimbabwean case, innovative financing initiatives at the domestic level become badly needed as a fresh path towards self-sufficiency. While Zimbabwe has not yet attained the much-needed self-sufficiency, initial steps have been taken with the introduction of the AIDS levy and other revenue instruments. State capacity for health initiatives may take the form of fiscal decentralisation to designated state entities, as the Zimbabwean case study demonstrates with the establishment of the National AIDS Council. Fiscal decentralisation has also been implemented in countries that include South Africa, where the government formulated the National Strategic Plan for HIV, which brought increased local ownership of the HIV programmes by integrating them within the broader national healthcare funded by the government, as opposed to the previous regimes of donor-dependent programmes.

Findings of the study further point to wider concerns about resilience in public administration, that is, the need for creating administrative systems that can withstand outside pressures arising in the current context of the volatile, uncertain, complex, and ambiguous (VUCA) world. This raises concerns about values such as the robustness, flexibility, and adaptability of systems of public governance (Duit, 2016). Funding withdrawal on HIV programmes in low- and middle-income countries by international donors is merely a reflection of what may happen unexpectedly, which calls for systemic preparedness and capacitation for resilience and sustainability. But, to build resilience implies developing relevant models informed by the paradigms of resilience thinking, which can be borrowed from approaches in other fields such as natural resources management and environmental governance.

References

Bhat, N., Kilmarx, P. H., Dube, F., Manenji, A., Dube, M. and Magure, T. (2016), "Zimbabwe's national AIDS levy: a case study", *Sahara-J: Journal of Social Aspects of HIV/AIDS,* Vol. 13 No. 1, pp. 1-7. https://doi.org/10.1080/17290376.2015.1123646

Caza, B. and Caza, A. (2008), "Positive organisational scholarship: a critical theory perspective", *Journal of Management Inquiry*, Vol. 17 No. 1, pp. 21-33. https://doi.org/10.1177/1056492607305907

Del Pino, E., Calzada, I. and Díaz-Pulido, J.M. (2016), "Conceptualising and explaining bureauphobia: contours, scope, and determinants", *Public Administration Review*, Vol. 76 No. 5, pp. 1-12. https://doi.org/10.1111/puar.12570

Douglas, S., 't Hart, P., Ansell, C., Andersen, L.B., Flinders, M., Head, B., Moynihan, D., Nabatchi, T., O'Flynn, J., Peters, B.G., Raadschelders, J., Sancino, A., Schillemans, T., Sorensen, E. and Torfing, J. (2019), "Towards positive public administration: A manifesto", available at:

https://www.uu.nl/sites/default/files/TowardsPositivePublicAdministration20190408cANON.pdf (accessed 22 February 2025).

Douglas, S., Schillemans, T., 't Hart, P., Ansell, C., Bøgh Anderson, L., Flinders, M., Head, B., Moynihan, D., Nabatchi, T., O'Flynn, J., Peters, B.G., Raadschelders, J., Sancino, A., Sørensen, E. and Torfing, J. (2021), "Rising to Ostrom's challenge: an invitation to walk on the bright side of public governance and public service", *Policy Design and Practice,* Vol. 4 No. 4, pp. 441-451. https://doi.org/10.1080/25741292.2021.1972517

Duit, A. (2016), "Resilience thinking: lessons for public administration", *Public Administration,* Vol. 94 No. 2, pp. 364-380. https://doi.org/10.1111/padm.12182

Duncan, G. (2024), "Positive public administration's long history", in: O'Flynn, J., Lucas, P., 't Hart, P. and Nabatchi, T. (Ed.s). *Pathways to Positive Public Administration: An International Perspective*, Edward Elgar Publishing, United Kingdom, pp. 23-39. https://doi.org/10.4337/9781803929170.00009

Foster, C. and Frieden, J. (2017), "Crisis of trust: socio-economic determinants of Europeans' confidence in government", *European Union Politics,* Vol. 18 No. 2, pp. 511-535. https://doi.org/10.1177/1465116517723499

Freddy, T. (2024), "Sugar, airtime health levies rake in US$100m", *The Herald*, 22 November, available at: https://www.herald.co.zw/sugar-airtime-health-levies-rake-in-us100m/ (accessed 12 February 2025).

Goldfinch, S.F. (Ed.), (2023), *Handbook of Public Administration Reform*, Edward Elgar, Cheltenham. https://doi.org/10.4337/9781800376748

GoZ. (1999), "National policy on HIV/AIDS for Zimbabwe 1999", GoZ, Harare.

Graham, J. (2025), "Info Memo for the PEPFAR Implementing Agencies and PEPFAR Country Coordinators", available at: https://docs.google.com/document/d/e/2PACX-1vQgNTpC6F5oaOnkebQokJ_2eYgM_IcQNT7alIL6R3P16Ef4Z0pmQby3Y1eHbJcTxK_yJ8EPVNiibxON/pub (accessed 13 February 2025).

Gwarisa, M. (2019), "Inflation erodes AIDS levy collections…No ARVs collected in 2019", available at: https://healthtimes.co.zw/2019/11/26/inflation-erodes-aids-levy-collections-no-arvs-procured-in-2019/ (accessed 25 January 2025).

Gwarisa, M. (2022), "To deduct or not to deduct AIDs levy from VAT in Zimbabwe", available at: https://healthtimes.co.zw/2022/07/20/to-deduct-or-not-to-deduct-aids-levy-from-vat-in-zimbabwe/ (accessed 24 January 2025).

Gwinji, G. (2018), "Zimbabwe's approach to HIV programme transition and sustainability", available at: https://icap-aws-bucket.s3.amazonaws.com/icapcolumbiau/wp-content/uploads/8.-FINAL_Gwinji_OpCon-Satellite.pdf (accessed 11 February 2025).

Halperin, D.T., Mugurungi, O., Hallett, T.B., Muchini, B., Campbell, B., Magure, T., Benedikt, C. and Gregson, S. (2011), "A surprising prevention success: why did the HIV epidemic decline in Zimbabwe?", *PLoS Medicine,* Vol. 8 No. 2, pp. e1000414. https://doi.org/10.1371/journal.pmed.1000414

Jahan, F. and Shahan, A.M. (2012), "Bureau bashing and public service motivation: a case for the civil service of Bangladesh", *International Journal of Public Administration*, Vol. 35 No. 4, pp. 272-284. https://doi.org/10.1080/01900692.2012.651407

Kanyenze, G. (2021), *Leaving So Many Behind: The Link Between Politics and the Economy in Zimbabwe*, Weaver Press and LEDRIZ, Harare. https://doi.org/10.2307/j.ctv2r72b5g

Kates, J. (2025), "The status of President Trump's pause of foreign aid and implications for PEPFAR and other global health programmes", available at: https://www.kff.org/policy-watch/the-status-of-president-trumps-pause-of-foreign-aid-and-implications-for-pepfar-and-other-global-health-programs/ (accessed 13 February 2025).

Magocha, B., Molope, M., Palamuleni, M. and Saruchera, M. (2023), "The interface between the state and NGOs in delivering health services in Zimbabwe-A case study of MSF ART programme", *International Journal of Environmental Research and Public Health,* Vol. 20 No. 23, pp. 7137. https://doi.org/10.3390/ijerph20237137

Magocha, B., Molope, M. and Palamuleni, M. (2024), "Dissecting the role of donors in capacity building for HIV/AIDS treatment, care and support: a case study of an antiretrovial therapy programme in Zimbabwe", *Journal of Asian and African Studies.* https://doi.org/10.1177/00219096241295750

Matei, A. and Băieşiu, R. (2014), "Good administration and performance of local public administration", *Procedia - Social and Behavioural Sciences,* Vol. 109, pp. 684-687. https://doi.org/10.1016/j.sbspro.2013.12.529

Matiashe, F. S. (2024), "In Zimbabwe, progress on HIV management is also helping protect patients from other deadly threats", available at: https://www.gavi.org/vaccineswork/zimbabwe-progress-hiv-management-also-helping-protect-patients-other-threats (accessed 25 January 2025).

Moe, T.M. (1994), "Integrating politics and organisations: positive theory and public administration", *Journal of Public Administration Research and Theory,* Vol. 4 No. 1, pp. 17-25.

MoHCC. (2018), "Zimbabwe national and sub-national HIV estimates report", MoHCC, Harare.

MoHCC and NAC (2020), *Zimbabwe National HIV and AIDS Strategic Plan (2021-2025)*. MoHCC and NAC, Harare.

Munangagwa, C. (2009), "The economic decline of Zimbabwe", *The Gettysburg Economic Review,* Vol. 3, Article 9, available at: https://cupola.gettysburg.edu/ger/vol3/iss1/9 (accessed 11 February 2025).

Munyukwi, T. (2018), "Zimbabwe's Aids levy charms countries", *The Standard*, 03 April, available at: https://www.newsday.co.zw/slider/article/68694/zimbabwes-aids-levy-charms-countries accessed 24 January 2025).

Mupanguri, C. (2024), "Optimising HIV services beyond PEPFAR support in Zimbabwe", CQUIN 8th Annual Meeting, 9-13 December 2024, available at: https://cquin.icap.columbia.edu/wp-content/uploads/2024/12/Mupanguri_Session-3_Final.pdf (accessed 18 February 2025).

NAC (n.d.), "The Zimbabwe AIDS levy: investing locally for HIV prevention", NAC, Harare.

NAC. (2006), *National Behavioural Change Strategy for Prevention of Sexual Transmission of HIV 2006-2010*, NAC, Harare.

NAC. (2018), "2018 HIV estimates factsheet", available at: https://www.nac.org.zw/wp-content/uploads/2021/04/Zimbabwe-HIV-and-AIDS-2018-Estimates-Fact-Sheet.pdf (accessed 25 January 2025).

Nyoni, M. (2023), "Mono-currency achievable, but…" *The Standard*. 24 November, available at: https://www.newsday.co.zw/thestandard/opinion-038-analysis/article/200020014/mono-currency-achievable-but (accessed 25 January 2025).

OECD (2015), "Fiscal sustainability of health systems", available at: https://www.oecd.org/en/publications/fiscal-sustainability-of-health-systems_9789264233386-en.html (Accessed 14 May 2025).

The Global Fund (2016), "Documenting good practices and lessons learnt", available at: https://au.int/sites/default/files/pages/32904-file-idf_lessons_learnt_en_hires.pdf (accessed 24 January 2025).

UNAIDS (2011), "Zimbabwe: an HIV prevention success story", available at: https://www.unaids.org/en/resources/presscentre/featurestories/2011/march/20110315zimbabwe (accessed 11 February 2025).

UNAIDS (2019), "UNAIDS Data 2019", available at: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf (accessed 24 January 2025).

UNAIDS (2020a), "Zimbabwe: progress towards the fast-track targets", available at: https://open.unaids.org/sites/default/files/documents/Zimbabwe_Country%20Report_2020_formatted_EN.pdf (accessed 25 January 2025).

UNAIDS (2020b), "UNAIDS Data 2020", available at: https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf (accessed 25 January 2025).

UNAIDS (2023), "Zimbabwe: country factsheets 2023", available at: https://www.unaids.org/en/regionscountries/countries/zimbabwe (accessed 25 January 2025).

UNDP (2019), *Zimbabwe: Legal Environment Assessment for HIV, TB, Sexual and Reproductive Health and Rights*. UNDP, Harare.

UNDP (2023), "Zimbabwe: factsheet: towards ending AIDS as a public health threat by 2030", available at: https://www.undp.org/zimbabwe/publications/factsheet-towards-ending-aids-public-health-threat-2030 (accessed 25 January 2025).

UNDP (2024), "HIV in Zimbabwe: progress and challenges" available at: https://www.undp.org/sites/g/files/zskgke326/files/2024-02/snapshot_undp_and_global_fund_in_zimbabwe.pdf (accessed 22 January 2025).

UNFPA (n.d.), "Factsheet: HIV decline in Zimbabwe: positive behaviour change makes a difference", available at: https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/FACTSheetHIVDeclineinZimbabweFinal.pdf (accessed 25 January 2025).

UNFPA (2016), "Condomise – promoting safer sex in Zimbabwe", available at: https://zimbabwe.unfpa.org/en/news/condomize-promoting-safer-sex-zimbabwe (accessed 11 February 2025).

U.S. Embassy (2020), "PEPFAR Zimbabwe", available at: https://zw.usembassy.gov/pepfar-zimbabwe/ (accessed 11 February 2025).

U.S. Embassy (2023), "PEPFAR's 20 years of impact in Zimbabwe", available at: https://zw.usembassy.gov/pepfars-20-years-of-impact-in-zimbabwe/ (accessed 11 February 2025.

Van der Knaap, P. (2017), "Positive evaluation and learning: Looking for 'success' in Netherlands Road Safety Policy, *Evaluation,* Vol. 23 No. 4, pp. 432-443. https://doi.org/10.1177/1356389017733341

Van Zyl, L. E., Gaffaney, J., van der Vaart, L., Dik, B. J. and Donaldson, S. I. (2023), "The critiques and criticisms of positive psychology: a systematic review", *The Journal of Positive Psychology*. https://doi.org/10.1080/17439760.2023.2178956

WHO (2023), "Zimbabwe score gains in HIV control", available at: https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-scores-gains-hiv-control (accessed 25 January 2025).

World Bank (1992), *Governance: The World Bank's Experience*, World Bank, Washington D.C.

Zakumumpa, H. (2021), "Donors have shifted their priorities when it comes to HIV: a look at the impact in Uganda", *The Conversation*, 02 December, available at: https://theconversation.com/donors-have-shifted-their-priorities-when-it-comes-to-hiv-a-look-at-the-impact-in-uganda-172914 (Accessed 13 May 2025). https://doi.org/10.1093/heapol/czad096

Zakumumpa, H., Paina, L., Ssegujja, E., Shroff, Z.C., Namakula, J. and Ssengooba, F. (2024), "The impacts of shifts in PEPFAR funding policy on HIV services in Eastern Uganda (2015-21)", *Health Policy and Planning,* Vol. 39, pp. i21-i32.

Zimbabweland (2024), "Private sector-led transformation in Zimbabwe: can agriculture drive growth?", available at: https://zimbabweland.wordpress.com/2024/08/05/private-sector-led-transformation-in-zimbabwe-can-agriculture-drive-growth/ (accessed 25 February 2025).

Zinyuke, R. (2025), "Zim turns to local resources to fund health sector amid US funding withdrawals", *The Herald*, 13 February, available at: https://www.herald.co.zw/zim-turns-to-local-resources-to-fund-health-sector-amid-us-funding-withdrawal/ (accessed 13 February 2025).