

ANNEX

1. IDENTIFICATION

Title/Number	ZIMBABWE - ESSENTIAL MEDICINE SUPPORT PROGRAMME CRIS No. ZW/FED/22607 Ad Hoc Allocation– 10th EDF – B Envelope		
Total cost	EU contribution: EUR 10 000 000		
Aid method / Method of implementation	Project approach Joint management with an International Organization		
DAC-code	12220	Sector	Health

2. RATIONALE

2.1. Sector context

2.1.1. Macro economic justification

Operating on a cash budgeting basis, Government has committed to constrain its expenditure within revenue collection forecasted at \$2.7 billion for 2011 excluding donors' contributions.

The respective shares of recurrent and capital expenditure ratios to the 2011 budget are set at 80 and 20%. This is an improvement to the 85 and 15% ratio set in 2010, but is still far from being sustainable in terms of the Government's ability to finance infrastructure for growth and to meet social expenditure requirements.

The Minister undertook to take measures to gradually reduce the proportion of public service expenditure in the total budget, starting with a reduction from an estimated 2010 outturn of 54.5% to 45% in 2011 by implementing the recommendations of the Civil Service Audit. However, because of increasing revenues, the overall allocation to total remuneration (wage bill, pension, medical aid and social security) is set to increase from an estimated \$1 billion in 2010 to \$1.4 billion in 2011.

Despite pressing need to increase Government expenditures, Government has pursued a policy to re-constitute its external reserves. Deposits are expected to top US\$400 million by the end of 2010 in addition to the US\$260 million SDR allocation, which was kept untouched. This is in line with previous IMF recommendations and the institution is recognising that the level of financial reserves can now mitigate economic risk but will not be sufficient in case of protracted political crisis.

If in absolute term, the notion of financing gap should not exist under cash budgeting; however the budget recognises that Government cannot meet essential social expenditures, hence a financing gap for 2011 to be partly met from development partners contribution.

Priority Expenditures - Capacity Absorption:

In compliance with the provisions of Article 96, the Government opted for two different programmes in the social and food security sectors that were integrated in the Government's

Vote of Credit projection for 2010, and which is a priority for the recovery of Zimbabwe as indicated in the 2010 Government Short Term Emergency Recovery Programme. They will complement the Government's limited funding. The support from the **2010 second Ad-hoc Allocation** is part of the 2010 Short Term Strategy of support to Zimbabwe, and carried over in the 2011 STS, which in turn is part of the EU road map.

- *The Vital Medicines Support Programme*: this Multi-Donor Fund created in 2009, managed by UNICEF, is the pooled funding mechanism supporting Zimbabwe's vital medicines and medical supplies' pipeline at the national level. Funds will be necessary to finance the funding shortfall for the core programme's activity: the provision of the health care package.

The programme has demonstrated good absorptive capacities, since the identified needs covered by these programmes well exceed donor funding and since the EU contribution will be part of two well established multi-donor funded programmes.

For the *Essential Medicines Support Programme* although coming late, the EU funding will mostly be absorbed by 2010 needs, which so far have been estimated at around EUR 21 000 000. DfID and the EU's humanitarian budget line brought their 2011 contributions forward to 2010. This has allowed to cover the existing gap for 2010, but has left a wider gap in 2011 that will be mainly covered by this 2010 Ad Hoc Allocation (EUR10 000 000) and the funds allocated to the health sector under the 2011 STS.

2.1.2. Specific sector context

The human cost of the economic and political downturn has been catastrophic and life expectancy at birth declined from 62 years in 1990 to 43 years in 2006, mostly from increased adult mortality due to HIV and AIDS. Under-five mortality (U5MR) and infant mortality (IMR) rose from 77 and 53 per 1000 live births in 1992 to 94 and 67 in 2009 respectively. Maternal mortality (MMR) increased from 168 per 100 000 births in 1990 to 725 in 2009.

Over the last 10 years the Zimbabwe National Health System has faced many challenges, which severely affected its capability to deliver health services to the population. It is currently characterized by: **1) Deficit of medical and managerial health professionals; 2) Stock outs of essential medicines and medical supplies; 3) Inadequate provision and maintenance of equipment and infrastructure; and 4) Disrupted basic services.**

The exodus of health professionals has left many facilities being manned by limited and inexperienced staff. Human Resources for Health vacancy levels (December 2008) were at unacceptable high standing¹ in the public sector.

In an effort to retain and re-attract the health professionals in post, an initial **health staff retention scheme of about USD 24 000 000 per annum was set up** to provide allowances to all health professionals. The scheme was funded by the EU funded Vital Health Service Support Programme (VHSSP), the Expanded Support Programme (ESP), UNICEF and the Global Fund on Tuberculosis & HIV and AIDS and Tuberculosis (AIDS TB) and Malaria (GFATM) Round 5. In January 2010, the GFATM Round 8 has taken over the "*Harmonised Retention Allowance for Health Staff*" but, due to its success to retain and attract health staff

¹ 69% for doctors, 61% for environmental health technicians, over 80% for nursing midwives, 62% for nursing tutors, over 63% for medical school lecturers and over 50% vacant posts for pharmacy, radiology and laboratory personnel

in their original post², funds made available are now insufficient and a substantial gap of at least USD 15 000 000 is foreseen for the second half of 2011.

A multi donor fund (contributions by the EU and the UK) "Support to Vital Medicine" and the "VHSSP" have managed to provide more than 75% of the country's vital medicines and surgical needs at primary and secondary levels healthcare facilities³. The increase in availability of essential medicines at the peripheral health care centers can be attributed to the push allocation strategy introduced in 2009 in parallel to the pull system already in place for an equitable distribution of medicines. It is estimated that, in Zimbabwe, the annual overall need of medicines and medical supplies is USD 79 000 000, of which at least 35%⁴ is represented by vital items.

Despite the recent improvement in the economic climate, health facilities are not yet functioning effectively, because of the lack of basic services (e.g: electricity, water, communication), medical and non medical supplies, and day to day maintenance of infrastructures and equipment, which are becoming obsolete.

The Government disbursement for the health sector depends on the availability of resources. For example in 2009, this was only USD 15 000 000 (10%) out of the originally allocated budget of USD 150 000 000. Significant external financing is needed to restore/maintain service delivery and improve health outcomes.

Since the middle of 2009, the Government of National Unity of Zimbabwe has created an environment that has allowed the health sector to move from emergency planning mode to the completion of an ambitious five year **National Health Strategy (2009-2013)**⁵ (NHS). The Ministry of Health and Child Welfare (MoHCW) realizes that it is impossible under the current economic environment to implement the provisions of the NHS, since the **major challenge facing the health sector is lack of resources** (financial, human and material).

As reported in the NHS, over the last 12 months the Government has not been able to raise enough revenue to allow the health sector to meet its mandate. **In essence, health services in Zimbabwe have been running on material and financial provision from the donor community** (EU, DFID, USAID, World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), GFATM, etc.).

In this period of transition, the Ministry of Health and Child Welfare (MoHCW) has therefore made a deliberate decision to catch up at least on lost ground in meeting its targets in respect of the Millennium Development Goals (MDGs). If the current funding levels and weak capacity of the public health system persist or deteriorate, Zimbabwe will not achieve health related MDGs. In this respect a study financed by UNICEF, "Health Sector Investment Case", identified the priority areas that need urgent attention over the next 3 years (2010-

² This is not the case for doctors and high qualified health professional

³ VHSSP November 2008 Mission monitoring report and the Vital Medicines Availability and Health Services Survey (VMAHS May-October 2009)

⁴ Around 26 Million US\$ of vital and essential medicines and medical supplies

⁵ The National Health Strategy for Zimbabwe (2009 – 2013), Equity and Quality in Health: A People's Right, MOHCW

2012). This plan aims to revitalize the health sector and scale up high impact interventions that will assist the country catch up on its MDG targets. Among those, the need for ensuring **the availability of health professional, the availability of essential medicines and medical supplies and to decentralize financial resources for the day to day management of the primary level is clear.**

The harmonized support from the donor community has already ensured the improved availability of essential medicines. Continued donor support to the provision of essential medicines and medical commodities will be required to ensure that the significant gains made in terms of the availability of medicines at health facilities are maintained. The estimated funding gap for essential medicines and medical supplies for 2011 is USD 26 000 000. Besides the provision of essential medicines, the requested support will place emphasis on providing capacity for the management of essential medicines throughout the supply chain, right down to beneficiary level. The availability of essential medicines at health facilities is affected by their rational use and proper management. Providing capacity to the MoHCW for the management of essential medicines ensures that these scarce commodities are used as effectively as possible and avoids loss due to wastage, leakage or expiry.

2.2. Lessons learnt

The project builds upon earlier and current EU humanitarian and development interventions which have addressed disadvantaged vulnerable groups in the population. Lessons learnt include:

- The realisation that coordinated efforts by partners are more likely to produce significant and sustainable results than smaller uncoordinated approaches by individual donors. This has been translated into operational actions by the formation of a technical independent coordination body, the "*Medicines and Medical Supplies Coordinating Team*", composed of technical stakeholders under the leadership of the MoHCW and the direct participation of major stakeholders (MoHCW, NatPharm, bi- and multi-lateral donors, etc.) as a means of sharing information and rationalising operations to ensure effective use of limited resources. The procurement of vital and essential medicines has been coordinated between the EU funded "Vital Health Service Support Programme (VHSSP)" and UNICEF "Support to Vital Medicines" to ensure that the resources available are able to procure medicines that have an impact on the health services. Focus on the priority list of items and the pooling of funds will ensure better allocation and a more efficient procurement, storage and distribution system. Within the "Support to Vital Medicines" programme (2008-2009), UNICEF has demonstrated an very good capacity to procure medicines and medical supplies. Its financial and managerial capabilities were also up to the task, as demonstrated by the adequate management of about USD 20 000000 for drugs procurement in 2009;
- The provision of a basic package of essential medicines (i.e. Primary Health Care Package –PHCP) better ensures the constant availability of medicines without variations in lead times, and enhances the accountability, as the PHCP are easy to track;

- The importance of strengthening the MoHCW's oversight and managerial role in the procurement, storage and distribution all pharmaceutical commodities;
- The need for a realistic logistics plan that is detailed and carefully implemented, with clear lines of information and control. There will be a strong focus on the capacity of the national pharmacy (NatPharm) to implement the plan in harmonization with other distribution mechanisms, with oversight from the MoHCW.

2.3. Complementary actions

Within the NHS (2009-2013), the MoHCW is focused on revitalizing the Primary Health Care Approach (PHC) to address the health needs of the nation, an approach validated by the Assessment of Primary Care in Zimbabwe (2009)⁶.

The project concerned by this measure, to be implemented through a multi-donor pooled funding mechanism managed by UNICEF, will enhance the predictability of the flow of financial resources towards the medicine and medical supply priority area. It will complement EU and other donors existing interventions such as the "health staff harmonized retention allowance", the training of middle level health cadres (Primary care Nurses, Midwives, Environmental Health Assistants, etc.). It will also integrate, consolidate and maintain the priority interventions of the VHSSP 2, especially related to the availability of vital medicines and medical supplies.

2.4. Donor coordination

The project will operate within the framework of the "Principles for Good International Engagement in Fragile States" as part of the broader Paris Agenda. The thrust of this action also represents a response to the global financial crisis and has a mitigating effect on the local economic crisis, since it will fill what was an existing gap within the national budget for the year 2010/11.

Donor coordination in the health sector in Zimbabwe continues to improve. The **Health Informal Group** (EU, UK, USA, Canada) meets on an ad hoc basis, and the "Health Development Partners Coordination Group" (HDPCG) composed of bi- and multi-lateral donors, UN agencies, and major NGOs, is now being converted into the **Health Coordination Forum** (HCF) chaired by the MoHCW. The Terms of Reference of the HCF are discussed during the HCF monthly meetings. The Health, and Water and Sanitation clusters led by the UN Office for the Coordination of Humanitarian Affairs (OCHA) are still active in providing coordinated responses to possible outbreaks (e.g. of cholera, measles, anthrax).

Although the application of Article 96 of the revised Cotonou Agreement and other limitations imposed by the US Government remain in place, the establishment of the National Inclusive Government based on the Global Political Agreement (GPA) further facilitates coordination and alignment of donors' interventions in the framework of the Government's health policy and strategy. Donors also play a relevant coordination, planning and monitoring role within the Country Coordinating Mechanism (CCM) of the GFATM and the Analytical Multi Donor Trust Fund (AMDTF). The EU Delegation in Harare is an active member of the CCM and related committees.

⁶ Health where it matters most: An assessment of Primary Health Care in Zimbabwe March 2009, Report of a Community Based Assessment, Training and Research Support Centre (TARSC) with Community Working Group on Health (CWGH), May 2009

In line with what has been observed by the recent EU Brussels Transition Mission (2010) within this political and economic transition phase, **Multi-donor Pooled Funding Mechanism** (MPFM) have proven to be the most suitable instruments for programme implementation, donor coordination and visibility. Within the social sector, practical examples of MPFMs are the "*Harmonised retention package for health staff*", the "*Essential Medicines Support Programme*" the "*Education Transition Fund*", the "*Programme of Support to OVC*" and the "*Protracted Relief Programme*". The Essential Medicines Support Programme (EMSP) is managed by UNICEF with the oversight role of a **Donor Programmatic Steering Committee**, whilst the **Medicines and Medical Supplies Coordination Team** is an independent technical body composed by representatives of MoHCW, NatPharm, and bi- and multi-lateral donors.

A number of donors have already confirmed their pledges to the Essential Medicines Support Programme. In addition to the EUR 10 000 000 allocated by the EU through this project, contributions have been sought from the United Nations Central Emergency Response Fund. DfiD and the EU have already disbursed the equivalent of USD 18 000 000 and USD 5 800 000 respectively for the year 2010. The additional EU contribution of EUR 10 000 000 (around USD 13 000 000) would, together with the funds to be made available through the 2011 STS, almost bridge the existing gap for the year 2011..

3. DESCRIPTION

This action intends to improve access to essential medicines and medical supplies by largely rural and vulnerable populations of Zimbabwe, and it is a key component of the EU Short Term Strategy (STS) for 2010, one of the pillars of which is the Social Services. This programme is indeed a continuation of previous EU interventions in this sector. The intervention will be guided by the principle of building a sound supply chain management for health commodities.

3.1. Objectives

The **Overall Objective** of the Essential Medicines Support Programme is:

To improve the quality of life for the Zimbabwean population through the delivery of life saving health services.

The **Specific Objectives** of the Essential Medicines Support programme are:

- To procure and distribute essential medicines to existing primary and secondary health care facilities in all 10 provinces of the country, and routinely monitor progress over the next 12 months, using available evidence to improve programme management;
- To strengthen the capacity of related MoHCW institutions (DPS⁷ and NatPharm) to manage and maintain a minimum availability of at least 80% of vital and essential medicines.

Alongside the specific focus on the delivery of commodities and capacity building to related Government institutions, technical assistance will be provided for priority needs identified by

⁷ Directorate of Pharmaceutical Services in the MoHCW

MoHCW. Should the level of funding for essential medicines support programme further increase, greater emphasis will be placed on the management of pharmaceuticals at beneficiary level.

3.2. Expected results and main activities

The four **main** expected **results** for the action are:

1. At least 95% of health facilities maintain 80% availability of selected essential medicines;
2. NatPharm has an effective and efficient system in place for procuring, replenishing, distributing, and monitoring essential health commodities to health facilities;
3. The Directorate of Pharmacy Services (DPS) establishes and implements a functioning and effective drug management system based on facility based consumption data;
4. Rational use of medicines is maintained at facility and community level.

Together with the provision of essential medicines, capacity development will aim to reinforce MoHCW and its supporting agencies, such as NatPharm, in terms of providing supply chain management support to all MoHCW commodities. In addition, the Essential Medicines Support programme will enable information gathering from all health facilities with regard to the consumption patterns of essential medicines, with a view to establishing a Drug Management Information System to facilitate accurate quantification and forecasting of the needs.

Specific technical assistance will also be provided for priority needs identified by the Ministry and to assist with the development of transitional policies in the shift from a “push” or allocation based delivery system to a “pull” or demand based one. Plans include support to information management at all levels in the health care system from central to facility level; understanding the underlying problems and providing appropriate strategies for rational use and accountability of essential medicines ; developing and disseminating practical recommendations ; and thereby facilitating MoHCW in the implementation of it primary health care focused approach.

The **main activities** are summarized as follow:

Result 1: 95% of health facilities maintain 80% availability of selected essential medicines.
Main Activities:
1.1 Draw up a list of essential medicines and medical supplies for 2011 (for all health facilities).
1.2 Consolidate and quantify the Primary Health Care (PHC) package/kit to be distributed to PHC facilities in addition to other essential medicines.
1.3 Procure and receive essential medicines.
1.4 Distribute primary health care package/kit to rural health centres on a quarterly basis.
1.5 Maintain system for regular provision of bulk medicines based on facility need
Result 2: Sufficient NatPharm capacity for the management of a harmonized distribution system of health commodities directly to all health facilities.

Main Activities:

2.1 Procure capital equipment (trucks, computers and other equipments) and equip all six branches of NatPharm to be in a position to procure, manage and deliver essential drugs to the health facilities.

2.2 Support NatPharm to implement the defined warehouse redesign and layout in order to optimize the space available and provide the ideal storage environment for vital and essential medicines.

2.3 Provide retention allowances to NatPharm staff for effective management and handling of essential medicines (February 2011-December 2011).

2.4 Provide IT equipment and technical support to the NatPharm Logistics Management Information System (LMIS) to enable tracking of shipments directly from the procurement centre to the service delivery point (i.e. health facilities).

2.5 Employ and retain NatPharm distribution manager to provide technical logistical support to NatPharm for the effective management and coordination of distribution activities.

2.6 Contract supply chain management support organization to provide technical assistance at the 6 NatPharm branches in order to strengthen internal processes and systems

2.7.Reinforce NatPharm capacity to manage essential medicines in order to minimize the risk of losses or leakage associated with large consignments.

Result 3: Directorate of Pharmacy Services (Ministry of Health and Child Welfare) establishes and implements a robust drug management system based on facility based consumption data.

Main Activities:

3.1 Develop and reproduce training modules, provide transport, accommodation and per-diem for the implementation of drug management training for staff at primary and secondary health care facility level.

3.2 Provide transport, fuel and per-diem for supervisory visits to district and rural health facilities by district and provincial pharmacy managers with a view to gathering consumption data for essential medicines and monitor stock loss or leakages.

3.3 Provision of capital equipment and stationery for support and supervision activities ;

3.4 Setting up of an LMIS database.

3.5 Revision of the DPS staffing component, and provision of the necessary management tools and training.

Result 4: Rational use of medicines is maintained at facility and community level.

Main Activities:

4.1 Support for the dissemination of updated standard treatment guidelines (EDLIZ)⁸;

4.2. Establishment of facility-based drug therapeutic committees to ensure rational use of medicines.

4.3 Training of village health workers on rational use of medicines in the community.

4.4 Provide support to provincial pharmacy managers to implement and monitor rational drug use activities at facility level.

3.3. Risks and assumptions

The regular implementation of this action will be possible assuming that:

- The MoHCW, through Natpharm, is able to maintain current storage and distribution facilities sufficient to handle the procurement programme.

⁸ Essential Drug List and Standard Treatment Guidelines for Zimbabwe

- Zimbabwe's political and socio-economic conditions do not affect the free movement of essential medicines.
- Food, electricity, water and transport are available in order to ensure the normal running of health facilities.
- Retention/availability of MoHCW staff is ensured at DPS & health facilities to implement programme activities.

3.4. Crosscutting Issues

Because of the role medicines play in preventive health, the increased availability of medicines represents an important link between the health system and the community. The increased availability of medicines will also benefit HIV and AIDS-related interventions focusing on prevention, care and mitigation, and will substantially contribute to enhance the quality of the public health services delivered. Essential medicines also play a role in human rights, providing the population with access to better health care.

3.5. Stakeholders

The main stakeholders of the action will be the DPS of the MoHCW, Natpharm and health officers in the district and rural health centres. The European Commission's partnership with Natpharm, a parastatal body with the mandate to procure and distribute pharmaceuticals, is well established (HISSP 1 and 2; VHSSP 1 and 2).

The general population, dependent on public and mission health facilities, is the primary beneficiaries of this intervention. Women and children will be major beneficiaries in view of the burden of disease (HIV and AIDS, malaria, child and reproductive health issues) which affects them in a disproportionate manner. Vital medicines provided through public health facilities are free of charge, to the particular benefit of the poor and marginalized. NatPharm will benefit through the enhancement of its organizational capacity. Health workers will, moreover, benefit from the greater availability of drugs, whilst District and Provincial Pharmacy Managers will enhance their skill and knowledge through training and supportive supervision.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The programme will be managed in joint management with UNICEF in accordance with Article 29 of the Regulation (EC) No 215/2008 on the financial regulation applicable to the 10th European Development Fund. The international organisation complies with the criteria provided for in the applicable Financial Regulation. The programme will be implemented through the signature of a standard contribution agreement whose provisions shall comply with Financial and Administrative Framework Agreement with UN (FAFA) and the appropriate measures of Article 96 of the revised Cotonou Agreement adopted by Council Decision 2002/148/EC.

UNICEF has been selected in view of its comparative advantage in managing an already existing and functioning multi-donor pooled funding mechanism established to procure and distribute essential medicines to PHC services. All financial resources, including those related to institutional and human resources capacity development (training, incentives, etc.), will be directly managed by UNICEF and will directly target the relevant staff.

The **Medicines and Medical Supplies Coordination Team**, chaired by the MoHCW, will monitor and oversee the entire Zimbabwe Essential Drugs Support Programme. The membership will include UNICEF, all development partners contributing to the fund, as well as other relevant stakeholders e.g. JSI⁹. UNICEF will also provide a secretariat function for the coordinating team. The coordinating team is an independent technical body and will provide technical guidance to the "Essential Medicines Support Programme", ensuring coordination with other donor-supported interventions.

4.2. Procurement and grant award procedures

This action is considered to be the natural continuation Vital Health Service Programme – Phase II which ended in June 2010, since it has the same specific objective in relation to the availability of vital and essential drugs, and similar implementation, storage and distribution modalities via NatPharm. The Project Identification Fiche (PIF), therefore, was not considered to be necessary.

All contracts implementing the action are awarded and implemented in accordance with the procedures and standard documents laid down and published by the International Organization concerned.

4.3. Budget and calendar

The total project cost is estimated at **EUR 18 800 000**, of which **EUR 10 000 000** shall be financed from the Envelope B of the EDF budget of the European Union and **EUR 8 800 000** by the project's own resources (CERF¹⁰, DfiD and other EU-ECHO contributions). Retroactive financing is allowed for eligible expenditure as from 1st September 2010.

Categories	EU contribution	Government contribution	Own /Other resources	Total
	EUR	EUR	EUR	EUR
Total Contribution Agreement with UNICEF	10,000,000	N/A	8,708,390	18,708,390

The estimated operational duration is of **12 months**, followed by a 24 months closing period.

4.4. Performance monitoring

The monitoring of the implementation of the action by the services of the European Commission should focus on results, in this case mainly the timely delivery of commodities and services, and the consequent improvement of service delivery in primary and secondary health facilities. UNICEF has been chosen in the light of to its comparative advantage in the procurement of high quality cost effective medicines, as well as because it is already managing a multi-donor pooled funding mechanism.

⁹ John Snow Incorporation (JSI)

¹⁰ Central Emergency Response Fund

As part of the Essential Medicines Support Programme approach, district and provincial pharmacy officers will be enabled to accompany and monitor the delivery of the commodities to facilities, as well as to provide support and supervision for health facility staff.

A improved monitoring system addressing both pull and push distribution mechanisms will be implemented on the basis of the experience gained in the framework of the UNICEF and VHSSP monitoring process.

Information gathered will be entered into the Ministry's emerging MIS. Reports will be compiled and shared with relevant stakeholders based upon analyses of that information.

Performance monitoring reports will be submitted to the Medicines and Medical Supplies Coordinating Team according to agreed action plans. Reports will be produced based upon an analysis of information gathering at health facilities.

A monitoring system will be established by UNICEF to ensure that data is collected to assess the functioning of the Essential Medicine Support Programme and assist UNICEF in its reporting obligations to the European Commission. This will include detailed information concerning the flow of finances, as well as indicators relating to the impact of the project. The indicators will be finalized in close collaboration with the donor.

4.5. Evaluation and audit

External evaluation and audit will be undertaken by UNICEF.

4.6. Communication and visibility

The programme communication and visibility activities will be implemented by UNICEF in accordance with the EU communication and visibility guidelines.

Appendix

1 List of acronyms

APPENDIX 1 TO ANNEX II: LIST OF ACRONYMS

AMDTF	Analytical Multi Donors Trust Fund
CCM	Country Coordination Mechanism (GFATM)
CERF	Central Emergency Response Fund
DFID	UK Department for International Development
DPS	Directorate of Pharmaceutical Services (MoHCW)
HCF	Health Coordination Forum
ECHO	European Commission Directorate General for Humanitarian Aid and Civil Protection
EDLIZ	Essential Drug List and Standard Treatment Guidelines Zimbabwe
HIV/AIDS	Acquired Immune Deficiency Syndrome
EMSP	Essential Medicines Support Programme
ESP	Expanded Support Programme
EU	European Union
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPA	Global Political Agreement
IMF	International Monetary Fund
IMR	Infant Mortality Rate
JSI	John Snow Incorporation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MoHCW	Ministry of Health and Child Welfare
MPFM	Multi Donor Funding Mechanism
NatPharm	National Pharmaceutical Company
NHS	National Health Strategy
OCHA	UN Office for the Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PIF	Project Identification Fiche
PRP	Protracted Relief Programme
RBZ	Reserve Bank of Zimbabwe
SDR	Special Drawing Right
STS	EU Short Term Strategy for Zimbabwe
TAP	Technical Administrative Provision
U5MR	Under-five Mortality Rate
UNFPA	United Nation Population Fund
UNICEF	United Nation of International Children's Emergency Fund
VHSSP	Vital Health Service Support Programme
WHO	World Health Organization