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Volume of HIV funding

- HIV aid is significant (1/3 of all aid, 3% GDP)
- Total HIV funding = Tsh 596billion vs Total health sector budget of Tsh 628billion for 2007-8
- BUT needs are not covered (eg care and treatment target of 400,000, present levels are 130,000)
- Sustainability concerns - life-long treatment
- Value for money – impact vs managing environment

HIV is a Development Partner Issue

- 95% HIV funding from donors
- 86% HIV aid from 2 donors – USG and Global Fund
- 26 DPs 'active' in the HIV sector

= primarily a DP issue

Mostly unaligned and off-budget

- The OECD DAC joint evaluation of the health sector 1999-2006 noted the following:

  'Global Health Initiatives and large multi-country bilateral programmes have injected huge and much-needed resources into diseases that are national priorities, but they remain largely outside existing health planning and management systems. This distorts local priorities and threatens sustainability'.

- 23% on budget (down from 50% in 05/06)
- Need to engage with USG and Global Fund (explore possibilities for use of harmonized/aligned modalities) and Government (to create the “one plan”) in order to make overall progress on Paris Declaration

USG – PEPFAR

- How to be better coordinated with the public system/national plans; particularly when there are major gaps in planning?
- What is the scope for more aligned funding?

Recommendation

- Nordic + USA group to agree framework on how USG funding can better meet PD principles.

Global Fund for AIDS, TB & Malaria

- Partly on budget (when Ministry of Finance is principle recipient)
- Harmonisation and Alignment opportunities – Round 8 proposal (health basket, HIV Fund and Rapid Funding Envelope)
- Parallel proposal writing, reporting, monitoring etc vs use of existing sector documents and common plan
- Pattern of under-expenditure ($297 out of $376 undisbursed in Rounds 3 and 4 (2004 & 2005)

Recommendation

Proactive engagement with HQ/Board members so GF can better meet PD principles.

Distorts the allocation of resources

- Significant proportion of funding is earmarked
- Costly Care and Treatment is prioritised (60-70%) over prevention and other MDAs (ie not multi-sectoral)
- HIV funding effects health sector ceiling - VERY limited flexible funding for other priorities (eg maternal health)
- Earmarked funding distorts the health system which in turn impacts on health outcomes, eg:

  - Limited number of health workers in the country
  - Only 33% of public health posts are filled
  - By more staff working in an HIV related field, this leaves fewer behind for routine basic services such as reproductive and child health.

Conclusion and Recommendations

- HIV funds are significant, have long term implications and may have macro-economic consequences (High level discussion inc delink HIV from MoHSW budget?)
- To make overall progress on the Paris Declaration, need engagement with USG, GF and GoT (through Nordic+ and HQ Board members?)
- Review ‘active’ DPs through on-going Division of Labour exercise
- Flexible and aligned funding needed to support the health system as a whole and promote national ownership (HQs reduce earmarking?)
- Clear structure needed for harmonised HIV planning
- Next PER to cover value for money aspects