HEPS-UGANDA POLICY BRIEFING SERIES
NO. 4, DECEMBER 2008

Global Fund: Making Uganda's CCM Work Through Full Engagement of Civil Society

This paper is based on the findings and recommendations of the study report, "Uganda's Funding for HIV/AIDS: A Review of Available Evidence", issued by the Uganda Coalition for Access Essential Medicines (UCAEM) in November 2008. The study, a desk review of the available evidence on what has been done so far in tracking HIV/AIDS resources, identifies the gaps that need to be filled in tracking HIV/AIDS funding.

Background

HIV/AIDS programmes have over the recent years been receiving increasing funding, especially from the donor community. However, due to the absence of a mechanism to monitor and aggregate the contributions from the wide range of funders, the exact amount of funding coming from foreign donors, non-governmental organisations, individuals and even the Uganda government itself, is not known. Independent attempts to determine the actual level of funding have been hampered by the Ministry of Health's failure to harmonize the various funding structures of the different funders, the multi-sectoral nature of the response, reluctance by the donors to provide complete information about their budgets and expenditure, and difficulty in capturing household contributions towards HIV/AIDS care. There is therefore, a gap that needs to be filled by regular tracking of HIV/AIDS funding, to establish the actual level of funding and the extent to which it reaches the intended beneficiaries.

Even with the limited information available, it is obvious that funding for HIV/AIDS is still insufficient, given that access to HIV/AIDS services – from counseling and testing (HCT) to anti-retroviral therapy (ART) and care and support – remains limited. The health care system is urgently in need of additional resources, particularly to accommodate the burden of the HIV/AIDS epidemic. The public sector needs not only to increase its per capita health expenditure to US$28 – and up to US$40 when anti-retroviral drugs (ARVs) are included – to enable its citizens realise their right to health, but also to make the available work for the poor.

HIV/AIDS funding has increased, but still a lot more is needed

The estimated total funding for HIV/AIDS has risen sharply over recent years. It increased from US$38.4 million in 2003/4 to US$164.4 million in 2006/7. While this increase is commendable, a lot more resources are needed, given that only 40% of the PHA's in need of ART are accessing it, an estimated two million AIDS orphans need support, and about 132,500 people are becoming HIV-positive every year. It has been estimated that Uganda requires US$ 392 million and US $ 616 million in 2007 and 2015 respectively to cater for prevention programmes, treatment of opportunistic infections (OI's) and ART. However, in 2004/5 the government allocation was only Ushs 3,491.2bn, while the actual amount received was only Ushs 382.7bn, accounting for only 11% of the required resources.

There have been concerns that higher inflows of HIV/AIDS funds may result in macroeconomic instability.

Findings by Baine, *et al* (2008) have, however, shown that a huge proportion of the HIV/AIDS expenditure (about 60%) is spent externally on expenses related to the purchase of condoms, ARVs, travel, consultancy and the like, implying that the net macro-economic impact on exchange rates, money supply, and other economic variables cannot be significant.

The Ministry of Finance should therefore not limit HIV/AIDS funding from external sources, as it has in the past done through setting "budget ceilings" for the health sector, on the basis of fears that it will have adverse effects on the country's macro-economic stability.

More funds for prevention will reduce new infections and contain the epidemic

According to Baine *et al* (2008), the highest expenditure over the recent years has been on treatment, with prevention activities having the smallest allocation. The expenditure on care and treatment has increased tremendously over the three years due to changes in prioritisation and increased resources from global initiatives.

However, considering the, HIV prevalence rates are not only high but have in recent years stagnated – about 132,500 people become HIV-positive every year. With the current level of new infections, it has been estimated that the number of people with HIV/AIDS will reach to 1.3 million by 2012 and top 1.7 million by 2020. On the other hand, the number in need of ART will increase from 234,500 in 2006 to 263,000 in 2012 and 342, 200 in 2012. Through the National Strategic Plan for HIV/AIDS 2007/8-2011/2, government has changed focus back to prevention, especially among the identified high-risk population groups. More resources need to be allocated to prevention if novel initiatives identified in the national strategy are to contain the epidemic.

Health workers need improved remuneration to be motivated – and to stay

The second area of concern as far as functional allocation of HIV/AIDS resources is concerned is human resources, where expenditure has been relatively low. Health workers in Uganda are poorly remunerated and yet they shoulder a heavy workload, which has weighed down their morale and retention rates. Foreign employers and HIV/AIDS NGOs are attracting health workers away from the public sector, depleting the limited human resources in the sector. Government and the donors should invest some HIV/AIDS resources in increasing and motivating the health workforce through long-term training and better remuneration and incentive schemes, for instance housing, special allowances for hard-to-reach areas, over-time work, and recognition for exemplary service, among others.

Commendable effort is being made to ensure full integration of HIV and TB services at all eligible sites. To achieve sustainability of the progress made so far, more health workers should be trained in the management of TB/HIV, laboratories upgraded to provide HCT services, and the referral system strengthened. Another strategy used to increase accessibility to TB services has leaned heavily on the use of volunteers to deliver drugs and support patients in the community. However, it has been reported that lack of incentives is leading to burn out and loss of motivation. It is therefore imperative that a package of cost effective incentives be designed to ensure that quality and sustainable health services are accessible at community level (UPHOLD, 2007).

HIV/AIDS mainstreaming structures are not funded

While there have been attempts to mainstream HIV/AIDS across the various sectors of the economy, to-date, not all of them have integrated HIV/AIDS in their budget framework papers and sectoral plans (UAC, 2005). UAC further reports that all ministries have structures in place to address HIV/AIDS (e.g. HIV/AIDS

Focal Point Officers) and most of them have designed HIV/AIDS strategies. However the implementation of these HIV/AIDS strategies in the different sectors has lagged behind, principally because of inadequate funding, human resources and technical capacity. This has constrained the capacity of ministries to offer the required services (UAC, 2007). In the budget process, efforts have been made to mainstream HIV and AIDS in the PEAP and in the sector plans, but these efforts have not been comprehensive. HIV/AIDS funding is not streamlined in the Medium Term Expenditure Framework (MTEF) and in the sectors' budgets.

The Ministry of Finance, which is responsible for the budgeting, should put in place a budget line for HIV/AIDS, and provide funds for the HIV/AIDS mainstreaming structures established in the various ministries. The budget should stop treating districts, which are direct implementers of HIV/AIDS programmes, as a block vote and break it down into the various activities with stand-alone allocations for HIV/AIDS programmes.

Do HIV/AIDS funds reach the intended beneficiaries?

In the absence of studies that have specifically tracked HIV/AIDS funding from the source to the beneficiaries in the community, the coverage and availability of services (HCT, ART, PMTCT and TB services) at the grass-roots was used to estimate the extent to which funds reach the required beneficiaries. The mapping study carried out by UAC (2004) revealed that the geographical coverage of the HIV/AIDS interventions is still limited, suggesting that the extent to which HIV/AIDS funding reaches the intended beneficiaries in underserved localities may be limited. At sub-county level, only IEC (64%) and condom distribution (52%) interventions have had reasonable national coverage. The coverage of other HIV/AIDS related interventions was below 45%. UAC should design and coordinate a roll out strategy for all HIV/AIDS and TB programmes to all rural localities, and especially the northern region to ensure universal access to prevention, treatment and care services.

Heavy dependence on donors makes the national response unsustainable

Data presented in the Lake report (2008) confirms that expenditure for HIV/AIDS has been primarily donor dependent − and perhaps too dependent on the US government. Up to two thirds of the total HIV/AIDS funding between 2003/4 and 2006/7, came from the US government (PEPFAR) alone. Other major contributors include the Global Fund, UN agencies, the European Commission, the United Kingdom, Ireland and Denmark, among others. Contributions from the Uganda Government have only increased modestly over the years.

Continued over-dependence on foreign donors is not sustainable since these funds are outside Uganda's control and can therefore be withdrawn or reduced without sufficient notice, which could leave HIV/AIDS programmes stranded (HEPS, 2006). Although the heavy toll that HIV/AIDS has put on the developing world promises to continue drawing the sympathy of donor countries for the foreseeable future, Uganda needs to explore supplementary financing options. The Ministry of Finance and that of Health need to put in place a concrete financial sustainability plan that does not only diversify external funding sources but also mobilises domestic resources for the response.

CSOs implement most HIV/AIDS programmes, but they are unsustainable

Data collected from the civil society organisations (CSOs) involved in implementing PEPFAR-funded projects raises sustainability questions for not only the projects but the agencies themselves if funding is not renewed. Donor-funded projects often close when donor funding ceases. When that happens, the implementing CSO shifts focus to the priorities of potential new donors, thereby wasting the capacity built in the original area of focus.

If maximum benefit is to be gained from the local CSOs, which are playing a crucial role in the national response, government, donors and the CSO fraternity must ensure that there are concerted efforts to enhance management, administrative and financial capabilities by providing funds for capacity building initiatives that will ensure their continued existence. Such capacity will reduce wastage and the long funding chains that raise administrative costs, especially for funds from such donors as PEPFAR and Global Fund, which channel AIDS funding through CSOs.

Harmonization of HIV/AIDS Funding Mechanisms

There are various funding mechanisms that are not coordinated, leading to duplication, patchy coverage and wastage. Some of the sources of funds provide their funding through the national budget, while others provide it through projects that do not have a common focus. PEPFAR, the biggest funder, for instance channels its funds through CSOs into interventions that, although important to the overall response, may not be the national priorities. Lack of harmonization is also evident in the way the different donor projects and government implement their activities. While PEPFAR predominantly works with the private sector, the World Bank MAP and GFTAM worked with the districts, ministries and CSO's.

Government in cooperation with major HIV/AIDS funders should establish a national AIDS fund, as a single basket for all local and foreign resources mobilised for HIV/AIDS programmes. But that may not come until government systems are transparent and accountable enough to win the confidence and trust of all the donors. Government particularly has a mountain to climb following the mismanagement of the Global Fund and GAVI, if it is to win such trust. The government and the donors should work together to streamline parallel AIDS funding initiatives and mechanisms. If all funds for HIV/AIDS were put in one basket, it would be easier for the MoH and the UAC to decide on a specific package of HIV/AIDS services which would gradually be made universally accessible. It would also be possible to establish a uniform remuneration system and stem the exodus of workers from the public sector to various HIV/AIDS implementing agencies.

Conclusion

There is inadequate information about the funding available and the expenditure on HIV/AIDS in Uganda. But even with the limited evidence available, it is noticeable that the contribution of the GOU to HIV/AIDS has shown only a modest increase over the years; some rural areas are underserved by HIV/AIDS services; and resource allocation for care and support of OVC's does not appear to be commensurate with the high number of AIDS orphans. Through mobilising more resources both locally and internationally, harmonising the various funding mechanisms, and making adjustments in allocations, the sustainability of the national response can be improved. Political commitment to the fight against HIV/AIDS needs to translate into financial commitment.

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