

# SUPPORTING PARLIAMENTS ON SUSTAINABLE AND INNOVATIVE HIV FINANCING



## BULLETIN



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# Tanzania MPs discuss HIV and AIDS financing gaps

### Staff Writer

Parliamentarians from the United Republic of Tanzania (URT) met last year to appreciate HIV and AIDS funding gaps as some SADC Member States began to draw funds in the second round of the SADC HIV Fund and undertake activities.

There was a huge turnout on the first day of the workshop with 82 MPs in attendance. By the second day, the number of MPs in attendance had increased to 102.

Participants included MPs from the HIV and AIDS and Drug Use Committee, the Social Services Committee, the Budget Committee, the Public Accounts Committee and the Local Government Authorities Accounts Committee.

On the first day of the workshop which was July 6th 2015, Speaker Honourable Anne Makinda opened the session and presentations followed. The first presentation was to give an overview of the HIV and AIDS Epidemic and the Response and AIDS financing Gap



**SERIOUS:** Parliamentarians from the United Republic of Tanzania attend a meeting to appreciate gaps in the funding of HIV and AIDS initiatives in their country.

in Tanzania to put issues in context. The second presentation was about the commitments Tanzania had made with regards to HIV and AIDS. Dr Aggrey Kihombo, an academic, facilitated the discussion.

The United Republic of Tanzania is among seven Southern African Development Community (SADC) Member States that include

Malawi, Mauritius, Seychelles, Swaziland, Zambia and Zimbabwe that have been approved for funding under a joint proposal titled 'Strengthening the capacity of SADC Member States' National Parliaments to facilitate the implementation of Regional, continental and international commitments on HIV and AIDS financing'. The proposal, developed by the SADC Parliamentary

Forum (SADC-PF) is one of 10 approved by SADC for funding.

The SADC HIV Financing project seeks to strengthen and facilitate the alignment of National Parliaments' priorities to the SADC Regional, continental and global priorities and commitments

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# Zim's NAC tells MPs

## donor fatigue might affect HIV response

### Staff Writer

The Chief Executive of Zimbabwe's National AIDS Commission (NAC), Dr Tapuwa Magure (in picture right), has informed Zimbabwean Parliamentarians about donor fatigue and warned against over-reliance on donor support for HIV and AIDS mitigation initiatives.



Although Zimbabwe is yet to draw on the SADC HIV Fund, from

the 19th to the 20th of June 2015, NAC took the initiative to sensitise MPs on looming

funding gaps in the national HIV response. Dr Magure noted that over the past approximately

seven years, Zimbabwe had consistently record-

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on HIV and AIDS.

The overall objective is to enhance the technical capacity of relevant Parliamentary Portfolio Committees to enable them to mobilize political leadership for accelerated action and scale up of national responses to foster strengthened accountability, advocacy and oversight in the implementation of commitments on HIV/AIDS.

In Tanzania this project is being implemented in partnership with the Tanzania Commission for AIDS (TACAIDS), the Ministry of Health and Social Welfare (MOHSW-NACP), the Ministry of Finance (MoF), Civil Society Organizations

(CSOs), International Cooperating Partners (ICPs) and four Parliamentary Committees members of the National Parliament.

In order to achieve the desired objectives, the Project Technical Committee (PTC), whose main responsibility is to oversee the overall implementation of the project, has already been established.

With respect to Financing HIV and AIDS in Tanzania, workshop participants were informed that approximately 1.6 million people were living with HIV and AIDS in Tanzania.

The rate of HIV new infections was estimated at 72,000 people per year while deaths were estimated at 78,000 per year. Approximately 670,000 people were on ARV as of March, 2015 compared to nearly 657,000 people as of De-

cember, 2015.

It was noted that the number of new infections were projected to reach 197,000 people by December, 2016, implying that more resources would be required for care and treatment, prevention programmes, impact mitigation, coordination and monitoring of the epidemic.

Participants were given an HIV Financing overview in Tanzania and the existing HIV and AIDS financing gap, as well as existing sustainable financing options which include the setting up of an AIDS Trust Fund.

Several MPs expressed the need to understand all the Protocols in relation to HIV/AIDS that their country had signed and how they could support their operationalization. They also expressed their desire to be assisted to draw up a financing sustainability plan so that

their country becomes less dependent on donors. The fact that Zanzibar had a different operating structure when it comes to HIV/AIDS programmes was discussed at length.

Going forward, it was resolved that MPs be made aware of the number of PLHIV enrolled and eligible for ARVs given that only 657,000 clients on ARV were set to access them by 2017.

The need to urgently speed up preparations for conducting a Rapid Assessment for Knowledge gaps and areas of emphasis was stressed.

It was also agreed that stakeholders in Tanzania needed to analyse the implications of Global initiatives such the WHO's proposition to initiate patients whose CD4 is at 500 on treatment.

ed low levels of HIV infection and AIDS-related deaths.

He attributed that trend to several factors that included the prudent and optimum use of money generated through the country's AIDS Levy. Introduced in 1999, the AIDS Levy has reportedly generated much needed local resources to support treatment and other initiatives in the country in which more than one million adults and children are known to be living with HIV.

Under this innovative HIV and AIDS financing initiative, formally employed Zimbabweans and their employers contribute three percent of their earnings towards HIV and AIDS responses. Zimbabwe became the first country to introduce such a fund.

Additionally, Dr Magure noted, Zimbabwe's Parliamentarians were actively involved in HIV and AIDS prevention programmes, advocating for treatment, care and other mitigation initiatives in the country, while development partners were also lending support.

These positive strides notwithstanding, Dr Magure noted that fi-

ancial resources needed in the fight against HIV and AIDS were dwindling due to, among other things, donor fatigue and economic challenges that Zimbabwe was going through. Owing to a financial downturn being experienced in Zimbabwe, many formally employed people in the country had lost their jobs.

This had negatively impacted on the amount of money that was being collected through the AIDS Levy. Accordingly Dr Magure called for more innovative resource mobilisation initiatives to maintain or increase the momentum towards halting and reversing HIV and AIDS in Zimbabwe.

He suggested that Parliamentarians could enact laws to support generation of domestic resources. The NAC Act could also be reviewed to enable the generation of more resources.

Hon Melody Dziva, Zimbabwe's youngest Parliamentarian, officially opened the workshop on behalf of the Speaker of the Parliament of Zimbabwe, Adv. Jacob Mudenda.

Hon Dziva hailed organisers of the workshop and said the participation of many different stakeholders



**WORRIED:** Zimbabwean MP, Hon. Melody Dziva.

was proof of Zimbabwe's commitment to a multisectorial response to HIV and AIDS.

She highlighted Parliament's commitment to reducing the spread of HIV and AIDS in Zimbabwe through ensuring equity in health for all citizens in keeping with the country's Constitution.

She commended NAC for its leadership in working towards attainment of the World AIDS Campaign's goals of "zero new infections, zero deaths and zero discrimination."

Hon Dziva praised the National AIDS Council (NAC) for administering the AIDS Levy which she said was an innovative home-grown funding mechanism in the fight against the spread of HIV and AIDS. She said the levy was a best

practice sought out by other countries within the SADC Region for possible replication.

According to Hon Dziva, NAC had supported the Parliament of Zimbabwe's efforts in relation to forming the Zimbabwe Parliamentarians against HIV and AIDS (ZIPAH). The platform is a voluntary organisation made up of Members of Parliament aimed at promoting awareness and fighting stigma associated with HIV and AIDS.

Hon Dziva stated that due in part to ZIPAH's efforts, there had been a noticeable increase in the number of Zimbabweans seeking Voluntary Testing and Counselling (VCT) as well as Voluntary Male Medical Circumcision (VMMC) services.

# Call for sustainable funding for HIV and SRHR Programmes

## Staff Writer

The Director of Finance at the National AIDS Council of Zimbabwe, Mr Albert Manenji, has called on stakeholders that include Members of Parliament to support initiatives that would bring about predictable and sustainable funding for HIV and Sexual Reproductive Health and Rights (SRHR) programmes.

Mr Manenji made the call when he gave a presentation at an advocacy workshop for Parliamentarians and other stakeholders in Zimbabwe last year.

He recommended that the Executive pillar of Government be held accountable over service delivery and that stakeholders carry out monitoring visits to some of the country's health facilities so that they meet people who use such facilities. This, he said, would enable the stakeholders to better appreciate challeng-

es and gaps at the facilities.

To retain the confidence of providers of resources used in HIV and SRHR programmes, Mr Manenji called for clear and consistent policies backed by implementation.

He said stakeholders, especially Parliamentarians, could support and ensure the implementation of various policies on resource mobilisation.

He said the AIDS Levy being collected in Zimbabwe had generated much significant needed resources but said there was need for greater advocacy for the most effective interventions.

He said that might involve scaling up of the most cost-effective interventions (PMTCT, outreach to sex workers, condom promotion and male circumcision) and reducing spending on all others (except ART) by 20%.

That, he said, might avert up to 140,000

additional new infections.

He suggested that geographic reallocation of resources be considered and gave the example of HIV prevalence which he said was 50% higher in Matabeleland North and South and Bulawayo than other provinces.

He proposed the allocation of proportionally more resources to areas with the highest incidence of HIV and AIDS and said a modest decrease in money allocated for monitoring and evaluation from 5% to 4% would save US\$ 71 million.

He argued that with economies of scale, the proportion of programme management expenditure could be reduced from 3% to 1.5%, thus saving US\$ 70 million over 10 years.

A presentation made on behalf of the Ministry of Health and Child Care's Director of Finance, Mrs H. Machamire, showed that the Government's allocation to the

MoHCC for health programmes at USD300,982,000.00 represented 18 percent of actual amount required. There was a shortfall of approximately USD249,695,000.00.

The presentation showed that the allocation missed the Abuja target by 4.4 percent and that budget releases for the year 2015 had been depressed such that by May 31, 44 USD million of recurrent expenditure allocation had been disbursed, of which 34 USD million went to salaries of grant aided institutions.

The allocation to hospitals of USD8.008 million was only six percent of their requirements (USD142m), therefore making it difficult to achieve set targets.

The presentation concluded that the Government's allocation for health programmes for 2015 was grossly inadequate and the funding gap would make running institutions a daunting task.

# Zambia:

## Parliament, National AIDS Council join hands

### Staff Writer

The National Assembly of Zambia has partnered with the country's National AIDS Council in the implementation of the SADC Protocol on health. This happened during a meeting on sustainable financing that took place on June 17, 2015.

Clerk of Parliament Mrs Doris Mwinga said the SADC-PF, the lead implementer of the SADC HIV Financing Project had set up a desk to work with NAC to spearhead the response to HIV and AIDS in Zambia.

NAC Executive Director Dr Jabbins Mulwanda said although Zambia had made significant strides in responding to the HIV epidemic in all areas particularly in treatment, prevention and in mitigating the impact on the population, the country's HIV response had to a large extent been supported by external financing.

Lately however, there had been a significant decline of external donor support in the face of rising per capita expenditure in respond-



**SUPPORTIVE: Clerk of the Parliament of Zambia Ms Doris Mwinga**



**PARTNER: Dr Jabbin Mulwanda, Executive Director of NAC**

ing to the epidemic, prompting calls for alternative HIV financing strategies.

Zambia's National Strategic Framework and Global Fund Country Concept Notes for HIV and AIDS & TB plus Malaria have all quantified large financial gaps especially for treatment and support services. The Revised National Strategic plan 2014-16 puts the financial gap at over US\$124 million over three years for HIV

and AIDS alone.

The National Parliaments' SADC Project on HIV Sustainable Financing is an initiative to operationalise HIV finance. The overall objective of the project is to enhance the technical capacity of relevant Parliamentary Portfolio Committees.

Expectations are that the project would enable Parliamentarians mobilise leadership for accelerated action and

scale up of national, regional and global commitments on HIV and AIDS financing.

In Zambia the HIV Financing project is spearheaded by a multi-sectorial Steering Committee, led by the National Assembly of

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Zambia and technically assisted by the National HIV/AIDS/STI/TB Council (NAC).

Since its inception in June, 2015, the Zambian project has undertaken various activities to build the capacity of relevant Parliamentary Portfolio Committees to competently mobilise political leadership for increased domestic

resource mobilisation, accelerated action and to scale up of national responses on HIV and AIDS.

Already, a steering committee has been set up and orientation of Members of Parliament belonging to the Parliamentary Committees on Health, Community Development and Social Services; Committee on Estimates; all Chairpersons of Sessional

Committees as well as Members of the Coalition of African Parliamentarians against HIV and AIDS (CAPAH) has been held.

Following the success of the orientation which marked the end of the inception phase of the Project in Zambia, NAC, in consultation with the National Assembly, held a National Dialogue for Parliamentarians with stakehold-

ers.

The meeting was held on December 3, 2015 at Parliament Buildings in Lusaka, Zambia.

The meeting sought to enable MPs to engage key stakeholders and to highlight HIV and AIDS resource gaps as well as to strengthen nation-

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**UNITED:** Dr Harold Witola of NAC, Dr Tsehau Medhin of UNAIDS, Hon Mukondo Lungu, MP and Deputy Speaker of the National Assembly of Zambia and Dr Godfrey Haantobolo, Deputy Clerk in charge of Parliamentary Procedures.

al partnerships for the response.

Delivering a keynote address, the Deputy Speaker, Hon Mukundo Lungu, noted that in spite of significant strides in responding to the HIV epidemic, Zambia was among the eight SADC countries that contributed 70% to the epidemic, and that it ranked 10th globally and seventh in the region.

The deputy Speaker added that Zambia had been recording 19,000 new infections annually while the National HIV and AIDS response was largely supported by external financing.

He challenged all stakeholders to reflect on how the national response to the epidemic could best be managed and adequately supported through domestic sources of funding.

Speaking at the same occasion, Dr Tsehau Medhin, the UNAIDS Zambia Country Director, pledged her institution's commitment to helping Zambia achieve the target of zero new infections of HIV.

She said Zambia had approximately 1, 2 million people living with



**Zambian partners exchange notes during a recent meeting.**

HIV, with 700,000 of them receiving Anti-retroviral Treatment (ART).

She suggested that Zambia set ambitious targets and accelerate the delivery of high-impact HIV prevention and treatment services.

She called for innovative approaches to expand services, bring them closer to people and focus on the locations and populations with the highest HIV burden.

Dr Harold Witola, speaking on behalf of the Director for NAC, welcomed the national dialogue and said it was important that

strategic stakeholders be taken to a level of understanding of the HIV and AIDS resource gaps and to strengthen national partnerships in enhancing sustainable financing in the HIV and AIDS response.

He said it was desirable that all stakeholders appreciate the gravity of the prevailing funding gap and its implications for current and future responses to HIV and AIDS in Zambia.

Equally important was a plan of action on lobbying the Government and the Private Sector on how best to implement alternative financing mechanisms for HIV

and AIDS.

Dr Witola said external HIV funding had been steadily dwindling. He warned that the decline in funding would continue.

He cited 2013, when funding dropped by 3% to US\$8.07billion. He said while 14% of HIV funds were obtained domestically, 86% came from external sources.

The SADC HIV Fund project aims to build the capacity of MPs to play their oversight role and ensure adequate funding of HIV responses.

# Zambia: first Steering Committee meeting on HIV/AIDS financing



**COMMITTED:** The first meeting for the Steering Committee takes place ahead of the implementation of the SADC HIV financing project in Lusaka, Zambia.

The National Assembly of Zambia held its first meeting on June 17, 2015 for members of its Steering Committee as SADC Member States began to draw from the SADC HIV Fund.

The SADC-PF is the lead implementer of this project whose goal is to strengthen the capacity of Parliamentary Portfolio Committees to enable them to advocate for and work towards realising the sustain-

ability of AIDS financing. This is in line with SADC's Priority Area 4 which focuses on intensifying resource mobilisation, especially at the domestic level.

In Zambia, the project is spearheaded by a multi-sectorial Steering Committee, led by the National Assembly of Zambia and technically assisted by the National HIV/AIDS/STI/TB Council (NAC).

The purpose of this meeting was to orient the members of the Committee; allow them

to study the draft Terms of Reference (ToRs) and to adopt them; and chart a plan of action for the operations of the Committee.

Mrs Doris Mwinga, the Clerk of the National Assembly officially opened the meeting. She recalled that in 2005, the Abuja Declaration adopted by the Heads of State and Governments of the African Union directed African states to allocate at least 15 percent of their national budgets to the health sector. Further, the 2003 Maseru Decla-

ration on HIV and AIDS adopted by the Heads of State and Governments led to the signing of the SADC Protocol on Health which ranks high among SADC's priorities.

Mrs Mwinga emphasised that the purpose of the meeting was to work out administrative logistics as well as the financing mechanisms on how to strengthen the fight against HIV and AIDS in Zambia.

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The Clerk noted that the National Assembly of Zambia had set up an HIV/AIDS Workplace Committee as well a fully-fledged testing centre catering for members of staff, Parliamentarians as well as members of the public. She noted that most Parliamentarians were members of the Coalition of African Parliamentarians against HIV/AIDS (CAPAH) which is a non-governmental organisation that provides a platform for Members of Parliament to provide leadership in the fight against HIV/AIDS.

Speaking at the same occasion, the Director General of NAC, Dr Jabbin Mulwanda, urged the new committee to mobilise financial resources within the country by encouraging key Members of Parliament to use their influence to push the Government to fulfil its obligations with respect to financing the response to HIV and AIDS.

Dr Mulwanda welcomed the meeting, saying it would enable the steering committee members to understand their roles and chart a plan of action.

Several presentations

were made at this meeting. They included one made by Dr Harold Witola from NAC who provided an overview of Zambia's response to HIV. He said Zambia's response has included the establishment of NAC in 2002 by an Act of Parliament to coordinate the national HIV and AIDS response.

He said to enable people in need of HIV treatment to access it, Zambia had introduced free ARVs in 2003 and declared HIV/AIDS as an emergency in 2004. In 2005 Zambia developed its first HIV Policy and the country's second HIV/AIDS strategic plan in 2006.

He explained that under the second HIV/AIDS Strategic Plan, focus had been placed on the key drivers of HIV transmission in Zambia. These included concurrent multiple sexual partnerships, low condom use, mobility and migrant labour, marginalised groups, mother to child transmission, poverty and gender inequalities, and low levels of male circumcision.

Dr Witola spoke about the impact of Zambia's national HIV response which included an increase of the number of people who access

ART services from 3500 in 2004 to 687,000 in 2014; and a reduction in the national HIV Prevalence from 16 percent in 2002 to 13.3 percent in 2013-2014.

He said there had been a reduction in new HIV infections particularly among young men aged twenty (20) to twenty-four (24) years from 8.7 percent in 2007 to 7.3 percent in 2013-14, while there were approximately 1,765 health facilities providing HIV counselling and testing (HCT) countrywide.

He noted that the CD4 count threshold for antiretroviral treatment (ART) commencement had been raised from 350 to 500.

The meeting called for a review of budgetary allocations to Public Sector Departments and Ministries mainstreaming HIV/AIDS.

Mr Joseph Ngulube, also from NAC, expressed concern over dwindling external financing and called for more domestic resources to support the national response to HIV and AIDS. He suggested the establishment of a National Health Fund and the engagement of non-traditional develop-

ment partners and the private sector.

The *Zambian Steering Committee* is a multi-sectoral one and draws its membership from NAC, civil society and public and private sectors.

Its mandate is to provide succinct briefs on regional and international commitments on HIV that Zambia has committed to; provide strategic information on trends and situation analysis on the HIV response with particular focus on financing the response; arranging periodic meetings of key Parliamentarians and Parliamentary Committees to sensitise them on the status and trends; and making recommendations to Parliamentarians on areas that require advocacy for HIV financing and improvement in programming for the HIV response.

It was also observed that some populations such as Men Sleeping with Men (MSM) were marginalised in the HIV response, thereby making HIV programming difficult. It was hoped that Parliamentarians would help find a solution to that challenge.

# Seychelles acts on

## SADC HIV and AIDS Financing project

### Staff Writer

The island country of Seychelles has taken concrete steps to implement the SADC HIV Financing project.

With political leadership dramatised by the active involvement of the Speaker of Parliament, Seychelles has already assigned a staff of Parliament to support the implementation of project's activities at national level.

The focal Point in Seychelles is Mrs Tania Isaac, a Senior Research Officer at Parliament. Also in place are Technical Teams set up in collaboration with relevant Ministries to meet quarterly as part of monitoring the project. Seychelles has identified national focal points to support implementation of the project and has roped in Dr Anne Gabriel, the Chief Executive Officer of the National AIDS Council (NAC) of Seychelles.

Seychelles has created a Standing Committee



**PASSIONATE:** Speaker of the National Assembly of Seychelles, Dr Patrick Herminie.

on HIV/AIDS and SRHR and developed Terms of Reference for it. A motion for the Standing Committee was tabled on 14th April, 2015 and was approved unanimously.

Members of the team are: Hon. Dr Patrick Herminie, Speaker as the Chair; Hon. Marie Antoinette Rose-LGB as Vice-Chair; Hon. Sylviane



**FOCUSED:** Hon. Sylviane Valmont

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anne Valmont as Member; Hon. Kevin Vidot as Member; Hon. Dr David Payet as Member; Hon. Mirena Souris as Member; and Hon. David Pierre, LOP as Member.

The country also has a Technical Working Group whose mandate includes providing updated information on SRHR and HIV issues to the National Assembly; identifying priority issues in the context of HIV and AIDS and SRHR in Seychelles; sensitising MPs and Parliamentary staff on emerging trends on HIV and SRHR; assisting

the National Assembly in mobilising resources to effectively influence response to HIV/AIDS and SRHR at the National Level and Regional Level.

The Members of the Technical Working Group include NAC, Ministry of Health, Social Affairs Department, Civil Society Organisations, the WHO Representative, the UNFPA Representative, the Association of Media Practitioners, the Ministry of Education and the National Youth Council.

Seychelles has focused on activities related to strengthening the national capacity for the project to be effectively implemented, in particular ensuring that staff are fielded to support the project and that the project is understood.

Other activities undertaken were meant to create awareness among Members of Parliament and Boundary Partners including NAC in Seychelles.

The SADC Parliamentary Forum, which is the lead implementer of the SADC HIV Financing Project has already disbursed funds to the National Assembly of Seychelles for use in developing a communication Strategy on HIV and AIDS in collaboration with NAC.



**Dr Anne Gabriel, CEO of NAC Seychelles**



**Hon Kevin Vidot**



**Hon David Pierre**



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