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Africa's Health and Finance Ministers Pledge to Increase Domestic Spending for Health

Ahead of the Global Fund's replenishment push in December, countries are being strongly encouraged to boost domestic funding for the fight against AIDS, TB and malaria to bridge the gap in unmet needs.

A conference in the Ethiopian capital Addis Ababa on 11-12 November brought together ministers of health and finance, civil society groups and donors to discuss how to accelerate domestic spending on health in Africa.

Global Fund Executive Director Mark Dybul said increased domestic spending on health will be pivotal in defeating the three diseases.

"We are tremendously encouraged by the efforts African countries are making in this regard and will support them strongly," Dr Dybul was quoted as saying by the African Union, which co-organised the meeting.

The Global Fund has estimated that domestic spending could finance \$37 billion of the \$87 billion required from 2014 to 2016 to reach all vulnerable populations in low and middle-income countries with essential services to bring the three diseases under control.

Yet this goal remains beyond the reach of many countries that receive both bilateral and multilateral assistance to support their health programming needs, conference attendees cautioned.

"The ever-increasing cost of health care and multiple competing priorities in resource-poor countries makes financial resources insufficient to make substantial improvements in access and quality of health

care”, Ethiopian Health Minister Dr Kesetebirhan Admasu said.

The Addis meeting unfolded against a strong championing by global civil society groups of increased domestic funding for the three diseases, backed by a new report by the Friends of the Global Fund that provides six examples of a correlation in improved health outcomes with increased domestic spending.

The report, “Steps Toward Sustainability: Stories of Progress in Domestic Responses to AIDS, TB and Malaria,” identified six case studies where political will backed by domestic financial investment in health has reaped significant dividends for populations. The report suggested that strategies are country-specific but must include significant political will and a strong technical skills base among health care professionals alongside financial co-investment.

Indonesia’s success in reducing mortality from TB by some 4.1 percent annually since 1990 was attributed to both a financial and political commitment to improving health systems and the establishment of national health plans. The country is now ranked fourth, down from third, on the list of 22 high-burden countries, and mortality from the disease has decreased by 47 percent since 1990, according to the report.

All first-line anti-TB drugs, including those to treat drug-sensitive TB, are now procured by government, along with malaria and HIV/AIDS drugs; government is also contributing to the procurement of second-line treatment for multidrug resistant TB (MDR-TB). Between 2011 and 2012 alone, the central government’s budget for the National TB Program increased by 19 percent.

In absorbing many of its own health costs through the meticulous application of a National Strategic Framework, Namibia has made once-unimaginable gains against HIV/AIDS. More than 80 percent of people with HIV have access to lifesaving antiretroviral therapy, more than 90 percent of pregnant women are tested and treated, and AIDS-related deaths and HIV incidence have both fallen by more than half.

This framework, the report said, is the product of a broad, participatory process that brought together government, civil society, local communities and international partners, much like the “country dialogue” process the Global Fund helps foster.

Another southern African country is making great strides against HIV after a slow start undermined by a lack of political will. The change of leadership in 2008 allowed for a pivot in strategy for South Africa, building on exhaustive epidemiological and behavioural data to illustrate the toll AIDS has taken on the country.

Under President Jacob Zuma and Health Minister Aaron Motsoaledi, the report said, South Africa’s fostering of open dialogue about HIV/AIDS, TB and sexually transmitted infections resulted in a National Strategic Plan in late 2011. The national government now covers more than 70 percent of the national HIV/AIDS expenditures.

Nicaragua has not let its low GNI interfere with its ability to bring malaria under control. The numbers speak for themselves: by 2008, the country recorded just 762 confirmed cases of the mosquito-borne illness, down from a peak of 70,000 in 1996. This is due to a happy marriage between external financing for prevention, including the purchase of rapid diagnostic tests and the purchase and distribution of long-lasting insecticide-treated nets, and domestic funding for treatment: the cost of all malaria medications.

A lack of resources in the early 2000s constrained the Dominican Republic from being able to fully fund the health needs of the population. But rather than remaining reliant on outside financing, the country passed laws in 2011 to reshape its national response and appropriate some domestic money to the fight against HIV.

The National Council for HIV and AIDS (CONAVIHSIDA) still receives external assistance, including from

the Global Fund, but its integration of civil society groups and affected communities with government, donors and the private sector has been effective in targeting modest domestic funds to high-impact programming.

Finally, the report highlighted the achievements in Sri Lanka, where a combination of domestic financing and external support have reduced the incidence of malaria almost to the point of elimination in just 13 years.

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