HIGH-LEVEL POLITICAL DIALOGUE ON INCREASED DOMESTIC INVESTMENT IN THE HIV RESPONSE and EQUAL ACCESS TO HEALTH CARE

A newsletter highlighting the proceedings of the Champions for an AIDS-Free Generation 18th and 19th September 2018 dialogue in Pretoria, South Africa.

Champions with African Ministers, Deputy Ministers, Permanent Secretaries, Parliamentarians and representatives from the SADC Parliamentary Forum, National AIDS Councils, UNAIDS, Civil Society Development Partners, Private Sectors and HEARD at the two-day dialogue.

“Stronger more visionary and outspoken leaders must come from the continent most affected by this epidemic.”

Champion Justice Edwin Cameron

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AIDS is Still With Us

Discussants | H.E. Festus Mogae |

The Chairperson of Champions for an AIDS-Free Generation and the Former President of Botswana His Excellency Festus Mogae welcomed participants to the two-day dialogue on increased domestic investment in the HIV response. In his opening address the Former President discussed the evolution of the HIV-response, spoke on stigma and discrimination and called for increased domestic resource mobilization efforts across the continent. He cautioned against complacency and called on leadership to take action within their respective national health budgets.

The Champions Chairperson reflected on the early stages of the epidemic which were characterized by high rates of mortality. As time progressed and the public’s access to anti-retrovirals (ARVs) increased, mortality rates decreased, and many loved ones escaped a once certain death sentence. He noted that since people were no longer dying at the rates of previous years, many thought the AIDS-battle had been won. This achievement, he noted, “… lulled us into complacency because we assumed our achievement would last forever.” Widespread mobilization efforts to prevent infection and provide care to those already in infected slowed.

He recognized the success of countries providing treatment to people living with HIV but noted that there are still individuals who have not yet initiated treatment. The former Botswana President cited stigma as a contributing factor for those who are living with HIV but have failed to initiate treatment. “We are providing ARVs but unfortunately there are still people who should be on treatment but are not because there is still residual stigma.” H.E. Mogae called countries to continue to fight stigma and urge non-initiators to start treatment.

The Former President discussed the changing funding landscape. He noted that they, the dialogue participants, as national leaders have a responsibility to work within constrained national budgets to ensure that more domestic resources are allocated to the AIDS response because “external resources are petering out.” He challenged the audience, asking them “Are we going to let our people die because we say that there are other priorities?” He provided leadership by encouraging countries to “optimize investments, find efficiencies and most importantly generate new resources through innovative financing options.”

His Excellency Festus Mogae concluded with a sobering statement of solidarity “… other people can get tired of helping us, but we cannot get tired of helping ourselves.”

We cannot get tired of helping ourselves.

H.E Mogae
Leaders have the capacity to create change

Discussants │Honourable Senator Monica Mutsvangwa, Vice President of the SADC Parliamentary Forum │ H.E. Fernando Da Piedade Dias Dos Santos, President of SADC PF and Speaker of the National Assembly of Angola │ Honourable Professor Fernando Jose De Ranca Dias Van Dunem, President of SADC PF

The Vice President and President of the SADC Parliamentary Forum (SADC PF) appealed to the different leadership sectors in the dialogue to assert their authority by leading a domestically driven HIV response. In their speeches both SADC PF representatives called on dialogue participants to use their positions as national leaders to shape laws, allocate funds and monitor the delivery of their national commitments to ensure increased domestic investment in the HIV response and equal access to health care.

In her address, the Vice President of the SADC Parliamentary Forum Senator Monica Mutsvangwa reminded dialogue participants of their oversight responsibilities and encouraged them to use this
responsibility for sustaining the HIV response in countries and the region, “As representatives of the people, we have it within our mandate to influence national budgets so that we have resources.”

Senator Monica Mutsvangwa also spoke about a recent four-year Sexual Reproductive Health and Right (SRHR), HIV and AIDS Governance Project financed by Sweden. The project implemented across seven SADC Member States sought to build the capacity of women parliamentarians in particular and national parliaments in general to advocate for the universal access health services. She presented this as a demonstration of how, when capacitated, members of parliament are better able to discharge their oversight role.

In unison with the SADC PF Vice President, the President of SADC PF and Speaker of the National Assembly of Angola, His Excellency Fernando Da Piedade Dias Dos Santos encouraged SADC Member States to continue exploring ways of funding national HIV and AIDS response programmes domestically, to ensure a sustained response.

In a speech read on his behalf by Honourable Professor Fernando Jose De Ranca Dias Van Dunem, the SADC PF President challenged Member States to innovatively tap into abundant local resources to ensure a sustainable HIV response. “A healthy population is a pre-requisite for sustainable human development and increased productivity. Therefore, an investment in health is an investment in development.”

The SADC Parliamentary Forum President and Vice President concluding message was that governments have the capacity to create change and ensure increased domestic investment in the HIV response and equal access to HIV and health services.

A Case for Advancing Political Leadership for Domestic Investment in Sustaining the AIDS Response in Africa

Discussant │ Prof Nana Poku, Executive Director of the Health, Economics and Research Division (HEARD) at the University of KwaZulu-Natal and Vice Chancellor of the University of KwaZulu Natal

The Champions for an AIDS-Free Generation, in collaboration with the Health, Economics and Research Division (HEARD) at the University of KwaZulu-Natal, developed a policy brief which served as the theoretical basis for the two-day dialogue.

The policy brief titled ‘A Case for Advancing Political Leadership for Domestic Investment in Sustaining the AIDS Response’ provided an analysis of the changing funding landscape, options for increasing resources and characterized the role of political leadership in the reprioritizing of HIV and AIDS.

The Executive Director of HEARD and Vice Chancellor of the University of Kwazulu Natal, Professor Nana Poku shared key findings from the policy brief. The analysis presented progress made in sub-Saharan Africa to control HIV and AIDS. It highlighted some of the main challenges that included shifted financing priorities versus low domestic resource allocations resulting in a widening resource need gap. This coupled with a youth cohort not reached by prevention efforts and the concomitant increases in new infections, threatened the sustainability of the response. Professor Poku cautioned dialogue participants that development financing has remained static since 2011. As countries transition from low-income to low-middle income status, they lose access to official development assistance.

In light of shifting financial landscapes, Professor Nana Poku offered three options for increasing domestic investments.

1. Nations must strengthen their economic growth and establish better systems for linking economic growth to the government’s ability to provide public services.

2. African governments must increase their national health and HIV and AIDS budgets. And

3. More health for the money has to be obtained from available resources by improving efficiency.

Professor Poku cited earmarking specific taxes as a potential strategy for governments to increase their health budgets.
Over 60 countries around the world are making contributions to the Social Health Insurance compulsory. Additionally Ghana increased the Value-Added-Tax in an effort to allocate increased finances towards the national health insurance fund.

Countries in Africa should continue to look to their state neighbours for innovative financing strategies already established. New infections are not falling fast enough and as a result the number of people needing access to antiretroviral treatment continues to grow. Breaking the cycle requires renewed determination at country level.

“Going forward, the big challenge for us has to be how we negotiate within our government or parliaments for additional support, for strategic resources to maintain the fight against the epidemic.”

As outlined in the policy brief, the professor suggested appealing to national governments to increase their leadership in the reprioritization of HIV and AIDS on the basis of human rights, state and global obligations, budgeting backlash of delaying actions and reaching Fast-Track targets. Reaching the Fast-Track targets generates strong benefits as shown by Botswana, eSwantini, and Namibia.

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The State of the AIDS Response in Africa

Discussant │Dr. Mbulawu Mugabe, UNAIDS South Africa Country Director│

With these statistics in mind, Dr. Mugabe shared the harsh reality of Sub-Saharan African progress on reaching 90-90-90 goals—countries are not on target. At the increasing rate of new infections, the region will be unable to meet the interim target of half a million new infections by 2020.

This reality however should not diminish the region’s progress in saving lives, initiating people on treatment and political declarations made to ensure that 90% of people living with HIV know their status, 90% of people living with HIV are on treatment and 90% of those are on treatment are virally suppressed.

In turning to HIV financing, Dr. Mugbe said contrary popular belief the AIDS epidemic in low-income countries has largely been driven by domestic funding. Today, 56% of HIV and AIDS expenditure originates from national funding.

Countries have demonstrated capabilities to internally finance much of the HIV response. The Country Director pushed dialogue participants to increase financing efficiency and effectiveness with the resources already available.

The UNAIDS Country Director concluded with several action points for reaching epidemic control and increasing domestic investment in the HIV response: (1) reduce new infection, (2) revitalize HIV-prevention mechanisms, (3) demand national resourcing for the HIV and AIDS response.

“We are saving lives, but we are not sufficiently reducing new infections. We need to clearly match saving of lives with reducing new infections. We need to reinvigorate our HIV response, particularly prevention. We should be holding our partners and governments to some of the commitments around resourcing the AIDS response. That will only happen if we take a more integrated and strategic approach to HIV.”

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The Joint United Nations Programme on HIV and AIDS (UNAIDS) South Africa Country Director Dr. Mbulawa Mugabe provided current statistics on the HIV epidemic at the two-day dialogue on increased domestic investment in the HIV and AIDS response.

Global estimates indicate there are 36.9 million people living with HIV. In 2017, there were 1.8 million new HIV infections and 940,000 AIDS-related deaths. Sub-Saharan Africa continues to be the highest-burdened region and epicentre of the global HIV epidemic.

We are not significantly reducing new infections.

Dr. Mbulawa Mugabe
Changing Funding and Resource Landscape

Dialogue participants sat down to review the changing funding resource landscape in the era of Sustainable Development Goals (SDGs) and declining external funding for health and AIDS.

Of particular interest to the dialogue-participants was Sustainable Development Goal 3: ensure healthy lives and promote wellbeing for all at all ages (including universal access to HIV prevention services, SRH services and drug dependence treatment and harm reduction services).

Targets for SDG 3 include:

Target 3.3: End AIDS as public health threat by 2030

Target 3.8: Achieve universal health coverage, access to quality health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Despite remarkable progress in the AIDS response in Africa in the last twenty years, it will still require even more acceleration and expansion of the response for years to come in order to reach these globally-set targets. The success of HIV treatment in saving lives has also resulted in an ever mounting financial obligations for maintaining people living with HIV on lifelong treatment, since new infection continue unchecked

National leadership bodies represented at the roundtable expressed their deep concerns for meeting global Sustainable Development Goal targets in light of declining external funding.

Deputy Co-Chairperson of the South African National AIDS Council (SANAC), and Director of Access Chapter 2, Ms. Mapaseka Steve Letsike urged dialogue participants to look domestically for solutions and improve prevention efforts.

The HIV response has varied widely across the continent of Africa. Letsike called for more cohesive action and suggested streamlining national development plans to improve monitoring and evaluation processes at regional levels.

Unlike many of it’s Western and Central African counterparts, the southern nation of Botswana allocated significant resources for the AIDS response. Botswana’s Minister of Health and Wellness Dr. Alfred Madigele shared that his own country has surpassed the Abuja Declaration which stipulates 15% of the National Budget be directed to health.

The Minister of Health voiced the burden of HIV on budgeting. Nearly half of the country’s health budget was spent on the HIV and AIDS response alone. Few resources remained to address high rates of infant and maternal morality and the high burden of Non-Communicable Diseases.

Also contributing to the dialogue was Lesotho Member of Parliament Honourable Tsepang Mosena. The Lesotho leader, amongst many other roundtable participants, spoke candidly about her and many Members of Parliament limited expertise in the field of health care. The Parliamentarians confirmed that being a parliamentarian does not make one an expert on all areas of development. Dialogue participants agreed that there is an urgent need to capacitate Parliamentarians with the necessary knowledge so that they can make informed debates and decisions.

“I came into Parliament last year and I was fairly ignorant of SRHR issues. Now here I am; exposed to an environment where I am supposed to take leadership and address issues that confront women and youth. Being exposed through the SADC/PF SRHR Project made me empowered.”

The Member of Parliament continued, “Today I stand here with boldness because now I understand the issues better.”

In order for countries to respond to the changing financial landscape and meet global targets, the legislature must be awarded the opportunity to build their capacities on the subject matter especially one as critical as health, so that they can effectively monitor implementation, summon government to respond to issues and interrogate budgets.

No one can be left behind in the HIV response including political leadership.
Innovations for Mobilizing Domestic Resources & Enhancing Private Sector Partnership

Following review of the changing financial landscape, dialogue participants gathered to define innovations for mobilizing domestic resources and strategies for enhancing private sector partnership.

The meeting candidly discussed the inconsistency in national budgets. At times, budgets allocate funds for luxury transport or prodigal medical machinery yet fail to allot for basic health requirements such as latex gloves for medical personal or menstrual hygiene products for girls and women.

Malawi Member of Parliament Dr. Jessie Kabwila questioned the group, “Are we spending on saving lives? Are we spending on saving women’s lives?”

The Member of Parliament urgently called for gender-responsive budgeting in national responses to HIV. Countries set national priorities claiming to take action to ensure the education of all students but continue to allocate very little to keeping girls in school and catering to their menstrual health needs.

Like other dialogue participants, the Permanent Secretary in the Ministry of Health of Zambia Dr. Jabbin Mulwanda further expressed the need for capacitation of Parliamentarians in financing issues to allow them to effectively interrogate budgets. Additionally, the Permanent Secretary augured that instead of increasing health expenses, countries must utilize resources already available.

“Yes we can talk about more and more money, but, I think the question should be ‘how we are using what we already have?’.” The Permanent Secretary pushed dialogue participants to optimize investment, question opulent expenses and maximize human resources.

The success of the private sector hinges on a healthy workforce. For companies to achieve sustainable business growth there must be a strong workforce able to produce profit.

Like Mr. Sundelin, the private sector representative from Roche Diagnostics Dr. Shabnam Zavahir emphasized the need for partnerships. In the past, private sector was often viewed negatively for not actively participating in the National AIDS response; today however, things have changed.

“I do feel that sometimes diagnostics is the silent champion of the healthcare space. You cannot be treating patients or putting them on long-care treatment without first having quality screening tools so that you can accurately diagnose them.”

Zavahir noted the private sector’s ability to negotiate prices and reduce certain costs. The meeting agreed that countries in the region must initiate discussion with private sector to reduce the rates for medications and diagnostics. It was also suggested that private sector must make an effort to increase transparency and publicize negotiation opportunities.

In addition to developing innovation for mobilizing domestic resources, roundtable participants unanimously agreed on the importance of leveraging private sector support. The conceptual understanding of private sector support, however, must be reframed. The Head of the Swedish International Development Cooperation Agency (SIDA) Regional Office, Dag Sundelin urged national leadership present at the roundtable to view private sector support as partnership, not ‘us and them.’
Equal Access to Health and HIV and AIDS Services
A case for universal health coverage

Discussants | H.E. Speciosa Wandira-Kazibwe, Champion and Former Vice President of Uganda | Dr. Patrick Brenny, UNAIDS Director of Regional Support Team for West and Central Africa | Professor Miriam Were, Champion | Honourable Julieta Kavetuna, Deputy Minister of Health, Namibia | Dr. Jabbin Mulwanda, Permanent Secretary Ministry of Health, Zambia | Hon. Ponde Mecha, Member of Parliament, Zambia | Mr. Khanya Mabuza, NAC Eswatini | Dr. Brian Chirombo, Technical Advisor for the World Health Organization |

To ensure that no one is left behind, dialogue participants discussed equal access to health and HIV and AIDS services along with Universal Health Coverage. The conversation gathered experience from a select group of African Ministers of Health and Finance, National AIDS Coordinators, Parliamentarians, experts and other African leaders.

In the pursuit of achieved Sustainable Development Goals, countries are exploring Universal Health Coverage (UHC). UHC is an opportunity to build on health systems which provide integrated and quality health services; however, delivery of such a service requires considerable reformulation and strengthening of the current health systems.

Dialogue participants were eager to offer strategies to achieve UHC. These include focusing on community. It was suggested to employ community health workers, leverage traditional leaders and chiefs for health promotion efforts, utilize existing external donor funding and partner with the private sector to identify innovative practices and increase efficiencies.

Speaking on community, Champion and former Chairperson of the Kenyan National AIDS Control Council and current Chancellor of Moi University Professor Miriam Were acknowledged the success of community health programmes in reducing diseases and in increasing community members’ health knowledge.

Professor Were also spoke on the importance of communities in regard to preventing new HIV infection among Adolescent Girls and Young Women (AGYW). AGYW remain at a much higher risk of HIV infection than their male peers. As a result, girls and young women account for a disproportionate number of the new infections among young people in sub-Saharan Africa. In speaking to the statistics, the Professor called for empowerment of communities in collection and use of information for decision making. “We must therefore empower communities.”

Also speaking on the topic of equitable health services was Champion and Former Vice President of Uganda Speciosa Wandira-Kazibwe.

The Former President of Uganda noted social and cultural barriers hindering Adolescent Girls and Young Women’s access to health. She continued “harmful norms and practices within communities continually deny women and girls the opportunity to attend schools and to establish economic independence which results in increased vulnerability to violence and HIV infection.”

H.E. Wandira-Kazibwe further urged dialogue attendees to ensure that all young people, especially adolescent girls and young women, have access to sexual reproductive health and rights (SRHR) information and education so that young people can make informed decisions about their health. H.E. Wandira-Kazibe called for countries to invest in the SRHR needs of adolescents, youth and other vulnerable and marginalized populations and to ensure that all health care professionals are trained to meet these populations needs. She also encouraged national leaders to partner with health care providers to ensure that the on-the-ground professionals guarantee the right to health for all of their patients, regardless of personal beliefs.

The Champion described the state of SRHR, “We know that many of our health care centres are physically inaccessible. We know our health care workers are overstretched. We know that policies, such as who can administer an HIV test and prescribe treatment, hamper the ability to provide integrated services. We know that not everyone is receiving SRHR services.”

She joined the other dialogue participants by calling for national leadership to invest
in community health care workers, “We must value their profession and see them as an integral part of our health care systems.”

The former Uganda Vice President concluded with a call to action in the name of continental development, “We need to move from declarations to implementation; we need less talking and more doing. Failure to act means that we will undermine the future prosperity and our vision of the Africa we want.”

In turning to universal health coverage, dialogue participants noted Zambia’s recently signed into law National Health Insurance Bill. The Bill ensures that all Zambian have equitable access to quality health care irrespective of their status in society.

Like Zambia, Namibia is considering steps towards universal health coverage by introducing state-wide health insurance.

Namibia’s Deputy Minister of Health and Social Services Honourable Juliet Kaventuna shared that the country is already actively subsiding health care for its’ people. In the event of medical aid schemes unable to fully cover their members, the Namibian government intervenes to ensure the health of their citizens.

Delegates at the dialogue were eager for their national leadership to pursue steps towards universal health care and were prepared to reenergize community based mobilization efforts. National leadership bodies, represented at the dialogue, were in overwhelming agreement that every person regardless of national origin, socio economic status, age, gender, sexual orientation or ability should be awarded equal access to health.

Shared Responsibility & Global Solidarity

Discussants | H.E. Mogae, Former President of Botswana and Champions Chairperson | Dr. Catherine Sozi, UNAIDS Director of Regional Support Team for East and Southern Africa | Honourable Stevens Mokgalapa, Member of Parliament, South Africa | Honourable Egbert Aglae, Member of Parliament, Seychelles | Dr. Richard Matlhare, Botswana’s National AIDS Coordinator |

The Champions along with African Ministers, Deputy Ministers, Permanent Secretaries, Parliamentarians and SADC Parliamentary Forum Parliamentarians, National AIDS Councils, Civil Society, UNAIDS, development partners, private sector partners and experts for HEARD are taking the initiative to transform the face of the HIV response - through shared responsibility and global solidarity.

Joint United Nations Programme on HIV and AIDS (UNAIDS) Director of Regional Support Team for Eastern and Southern Africa Dr. Catherine Sozi elaborated on solidarity, “Shared responsibility and global solidarity means a shift from the concept of ‘charity’ to country ownership of the HIV and health response; from fragmented planning to prioritization of programmes for maximum impact; from unpredictable to sustainable and long-term financing; inclusive governance and leaving no one behind in the AIDS response.”

In order to sustain the HIV and AIDS response, dialogue participants continued to stress the need to address issues of
prevention and the structural drivers of the HIV epidemic such as gender inequality and gender-based violence. These barriers undermine the progress in enabling access to prevention, treatment and care services.

The AIDS response is a long term investment - millions of Africans will need access to prevention programmes and HIV treatment for their entire lives. While international aid is waning, domestic solidarity must increase. Countries should prepare for life-long commitments to ensure the health of their nations remain priority.

Also contributing to the conversation was the Botswana National Coordinator of the National AIDS Council Dr. Richard Matlhare. Like other dialogue participants, Matlhare said it was clear that the time for national leadership to take responsibility and increase domestic investment in the HIV response is now.

He inspired action for creating domestic solutions to increase HIV investment. Matlhare called for governments to encourage investment in national manufacturing of pharmaceuticals and family planning methods such as condoms.

The Chairperson of Champions for an AIDS-Free Generation His Excellency Festus Mogae concluded the discussion and called for solidarity across the continent and within communities. In the implementation of action, community members are often absent in the planning process. To ensure no one is left behind the Champions Chairperson stated, “We should always involve communities in whatever we think we are trying to do for them.” Stakeholders in the HIV response must actively demonstrate their commitment to communities.

The Former President assured dialogue participants that the people and the continent of Africa have the resources and capacity to increase domestic investment in the HIV response and ensure equal access to health care.

He guaranteed that together, through shared responsibility and global solidarity, Africa will leverage resources, boost mobilization efforts and launch innovative financing strategies to accelerate the HIV and AIDS response.

“Together, Africa will leave no one behind and achieve an AIDS-free generation.” - H.E. Mogae

ABOUT CHAMPIONS

The Champions for an AIDS-Free Generation is a distinguished group of former presidents and influential African leaders committed to an AIDS-free generation. Individually and collectively the Champions rally and support regional leaders towards ending the AIDS epidemic as a public health threat. The Champions transcend political partisanship to speak freely and independently about the issues that need solutions, both publically and behind the scenes.

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