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.

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AIDS is still with us. Despite great strides in Southern Africa’s response to disease, AIDS remains the number one killer in the region and a significant public health threat across the continent. The shrinking external resources coupled with the stagnant or slight increases in domestic investment in health and HIV and increasing new infections is resulting in a continually widening resource gap between what is required and what is available. Africa is at a critical cross road where, while the current resources still exist, should be preparing for sustainability of its response and building its share of domestic resources.

With this in mind, the Champions for an AIDS-Free Generation, called the high-level dialogue on increased domestic investment in the HIV response and equal access to HIV and health care services to engage and interrogate the prevailing funding environment and define viable options for increasing domestic contribution to the response and agree on concrete commitments for individual and collective actions on the 18th and 19th of September 2018 in Pretoria. At the dialogue, I was joined by two Champions, former Vice President of Uganda Her Excellency Speciosa Wandira- Kazibwe along with Professor Miriam Were, Chancellor of Moi University.

We would like to recognize the genuine introspection of the challenges and successes of increasing domestic financing for the HIV response and the commitment to ensuring no one is left behind in pursuit of health. We are grateful for the participation and robust and engaged debates from Parliamentarians, Ambassadors, Ministers, Deputy Ministers, Permanent Secretaries, National AIDS Commissioners, experts, private sector professionals and partners all of whom made the dialogue a success.

We are grateful to our partners, to whom we owe the success of this dialogue, namely the Health Economics and HIV and AIDS Research Division (HEARD) of the University of KwaZulu-Natal, SADC Parliamentary Forum (SADC PF), South Africa National AIDS Council (SANAC) and UNAIDS both the East and Southern Africa and West and Central Africa regional teams.

We would like to extend additional thanks to HEARD for their support throughout the meeting including the development of the meeting report and the policy brief A Case for Advancing Political Leadership for Domestic Investment in Sustaining the AIDS Response in Africa.

We were encouraged by the open healthy debates, suggestions and commitments for actions that will address domestic financing for health and HIV. We are thankful to the different political and leadership sectors from Africa that took part in this dialogue. Among us were the Champions, a select group of African Ministers of Health, Finance and National AIDS Commissions from selected priority countries, Parliamentarians, Diplomatic Corps, RECs, AU, private sectors representation, representatives from the United Nations, CSOs, NGOs and development partners.

We cannot forget that the responsibility of keeping citizens alive and preventing new infections falls on national and regional leadership. Together we can create the next AIDS-free generation and together we can end AIDS as a public health threat.

Festus Mogae
Champions Chairperson and former President of the Republic of Botswana

We cannot get tired of helping ourselves.”
H.E. Mogage
Partnership between leaders in ending AIDS

Discussants | His Excellency David Mabuza, South Africa’s Deputy President and Co-Chairperson of Chair of the South African AIDS Council | Dr. Naledi Pandor, South Africa’s Minister of Higher Education Honourable Mary-Ann Dunjwa, South Africa’s Chairperson of the Committee on Health

The Deputy President of the Republic of South Africa and Co-Chair of the South African National AIDS Council His Excellence David Mabuza saluted the Champions for an AIDS-Free Generation in their call for political leadership to fast-track the AIDS response in Africa and pledged to keep AIDS a priority in South Africa.

In a speech read on his behalf by South Africa’s Minister of Higher Education Dr. Naledi Pandor, the Deputy President cited political leadership and partnerships as essential component of the AIDS response. H.E Mabuza continued, “Most of the gains made on HIV prevention and treatment were as a result of the strong partnership between the leaders of government, Civil Society Organizations, private sector and communities.” The high-level political dialogue on increased domestic investment convened the most relevant players and decision makers in the HIV response on the continent of Africa.

H.E. Mabuza spoke candidly stating that if South Africa, like all sub-Saharan African states, does not prioritise prevention, then South Africa will not be able to afford a continually expanding treatment program. “The reality is that South Africa will not be able to afford a continually expanding treatment program.” He encouraged the need for increased mobilization efforts for HIV prevention.

While speaking on behalf of the Deputy President, Honourable Dr. Naledi Pandor urged national stakeholders to create an African pharmaceutical innovation based on the continent of Africa.

South Africa’s Chairperson of the Health Committee Honourable Mary-Ann Dunjwa echoed the Deputy President’s cry for collaboration between politicians, government and stakeholders in mobilising increases in domestic resources for AIDS and health. This, she emphasises, needs “… a strong political will and leadership for ending AIDS”.

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|

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 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.
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.

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.

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.
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.

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. Mugabe 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.”
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

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 its 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 mortality and the high burden of Non-Communicable Diseases.

Also contributing to the dialogue was Lesotho Member of Parliament Honourable Tsepong 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.

“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. one integrated and strategic approach to HIV.”

Deputy Co-Chairperson of SANAC and Director of Access Chapter 2 Ms. Steve Letsike

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 reconsider the current state of the AIDS response. “We cannot treat ourselves out of this epidemic. We must increase our spending on HIV prevention. Quality, localized services, using local people are key factors in delivering relevant, effective solutions for the AIDS response.” Steve Letsike, like countless other African leaders, urges dialogue-participants to look domestically for solutions and improve prevention efforts.

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

Malawian 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. 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.’

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.”

Zavhir 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.

How are we using what we already have?

Dr. Jabbin Mulwanda
**Equal Access to Health and HIV and AIDS Services**

**A case for universal health coverage**

Discussants | Dr. Jabbin Mulwanda, Zambia's Permanent Secretary in the Ministry of Health | Honourable Dr. Zacarias Castigo Zingo, Permanent Secretary Mozambique | Honourable Dr. Jessie Kabwila, Member of Parliament Malawi | Dr. Tshepo Sedibe, Private Sector: Deputy Chair of the Board of Southern African Business Coalition of Health and AIDS | Dr. Dag Sundelin, Head of Swedish International Development Cooperation Agency (SIDA) Regional Office | Dr. Shabnam Zavahir, Private Sector: ROCHE]

Champion former Chairperson of the Kenyan National AIDS 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 increase 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-Kazibwe 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 everybody 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 Zambians 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 Kaavuenta shared that the country is already actively subsidising 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.
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 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

Shared responsibility and global solidarity is about moving from the concept of ‘charity’ to country ownership.

Dr. Catherine Sozi
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 they 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.
Who are the Champions?
Stronger, more visionary and outspoken leaders must come from the continent most affected by this epidemic.