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Tracking Expenditure for HIV and AIDS in Africa: a cross-country comparative study

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Background:

Over the last decade, there have been significant increases in allocations of funds to HIV/AIDS at international and national levels to respond effectively and efficiently to the demands, particularly in scaling up the delivery of treatment. The main challenge however, is to establish how much is being spent on HIV and AIDS in-country, who is spending the funds, on what funds are spent and who benefits from the spending. In Botswana, Ghana, Swaziland and Zambia, the study objectives were to: 1) determine the total flows of financing and expenditures for HIV/AIDS, from all international and public (domestic) sources of financing and 2) to identify the flow of expenditures by sources, agent functions, providers of services, and target population and 3) to make recommendations for improved efficiency and prioritization of HIV and AIDS spending, and for improved financial information systems. This paper will present a cross-country comparison of the country findings.

Methods:

The National AIDS Spending Assessment (NASA) approach was used to track the flow of resources, from their origin to the end activity and beneficiary groups. The method captures all HIV/AIDS spending according to the priorities found in national strategic framework, and thus allows countries to monitor their own progress towards the national and international commitments.

Results:

In Swaziland, the results indicate that total expenditure on HIV/AIDS increased from approximately US\$ 40 million in 2005/06 to US\$ 51 million in 2006/07, representing an increase of 25.7 % of the 2005/2006 total HIV/AIDS expenditure. In Botswana, the total expenditure on HIV/AIDS was Pula 1,138 million in 2005/06 with the public sector contributing for the significant proportion of the total funds spent. In Ghana, the total expenditure on HIV/AIDS activities increased from \$28,414,708 in 2005 to \$32,067,635 in 2006, representing an 11.4 percent increase. The findings further shows that the total expenditure falls short of the estimated required resources for effective response to HIV/AIDS epidemic.

Conclusions:

Overall, donors contributed the largest share of the total expenditure on HIV/AIDS accounting for over 70% on average of the total expenditure. It is imperative therefore that sustainable and innovative health care financing mechanism be explored. Attention must also be paid to enhancing the efficiency of existing financing mechanisms in the country.