IS HIV/AIDS FUNDING JUSTIFIED?

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1. Introduction

The study discusses the backlash against AIDS specific funding. The core of the backlash has come from those asserting that AIDS-related funding has undermined health systems in developing countries [1]. AIDS has been identified as a major health concern and has been accorded special attention without necessarily jeopardizing primary health concerns and other developmental objectives [6]

1.1 Problem Statement

The AIDS epidemic has infected more than 50 million and claimed the lives of more than 20 million people worldwide, Its devastating effect is particularly seen in the third World countries, Pessimistic attitudes from economists amongst others are a major set back for the war against HIV/AIDS. As a result, the progressing fight against HIV/AIDS is being side stepped by indications of a decrease in funding [5].

1.2 Objectives

1.2.1 Main Objectives

The main objective of the study is to determine whether the HIV/Aids funding has caused a decline in funding for general health systems support.

1.2.2 Specific Objectives

To evaluate the causes of death in the World, Africa and South Africa,

To determine the effect of HIV/AIDS funding on primary health services,

To indicate areas where health funding is needed and necessary.

1.3 Methodology

Data / Information from the following organizations were utilized for analysis;

WHO 2008/2009 report [12],

Medical Research Council (MRC) data on years of life lost (YLLs) [14],

UNAIDS Report on global AIDS [15],

HSRC, South African National HIV Prevalence, Incidence, Behaviour and Communication Survey [13].

1.4 Findings

Table 1: Causes of Death - World

Cause (source :WHO, November 2008)	Death in millions	% of death
1 Coronary heart disease	7.20	12.2
2 Stroke & other cerebra vascular disease	5.71	9.7
3 Lower respiratory infections	4.18	7.1
4 Chronic obstructive pulmonary disease	3.02	5.1
5 Diarrhea diseases	2.16	3.7
6 HIV/AIDS	2.04	3.5
7 Tuberculosis	1.46	2.5
8 Trachea, bronchus, lung cancer	1.32	2.3
9 Road Traffic accidents	1.27	2.2
10 Prematurity and low birth weight	1.18	2.0

Table 2: Causes of Death - SA

Cause (WHO)	%	Cause (YLLs)	%
1 HIV/AIDS	25.5	1 HIV/AIDS	35
2 Hearth Disease	6.6	2 Interpersonal Violence	7.1
3 Stroke	6.5	3 Tuberculosis	5.5
4 Tuberculosis	5.5	4 Diarrhea disease	4.2
5 Interpersonal Violence	5.3	5 Respiratory infection	4.2
6 Respiratory infection	4.4	6 Road Accidents	3.9
7 Hypertensive disease	3.2	7 Low birth weights	3.6
8 Diarrhea disease	3.1	8 Stroke	2.9
9 Road Accidents	3.1	9 Hearth disease	2.5
10 Diabetes mellitus	2.6	10 Malnutrition	1.6

Table 3: Percentage coverage of ART [4]

Less than 25%	Between 25-49%	Between 50-75%	More than 75%
Algeria, Armenia	Angola, Bahamas, Belize	Argentina	Botswana
Azerbaijan, CAR	Benin, Burkina Faso	Barbados	Brazil
Bangladesh, Belarus	Cameroon, Cote d'Ivoire	Cambodia	Chile
Bolivia, Burundi, Chad	Dominican Republic, Ecuador	Czech Republic	Costa Rica
Chad, China, Djibouti	Equatorial Guinea, Estonia	El Salvador	Cuba
Congo, DR Congo, Ghana	Ethiopia, Gabon, Guatemala	Moldova	Lao

Egypt, Eritrea, Gambia	Guinea, Guyana, Guinea	Netherlands	Namibia
Bissau, Hungary, Iraq	Haiti, Honduras, Jamaica	Panama	
Indonesia, Kazakhstan	Kenya, Lebanon, Lesotho	Romania	
Kyrgyzstan, Liberia, Nepal	Malawi, Malaysia, Mali, Poland	Rwanda	
Lithuania, Madagascar	Morocco, Nicaragua, Papua	Senegal	
Mauritania, Mauritius	Nigeria, Peru, Philippines	Thailand	
Mozambique, Myanmar	South Africa, Suriname	Trinidad	
Niger, Paraguay, Pakistan	Swaziland, Uganda, Tanzania	Uruguay	
Russian, Serbia, S-Leone	Venezuela, Viet Nam, Zambia		
Somalia, Sri-Lanka, Sudan, Ukraine			
Tajikistan, Togo,			
Uzbekistan, Zimbabwe			

Table 4: Donor commitments for health 1998 – 2007 (%)

Year	HIV/AIDS	Infectious Disease Control	Population	Health Systems Strengthening	Total
1998	5.5	5.8	26.4	62.3	100
1999	14.1	6.6	18.4	60.9	100
2000	18.9	10.4	18.5	52.2	100
2001	24.1	11.4	19.4	45.1	100
2002	21.5	11.9	22.8	43.9	100
2003	33.8	14.4	15.0	36.8	100
2004	30.9	12.1	14.5	42.5	100
2005	35.1	16.4	8.3	40.1	100
2006	34.4	15.4	13.5	36.7	100
2007	47.2	16.7	12.3	23.9	100

Source: Organization for Economic Cooperation and Development CRS database.

Table 7: Donor Matrix for HIV/AIDS financial commitments to South Africa [9]

Donor	Funding (SA Rand)	Period	Donor	Funding (SA Rand)	Period
ILO	**1,196,748**	**2002 - 2007**	**DCI**	**33,933,584**	**2001 – 2005**
New Zealand	**1,800,000**	**2003 – 2005**	**Germany**	**116,000,000**	**2001 – 2008**
IOM	**2,240,000**	**2032 – 2009**	**Belgium**	**81,258,440**	**2002 – 2008**
Japan	**3,465,000**	**2001 – 2006**	**Danisa**	**119,700,000**	**2001 – 2006**
Norway	**4,000,000**	**2001 – 2003**	**Canada**	**121,000,000**	**2003 – 2008**
Finland	**5,229,936**	**2002 – 2005**	**Australia**	**263,850,000**	**2000 – 2008**
UNDP & UNAIDS	**76,887,300**	**1997 – 2006**	**EU**	**344,000,000**	**2000 - 2007**
UNFA	**7,725,606**	**1998 – 2003**	**GFATM**	**455,216,902**	**2004 – 2005**
Sweden	**15,000,000**	**2004 – 2005**	**UK**	**493,047,864**	**2001 – 2007**
Unicef	**64,322,300**	**1997 - 2006**	**US**	**885,996,524**	**2001 – 2006**
Total				**3,095,870,204**	**1997 - 2008**

Since 2002 the HIV prevalence has stabilized at high levels in South Africa [13],

Research done by HSRC 2008 indicates that there is a decline in new infections and deaths caused by AIDS. The decline HIV prevalence is attributed to funding from donors [13],

The SA government is committed to fight HIV/AIDS through the social sectorôs National Integrated Plan (NIP) [7].

1.5 Conclusions

Aid for HIV/AIDS may have lifted some health funding boats. Funding for HIV/AIDS has risen dramatically during the past decade; concurrently, funding for the control of other infectious diseases has risen as well, although not as rapidly as funding for HIV/AIDS [12].

The creation of the Global Fund to fight AIDS, TB & Malaria, was driven by the concern about the óexceptionalô nature of the diseases crisis and the socio-economic dangers they posed for the world, however this would not have been possible without advocacy to address AIDS itself [11].

AIDS has driven money and resources into a wide set of health and development areas which has driven a need to manage AIDS and related efforts horizontally in most places [10],

AIDS funding thus has not crowded out other health related and developmental objectives [2].

1.6 Recommendations

HIV/AIDS offers tremendous opportunities for research given the need for discovering new drugs, vaccines and developing new strategies for treatment and prevention [9],

Establishment of systems for oversight and for empowering health ministries to set their own priorities through democracy [7],

Change in MDG which focuses mainly on infectious diseases instead of general health support [9].

Increase access to HIV/AIDS prevention, care, and treatment programs [3],

Increase and improve health centers especially in Low Developed Countries [5],

Increase and maintain high levels of funding for HIV/AIDS as the need arises [8].