

BRIEF REPORT ON THE 7:30 BREAKFAST DEBATE – 24TH APRIL 2009.

How are HIV/AIDS services provided within the health system in Tanzania? Report on Primary Health Care and Access to HIV/AIDS Services 2008.

Given the gravity of HIV/AIDS in Tanzania it is important that the vast amounts of funds disbursed by donors and the substantial resources spent by the government in fighting the epidemic be monitored and analyzed carefully as a way of measuring the country's prioritization of the problem. Also, provide useful advice to the government on strategic budget allocation, help gauge the country's commitment to international declarations, and help strengthen government accountability and achievements of human rights issues. In order to achieve this, the Breakfast Debate was organized by Policy Forum at British Council Conference Room. Ms Nasim Losai of Human Development Trust (HDT) and Laurent Wambura Of Action Aid Tanzania was invited to make presentation on how are HIV/AIDS services provided within the health system in Tanzania? Dr. Mlokozi of TACAIDS was invited to be a discussant. Mr. Alex Ruchyahinduru facilitated the debate.

Mrs. Nasim started by saying that Tanzania is amongst the worst affected countries by HIV/AIDS in the world, the estimated prevalence of 7%. The methodology used on their research finding was Desk work review of the; Central Government expenditure on HIV/AIDS, Development Partners assistance MTEFs the HIV/AIDS related activities/ budget and out-turns for the financial year 2006/07, implementation of objective "A" in MDA MTEFs for HIV/AIDS activities and Review the status of recommendations of the 2006 HIV/AIDS PER as well as Review of the 18 LGA plans and Field visit to 5 districts Kongwa, Kilombero, Mvomero, Kinondoni & Mkuranga.

On methodology used to obtain information they mentioned different limitations that they encountered lack of transparency, bureaucracy in obtaining information, difficulties in obtaining copies of MTEF, failure to meet the appointments.

It was revealed that the overall trend in HIV expenditure and financing was increasing rapidly and expected to reach TSh 568mn in 2007/8 and account for 95% of total Government including donor funds. It was also presented that currently HIV/AIDS accounts for one third of total aid flows, over 3% of GDP and over 10% of Government expenditure. HIV/AIDS is now taking one third of all aid to Tanzania (IMF ODA data). In 2007/08 the government allocated 6% of its available budget for HIV.

In 07/08 MoH had a total budget of 583 Bln in which 157Bln of HIV budget was allocated to HIV related interventions. 42.53 Bln remained unclassified. She added that it harder for PER team to obtain documents which left a lot of doubts on how MoF allocates funds and what area set for. She said that 95% of the allocated money remains at the central government and just 5% goes to LGAs

On her conclusion remark she recommended that TACAIDS and MOF should facilitate a debate, involving the political leadership and the external development partners, on the share of Government and donor resources that should be devoted to HIV/AIDS and the implications of current expenditure levels and trends.

Later on was the presentation on Universal access to HIV and related services through Public Health Care by Mr. Laurent Wambura He started by giving out the objectives of the study in which mainly was to look on How HIV and AIDS (and related) services are provided within the health system? And How is universal access to HIV and AIDS (and related) services affected by. The theoretical frame work was based on: - **Theory one:** Since Tanzania adopted Primary health

care system, the health services are in sync with the principles of PHC, **Theory two:** Since HIV Tanzania is signatory to the Millenniums Development goals, UNGASS_declaration and Universal access, it will have aligned both policy, resource and strategies to achieve the targets and **Theory three:** Since the care and treatment program is integrated in health care system of the country as per HIV policy, then there is equitable access to HIV and related service in both rural and urban areas.

On his presentation, Mr Wambura said that on health sector financing the trend of nominal and real spending is falling from 645.2blnTsh to 513.2blnTsh nominal to real value respectively in '08 and administrative health budget allocation from 2005-2008 the central government is getting much more than LGAs while new infection annually in urban and rural areas 1980 to 2012 is growing rapidly in rural areas than urban.

He also commented that, Perceived barriers are like Human resource for Health, Inadequate finances at both HQ and LGA, Policies top down, Weak governance and accountability systems, Lack of community participation as well as Cold relationship between LGA & CSO.

On his conclusion he recommended an increasing of health budget to local government to probably 50% so that to make resources available for human resource, medical supplies, facilities including mechanism to undertake outreach service to reach those who would have difficulties to come to the facilities, Capitalize on involvement of PLHIV in key services such as HBC, community education and advocate for health committees to be representatives and local governance at village and ward level.

After the two presentations Dr. Mlokozi of TACAIDS who was a discussant made a comment on the two presentations, she commented that, there is a need to review on how to set up the planning and coordination so as to meet the local community. This needs to involve all stakeholders from different levels so as to come up with good system which will make sure that the resources reach to the community.

There is also the problem of Human Resources especially in the rural areas whereby the few staff can not do their job effectively. And most of people have negative perception on HIV testing in which awareness and sensitization need to invested much so as people to know the importance of knowing the health status.

The overlapping of activities and resources done by CSOs/NGOs is also a problem. CSOs/NGOs could be very helps to the government if they could plan well their activities and so avoid duplication of resources and activities. She said that it is not a surprise to find the CSOs/NGOs are doing the same activities which cause difficulties in funding at a time and there is poor transparence on funding whereby funds which come through to CSOs/NGOs are not sometime reach the beneficiaries.

On her conclusion she said that the government is trying to make sure that all the plans to eradicate HIV/AIDS are fulfilled especially at the community level where the problem is of high magnitudes. She cited an example of TACAIDS and TASAF which are now working together at the LGAs and urged CSOs/NGOs to have a good coordination system of activities so that the resources reach the community in needs.

Comments/Recommendations from Plenary Discussions:-

- Funds does not reach the final user so we need to analyze the HIV/AIDS budget tracking so as to see which activities does the money goes
- 5% at the LGAs still failed to be accountable what if they could get more? And why 95% is allocated at the central government?
- The health community at the LGAs needs to be given capacity in terms of funds allocation and they should have be given capacity to plan
- Sensitization and awareness is very trick and expensive, so what can we do with 5% at LGAs and where does 95% goes

- We have limited budget, is it about allocation & effective utilization? Or what is the real the issue
- Since we are depending on donors 95% since we tends to play on donors tune than concentrate on what is the real issues

Comments and Responds:

Dr. Mlokozi:-

- Low accountability at LGAs is a result of inadequate of HRs and poor coordination among stakeholders
- Currently, LGAs have access to resources since donors sometimes do send the money through to the LGAs
- 95% is mostly used for treatment and care and the rest of the resources are used for sensitization and awareness which is aiming on HIV prevention strategies.
- It is not all projects depends on donors, government also pray important role to make sure that there is sustainability of projects and we encourage people to contribute we have establish HIV/AIDS Trust Fund.
- Let's join forces all as stakeholders at our levels of activities eg. HIV/AIDS at working places.

Mrs. Nasim:-

- The problem is misallocation of resources in which most of the money does not go direct to projects rather administration, for instance 5% is for LGAs and 95% is for central government and it is distributed among TACAIDS, MoH and regions
- We should focus on LGAs since it is where most of the people need those funds allocation than the central government

Mr. Alex Ruchyahinduru closed the debate by thanking the presenters for their time with us and the participant for their attendance. He welcomed all for the next 7:30 BD on May 29th 2009.