

BRIEF REPORT ON THE 7:30 BREAKFAST DEBATE –28TH MARCH 2008 – BUDGETING FOR HIV/AIDS IN TANZANIA: CAN FUNDING INCREMENTS HAVE A POSITIVE IMPACT?

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 analysed carefully as a way measuring the country's prioritization of the problem. The analysis also helps provide useful advice to the government on strategic budget allocation and helps gauge the country's commitment to international declarations as well as strengthening government accountability. Monitoring the HIV/AIDS budget also helps give an indication of the achievement of the government's objectives on equity and human rights issues.

It is for these reasons that Policy Forum and HakiElimu decided to organize a Breakfast Debate on the subject and invited Dr. Peter Bujari of the HIV/AIDS Working Group to present an analysis of the HIV/AIDS Budget and Mrs. Beng'i Issa of the Tanzania Commission for AIDS to present on Public Expenditure Review. Mr. Semkae Kilonzo facilitated the debate.

Dr. Bujari started by giving the outline why we need to do the budget analysis for HIV/AIDS in Tanzania and later on he gave the experience in 2006/07 which was an analysis of the budget which shows that it is not that easy to get the information of budget on HIV/AIDS especially when the budget is not classified. For instance he told invitees that the MoH is sharing about 69.4% and TACAIDS about 29% but 42% of MoH HIV budget is unclassified and little money is allocated to Prevention and HBC where by the allocation of discretionary expenditure is only 2.19%.

He further gave the explanation on the allocation of the HIV/AIDS budget of 328.93bn - 451.83bn which was 6% of the total budget was allocated to discretionary expenditure. TACAIDS was allocated 53.27bn (6%), MDA was allocated 100.58 (31%), MoH was allocated 159.08bn (48%) and LGA/Regional Secretariats were allocated 16bn (5%).

The analysis done by UNGASS for this year budget on National HIV Expenditure shows that the money allocated for the Prevention was 13.42bn; Care and Treatment was 9.67bn; Prog.mgt was 0.57bn; HR Incentive was 0.511bn and Unclassified was 298.4bn which is about 93%.

The implication of the data according to Dr. Bujari is that, it is difficult to know if policy priorities are honored since there is no transparency and accountability. He also noted that internationally, we appear to have weak financial systems of reporting. He recommended that, since government, Development partners and CSOs we are all in this, we need to make sure that in 08/09 budget should be able to demonstrate clearly how the money is allocated so as to allow purposeful expenditure assessment to ensure services do reach the people.

Later on was the presentation on actual expenditure review of all MDAs by Mrs. Beng'i Issa. She said that almost 5 LGAs were visited for this purpose of expenditure review and noted that three thirds of the total aid flow to Tanzania is being spent on HIV/AIDS interventions. Donor's actual disbursement increased by 14% compared to last year, US gov't and GFATM represents 86% of the donor support whereby Care and treatment is 64%, prevention is 15%, Impact Mitigation is 8%. Other issues she raised were:

- The Global Fund is disbursed late leading to under-spending of funds from the donors. For example, in round three, out of USD 83mn approved, only 20mn USD was spent. In round four, out of USD 88mn, only 59mn was spent.

- The flow of fund does not consider planning and budget cycles of the country, The fund does not come at the beginning of the planning and once it comes it should be approved by the treasury and MoH so that to be spent.
- She analysed the key sectors by saying that the resources at public sector health and TACAIDS is 43% and 41% respectively and 95% of the MoHSW is for care and treatment, others goes to programs and advocacy. For TACAIDS almost 84% transfer to CSOs and 2bn of the MoEVT goes to programme on prevention, building capacity in school/college and VTCs.
- Planning is participatory in most of the LGAs, however, in most of the villages HIV/AIDS doesn't rank high as a priority. Villagers priority include economic and social support rather than home-based care.
- On support to CSOs there is a need for Extending RFAs contracts (those performing well) to TMAP end date. Bringing RFAs function in TACAIDS, as a role at Regional level. Role of supporting CSOs goes to LGAs, who are already experienced (CARF).

Comments/Recommendations From Plenary Discussions:-

- Increased burden on the home based care, what is done so far
- There is a significant role for CSOs to play in the expenditure
- Why do public experts get more resources? There is a need to look at the budget scenario and priorities, like HBC
- We need to consider how many people are infected and why and not how many people have sex.
- Why is there much funding but very little impact?
- Do CSOs have the capacity on HRs for HBC?
- How do we track the money allocated to LGAs?
- Too much dependence on donors is also a problem so government should look to investments that can get us the resources to support HIV programs for sustainability.

Comments and Responds from the two Presenters:

Dr. Peter Bujari:-

- We need to have holistic way of tackling the case and we need to track the money where it is spent.
- Finally he made the clarification on budget allocation of MoH and Home base care and it shows that 2bn in the budget has no classification.

Mrs. Beng'i Issa:-

- Setting of priorities is very difficult due to the fact that even the facts about HIV is also new to us, for instance care and treatment.
- On monitoring and evaluation: we just make the guidelines only but the program is a problem to accountability so the monitoring and evaluation is up to them.
- On having the ARVs centres: It is a good idea but the problem is the organisation and coordination-PRHA

Mr. Semkae Kilonzo closed the debate by thanking the two presenters for their time and the participants for their attendance. He reminded the participants that from now on wards the 7:30 BD will be conducted at CEEMI conference room.