

Addressing the Macro-Micro Economic Implications of Financing MDG Levels of HIV and AIDS Expenditure



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ADDRESSING THE MACRO-MICRO ECONOMIC IMPLICATIONS OF FINANCING MDG LEVELS OF HIV AND AIDS EXPENDITURE

**Joint UNDP/World Bank/UNAIDS Programme on Strengthening National
Capacity for Integrating AIDS into Poverty Reduction Strategy Processes**

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FOREWORD

This study is commissioned by the Joint UNDP/World Bank/UNAIDS Programme on Strengthening National Capacity for Mainstreaming HIV and AIDS in Poverty Reduction Strategy Processes. The programme was established in 2005 in response to a Global Task Team recommendation for capacity support to countries for ensuring that their macroeconomic and public expenditure frameworks support and appropriately prioritise the implementation of national AIDS action frameworks and annual priorities. The Joint PRSP Programme is currently assisting 25 countries in sub-Saharan Africa, Latin America and the Caribbean, Asia and Eastern Europe to integrate the national AIDS response in development planning through the PRSP formulation and implementation.

The present study takes forward the findings of a conference on ‘Gearing Macroeconomic Policies to Reverse the HIV/AIDS Epidemic’, sponsored by the UNDP Bureau for Development Policy and co-hosted by the HIV Group and the International Poverty Centre. This conference brought together a pool of specialized experts and practitioners drawn from national governments, civil society and the international development organizations, to deliberate on the effects of large-scale inflows of ODA resources on macroeconomic stability. In seeking to address a knowledge gap in the global debate, and help inform national decision-making on HIV resource allocation, the purpose of the present study was to examine the concrete issues of aid absorption at the micro level in Armenia, Malawi and Zambia and to make some recommendations for both policy and future research in PRSP countries.

In putting together the evidence from the field work in the three countries, one major finding is the reluctance of the national implementing authorities (National AIDS Councils, Ministry of Health) to scale up HIV interventions even when additional external resources were available. This finding underscores the very real dilemma that countries face in managing the volatility of aid flows. While the need for efficient management of HIV resources is well recognized at all levels of policy and implementation levels, there is far less consensus on measures that can be applied to a wide range of countries. The case-study countries were considered representative of a range of attributes on aid receipts and macroeconomic management.

The Joint PRSP Programme is pleased to share this draft report to stimulate discussion and encourage feedback from readers on suggestions for improvement.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Anti Retroviral
CBOs	Community Based Organizations.
CHAM	Christian Health Association of Malawi
FBOs	Faith-based Organizations
HAART	Highly Active Antiretroviral Therapy
HADG	HIV and AIDS Development Group
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
MBCA	Malawi Business Coalition on HIV and AIDS
MDGs	Millennium Development Goals
MPF	Malawi Partnership Forum for HIV and AIDS
NAC (Malawi)	National AIDS Commission, Malawi
NAC (Zambia)	National AIDS Council, Zambia
NACP	National AIDS Control Programme
NAF	National HIV and AIDS Action Framework
NAPCP	National AIDS Prevention and Control Program
NASC	National AIDS Surveillance Committee
NGOs	Non-government Organizations
ODA	Official Development Assistance
PRSP	Poverty Reduction Strategy Papers
UN	United Nations
UNAIDS	Joint United Programme on HIV/ AIDS
UNDP	United Nations Development Programme
WB	World Bank
WHO	World Health Organization

INTRODUCTION

In 2007, the number of deaths attributable to AIDS was estimated at 2.1 million (UNAIDS, 2007a). Thus, HIV/AIDS continues to account for the largest number of deaths among communicable diseases (ranking ahead of other major killers such as Tuberculosis and Malaria). Most of these deaths occurred in Sub-Saharan Africa, where a majority of the persons living with HIV/AIDS continue to reside. However, though the disease appears to have plateaued in Sub-Saharan Africa (and globally), infection rates are still increasing at worrying rates in regions such as East Asia, Eastern Europe and Central Asia, and Oceania (UNAIDS, 2007a). Clearly, the dimension and potency of the epidemic warrants its status as a global crisis.

Though the world was initially slow to recognize the dimensions and implications of the epidemic, much has been done in recent years. The Millennium Development Goals, established by the UN General Assembly in 2000, included the phrase “halt and begin to reverse the spread of HIV” as part of Goal #6 of the Millennium Development Goals (MDGs). Complementarily, Goal #8 enjoined developed countries to commit additional resources to close the resource gaps faced by developing countries committed to achieving the MDGs. Partly as a consequence, the global resources made available for fighting the disease rose tenfold between 1999 and 2007 (Figure 1). Complementarily, established UN agencies (such as the WHO), new organizations (such as UNAIDS), affiliated institutions (such as the World Bank), newly-created institutions (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria), and bilateral aid agencies have incorporated this goal (of halting and eventually reversing the spread of HIV/AIDS) as a fundamental policy objective and devote substantial resources towards assisting both high and low infection countries (and infected and uninfected individuals) in the fight against HIV/AIDS.

However, while the increase in attention and resources devoted to the HIV/AIDS pandemic (even though belated) has been welcome, this does not imply sufficiency. If MDG #6 is interpreted, reasonably, to imply universal access to antiretroviral (ARV) therapy for all persons living with HIV (among other interventions) by 2015, then, according to UNAIDS (2007b), a persistent gap exists between the resource requirements and past and current levels of available resources (at the global level). In 2005, the gap between the resources necessary to keep the goal of universal access on track and what was available was US \$2.8 billion. By 2007, that gap had expanded to US \$8.1 billion. Clearly, resource commitments continue to fall well short of

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