

Global financial crisis leads to HIV budget cuts

CAPE TOWN: International donors and African governments are likely to cut health budgets due to the global financial crisis. Health experts fear that increasing unemployment and poverty will lead to less food security and quality of nutrition, which will in turn put more stress on already weak health systems.

By [Kristin Palitza](#) 19 May 2009

The implications, warns a newly-released World Bank report, could be grave.

"We need to ensure that African lives do not become a silent casualty of the global financial downturn," demanded Paula Akugizibwe, regional treatment literacy and advocacy co-ordinator of Windhoek-based AIDS and Rights Alliance for Southern Africa (ARASA) in Namibia.

"Our lives are not cheap or expendable. We expect health to be prioritised over weapons, sports and lavish politics," she added.

Tanzania was the first sub-Saharan country to announce a 25% cut of its annual HIV/AIDS budget.

"This will have a significant impact on human resources in the sector and on health service delivery," explained Akugizibwe. "Long-term health planning will become completely unpredictable."

The situation is not much better in neighbouring countries. The South African government has indicated that large private firms, especially mining companies, are likely to cut their HIV prevention programmes affecting thousands of employees and their families.

Even worse, Botswana's presidential spokesperson Jeff Ramsay recently announced government will not be able to include new patients in its free antiretroviral (ARV) treatment programme from 2016 onwards, because it doesn't have sufficient funds to expand the programme.

Smaller budgets

All this stands in direct contradiction to a commitment to set aside 15% of their national expenditure toward health made by African heads of state during a meeting in Abuja, Nigeria, in 2001.

"Very few countries have met this goal. The money is there. It's all about prioritisation of resources," Akugizibwe told IPS. "The situation is very frightening, because governments cut back on already insufficient HIV treatment and care programmes," she warned.

Even international donor organisations have started to feel the financial crunch. The Global Fund to Fight AIDS, Tuberculosis and Malaria recently announced it is at least US\$4 billion short of the money it will need to continue funding essential HIV, TB and malaria services in 2010. The coalition believes there is a US\$10.7 billion funding gap for regional implementation of the Global Plan to Stop TB alone.

To mitigate the impact of the financial crisis on HIV health service provision, a number of AIDS and tuberculosis (TB) activists from across sub-Saharan Africa - including ARASA, the South African Treatment Action Campaign (TAC) and the Kenyan Collaborative Fund for HIV Treatment Preparedness - have now

come together to lobby for continued health financing.

The right to health and treatment are non-negotiable, the activists say. They now want to hold the heads of state and international aid organisations to their commitments made to increase and improve HIV treatment and care.

"Broken promises and skewed priorities of governments and donors have reduced the right to health and access to treatment to unattainable rhetoric," lamented TAC women's health programme co-ordinator Nonkosi Khumalo.

The activist coalition demands that African governments and international funders close the gap on health financing and warn that the lives of millions of people in sub-Saharan Africa are in jeopardy because of the lack of political will and investment to realise the right of access to life-saving treatment.

"In the last few months, we have seen trillions of dollars spent on financial bailouts to stimulate economic recovery. A tiny portion of this sum could have bought quality, sustainable healthcare for millions of people" Khumalo further explained.

Broken promises

According to the 2009 World Bank "Averting a Human Crisis During the Global Downturn" report, countries Eastern and Southern Africa are the most vulnerable. Researchers estimate the negative impact of this crisis will affect 70% of people on ARV treatment in Africa within the next twelve months.

With a few exceptions, such as Botswana and South Africa, most countries have limited fiscal space they can use to cushion the impact of a decline in international aid, World Bank says.

Already, large percentages of households in sub-Saharan Africa are poor, and the large number of people on treatment means ever-increasing treatment programme costs.

Yet, sub-Saharan Africa only accounts for 1% of global health expenditure and 2% of the global health workforce. Currently, only one third of HIV-positive Africans in need of antiretroviral (ARV) treatment can access it, according to TAC.

Failure to meet the commitment to bringing universal access to treatment for people with HIV who need it, the World Bank report notes, will call into question the legitimacy of development assistance for health, threaten the gains in health system capacity delivered through HIV treatment programmes.

It will ultimately result in greater long-term costs due to higher rates of transmission, more TB cases and larger numbers requiring expensive second-line drugs for both HIV and TB.

Dr Bactrin Killingo, chairperson of the Nairobi-based Collaborative Fund for HIV Treatment Preparedness agrees.

"If current cost constraints faced by HIV treatment programmes are not addressed, while the demand for expensive second-line treatment increases, we will soon find ourselves in a situation similar to the 1990s, where millions of lives were lost unnecessarily because people could not afford the treatment they needed to stay alive".

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