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A briefing for civil society and community groups engaged in HIV budget advocacy



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# **TURNING OFF THE TAP: THE STATE OF HIV PREVENTION FUNDING IN SOUTHERN AFRICA**

A briefing for civil society and community groups engaged in HIV budget advocacy

## **RESEARCHED AND WRITTEN BY**

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# BACKGROUND

Over forty years into the HIV pandemic, East and Southern Africa remains disproportionately affected by the disease. Despite that new HIV infections in the region have declined by 28% since 2010, in 2018 there were still 800,000 new cases – just under half of the global total.<sup>1</sup>

South Africa accounts for over a quarter of new infections in the region, and countries that continue to have high case numbers include Mozambique, Zambia, Malawi and Zimbabwe. Three countries have made significant leaps towards covering 90% of the HIV care cascade: Botswana, Eswatini and Namibia. But other countries in the region lag behind.

As Southern Africa works towards reducing new infections, it is important that donors and governments examine whether their prevention budgets are considering specific populations that are vulnerable to HIV. In the region, young women (aged 15–24 years) make up only 10% of the population, yet account for 26% of new HIV infections. Nearly half of the 254,000 new HIV infections among adolescents globally in 2016 also occurred in the region.<sup>2</sup> And in specific countries, key populations—defined as men who have sex with men, sex workers, people who inject drugs, transgender people and prisoners—also experience unequal infection rates. For example, in Malawi, where 9.2% of the adult population is living with HIV, one in two sex workers is HIV positive.<sup>3</sup> Generalised prevention programmes are unlikely to reach or cater to the needs of younger people and key populations. Targeted and increased prevention funding is necessary to accelerate change.

TABLE 1. KEY EPIDEMIOLOGICAL AND PROGRAMME METRICS FOR HIV PREVENTION IN SOUTHERN AFRICA<sup>4</sup>

COUNTRY	NUMBER OF NEW HIV INFECTIONS (ALL AGES) (2019)	PEOPLE RECEIVING PREP (2017- 2019)	CONDOM USE AT LAST SEX (2019)	NUMBER OF MALE CIRCUMCISIONS PERFORMED (2019)	KNOWLEDGE ABOUT HIV PREVENTION AMONG YOUNG PEOPLE (15-24) (2019)	% OF HIGH-INCIDENCE LOCATIONS WITH A PROGRAMME FOR ADOLESCENT GIRLS & YOUNG WOMEN (2020)	HIV PREVENTION FINANCIAL GAP ANALYSIS (2020)
<b>Angola</b>	26,000	No data	44%	No data	32.3%	No data	Not done
<b>Botswana</b>	9500	1954	No data	19,756	47.2%	33%	Not done
<b>Eswatini</b>	4500	No data	60.4%	18,138	49.5%	76%	Done
<b>Lesotho</b>	11,000	35,478	76.3%	25,150	35.5%	100%	Done
<b>Malawi</b>	33,000	459	61.9%	166,350	41.9%	28%	Done
<b>Mozambique</b>	130,000	1934	37%	315,380	30.6%	42%	Not done
<b>Namibia</b>	6900	190	70.3%	30,134	58.3%	29%	Done
<b>South Africa</b>	200,000	8184	No data	591,941	45.8%	29%	Done
<b>Zambia</b>	51,000	3823	45.6%	483,816	41.7%	16%	Done
<b>Zimbabwe</b>	40,000	8351	79%	301,366	46.4%	17%	Done



*“We won’t beat AIDS unless we make huge progress on the rights of women and girls and gender equality in Africa”*

## OVERVIEW

This briefing provides a contemporary overview of HIV prevention funding in Southern Africa (Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe). The purpose is to support advocacy efforts that increase spending to the requisite levels and end the epidemic.

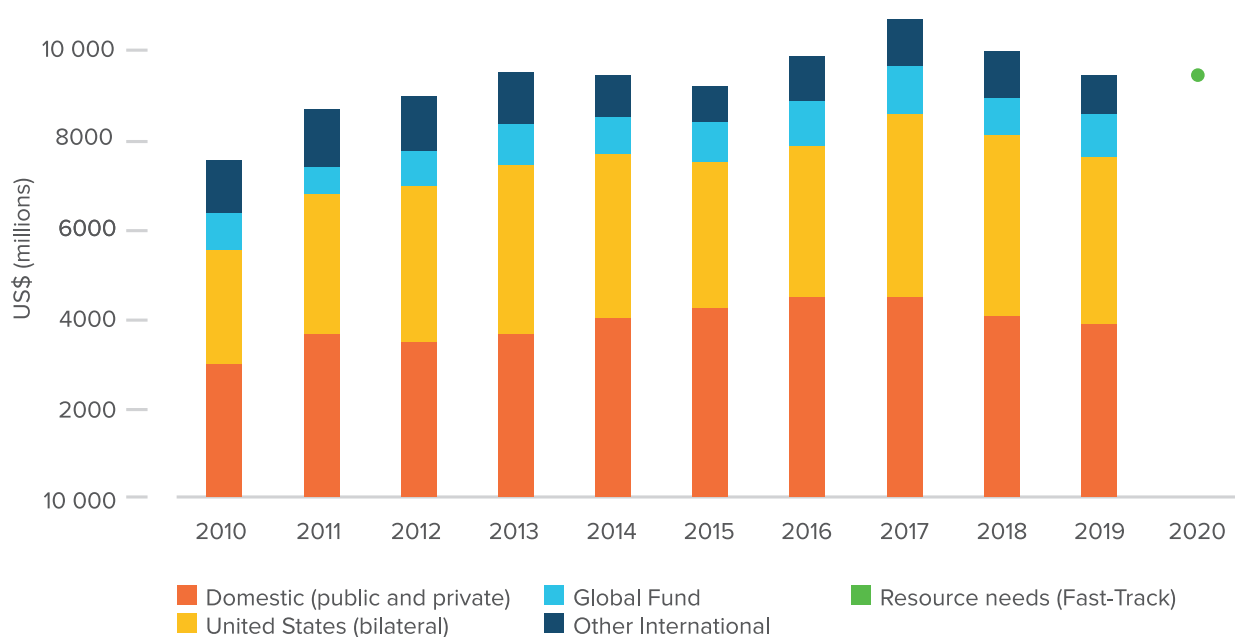
# OVERALL HIV FUNDING LANDSCAPE IN SOUTHERN AFRICA

Domestic sources accounted for 41% of HIV funding in Eastern and Southern Africa in 2019, United States Government bilateral funding for 40%, and the Global Fund for 10% (Figure 1). Regional domestic contributions are heavily skewed by South Africa, with the other countries in the region depending on external sources for about 80% of their HIV response financing.

The most significant bilateral donor is the US government: 82% of PEPFAR funding goes to East and Southern Africa. Other donor-supported HIV programmes for youth in the region include the United Kingdom (DFID-Youth Agenda) and Sweden (SIDA-Investing in Future Generations). The top three private funders in the region are Bill & Melinda Gates Foundation, Wellcome Trust and Conrad N. Hilton Foundation.

Although the region remains disproportionately affected, overall HIV resources have declined for the last two years in row.<sup>5</sup>

FIGURE 1. HIV RESOURCE AVAILABILITY BY SOURCE (2010-2019) IN EASTERN AND SOUTHERN AFRICA<sup>6</sup>



## HIV PREVENTION RESOURCE NEEDS ESTIMATES IN SOUTHERN AFRICA

According to UNAIDS' Fast-Track resources needs estimates, just over one billion dollars (\$1,047,516,785) is needed for HIV prevention interventions in Southern Africa in 2021. This figure is projected to increase to \$1,494,486,432 by 2025. In 2021, South Africa (\$297,610,443) and Mozambique (\$269,720,033) have the largest

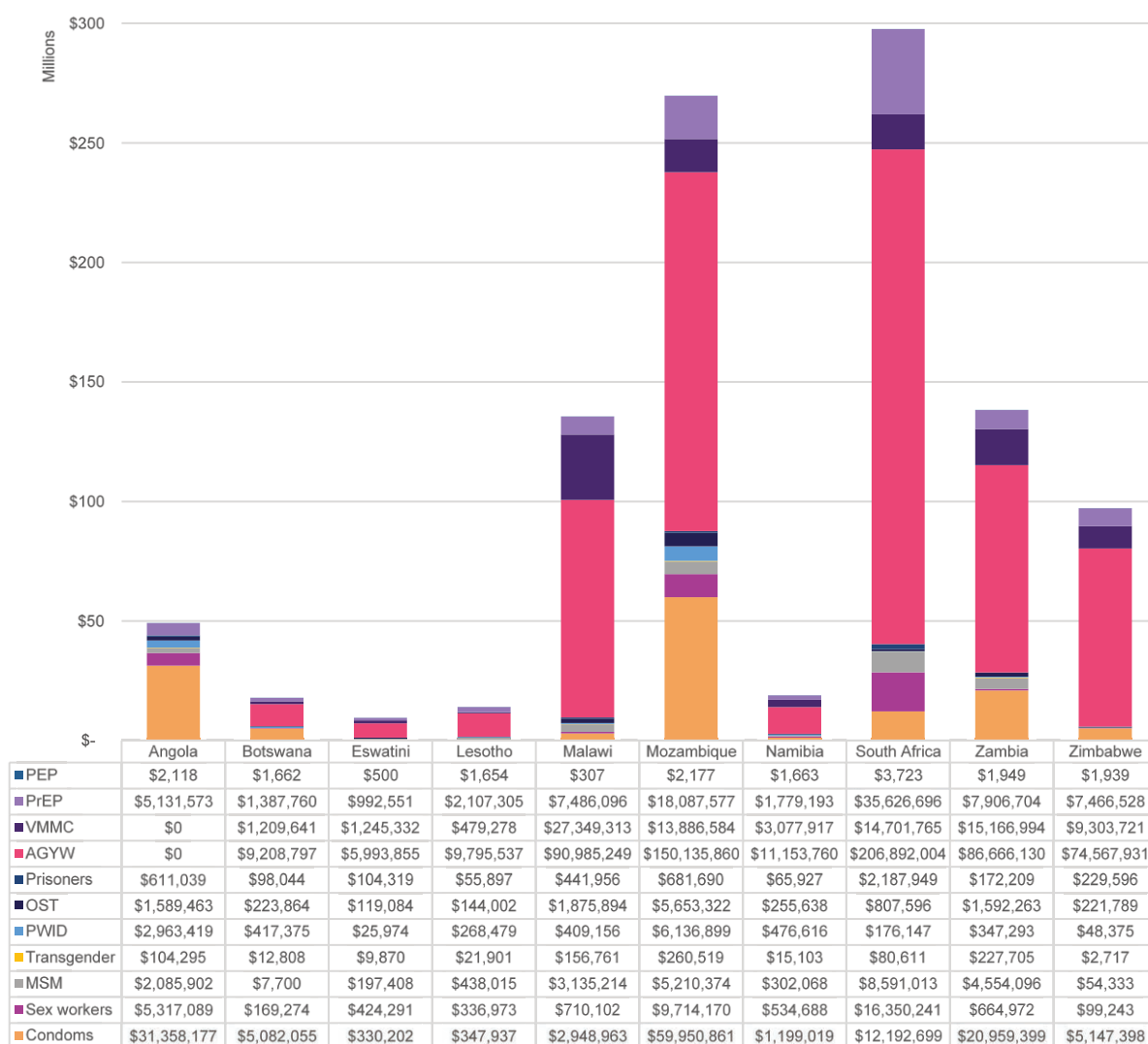
HIV prevention funding needs, and Lesotho (\$13,996,978) and Eswatini (\$9,443,387) have the smallest. With a new Global AIDS Strategy 2021-2026, a revised costing exercise is currently underway.

## GARBAGE IN, GARBAGE OUT

It is critical to emphasise that these resource needs estimates should be scrutinised and interrogated. For key populations, criminalisation and marginalisation means that official population size estimates are often implausibly low or missing altogether.<sup>7</sup>

Costing models depend on accurate population size estimates as inputs to generate resource needs. As a result, the resources needed for HIV prevention among key populations in Southern Africa are likely vastly underestimated. This has implications for resource mobilisation, policy, and planning at global and national levels. UNAIDS and the WHO have issued guidance that population size estimates for men who have sex with men should be at least 1% of the general adult male population.<sup>8</sup>

FIGURE 2. RESOURCE NEEDS ESTIMATES FOR HIV PREVENTION INTERVENTIONS IN SOUTHERN AFRICA IN 2021



# CURRENT FUNDING LEVELS FOR HIV PREVENTION IN SOUTHERN AFRICA

## OVERALL HIV PREVENTION FUNDING

Based on the most recent year of reporting (2017, 2018 or 2019, depending on the country), Southern African countries are investing \$441,661,341 per year in HIV prevention interventions (Table 2). Half of this amount is invested in South Africa. Based on the resource needs estimates in the previous section, Southern African countries are investing less than half (42%) of what is needed for HIV prevention.

On average, 10% of total HIV spending is dedicated to HIV prevention in the region, far less than the “quarter for prevention” advocated for by UNAIDS. The highest proportional investment in prevention is in Zimbabwe (22%) and the lowest is in Angola (5%).

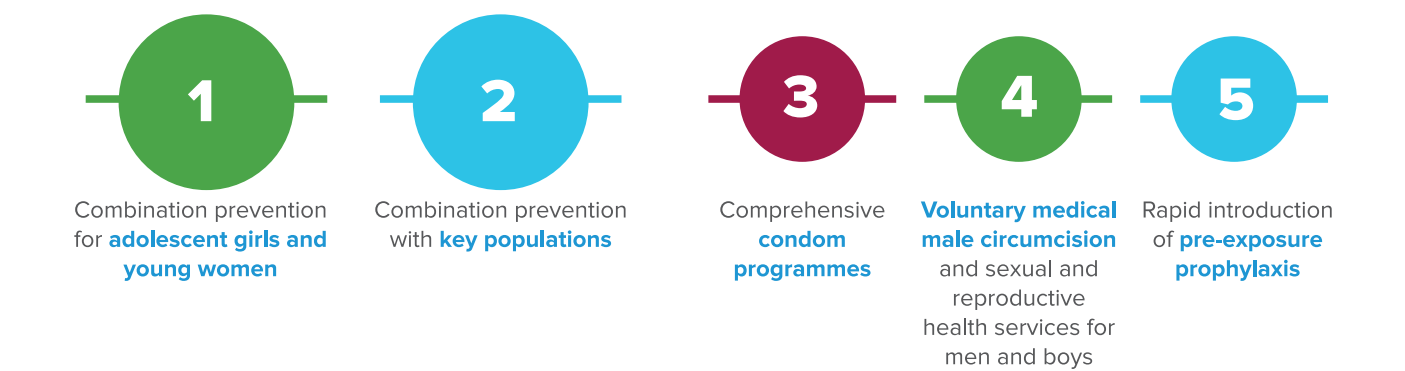
TABLE 2. HIV PREVENTION SPENDING AS A PROPORTION OF OVERALL HIV SPENDING IN SOUTHERN AFRICA<sup>9</sup>

COUNTRY	TOTAL HIV PREVENTION SPENDING	TOTAL HIV SPENDING	% OF HIV SPENDING DEDICATED TO PREVENTION
<b>Angola</b>	\$1,100,000 (2017)	\$20,120,364 (2017)	5%
<b>Botswana</b>	\$16,858,263 (2017)	\$158,991,774 (2017)	11%
<b>Eswatini</b>	No data	No data	No data
<b>Lesotho</b>	\$17,068,289 (2017)	\$110,299,410 (2017)	15%
<b>Malawi</b>	\$21,960,000 (2019)	\$258,614,001 (2019)	8%
<b>Mozambique</b>	\$51,345,465 (2019)	\$557,780,695 (2019)	9%
<b>Namibia</b>	\$16,620,430 (2017)	\$282,827,940 (2017)	6%
<b>South Africa</b>	\$221,507,362 (2018)	\$2,501,569,030	9%
<b>Zambia</b>	\$14,725,116 (2019)	No data	No data
<b>Zimbabwe</b>	\$80,476,416 (2019)	\$374,088,926	22%
<b>TOTAL</b>	<b>\$441,661,341</b>	<b>\$4,264,292,140</b>	<b>10%</b>

## HIV PREVENTION FUNDING FOR THE FIVE PILLARS

The HIV Prevention Roadmap notes that national HIV primary prevention responses must be strengthened around five central pillars (Figure 3).<sup>10</sup>

FIGURE 3. COMBINATION PREVENTION: FIVE PILLARS<sup>11</sup>



In total, \$347,365,800 was invested in the five key pillars of HIV prevention in the 10 Southern African countries in the most recent year of reporting (2018 or 2019) (Table 3). Of this amount, \$74,665,800 was domestic expenditure and \$271,300,000 was international.

In Southern Africa, the five HIV prevention pillars are disproportionately reliant on international sources. While HIV programmes in the region are funded 41% domestically and 59% international, for the five HIV prevention pillars funding is just 8% domestic and 92% international.

Introduced in 2017, the Global Fund's matching funds facility has been absolutely instrumental at increasing HIV prevention investments in key populations, as well as adolescent girls and young women in Southern Africa. Matching funds incentivise countries to allocate a greater proportion of their Global Fund allocation to these priority areas by offering additional funding if conditions are met. The effects are clear. In Zimbabwe's Global Fund grants, \$858,262 was allocated to adolescent girls and young women and key populations in 2015-2017 (pre-matching funds), which increased to \$24,538,557 in 2018-2019. In the country's most recent request, \$36,076,459.55 was prioritized for HIV prevention among adolescent girls and young women and key population. Similar trends are observed in other countries in the region.

**TABLE 3. DOMESTIC AND INTERNATIONAL EXPENDITURE ON THE FIVE HIV PREVENTION PILLARS, 2018/2019<sup>12</sup>**

COUNTRY	TOTAL EXPENDITURE ON THE FIVE PILLARS	DOMESTIC EXPENDITURE ON THE FIVE PILLARS	INTERNATIONAL EXPENDITURE ON THE FIVE PILLARS	% DOMESTIC	% INTERNATIONAL
<b>Angola</b>	\$1,100,000	0	\$1,100,000	0%	100%
<b>Botswana</b>	\$7,668,600	\$468,600	\$7,200,000	6%	94%
<b>Eswatini</b>	No Data	No Data	No Data	No Data	No Data
<b>Lesotho</b>	\$10,393,900	\$193,900	\$10,200,000	2%	98%
<b>Malawi</b>	\$15,700,000	0	\$15,700,000	0%	100%
<b>Mozambique</b>	\$46,000,000	\$1,300,000	\$44,700,000	3%	97%
<b>Namibia</b>	\$12,903,300	\$3,300	\$12,900,000	0%	100%
<b>South Africa</b>	\$187,600,000	\$64,300,000	\$123,200,000	34%	66%
<b>Zambia</b>	No Data	No Data	No Data	No Data	No Data
<b>Zimbabwe</b>	\$66,000,000	\$9,700,000	\$56,300,000	15%	85%
<b>TOTAL</b>	<b>\$347,365,800</b>	<b>\$74,665,800</b>	<b>\$271,300,000</b>	<b>8%</b>	<b>92%</b>

## HIV PREVENTION FUNDING FOR ADOLESCENTS AND YOUNG PEOPLE

It is difficult to fully extrapolate the prevention funds spent on adolescents (aged 10-19 years) and young people (aged 20-24 years), who benefit from targeted programmes or may be counted within general prevention programmes.<sup>13</sup> Several of the major bilateral donors have an explicit focus on youth prevention: PEPFAR's DREAMS programme has invested nearly \$1 billion since 2014 in girls and young women. Other government donors include Sweden: In 2019, Sweden provided ongoing support for health and/or sexual and reproductive rights and health (SRHR) via SIDA in four countries in the region: Mozambique, South Africa, Zambia and Zimbabwe.<sup>14</sup>

The Global Fund has also emphasised investing in the prevention needs of adolescents and young women, setting up in 2017 a \$55 million matching fund programme for 13 countries.<sup>15</sup> Its focus countries in the region for this special fund are: Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe. Among private foundations, the top three private donors (Bill & Melinda Gates, Wellcome Trust and the Hilton Foundation) reported that in 2018, they had an explicit focus in Southern Africa on youth 15-24 (\$40 million) and women and girls (\$37 million).

TABLE 4. FUNDING FOR HIV PREVENTION AMONG ADOLESCENTS AND YOUNG PEOPLE IN SOUTHERN AFRICA

COUNTRY	PEPFAR (DREAMS) 2016-2021 <sup>16</sup>	GLOBAL FUND (2018-2020) <sup>17</sup>	DOMESTIC (NATIONAL AIDS SPENDING ASSESSMENTS)	UNITED NATIONS POPULATION FUND (UNFPA) <sup>18</sup>
<b>Angola</b>	n/a	\$554,872	No Data	\$1,258,132
<b>Botswana</b>	\$33,376,048	\$4,465,541	No Data	\$501,058
<b>Eswatini</b>	\$39,268,059	\$2,765,532	No Data	\$415,346
<b>Lesotho</b>	\$58,088,300	\$4,621,297	\$2,580,293 (2018)	\$829,112
<b>Malawi</b>	\$58,088,800	\$18,017,708	No Data	\$8,279,599
<b>Mozambique</b>	\$85,978,850	\$13,912,214	\$12,086 (2018)	\$15,756,410
<b>Namibia</b>	\$50,000,000	\$4,767,825	No Data	\$427,590
<b>South Africa</b>	\$256,616,905	\$67,609,561	No Data	\$836,721
<b>Zambia</b>	\$85,777,763	\$13,479,240	\$0 (2017)	\$6,212,094
<b>Zimbabwe</b>	\$106,831,397	\$9,449,695	No Data	\$10,702,495
<b>TOTAL</b>	<b>\$667 194 725</b>	<b>\$139 088 613</b>	<b>\$2 592 379</b>	<b>\$43 960 425</b>

Donors have supported a diversity of prevention interventions. The Global Fund emphasizes interventions around keeping girls in school, girls' empowerment groups, scaling up treatment and adherence support for adolescents living with HIV, economic empowerment programmes, preventing gender-based violence and comprehensive sexuality education. DREAMS has aimed to provide a comprehensive package of core interventions to address structural and health factors that make girls and young women vulnerable to HIV. The DREAM-funded interventions include condom promotion and provision, PrEP, post-violence care, including post-exposure prophylaxis (PEP), HIV testing services, expand & improve access to voluntary, comprehensive family planning services, social asset building, as well as interventions to strengthen families (including financial support to attend secondary school), mobilise communities for change, and reducing risk among male partners.<sup>19</sup> Of concern, in COP21 in South Africa (to be implemented from October 2021 to September 2022) PEPFAR will no longer fund the procurement of PrEP, leaving an estimated \$9 million funding gap.

SIDA, which emphasizes investing in sexual and reproductive health and rights more broadly, specifies the following HIV-related interventions: comprehensive sexuality education; youth-friendly services; prevention of sexual and gender-based violence; prevention and treatment of HIV; health and rights among lesbian, gay, bisexual, gay, transgender and intersex people; and efforts to combat child marriage and female genital mutilation. It was not possible to extrapolate from the health funding portfolio SIDA the HIV prevention activities.

Determining domestic government investments in HIV prevention among adolescents and young people is difficult. According to the latest National AIDS Spending Assessment (NASA), the Government of Lesotho spent \$2,580,293 for voluntary medical male circumcision among young men in 2018. In the same year, the Government of Mozambique invested \$12,086 in adolescent girls and young women. Other NASAs are either not up to date or do not provide enough detail to disaggregate prevention spending by population.

# HIV PREVENTION FUNDING FOR KEY POPULATIONS

Key populations and their sexual partners accounted for 28% of new infections in East and Southern Africa in 2019.<sup>20</sup> Key populations, although not comprising the majority of new infections, are still generally considered more at risk of acquiring HIV than the general population in the region.<sup>21</sup>

According to an analysis by Aids Fonds, key populations receive far too little funding in East and Southern Africa. From 2016-2018, only 0.8 % of the region's total HIV funding went to key populations. The top five philanthropic funders of key populations are Gilead Sciences, Inc., Elton John AIDS Foundation, M•A•C Viva Glam Fund, Viiv Healthcare and Aidsfonds.

TABLE 5. FUNDING FOR HIV PREVENTION AMONG KEY POPULATIONS IN SOUTHERN AFRICA

COUNTRY	PEPFAR (2020) <sup>22</sup>	GLOBAL FUND (2018-2020) <sup>23</sup>	DOMESTIC GOVERNMENTS (NATIONAL AIDS SPENDING ASSESSMENTS)
<b>Angola</b>	\$452,650	\$563,494	\$0
<b>Botswana</b>	\$977,397	\$2,430,731	\$23,700 (2017)
<b>Eswatini</b>	\$1,178,073	\$231,225	\$0
<b>Lesotho</b>	\$882,363	\$867,960	\$0
<b>Malawi</b>	\$2,437,485	\$3,441,053	\$0
<b>Mozambique</b>	\$5,133,460	\$5,724,114	\$0
<b>Namibia</b>	\$1,760,028	\$565,846	\$0
<b>South Africa</b>	\$14,802,241	\$36,248,304	\$7,000,000 (2018)
<b>Zambia</b>	\$3,408,278	\$2,013,243	\$3605 (2017)
<b>Zimbabwe</b>	\$3,532,368	\$10,062,947	\$0
<b>TOTAL</b>	<b>\$34,564,343</b>	<b>\$62,148,917</b>	<b>\$7,027,305</b>

As with adolescents and young people, determining domestic government investments in HIV prevention among key populations is equally difficult. According to its NASA, in 2017 the government of Zambia spent \$3,605 on HIV testing services as part of programmes for vulnerable populations. The South African Government's High Transmission Areas Programme currently spends about \$7 million per year on key populations programming, or 0.5% of the annual Department of Health HIV budget. In 2019, Zimbabwe's National AIDS Council developed a proposal to expand HIV prevention under National AIDS Council, which details a plan to invest an additional \$3,765,774.00 in domestic resources for adolescent girls and young women, key populations, and gender-based violence activities between October 2019 and December 2020.

# HIV PREVENTION FUNDING GAPS IN SOUTHERN AFRICA

When looking at levels of expenditure on the five HIV prevention pillars, Lesotho is the only country in the region which has sufficient expenditure to cover these HIV prevention needs (Figure 4). Three more countries (Namibia, South Africa and Zimbabwe) have between one quarter and one fifth of their prevention response unfunded, leaving them vulnerable to epidemic rebound. Botswana has just over half (57%) of its prevention needs covered. The situation is most alarming in Angola, Malawi and Mozambique, where just 3%, 10% and 30% (respectively) of the resource needs for the five HIV prevention pillars are currently met.

FIGURE 4. EXPENDITURE ON THE FIVE HIV PREVENTION PILLARS AND REMAINING FUNDING GAPS IN SOUTHERN AFRICA<sup>24</sup>

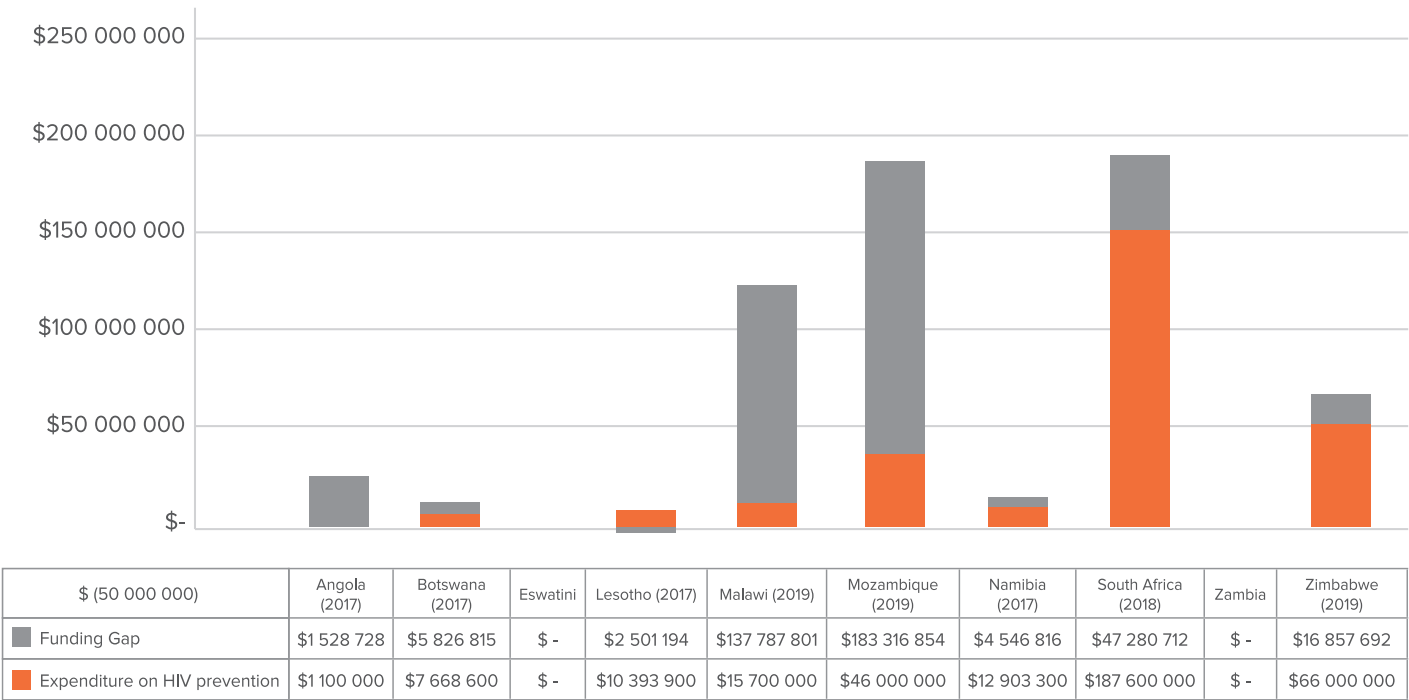
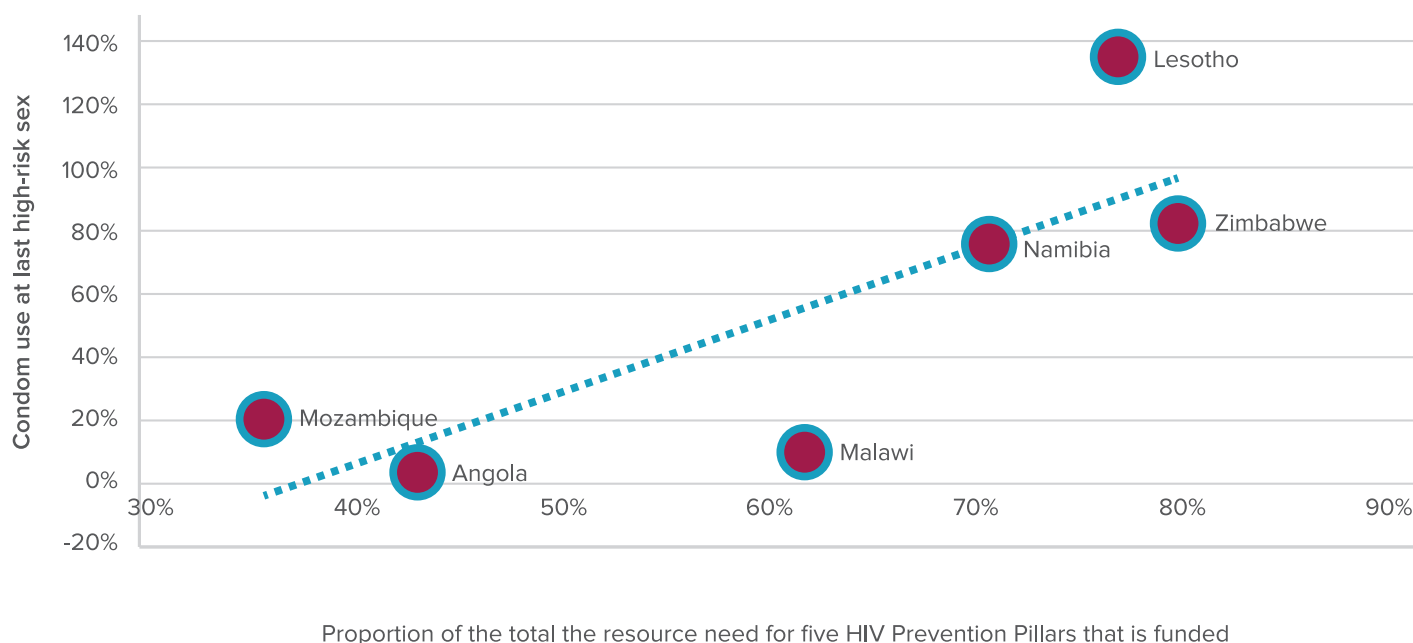


TABLE 6. PROPORTION OF THE TOTAL RESOURCE NEED FOR THE FIVE HIV PREVENTION PILLARS THAT IS FUNDED<sup>25</sup>

COUNTRY	YEAR	PROPORTION OF HIV PREVENTION NEED THAT IS FUNDED	FUNDING SITUATION
<b>Angola</b>	2017	3% Funded	Emergency
<b>Botswana</b>	2017	57% Funded	Dire
<b>Eswatini</b>	No data	No data	No data
<b>Lesotho</b>	2017	132% Funded	Sufficient
<b>Malawi</b>	2019	10% Funded	Emergency
<b>Mozambique</b>	2019	20% Funded	Emergency
<b>Namibia</b>	2017	74% Funded	Vulnerable
<b>South Africa</b>	2018	80% Funded	Vulnerable
<b>Zambia</b>	No data	No data	No data
<b>Zimbabwe</b>	2019	80% Funded	Vulnerable

It is interesting to note that even with just six data points, there is a statistically significant relationship ( $r=0.79$ ,  $p=0.059$ ) observable between the proportion of a country's HIV prevention pillars that are funded and the rate of condom use (Figure 5). In countries where a greater proportion of HIV prevention needs are funded, condom use is higher. This suggests a clear relationship between investment in HIV prevention and positive outcomes.

FIGURE 5. RELATIONSHIP BETWEEN HIV PREVENTION FUNDING GAPS AND CONDOM USE<sup>26</sup>

# IMPLEMENTERS OF HIV PREVENTION PROGRAMMES IN SOUTHERN AFRICA

It is important to examine the implementing entities of HIV prevention funding in Southern Africa. The new Global AIDS Strategy 2021-2026 includes a new target for “80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organisations.”<sup>27</sup> Currently, neither Global Fund nor PEPFAR – the two largest HIV prevention funders in the Southern Africa region – provide this level of disaggregation. More transparency is needed.

## PEPFAR

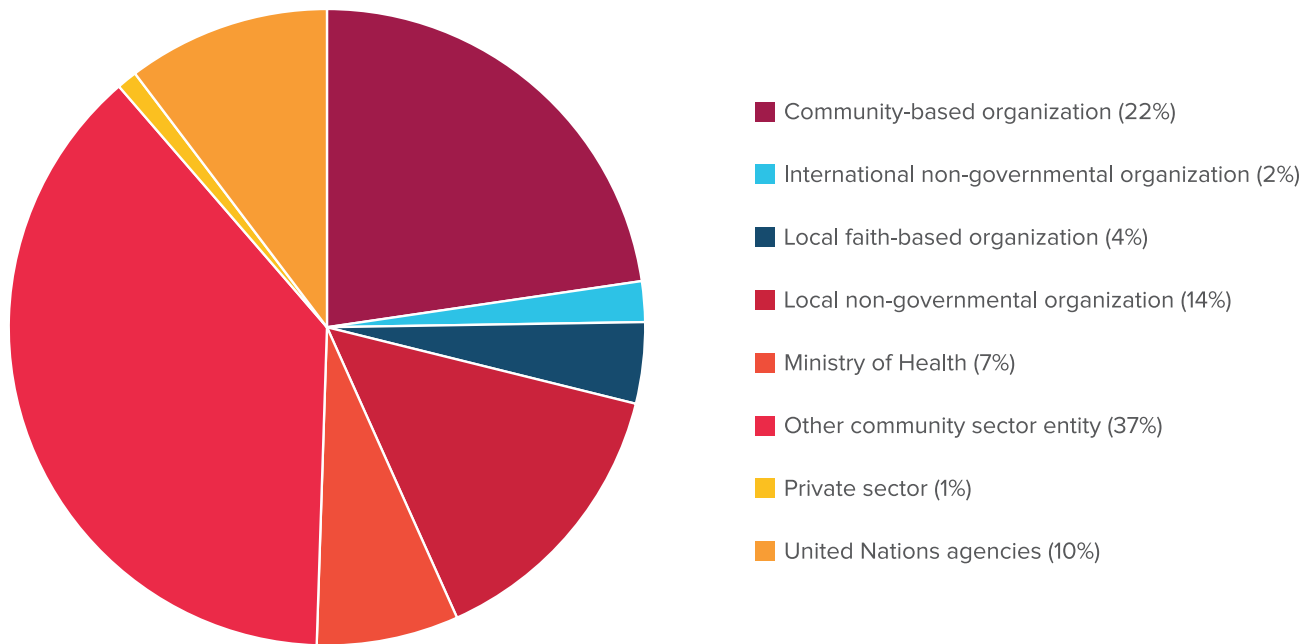
TABLE 7. % OF PEPFAR KPIF FUNDS CHanneled TO LOCAL KEY POPULATIONS ORGANISATIONS, 2019-2020<sup>28</sup>

COUNTRY	PERCENTAGE OF PEPFAR'S KPIF (2019-2020) FUNDS CHanneled TO KP-LED OR KP-COMPETENT LOCAL ORGANISATIONS
<b>Angola</b>	No Data
<b>Botswana</b>	No Data
<b>Eswatini</b>	70%
<b>Lesotho</b>	69%
<b>Malawi</b>	56%
<b>Mozambique</b>	70%
<b>Namibia</b>	65%
<b>South Africa</b>	82%
<b>Zambia</b>	No Data
<b>Zimbabwe</b>	55%

Although the original intention of PEPFAR's Key Population Investment Fund (KPIF) was explicitly for key populations' organisations, this did not happen as initially envisaged. According to USAID's own self-reported data, the commitment to fund grassroots key population-led organisations was not honoured across the board (Table 7). In 4 out of 7 Southern African counties where data is available, the 70% threshold was not met. On average, 67% of the funding went to key population-led or key population-competent local organisations. Where USAID does claim to have met its 70% target, many key population activists are skeptical of these figures and plan to scrutinise them further.<sup>29</sup>

# GLOBAL FUND

FIGURE 6. IMPLEMENTER TYPES FOR GLOBAL FUND HIV PREVENTION FUNDING IN SOUTHERN AFRICA (2018-2020)<sup>30</sup>



Of the \$245,630,294 in HIV prevention funding granted to Southern African countries by the Global Fund during 2018-2020, 40% was implemented by local civil society organisations (local community-based, faith-based, or non-governmental organisations) (Figure 6). Another 39% was implemented by international non-governmental organisations, and unspecified community sector entities. The United Nations implements 10% of the funding, specifically in Angola and Zimbabwe where Global Fund grants are under the additional safeguard policy to prevent mismanagement. Ministries of Health implement 7% of the funds in the region and the private sector implements 1% (specifically in Botswana).

## LOOKING AHEAD

### PEPFAR

With Country Operational Plan negotiations only commencing in April 2021 instead of January, it is not yet known how much funding will be dedicated to HIV prevention interventions in COP21.

### GLOBAL FUND

For the 2020-2022 Global Fund funding cycle (which translates to a 2021-2023 implementation period for the majority of countries), \$210,885,494 was requested by Southern African countries to date, with Botswana and South African yet to submit applications.

As the final signed grant amounts have not yet been published by the Global Fund, the final amounts may differ from the requested amounts. One African study found that the proportion for HIV prevention funding in signed Global Fund grant agreements was 6% lower than it was in the funding requests.

TABLE 8. AMOUNT REQUESTED FOR HIV PREVENTION IN GLOBAL FUND REQUESTS FOR 2021-2023

COUNTRY	AMOUNT REQUESTED FOR HIV PREVENTION IN MOST RECENT GLOBAL FUND FUNDING REQUEST (2021-2023)	PROPORTION DEDICATED TO HIV PREVENTION
<b>Angola</b>	\$11,307,557	13.7%
<b>Botswana</b>	Funding request to be submitted 30 April 2021	n/a
<b>Eswatini</b>	\$5,250,927	9.5%
<b>Lesotho</b>	\$9,604,313	13.5%
<b>Malawi</b>	\$36,779,818	8.5%
<b>Mozambique</b>	\$60,396,912	10.5%
<b>Namibia</b>	\$9,008,237	23%
<b>South Africa</b>	Funding request to be submitted 15 August 2021	n/a
<b>Zambia</b>	\$42,827,700	16.3%
<b>Zimbabwe</b>	\$35,710,030	7.6%
<b>TOTAL</b>	<b>\$210,885,494</b>	<b>12.8%</b>

Botswana, Eswatini and South Africa do not yet have signed Global Fund grants for the 2020-2022 funding cycle. Botswana is submitting its funding request on 30 April 2021, for a grant that will begin in January 2022. South Africa is submitting on 15 August 2021 for a grant that will start on 1 April 2022. Eswatini has submitted its funding request, but grant-making is ongoing. Eswatini's new grant will start in October 2021.

# WAYS TO IMPROVE

## ALLOCATIVE EFFICIENCY

A 2020 HIV budget optimisation exercise in Eswatini estimated that approximately 1,000 more new infections (2% more) could be averted by 2023 with current budget levels if the country spent more on condom programming and HIV prevention among sex workers, and spent less on social and behavior change communication (SBCC) and prevention, among other strategic modifications.<sup>33</sup> Further, concentrating delivery of voluntary medical male circumcision to existing fixed facilities rather than mobile clinics could save US\$6.6 million (10% of total budget).

# INNOVATIVE FINANCE

In 1999, Zimbabwe introduced an AIDS Levy, which is a 3% tax on income and corporate revenue. The resultant National AIDS Trust Fund raised \$51,553,417.00 in 2018. By policy, at least 50% of funds from the AIDS Levy are used for purchase of antiretroviral medicines. Other spending includes administration and capital costs, HIV prevention, and monitoring and evaluation. In the past, domestic funding raised through the AIDS Levy has also gone to support TB activities, including the purchase of GeneXpert machines and regents.

Botswana's National HIV/AIDS Prevention Support (BNAPS) International Bank for Reconstruction and Development (IBRD) Buy-Down (a debt conversion instrument), has generated US\$20 million.

In South Africa, with support from the Global Fund, the government is testing the feasibility and benefits of social impact bond under an outcomes-based HIV prevention package for adolescent girls and young women, which is expected to leverage funding from a socially motivated investor in addition to the existing outcome funding commitment of \$10 million over four years from National Treasury.

## SUMMARY OF KEY POINTS

- Just over \$1 billion dollars is needed for HIV prevention interventions in Southern Africa in 2021, rising to nearly \$1.5 billion by 2025.
- Due to implausibly low or absent population size estimates, the resources needed for HIV prevention among key populations in Southern Africa are likely vastly underestimated.
- Available resources for HIV in the region have declined for the last two years in a row.
- Southern African countries invest less than half (42%) of what is needed for HIV prevention.
- An average of 10% of HIV spending is dedicated to prevention – below a “quarter for prevention”.
- In Southern Africa, the five HIV prevention pillars are 92% externally funded, which is disproportionately unsustainable compared to overall HIV programming (59% externally funded).
- Lesotho is the only country in the region with adequate spending on the five prevention pillars.
- In Southern African countries where a greater proportion of prevention needs are funded, condom use is higher.
- In Southern Africa, 67% of PEPFAR's Key Population Investment Fund funding went to key population-led or key population-competent local organisations, and 40% of Global Fund grants 2018-2020 went to local civil society organisations.

# RECOMMENDED ADVOCACY ACTIONS

- 1 Urge governments to invest more in HIV prevention. Southern African governments are investing resources in HIV, but prevention is not prioritised (and especially not prevention among young people and key populations). Emphasize the need for domestic funding in the five pillars of prevention in particular, as these are disproportionally donor-funded. Suggest allocative efficiencies or innovative finance models.
- 2 Prioritise intensive advocacy to increase HIV prevention spending in Angola, Malawi and Mozambique. In these countries, just 3%, 10% and 20% (respectively) of the HIV Prevention response is currently funded. The prevention funding situation in these countries is an emergency.
- 3 Call for domestic HIV prevention budgets to have specific funding allocations for young people, and within that category, specific sub-allocations for adolescents by age and sex. The prevention needs of younger adolescents (10-14) versus older adolescents (15-19) are different, and require tailored programming. Without specific funding allocations for younger adolescents, they often fall through the cracks.
- 4 Engage in Global Fund processes at country level, including funding request development in South Africa (ongoing) and grant-making negotiations in Botswana and Eswatini, to push for increased investment in HIV prevention. In the remaining countries, where grants are already signed for 2021-2023, demand that the Country Coordinating Mechanisms share information and consult consistencies on any HIV prevention re-programming decisions.
- 5 Engage in Global Fund processes at global level, by pushing the Global Fund Secretariat or the Developing Country NGO Delegation to the Global Fund Board to advocate for maintaining or increasing available matching funds for HIV prevention in the 2023-2025 funding cycle. This could include creating a new matching funds category for community systems strengthening.
- 6 Engage in PEPFAR Country Operational Planning processes. Planning for COP21 will conclude in May 2021. Ordinarily, PEPFAR's investment decisions are made on an annual basis with key negotiations taking place in February in Johannesburg.
- 7 Advocate for PEPFAR's Key Population Investment Fund to be renewed. The KPIF ended in 2020, after two years of investment in key population-led and key population-competent organisations. Push PEPFAR to renew and expand this funding stream.
- 8 Push governments and funding partners to meet the new Global AIDS Strategy 2021-2026 target of "80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organisations." Emphasize that both PEPFAR and Global Fund do not meet this threshold in Southern Africa. Demand transparent accounting of funding flows to these three implementer types so communities can track progress.
- 9 Ensure countries have accurate population size estimates for key populations. These are critical inputs for resource needs estimates and they impact resource mobilisation at national and global levels. If population size estimates are too low or absent, the resources needs estimate will be too. One very key message to push is that population size estimates for men who have sex with men must be at least 1% of the adult male population.
- 10 The National Strategic Plan for HIV must have clear targets for reaching young people and adolescents with comprehensive prevention in order to attract donor financing. For example, Namibia's National Strategic Framework 2017–2019 included adolescents, while Botswana developed a National Programming Framework for Adolescents and Young Adults 2016-2020. These documents help leverage Global Fund and other external financing.

# REFERENCES

1. AVERT, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>
2. All In in Eastern and Southern Africa, UNICEF, 2018
3. AVERT, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi>
4. UNAIDS (2019) AIDSinfo. Online at <http://aidsinfo.unaids.org/>
5. HIV Prevention in Adolescents and Young People in the Eastern and Southern African Region: A Review of Key Challenges Impeding Actions for an Effective Response, Open AIDS, 2018
6. UNAIDS (2020) Seizing The Moment Global Aids Update: Tackling entrenched inequalities to end epidemics. Page 255. Online at [https://www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)
7. Davis, S. L. (2020). The uncoun ted: Politics of data in global health. Cambridge University Press. Page 105. Online at <https://bit.ly/32mP5XM>
8. WHO & UNAIDS (2020). Recommended Population Size Estimates Of Men Who Have Sex With Men. Page 1. Online at <https://apps.who.int/iris/rest/bitstreams/1321427/retrieve>
9. Expenditure data from <https://hivfinancial.unaids.org/>
10. UNAIDS (2017) HIV Prevention 2020 Road Map Accelerating HIV prevention to reduce new infections by 75%. Page 14. Online at [https://www.unaids.org/sites/default/files/media\\_asset/hiv-prevention-2020-road-map\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/hiv-prevention-2020-road-map_en.pdf)
11. UNAIDS (2017) HIV Prevention 2020 Road Map Accelerating HIV prevention to reduce new infections by 75%. Page 15. Online at [https://www.unaids.org/sites/default/files/media\\_asset/hiv-prevention-2020-road-map\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/hiv-prevention-2020-road-map_en.pdf)
12. Expenditure data from <https://hivfinancial.unaids.org/>.
13. HIV Prevention in Adolescents and Young People in the Eastern and Southern African Region: A Review of Key Challenges Impeding Actions for an Effective Response
14. Sweden's Development Assistance for Health, 2019, [https://sidase-wp-files-prod.s3.eu-north-1.amazonaws.com/app/uploads/2021/01/19131352/Swedens-development-assistance-for-health-2019\\_english.pdf](https://sidase-wp-files-prod.s3.eu-north-1.amazonaws.com/app/uploads/2021/01/19131352/Swedens-development-assistance-for-health-2019_english.pdf)
15. Step Up the Fight, The Global Fund, [https://www.theglobalfund.org/media/1296/publication\\_womengirls\\_focuson\\_en.pdf](https://www.theglobalfund.org/media/1296/publication_womengirls_focuson_en.pdf)
16. DREAMS Fact Sheets <https://www.state.gov/dreams-country-fact-sheets/>
17. Data sourced from the Global Fund's Data Service, Online at <https://data-service.theglobalfund.org/downloads> (see "Grant Agreement Implementation Period Detailed Budgets – Detailed budgets for each implementation period from the 2017-2019 Allocation Period onwards")
18. UNFPA funding is for Integrated sexual and reproductive health services. Online at <https://www.unfpa.org/data/transparency-portal>.
19. The DREAMS core package of interventions: A comprehensive approach to preventing HIV among adolescent girls and young women, PLOS, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0208167>
20. UNAIDS (2020) Seizing The Moment Global Aids Update: Tackling entrenched inequalities to end epidemics. Page 243. Online at [https://www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)
21. Fast-Track or Off Track – How insufficient funding ...AIDS by 2030
22. Refers to funding targeted at key populations as beneficiaries. Online at <https://copsdata.amfar.org/>
23. Data sourced from the Global Fund's Data Service, Online at <https://data-service.theglobalfund.org/downloads> (see "Grant Agreement Implementation Period Detailed Budgets – Detailed budgets for each implementation period from the 2017-2019 Allocation Period onwards")
24. Resource needs estimates for prevention pillars drawn from UNAIDS Fast-Track modelling. Expenditure data from <https://hivfinancial.unaids.org/>
25. Resource needs estimates for prevention pillars drawn from UNAIDS Fast-Track modelling. Expenditure data from <https://hivfinancial.unaids.org/>
26. Resource needs estimates for prevention pillars drawn from UNAIDS Fast-Track modelling. Expenditure data from <https://hivfinancial.unaids.org/>. Condom use data from <http://aidsinfo.unaids.org/>
27. UNAIDS (2021) Global AIDS Strategy 2021-2026. Page 40. Online at <https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>
28. USAID (2020). USAID KPIF Footprint of Partners and Activities 7/15/2020. Online at <https://mpactglobal.org/wp-content/uploads/2021/01/USAID-Master-Table.pdf>
29. MPact (2021). KPIF and Community Engagement Grants:A Community Update Report. Page 1. Publication Forthcoming.
30. Data sourced from the Global Fund's Data Service, Online at <https://data-service.theglobalfund.org/downloads> (see "Grant Agreement Implementation Period Detailed Budgets – Detailed budgets for each implementation period from the 2017-2019 Allocation Period onwards")
31. Oberth, G., Torres, M.A., Mumba, O. & O'Connor, M. (2017). A Quarter for Prevention? Global Fund Investments in HIV Prevention Interventions in Generalized African Epidemics. Universal Journal of Public Health, 5(5), 231-241. Online at [http://www.hrpub.org/journals/article\\_info.php?aid=6195](http://www.hrpub.org/journals/article_info.php?aid=6195)
32. Minnery, M., Mathabela, N., Shubber, Z., Mabuza, K., Gorgens, M., Cheikh, N., ... & Kelly, S. L. (2020). Opportunities for improved HIV prevention and treatment through budget optimization in Eswatini. PloS one, 15(7), e0235664. Online at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0235664>
33. See Oberth, G., O'Connor, M. & Torres, M.A. (2021). How Civil Society And Communities Can Engage In Global Fund Grant-Making Processes For The 2020-2022 Cycle. ICASO. Toronto: Canada. Online at <http://icaso.org/wp-content/uploads/2021/03/Make-or-Break-engaging-in-GF-grant-making.pdf>
34. See <https://www.developingngo.org/>
35. WHO & UNAIDS (2020). Recommended Population Size Estimates Of Men Who Have Sex With Men. Page 1. Online at <https://apps.who.int/iris/rest/bitstreams/1321427/retrieve>



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A briefing for civil society and community groups engaged in HIV budget advocacy



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