

BUDGET AND EXPENDITURE MONITORING FORUM

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ARV Programmes Under Threat Due to Budgeting Failures

13:00, Tuesday, 22 September 2009

We have formed the *Budget and Expenditure Monitoring Forum* that will work to ensure that

- **there are no further treatment interruptions and moratoriums,**
- **there is proper monitoring and evaluation of the highly active antiretroviral treatment (HAART) and prevention of mother-to-child transmission (PMTCT) programmes and**
- **the national departments of health and finance intervene in provinces not delivering these programmes adequately.**

Several organisations have recently joined together to form the Budget and Expenditure Monitoring Forum (BEMF). The forum advocates for reasonable and sufficient funds to be allocated to health care based on the best evidence available, particularly for HIV programmes, and for those funds to be spent in a reasonable and constitutionally valid manner.

In the last financial year several budgeting decisions were made which the member organisations of the BEMF believe violated the rights of individuals under the Constitution, the National Health Act (NHA), the Public Finance Management Act (PFMA), and the Promotion of Access to Administrative Justice Act (PAJA). The most visible of these decisions was the moratorium on the initiation of patients onto HAART in the Free State from November 2008 through March 2009. The Southern African HIV Clinicians Society estimated that at least 30 lives a day were lost as a result of this decision.

The Minister of Health, Aaron Motsoaledi, has already confirmed that nationally, there is a billion rand shortfall in HIV programme budgets for the current financial year. Representatives of the Free State Department of Health have stated that a new moratorium on ARV initiation is on the horizon unless additional funds are made available from National Treasury. We have received reports indicating that other provinces are facing similar financial constraints which could lead to a cut-off or slow-down in putting patients onto HAART. This will lead to more avoidable deaths.

A further problem is that the quality of financial and programmatic information about the HAART and PMTCT programmes is poor. This makes it difficult to assess implementation progress and leaves civil society largely dependent on what we can find out from our own investigations and anecdotal reports. For example, there is no publicly available information of the volumes purchased against the antiretroviral tender. We have received a report that the volumes being purchased are substantially less than predicted. If this is correct, then the treatment target set in the HIV & AIDS and STI Strategic Plan for South African, 2007 – 2011 (NSP) is not being met.

There is an urgent need to review provincial health budgets to ensure they are sufficient to meet the targets set out in the NSP. In particular, the BEMF calls for the following:

1. The National Department of Health and National Treasury must intervene in every province struggling to meet its NSP HAART and PMTCT targets by assisting provincial departments to develop and spend sufficient budgets for these programmes.
2. Budgets for HAART and PMTCT must be developed based on the best available evidence

of what the need in every district in the country.

3. The National Department of Health and National Treasury must provide stringent oversight of conditional grant expenditures to ensure it is only spent on appropriate programmes and not shifted to relieve over-expenditures in other programmes, such as the OSD.
4. At present, there is little consensus regarding the number of patients on HAART in the public sector, what volumes of antiretrovirals are currently being purchased through the tender, or the number of women being provided with PMTCT services across the country. It is also difficult to work out how the conditional grant for AIDS is being spent. There needs to be proper monitoring and evaluation of AIDS programmes and expenditure. Much better information needs to be published regularly.
5. Accounting officers in all departments who fail to adhere to the requirements of the PFMA must be held accountable.