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2010 Budget Review

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TAC is pleased with the additional funds that will be made available for HIV programmes and that government is projecting to meet the target of the HIV&AIDS and STI Strategic Plan (2007-2011) (NSP).

However in order to ensure that money is effectively spent and the policy is properly implemented, the Department of Health must develop the capacity of the provincial Departments of Health to effectively budget for the provision of health services.

Further government must improve the monitoring and evaluation of its Highly Active Antiretroviral Therapy (HAART) and Prevention of Mother to Child Transmission (PMTCT) programmes so that it can more accurately budget for drug procurement of the programmes.

Finally TAC is concerned about a projected decline in funding for TB which remains the leading cause of death of people living with HIV.

What do the figures mean for HIV?

Funding for HIV is expanding through increased allocations for the Comprehensive HIV&AIDS grant. In financial year (FY) 2009/2010 provinces also spent part of their equitable share for health on HIV/AIDS but, until the provincial budgets are tabled, the amounts spent remain unclear.

The Medium Term Expenditure Framework (MTEF) allocation for the Comprehensive HIV&AIDS grant in 2010/2011 in the 2009/2010 budget was R4.3 billion - this has now been increased to R6.0 billion. For 2011/2012, the old MTEF had allocated R4.6 billion which has been increased to R7.4 billion in the new MTEF.

So, over what the previous budget increased projected for the 2010/2011 financial year, HIV will get an additional R1.7 billion and for the 2011/2012 financial year, HIV will get an additional R2.8 billion.

South Africa has a massive TB epidemic strongly linked to the HIV one. A comprehensive plan for treating TB, reducing TB incidence and controlling the drug-resistant TB epidemic is necessary. Therefore we would like to see a substantial increase in future on TB-specific grants.

In 2010, there needs to be a scale-up of voluntary male medical circumcision. Either this should have been budgeted for, or this programme will have to be predominantly funded by donors such as the Global Fund and PEPFAR.

Will the funding be sufficient to meet the NSP targets?

The rollout of ART has been poorly monitored. Civil society estimates that approximately 800 000 people are receiving treatment in the public sector ? this is less than half of the people in need.

TAC is encouraged that government is projecting to scale-up treatment to 2.1 million people by 2012/13. However, proper monitoring and evaluation of the ART rollout is necessary to effectively budget for HIV and to ensure that sufficient drugs are purchased under the tender to meet the NSP targets and end drug stock-outs. Furthermore, in May 2010 government will be awarding a new tender for ART. At this point the costs of the regimens to be purchased under

this tender remain unknown.

On World AIDS Day 2009 President Jacob Zuma announced a number of important updates to the treatment guidelines to be implemented in April 2010. Changes include initiating TB/HIV patients, pregnant women and infants earlier onto treatment. Government also spoke of costing these changes to ensure that they are properly budgeted for and implemented. Government?s costing of the changes must be transparent and made publicly available to all relevant stakeholders including civil society.
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