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No Retreat No Surrender: Sustaining the HIV Response in Times of Turmoil

***DRM for HIV in Africa: A Comparative Analysis of
Country Policies and Practices***



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No Conflict of Interest



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Summary

What is your main question?

The study investigated Domestic Resource Mobilization (DRM) strategies for HIV/AIDS across seven African countries, aiming to understand their preparedness for potential declines in international funding.

What did you find?

This research unequivocally found a critical and urgent need for African nations to develop and implement specific, robust policies and practices to strengthen Domestic Resource Mobilization (DRM) for health and HIV/AIDS. This imperative stems from the study's finding that African countries remain heavily reliant on international funding (often 70% or more), which has now been forced to decline.

Why is it important?

Proactive, tailored, and well-executed DRM policies are vital for African countries to achieve self-reliance and ensure the long-term resilience of their HIV/AIDS responses in a changing global funding landscape..



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13 – 17 July • Kigali, Rwanda

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The Challenge: Sustaining the HIV Response

- **Heavy Reliance on External Funding:** International funding currently accounts for over 70% of the HIV response in Africa.
- **Plateauing & Declining Aid:** Development Assistance for Health (DAH) has plateaued since 2012, and overall donor funding for HIV is shrinking.
- **Threat to Progress:** This reliance threatens the sustainability of vital HIV programs and the significant gains made.

The Challenge: Sustaining the HIV Response

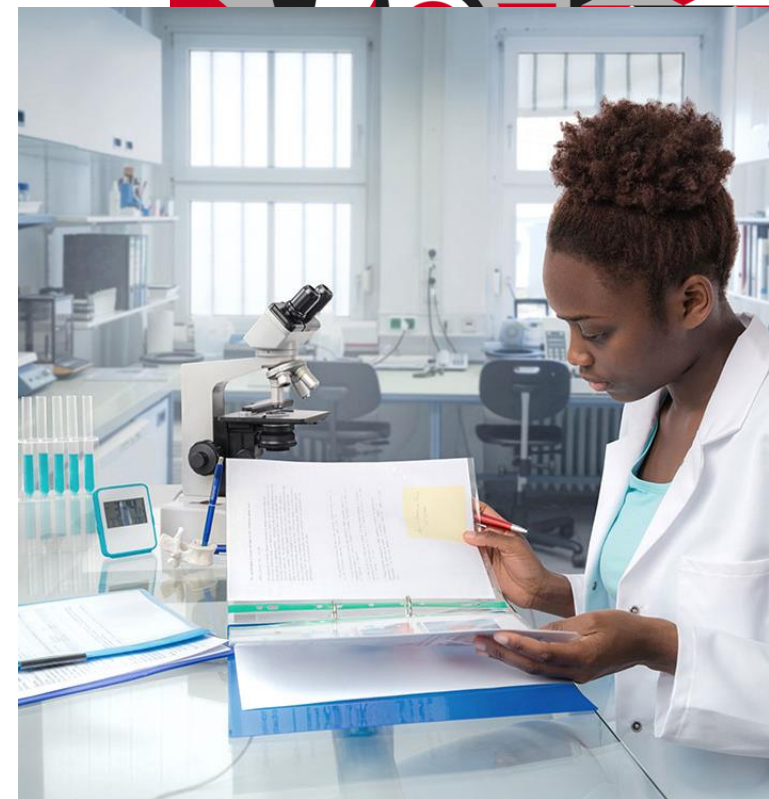
- **Purpose:** To investigate how Domestic Resource Mobilization (DRM) strategies and policies in seven African countries (Nigeria, Zambia, Ethiopia, Malawi, Kenya, Tanzania, Zimbabwe) are preparing them for self reliance.
- **Core Question:** How are these nations preparing to adapt to potential declines in international funding?
- **Significance:** To guide policymakers and stakeholders in designing effective, sustainable strategies, contributing to the global goal of ending the HIV/AIDS epidemic by 2030.



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Study Methodology

- **Research design:** Qualitative research with a comparative analysis focus
- **Scope of study:** Seven African countries: Nigeria, Zambia, Ethiopia, Malawi, Kenya, Tanzania, and Zimbabwe.
- **Data collection:** Comprehensive Review of Secondary Data: Relevant policy documents, National strategic frameworks, Reports from international organizations (PEPFAR, Global Fund, UNAIDS) and Academic and grey literature
- **Data analysis:** Method used: Thematic analysis with a
- Focus on Identifying common trends, challenges, best practices, and the overall impact of DRM strategies on national HIV/AIDS outcomes.





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Country Profiles: Population & HIV Burden

Country	Population (approx.)	No. Living with HIV (approx.)	HIV Prevalence (Adult, %)	Progress towards 95-95-95
Nigeria	223.8 Million	2.0 Million	2.1%	90-95-95 for 2023/2024
Zambia	20.6 Million	1.4 Million	11.0%	Surpassed 95-95-95 as of December 2024.
Ethiopia	126.5 Million	753,100	3.0%	90-94-96 as of Feb 2025
Malawi	20.9 Million	1.0 Million	8.9%	Achieved 95-95-95 by 2024
Kenya	55.1 Million	1.4 Million	4.5%	Falling short of the 95-95-95 as of July 2025
Zimbabwe	16.7 Million	1.3 Million	11.5%	Achieved adults 95-95-95 as of Dec 2024
Tanzania	67.4 Million	1.7 Million	4.4%	Doing well on 2nd 95 to improve on 1st and 3rd



innovative DRM approaches employed by the studied African countries to finance their HIV/AIDS responses.

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DRM Strategy Category	Common Approaches & Mechanisms	Countries Employing	Key Details / Examples
Budgetary & Fiscal	Increased Government Budget Allocations	All Countries	Prioritizing health in national budgets; channeling funds through Ministries of Health (e.g., Nigeria's NACA, Ethiopia's FHAPCO).
	Earmarked Taxes / Levies	Nigeria, Tanzania, Zimbabwe (AIDS Levy)	Specific taxes/levies for health or HIV (e.g., Nigeria's; Zimbabwe's AIDS Levy).
Health Financing Schemes	Health Insurance Schemes (National/Community-Based)	Nigeria (NHIS, BHCPF), Ethiopia (CBHI), Kenya (NHIF), Malawi (Social Health Insurance), Tanzania (Health Insurance, ATF)	Broadening access to HIV/AIDS services, alleviating out-of-pocket expenses.
	Risk-Pooling Schemes	Malawi, Zambia, Tanzania	Spreading financial risk among a large group to cover health costs.
Partnerships & Collaboration	Public-Private Partnerships (PPPs)	Nigeria, Malawi, Kenya, Tanzania, Zimbabwe, Zambia	Collaborating with private sector entities, civil society, and international donors to mobilize resources and improve service delivery.



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DRM Strategy Category	Common Approaches & Mechanisms	Countries Employing	Key Details / Examples
Partnerships & Collaboration	Community Contributions / Fundraising	Nigeria, Tanzania, Kenya	Community health funds, fundraising events (e.g., Tanzania's Harambees, charity walks, marathons).
Innovative Financing Mechanisms	AIDS Trust Funds	Tanzania (ATF), Kenya, Nigeria	Dedicated funds pooling domestic resources (taxes, private sector, donations).
	Concessionary Loans	(Mentioned as an option for countries to consider)	Loans with favorable terms (low interest, deferred payments) from international financial institutions.
	Debt Conversion	(Mentioned as an option for countries to consider)	Exchanging debt for domestic investment in health programs (e.g., Global Fund's Debt2Health).
Programmatic & Efficiency	Service Integration	Ethiopia, Tanzania, Zambia	Integrating HIV services into broader primary healthcare or social protection programs (e.g., Ethiopia's PSNP).
	Sector-Wide Approaches (SWAp)	Malawi, Tanzania	Aligning donor contributions with government priorities for sustainable health system development.
	Enhancing Program Efficiency / Waste Minimization	All Countries	Optimizing resource utilization, promoting accountability and transparency.



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Global Commitments and Domestic Realities.

Country	Abuja Declaration Commitment ($\geq 15\%$)	Reported Reality (Health Budget Allocation as a % of the GDP)	Abuja Declaration Status (Meeting Commitment?)
Nigeria	Yes	Consistently falls short	No
Kenya	Yes	Hovers around 6-8%	No
Tanzania	Yes	Below 15%	No
Ethiopia	Yes	Ranges between 6-12%	No
Malawi	Yes	Ranges between 6-12%	No
Zambia	Yes	Ranges between 6-12%	No
Zimbabwe	Yes	Ranges between 6-12%	No

All seven countries consistently fall short of the Abuja Declaration's commitment to allocate at least 15% of their annual budgets to the health sector, indicating a continued reliance on external funding.

Key Elements of Effective DRM for HIV: Building a Robust and Sustainable HIV Response



Effective Domestic Resource Mobilization for HIV/AIDS relies on a multi-faceted approach, manifesting from countries' policies and strategies studied in this research.

These elements are interconnected and vital for achieving self-reliance and ending the HIV/AIDS epidemic.

Key Element of Effective DRM	Manifestation in Countries (Examples)
1. Budgetary Planning & Allocation	All Countries: Prioritizing health in national budgets; Nigeria, Zambia, Ethiopia: Advocacy for increased allocations, budget tracking.
2. Prioritization of Expenditures	All Countries: Focusing on prevention, treatment, care, and health system strengthening; Kenya, Tanzania: Scaling up ART access; Malawi, Zambia: VMMC, condom distribution.
3. Diversification of Funding Sources	All Countries: Reducing reliance on external aid; Tanzania: AIDS Trust Fund (ATF); Nigeria, Kenya: National Health Insurance Schemes.
4. Innovative Financing Mechanisms	Nigeria, Tanzania, Zimbabwe: Earmarked taxes (e.g., AIDS Levy); Ethiopia: Community-Based Health Insurance (CBHI); Malawi, Kenya: Public-Private Partnerships (PPPs); Tanzania, Kenya: Community fundraising (e.g., Harambees).
5. Equity-Oriented Approaches	Tanzania, Malawi, Ethiopia, Zambia: Expanding service delivery to rural areas; Tanzania, Kenya, Zimbabwe: Subsidizing HIV services; Nigeria, Ethiopia: Integrating HIV services into primary healthcare.
6. Sustainable Financing Models	Tanzania: AIDS Trust Fund (ATF); Kenya, Nigeria: National Health Insurance Schemes; Ethiopia: Health Sector Transformation Plan (HSTP); Malawi: Sector-Wide Approach (SWAp).
7. Community Engagement & Ownership	Tanzania, Malawi, Zimbabwe: Active involvement of CBOs/NGOs in decision-making; Kenya, Tanzania: Community health workers, grassroots initiatives.
8. Policy & Regulatory Frameworks	Tanzania: National Multi-Sectoral Strategic Framework (NMSF); Nigeria: National Agency for the Control of AIDS (NACA); Zambia: National HIV/AIDS Strategic Framework; Ethiopia: Health Sector Transformation Plan.
9. Monitoring & Evaluation Mechanisms	Tanzania: Tanzania HIV Impact Survey (THIS); Nigeria: National HIV/AIDS Indicator and Impact Survey (NAIIS); Zambia, Ethiopia: Health Management Information Systems (HMIS).



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Expanding the Resource Mobilization Toolkit: Further Funding Instruments for HIV to Consider

Instrument	Mechanism	Benefit	Countries Employing / Considering
1. Earmarked Taxes	Specific taxes (e.g., on tobacco) dedicated to health/HIV.	Provides a stable, protected revenue stream; increases taxpayer willingness.	Nigeria, Tanzania, Zimbabwe
2. Concessionary Loans	Loans with favorable terms (low interest, deferred payments) from international bodies.	Access to cost-effective capital for health investments.	Mentioned as an option for countries to consider (general)
3. Debt Conversion	Exchanging debt for domestic investment in health projects (e.g., Global Fund's Debt2Health).	Reallocates existing financial burdens towards crucial health initiatives.	Mentioned as an option for countries to consider (general)
4. Risk-Pooling Schemes (e.g., Health Insurance)	Collective financial protection where many contribute to cover the costs of a few.	Alleviates out-of-pocket expenses, broadens access to services, and provides financial stability.	Nigeria, Ethiopia, Kenya, Malawi, Tanzania, Zambia



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Instrument	Mechanism	Benefit	Countries Employing / Considering
5. Social Contracting	Governments or public entities contracting with civil society organizations (CSOs) for service delivery.	Leverages community expertise and infrastructure, formalizes funding to non-state actors.	Emerging in some countries (general)
6. Leveraging on Technology	Utilizing digital health technologies (e.g., mHealth platforms) for service delivery and efficiency.	Enhances patient monitoring, improves access in remote areas, streamlines services, and can lead to cost savings.	Kenya, Ethiopia
7. Leveraging Resources from All Sectors	Drawing financial and in-kind support from diverse economic sectors beyond traditional health partners.	Broadens the resource base and fosters multi-sectoral ownership of the HIV response.	Ethiopia, Zimbabwe
8. Impounded Illicit Financial Flows (IFFs)	Recovering and redirecting funds seized from illegal activities (e.g., corruption, tax evasion, money laundering).	Provides a significant, often untapped, domestic resource for public services, including HIV programs, while promoting good governance.	Potential future resource (not explicitly stated as currently used by these 7 for HIV)



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Best Practices and Lessons learnt

- **Diversify Funding Sources:** Relying solely on external funding is unsustainable. Countries like Tanzania and Nigeria have successfully implemented domestic resource mobilization (DRM) strategies by establishing dedicated funds, like the Tanzania AIDS Trust Fund (ATF), and expanding health insurance schemes, like Nigeria's NHIS
- **Strengthen Health Systems and Integrate Services:** Integrating HIV/AIDS programs into broader national health systems makes the response more resilient and efficient. Ethiopia, for example, has integrated HIV services into its Health Sector Transformation Plan (HSTP), while Malawi uses a Health Sector Wide Approach (SWAp) to align donor and government priorities
- **Leverage Public-Private Partnerships (PPPs):** Engaging the private sector is crucial for expanding resources and expertise. Tanzania and Zambia actively use PPPs to supplement government funding and enhance service delivery
- **Focus on Local Innovation and Production:** Investing in local industries can reduce costs and lessen import dependency. Kenya and Ethiopia are exploring the domestic production of medical supplies and pharmaceuticals to support their health sectors and contribute to economic growth.
- **Promote Community Engagement and Ownership:** Empowering communities is essential for long-term program sustainability. Countries like Malawi and Zimbabwe involve communities in planning and monitoring, ensuring services are tailored to local needs and fostering a sense of ownership.



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Conclusion

- The study confirms that the countries investigated have established various policies and strategies for Domestic Resource Mobilization (DRM) for HIV/AIDS.
- Examples of these documented policies and strategies include: National Frameworks, Dedicated Funds, Common Approaches and Innovative Mechanisms.
- The study also noted a Gap existing Between Policy and Reality with respect to Failure to Meet Spending Abuja and local Targets, Continued Donor Dependence, Weak Implementation and Inefficiency
- It is in the above light therefore that while specific DRM policies and strategies for HIV exist , a significant gap between policy and reality remains. This leads to continued over-reliance on international funding, with regional and domestic resource mobilization targets consistently missed.



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Domestic financing and leadership in Africa are critical to sustaining current progress in the HIV response. This requires sound management, which includes enhancing program efficiency and minimizing waste , ensuring accountable spending , and strengthening monitoring and evaluation systems.