

## The Sustainable Financing Initiative for HIV in Tanzania: Key Achievements

HP+ POLICY Brief
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Historically, the Government of Tanzania has been heavily reliant on external donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), to support its national HIV response. Since 2014, PEPFAR's Sustainable Financing Initiative, led by the U.S. Agency for International Development (USAID), has implemented key activities in Tanzania to improve the long-term sustainability of the country's HIV response. This work has been implemented through the USAID-and PEPFAR-funded Health Policy Project (HPP, 2010–2015) and its successor, Health Policy Plus (HP+, 2015–2020) to provide technical assistance

to government partners to increase the levels of domestic resource mobilization for HIV in Tanzania. Some key activities and achievements from this work include the following:

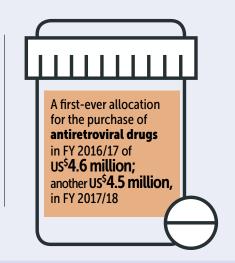
• Mobilizing Resources for HIV from the National Budget. Both HPP and HP+ engaged the government and civil society partners in domestic budget advocacy to influence the budget process for HIV-related allocations in Tanzania. These efforts resulted in a significant increase in the government's contribution to the purchase and distribution of essential medicines, including for HIV (See Figure 1). The projects produced evidence-based briefs

Figure 1. Key Partnerships and National-Level Budget Advocacy in Tanzania Results



An allocation of us<sup>5</sup>115 million in FY 2016/17, and a subsequent US<sup>5</sup>114 million

in FY 2017/18, for the purchase and delivery of essential commodities by the Tanzanian government



US\$1.4 million allocated to the AIDS Trust Fund in FYs 2016/17 and 2017/18









to convey outcome-oriented advocacy messages that resonated with budget decision-makers. For example, as a result of findings in an HP+ policy brief, in 2018 the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) included in its policy priorities a directive to improve budget release of health and HIV allocations. In addition, HP+ is increasing local ownership by building capacity of civil society organizations, training them to conduct budget analyses on government allocations to the health sector (release and execution) and frame advocacy messages effectively.

- Improving Technical Efficiency of HIV Service Delivery. Part of HP+'s work is supporting the government of Tanzania to increase value for money from HIV resources by helping to deliver the same scale of services using fewer health system resources. HP+ completed an analysis of efficiency gains for antiretroviral therapy (ART) at the facility level by using multi-month scripting and a differentiated laboratory management algorithm that could potentially reduce the total economic cost of ART services by US\$258 million over a five-year period. In addition, HP+ engaged implementing partners and the government to develop a common understanding of differentiated service delivery. The project is currently conducting an efficiency analysis on shifting a subset of HIV services intended to improve ART adherence and retention from facility to community levels.
- Exploring Innovative Financing Mechanisms. Securing and sustaining funding for HIV requires resources beyond the national budget. HP+ is engaging the government in a study that analyzes whether financing HIV services through national health insurance schemes is a viable option in Tanzania. HP+ has projected the proportion of people living with HIV that could potentially be enrolled and forecasted the incremental costs to the scheme for select HIV services to assess sustainability. Results show that the National Health Insurance Fund could absorb US\$24 million in incremental costs for HIV services, covering 96,000 people living with HIV in year one within the scope of its existing pooled resources.

For more on the project's work related to increasing levels of domestic resource mobilization for HIV in Tanzania, visit HP+ Tanzania.

## **CONTACT US**

Health Policy Plus
1331 Pennsylvania Ave NW,
Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

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