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Time to “reset” Development Assistance

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In recent years, AIDS in Africa has become a “good news” story. The unprecedented response to the epidemic—especially from donor countries in the North—has generated worldwide solidarity in terms of financing and has transformed those resources into results.

More than 5 million children and adults now benefit from life-saving treatment—up from less than 50,000 a decade ago. New HIV infections in Africa dropped by nearly 25% between 1997 and 2010. Investments in the AIDS response have returned higher productivity in factories, farms and offices and in fewer orphans needing support. AIDS funding has strengthened health systems, lowered tuberculosis rates and spawned models for chronic disease care across Africa’s villages—among other beneficial outcomes.

Nevertheless, sub-Saharan Africa remains the region most heavily affected by HIV. Almost 70% of the 34 million people living with HIV worldwide are in Africa. Meanwhile, the hard-won gains made there in recent years are threatened by the global current economic crisis and stagnating development assistance.

In the absence of a cure, people living with HIV need access to antiretroviral therapy indefinitely. Assuring life-long access to medicines for all people eligible will further stress already fragile health systems throughout Africa. An additional 5 million people living with HIV in Africa are eligible for treatment, but are not yet receiving it.

AIDS in Africa can no longer be treated as an “emergency.” The epidemic now requires a long-term, integrated response that cannot be shouldered entirely by external funders. But today’s reality is that approximately 60% of the African AIDS response is funded through international sources—mainly the Global Fund to Fight AIDS, TB and Malaria and the US President’s Emergency Plan for AIDS Relief (PEPFAR). Most African countries rely heavily on external financing to support more than 80% of their AIDS response.

Aid effectiveness in the spotlight

This week, global leaders are meeting in Busan, Korea, for the High Level Forum on Aid Effectiveness. This is a critical opportunity to hit the “reset” button on international aid and begin to build new models for development cooperation.

So what is needed to sustain the AIDS response in Africa? One: country ownership and leadership. Two: Shared responsibility. And three: South-South cooperation.

First and foremost, countries must own and lead their national responses to AIDS. To reduce chronic dependence on international funding, domestic resources must be mobilized to finance HIV prevention, treatment and care activities and strengthen health systems. This is the path to sustainability, and it requires countries to make smarter investments, spending the money precisely where it is needed most and has the greatest impact.

In June this year, at the UN High Level Meeting on AIDS, countries agreed to a set of bold and ambitious targets to be met by 2015: eliminating new HIV infections in children, reducing sexual transmission of HIV by half and providing treatment to 15 million people by 2015. None of these goals will be achieved unless countries fully own their AIDS response and maximize new sources of long-term, predictable funding.

Second, no country has the capacity to respond to AIDS alone. The AIDS response is a responsibility to be shared among donors, countries and key stakeholders. Shared responsibility is not just about money. It is new types of partnership whereby all participants have clearly defined roles based on their shared but differentiated capacities and are fully accountable to each other. It is a new way of doing business—a shift away from the traditional model of development assistance to one where countries are in the driver's seat and leading, rather than following.

Economic growth provides new opportunities for increased domestic health spending. South Africa is at the forefront with the biggest domestic investment on AIDS by a developing country: US\$ 1.5 billion in 2010. And Uganda tripled its domestic AIDS spending from 2005 to 2008, from US\$ 12.3 million to US\$ 38.7 million.

Finally, cooperation between and among the countries of the global South is essential to a sustained and effective AIDS response. Innovative partnerships with civil society, the private sector and new development partners—such as the emerging economic powers of Brazil, China, India, Russia, and South Africa—are needed to support service delivery and research, development and equitable access to technology and innovation. In fact, Brazil, China, and India are becoming Africa's leading trading partners.

An extremely promising example of South-South cooperation can be seen in the work of the Africa Society for Laboratory Medicine (ASLM). With seed support from PEPFAR, this public-private partnership brings together African laboratory professionals who advocate for improving the availability and quality of laboratory services for HIV, TB, malaria and other health conditions throughout the continent.

To help countries make smarter and more strategic investments in HIV, UNAIDS has developed a new Investment Framework—a guide that shows major efficiency gains that countries could achieve through various approaches that could ultimately avert 12.2 million new HIV infections and 7.4 million HIV-related deaths by 2020. The key elements of this approach include scaling up six basic, already-proven programme activities to obtain maximum impact. This, combined with other smart investments, will also leverage progress more broadly for health and development.

The world faces a clear choice: maintain “business as usual” efforts for short-term, unsustainable gains, or reset the development paradigm to invest smartly, achieve sustainable gains and end the AIDS epidemic.

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