

Sustainable Funding for HIV/AIDS Programs in Africa: The Role of Local Government Support in Comparative Perspective

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ABSTRACT

HIV/AIDS continues to pose a significant public health challenge in Africa, with Sub-Saharan Africa accounting for the majority of global cases. While international donor funding has historically underpinned HIV/AIDS programs across the continent, the declining availability of external resources has emphasized the need for sustainable domestic financing. Local governments, situated at the intersection of national policies and community-level implementation, play a pivotal role in bridging this funding gap. This review examines the contributions of local governments to HIV/AIDS program funding in Africa through a comparative lens, focusing on successes, challenges, and opportunities for strengthening their role. Case studies from South Africa, Uganda, Nigeria, and Kenya highlight diverse approaches to resource mobilization, policy implementation, and community engagement. Persistent barriers, including limited fiscal capacity, donor dependency, weak governance structures, political instability, and competing priorities, are analyzed to inform strategic recommendations. The findings underscore the need for enhanced fiscal decentralization, capacity building, and innovative financing mechanisms to empower local governments in sustaining HIV/AIDS responses. By fostering greater local government participation, Africa can achieve more resilient and effective health systems, ensuring progress toward ending AIDS as a public health threat by 2030.

Keywords: HIV/AIDS funding, Local government, Sustainable financing, Sub-Saharan Africa, Public health policy.

INTRODUCTION

HIV/AIDS remains one of the most pressing public health challenges in Africa, a continent that bears the brunt of the global epidemic. Sub-Saharan Africa accounts for greater proportion of people living with HIV worldwide, with the region experiencing disproportionate rates of new infections and AIDS-related deaths [1]. While international donor funding has played a pivotal role in the fight against HIV/AIDS, the evolving global economic and political landscape has prompted a shift in focus toward domestic resource mobilization. Sustainable funding is critical to maintaining and scaling up prevention, treatment, and care programs, which are integral to reducing new infections, improving the quality of life for those affected, and ultimately achieving the goal of ending AIDS as a public health threat by 2030. Local governments are uniquely positioned to bridge national policies and community-level implementation, making them crucial stakeholders in the drive for sustainable HIV/AIDS funding [2]. This review explores the role of local governments across Africa in sustaining HIV/AIDS programs, emphasizing comparative successes, persistent challenges, and lessons that can be drawn to enhance their effectiveness. By examining these dynamics, this study aims to provide insights into how local governments can better contribute to ensuring long-term funding for HIV/AIDS interventions. The global response to HIV/AIDS has undergone significant transformation over the past four decades. Early interventions were largely reactive, with a heavy reliance on international aid. Programs such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria have injected billions of dollars into HIV/AIDS initiatives across Africa, enabling life-saving antiretroviral therapy (ART), prevention campaigns, and capacity building. However,

despite these efforts, the dependency on external funding has exposed vulnerabilities, especially when donor priorities shift or economic downturns constrain available resources. In recent years, there has been growing recognition of the need for African countries to take ownership of their HIV/AIDS responses. This shift aligns with global health financing goals, including those articulated by the Addis Ababa Action Agenda of 2015, which underscores the importance of domestic resource mobilization for sustainable development [3]. Local governments, as the closest administrative tier to communities, are pivotal in this effort. They are tasked with implementing health programs, mobilizing resources, and fostering community engagement—responsibilities that position them as vital actors in sustaining HIV/AIDS funding. Nonetheless, local governments in Africa face numerous challenges in fulfilling these roles. Many operate under severe financial constraints, limited technical capacity, and a lack of autonomy to prioritize health spending. Additionally, variations in governance structures, economic development levels, and sociopolitical contexts across the continent create disparities in how local governments contribute to HIV/AIDS program funding. The reliance on international donor funding for HIV/AIDS programs in Africa is unsustainable in the long term. Donor fatigue, competing global health priorities, and economic uncertainties have led to a decline in external funding for HIV/AIDS initiatives in recent years. For instance, some countries have reported significant budget shortfalls for their HIV/AIDS programs following reductions in funding from major donors. This trend threatens the gains made in combating the epidemic, particularly in resource-limited settings where domestic contributions remain insufficient to bridge funding gaps [4]. Local governments, despite their potential to mobilize resources and implement health programs effectively, are often underutilized in the quest for sustainable HIV/AIDS funding [5]. Structural inefficiencies, limited fiscal decentralization, and inadequate political commitment undermine their ability to prioritize and sustain HIV/AIDS interventions [6]. Moreover, there is a lack of comparative analysis on how different local government systems in Africa approach HIV/AIDS program funding, which hinders the development of evidence-based strategies to strengthen their contributions. Addressing these gaps requires a deeper understanding of the role local governments play in sustaining HIV/AIDS funding. Comparative insights can illuminate best practices, identify barriers, and inform policy recommendations to enhance the effectiveness of local government support in combating HIV/AIDS. This study aims to examine the current landscape of HIV/AIDS funding in Africa, focusing on the role of local governments in resource mobilization, program implementation, and financial sustainability. It also analyzes comparative approaches to local government involvement, highlighting successful models, innovative practices, and common challenges. Key barriers to effective local government participation are identified, and strategies for strengthening local government contributions are proposed. The study also examines the implications of reduced donor funding on HIV/AIDS programs and the critical role of local governments in mitigating these effects. The sustainability of HIV/AIDS programs in Africa depends on countries transitioning from donor dependency to domestic resource mobilization. Local governments, as the closest link to affected communities, are uniquely positioned to bridge this gap. However, their role in sustaining HIV/AIDS funding has received limited attention in policy discourse and academic research. By fostering stronger local government participation, Africa can enhance the resilience and sustainability of its HIV/AIDS response, ensuring that progress achieved over decades is preserved and built upon.

The Importance of Local Government Support

Local governments play a multifaceted role in supporting HIV/AIDS programs:

1. **Resource Mobilization:** Local governments can allocate budgets, create partnerships, and mobilize community resources to supplement national and donor funding.
2. **Policy Implementation:** By translating national HIV/AIDS strategies into actionable local initiatives, governments ensure alignment with specific community needs.
3. **Community Engagement:** Local governments foster trust and collaboration, essential for effective program delivery and resource utilization.
4. **Advocacy and Leadership:** Local leaders can advocate for increased domestic funding and galvanize political will for sustained HIV/AIDS responses.

Comparative Case Studies of Local Government Support

South Africa's decentralized governance structure has enabled local governments to significantly fund and implement HIV/AIDS programs, often through partnerships with the private sector and NGOs. Uganda's proactive approach to combating HIV/AIDS is praised, with district-level health committees prioritizing interventions [7]. However, challenges like inequities in funding between urban and rural areas persist. Nigeria's state and local governments' contributions to HIV/AIDS funding vary, with innovative financing mechanisms like health insurance schemes in Lagos and Kaduna. Kenya's devolved system empowers counties to prioritize HIV/AIDS programs, with Kisumu and Homabay being heavily affected. However, disparities in resource allocation among counties remain a significant challenge.

Barriers to Local Government Support for HIV/AIDS Funding

Addressing the HIV/AIDS epidemic requires sustained and comprehensive efforts from all levels of government. However, local governments often face significant barriers that hinder their ability to provide adequate support for HIV/AIDS initiatives [8]. This document delves into five critical barriers—limited fiscal capacity, dependence on donor funding, weak governance structures, political instability, and competing priorities—and examines how these challenges impact local governments' roles in combating HIV/AIDS.

Limited Fiscal Capacity: A primary barrier to local government support for HIV/AIDS initiatives is their limited fiscal capacity. Many local governments operate on constrained budgets, primarily derived from local taxes, fees, and sometimes minimal intergovernmental transfers. The revenue base for most local governments, especially in low- and middle-income countries, is often inadequate to cover their mandated responsibilities, let alone support specialized programs like those targeting HIV/AIDS.

Economic challenges exacerbate this issue. For instance, in economically underdeveloped regions, the taxable base is narrow due to high levels of poverty and informal employment. Businesses that could contribute to local tax revenues are often small-scale and operate outside formal systems [9]. Consequently, local governments struggle to generate the resources necessary to fund HIV/AIDS awareness campaigns, testing programs, treatment services, and support networks for affected populations.

Moreover, fiscal constraints limit investments in critical infrastructure that could indirectly support HIV/AIDS initiatives, such as healthcare facilities and transportation networks. Without the financial capacity to build or maintain such infrastructure, local governments are often unable to implement sustainable HIV/AIDS programs, leading to gaps in service delivery.

Dependence on Donor Funding: Overreliance on donor funding is another significant barrier to local government support for HIV/AIDS initiatives [10]. While international donors have played a critical role in combating the epidemic by providing essential financial resources, their involvement often comes with challenges. Donor funding is typically project-specific and time-bound, which means that local governments have little flexibility in using these funds to address local priorities comprehensively.

Additionally, donor-driven programs may inadvertently create dependency. Local governments may become reliant on external funding to the extent that they deprioritize developing sustainable internal revenue sources. This dependency can weaken their capacity to act independently and ensure the continuity of HIV/AIDS programs when donor funds are reduced or withdrawn [11]. Furthermore, donors often impose strict reporting and accountability requirements, which can strain the limited administrative capacity of local governments.

Another challenge is the misalignment of donor priorities with local needs. Donors may focus on specific aspects of HIV/AIDS programs, such as antiretroviral therapy (ART) distribution, while neglecting other equally critical areas like prevention campaigns, psychosocial support, or addressing the social determinants of health. This narrow focus can result in fragmented and unsustainable efforts that fail to address the epidemic comprehensively at the local level.

Weak Governance Structures: Weak governance structures within local governments significantly hinder their ability to support HIV/AIDS initiatives effectively. Financial mismanagement and lack of accountability are common issues, leading to inefficiencies and misuse of resources. In many cases, corruption and nepotism divert funds intended for HIV/AIDS programs, depriving communities of critical services [12].

The absence of robust institutional frameworks exacerbates these challenges. Local governments often lack the mechanisms for transparent budgeting, monitoring, and evaluation, which are essential for ensuring that resources are allocated effectively. Weak governance structures also result in poor coordination between various stakeholders involved in HIV/AIDS initiatives, including community organizations, healthcare providers, and non-governmental organizations (NGOs).

Furthermore, insufficient capacity-building efforts for local government officials contribute to the problem. Many officials lack the technical knowledge and skills needed to plan, implement, and monitor HIV/AIDS programs effectively. Without adequate training in areas such as program design, data collection, and resource mobilization, local governments struggle to deliver impactful interventions.

Political Instability: Political instability presents a formidable barrier to local government support for HIV/AIDS programs. Frequent changes in leadership, political unrest, and power struggles disrupt long-term planning and resource allocation. In politically unstable regions, local governments may face interruptions in funding flows and delays in program implementation.

Political instability also undermines community trust in local governments, which is crucial for the success of HIV/AIDS initiatives [13]. A lack of trust can discourage individuals from seeking services or participating in

prevention campaigns, particularly in areas where stigma surrounding HIV/AIDS is prevalent. This mistrust further complicates efforts to address the epidemic at the local level.

Moreover, political instability often shifts government priorities away from health and social services to addressing immediate security or governance crises. In such situations, HIV/AIDS programs may be deprioritized, leading to reduced funding and limited attention to the epidemic's impact on vulnerable populations.

Competing Priorities: Local governments are frequently confronted with the challenge of balancing HIV/AIDS funding with other pressing needs, such as education, infrastructure development, and security. These competing priorities create a complex landscape in which HIV/AIDS programs may not receive the attention or resources they require. In many regions, local governments face mounting demands to address infrastructure deficits, such as building roads, schools, and water supply systems [14]. These investments are often perceived as more tangible and politically rewarding compared to health interventions, which may not yield immediate visible outcomes. Consequently, HIV/AIDS programs are often overshadowed by other developmental priorities.

The challenge of competing priorities is further complicated by limited community awareness about the importance of addressing HIV/AIDS. In areas where the epidemic is stigmatized or misunderstood, local governments may encounter resistance when allocating resources to HIV/AIDS programs. Community members may pressure officials to prioritize other areas of development, making it difficult for local governments to justify significant investments in HIV/AIDS initiatives. Additionally, global crises such as pandemics, economic recessions, or natural disasters can exacerbate the issue of competing priorities. When local governments are forced to divert resources to address emergencies, HIV/AIDS programs often experience funding cuts and operational disruptions.

Best Practices for Enhancing Local Government Support

Local governments play a critical role in addressing health challenges such as HIV/AIDS. Adopting best practices ensures effective resource mobilization, program implementation, and community engagement. Below is an expanded discussion on key strategies:

Innovative Financing Mechanisms: Innovative financing is crucial for sustainable funding for HIV/AIDS initiatives. Local governments can collaborate with health insurance providers to ensure universal health insurance covers HIV/AIDS services, reducing financial burdens and improving access to care. Community-based savings and funding groups can pool resources to support members affected by HIV/AIDS, acting as safety nets. Public-private partnerships can be promoted by local governments to supplement public funds, facilitating funding for infrastructure, medical supplies, and capacity-building programs. These partnerships can also help families access necessary healthcare services and medications [15].

Strengthening Governance and Accountability: Improved governance fosters resource efficiency and trust among stakeholders. Transparency in budgetary processes is essential for local governments, as it enhances accountability and deters corruption. Training local officials in financial planning, auditing, and program execution is crucial for efficient resource use. Capacity-building workshops can also help align local programs with national HIV/AIDS strategies.

Advocacy and Policy Development: To prioritize HIV/AIDS initiatives within local government agendas, strong advocacy and policies are essential. Engaging local leaders, such as religious leaders and traditional rulers, can encourage community involvement and higher budgetary prioritization. Policies requiring a fixed percentage of the annual budget to be allocated to HIV/AIDS programs at the local level ensure consistent funding for prevention, treatment, and awareness initiatives.

Community Involvement: Engaging communities in HIV/AIDS programs fosters ownership and sustainability. By mobilizing community members to contribute resources and monitor program effectiveness, transparency and accountability are ensured. Mobilization of community members can be enhanced by engaging religious leaders [16]. Monitoring committees track progress and impact, while Grassroots organizations can partner with local governments to enhance service delivery. These best practices strengthen local governments' capacity to address HIV/AIDS effectively, integrating innovative financing, robust governance, policy support, and community engagement. This ensures sustainable progress in combating the epidemic.

Recommendations

1. **Increase Fiscal Decentralization:** National governments should enhance local governments' fiscal autonomy to generate and allocate resources for HIV/AIDS programs.
2. **Strengthen Donor-Local Government Collaboration:** Donors should align funding strategies with local government priorities to ensure sustainability.
3. **Promote Knowledge Sharing:** Facilitate regional platforms for local governments to exchange best practices and innovative solutions.

4. **Invest in Capacity Building:** Equip local governments with the skills and resources needed for effective program management and financial planning.

CONCLUSION

Achieving sustainable funding for HIV/AIDS programs in Africa is a multifaceted challenge requiring the collective effort of local governments, national authorities, and global stakeholders. Local governments, as the closest administrative entities to affected communities, are critical players in resource mobilization, policy implementation, and fostering community engagement. However, this review highlights significant barriers, including limited fiscal capacity, overreliance on donor funding, weak governance structures, political instability, and competing priorities, which hinder their ability to sustain HIV/AIDS initiatives effectively. Comparative case studies from South Africa, Uganda, Nigeria, and Kenya reveal valuable insights into successful strategies and persistent challenges in local government support. Notable successes include public-private partnerships, innovative financing mechanisms, and decentralized governance systems that empower local authorities. Yet, disparities in funding, governance inefficiencies, and dependence on external donors underscore the urgent need for structural reforms and capacity-building efforts.

To enhance local government contributions to HIV/AIDS funding, it is crucial to enhance fiscal decentralization, foster transparency and accountability, invest in capacity building, promote innovative financing through health insurance schemes, community contributions, and public-private partnerships, and strengthen political commitment. These measures will ensure tailored programs, efficient resource use, evidence-based decision-making, and diversification of funding sources. Ultimately, sustained political will at all levels is essential to prioritize HIV/AIDS interventions amidst competing demands. Ultimately, the transition from donor dependency to domestic resource mobilization hinges on empowering local governments as key agents of change. By addressing structural and operational challenges, Africa can create resilient and sustainable HIV/AIDS programs that preserve past achievements and build a future where the epidemic no longer threatens public health. This transition requires a shared commitment to fostering collaboration, innovation, and investment, ensuring that the fight against HIV/AIDS remains a priority for generations to come.

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