

# Financing the Future HIV Response

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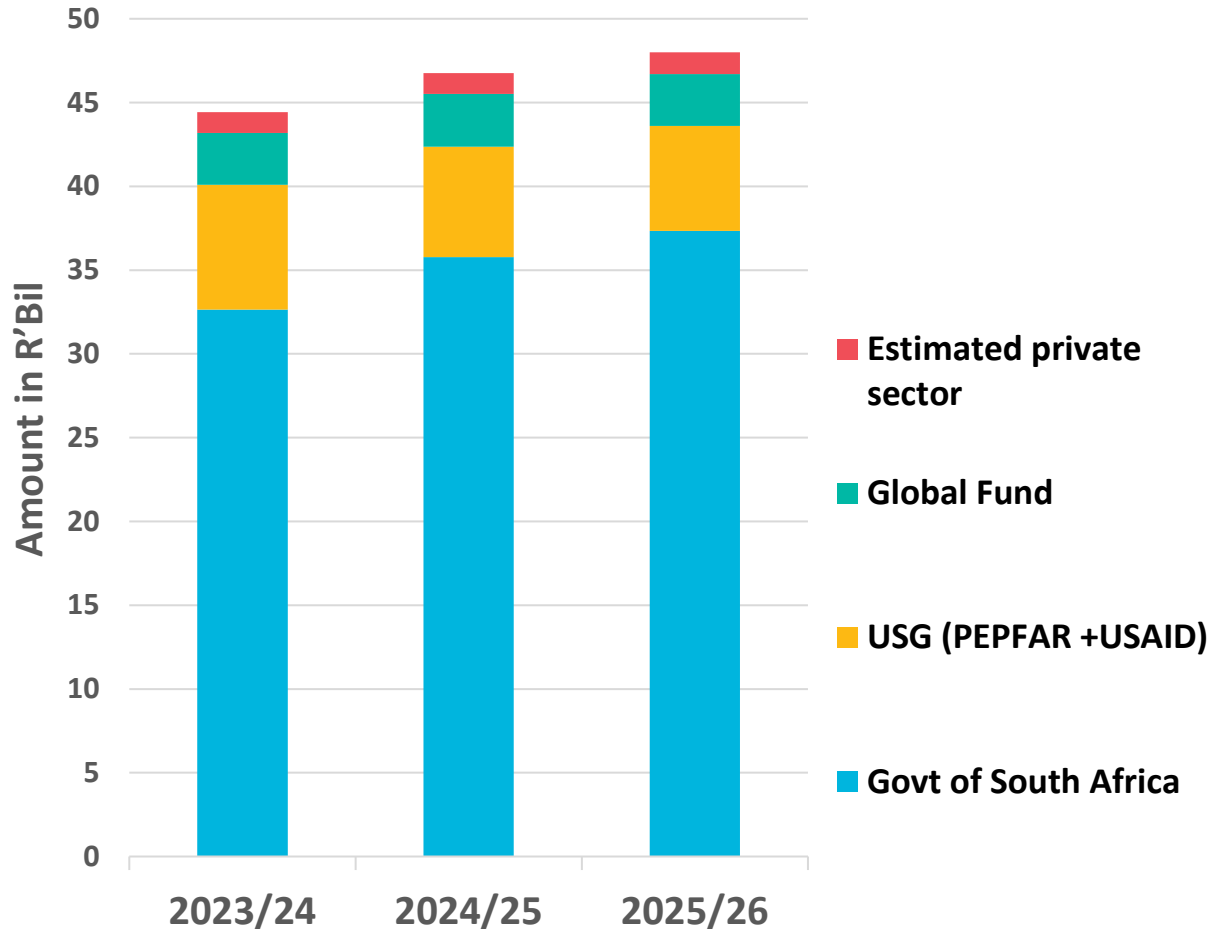
**Designation: Director – HIV and TB Conditional Grants**

**Date: 19 November 2025**





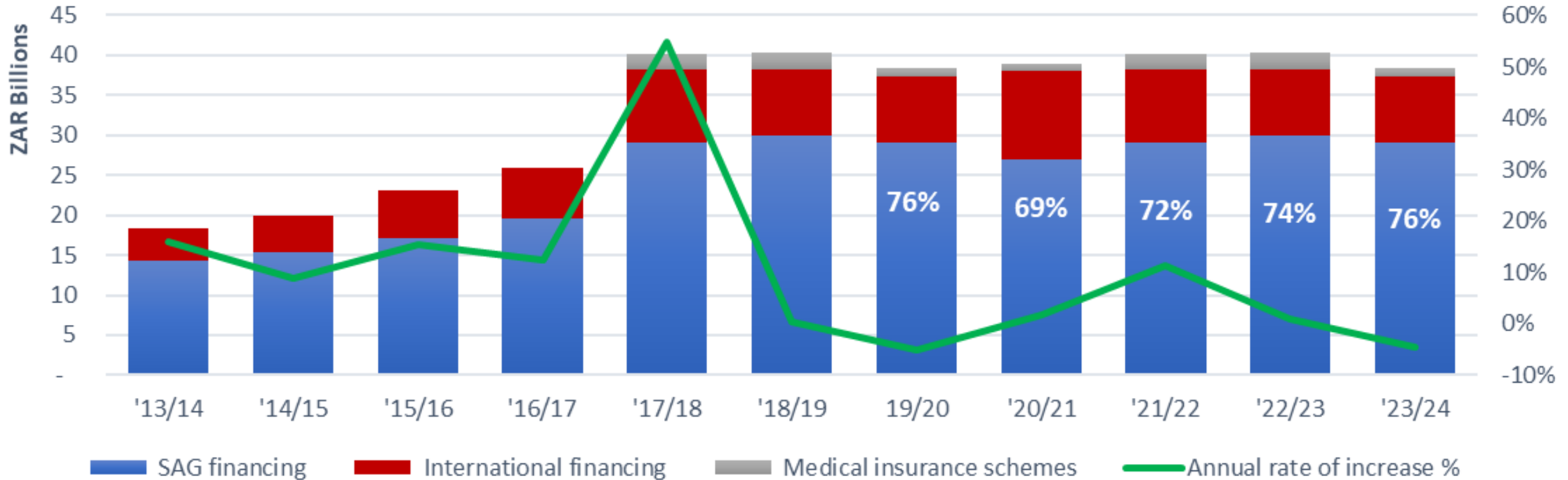
# HIV NSP Financing



Funding Source	2023/24 R'Bil	2024/25 R'Bil	2025/26 R'Bil
Govt of South Africa	32,65	35,77	38,12
USG (Reduced by	7,45	6,59	4,77
Global Fund (Reduced by	3,1	3,16	2,63
Estimated private sector	1,24	1,24	1,29
<b>Total Available NSP Funds</b>	<b>44,44</b>	<b>46,76</b>	<b>46,81</b>

# Time Trends - HIV Expenditure in South Africa

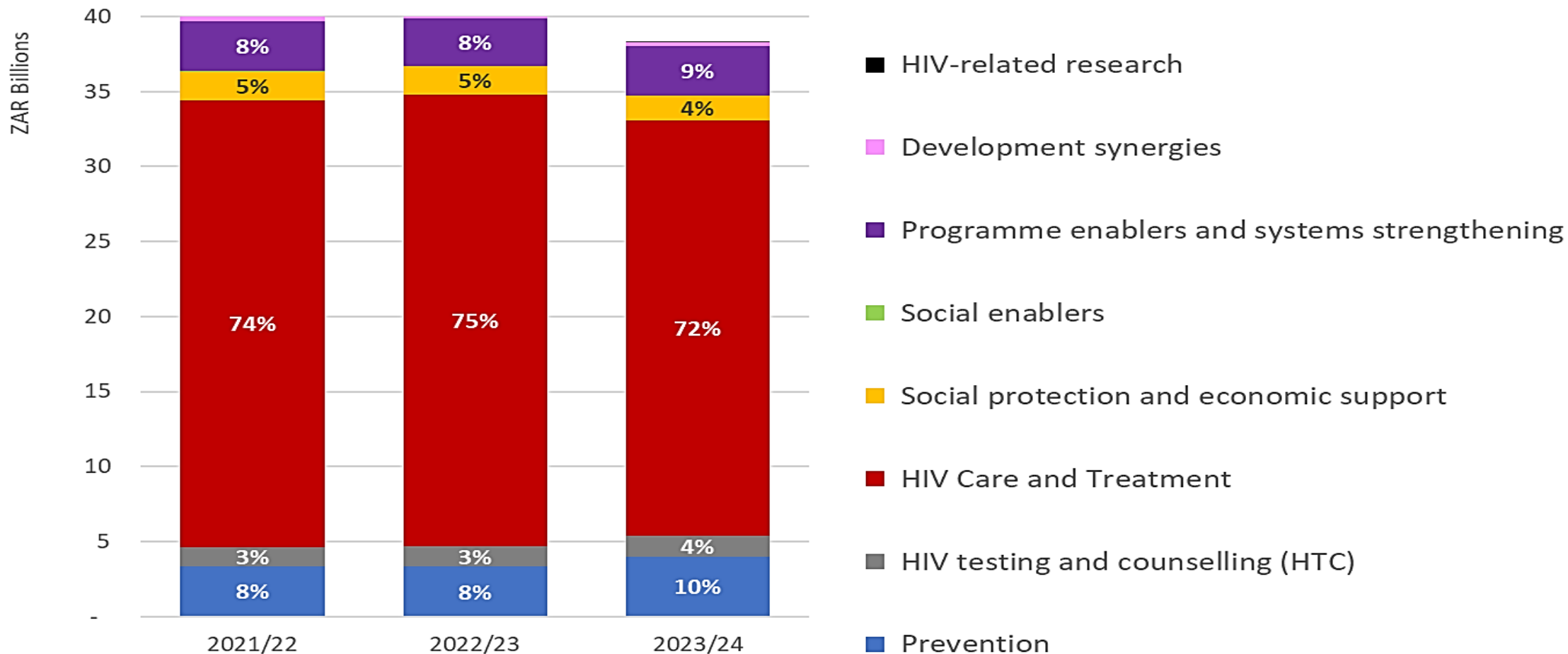
Total SA HIV Expenditure (2013/14-2023/24, ZAR bn)  
 not adjusted for inflation



# Total HIV Spending – Per Programme Area

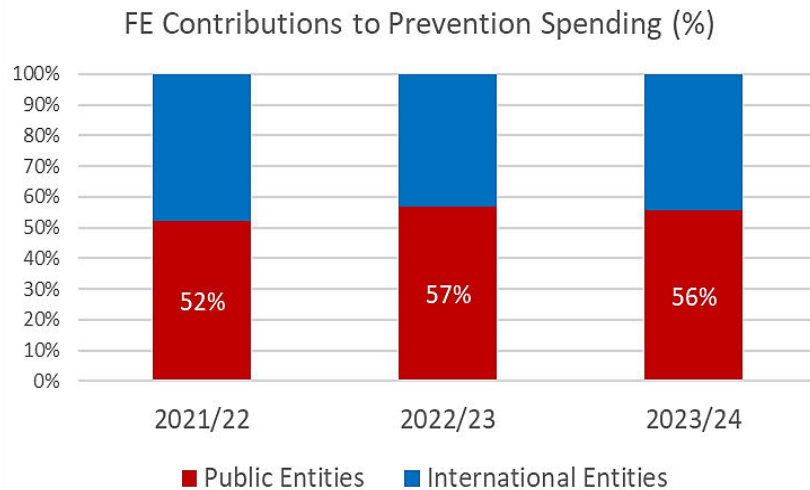
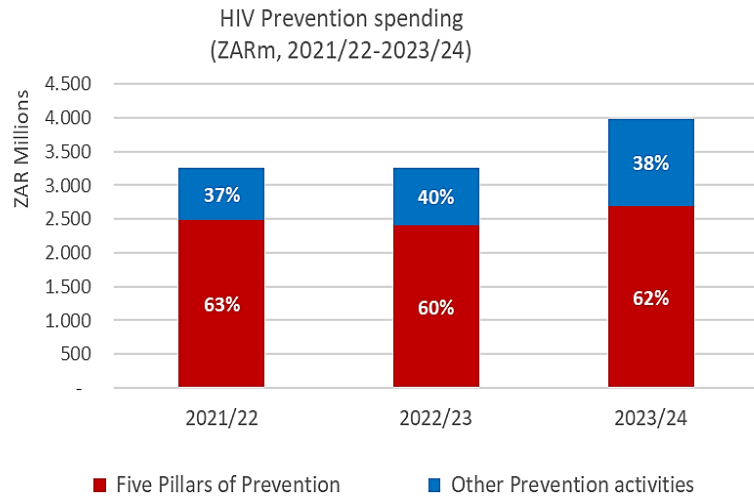
(2021/22 - 2023/24, ZAR billions)

Total HIV spending by Programmatic Area (2021/22-2023/24, ZARb)



# Deeper Dive into HIV Prevention Spending

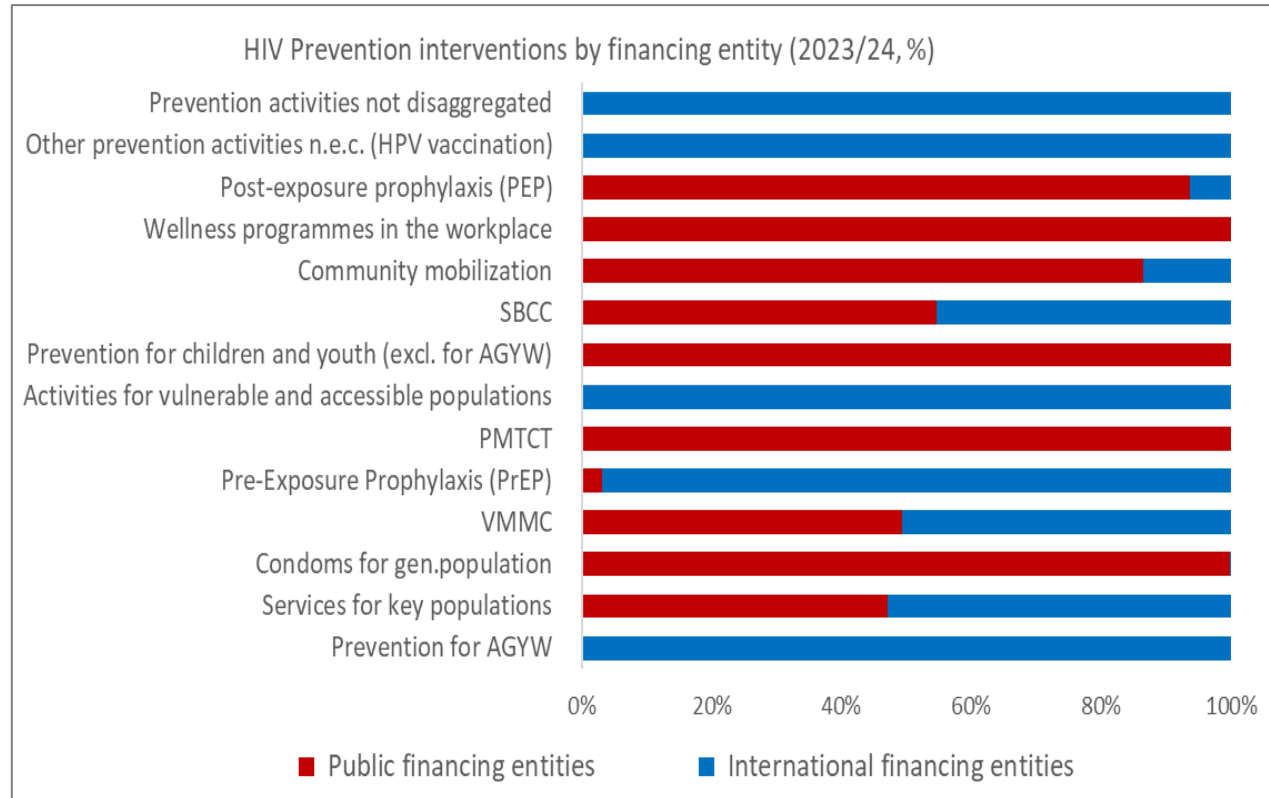
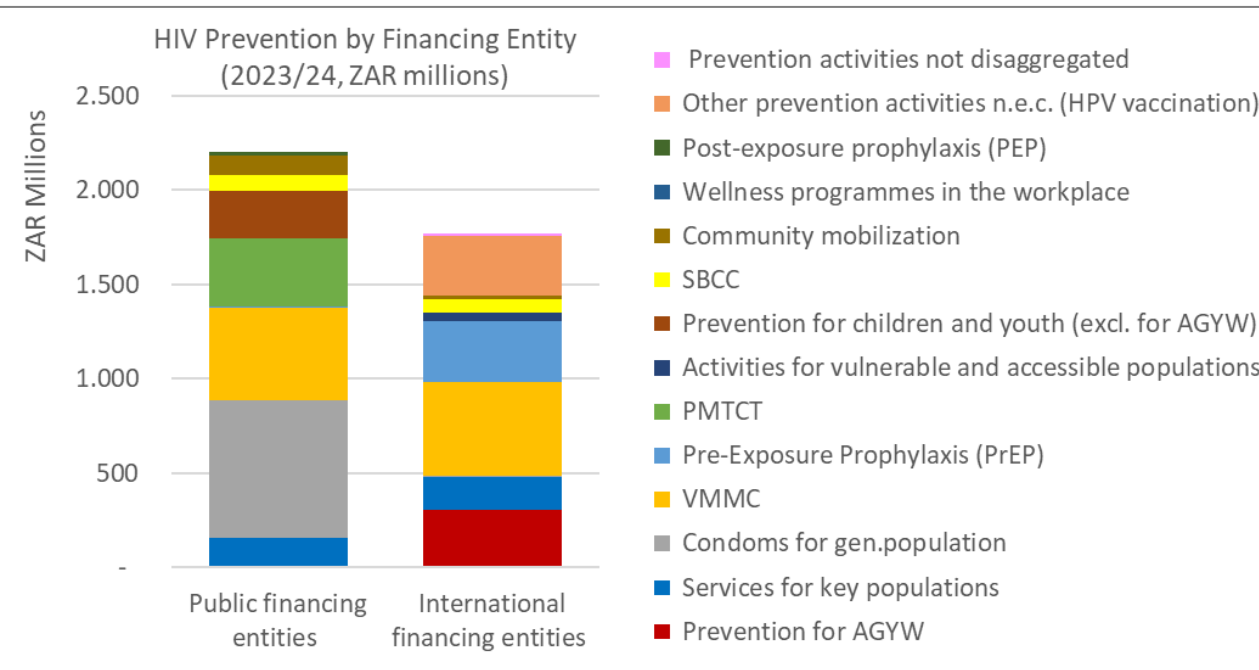
(2021/22 - 2023/24, ZAR billions)



HIV Prevention (ZAR, 2023/24)	Public financing entities	International financing entities	Domestic private	Total Prevention
Prevention for AGYW	-	304.745.482		304.745.482
Services for key populations	158.464.582	177.520.706		335.985.288
Condoms for gen.population	728.311.322	790.606		729.101.929
VMMC	488.405.195	500.672.866		989.078.061
Pre-Exposure Prophylaxis (PrEP)	10.582.604	322.221.427		332.804.031
PMTCT	357.317.025	-		357.317.025
Activities for vulnerable and accessible populations	-	43.287.464		43.287.464
Prevention for children and youth (excl. for AGYW)	250.196.988	-		250.196.988
SBCC	89.796.000	74.437.403		164.233.403
Community mobilization	100.116.619	15.581.188		115.697.807
Wellness programmes in the workplace	204.170	-		204.170
Post-exposure prophylaxis (PEP)	19.162.608	1.290.563		20.453.171
Other prevention activities n.e.c. (HPV vaccination)	-	314.524.508		314.524.508
Prevention activities not disaggregated	-	13.730.197		13.730.197
<b>Total Prevention (ZAR)</b>	<b>2.234.323.376</b>	<b>1.768.802.410</b>	<b>-</b>	<b>4.003.125.786</b>

# HIV Prevention Spending by Financing Entity

(2021/22 - 2023/24, ZAR billions)



# Which interventions should we prioritise under defunding? (impact over 2025-28)

	HIV infections averted	AIDS deaths averted	Additional cost [mil' 2024 USD]	Cost (USD)/ HIV infection averted	Cost (USD)/ death averted
<b>Keep: ART at current coverage</b> Reduce: HTS (-6%), MMC (-45%), PrEP KP (-20%)	144,816	55,721	542	3,740	9,719
<b>Keep: HTS at current coverage</b> Reduce: ART (-14%), MMC (-45%), PrEP KP (-20%)	2,162	331	24	11,271	73,611
<b>Keep: PrEP to KP at current coverage</b> Reduce: ART (-14%), HTS (-6%), MMC (-45%)	987	2	2	1,992	965,563
<b>Keep: MMC at current coverage</b> Reduce: ART (-14%), HTS (-6%), PrEP KP (-20%)	1,958	4	49	25,021	12,501,979

# Which interventions should we prioritise under defunding?

(impact over 2025-28)

- The exit of PEPFAR from South Africa will have devastating impacts if the SA government (or other funders) do not step in to support the HIV programme
- These impacts could undo up to a decade of progress toward ending AIDS as a public health threat
- Urgent need for swift and comprehensive action to replace services affected by the USG defunding
- Highest priority is to maintain the ART programme (to save lives and avert most infections), then PrEP to key populations (most cost-effective strategy to avert HIV infections)

# Additional Funding Sourced from Treasury

- **R753,528,000 in terms of Sec 16(1) of the PFMA**
  - **R590,407,000** for service delivery in **provinces** to be allocated via the Comprehensive HIV/AIDS component of the District Health Programmes Grant;
  - **R32,121,000** to the **NDOH** to support the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme and pharmaceutical supply chain management; and
  - **R132,000,000** to be transferred to the South African Medical Research Council (SAMRC) to support health research. (Already covered).
- **A further R3,2 bil has been requested from National Treasury for the next MTEF (starting with R1,047 bil in 2026/27)**

# Take Aways

- Foreign funding assistance has declined by **29% and 17% for USG and GF, respectively**
- SA to continue mobilising and allocating more Domestic funds to the Country response.
- Implement the Sustainability Plans at all levels
- Avail all HIV Prevention Options to continue dropping the HIV incidence rate
- Implement DSD models to improve patient/client experience – treatment adherence and retention.
- Improve Allocative Efficiency of all programme interventions.
- Mobilise foreign assistance and financing for innovations – use it as catalytic funding for proof of concept and scale-up.
- Preserve the current budget allocations and improve efficiency.
- The Cost for Prevention is usually cheaper than treatment/cure.

