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# Midlands State University



FACULTY OF COMMERCE

DEPARTMENT OF ACCOUNTING

*Bridging the funding gap for national aids council.*

BY

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R12532Q

*This dissertation is submitted in partial fulfillment of the requirements of the **Bachelor of Commerce (Honors) Degree in Accounting** in the Department of Accounting at Midlands State University.*

**Gweru: Zimbabwe, November 2014**

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# **DEDICATION**

This dissertation is dedicated to the Almighty, my God for His grace, my family, friends and colleagues.

## **ACKNOWLEDGEMENTS**

I really appreciate the good work done by my academic supervisor, Mr. Mazhindu for the success of this dissertation.

I owe a lot to my friends and relatives for their encouragement and support throughout the study.

## **ABSTRACT**

The research project is about bridging the funding gap for National AIDS Council. The major objective of the study was establishment of the existence of the funding policy if in existence, how it was constituted, frequency of reviews, implementing guidelines and controls in place, its relevance in meeting new and changing needs of the organization. Research data was collected through questionnaires and interviews and was collected from directors, middle management and finance and administration staff. The major findings were that the funding policy was in existence as a blueprint and is communicated to employees. There was involvement of stakeholders in policy formulation, the policy however was not reviewed regularly to consolidate new best funding initiatives as well as to meet new needs of the organization and clientele. The major recommendations made included that NAC must review policy regularly and make use of the TRIPS agreement in acquisition of drugs as well as lobby through the Ministry of Health and Child Care.

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# Chapter 1

## Introduction

### 1.0. Introduction

The research sets to establish the extent of the funding gap on HIV/AIDS programmes being implemented in Zimbabwe. Also under discussion is the background of the study, statement of the problem, sub research questions, research objectives, significance of study, delimitations of the study, limitations, assumptions, definitions of terms and summary.

### 1.1 Background of the study

The mandate of National Aids Council (NAC) is to provide for measures to combat the spread of Human Immuno Deficiency Virus (HIV) and management, coordination and implementation of programmes that reduce the impact of HIV and AIDS (NAC Act 15:14 of 2000). The national response to HIV/AIDS in Zimbabwe is financed through the National AIDS Trust Fund (NATF) popularly known as the AIDS Levy, Global Fund, bilateral and multilateral institutions. The collection and administration of NATF is governed by the Finance Act Chapter 23:04 section 14 subsection 14 and 15. AIDS Levy is charged on individuals, companies and trusts at a rate of 3% of income tax assessed. There is a multi-sectoral strategic framework which was developed to inform and guide the national response towards achieving **zero new infections, zero discrimination and zero AIDS related deaths** by 2015. The strategic plan is called the Zimbabwe National HIV and AIDS Strategic Plan 2011-2015 (ZNASP 11)

The current prevalence rate of HIV is 15% .This indicates that Zimbabwe is experiencing one of the harshest HIV/AIDS in the world. Zimbabwe was faced with a number of challenges in the past which included high rates of unemployment, cholera and liquidity crunch among others. According to ZNASP II Zimbabwe needs \$1,565,252,639 for the period 2011 to 2016 to fund activities outlined in the strategic plan, out of the stated requirements \$1,222,216,600 is expected to come from external partners. This indicates that Zimbabwe is largely dependent on donor support to combat HIV/AIDS,Schwartlander, B (2012) reiterated that poorer governments are still largely dependent on global resources ‘the lives of 80% of the people who receive AIDS treatment in Africa depend every day, every morning, on whether

or not the donor writes another cheque. That is unacceptable – such dependency must simply end’.

The requirements of ZNASP 11 against the possible sources of funding are indicated in table 1.1 below,

**Table 1.1**

**Funding gap analysis**

<b>Year</b>	<b>ZNASP 11 funding needs (\$)</b>	<b>AIDS + Government budgetary allocation (\$)</b>	<b>Funding from development partners (\$)</b>	<b>Funding gap (\$)</b>
2011	188,350,786.00	26,459,054.00	121,701,013.00	(40,190,719.00)
2012	157,610,587.00	34,016,650.00	184,767,238.00	61,173,301.00
2013	336,844,061.00	35,795,000.00	211,397,361.00	(89,651,700.00)
2014	283,769,619.00	40,686,400.00	230,011,204.00	(13,072,015.00)
<b>Total</b>	<b>1,565,252,639.00</b>	<b>241,408,354.00</b>	<b>1,222,216,600.00</b>	<b>(81,741,133.00)</b>

*(Source NAC & Concept Note to Global Fund, April 2013)*

Current resources are not sufficient to initiate more people on ART. This has been worsened by the fact that new ART guidelines were released by WHO as reiterated by the National AIDS Council Chief Executive Officer Dr Tapuwa Magure that ‘ WHO has released new ART initiation to be done using CD4 count of 500 up from 350. As a country we will review and adopt this recommendation’ the stated increase has resulted in the drop of coverage of 87% to 60% meaning that more people are now in need of ART since the initiating requirements have been raised

Of the total funding requirements Zimbabwe funds 29% of the budget of which the 29% is further broken down as follows,11% from NATF and government support through treasury,13% out of pocket by people with HIV and 5% comes from for profit companies and local NGOs.External partners contribute 71% which is broken down as follows, Bilateral sources e.g. USAID,UKAID 26%,Multilateral sources e.g. UN Agencies, Global Fund 33%

and International NGOs and foundations e.g. Melinda & Bill Gates Foundations, World Vision 12%

According to the AIDS levy Disbursement Overview publication the fund has not been spared by the prevailing economic challenges facing the country, increased unemployment due to closure of companies meant reduced income from individuals and corporates, foreign exchange and price distortions meant reduced procurement of expensive imported drugs and medical equipment. The Revenue Performance Report for the First Quarter of 2014 which was presented by Mr. Geshom T.Pasi, ZIMRA Commissioner General outlined that they had projected individual tax collections to be \$168,000,000 but managed to collect about \$193,000,000 and for corporate their target was \$88,000,000 but managed to collect \$104,000,000, these figures indicate that there is no actual growth of the industries, the Commissioner hastily highlighted that the increase was due “follow ups and audits that the Authority carried out specifically on remuneration, which resulted in more revenue being collected”, for companies the performance was attributed to intensified efforts by ZIMRA to enforce compliance through follow ups and audits.

The government has the mandate to combat HIV/AIDS and The NATF fund is not sufficient to cover all the activities outlined in ZNASP 11. According to UNAIDS there are currently 1, 2 million people in Zimbabwe who are living with HIV. The formal sector only employs 30% of the populace implying that 70% are in the Small to Medium Enterprises (SMEs) and informal sector whose operations are not being taxed and therefore does not contribute the AIDS levy,. According to FINSCOPE survey which is now used by government officials as reference, 2,8million micro, small and medium businesses of which 85% are not registered have created about 5,7million informal jobs and these businesses create an estimated turnover of \$7, 4 billion annually. It is estimated that 5.4 million people are currently employed, of the given total only 11% are formally employed, 84% informally employed and 5% is in non-classifiable employment thus 89% of the employed people do not pay AIDS Levy. the Minister of Finance and Economic Development reiterated recently while responding to questions in parliament that the economy is now largely informal and necessary measures must be taken to tap in the sector

The demand for drugs and related services has increased due to increased awareness and new WHO ART guidelines. Quoting directly from the publication ‘the once effective AIDS Levy

has thus become a drop in the ocean totally insignificant leaving the entire national response to become reliant upon the Global Fund and donor support from the Expanded Support Programme.

Situation analysis of HIV/AIDS in Zimbabwe is as follows, number of people living with HIV is 1 242 768, prevalence rate of HIV is 15%, established number of new infections 584 721, estimated annual deaths 456 211.

Below are the contributions of AIDS levy remitted to NAC through NATF, The trend clearly indicates that while there is an increase in the total collections, the increase is taking place at a decreasing rate and this is due to closure of companies hence a decrease in both corporate and individual tax. The contributions are collected from the formal sector, while the informal sector is growing; the growth has not directly benefited the NATF.

## **1.2 Statement of problem**

The figures in table 1.1 show that there is a funding gap of \$81,741,133.00 for the period 2011 to 2014. HIV/AIDS financing resources are dwindling and there is need to come up with new initiatives to raise more funding to close the gap between ZNASP 11 needs and the available resources. According to the (NAC Act 15:14 of 2000), NAC has the mandate to manage, coordinate and implement programmes that reduce the impact of HIV and AIDS in Zimbabwe. The need remains in face of inadequate funding, there is therefore need to come up with home grown solutions that will open up new sources of funding in order to reduce the gap whilst at the same time reducing over reliance on donor funding.

## **1.3 Main Research Question**

What are the possible ways of bridging the funding gap in National AIDS Council?

### **1.3.1 Sub Research Questions**

- i. What is the policy framework in funding in NAC?
- ii. What are implementation guidelines for policy framework?
- iii. Does the existing personnel have the capacity to implement the guidelines?
- iv. What are the current challenges in funding?
- v. What controls are in place over the policy implementation?



- vi. What is the best practice in the funding of operations

#### **1.4 Research objectives**

- i. To establish the policy framework in funding NAC.
- ii. To establish the implementation guidelines for the policy framework.
- iii. To analyze personnel capacity to implement the policy guidelines.
- iv. To identify challenges in funding.
- v. To identify controls in place over policy implementation.
- vii. To establish best practice in the funding of operations.

#### **1.5 Assumptions**

The government policy relating to the collection of AIDS Levy does not change during the research period. Respondents will provide reliable information and will be cooperative.

#### **1.6 Significance of the study**

This study is of great importance to the following stakeholders:

##### **To The student**

The research is in partial fulfillment of the Bachelor of Commerce Honors Degree in Accountancy. In addition the student will develop the ability to research and solve problems because the research is going to be carried out in consultation with relevant technocrats, consultants, publications as well as staff and management of NAC.

##### **To Midlands State University**

The research will be used as a point of reference by future researchers as well as provide insight to anyone who will have time to go through it of the challenges being faced in the fight against HIV/AIDS

##### **National AIDS Council**

The research will make recommendations for the organization to consider for adoption.

## **1.7 Delimitations of the study**

The research is focused on National AIDS Council head office, Harare. The research is covering the period 2011 to 2014.

## **1.8 Limitations**

### **Confidentiality**

Some respondents initially were reluctant to disclose information due to issues of confidentiality. The researcher provided assurance in writing stating that the information would be used solely for academic purposes.

### **Time**

Time was another limiting factor since the researcher is employed full time and has other family commitments. The researcher worked for long hours to meet the deadline.

### **Financial**

The research has a number of limitations such as lack of financial resources to travel, print and source for data. The researcher partially relied on the internet. The researcher also had to dig deeper into personal resources to make the research a success.

## **1. Definition of terms**

<b>Liquidity</b>	The amount of money available for spending and investment. It is also a measure of the extent that a person or organization has cash to meet immediate needs.
<b>HIV incidence</b>	The number of new infections in a population at a given time period.
<b>HIV prevalence</b>	The percentage of people between the ages of 15-49 who are infected with HIV

### **1.10 Summary**

In the first paragraph there is the introduction to the research on bridging the funding gap of NAC followed by the background of the study which outlines the funding gap of NAC, then background of the study which outlines the funding needs and the gap analysis. The third paragraph outlines the statement of problem which streamlines and points out the need and area of research. Also indicated is the main research question, sub research questions, research objects, assumptions and significance of study to the student, MSU and NAC is also outlined. Delimitations and limitations of the study are also outlined.

The following chapter which is chapter 2 is on literature review.

## **Chapter 2**

### **Literature review**

#### **2.0 Introduction**

The focus of this chapter is to review existing literature in the related field of HIV/AIDS funding. The main focus being the strategies used by other countries to raise funding for HIV/AIDS as well as how their funding policies are framed, also looked at are the new initiatives for bridging funding gaps both at regional and international levels as well as the best practices in funding the programmes.

#### **2.1 Funding policy framework**

According to Community Care Worker Management Policy Framework Ministry of Health South Africa (2009) a policy framework brings together different elements of policy legislation and strategy to address a specific need comprehensively. The policy framework is crafted to meet various needs that must be addressed. Policy frameworks are not static in terms of content and process; changes though accommodated, are centred around the long term core values, there is need for continuous review to incorporate new practices and needs.

WHO (2003) stated that health ministries must develop detailed funding plan for HIV/AIDS activities as an important strategic plan for combating HIV, major stakeholders must be involved in the planning process and these include health professionals, people living with HIV/AIDS (PLWHA), other government ministries, researchers, nongovernmental organisations (NGO), vulnerable communities and private sector. All funding assistance must be coordinated centrally and activities must be drawn from the strategic national plan. There is need for regular review of systems for managing HIV/AIDS funding and it must be ensured that there is enough capacity to manage the increased funding. Biesma, G et al (2009) reiterated the need for ministries of health to provide both leadership and technical support in priority ranking, outlined below are some of the principles and elements of the process which apply to all countries.

## **Action Points for Health Ministries**

- i. Develop a detailed HIV/AIDS funding plan for the health sector as an important element of the national strategic plan for HIV/AIDS.
- ii. Involve major stakeholders in these processes, including other government ministries, health professionals, researchers, people with HIV/AIDS, vulnerable communities, nongovernmental organizations and the business sector.
- iii. Coordinate funding assistance proposed by donors and other non government sources to help ensure that funding proposals complement each other and are consistent with the national HIV/AIDS strategic plan.
- iv. Review systems for managing funding for HIV/AIDS, particularly to ensure that there is capacity to manage increased funding levels.

*Source World Health Organization (2003 – 2007)*

United Nations General Assembly Special Session on HIV/AIDS (UNGASS) described the framework necessary for the generation of a strong health sector response to HIV/AIDS as part of the country's national strategic plan; the ministry must put in place a range of issues such as health system infrastructure, leadership and funding.

UNGASS Declaration of Commitment highlighted that the HIV/AIDS challenges can only be met with new additional and sustainable resources, there is also need for governments to prioritize and increase budgetary allocations for HIV/AIDS programmes and it must be ensured that adequate resources are made available to the relevant ministries and stakeholders timeously

An investment into HIV/AIDS related research was also encouraged

### **2.2 Implementation guidelines for policy framework**

According to *afraf.oxfordjournals* (2005) In South Africa a framework was established to tackle the HIV/AIDS pandemic but it was not successful due to a number of factors which some of them are that the contents of the framework were unrealistic, the absorptive capacity of the health system was grossly overstated, the National AIDS Policy overstated both human and economic resources that were at the disposal of the incoming government and the gap between policy intentions and policy implementation was widened due political and social transition.

According to Giacchino,S.(2002) there are key success factors in policy implementation which are effective approach, positive attitude, commitment, cooperation, effective planning, effective resourcing, enthusiasm, leadership, location of political responsibility, management style, ownership, project team and dynamic management, role delineation, appropriate skills and abilities, stakeholder involvement, trust, use of networks and values and beliefs.

### **2.3 Personnel capacity to implement policy guidelines**

According to WHO (2007) personnel must have capacity to manage HIV/AIDS funds to ensure accountability and achievement of desired outcomes, it should be high priority of health ministries to ensure that systems are improved to enhance funding management , transparency and accountability. The ministry must strengthen links with both the Audit Office and Ministry of Finance for technical assistance. However capacity may be limited and be unable to handle rapid increases in funding, there is often a parallel problem of building robust transparent systems that effectively allocate resources to various levels which include the state, provincial and district levels, NGO sector and private providers of health services. Three further determinants of successful implementation of health sector strategy were identified and these are capable human resources, quality assurance and research.

UNGASS declaration of commitment highlighted that establishment of and strengthening of human resources was imperative for the efficient and effective delivery of treatment, prevention, care and support services. Health ministries should ensure that sufficient numbers of skilled and qualified health sector personnel are available. Training should not just be limited to technical but support services as well such as administration and finance. Training in management, leadership and strategic planning is crucial in helping the mobilization of the health sector which ensures efficient use of both human and financial resources; this greatly enhances the capacity of the health sector to respond to changing circumstances. Proposed training should include non-traditional topics such as advocacy, negotiation and brokering, such training must be offered to both the public health sector and NGOs.

According to Umar, A. (2008) it is difficult to make a conceptual distinction between policy framework and policy implementation, the reason being policy formulation takes place throughout the entire policy process. Policies may fail to achieve their outcomes due to various factors, according to Umar, A. (2008) there were impediments to local content

development growth, as well as gas and oil policies due a number of reasons which included the fact that policies were not entrenched in legislation, there were no incoherent policies and poor implementation, low technological capacities, inadequate infrastructure both social and physical, limited avenues of funding, bureaucracy and credibility issues.

## **2.4 Challenges in funding**

According to World Bank (2005) report although a lot has been learned about HIV/AIDS in the past years, there are still problems in applying gained knowledge systematically and effectively. National HIV/AIDS planning tend be rushed, there is a rush in applying for funds and spending them. The plans may be too many in order to please the donors, or planning may be carried out with very little coordination. Though planning may have been carried out effectively they may still face implementation constraints which include lack of resources especially adequately trained personnel, unpredictable or conditional funding, burdensome disbursement and bureaucratic procurement processes.

The most common problem in developing countries is that their health systems are overwhelmed, health facilities are inadequate, underfunded and understaffed, although the facilities are strained to the limit, they are faced with rapidly raising numbers of people needing treatment. The available donor funds for ARV drugs has raised both demand and expectations and has exacerbated pressures on health care providers especially in situations where donors are reluctant to pay salaries and other crucial operating costs.

UNAIDS (2013) reported that countries in the low income category received 56% of international HIV spending, middle income countries received 26%, upper income countries received 18%. Low income countries remain the most depended on international financing for their HIV programmes and it is estimated that domestic resources make up 16% of their HIV funding. UNAIDS has urged countries to pursue investment approach to finance HIV focusing resources which are limited on interventions, settings as well as populations were impact is most likely to be great.

According to McIntyre, D. (2005) there are health care financing mechanisms developments under five thematic areas which are tax funding, donor funding, out of pocket especially user fees and health insurance. Tax funding availability is crucial if equitability in health care has to be achieved. It has been difficult to increase tax revenue in developing countries especially in Africa were the tax base is limited because inadvisability and infeasibility of increasing

personal income tax rates further, despite the noted challenges improved tax collections have dramatically contributed to increases in tax revenues and the potential for widening the tax base from the corporate world should be seriously explored. Advocacy for increased share of government budgets for health sector has been growing. The highlighted major hindrance for failing to achieve the Abuja target has been indicated as the high level of external debt which has translated to debt repayments and interest payment which have consumed a considerable share of government budgets. Debt relief efforts have been made under the Highly Indebted Poor Countries (HIPC) but it has been wholly inadequate. There was recent effort by G8 countries for debt cancellation but this have been spread over forty years and translates to very small debt reductions annually.

Donor funding has been largely positive in the African context but there is now over reliance on such and calls have been made to increase domestic funding, there has been concern over the shift by donors from sector pooled funding to general pooled funding, donors are now given to treasury and allocation between ministries and sectors in normal part of the budgeting process. The major concern is whether the health sector will receive fair share of funding and also that this could potentially undermine the role of the Health Ministry in crucial of health policy particularly where health financing is concerned.

Out-of-pocket payments in relation to removal of user fees have been implemented in South Africa and Uganda, this has mounted pressures on other African countries to follow suit, however the strategy has not been entirely positive, there has been increased workload resulting in low staff morale, drug shortages, implementation problems and utilizations levels increased

World health assembly (2005) passed a resolution encouraging member states to pursue social or other forms of health insurance, health insurance is still limited in Africa, southern African countries particularly Zimbabwe, south Africa and Namibia have used private voluntary insurance for the formal sector. These types of schemes have faced challenges which included very limited coverage levels, fragmentation of risk pools and rapid uncontrolled spiraling costs which threatened their sustainability; there has been limited attention to such scheme because of the indicated reasons. The option of community based health insurance (CBHI) also known as community prepayment schemes or mutual health organizations are rapidly gaining favor due to the fact that they are funded by annual or more frequent contributions and do not require payments at the time of using health services, hence



lower financial barriers to access. CBHI also allows some degree of financial subsidy from the healthy to the ill.

National funding plans to sustain provision of HIV/AIDS responses in the long term must be considered. Continuation in the provision of ART is crucial as its success is highly dependent upon the long term commitment of the health sector in the continuous provision of drugs, ongoing support to patients as well as monitoring and evaluation. Health ministries must have contingency plans that ensure continuity of care programmes and services, funding problems which lead to interruptions in treatment supplies or supplies of commodities have serious implications for both individuals and communities. Demand placed on HIV/AIDS initiatives are likely to far outstrip the resources that are available, governments need to provide relevant technical expertise and leadership in setting priorities as part of strategic planning nationally. Priority setting helps in the identification of health interventions to be implemented immediately, partially or only in certain areas and which ones should be altered and discontinued.

SADC (2003) highlighted that resource mobilization and sustainability present areas of increasing urgency.

Implementation of the framework and innovative support to Member States (MS) is critical to ensure availability of adequate resources, challenges highlighted in relation to resource mobilization for HIV/AIDS included the following, persistent gaps in programme coverage as well as disparity between available resources and resource requirements for HIV/AIDS and health from both development partners and domestic funding, need for innovative and alternative sources of funding, limited harmonization and alignment of development partners among themselves as well as the national systems resulting in dilution of national ownership, authority, weaker monitoring and evaluation, duplication and inefficiency, efficient management of financial and other resources is impeded by capacity and systems limitations. There is also limited information on resource requirements, expenditure and resource use.

SADC intends to fully generalize the regional fund for HIV/AIDS and new funding mechanisms such as the HIV Economic and Financial Group as well as developing resource mobilization strategies for hyper endemic middle income countries.

## **2.5 Resource mobilisation strategies for BRICS countries**

BRICS countries increased domestic funding for HIV/AIDS by more than 120% between 2006 to 2011; they now fund more than 75% of their domestic AIDS responses. South Africa and China use their own resources to fund HIV/AIDS programmes whilst the Chinese government has pledged to fully fund its response in the near future whereas India has committed to increase domestic funding to more than 90% in the next phase. Brazil and Russia already fully fund their responses with domestic funding. This is according to the UNAIDS (2012) report. Focus of literature review will be on how BRICS countries are funding domestic response as well as other initiatives that have reduced costs at the same time increasing universal access to HIV services.

Brazil is considered to be the country with one of the most effective HIV/AIDS programmes in the world; their health care has been operationalized around four principles which are universal access, integral care, social control and public funding. One of the crucial lessons learnt from Brazil is that government must acknowledge that healthcare as much as national defense is a responsibility of the government. Brazil allocates funding for HIV from its budget and treatment care and support takes more than 50% of the resources, the country has managed to greatly cut costs toward the thematic area of treatment and care by manufacturing ART medicines locally, this has made the programme of free universal access financially viable in a large measure because of its capacity to locally manufacture pharmaceuticals and this has created systematic downward pressure on patented medicines prices and crucially avoids the currency fluctuations that make it exceedingly difficult for importing countries to project drug costs. The domestic pharmaceutical manufacturing capacity gives the government an upper hand on its negotiation with the multinational pharmaceutical companies by enabling the government to issue a compulsory license if companies abuse their patent monopoly by pricing the drugs out of range of the Brazilian market.

The creation of international alliances has also helped Brazil, it has acted proactively and strategically to protect itself from international pressures, it firmly resisted World Bank demands that it drops its free distribution of AZT as a condition for its first loan agreement, it subsequently resisted threats from the US to challenge the Brazil's generic manufacture of some antiretroviral medicines before World Trade Organization (WTO). It also allied itself with other developing poor countries to create global consensus more favorable to health

initiatives, together these countries have led efforts to challenge the restrictive interpretation of the Trade Related Aspects of Intellectual Property (TRIPS) agreement, succeeded in having the United Nations Human Rights Commission (UNHRC) declare access to treatment a prominent part of the human right to health helped forge a bloc of nations that made the right to treatment a prominent part in the consensus statement from the UN General Assembly Special Sessions on AIDS. This was highlighted in the American Journal of Public Health (2012). Brazil has large pharmaceutical industries and around 40% of ARVs purchased are manufactured locally, however since some drugs have to be obtained internationally to ensure that they are not too expensive, the government has continually put pressure on international pharmaceutical companies to lower prices a major tool in the negotiations has been a clause in the TRIPS agreement that allows developing countries to issue 'compulsory licenses' for drugs, these allow developing countries to override patent laws and produce their own generic versions of co-owned drugs and can be issued when the government of a developing country deems it to be a public health emergency. Brazilian government frequently threatened to invoke compulsory licenses for ART drugs without actually going ahead and this has led to significant price reductions. Many companies are however hesitant to issue compulsory licenses because of fears of damaging trade relations with drug companies and governments such as US who are keen to protect pharmaceutical patents this is according to the publication by AVERT titled AVERTing HIV and AIDS (2013).

Russia funds all its HIV/AIDS activities and has pledged to donate \$60 million to the Global Funds 4<sup>th</sup> replenishment cycle ahead of the anticipated round which ends in 2014. Despite availability of funding Russia's efforts are not reducing the prevalence rate instead new HIV cases are raising at an alarming rate. The increase has been mainly attributed to its refusal to use internationally recommended evidence based interventions such as harm reduction programs, condom distribution and opioid substitution which is deemed illegal in Russia according to Zardiashvili (2012).

Indian government estimates that about 2, 4 million Indians are living with HIV, and there is an adult prevalence of 0.31% and between 1, 1 and 1, 4 million people are in need of ART. Government is now in the 4<sup>th</sup> phase of the national response covering the period 2012-2017, this has seen the government mobilizing domestic funding which is more than 80% of their HIV/AIDS funding requirements, they are also seeking sustained support from World Bank as well as development partners. World Bank pledged to support the 4<sup>th</sup> phase with almost

\$250 million focusing on targeted interventions and institutional strengthening. India uses 5% of its total health budget towards HIV/AIDS interventions according to World Bank (2012)

There are approximately 780,000 people living with HIV in China which translates to a prevalence rate of less than 0.1% given the population of China which is over 1.3 billion. AVERT (2013). Despite having a GDP of more than \$8 trillion it faced huge criticism from Sir Bob Geldorf during the International AIDS Conference which was held in Melbourne in July 2014 over its donation of \$5million towards HIV/AIDS research when countries like German gave \$800 million and Britain gave \$760 million.

South Africa has the biggest and most high profile HIV epidemic in the world. In 2012 it was estimated that 6.1 million people were living with HIV, it also has the largest ART treatment Programme in the world of which over 2,5 million people are on ART, the Programme is largely financed from its own domestic resources, donors account for less than 25% of funding. The government invests more than \$1 billion annually to run HIV/AIDS programmes. South African National Aids Council (SANAC) oversees the implementation of the programmes AVERT (2013). South Africa is yet to introduce the AIDS Levy, its government allocates an average of 11,3% of total budget towards health spending which is lower than the agreed Abuja Declaration of 15%. Since 2006 there has been substantial increase for HIV specific allocations in the public sector from approximately R2, 5 billion in 2005-6 to more than R11 billion in 2010-11 amounting to an increase of more than 400%. All these increases have been in spite of the slow economic recovery still government allocations for 2012-2013 were earmarked to be R8, 76 billion and the trend continues to increase. Many gains have been realised through efforts of the Civil Society organisations in South Africa which include, Treatment Action Campaign (TAC), Medecins Sans Frontiers (MSF) and others. South Africa however is reaching the limits of what can be found through sources of such as tax revenue and therefore need to consider 'sin taxes' and AIDS Levy as reiterated by Daygan (2012)

## **2.6 Initiatives to bridge the funding gap**

Several initiatives have been done at both regional and international perspectives and they are highlighted below;

## **International perspective**

The Millennium Development Goals (MDG) summit which was held in New York highlighted that despite the steady increase of funding from the donor community most of them cut or flat –lined their contributions due to the economic downturn therefore innovative financing mechanisms are attracting growing support from NGOs and some governments as a way of bridging the funding gap. IRIN/PlusNews has compiled a list of the six initiatives of which the first four are already being implemented whilst the other two are still on the drawing board. The six initiatives are composed of Air Tax, MASSIVEGOOD, debt2Health initiative,(RED), Currency transaction levy (CTL) or Global Solidarity Levy and Financial Transaction tax(FTT).

Air tax- UNITAID (not an acronym)is a global health initiative in great part financed by a solidarity levy on airline tickets; it was established in 2006 by Brazil, France, United Kingdom and Norway and has raised nearly US\$1, 5billion since inception. The funds are raised mainly from a small levy on air tickets bought in 34 participating countries most of them from Africa, the levy ranges from US\$1-US\$2 on economy class tickets and up to a maximum of US\$40 on business and first class fares. UNITAID has also partnered with organizations like the Clinton HIV/AIDS Initiative (CHAI) and UN Children’s Fund (UNICEF) to negotiate price reductions on pediatrics and second line medicines (ARV) to ensure that the limited resources are stretched further. MASSIVEGOOD was started in 2010 by an organization called Millennium Foundation for Innovative Finance, it takes air tax a step further by inviting travellers to voluntarily contribute a ‘micro’ contribution of us\$2 towards global health including HIV/AIDS, this is done through participating travel agencies and travel websites when clients are booking hotel rooms, airtickets,or making car rentals. This initiative has a target of raising \$1 billion dollars over the next four years according to report by SAFAIDS (2010). Debt2Health initiative has seen the advocacy by GF for ‘creditor’ countries to forgo their debts on the condition that the debtor country invest an agreed upon amount in GF approved programmes. Germany allowed Indonesia and Pakistan to convert millions of dollars into investments in HIV/AIDS programmes and Australia cancelled \$71 million owed by Indonesia on condition that it pays half of the amount into TB programme. RED was launched by Irish singer Bono, (RED) partners with major brands like Apple, Starbucks, American Express and others to design and market special (RED)

products, half of the profits go to GF to fund HIV/AIDS interventions in Africa, so far they are the largest private sector contributor.

The civil society and a number of countries have been advocating for the introduction of CTL or Global Solidarity Levy whereby a small levy on all currency transactions to health finance global health. International Monetary Fund says such tax is feasible and introduction of such on four largest currencies which are the US dollar, yen, euro and sterling could generate \$33 billion a year. Under FTT there is a proposal of levying 0.05% on all financial transactions not just currency transactions, such levy is estimated to generate \$600-\$700 billion annually. The proposal was backed by French President Sarkozy and Spanish Prime Minister Zapatero at an MDG summit; others urge that it would produce revenue to help poor countries whilst its critics say such move would discourage speculative trading hence slow global economic development. IRIN PlusNews (2012).

### **Regional perspective**

Other African countries have come up with their own initiatives of funding the gap, countries such as Rwanda and Uganda have begun imposing a levy on the use of mobile phones to fund HIV/AIDS programmes, countries like Botswana, Gabon and Malawi are investigating such a levy for AIDS funding. Modelling by Liverpool university research which was based on 20 countries with the highest HIV burden suggests that 10 of the countries including Botswana, South Africa and Malawi could fully fund universal access if such countries put a small 'global health charge' on alcohol and cigarettes as highlighted by Schwartzlander (2013). According to a UNAIDS Epidemiology Report of 2011, alcohol and cigarettes are under taxed in the low and medium countries leading to an increase in consumption, an increase in tax on such products is known to improve public health. WHO states that taxes should be at least 70% of the retail price of a packet of cigarettes, a comparison of cigarette prices in Kenya and UK was carried out and it was found out that in UK it costs \$11 whereby excise tax and VAT amounts to \$9 which translates to 80%, in Kenya it costs \$1 of which \$0.47c is excise tax and VAT which translates to 47%, according to WHO Report on Global Epidemic (2011). The global health charge can also be collected from cigarettes and alcohol by charging \$0.10c on every 10mls of alcohol and \$0.10c per packet of 20 cigarettes, the funds may be collected by national governments from the main alcohol and tobacco suppliers when the supplies are sent out from breweries and factories. The funds collected can then be used at

national level to fund HIV/AIDS activities. It is estimated that a global charge of \$.05c/unit of beer and \$0.25c per packet of cigarettes in Kenya would fund 100% universal access generating about \$260 million per year in revenue according to a write up by Hill et al (2012).

According to E.Spaan (2012) health insurance is attracting more attention in low and middle income countries as a means of improving health care services and mitigating impoverishment from out of pocket expenditure in paying for user fees at hospitals especially for the marginalised populations. WHO considers health insurance a promising means for achieving universal health coverage. Different types of insurance are available ranging from community based health insurance (CBHI), National/Social health insurance (SHI) and Private health insurance (PHI), the different types of insurance have different impact on populations, PHI is mainly to serve affluent segments of the population whilst CBHI can especially benefit the lower income segment. Mali scaled up community based health insurance (CBHI) and has made it a component of the national strategy development. CBHI has been a component of the health financing system for more than 20years, it is also known as mutual health organisations these schemes are not for profit making and are grounded in principles of solidarity and risk sharing. This strategy has helped immensely in addressing financial barriers for Malians to have universal access of health services especially in the informal and agricultural sectors. Health insurance in Mali has shown that CBHI has the potential to act as a catalyst towards universal health coverage. (Mbengue, C, 2012). SHI is based on mandatory enrolment several low and middle income countries including Philippines, Thailand, Vietnam, DRC, Ghana, Rwanda and Senegal established SHI. Voluntary insurance mechanisms including PHI are implemented in countries like Brazil, Chile, Namibia and South Africa. E.Spaan (2012)

**Other non-financial initiatives for ensuring sustainability of national response in low to middle income countries.**

Besides lobbying for more resources in terms of funding other initiatives and best practises may be followed to improve efficiency and strengthen health systems, research is being carried out on how to do more with less hence extending ART access to areas with limited resources. Maher, D et al (2011).

Drugs consume a huge part of HIV/AIDS budget, in Zimbabwe the NAC board resolved that 55% of the total allocation from NATF should go towards procurement of medicines for the HIV/AIDS program and for the period 2014 this translates to almost \$18, 7 million, limited resources that are available can hence be stretched far if ways to reduce the cost of drugs are explored. According to Weissam, R (2013), several ways to achieve lower cost of drugs can be explored and these include compulsory licensing and parallel imports. Compulsory licensing enables any government to instruct a patent holder to license the right to use its patent to a company, government agency or other party. Malawi for example could issue a license to a local company for an HIV/AIDS drug manufactured by Bristol-Myers-Squibb, Malawian firm would then manufacture the drug for sale in Malawi under a generic name and it will pay a reasonable royalty to Bristol-Myers-Squibb on each sale. The consequences of compulsory licensing is reducing prices to consumers by creating competition in the market for the patented good, such practise has been known to lower medicines by more than 75%.

Parallel imports involve imports of a product from one country and resale without authorisation of the original seller, in another, thereby allowing the buyer to search for the lowest world price. Generally prices are lower in industrialised countries like US; parallel imports can be a tool to enable developing countries to lower prices for customers. Both compulsory licensing and parallel imports are permitted under the international trade rules established by the General Agreement on Tariffs and Trade (GATT) and administered by the World Trade Organisation (WTO). They are regularly used in industrialised countries like Japan, US and EU. However Washington is pressurising developing countries not to adopt compulsory licensing and other policies that could make HIV/AIDS drugs more affordable. US undertook bullying effort to get South Africa to repeal provisions of its Medicines Act that would help the country make essential medicines more accessible and affordable, similar actions against other countries chiefly Argentina, Brazil, Thailand and India that have enacted or considered the rules that would make essential more affordable to their citizens. However should lower revenues occur in the industrialised countries such practices by developing countries would not affect research and development efforts and profitability of the industrialised countries significantly since they buy about 10% of multinational drug products whilst Africa buys only 1.6%.

The African Unions Roadmap on Shared Responsibility and Global Solidarity for the AIDS, TB and malaria response calls for investment in establishing regional pharmaceutical



manufacturing hubs, greater efforts should be made to ensure that knowledge and technology are transferred to the region, the harmonisation of regulatory systems and the maximum use of flexibilities allowed under the TRIPS agreement according to report by UNAIDS (2013)

Besides the resource mobilisation strategies mentioned above there is also need for practical initiatives that are aimed at reducing the cost to the client such as efficient service delivery and optimisation of procurement procedures using practices of procuring to best advantage. There is also need for vertical integration and decentralization of HIV services which helps create synergies with other non HIV health programs; it must not be operated in isolation rather integrated within the already existing structures according to Shakarishvili (2012)

Finding efficiencies and utilising them is crucial but does not replace sufficient predictable financing by developing partners and domestic funding from low and middle income countries.

## **2.7 Summary**

The foregoing discussion has managed to review literature on how funding policies composed as well as implemented, it also managed to bring out strategies being used by the BRICS countries to funding their HIV/AIDS programmes. The major rallying points were centred on how to bridge the funding gap looking at both the regional and international perspectives. There is also review of literature on the non-financial initiatives that are being used by different countries in ensuring that the limited resources are stretched further. The next chapter looks on the research methodology.

## **Chapter 3**

### **Research Methodology**

#### **3.0 Introduction**

Research methodology describes the research plan as well as data collection methods, this chapter gives a description of how the research will be carried out, methods and processes used by the researcher to collect data will be highlighted, as well as research design, and research instrument. Population to be selected for assessment will also be specified.

#### **3.1 Research Design**

Research design can be thought of as a master plan or logic of a research that throws light on how the study is to be conducted, Yin 1989 reiterated that it “deals with a logical problem and not a logistical problem”. It shows how all major parts of the research study work together in an attempt to address the research questions. It can be seen as actualization of logic in a set of procedures that optimizes the validity of data for a given research problem.

##### **3.1.1 Quantitative Research Method**

Quantitative Research Method focuses on finding patterns using typically large amounts of data. It uses experimental strategy of enquiry as well as pre and post-test measures of attitudes, in this scenario relevant data is collected to refute or support a hypothesis. Data is collected on an instrument that measures attitude and the information collected is analyzed using statistical procedures as well as hypothesis testing. According to Clough and Nutbrown (2008) quantitative research quantifies results of people’s actions and words. In this approach numerical results are crucial because they are used to test hypothesis and draw conclusions from the phenomena. Results are represented by numbers or statistical data. This research method was not applicable since the aim of the research was not hypothesis testing.

##### **3.1.2 Qualitative Research Method**

In qualitative research different knowledge claims, enquiry strategies and data collection methods and analysis are employed (Creswell, 2003) these include observations, interviews, questionnaires, fieldwork, documents and texts. The researcher tests the meaning of phenomenon from participants’ views. The major element of collecting data is by

observation, it focuses on understanding important characteristics of typically small samples of data, it consists of words not numbers and it presents data as descriptive.

The researcher used qualitative research methods which are questionnaires, interviews, documents and texts because it seeks to provide best ways of bridging the funding gap. Interviews and questionnaires are meant to draw more knowledge and opinions from staff of NAC, whilst the documents and texts like policies of the organization provided information of how the system operates. Responses will be provided and analyzed through text and tables.

Qualitative research methods will be employed by the researcher for questionnaires and interviews.

### **3.1.3 Case Study Research Method**

According to Meredith (2007) a case study approach provides an in-depth study of particular research area, investigations are narrowed into a few easily investigable areas. Yin (2009) highlighted that a case study is “an empirical enquiry that investigates a contemporary phenomenon with its real life context especially when the boundaries between phenomenon are not clearly evident”. According to Neale et al (2006) ‘case studies are appropriate when there is a unique story to be told. There are several advantages of case studies of which the primary advantage is that it provides more detailed information than what can be found using other methods such as surveys, interviews, observations and document reviews. The researcher particularly picked out case studies of how Brazil was funding its HIV/AIDS program specifically because it has one of the most success rates in the developing countries whereas South Africa was picked out for the reason that it has the highest number of people who are in ART and it is funding over 80% of its activities.

Case studies have some limitations in that they can be lengthy and are viewed to be less rigorous than surveys and other methods and they present qualitative information which is still considered unscientific, case studies are also prone to overgeneralization.

The researcher used this method in order to gain knowledge on how other countries were bridging the funding gap for HIV/AIDS activities. According to Yin (2003) a case study “allows the researcher to explore individuals or organizations, simple through complex interventions, relationships, communities, or programs” (Yin, 2003) it also supports the deconstruction and the subsequent reconstruction of various phenomena.

## **3.2 Population**

According to Bulglear (2005) Population refers to the entire set of items that form the subjects of study in an investigation. Typically populations are very large such that they are to all intents and purposes infinite. Gathering data about large populations is both time consuming and expensive and even impractical at times.

## **3.3 Sampling**

Sampling techniques are used because population size is too large and geographically scattered and not feasible for the researcher to include the entire population elements, hence the need for sampling. McPhail (2001) defines sampling as the process of selecting a portion of population known as a sample, this becomes the basis of predicting a fact or estimating an outcome regarding the population. Levin (1994) defines a sample as a collection of some elements of the population under study. During sampling the researcher carried out the following, definition of the target population, determination of the sample frame, selection of the sampling technique, determination of sample size and finally executed the sampling process.

Sample data can be obtained relatively cheap and quick and if the sample is representative of the population. Sample survey can give an accurate indication of the population characteristics being studied

### **3.3.1 Types of Sampling**

Sampling procedures are divided into two broad categories which are probability or random sampling methods and non-probability or nonrandom sampling methods. Non probability sampling methods do not give population elements an equal chance of being selected as sample elements and examples of such are convenience sampling, judgmental sampling, quota sampling and snowball sampling. Probability sampling techniques give population an equal chance of being selected, examples of such include simple random sampling, systematic sampling, stratified sampling and cluster sampling.

The researcher used probability sampling methods because they produce results which are more representative of the population though they can be expensive to carry out. non probability sampling techniques were not used because though they are low in cost and less

time consuming, their major weakness is selection bias and it is for this reason that it is not recommended for descriptive and causal research.

### 3.3.2 Stratified Sampling Method

This is a two step process whereby population is partitioned into subpopulations or strata. The strata are supposed to be mutually exclusive which means that every population element should be assigned to only one stratum and there should be no omission of population elements. Elements are then selected from each stratum using a random procedure. The major objective of stratified sampling is to reduce costs whilst increasing precision. The researcher stratified sample using grades for the following departments finance, human resources and administration and audit departments. These were graded into directors, middle management and finance and administration operational staff.

### 3.3.3 Sample Size

The following important qualitative factors were considered in determining the sample size and these are the importance of the decision to be carried out, the nature of the research and analysis, the number of variables and incidence rates as well as resource constraints.

Interviewed personnel are indicated below;

**Table 3.1 Stratum 1**

<b>Population Strata</b>	<b>Population</b>	<b>Questionnaire</b>	<b>Interview</b>	<b>Percentage</b>
Directors	6	3	2	83%
Middle management	12	6	4	83%
Finance & administration operational staff	7	7	-	100%
<b>Totals</b>	<b>25</b>	<b>16</b>	<b>6</b>	

### **3.4 Types of Data**

The researcher collected data using both primary and secondary sources of data, data is categorized as primary or secondary depending on originality and proximity to source.

#### **3.4.1 Primary Data**

Is data written by someone who carried out research for a specific purpose, examples of such are research reports, conference proceedings Moore (2008) also indicated that primary data can be obtained through the use of observations, surveys and interviews. Primary data is uninterpreted original and first hand, it allows one to interpret information rather than relying on interpretations of others.

##### **Advantages**

The researcher used mainly the primary data collection technique due to its numerous advantages which include more reliability, authenticity and objectiveness primary data is also more valid than secondary data because of non alterations.

##### **Disadvantages**

The major disadvantage of primary data is that it has not been evaluated or reviewed. Wegner(2008) went onto identify the disadvantages of primary data which includes that data is not readily available so it needs a lot of time to gather, data obtained is raw hence it needs careful analysis for it to be relevant and primary data is generally expensive to collect.

#### **3.4.2 Secondary Data**

Is data written by someone who did not do the actual research, examples of such are journals, books and newspapers, these are information sources that interpret, include, describe or draw conclusions based on the work written by others and these are used to present evidence, back up arguments and statements.

##### **Advantages**

Baxter(2008) identified some of the advantages of secondary data which includes that data is obtained readily and cheaply from platforms like the internet, time saving since there is no need to contact respondents directly and there is non response in getting secondary data.

## **Disadvantages**

Wegner (2008) identified some of the disadvantages of secondary data which includes the fact that data obtained may no longer be valid or out of date, data gathered may not be relevant and false data may be posted on platforms like the internet

### **3.5 Research Instruments**

These are devices used by researchers to collect data or information, it facilitates variable observation and measurement, a research instrument must be reliable and valid.

Questionnaires and interviews are the methods that were used by the researcher to collect data.

#### **3.5.1 Questionnaire**

According to Nalzar, M. (2012) a questionnaire is a 'series of questions designed to elicit information, which is filled in by all participants in the sample'. the researcher used questionnaire to collect data because its advantages which includes that it is easy to test data for reliability and validity and it is less time consuming than interviews and observation, it is also prone to provide honest answers because there is preservation of anonymity and confidentiality to questions and reactions from respondents. One of the major disadvantages of questionnaires is the usually have low response rate and there is less chance to clarify ambiguous answers.

#### **3.5.2 Interviews**

An interview is a dialogue between people to obtain specific information it is often superior to other data collection methods hence the commonest used method in quantitative research. According to Nalzar, M. (2012) it involves structured and unstructured verbal communication during which information is obtained for a study. Direct interaction is the source for both main advantages and disadvantages of interview as a research technique.

The principle advantage of an interview is adaptability; a well trained interviewer can make full use of responses given by the subject to alter the interview situation, also in contrast to the questionnaire which provides feedback which is not immediate, interview allows the researcher to follow up leads hence obtains more data and greater clarity. Interviews situations also allow greater depth than other methods of collecting data for research.

Interactions between the researcher and the interviewer allows subjectivity and possible bias, the respondent may be eager to please the interviewer and may provide answers that they think the interviewer may want, a vague antagonism may arise between the two or the tendency of the interviewer to seek out answers that support their preconceived notions., these factors are termed response effects by survey researchers. The researcher has taken relevant steps to mitigate the stated problems.

### **3.6 Types of questions**

There are two types of questions which are open ended and closed ended questions. Open ended questions have no presuggested answer while closed ended allows the respondent to choose from a number of options provided.

#### **Open ended questions**

According to Borg, R and Gall M, D. (1989), open ended questions subjects make responses they wish in their own words. Such questions were used by the researcher to gather information because of the qualitative nature of the information sought. Reja, U. et al (2003) stated that open ended questions are used to discover responses that individuals will give spontaneously and it removes bias that may arise from presuggested responses at the same time they produce more diverse answers. Some of the disadvantages of open ended questions is that they produce more missing data than closed ended questions. Use of open ended questions give rise to extensive need for coding and also results in larger item non response, to mitigate the disadvantages of open ended questions the researcher composed questions which are more explicit in wording.

#### **Closed ended questions**

If questions allow only certain responses such as in multiple choice question such are closed ended questions. According to Reja, U. et al (2003) they yield higher response rates than open ended questions. The disadvantage of this type of questions is that respondents restrict themselves with ease to the provided alternatives on the questionnaires.

A compromise regarding the use of the two was reached and according to Lazarfeld (1944: 36-60) in Reja, U. et al (2003) open ended questions may be used at the initial stage of the



questionnaire design enabling the researcher to identify adequate answer categories for close ended questions. Open ended questions can then be used to further explore deviant responses obtained from the closed ended questions.

The researcher used both open and closed ended questions because there was need to assess the funding policy closed ended questions were used, the explorative part of the research in which explores possible sources of funding to bridge the funding gap.

### **3.6.1. Likert Scale**

Is a popular method for collecting data for surveys and are used to measure attitudes which require predetermined responses which can range from strongly agree or strongly disagree. Each response is assigned a weight which then allows researcher to perform statistical analysis. The researcher used the likert scale that adopted a five point scale for her study instead of a seven point scale because five point scale reduce the levels of frustration among respondents and increases rate and quality of the responses,( Buttle, 1996; Prayag, 2007). According to a study carried out by Tittle and Hill in Borg,R and Gall M,D. (1989), an important study was carried out concerning the use of attitude scales, they compared the effectiveness of different types of attitude scales which are Guttman, Likert, Semantic, Thurstone and Diffential, Likert scale came out superior to the other scale types,

### **3.7 Data triangulation or validation**

Validity is the accuracy of a measure or the extent to which a score truthfully represents a concept. The major concern is whether the test is capable of testing what it was designed for, there are several measures of validity which are internal and external. Internal validity relates to the extent that the design of a research study is an appropriate test of the hypothesis as well as its appropriateness to the research question. External validity entails the quality of research that makes it scientific and trustworthy scientific methods are used to make a research more acceptable and logical. Research is enough to be trusted on, increase in the use of primary data also increases reliability. Use of experiments and questionnaires yields highly reliable results whereas reliance on data available on books and on internet is less reliable. The researcher used primary data collections methods to gather data hence increasing reliability of the research.

### **3.8 Data Presentation**

Results may be presented as text in writing but data is usually more digestible if presented in graphical or tabular form. These tools help convey to the reader essential points or trends in data. The researcher used text for data that could not be quantified and used tabular form for quantifiable and classifiable data.

### **3.9 Data Analysis**

Data analysis is ongoing and it began during data collection, data analysis for qualitative data involved coding and interpretation of the thematic discourse, meaning was made out of the verbal material given. This process according to Muranda , Z. (2004) involves activities of editing, coding, data capturing and analysis. Data was analyzed thorough the uses of tables, graphs and pie charts.

### **3.10 Summary**

The chapter focused on methods used y researcher to collect data, justifications for using the research methodology as well as advantages and disadvantages of the methods used. The next chapter will analyze the data collected.

# Chapter 4

## Data Presentation and Analysis

### 4.0 Introduction

This chapter presents and analyzes the findings of the research on bridging the funding gap for National AIDS Council and the summary.

### 4.1 Questionnaire and Interview Response Rate Analysis

A total of 16 questionnaires were distributed at National Aids Council Head Office and all were responded to and returned. This gave a response rate of 100% which the researcher was expecting. The researcher intended to interview a sample of 6 National Aids Council employees and only 5 were interviewed since the other Director was on leave. This gave a response rate of 83 %.

According to Babbie (2009) a response rate which is above 60% is deemed reliable and valid. Therefore the researcher proceeded in carrying out the research basing on this assumption.

### 4.2 Analysis of the Questionnaire

The questionnaire is analyzed as below and each response is tabulated and analyzed.

#### 4.2.1 Existence of funding policy

**Table 4.1**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	8	6	0	2	0	16
Outcome	50%	38%	0	13%	0%	100%

The question sought to find out if a funding policy exists at NAC, table 4.1 indicates that 8/16 (50%) of the respondents strongly agreed to the existence of the policy while 6/16 (38%)

agreed and 2/16 (13%) strongly disagreed. On the whole 14/16 (88%) agreed whilst 2/16 (13%) disagreed.

The mode of 88% indicates that NAC has a funding policy in place.

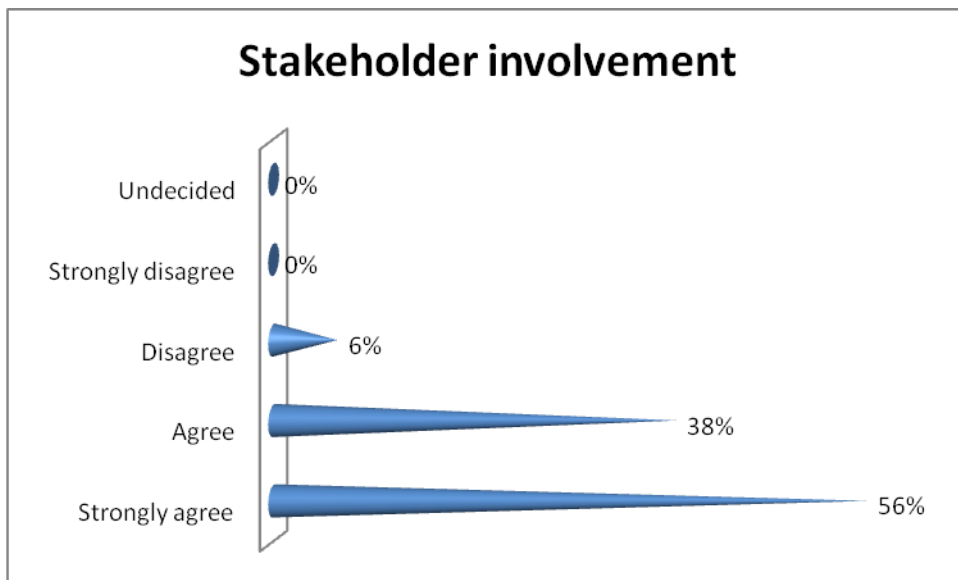
The existence of such is crucial in the success of any programmes as the framework according to Ministry of Health South Africa (2009) brings together the different elements strategy and policy legislation to address any specific need comprehensively and policies are centered on the long term core values of an organization.

#### 4.2.2 Involvement of stakeholders in policy formulation

**Table 4.2**

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided	Total
Outcome	9	6	1	0	0	16
Outcome %	56%	38%	6.25%	0%	0%	100%

**Fig 4.1**



The researcher asked about the involvement of stakeholders during policy formulation fig 4.1 indicates that 9/16 (56%) of the respondents strongly agreed that they were involved while 6/16 (38%) agreed and 1/16(6%) strongly agreed.

A total of 94% agree and this response points out that stakeholders were involved during policy formulation.

This is in agreement to the report that was compiled by WHO (2007) which highlighted the need for involvement of stakeholders in the processes which include researchers, government ministries, health professionals, vulnerable communities, people living with HIV/AIDS, business sector and nongovernmental organizations.

#### 4.2.3 Communication of funding policy to employees

**Table 4.3**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	12	4	0	0	0	16
Outcome %	75%	25%	0%	0%	0%	100%

The researcher established the existence of a funding policy through the first question, existence does not guarantee that the employees are aware of the contents; respondents were therefore asked if the policy was communicated to them and table 4.3 shows that 12/16 ( 75% )strongly agreed while 4/16 ( 25% ) agreed .

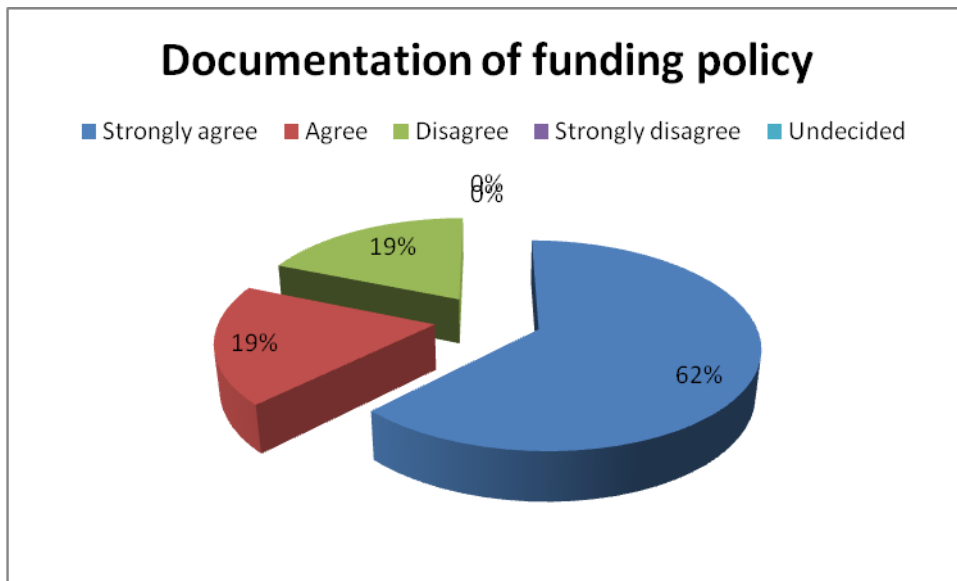
On the whole 100% agreed which is an indicator that such policy was communicated to the employees.

#### 4.2.4 Documentation of funding policy

**Table 4.4**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	10	3	3	0	0	16
Outcome %	63%	19%	19%	0%	0%	100%

**Fig 4.2**



The question sought to establish the existence of a blue print which outlines the funding policy, according to the data presented in table 4.4 and fig 4.2, 10/16(62%) strongly agreed while 3/16( 19%) and the other 3/16(19%) disagreed pointing to the fact that a total of 81% were in agreement with existence of the policy.

The mode of 81% indicates that the blueprint exists.

This is in line with the WHO (2007) which indicated that there is need for development of a detailed HIV/AIDS funding plan for the organization since it is an important element in the national strategic plan for HIV/AIDS.

#### 4.2.5 Existence of policy guidelines to facilitate implementation

**Table 4.5**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	5	9	1	1	0	16
Outcome %	31%	56%	6%	6%	0%	100%

Table 4.5 shows that 5/16(31%) strongly agreed that there were policy guidelines in place to facilitate implementation, 9/16 (56%) agreed, 1/16 (6%) disagreed and 1/16(6%) strongly disagreed.

The mode of 87% indicates that such guidelines are in place.

#### 4.2.6 Documentation of implementation guidelines

**Table 4.6**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	10	4	2	0	0	16
Outcome %	63%	25%	13%	0%	0%	100%

The data presented in table 4.6 shows that 10/16 (63%) strongly agreed that there is a blueprint which outlines the implementation guidelines, 4/16(25%) agreed while 2/16 (13%) disagreed. On the whole 88% agreed whilst 13% disagreed on the existence of the blueprint which outlines the implementing guidelines.

The mode of 88% indicates that there is a blueprint which outlines implementing guidelines.

This is in line with the recommendations made by WHO (2003) which pointed out that health ministries must develop and document a detailed funding plan for HIV/AIDS.

#### 4.2.7 Existence of controls to ensure application of policy implementation guidelines

**Table 4.7**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	4	7	2	3	0	16
Outcome %	25%	44%	13%	19%	0%	100%

Table 4.7 shows that 4/16 (25%) strongly agreed that controls are in place that ensure the application of policy implementation guidelines, 7/16 (44%) agreed, 2/16 (13%) disagreed whilst 3/16 (19%) strongly disagreed. This shows that 69% agreed whilst 31% disagreed.

The mode of 69% indicates that there are controls in place that assist in ensuring application of policy implementation guidelines.

The interview carried out all respondents 5/5 (100%) indicated that controls exist and went on to point out that there are funding procedures manual and other manuals that ensure accountability and best practices in accounting and procurement which include the accounting manual, procurement manual ,on the programmes side there is the ART Guidelines, Home and Community Based Care manual.

#### 4.2.8 Adequacy of controls in relation to policy implementation

**Table 4.8**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	5	9	2	0	0	16
Outcome %	31%	56%	13%	0%	0%	100%



**Fig 4.3**

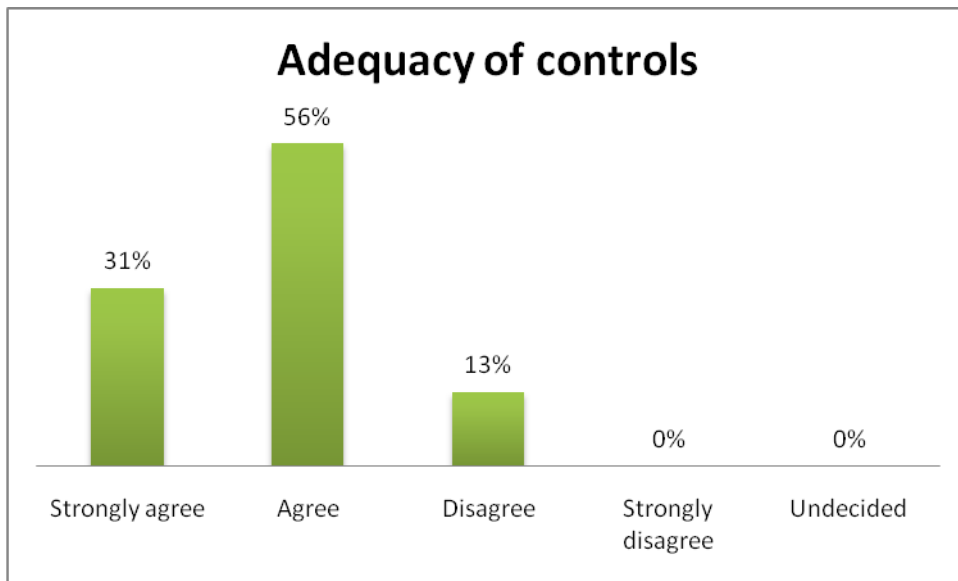


Fig 4.3 shows that 5/16 (31%) strongly agree that the controls in place to ensure successful implementation of the policy are in place, 9/16 (56%) agreed and 2/16(13%) disagreed.

The mode indicates that adequate controls are in place.

#### **4.2.9 Compliance with funding policy**

**Table 4.9**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	8	6	2	0	0	16
Outcome %	50%	38%	13%	0%	0%	100%

**Fig 4.4**

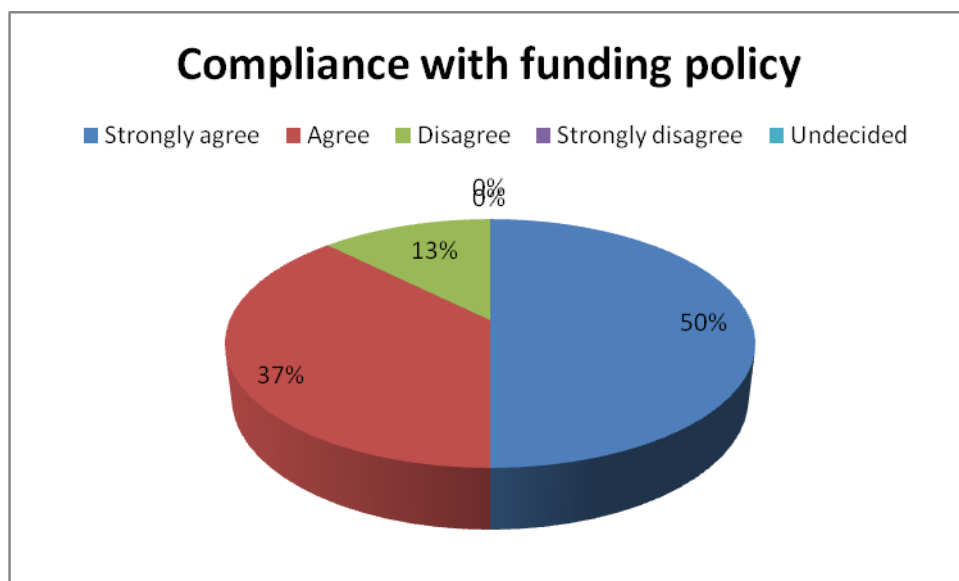


Fig 4.4 indicates that 8/16 (50%) strongly agree that the funding policy is being complied with, 6/16 (37%) agreed whilst 2/16 (13%) disagreed.

The mode indicates compliance with the funding policy.

#### 4.2.10 Implementation of funding policy as per government national policy

**Table 4.10**

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided	Total
Outcome	9	6	1	0	0	16
Outcome %	56%	38%	6%	0%	0%	100%

Table 4.10 shows that 9/16 (56%) strongly agree that the implementation of the funding policy is as per government national policy, 6/16 (38%) agreed and 1/16 (6%) disagreed.

The mode indicates that the implementation of the policy is as per government policy.

The government of Zimbabwe adopted millennium development goals (MDGs) number 6 whose objective is to combat HIV/AIDS, malaria and other diseases. NAC draws its vision, mission, objectives and strategy from the first part of MDG 6 which is to combat HIV/AIDS.

#### 4.2.11 Effectiveness of drugs procurement system

**Table 4.11**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	6	8	1	1	0	16
Outcome %	38%	50%	6%	6%	0%	100%

The table indicates that 6/16 (38%) strongly agree that drug procurement system is effective, 8/16 (50%) agreed, 1/16 (6%) disagree and the remaining 1/16 (6%) strongly disagree. A total of 88% agreed that the procurement system was effective whilst 12% disagreed.

This therefore indicates that the procurement system of drugs is effective.

The effectiveness of the procurement system is of crucial importance since 55% of the budget as per recommendation by the NAC board goes towards treatment, care and support programme component which funds acquisition of drugs. One the reasons why Brazil has one of the most effective HIV/AIDS programmes in the world according to AVERT (2013) is due to the fact that it has managed to drastically cut the cost of drugs by implementing various strategies which include manufacturing the drugs locally as well as taking advantage of the TRIPS agreement.

#### 4.2.12 Existence of an independent risk management team

**Table 4.12**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	4	8	1	1	2	16
Outcome %	25%	50%	6%	6%	13%	100%

**Fig 4.5**

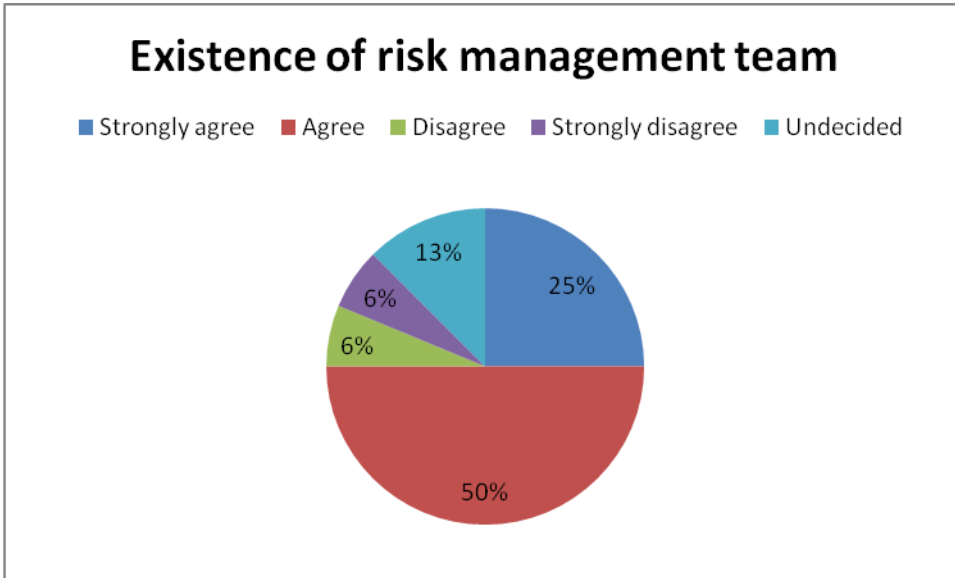


Fig 4.5 indicates that 4/16 (25%) strongly agree that there is risk identification and management team, 8/16 (50%) agreed on the existence of such, 1/16 (6%) disagreed whilst the other 1/16 (6%) strongly disagreed.

The total positive response rate of 75% indicates that the team exists.

**4.2.13 Frequency of review of controls**

**Table 4.13**

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided	Total
Annually	2	0	0	0	0	2
Half Yearly	0	0	0	0	12	12
Quarterly	0	0	0	0	0	0
Never	0	0	2	0	0	2
Outcome %	13%	0%	13%	0%	75%	16

The data in table 4.13 show inconsistent results and it was difficult to establish if the policy framework was review since 2/16 ( 13% ) indicated that they strongly agree that the policy is

review annually, another 2/16 (13%) disagreed that they are never reviewed and 12/16 (75% ) indicated that they are undecided.

It therefore indicates that the policy is not reviewed consistently.

Interviews carried out indicated that the review of controls was not done consistently since 4/5(80%) were not sure of the frequency whilst 1/5(20%) indicated that such were done quarterly.

#### 4.2.14 Adequacy of personnel to implement funding policy

**Table 4.14**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	13	3	0	0	0	16
Outcome %	81%	19%	0%	0%	0%	100%

The researcher sought to establish whether NAC had adequate personnel to implement the funding policy since a good funding policy will not bring positive results to the organization without adequate personnel,13/16 ( 81%) of the respondents strongly agreed that staff was adequate and 3/16 ( 19%) agreed.

The positive response of 100% shows that staff is adequate in terms of numbers.

According to [afraf.oxfordjournals \(2005\)](#) In South Africa the funding policy framework was not successfully during the transition from the apartheid era because on the reasons for its failure was that the National AIDS Policy overstated both human and economic resources that were at the disposal of the incoming government. WHO (2007) also highlighted the need for systems review in order to ensure that there is capacity to manage increased levels of funding.

#### 4.2.15 Adequacy of qualifications of personnel implementing funding policy

**Table 4.15**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	15	1	0	0	0	16
Outcome %	94%	6%	0%	0%	0%	100%

Despite the adequacy of staff in terms of quantity the researcher went further in probing the quality of such personnel through the above summarized question. The results tabulated in table 4.15 indicates that 15/16 (94%) of the respondents strongly agreed to the fact that the personnel were adequately qualified while 1/16 (6%) agreed. This gave a positive response of 100%, one director during the interview commented that all staff is adequately qualified since that is ensured at recruitment level.

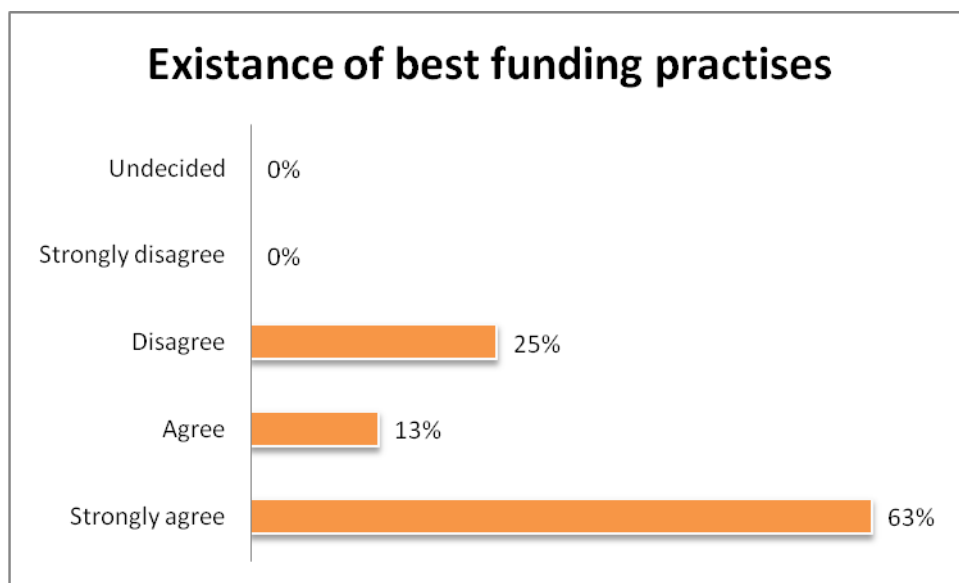
The importance of such was highlighted by WHO (2007) which indicated that one of the three further determinants of successful implementation of health sector strategy is capable human resources. UNGASS declaration of commitment also highlighted that efficient use both human and financial resources enhances greatly the capacity of the health sector to adapt to changing circumstances.

#### 4.2.16 Existence of best funding practices

**Table 4.16**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	10	2	4	0	0	16
Outcome %	63%	13%	25%	0%	0%	100%

**Fig 4.6**



The aim of the question was to establish the perceptions of the employees of NAC about best funding practices, the results as shown in Fig 4.6 indicate that 10/16 (63% ) strongly agree that they are implementing such, 2/16 (13%) agreed and 4/16 ( 25%) disagreed.

The mode of 76% indicates that NAC is currently employing the best practices.

Interviews carried out indicated that 4/5 (80%) were of the opinion that best practices were being carried out but indicated that there was room for improvement as other means could be explored, 1/5 (20%) indicated that best practices were being followed.

Brazil is a developing country but has established best practices and according to UNAIDS (2012) it is considered to be the country with one of the most effective HIV/AIDS mitigation programmes in the world.

**4.2.17 Existence of well developed Public Private Partnerships**

**Table 4.17**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Outcome	12	2	0	0	2	16
Outcome %	75%	13%	0%	0%	13%	100%

The data presented in table 4.17 indicate that 12/16 (75%) of the respondents strongly agreed that NAC has a well developed public private partnership framework, 2/16 (13%) agreed while another 2/16 (13%) was undecided.

On the whole this shows that 88% agreed to the existence of such partnerships which is an indication that they do exist.

This is in agreement to what was pointed out by World Bank(2005), it cited that implementation of the public private partnership framework brings about a win- win situation to both sectors as private sector will have a productive workforce while the government will have a healthy nation, the importance of HIV/AIDS workplace programmes was highlighted.

#### 4.2.18 Sources of funding for the Council

**Table 4.18**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Undecided</b>	<b>Total</b>
Government	16	0	0	0	0	16
Donor Funds	16	0	0	0	0	16
Returns on investment	0	14	0	0	2	16
Other	0	0	0	0	0	0

The sources of funding for NAC are indicated in table 4.18 as donor funds, government and investments. 16/16 (100%) indicated that it's both the government of Zimbabwe and the donor community while 14/16 (88%) also indicated that investments finance NACs programmes.



### **4.3 Analysis of the Interviews**

Interview questions were posed to one director and four middle management staff. The responses are as summarized below.

#### **4.3.1 Explanation of NACs funding policy**

5/5 (100%) of the respondents indicated that NAC has set budget allocations and set budgets, it was indicated that most of the funding is from NATF and donors.

#### **4.3.2 Means of communication of formulated policies**

4/5(80%) indicated that communication was done through the use of Provincial AIDS Coordinators (PACs) who cascade the information in meetings to all staff members at provincial level. At head office the Finance Director communicates the policy. The other 1/5 (20%) indicated that communication was done through memorandums.

It therefore means that the policy was communicated through PACs

#### **4.3.3 Rating of implementation of funding policy**

2/5 (40%) of the respondents indicated that they were satisfied with the funding policy however the other 3/5 (60%) indicated that there is still room for improvement in the policy implementation.

#### **4.3.4 Challenges attributed to implementation of policy**

The policy allocates different percentages of the total budget towards different programme areas, the programme areas according to [www.nac.org.zw](http://www.nac.org.zw) are prevention, care and support, community and home based care, mitigation and advocacy, information and communications. 5/5 (100%) of the respondents indicated during interview the need to increase funding under the prevention programmatic area, an issue of closing the tap rather than mopping as this will go a long way in reducing overall expenditure.

#### **4.3.5 New funding policies that may be implemented.**

There are certain initiatives that are being pursued which include a study which is being carried out to find means of collecting AIDS Levy from the informal sector, how to incorporate AIDS Levy into Value Added Tax (VAT), how to harness the mining sector as

well as public private partnerships whereby medical aid is supposed to pay for ART for those on medical aid schemes who are accessing ART.

#### **4.4 Summary**

The chapter presented and analyzed findings from the interviews and questions. The analysis was done through the use of graphs, tables and pie charts. Chapter 5 will summarize the study, conclude as well as recommend ways and means of bridging the funding gap for NAC.

## **Chapter 5**

### **Findings, Conclusion and Recommendations**

#### **5.0 Introduction**

This chapter focuses on the summary and conclusions drawn from the research findings. Recommendations were reached from the conclusions with the intention of providing NAC with possible ways of bridging the funding gap.

#### **5.1 Chapter Summaries**

The research intended to investigate the possible ways of bridging the funding gap. Below are the chapter summaries.

Chapter 1 looked at the background of the study in which the available budget was not sufficient to finance the strategic plan for NAC which is ZNSAP 11. The main research question was to establish the possible ways of bridging the funding gap in NAC. Also under discussion in this chapter was the statement of the problem, research objectives, and significance of the study, delimitations of the study, limitations, definition of terms and the summary.

Chapter 2 dealt with literature review on funding policy framework for other organizations, how they are sourcing funding for HIV/AIDS activities, the best practices in terms of ensuring sustainable funding for HIV/AIDS programmes as well as new initiatives to raise funding. WHO (2003) stated the need for development of detailed funding frameworks as an important strategy for combating HIV/AIDS. According to Schwartlander (2013) developing countries need to come up with their domestic funding plans rather than relying heavily on donor funding.

Chapter 3 reviewed the research methodology to be used. Stratified sampling technique was used. Research instruments used to gather primary data from were questionnaires and interviews, their validity and reliability are also discussed. The sample was divided into three strata's which were directors, middle management and finance and administration staff.

Chapter 4 presented data collected, its analysis and the interpretation of data to give information. Data was presented as raw and yielded percentages in its presentation. Data

was presented in form of tables and figures and further analyzed and the mode was used to reach conclusions. Conclusions and recommendations were based on the on information found in this chapter.

## **5.2 Major findings**

The research findings disclosed that;

- NAC has a funding policy.
- Implementation guidelines were in place though some staff members were not aware of the guidelines.
- There is adequate and qualified personnel to implement the guidelines.
- The current challenges in funding are that the available funds are not adequate to cover all activities stated in ZNSAP 11.
- There are adequate controls in place to facilitate policy implementation.
- Controls are not reviewed regularly.

## **5.3 Conclusion**

The research was a success. The researcher managed to explore new funding initiatives that may be used by NAC to bridge the funding gap. Information gathered from previous scholars, primary data and secondary data helped immensely to the success of this research.

## **5.4 Recommendations**

The following measures are made pursuant to findings,

- The funding policy blueprint must be availed to all employees.
- The funding policy must be reviewed twice a year to incorporate new funding needs as well as upcoming best practices.
- Controls in relation to implementation of the funding policy must be reviewed at least twice a year.
- NAC must make use of the TRIPS agreement in acquiring drugs in order to reduce the cost of drugs.
- NAC must lobby through the Ministry of Child Care the introduction of the following new funding initiatives
  - i. Air tax.
  - ii. Medical aid schemes like PHI, SHI and CBHI.

- iii. Introduction of global health charge on alcohol and cigarettes.
- iv. Currency transaction levy.
- v. Introduction of AIDS Levy in the mining sector.

### **5.5 Further Research Areas**

From the findings a further research would be ideal in establishing ways of collecting AIDS Levy from the informal sector.

### **5.6 Summary**

The chapter presented the summary of the first 4 chapters, major findings of the research, conclusions, recommendations and further research areas.

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## Appendix A

Midlands State University  
Department of Accounting  
P. Bag 9055

**Gweru**

9 September 2014

National AIDS Council  
The Chief Executive Officer  
100 Central Avenue

**Harare**

**REQUEST FOR AUTHORITY TO UNDERTAKE A RESEARCH STUDY IN THE  
NATIONAL AIDS COUNCIL: MRS BARBARA GANDA CHIKONDOWA EMP  
CODE T325 DISTRICT ACCOUNTS AND ADMINISTRATION OFFICER HARARE  
PROVINCE**

I am seeking authority to carry out a research study in National AIDS Council. I am a studying towards a Bachelor of Commerce Accounting Honours Degree with Midlands State University.

The project topic is “**Bridging the funding gap for National AIDS Council**”. The research study shall be carried out for academic purposes in partial fulfilment of the requirements of a Bachelor of Commerce in Accounting Honours Degree with Midlands State University. Information given shall be treated with confidentiality and used purely for academic purposes.

Your cooperation would be appreciated.

Yours faithfully

B. Chikondowa

**Appendix B**

**COVER LETTER**

Midlands State University  
Department of Accounting  
P. Bag 9055

**Gweru**

21 September 2014

National AIDS Council  
Director Human Resources and Administration  
100 Central Avenue

**Harare**

Dear Madam

**REF: RESEARCH PROJECT ASSISTANCE**

I am a student at the Midlands State University, and currently studying towards a Bachelor of Commerce in Accountancy Honours Degree. The research study is in partial fulfillment for the degree programme. I am carrying a research on:-

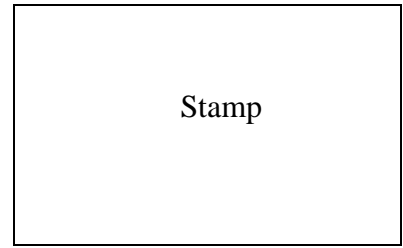
**“Bridging the funding gap for National AIDS Council”**

I wish to obtain responses from the Directors, Auditors, and Finance and Administration staff. It will be appreciated if the respondents complete the attached questionnaires. Information provided will be treated with confidentiality and used for academic purpose only.

Yours faithfully

.....

Barbara chikondowa



Approved/Not Approved

Ms Mhlanga

Director Human Resources and Administration

## Appendix C

### Questionnaire to Directors, Middle Management and Finance and Administration

#### Operational Staff

#### Dear Respondent

My name is Barbara Chikondowa, a final year student undertaking a Bachelor of Commerce Accounting Honours Degree at Midlands State University (MSU). I am currently working on my dissertation entitled Bridging the funding gap for National AIDS Council. I will be grateful if you could respond to my questionnaire.

1. Please state your position

Top management  Middle management  finance & admin staff

2. What is your highest level of qualification?

Diploma  Degree  Other (specify).....

3. How long have been in NAC :

Less than five (5) years [  ] Five (5) years [  ] More than five (5) years [  ], Ten (10) years or above [  ]

4. NAC has funding policy for its programmes

Strongly Agree [  ] Agree [  ] Disagree [  ] Strongly Disagree [  ] Undecided [  ]

5. The formulation of policy involve consultation of various stakeholders

Strongly Agree [  ] Agree [  ] Disagree [  ] Strongly Disagree [  ] Undecided [  ]

6. The funding policy is communicated to employees.

Strongly Agree [  ] Agree [  ] Disagree [  ] Strongly Disagree [  ] Undecided [  ]

7. The funding policy is documented.

Strongly Agree [  ] Agree [  ] Disagree [  ] Strongly Disagree [  ] Undecided [  ]

8. The council has policy guidelines to facilitate policy implementation.  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
9. The implementation guidelines are documented  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
10. Management has established controls to ensure that policy implementation guidelines are applied.  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
11. The controls are adequate in relation to the implementation of the policy  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
12. Management is operating in compliance with funding policy  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
13. The funding policy is implemented according to government national policy  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
14. The procurement system of drugs is effective  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
15. The Council has independent risk identification, assessment, management team.  
Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]
16. The review of controls is done

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
(i) Annually					
(ii) Half Yearly					
(iii) Quarterly					
(iv) Never					

17. There is adequate personnel to implement the funding policy.

Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]

18. Personnel is adequately qualified to implement the policy

Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]

19. The Council has best funding practice for its activities.

Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]

20. The Council has a well developed public private partnership framework.

Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree [ ] Undecided [ ]

21. The Council funding its programmes from.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
(i) Government					
(ii) Donor funds					
(iii) Returns on investment					
(iv) other					

If other specify.....

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Overall comments

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 .....  
 .....

Thank you for your cooperation.

Barbara Chikondowa

Reg number R12532Q

## **Appendix D**

### **Interview Questions for Directors, Middle Management**

1. Explain the NAC's funding policy?
2. How is the policy formulation communicated to the employees?
3. Are you satisfied by the way the funding policy for projects is being implemented?
4. Are the policy implementation guidelines in place?
5. Is there adequate staff to implement the policy?
6. Are there adequate guidelines to facilitate policy implementation?
7. What controls are in place to facilitate policy implementation?
8. Are the controls reviewed for adequacy?
9. To what extent has the current finance policy contributed to the challenges presently faced by the company?
10. Are there any new funding initiatives that you think may be implemented?