Response to Queries

RFP-2011-36: Assessment of Experience with Innovative Financing Mechanisms for Health and Development and their Potential for Financing of HIV

September 01, 2011

1. Should the study review mechanisms to raise funds, mechanisms to spend funds, or both?

The primary focus of this work is on innovative mechanisms to raise funds, rather than on better ways to spend funds, which would open a host of additional issues. In this respect, the last point in paragraph 1.3.1.2 (link financing to results) should be omitted from the potential list of mechanisms.

2. Should the review of global mechanisms focus on different aspects (e.g., fund raising) compared to mechanisms in low- to middle-income countries (e.g., expenditure)?

The work should include a review and evaluation of mechanisms to raise funds at global level or from high-income countries (point 1 in 1.3.1.3), and of mechanisms to raise funds within low and middle-income countries (point 2 in 1.3.1.3). Both of these are important.

3. Does UNAIDS expect the consultant to conduct field in low- to middle-income countries to collect data on innovative financing mechanisms? If so, does it have a preferred number of field visits?

UNAIDS does not expect the consultant to include international travel in order to conduct country-level data collection in low and middle-income countries. One trip to Geneva (or video-conferencing facilities) would be appropriate for the purposes of consultation.

4. Paragraph 1.3.1.3 point 2: Please can you explain how UNAIDS would define a 'high financing gap'? For example, does it refer specifically to financing for HIV?

Paragraph 1.3.1.3 point 2 is intended to refer specifically to financing for HIV, and the "gap" refers to the difference between the expenditure needs and the expenditure of government. There is no hard definition of what would be a "high" financing gap, but the intention is to identify countries where there is particularly low government expenditure in relation to the national GDP per capita and the disease burden of AIDS, so that a relatively high proportion of the AIDS response is currently financed by external sources. The question is the extent to which this can be substituted by increased public revenue, or by innovative domestic sources.

5. Paragraph 1.3.1.3 point 2: Please can you advise to whether it is expected that the selected countries are taken from among the examples given (India, Vietnam, Nigeria, Ghana, Cameroon and Cote d'Ivoire) or whether we are free to select others?

The countries listed are for illustration, but may be countries where there are untapped private domestic resources and where there may be potential to pursue innovative domestic financing sources. The proposers are free to select other countries that may be more appropriate.

6. Could you please clarify the meaning of point 4, section 1.3.1.3 (Recommend the preferred mix of modalities whereby revenue raised by the listed mechanisms can be utilized to finance the HIV response in low and middle-income countries)? Does UNAIDS expect a recommendation on expenditure mechanisms, or are other aspects important here?

UNAIDS is seeking recommendations as to which innovative financing mechanisms provide the realistic potential to increase and stabilise funding for AIDS. This would include an assessment of the current economic climate in high and low-income countries, the political feasibility of establishing new earmarked mechanisms at this time and the practical steps that UNAIDS might take in order to promote mechanisms that can make innovative funding available to low and middle-income countries.

As stated above, this should not include an assessment of the effectiveness of different modalities or allocations of expenditure.

7. Could you give an indication of the budget allocated to this initiative?

UNAIDS prefers not to pre-specify the size of the budget for this task. What is primarily important is the quality of the proposal and the ability to deliver a quality product within the specified timeline.