



UNAIDS Advisory Breakout Group on AIDS Response Financing

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Report on the 1st Virtual
Meeting

12 October 2020

Acknowledgements

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BACKGROUND

The UNAIDS Advisory Group has been set up to provide guidance and support to Winnie Byanyima, UNAIDS Executive Director, during an 18-month transition period (from February 2020 to summer 2021). Specifically, the UNAIDS Advisory Group advises on strategic priorities for the Joint Programme, the institutional transformation and internal culture change, and the next global AIDS strategy.

In support of its mandate, the UNAIDS Advisory Group is forming break-out groups around thematic issues of priority. In this context, a break-out group (BoG) on AIDS Response Financing has been established. Led and chaired by Christoph Benn, it consists of select members of the broader UNAIDS Advisory Group, external experts on financing and staff members of the UNAIDS secretariat and Cosponsors. This report summarizes key messages that emerged at its first meeting held virtually for two hours on 12 October 2020. The Annex includes the agenda and the list of participants.

INTRODUCTION

Winnie Byanyima, Executive Director of UNAIDS, opened the meeting by underscoring the critical importance of sustainable and effective financing for the AIDS response. Health financing influences the performance and delivery of health systems and determines who gets served, with those at the bottom of society getting the least priority. UNAIDS is committed to being the voice that asserts the right to health and concerns regarding equity, efficiency, and transparency into debates around health financing. It is committed to support countries in finding ways to raise revenue for the AIDS response and health and social spending so that they can become self-sufficient. In this regard, COVID-19 can be seen as an opportunity to reset critical initiatives on increasing domestic revenue, such as ending tax avoidance and shifting to progressive taxation.

Christoph Benn, Chair of the Breakout Group on AIDS Response Financing, noted the unique challenges faced by UNAIDS and the global AIDS community: while more funding is required to achieve the global AIDS targets, the current COVID-19 pandemic is affecting lives and economies around the world, putting huge pressure on public spending. The HIV movement has always been about more than the HIV epidemic; it is about wider social change, equity, and defending the human rights of the most marginalized people. The financing discussion needs to situate itself within this wider movement and yield new and bold approaches that consider the overall political environment.

Iris Semini, Senior Adviser, UNAIDS, outlined the strengths of UNAIDS' response to AIDS financing as well as the additional gaps and challenges faced in achieving the new 2025 AIDS response targets in the context of the health and economic impact of COVID-19. Efficient and sustainable resources for the AIDS response has been identified as one of the strategic results in the next global AIDS strategy beyond 2021, and a target for resource needs for 2021–2030 has been set.¹ The Breakout Group members were invited to provide input to shape the strategy and define ways to realize the new 2025 targets.

¹ For more information, please see https://www.unaids.org/en/Global_AIDS_strategy

SUMMARY OF KEY MESSAGES

The following summarizes and clusters the discussion and key messages around key themes that emerged during the two-hour online meeting, many of which are inter-related and mutually reinforcing.²

1. Seize the moment to rewrite the narrative and put health and well-being at the front of our economies.

- Seize the current momentum of health being high on the international agenda to leverage deep reforms, recognizing that profound change often occurs in the context of crisis.
- Be a radical voice for equity, human rights and transparency, to benefit those at the bottom of society.
- Demonstrate the centrality of investing in people-centred HIV response, health and social spending to ensure resilience against future outbreaks and pandemics in the context of ongoing policy discussions on global health security.
 - Showcase how strong and resilient systems for health are those that are inclusive, protect human rights, and serve the most vulnerable and marginalized segments of society.
- Document and demonstrate how country responses to COVID-19 have leveraged existing HIV response platforms to bring services and social support to where they were most needed, addressing gaps and avoiding service interruptions (community systems, early alert systems and engagement in rolling out testing). Tell the story from the grassroots to the global mobilization level, and integrate this into a substantive story around the COVID-19 response.
- Join forces with partners, and campaign together with civil society organizations with and beyond the HIV movement towards a wider equitable health agenda.
 - Ensure that coordination is taking place among Cosponsors (especially UNDP, WHO, World Bank and UNICEF) and that roles and messages are unified and roles coherent.
 - Broaden synergy with other organizations, including multilateral financial institutions such as the IMF. Enlist these organizations to support the creation of fiscal space for additional health spending, including on AIDS.
 - Address the medium-term perspective; the coming austerity wave that is due after the short-term management of the COVID-19 pandemic, which will require drastic measures.
 - Coordinate with relevant government ministries and actors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States

² This report was prepared by the UNAIDS Secretariat to summarize the break-out group discussion. The findings, interpretations, and conclusions expressed in this report do not necessarily reflect the official position of UNAIDS.

President's Emergency Plan for AIDS Relief (PEPFAR), including on increasing domestic funding and efficiency.

- Explore new partnership models with the private sector as exemplified by the Access to COVID-19 Tools (ACT) Accelerator for global health solidarity.

2. Support countries in increasing domestic resources in their pathways towards sustainable recovery

- Scale up support for countries to help navigate forward in the context of current economic uncertainty caused by the COVID-19 pandemic.
 - This uncertainty is exacerbated by declining tax revenue, lower official development assistance and high debt amassed by governments, unprecedented declines in GDP and revenue and a trend of countries moving from stimulus towards repairing budgets, often valuing economic recovery over supporting the social sectors.
 - The COVID-19 pandemic has exposed and exacerbated acute macroeconomic vulnerability, especially in countries with a high burden of HIV that were already facing an increased debt burden.
- Help countries in addressing the challenging macro-fiscal environment by identifying a wide range of methods for mobilizing domestic and market resources.
- Advocate for debt relief efforts, extend the moratorium to 2022 and seek new solutions to the debt crisis, including debt cancellation and restructuring.
- Support countries in implementing progressive taxation to increase domestic revenues and public funding of universal health coverage, and in addressing tax avoidance, including corporate tax avoidance.
- Expand efforts with national civil society and other partners to allocate a greater share of domestic resources to public services, including equitable health and social spending.
- Help countries tap into catalytic and new financing mechanisms including leveraging the private sector and new digital technologies.
- Explore new global development and financial cooperation opportunities, such as private-public partnerships, with the aim of determining how well they serve our constituencies and address inequalities.
- Seek to gain insights on how COVID-19 is influencing international funding flows to countries and HIV programmes.
- Help to ensure that new flows of money from the Debt Service Suspension Initiative and other sources in response to the COVID-19 crisis are channelled into health and other social spending in support of sustainable financing. For example, considering the moratorium on debt service (IMF), assess what funding for countries is actually additional, as opposed to simply repurposing official development assistance resources.

- Champion global public investment to complement domestic resources. Engage with donors and country partners to leverage concessional international public financing, which is required in huge quantities.

3. Mobilize political engagement and social mobilization to reset the financing agenda for HIV, health and social inclusion

- Provide impetus for greater political leadership and social mobilization around the HIV response and health financing.
- Act as a catalyst for the critical role of public financing, both domestically and internationally.
- Quantify and demonstrate the positive externalities of investing in the AIDS response: contributing to the broader health system or other Sustainable Development Goal priorities.
 - Showcase how investing in the HIV response contributes to building capacity, strengthening programme infrastructure and creating platforms to address other health conditions, such as noncommunicable diseases and the ongoing COVID-19 pandemic.
- Reinforce the message that there is no dichotomy between resilient systems for health and those with a single-disease focus.
- Stress the message that no real progress can be attained and sustained without solid investment in communities and community-led responses, including their participation and input in shaping the financing agenda and fiscal decisions.
- Talk about what has worked in mobilizing political commitment and investments to turn the tide of the HIV epidemic, identify what the gaps are and be clear about what is insufficiently happening.
- Increase focus and partnerships to address the financing needs of middle-income countries, especially related to efficient purchasing of and affordable access to commodities, and sustained programmes and funding for key populations.
- Develop investment cases ("What could new financing buy in very specific ways?"), and demonstrate the economic cost, and the consequences to societal and health outcomes in case of failure to achieve the HIV targets.
 - Include the estimated effect of delayed progress in the AIDS response because of the COVID-19 pandemic. This is especially concerning in Africa, where many of the people acquiring HIV are disproportionately affected by the socio-economic impact of COVID-19, putting the hard-earned gains of the HIV response at risk.
 - Adopt a scenario-based approach of the health financing landscape, considering the uncertainty surrounding how the COVID-19 pandemic will affect global economies.

- Remind the world that HIV was biggest pandemic before COVID-19 and show how the HIV movement, through the AIDS response, has achieved tremendous gains in life expectancy, health and economic productivity.

4. Link the AIDS Response with universal health coverage implementation

- Articulate how the AIDS platform can help advance universal health coverage, without slacking on the ambition of the AIDS targets themselves.
- Bring the HIV movement's radicalism into the universal health coverage debates and demonstrate how it can support the creation of a stronger movement for universal health coverage.
- Maintain human rights, the imperative of addressing structural barriers and community engagement as integral components of the AIDS response in the context of implementing universal health coverage.
- Monitor where health financing reforms may be emerging in countries and be ready to engage with national and international civil society and other relevant partners to lobby and push such reforms in ways that promote progressive financing.
- Generate evidence on the implications of existing methods of health financing on the sustained quality and coverage of HIV services as well as on equity, especially for marginalized and vulnerable populations.
- Call out existing health financing policies that include user fees despite countries' commitments to meet the universal health coverage goals (user fees account for 37% of health-care financing in Africa), and showcase how they negatively affect HIV and health outcomes and equity.
- Highlight how some financing mechanisms introduced in the name of universal health coverage, including voluntary and contributory health insurance schemes, have failed to reduce financial barriers to health and have left the poor and the most marginalized people behind.
- Support a shift away from labour-tax-financed social health insurance programmes, relying on ample evidence that these have often been ineffective or counterproductive.
 - The persistent informality of employment (at 86% in Africa, 68% in Asia, and 53% in Latin America and the Caribbean), compounded by reduced access to care when health shocks, such as COVID-19, push employed people out of work arrangements.
 - Support countries in countering motivations for adopting employment-based insurance, including better management of donor pressure for a sustainable transition; tackling ineffective and rigid public-financing management; and improving understanding of universal health coverage, among other actions.³

³ Yazbeck, Abdo S., et al. "The Case Against Labor-Tax-Financed Social Health Insurance For Low-And Low-Middle-Income Countries" *Health Affairs* 39.5 (2020): 892-897.

- Step up support for inclusion of the continuum of HIV services in universal health coverage goals, ensuring they are part of discussions on coverage and benefit packages in countries.
 - Develop country-tailored approaches to support the effective inclusion of the AIDS response in universal health coverage implementation.
- Integrate mechanisms to contract with non-governmental organizations to achieve coverage of high-quality, stigma-free services for people living with HIV and marginalized people.

5. Help countries to expand effective integrated delivery platforms without compromising access and equity

- Identify and integrate innovations of HIV programme delivery to expand coverage and equitable access to health-care services, including drawing on examples of leveraging these platforms during the COVID-19 response.
- Strengthen primary health care by maximizing the use of existing HIV programme delivery platforms. For example, building on AIDS programmes that incorporate interventions for chronic diseases and conditions will increase effectiveness and efficiency by reaching those whose risk is increased by HIV infection and those who require similar delivery platforms.

6. Support oversight mechanisms such as those that enable budget monitoring by civil society

- Oversight by HIV activists and other civil society groups will contribute to ensuring tailored integration of HIV services in universal health coverage, adequate funding of programmes and monitoring progress. This will have positive externalities for other single-disease burdens such as COVID-19.
- Increase community organizations' literacy and capacity regarding universal health coverage financing and equity, budget processes and country-tailored approaches for including the HIV response in universal health coverage that address the needs of key populations and remove structural barriers.
- Help ensure that the architecture and governance for decision-making around domestic financing includes civil society organizations and communities.

7. Expand efforts on sustained programme effectiveness and efficiency

- Address the pressing need for increasing the efficiency and effectiveness of resources both for HIV and for broader health goals and Sustainable Development Goals, drawing on science, evidence and lessons learned on both allocative and technical efficiency over the past 25 years of the response.
- Identify new efficiency gains, including those possible through alternative delivery formats, creative financing approaches, and other locally defined solutions, relying on rigorous evaluation methods.
- Expand the work on estimating the actual costs of delivery, including for community-led responses, to increase transparency and efficiency, and to inform the evolution

towards domestic resources. Scale up activity-based costing, led by PEPFAR in partnership with others (in Uganda, the United Republic of Tanzania and other countries) to generate evidence on the costs of delivering the AIDS response and to empower country partners in making decisions on resource allocation and utilization.

CONCLUSION AND NEXT STEPS

The participants agreed on the urgent need to articulate a bold and expansive role for UNAIDS in financing. Many ideas were floated during the first meeting of the Breakout Group; the next steps will be refined based on the locus and value added of UNAIDS. Key considerations across the work on financing are how best to serve UNAIDS's constituencies, including key and marginalized populations, and how to reinforce human rights and gender equality.

The next step for the Breakout Group will be to reconvene in sub-groups to enable deep-dives with a view to distilling concrete recommendations on the critical areas of work for UNAIDS (see Annex I. below). Meanwhile, participants were encouraged to share any relevant research and background documentation to support the future work.

ANNEXES

Annex I. Subgroups

The following sub-groups were proposed:

Group 1. Political leadership, social mobilization and donor engagement.

- Identify ways for UNAIDS to give impetus to bold leadership, social mobilization and donor commitment to increase HIV and UHC financing that can get us on track towards achieving the new 2025 AIDS targets, addressing COVID-19 and expanding UHC implementation;

Group 2. Increased funding for HIV and health financing—including strategies for ensuring public-financing for UHC implementation;

- Increase sustainable and equitable financing for the HIV response, including for structural drivers and community led response;
- Expand and increase public-financing of UHC implementation, including promoting progressive health financing strategies, abolish user fees, and shifting away from employment-based taxation.

Group 3. Mobilizing domestic revenues to overcome the macro-economic challenges and increase funding for HIV, health, and social sector.

- Influence domestic resource mobilization in the financing for development agenda, including identifying catalytic funding from new financing instruments, engaging in advocacy for debt restructuring and extended moratorium to 2022, promoting ways to address corporate tax evasion and improve resource distribution, and DRM;
- influence allocation of raised funds to public services, including education, HIV, health and social services.

Annex II. Meeting agenda

First Meeting of UNAIDS Advisory Group (UAG) Breakout Group (BoG) on AIDS Response Financing

Online

Monday, 12 October 2020

2-4.30 p.m. (Geneva, Switzerland)

Objectives:

1. To explore how the BoG and its members will use dynamic and collaborative ways of working among its members to deliver recommendations to the EXD on AIDS response financing.
2. To identify priority issues to be addressed by UNAIDS over the coming months to:
 - a. maximize the impact of a fully funded AIDS response to achieve the new 2025 targets;
 - b. identify pathways towards equitable sustainable financing of the HIV response,
 - c. revitalize evidence-driven political leadership and social mobilization to maintain the AIDS response in the broader financing dialogues, given the unique challenges and opportunities that the current crisis of the colliding epidemics of COVID-19 and HIV presents.
3. To plan for inputting to the UNAIDS Strategy development process beyond 2021.
4. To plan for discussions on reforms and changes that may be required for UNAIDS to effectively seize new and emerging opportunities for financing the HIV response over the next five years.

Meeting Agenda

02:00-02:15	Welcome, Meeting Objectives, Introductions
02:15-02:30	Tasks ahead for the BoG and proposed way of working
02:30-02:45	Overview of current status, UNAIDS work; challenges and opportunities (presentation and discussions)
02:45-04:15	Tour de table: (moderated discussion) <ul style="list-style-type: none">• Priority issues for UNAIDS to maximise use of funds, and establish financing solutions of the HIV response in the context of COVID-19;• Steps and actions to revitalize evidence-driven political leadership and social mobilization to maintain the AIDS response in the broader financing dialogues, given the unique challenges and opportunities that the current crisis of the colliding epidemics of COVID-19 and HIV presents.
04:15-04:30	Next steps for UAG BoG moving forward

Annex III. List of participants

Name	Organization / Position
<i>UNAIDS Advisory Group members:</i>	
Jaime Atienza	Oxfam International
Till Baernighausen	Executive Director of Heidelberg Public Health Institute, Germany
Christoph Benn	Director for Global Health Diplomacy, the Joep Lange Institute, and Chair of the UAG Break-out Group on Financing
Chris Collins	President of Friends of the Global Fight
Jonathan Glennie	Director of policy and research, Save the Children UK
Robert Hecht	President of Pharos Global Health Advisors
Alexander Kentikelenis	University of Bocconi, Italy
Anna Marriott	Oxfam
Martin Mckee	Professor of European public health at the London School of Hygiene and Tropical Medicine
Percyginia Mnisi	Office Administrator at Clinton Health Access Initiative, Inc.
Robin Montgomery	ICAD, Canada/current board member for advocacy NGOs on the board of the GF
Steve Murphy	The Global Fund
Allyala Nandakumar	Professor, Brandeis University
Regina Ombam	The Palladium Group
Yogan Pillay	Country Director South Africa, Clinton Health Access Initiative
Benedict Phillips	Independent consultant
Yashaswini Prasad	Global Network of People Living with HIV
Mike Podmore	Executive Director of Stop AIDS UK
Dianne Stewart	The Global Fund
Rob Yates	Chatham House
David Wilson	Global HIV/AIDS Program Director, the World Bank
<i>UNAIDS Secretariat:</i>	
Charles Birungi	Fast-Track Adviser, UNAIDS
Winnie Byanyima	Executive Director, UNAIDS
Aeneas Chuma	ESA Regional Director a.i., UNAIDS
Sven Engels	Health Economist Consultant, UNAIDS
Helena Nygren-Krug	Senior Advisor, Executive Office, UNAIDS
Vinay Saldanha	Special Advisor, Executive Office, UNAIDS
Iris Semini	Senior Advisor, Investment & Sustainability, UNAIDS