Way Forward to Achieving Sustainable AIDS Response Results

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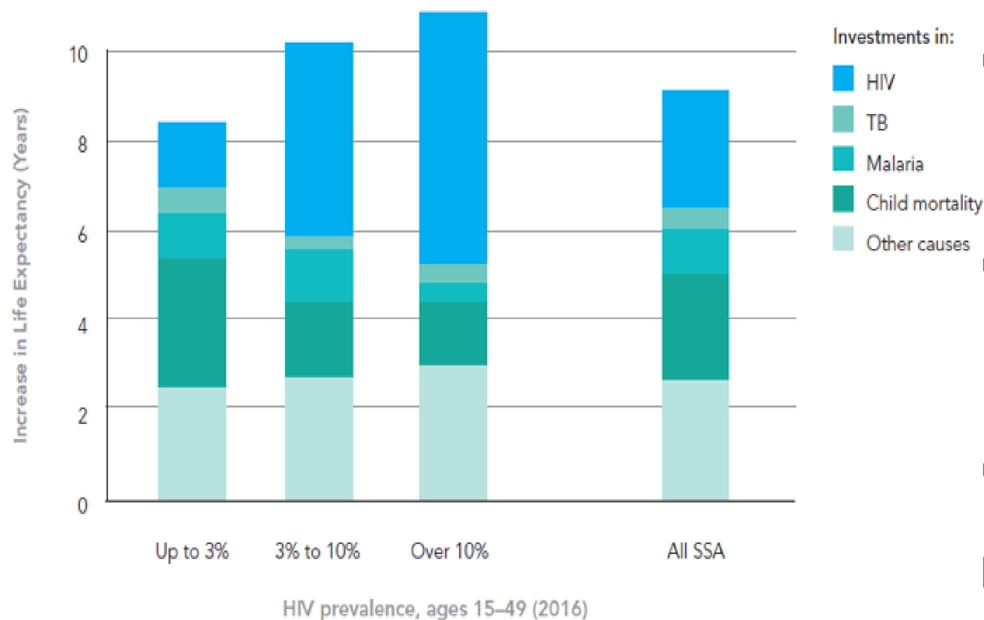
Impact on health, systems and development



Source: IHME, 2017; Global Burden of Disease database 2016; UNAIDS estimates

- An estimated 21.7 million [19.1–22.6 million] people receiving ART at the end of 2017
- In countries with HIV prevalence >10%, HIV investments estimated to have increased life expectancy more than five years (2003-2016).
- New HIV infections have been reduced by 47% since the peak in 1996, though not at required pace
- Investments in the AIDS response have strengthened systems for health

E.g.

  - PEPFAR has built capacities of 270,000 new health care workers to deliver HIV and other health services (by Sept.2018)
  - The Global Fund invests approx. US$ 1 billion per year in strengthening health systems

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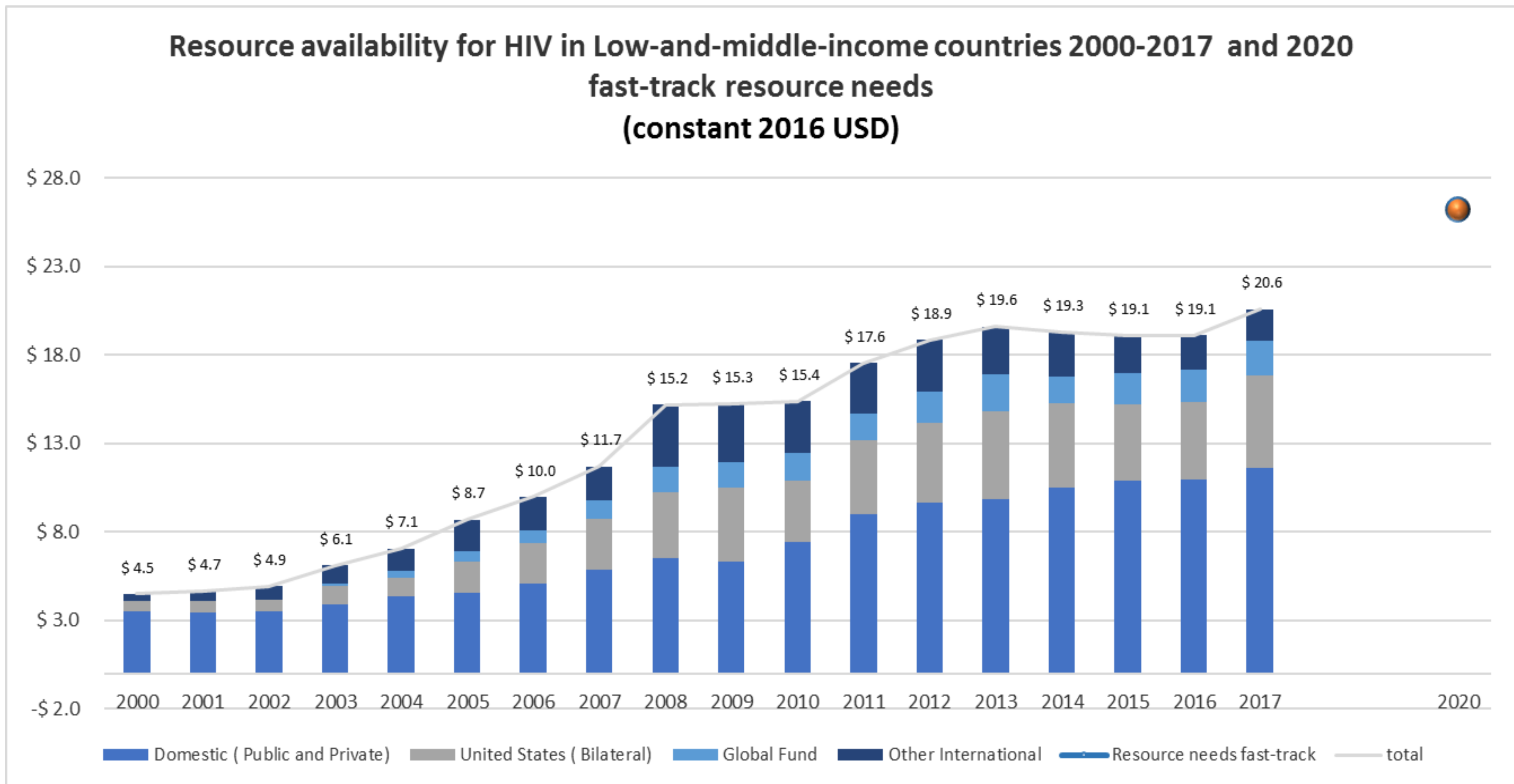
Funding – progress and gaps



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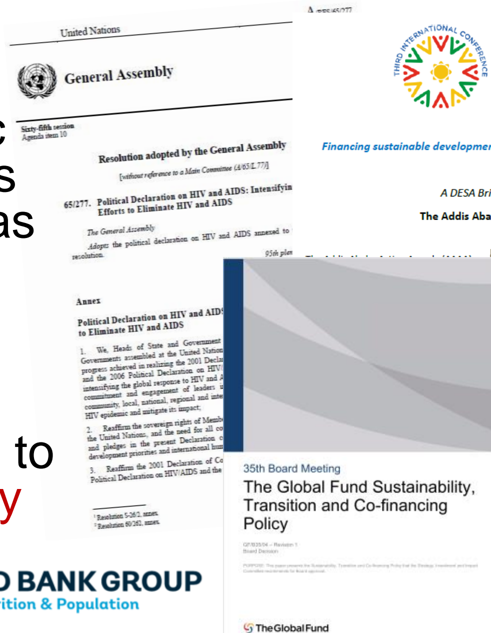
Sustainability – 2016 Political Declaration on Ending AIDS

- Commit to increase and fully fund the HIV response from all sources, with overall financial investments in developing countries reaching at least US$ 26 billion/year.

- Commit to ensure that financial resources for prevention are adequate and constitute no less than a quarter of global AIDS spending on average

- Ensure at least 6% of HIV resources are allocated for social enablers, including advocacy, community and political mobilization, community monitoring, public communication, and outreach programmes for rapid HIV tests and diagnosis, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction.

- Expanding community-led service delivery to cover at least 30% of all service delivery by 2030.



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Inequities in HIV response funding

Caribbean:
- High levels of donor dependency; 72% of HIV resources sourced externally

Latin America:
- HIV response almost entirely (96%) funded wit domestic resources

Western and Central Africa:
- Lags well behind fast track targets; $1.8 billion additional needed annually
- Domestic resources less than 1/3 of total

Eastern Europe and Central Asia*
- Domestic resources account for 75% of AIDS Response investments

Inadequate funding and implementation scale

Predominantly international funding

- ❑ Adolescent girls and young women, key populations, people on the move (country context)
- ❑ HIV prevention investments – a missed opportunity
- ❑ Programmes for human rights, changing policies, gender equality
- ❑ Community engagement: from advocacy to delivery

Middle East and North Africa:
- HIV response ~3/4 domestically sourced, donor funding fallen 30%

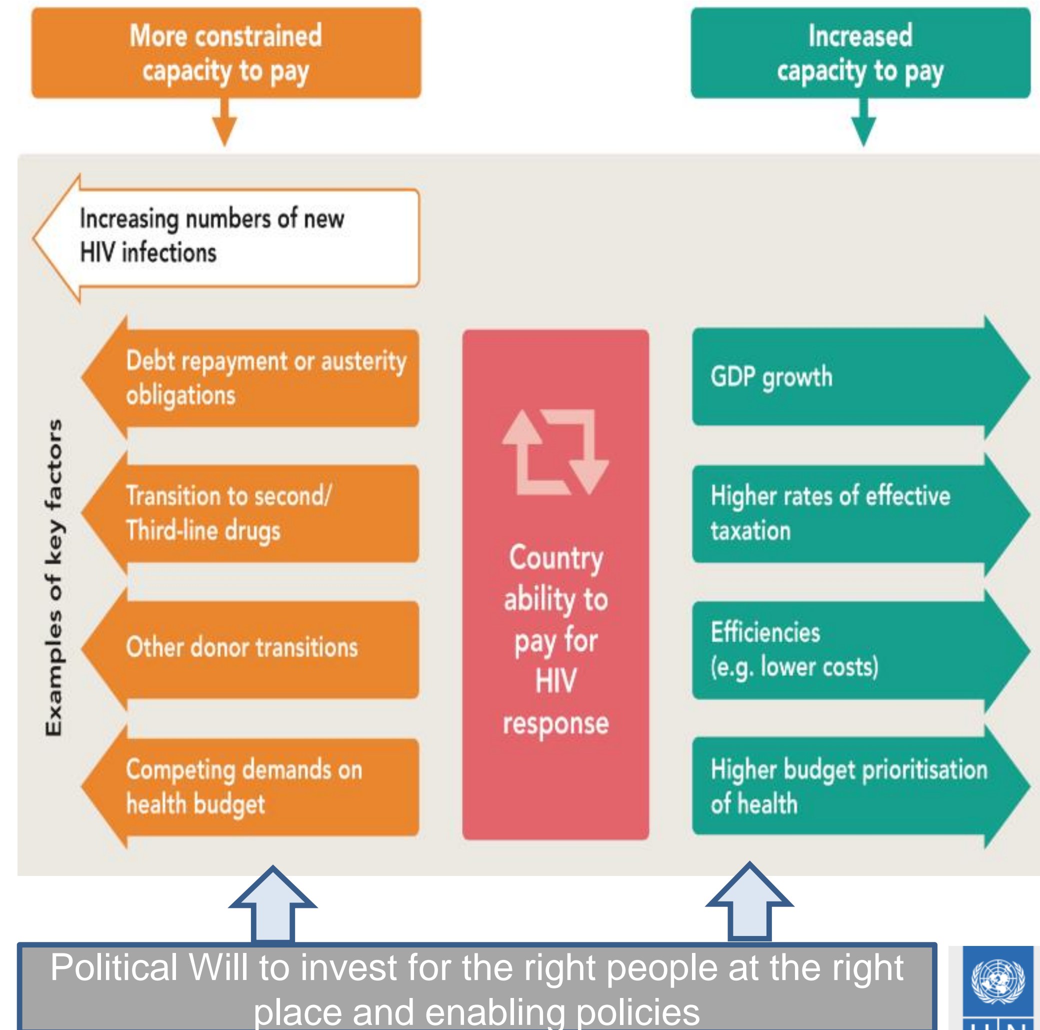
Asia and the Pacific:
- HIV response >75% domestically funded, but some LICs still highly donor-dependent
- Overall stagnation in resource availability since 2011

Eastern and Southern Africa:
- Roughly on-track to achieve 2020 Fast-Track financing targets
- About $ 10.6 billion available for HIV
- Domestic investments at 42% of total resources

* The Russian Federation is not included in this analysis

Domestic resource mobilization

- Every country, regardless of income level and HIV burden shall increase domestic investments in HIV and health
- The Efficiency Imperative – we have not exhausted the programme and system efficiencies
- Epidemic / programmatic / financial transition to identify opportunities for sustainable solutions
- Need for tailored approach to the "risky-middle":
  - The majority of people living with HIV are now in middle-income countries (MICs), potentially rising to 70% by 2020
  - Growing awareness that GNI per capita alone is insufficient measure of transition readiness: *GF and PEPFAR invest based on disease burden and impact*
  - *MIC where key populations are the most affected:* experiences in transitioning to domestic funding have not all been successful, despite their apparent ability to pay (the GF did return in a few countries because of an increase in the epidemic)
  - Ability to purchase price-negotiated drugs
- *Political Economy* : Unwillingness to fund key population programmes and community-delivery
- Undermines progress towards SDGs and "Leave no one behind"



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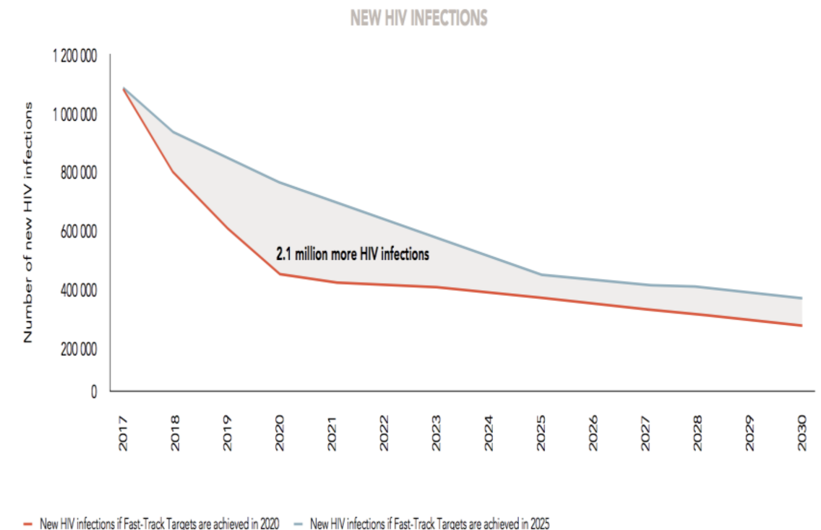
Donor funding decline – how prepared are we?

Selected common issues emerging:

- Complacency has an impact on human capital, budgets, development and SDGs
- Poorly planned and executed transitions disproportionally affect key populations, adolescent girls and young women and enabling environment interventions that rely heavily on donor funding
- Limited capacity to address “within country transition” – when donors reduce funding allocation and/or geographic coverage
- Limited data re: costs of delivery, implementation cascade, quality of services, how to approach integration and co-morbidities, maintain the reach to those left behind, innovation
- Unwillingness to fund key population programmes and community delivery
- A lack of technical or regulatory capacity (e.g. legal mechanisms for contracting HIV services through civil society and community groups)
- Lack of formal country-level fora across government and implementers to examine and make sound decisions on transition challenges.
- Devolution of power and budgets to subnational country partners with limited capacity for effective HIV planning, financing and implementation



Summary points

Risks assessments	Potential impact
Delays in implementation towards the Fast Track Targets	Delays result into **increased number of people requiring treatment**, along with related-morbidity – increased future costs and resource gap
The lack of funding certainty and predictability	**Inability to fund the commodity needs** Donor funding vulnerable to political agendas, prediction of economic growth affected by emergencies (depreciation of currencies, draught…)
Limited ability to influence health and other sectors' allocations	**"HIV is well funded", drop domestic resources for key populations and HIV prevention, competing health priorities, inability to leverage synergies**
Managing realistic expectations – Country Sustainability Goals	**The time gap between commitments and results is longer for system change and resource increase**
Fragmented donor approach	Donors' policies determined by internal politics and interests, competition between health topics, political requirements for **hasty transition might derail progress** negative impact on HIV trends
UNAIDS Capacity to deliver and focus for highest impact	**Coherent Approach and strengthened capacities** coupled with prioritization of country sustainability agenda action avoid spread resources thin and undermine results, aligned with PEPFAR, the Global Fund Policies and the Global Action Plan on SDG3
Country Capacities to drive the sustainability agenda	**Complexity of engagement with multiple development and financing agendas**

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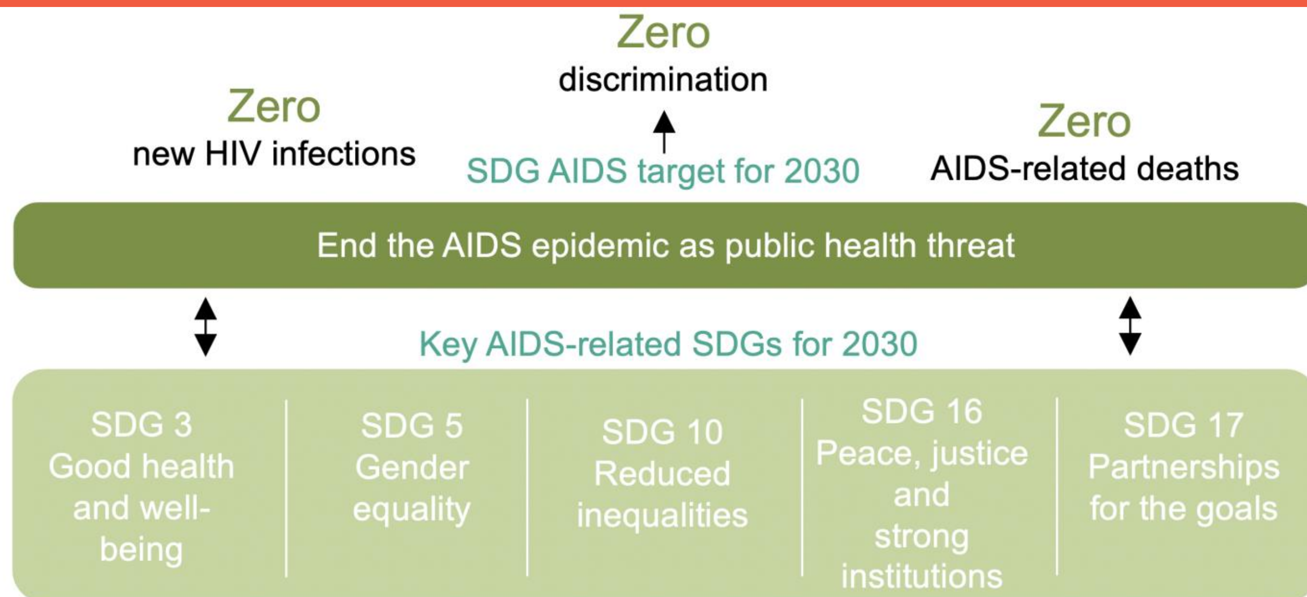
Towards greater sustainability of results



How will the approach to sustainability take into account the epidemiological, programmatic and financing transitions?

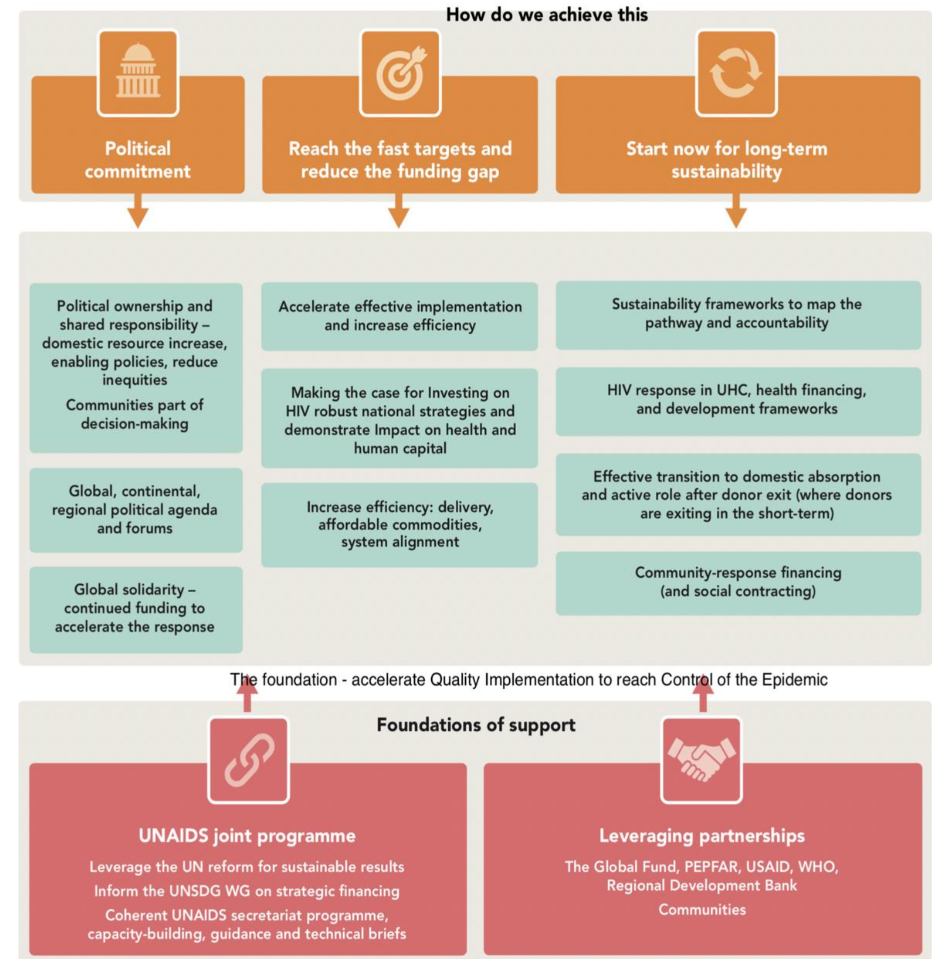
Overall Goal: Investing to end the AIDS epidemic as a public health threat by 2030 and sustain the results – people and communities at the centre

With focus on key populations, human rights and gender

- First, reach control of the epidemic - the prerequisite for sustainable results. Fiscal control will be reached if the epidemic is under control
- Second, a "people-centered" Investment & Sustainability Framework – to maximize AIDS response investments combined with system strengthening & long-term sustainability
- Third, revised metrics to measure progress towards sustainability to reflect epidemic, programmatic, and financial transition
- Fourth, multiple-criteria to prioritize country support

Through the Joint Programme and Partnerships (PEPFAR, the Global Fund, and other partners):

- Joint Programme Working Group on Investment and Efficiency (WB and UNDP)
- Aligned with the Global Plan on Achieving SDG 3
- Deliver on UBRAF Results and implement the UNAIDS Strategy (indicators on investment cases and sustainability plans)
- Strengthen country capacity on investments and sustainability, and provide high-impact technical support



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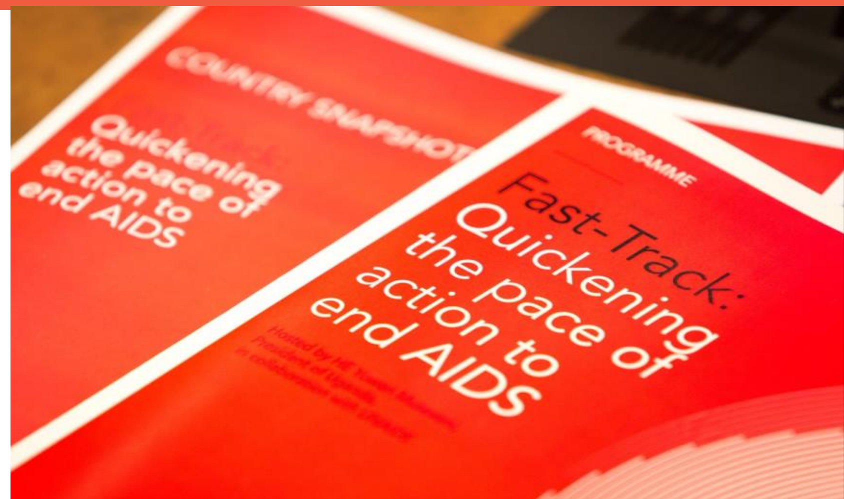
Comp 1. Political commitment for shared responsibility

- Reinvigorated political commitment and activism to:
  - change policies
  - increase domestic resources for health and equitable investments;
  - increase programme and system efficiencies

- Timing is of the essence:
  - Donor funding is essential to accelerate results-focused AIDS and co-morbidities programmes while strengthening the systems
  - Donor funding coordination is required to address political economy and avoid service disruption

- Continental/regional political institutions: platform for making the case for HIV and health as investments on human capital and economic growth

- Countries—government, communities and organizations of people living with HIV—drive the reshaping of the sustainability agenda



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Comp 1. Changing policies is imperative to sustainable results

Source: Adapted from MSF

- Political commitment to change policies on:
  - E.g. community-delivery
  - right to health and key populations
  - age of consent for testing
- Remove user fees paid at service point – aligned with the UHC goal

Examples patient fees:
Consultation & card: **3-5 usd**
Viral load: **15-20 usd**
Hospitalisation: **170-200 EU**

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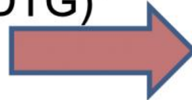
Comp 2. Investing for Impact - Increased Efficiency- Equity

- Implement HIV Prevention at scale and quality to have impact is the first step to increase efficiency and effectiveness

- South Africa is considering switching all adults on first-line ART regimens containing **efavirenz** (EFV) to regimens containing **dolutegravir** (DTG)*



tenofovir + emtricitabine + efavirenz
(TEE)

tenofovir + lamivudine + dolutegravir
(TLD)

- A reduction of at least 5% in new HIV infections, and 1-2% in AIDS-related deaths

- A reduction in the cost of South Africa's HIV programme of between 2-8%
  - Lower drug cost per patient year
  - Less need for second line
  - Less new infections

- TLD to all adults (with added contraception coverage for women) is the most likely policy currently under discussion in South Africa.

Masuku, S., Meyer-Rath, G., Jamieson, L., Venter. F, Johnson, L. "*The impact of dolutegravir in first-line adult ART on HIV transmission and cost of HIV in South Africa*". International AIDS Economics Network (IAEN) Conference. July 2018. Amsterdam

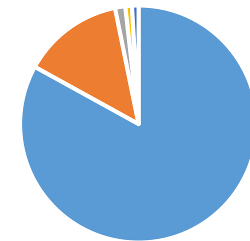
Comp 2. Can delivery models contribute to sustainability?

At least four key factors:

- Reaching those left behind
- Community-delivery /strengthen the system for improved health and social outcomes (UHC and SDGs)
- Beneficiary's convenience and satisfaction
- Cost

Country Example: Satisfaction with ARV community delivery was high*

- HIV treatment, ART adherence, ARVs, counseling skills, HIV prevention, family planning, basic nutrition



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*Geldsetzer, Francis, Sando, Asmus, Lema, Mboggo, Koda, Lwezaula, Ambikapathi, Fawzi, Ulenga, Bärnighausen PLOS Medicine 2018.

Comp 2. Enabling community-delivery mechanisms

- Community organizations often are the only entities capable of reliably engaging key and marginalized populations, and young people
- E.g. Social contracting (defined as the use of government resources to fund non-governmental entities)[1] is central to CSO sustained engagement—but threatened by legal/administrative barriers and lack of political space for civil society.
- UNDP, the World Bank, the Global Fund, USG and partners have prioritized support to enabling social contracting – few countries have significantly made progress

Spotlight:

Mexico

The National Center for the Prevention and Control of HIV and AIDS (Censida) manages a transparent and competitive public financing mechanism to NGOs. Censida allocated more than US$ 38.7 million for 766 projects during 2013–2018 to enable NGOs reach key populations with comprehensive package of HIV and health services including HIV prevention, referral and reducing stigma.[2]

(1) Open Society, Global Fund, UNDP. A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society. New York: Open Society Foundations; 2017 (http://shifthivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf).
(2) APMG, Global Fund. Systematization of country experiences in the contracting of non-state actors to provide HIV, tuberculosis and /or malaria services. Mexico City; 2018.

Comp 3. Pathways for sustainable long-term impact

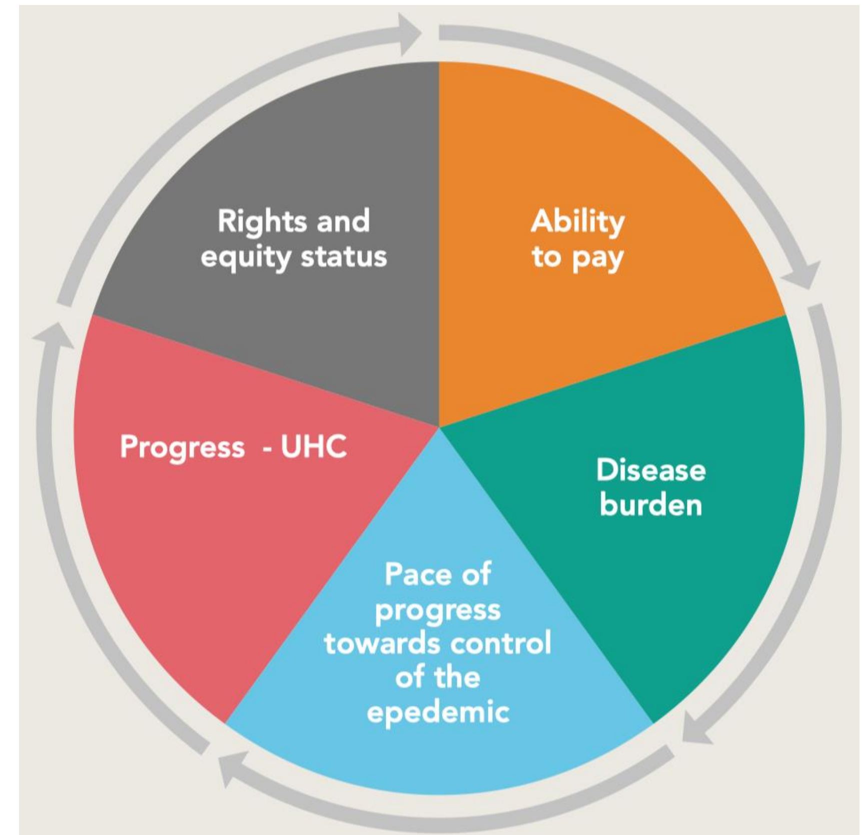
- Regardless of economic status, disease burden and health system capacity, countries need to develop appropriate mechanisms to secure sustainable AIDS results through integrated government and community systems, including to:
  - Increase domestic investments in HIV and health, and ensure that all available HIV funding is used in the most efficient and effective manner to maximize impact;
  - Invest in community engagement across the spectrum: from advocacy to community-delivery;
  - List and deliver HIV services as part of a country's UHC essential benefits package;
  - Sustain multisectoral financing synergies for HIV, human rights, social enablers and health programmes;
  - Maintain donor funding, integrate donor financing within government-led fiduciary systems;
  - Partnerships with private sector for delivery and country tailored innovative financing tools.

Key actions

Revised Metrics to track progress towards sustainability of results

- Track progress towards the 2016 Political Declaration on AIDS
  - Domestic Funding trends
  - Domestic Funding trends per component
- **E.g.** Domestic Funding Trends for those left behind (equity)
- Domestic Funding Trends for programmes for gender equality, human rights, other sectors' contribution
- Community Health Care Workers – does the country have an absorption plan?
- Track HIV response and UHC (per country)

Multi-criteria to guide country actions



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Summary Points

- Countries—government, communities and organizations of people living with HIV— drive the sustainability agenda and funding negotiations
- Increase domestic investments in HIV and health, and ensure that all available HIV funding is used in the most efficient and effective manner to maximize impact;
- Timing is of the essence:
  - Donor funding is essential to accelerate results-focused AIDS and co-morbidities programmes while strengthening the systems
  - Donor funding and coordination is required to address political economy and avoid service disruption
- The Joint Programme in partnership with donors, communities, shall step up their support to address these challenges
- Countries in the "risky middle" require tailored support to address emerging gaps created by decreasing donor funding
- Technical support should be provided to all countries to develop integrated sustainability plans that can stimulate domestic resources
- Special attention and technical support must be in place to support international funding declines—especially “within-country transitions” which can occur quickly with limited warning.
- Monitoring frameworks and revised metrics to measure progress towards sustainability are required.