

# TURNING POINT FOR AFRICA

AN HISTORIC OPPORTUNITY TO END AIDS  
AS A PUBLIC HEALTH THREAT BY 2030 AND  
LAUNCH A NEW ERA OF SUSTAINABILITY



## KEY MESSAGES

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- 1** Ending the AIDS epidemic in Africa is within reach. A decade of transformation has set the stage, and the global community is united behind the goal to end AIDS as a public health threat by 2030.
- 2** Political leadership, efficiencies and community engagement have driven high returns on the investments made in Africa's HIV responses.
- 3** Ensuring long-term predictable funding and sustaining our gains is possible, but we must front-load resources and close the gap. If we do not take action now, the cost to national budgets and human capital will only increase.
- 4** By adopting Fast-Track Targets instead of continuing business as usual, more than 15 million new HIV infections can be averted and more than 5 million lives saved. Moreover, it will avert US\$ 4.7 billion of financial resources needed for treatment in sub-Saharan Africa 2017–2030, from which eastern and southern Africa accounts for US\$ 1.7 billion and western and central Africa US\$ 3 billion.
- 5** Greatly increased funding needed to achieve the Fast-Track targets must be set against the reality of shrinking resources. Countries need context-tailored sustainability plans to put in place the roadmap to stimulate domestic resources and effective transition at their own pace, with clear responsibilities for governments, donors and implementors, priorities, and measures to evaluate progress.
- 6** The shared responsibility agenda has transformed the debate in Africa, and the tide is turning. Shared responsibility has taken hold, and African countries are increasingly owning their AIDS responses. Together, the global community, with Africa leading the way, can deliver on its commitment to end the AIDS epidemic and can propel a new era of sustainable health financing.

## ENDING AIDS IN AFRICA IS WITHIN REACH

A decade of progress has inspired the once unthinkable—that the AIDS epidemic can be ended as a public health threat. The global community has embraced the bold idea to end the AIDS epidemic as a target of the 2030 Agenda for Sustainable Development. Governments from around the world have committed to a Fast-Track agenda and a set of ambitious but attainable milestones to be achieved by 2020 in order to end the AIDS epidemic by 2030, as set out in the United Nations General Assembly Political Declaration on Ending AIDS (Figure 1). Regular reporting through UNAIDS reinforces accountability for results.

Progress in eastern and southern Africa, the world’s most affected region, is driving global optimism. In the region, the number of people living with HIV on antiretroviral therapy has more than doubled since 2010 (Figure 2), reaching almost 12.5 million people by June 2017. New HIV infections in eastern and southern Africa have declined by a third in just six years, while AIDS-related deaths in the region plummeted by 42% over the same period (Figure 3).

Building on this progress, UNAIDS, the Government of the United States of America (particularly through the United States President’s Emergency Plan for AIDS Relief, PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are converging efforts to achieve the Fast-Track targets. We know that the Fast-Track approach works. Data released recently by PEPFAR show that a rapid scale-up of prevention and treatment in the places and among

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Figure 1

### FAST-TRACK TARGETS

By 2020

**90-90-90**

Treatment

**500 000**

New infections among adults

**ZERO**

Discrimination

By 2030

**95-95-95**

Treatment

**200 000**

New infections among adults

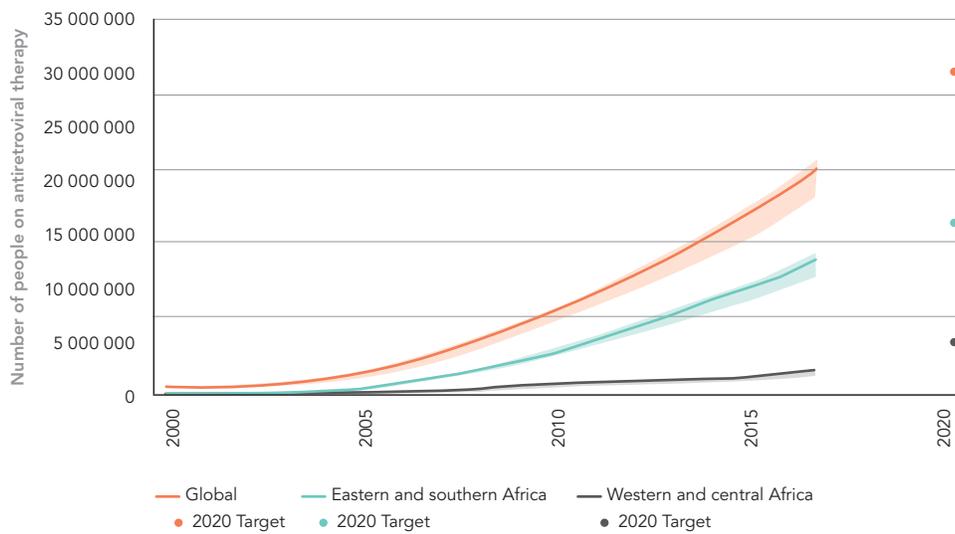
**ZERO**

Discrimination

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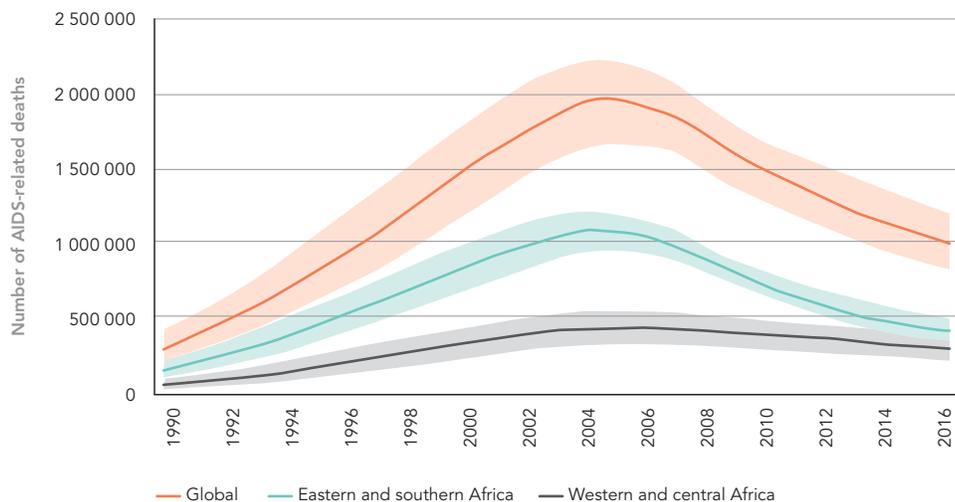
people most in need has enabled three African nations hard-hit by HIV—Malawi, Zambia and Zimbabwe—to begin controlling their epidemics in adult populations. Working with more countries to control their epidemics will not only reduce new HIV infections and AIDS-related deaths but also enable an effective transition so that countries can enhance human capital and health security and strengthen systems to deliver sustainable results.

Figure 2  
**Number of people living with HIV on antiretroviral therapy, global and selected regions, 2000 to mid-2017, and the 2020 target**



Source: UNAIDS 2017 estimates.

Figure 3  
**AIDS-related deaths, global and selected regions, 1990–2016**



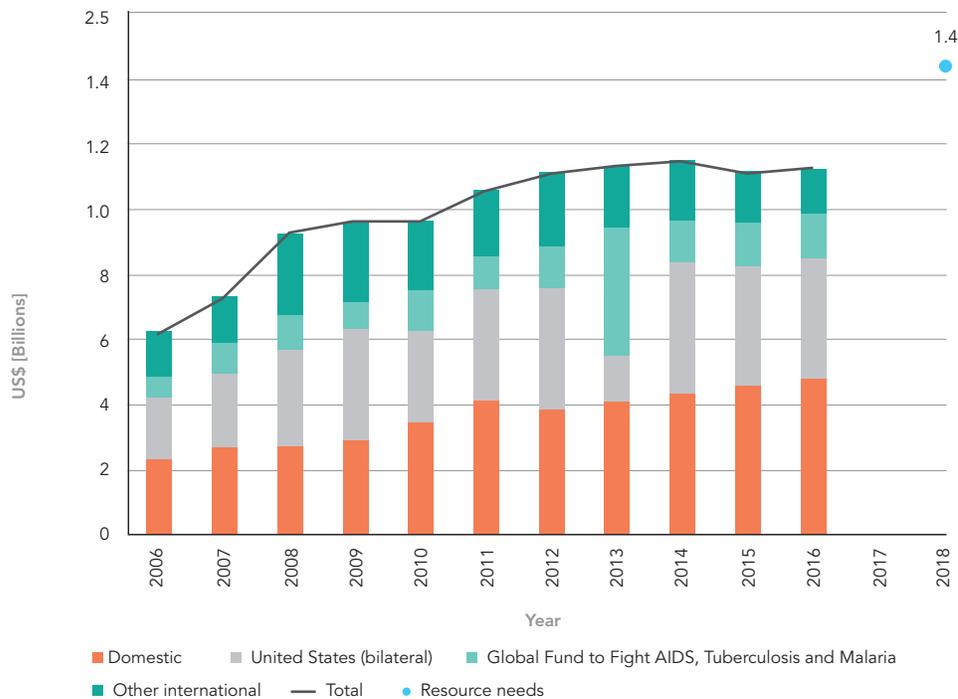
Source: UNAIDS 2017 estimates.

## POLITICAL AND COMMUNITY LEADERSHIP COMBINED WITH SUSTAINED INVESTMENTS HAVE DRIVEN RESULTS

Political leadership at the highest level has been matched with country-level ownership, innovation, investments and community-led responses to drive remarkable results across the African continent during the past 10 years.

The world has considerably increased total resources for HIV in sub-Saharan Africa—from US\$ 6.3 billion in 2006 to US \$11.3 billion in 2016 (in 2016 constant US dollars), including a 109% increase in domestic resources, despite a resource-constrained global context (Figure 4).

Figure 4  
HIV resource availability and resource needs to meet Fast-Track targets, sub-Saharan African countries, 2006–2020\*



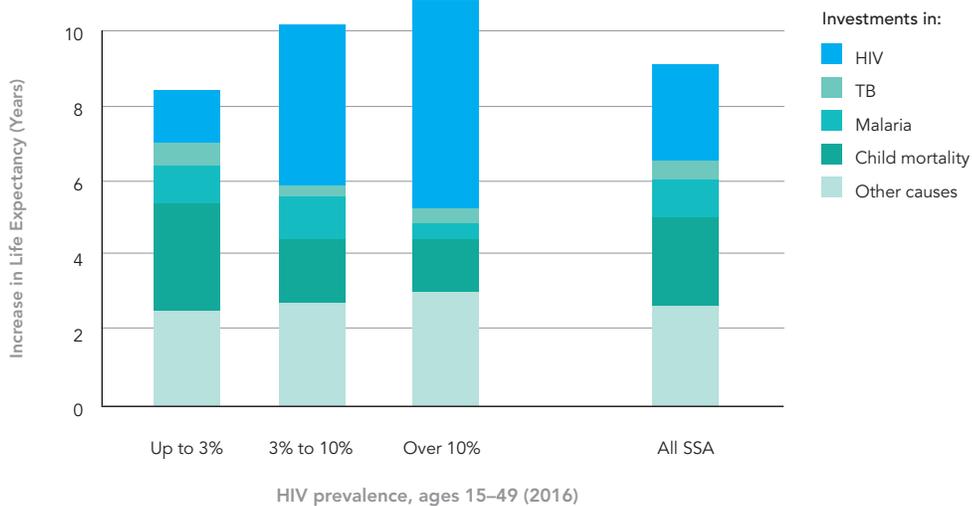
\*2016 constant US\$  
Source: UNAIDS 2017.

These investments in AIDS have significantly increased life expectancy for people in the most productive ages, not only improving quality of life but also enhancing human capital—a prerequisite for prosperous and stable societies. In countries with HIV prevalence greater than 10%, HIV investments alone accounted for an increase in life expectancy of more than five years (Figure 5). African countries can become more competitive by making strategic investments, including investing more in their people, their most prized resources.

HIV expenditure has not only driven impact in terms of reduced new HIV infections and AIDS-related deaths; it has also served as an investment in health infrastructure, enabling people-centred progress beyond HIV, from maternal and child health, to tuberculosis (TB), malaria and cervical cancer.

Figure 5

**Contributions to increased life expectancy across Sub-Saharan Africa, 2003–2016**



Sources: IHME, 2017, Global Burden of Disease database 2016, for life expectancy; UNAIDS for HIV prevalence.

## HOW WE SUSTAIN OUR GAINS AND FURTHER ACCELERATE PROGRESS IS A MAJOR CONCERN: WHY WE NEED COUNTRY-TAILORED SUSTAINABILITY PLANS

AIDS is not over. The number of adults and young people acquiring HIV each year remains alarmingly high. AIDS remains among the top causes of mortality in sub-Saharan Africa and the leading cause of death in women of reproductive age in this region.

But how can long-term predictable investment be secured in a landscape of multiple pressing priorities? While political commitment provides solid foundations and domestic resources are on the rise, donor dependency remains (Figure 6) and the funding gap threatens a higher price tag in the long run.

Development assistance for health, following an unprecedented 11.4% annualized growth rate during the first decade of the twenty-first century, has remained flat since 2010, while total health spending has continued to rise. To be competitive in a globalized world, countries need to invest in people – their most valuable resource.

Securing sources of long-term predictable investment is a serious concern. International disbursements for HIV in low- and middle-income countries declined by 7% in 2016, reaching their lowest level since 2010. In a time of expanding needs and diminishing means, the pace of domestic investments has not compensated fully for the decline in international support. Overall in-country resource availability in these countries remained stable, at roughly US\$ 19 billion for three consecutive years.

Too often, national pledges on health financing have not been honoured, with more than half of countries in Africa devoting less than 10% of government expenditure to health, notwithstanding the Abuja Declaration target of 15%, agreed by African leaders in 2001 to be achieved by 2015.

The African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa, adopted in 2012 and extended until 2020 to achieve full implementation, provides a framework of action towards sustainability on the African continent. It includes a clear role for the

## DRIVING DOWN DRUG COSTS THROUGH INNOVATION AND PARTNERSHIPS

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Efficiency gains, decreasing costs of medicines, smarter investments and advances in programmatic effectiveness have underpinned progress in the AIDS response.

For example, a breakthrough pricing agreement made in September 2017 is accelerating the availability of the first affordable, generic, single-pill HIV treatment regimen containing dolutegravir (DTG) to public-sector purchasers in low- and middle-income countries. This is an example of savings through efficiencies and innovation that have driven impact in the response.

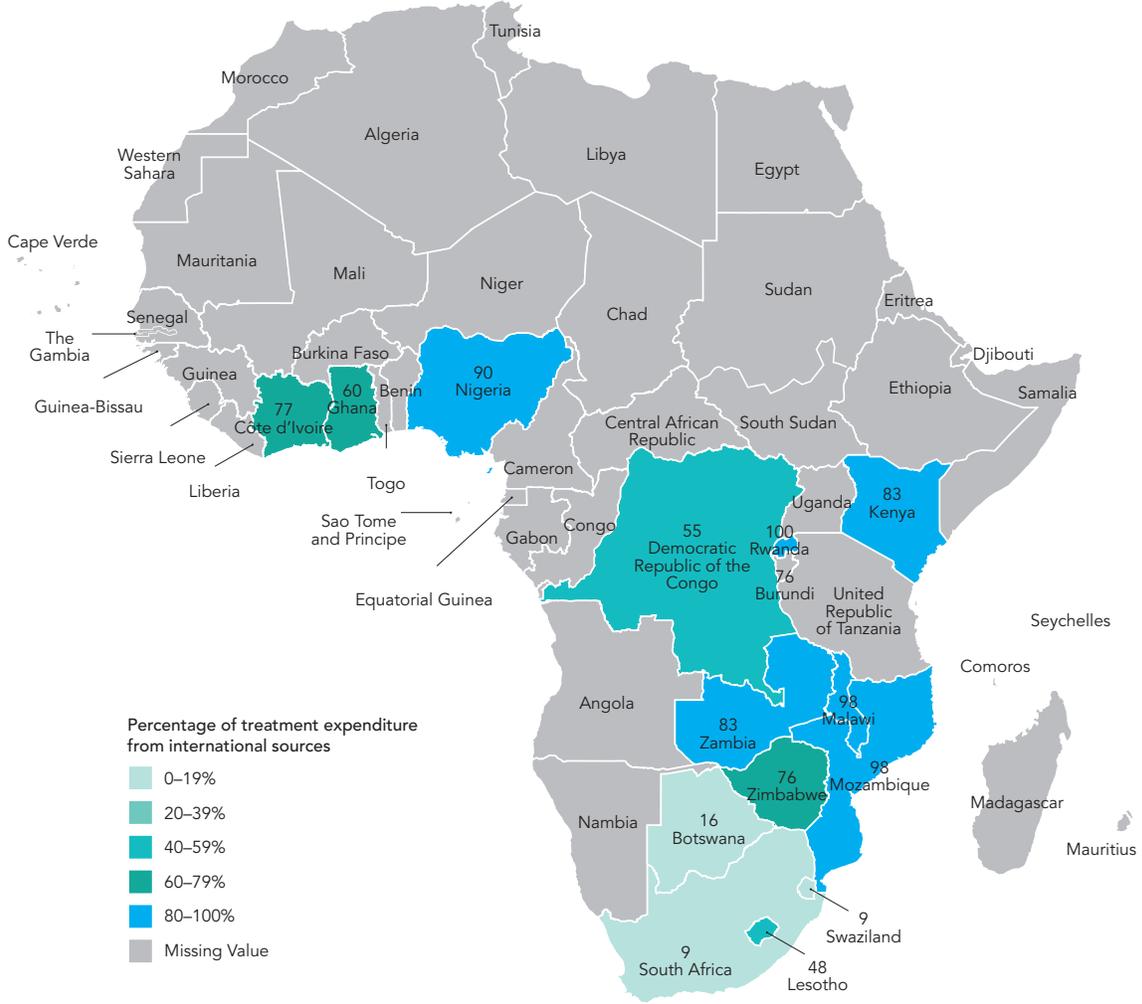
Depending on the region, the average price of around US\$75 per person per year is a 10–15% reduction compared with what countries would otherwise pay. The price reduction was the result of a partnership between the governments of South Africa and Kenya, UNAIDS, the Clinton Health Access Initiative, the Bill & Melinda Gates Foundation, the United States Agency for International Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid, and the United Kingdom Department for International Development.

continued support of the international community but acknowledges that the long-term solution is African ownership of the response. The Sustainable Development Goals (SDGs) are bringing momentum, transforming the paradigm of development towards a more holistic and integrated agenda of self-reliance and resilience.

Whatever income status, epidemic context and financing arrangements countries currently have, all countries whose AIDS responses are not funded fully by domestic resources need to proactively consider options for absorbing costs over the medium to long term. Current sources of funding vary hugely between countries (Figure 7), demanding differentiated approaches and pace according to each country and its respective needs. Each country needs to move at its own pace, and differentiated efforts are needed according to each country and its respective needs. As outlined overleaf, some countries are already leading country-tailored sustainability planning that will lay the foundations for long-term predictable investment and sustainable results.

Figure 6

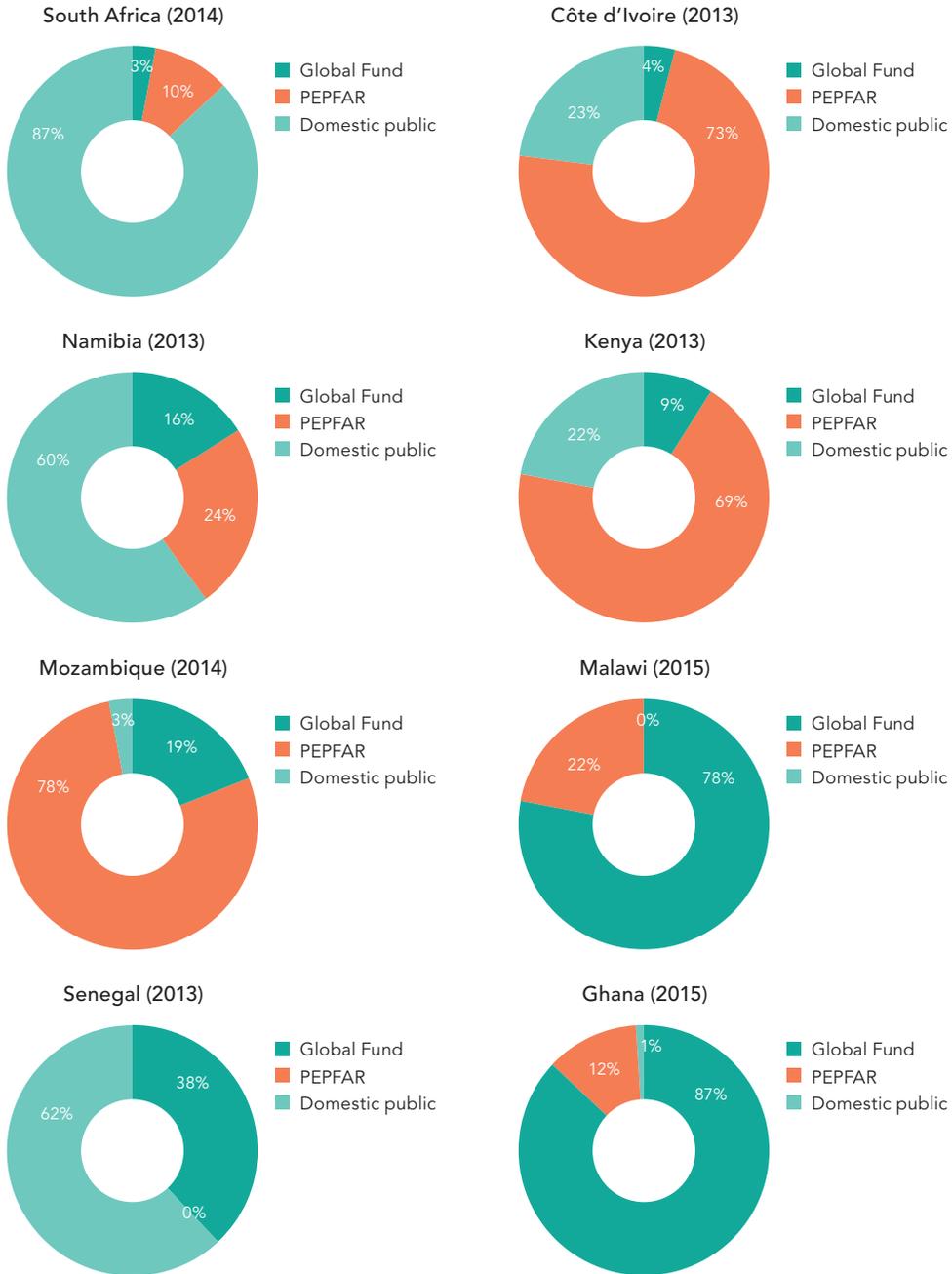
**Percentage of treatment expenditure from international sources, select countries in sub-Saharan Africa, 2012-2016**



Source: Global AIDS Response Progress Reporting/ Global AIDS Monitoring, 2012-2016.

Figure 7

HIV treatment funding, by source, selected countries, most recent data\*



\*Percentage based on sources from The Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR and domestic public data.

Source: Global AIDS Response Progress Reporting, 2013-2015

## RESOURCE AVAILABILITY IS STAGNATING

This looming funding and commodity crisis could threaten results achieved to date and is particularly acute in western and central Africa. The region is lagging behind on nearly every measure of HIV prevention, treatment and care programmes, in particular for children and adolescents. More than four decades into the HIV epidemic, four in five children living with HIV in western and central Africa are still not receiving life-saving antiretroviral therapy, and AIDS-related deaths among adolescents aged 15–19 years are on the rise. The resource gap is far more pronounced in western and central Africa, which requires an 88% resource increase to achieve the Fast-Track targets, compared with the 4% rise needed in eastern and southern Africa. Fragility in health systems and resources threatens to undermine gains and stability if not addressed.

## RISK OF BEING UNABLE TO PAY

By adopting Fast-Track Targets instead of continuing business as usual, more than 15 million new HIV infections can be averted and more than 5 million lives saved. Moreover, it will avert US\$ 4.7 billion of financial resources needed for treatment in sub-Saharan Africa 2017-2030, from which eastern and southern Africa accounts for US\$ 1.7 billion and western and central Africa US\$ 3 billion.

## TAKING SHARED RESPONSIBILITY TO THE NEXT LEVEL: COUNTRY-TAILORED SUSTAINABILITY PLANNING

Domestic public HIV investment nearly tripled between 2006 and 2016 in all low- and middle-income countries (in constant terms) and now accounts for around 57% of HIV investments. In Africa, a continental shift to sustainable health financing is under way. More and more countries in sub-Saharan Africa are owning and funding a greater share of their responses through creative approaches. The pace of change is remarkable: the total volume of domestic resources (public and private) in African AIDS responses has more than doubled in the past 10 years, from US\$ 2.3 billion in 2006 to US\$ 4.8 billion in 2016.

Sustainability planning is a pragmatic approach that takes the shared responsibility agenda to the next level through a country-tailored and differentiated approach. As set out above, sustainability planning is needed for three core reasons:

1. To bring the epidemic under control sooner rather than later in order to minimize costs in the long run.
2. To set an action plan and timeframe for countries to improve the financial sustainability of the AIDS response, to evaluate costs and investments in relation to the country's fiscal capacity, and to plan over the long term without jeopardizing economic stability.
3. To sustain gains beyond 2030.

## COUNTRY EXAMPLES LEADING THE WAY

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**South Africa** now has the largest antiretroviral therapy programme in the world, accounting for 20% of people on antiretroviral therapy globally. On 10 May 2016, the South African Minister of Health, Aaron Motsoaledi, announced in his Health Budget Vote Speech to the Parliament of South Africa that the country would implement a new evidence-based policy of offering HIV treatment to all people living with HIV by September 2016. In South Africa in 2016, 56% [50–61%] of 7.1 million [6.4 million – 7.8 million] people living with HIV were accessing antiretroviral therapy, and more than 95% [76%→95%] of women living with HIV were accessing treatment or prophylaxis to prevent transmission of HIV to their children. South Africa also has one of the largest domestically funded programmes, with about 80% of the AIDS response funded by the South African Government. The South Africa Investment Case and the National Strategic Plan for HIV, TB and STIs 2017–2022 aims to accelerate progress towards meeting the Fast-Track targets by reducing new HIV infections; improving treatment, care and support; reaching key and vulnerable populations; and addressing the social and structural drivers of HIV, TB and sexually transmitted infections. These have been instrumental for the country to increase its national ownership; mobilizing high-profile leaders of the South African National AIDS Council and political leaders at the highest level has been key to this transformation from dependency to sustainability.

The sustainability framework in **Namibia** builds on the HIV response as a catalyst for making the economic case for investments in health. A compact of support from the United States Government, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria established the sustainability roadmap of the AIDS response examining long-term action to transition to sustainable domestic funding as part of the health financing and the broader development agenda. UNAIDS focused on updating the optimal policy options and programme investment scale that will maximize impact on HIV incidence and AIDS mortality to achieve the Fast-Track targets and end the AIDS epidemic by 2030, incorporating new HIV prevention targets and identifying implementation barriers, including through the stigma index. The United States Government and the Global Fund support the broader health investment case agenda, through support to human resources for health, health system efficiency, and HIV and health financing strategies. Increasing HIV investments in Namibia by 18% by 2020 is estimated to lead to a 0.3% decline in HIV incidence by 2020, and continued investments are estimated to avert more than 65 000 new infections by 2030. Front-loading would save money in 10–15 years because prevention efforts will pay off and fewer people will need treatment.

Solutions will be specific to the country context, and progress towards countries taking on a greater share of domestic resources will vary between countries. Each country will advance at its own pace. But regardless of progress pace, each country needs to engage in developing a sustainability roadmap, unique and specific to its situation to stimulate domestic resources, with clear responsibilities, priorities, implementation steps, and measures to evaluate progress.

#### ENSURING SUSTAINABLE GAINS

We know what works. Policy reform, sound fiscal policy, cheaper diagnostics and medicines, efficiencies, and domestic resource mobilization unlock results for HIV and health.

The gaps are not only financial. Sustainable progress requires changing policies, increasing human resources for health, increasing efficiencies and addressing systemic inequalities. User fees, for example, can exclude poor people from services. Some 800 million people spend more than 10% of their household budget on health care. Some reports estimate that each year, close to 100 million people are being pushed into extreme poverty because they must pay for health expenses out of their own pockets.

The magnitude of resources needed to reach Fast-Track targets can be minimized through improved efficiency in the way resources are used, including streamlining service delivery, avoiding waste and duplication, reducing the cost of key inputs such as commodities and health technologies, and investing for impact and strengthening procurement, supply and financial management systems.

#### IT'S NOW OR NEVER

We cannot end the AIDS epidemic and achieve the Sustainable Development Goals without investment and planning for sustainability. We cannot afford to miss the 2020 milestones. Never before have we been closer to our goal of controlling the epidemic in Africa, yet never before has our progress been so precarious. Never again will we have this window of opportunity.

## RECOMMENDATIONS

African ministers of finance and partners can lay the foundations for long-term sustainability, accelerate results to end the AIDS epidemic on the continent, and launch a new era of sustainable health financing, including by:

- ▶ Developing and rolling out country-tailored integrated sustainability plans, including taking action to integrate HIV financing in national planning budgets, with increasing shares domestically funded over time, to close the remaining programmatic gaps and lay the foundations for long-term sustainability.
- ▶ Promoting equitable and progressive health and development financing strategies, including the elimination of user fees and out-of-pocket expenditures affecting people left behind, to build a long-term foundation for sustaining results.
- ▶ Leveraging partnerships to deliver results by bringing together governments, civil society, the African Union, the African Development Bank, the World Bank, PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, United Nations entities, the private sector and other key partners to quickly identify needs, resources and strategies to deliver shared results for people.
- ▶ Fostering local innovation in health service delivery and financing, including working with the private sector and communities to accelerate social impact.

