

# AIDS funding landscape in Asia and the Pacific

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J.V.R. Prasada Rao  
United Nations Secretary-General's Special Envoy for AIDS  
in Asia and the Pacific  
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# Transition time in the HIV and AIDS response in Asia and the Pacific

- 🚫 Approaching the target date for the Millennium Development Goals and it is time to look forward to the next 10 years.
  - 🚫 What is achievable in the context of a shrinking donor pie?
  - 🚫 How can countries maintain progress and improve efficiency and quality?
  - 🚫 What are the new goals?

# AIDS funding landscape panel

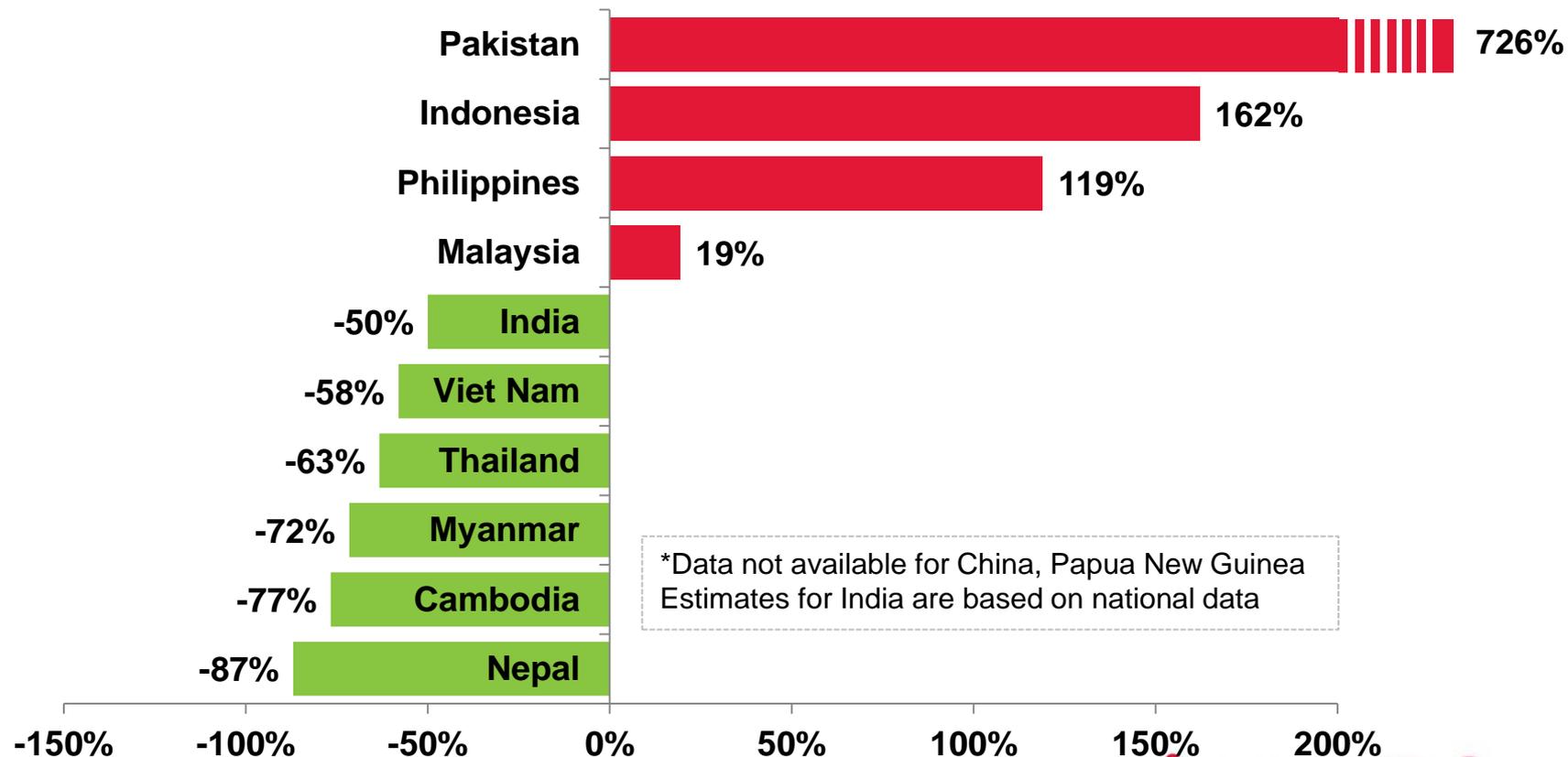
- **When** : First convened in August 2013 to review progress in the regional fight against HIV in the context of the changing global economy
- **Who** : Experts and policy leaders
- **Chair** : UN Secretary-General's Special Envoy for AIDS in Asia and the Pacific
- **Goal** : To understand policy and funding commitments for national HIV/AIDS responses in the region in order to help guide the next decade's response
- **Research team** : With support from the World Bank, the panel engaged a team at Kirby Institute, New South Wales University, Australia to conduct background research

# Processes

- **Selected countries** : Myanmar, Indonesia, Thailand, Papua New Guinea, and Viet Nam
- **Discussion areas** :
  - Assess the national funding landscape for HIV prevention and treatment programs
  - Identify economic, institutional, political and other conditions that are required to effectively and efficiently use financial resources for HIV response
  - Identify challenges and strengths of countries' capacity to effectively and efficiently use financial resources for national response
  - Generating solutions for – a) capacity building, b) leveraging additional fiscal resources and/or sustaining adequate funding for national responses to HIV.

# Some countries have reduced new infections; in others the epidemic is growing

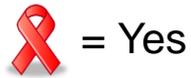
Percent change in number of new HIV infections in 2001 and 2012 in select countries\*



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# 12 countries that account for >90% PLHIV and new infections and high national HIV prevalence in key populations



= Yes

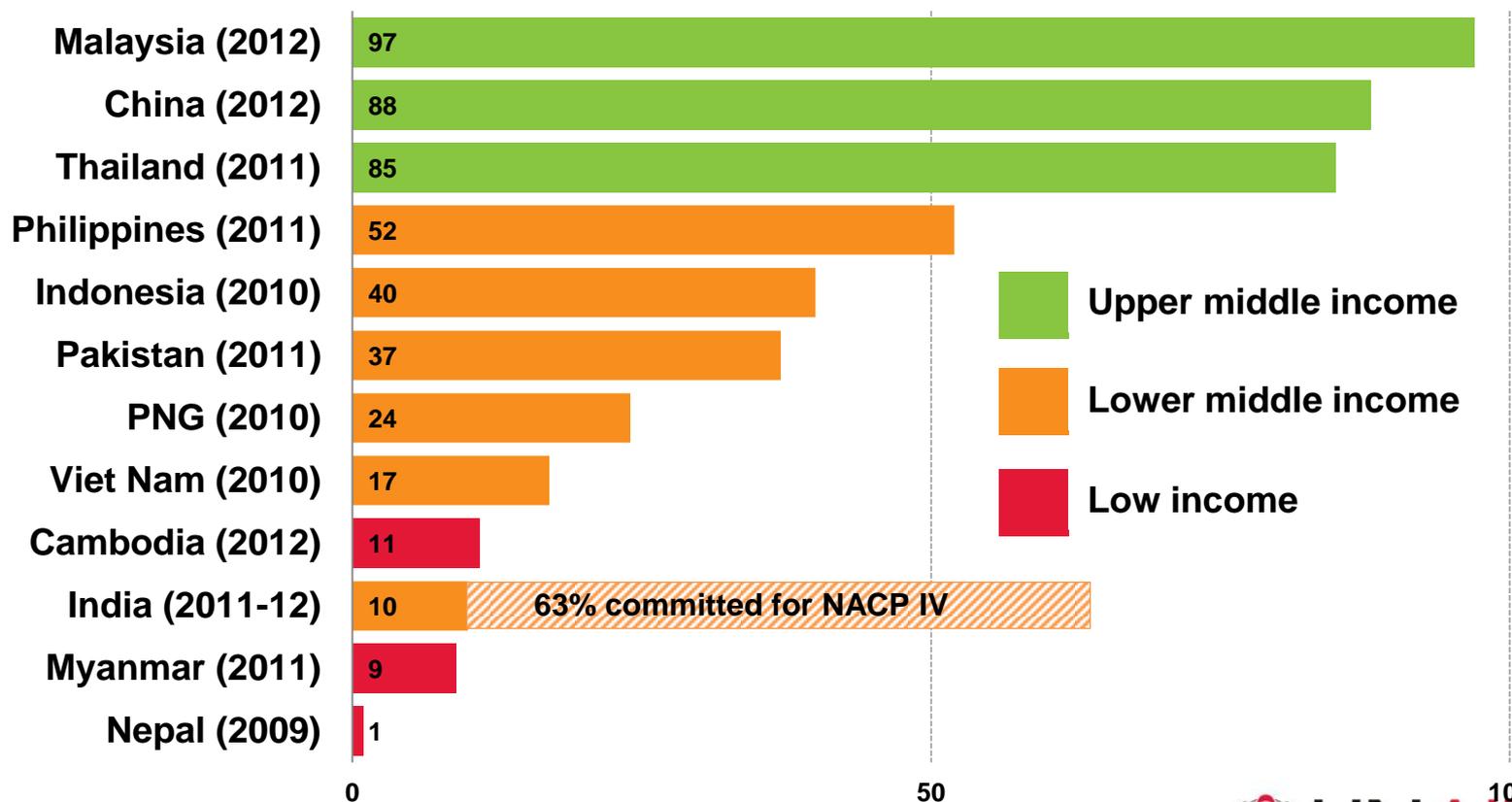
	People living with HIV (2012)	New HIV infections (2012)	National HIV prevalence > 5 % among MSM	National HIV prevalence > 5% among PWID	National HIV prevalence > 5% among FSW
India*	2,100,000	130,000			
Indonesia	610,000	76,000			
China*	780,000	48,000			
Pakistan	87,000	19,000			
Viet Nam	260,000	13,000			
Thailand	440,000	9,000			
Malaysia	82,000	7,400			
Myanmar	200,000	7,100			
Philippines	15,000	1,800			
Cambodia	76,000	1,400			
Nepal	49,000	1,200			
Papua New Guinea	25,000	<1000			

\* 2011 estimates

Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS Estimates 2012; National HIV Sentinel Surveillance Surveys; and Integrated Biological and Behavioural Surveys

# Some countries have taken over substantial portions of their HIV/AIDS spending, but many have not – even those with growing economies

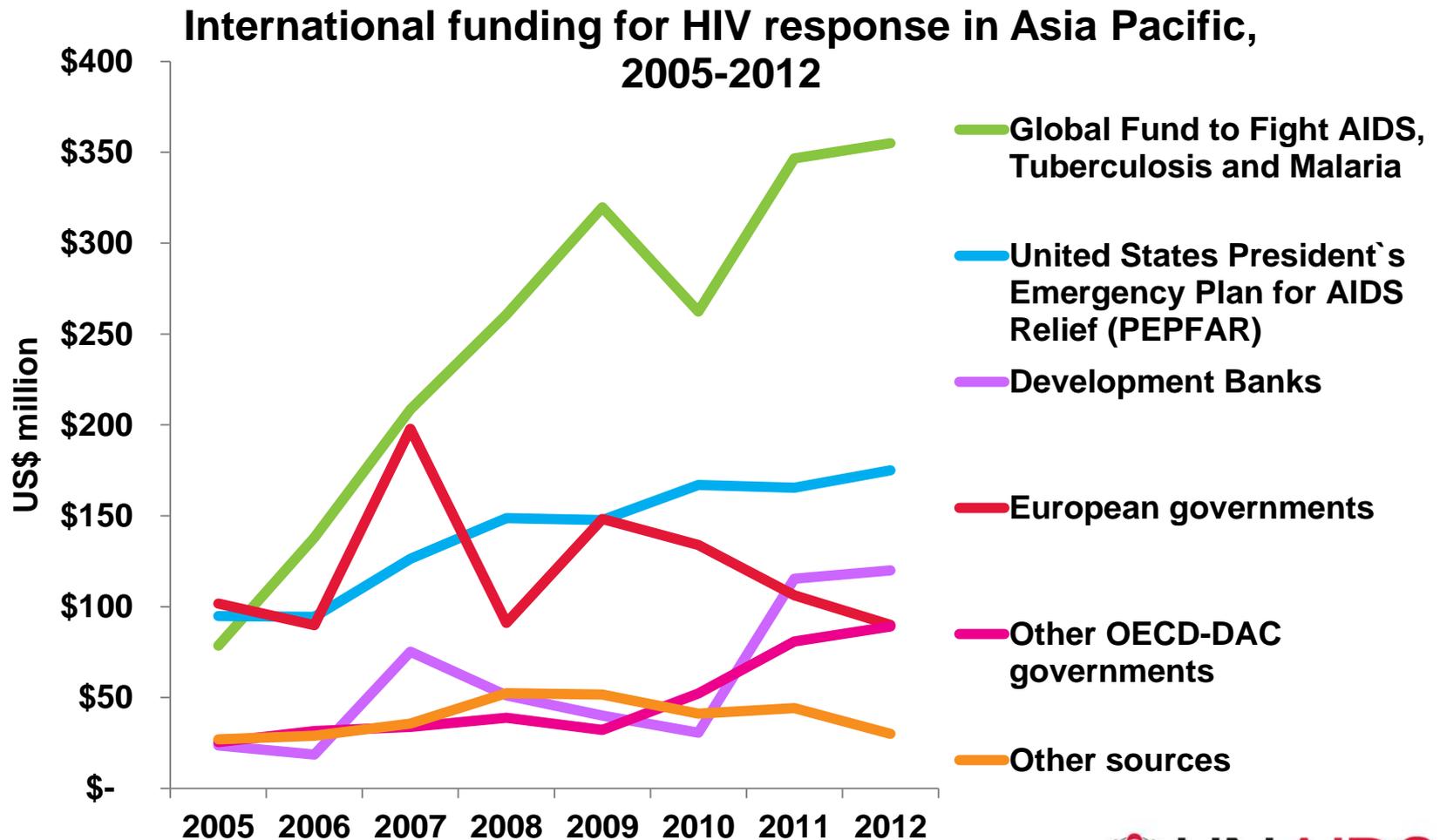
HIV expenditure from domestic public sources, Asia and the Pacific, latest available year, 2009-2012



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# The Global Fund plus PEPFAR are the most important international funders in the region



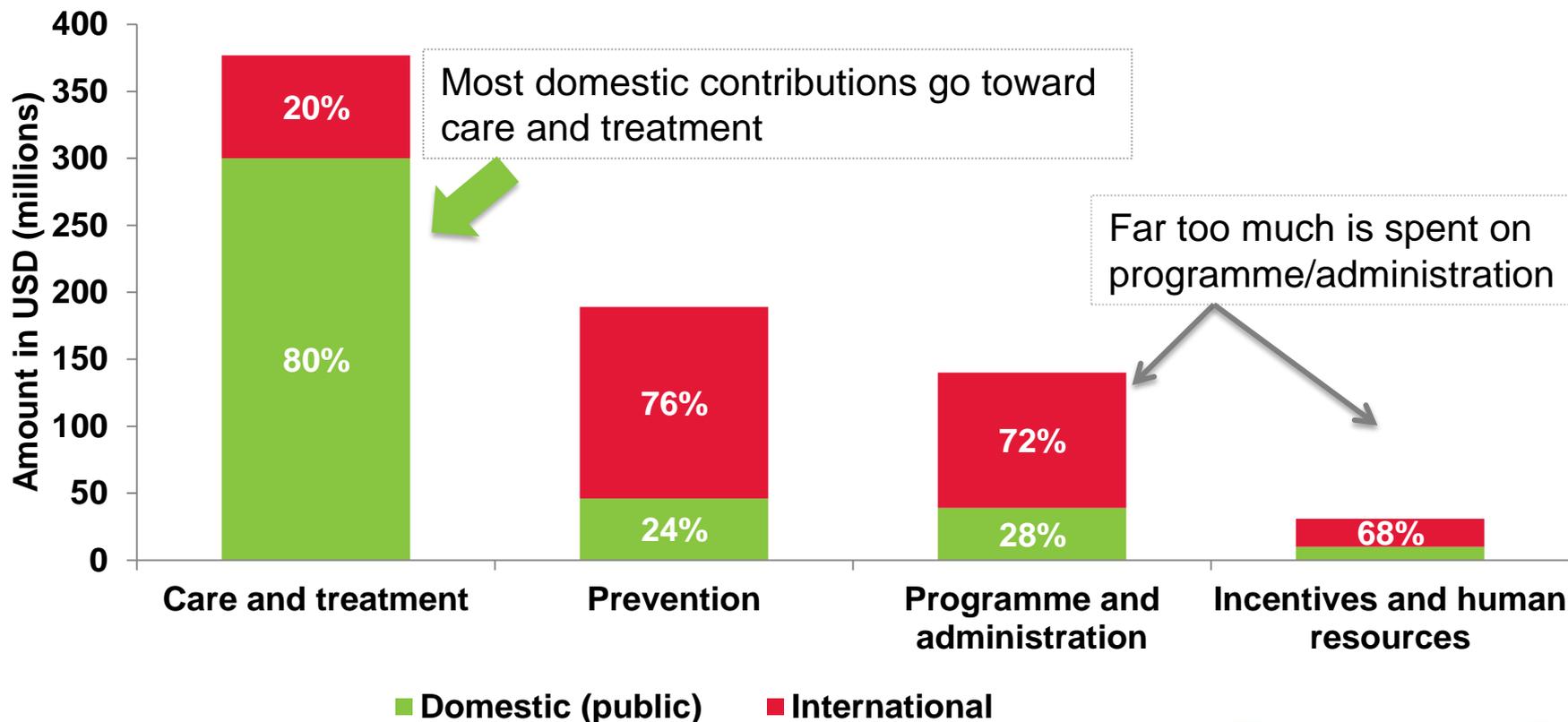
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Source: Countries progress reports, OECD CRS, UNAIDS estimates



# International donors are contributing most of the prevention costs ; too much is going toward overhead

**AIDS spending by category and financing source in Asia and the Pacific, latest available year, 2009-2012**

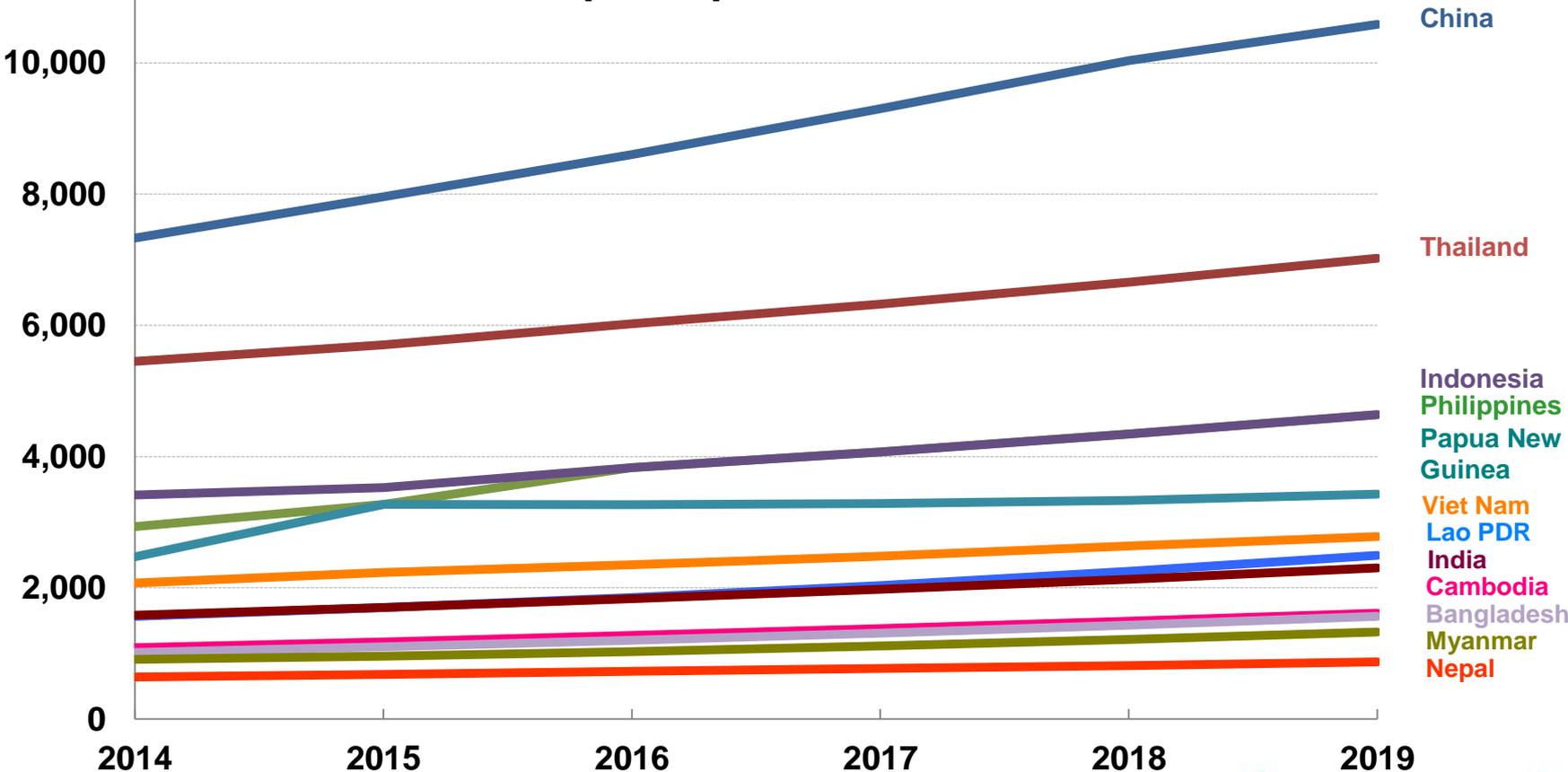


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# Most Asian countries will soon be middle income; they will need to shift responsibility for HIV financing to domestic sources

### Projected economic growth in select Asian countries, in per capita GDP



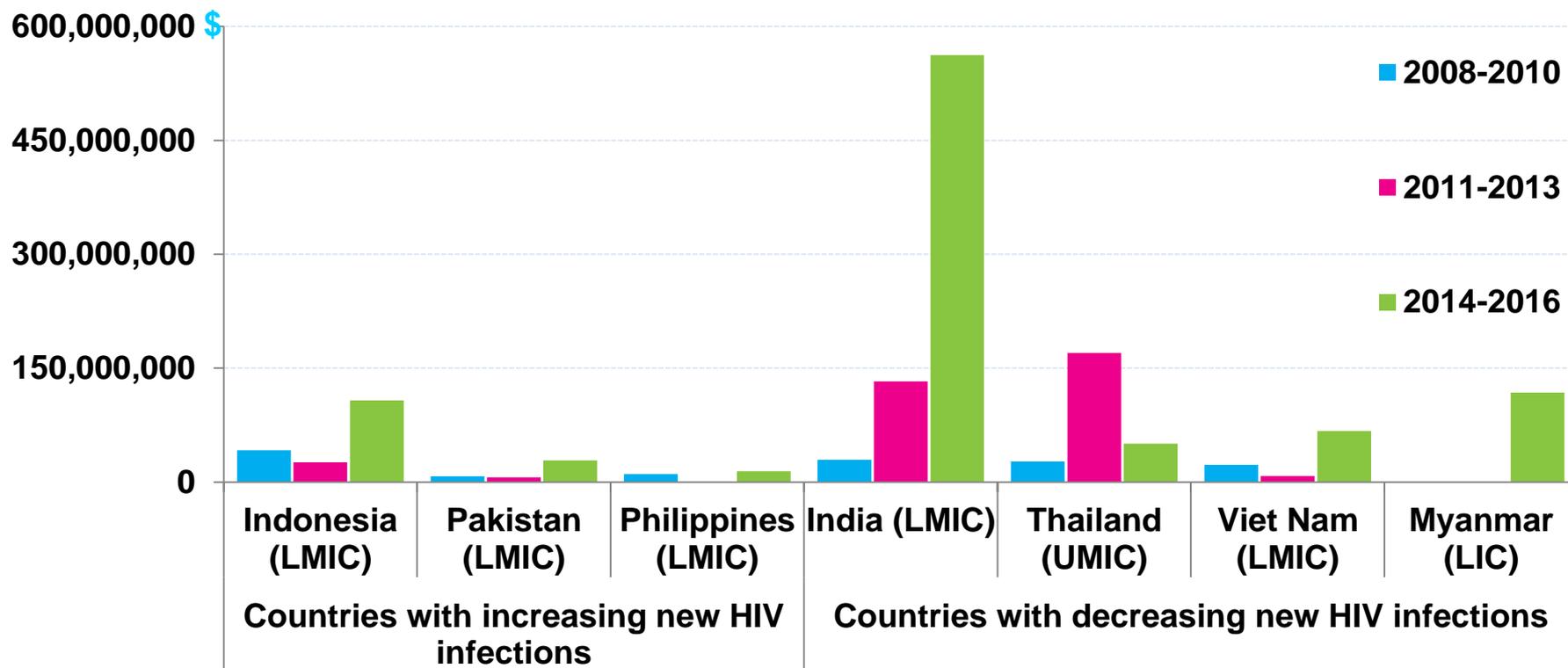
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Source: IMF Projections

# The Global Fund provides significant funding to countries in Asia and the Pacific

Global Fund country allocations for HIV/AIDS, select countries



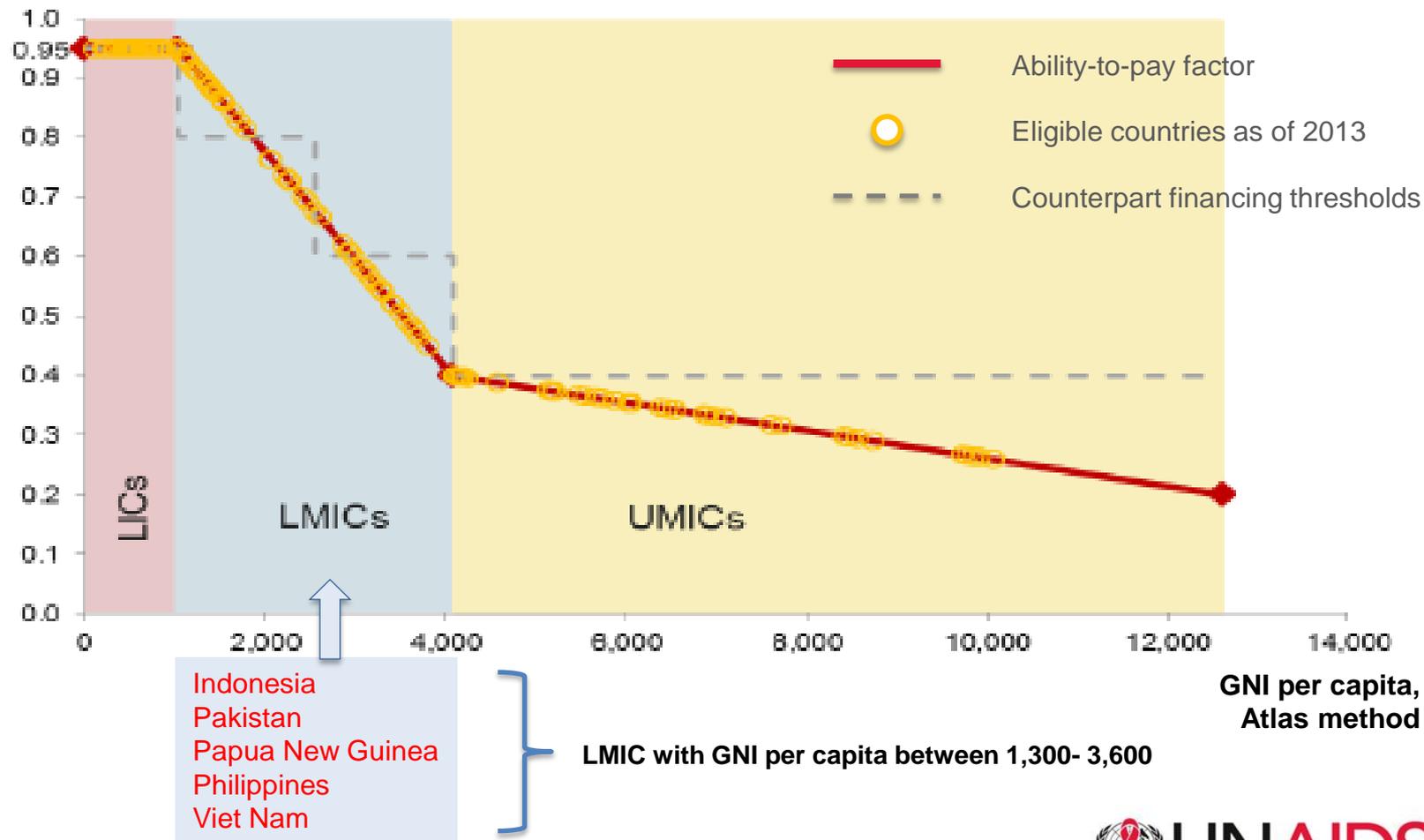
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Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on <http://web-api.theglobalfund.org/DataSets/Index/> and UNAIDS. (2013). Global Report: UNAIDS Report on the Global AIDS Epidemic 2013.

# The Global Fund's NFM may take resources out of lower middle income countries that have large populations of poor people who are infected and affected by HIV

Ability-to-pay factor



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# HIV in Asia and the Pacific region is concentrated among “key populations” especially in urban areas – which is where resources should be spent



People who inject drugs



Men who have sex with men



Female sex workers



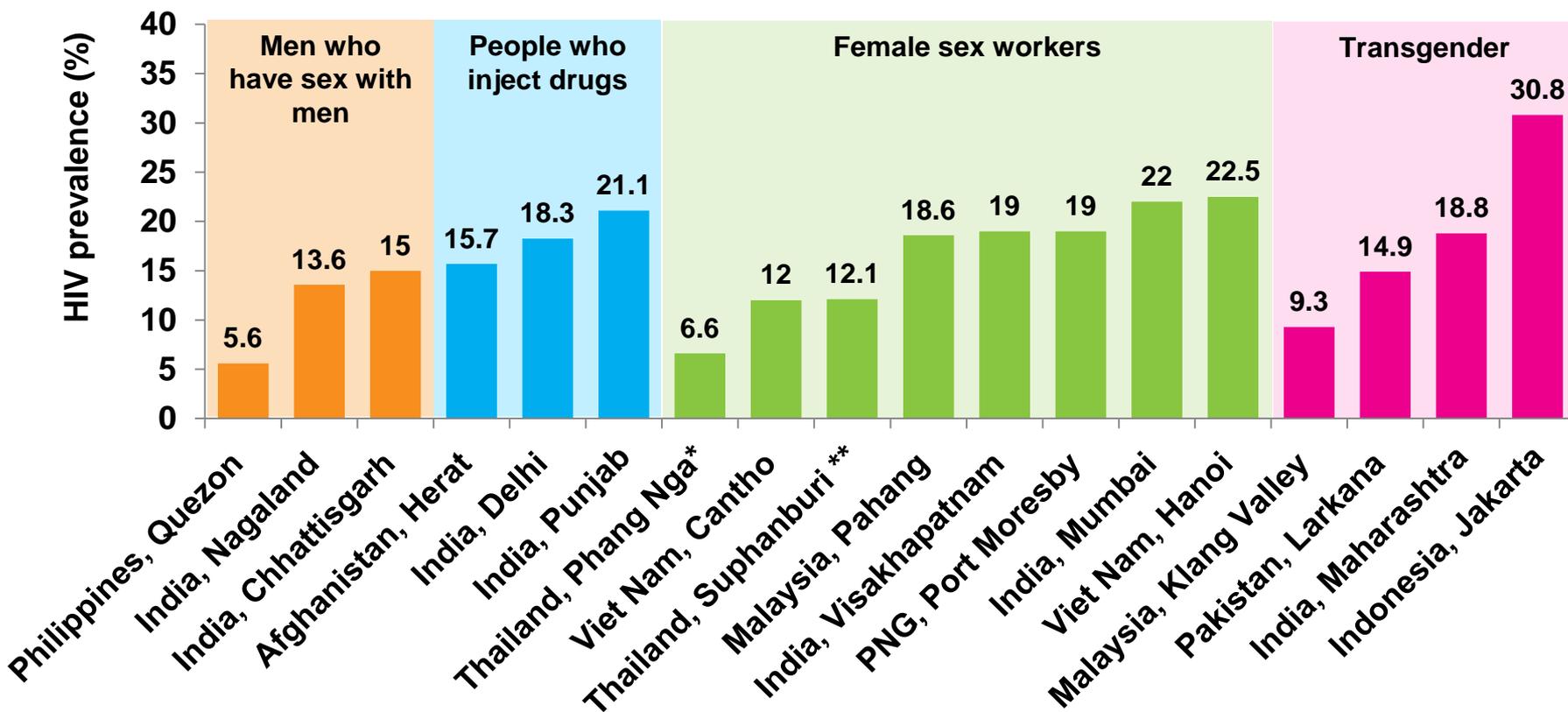
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# Where the money is spent now?

# National prevalence masks high prevalence geographical areas

## HIV prevalence among key populations in geographical areas



Note: Countries with national HIV prevalence less than 5% for MSM and FSW, and less than 10% for PWID are presented here. For TG, any available high prevalence geographical locations are included.

\*Direct FSW; \*\*Indirect FSW

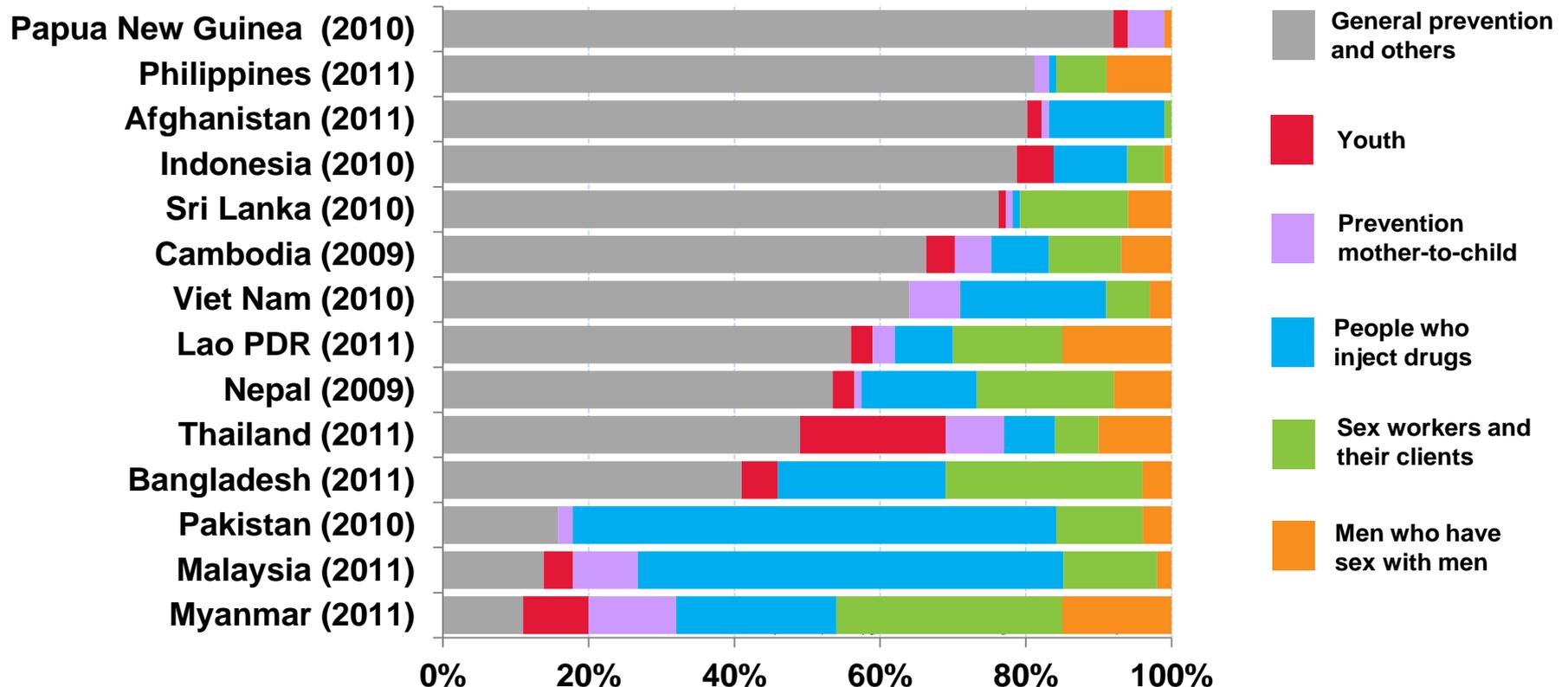


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Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on HIV sentinel surveillance reports and integrated biological and behavioral surveillance reports

# Most countries spend far too much on general prevention

Proportion of prevention spending by category, 2009-2011



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Source: [www.aidsdatahub.org](http://www.aidsdatahub.org) based on [www.aidsinfoonline.org](http://www.aidsinfoonline.org)



# Most of the targeted programs for key populations are funded by external sources

Proportion of funding for programmes targeting key populations by source



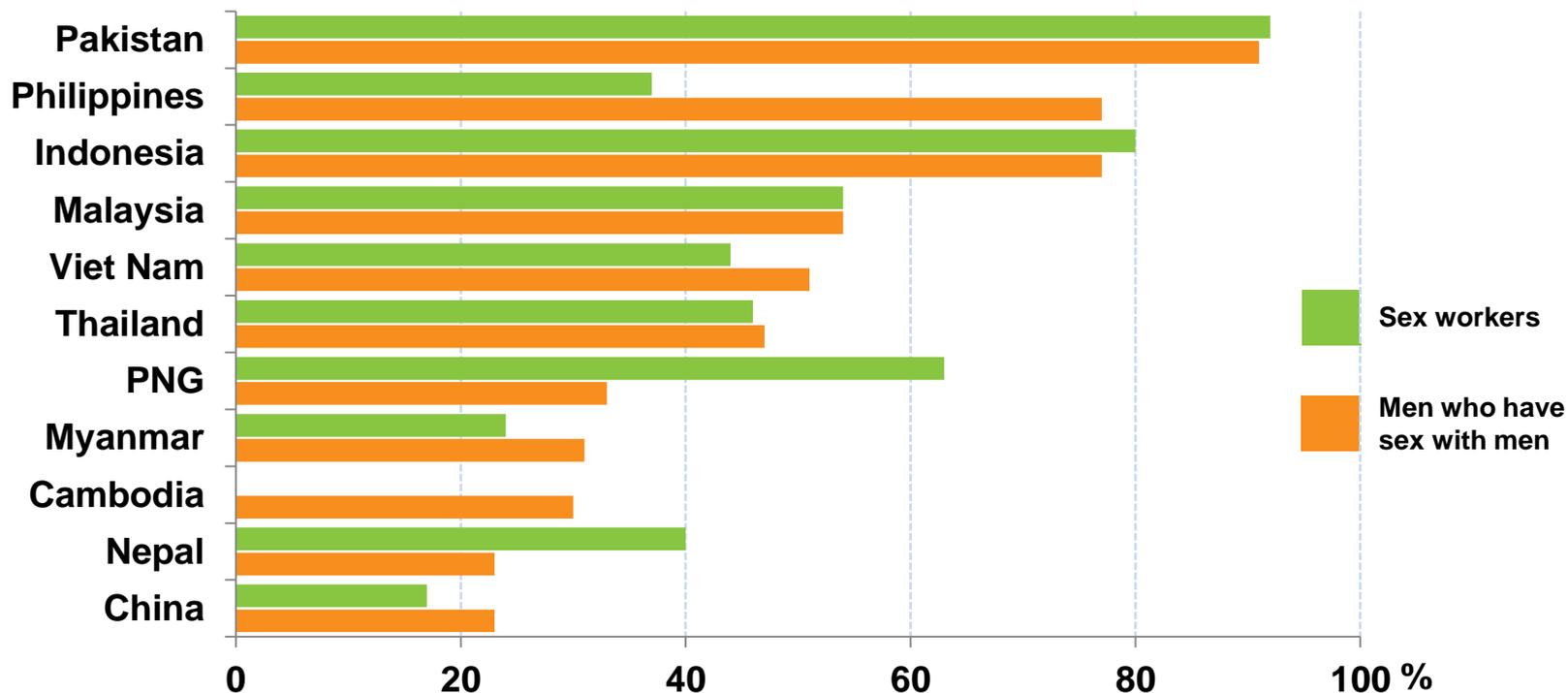
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Source: [www.aidsdatahub.org](http://www.aidsdatahub.org)



# In many countries a majority of sex workers and men who have sex with men do not have access to the most basic HIV prevention strategies: HIV testing/counselling and condoms.

Proportion of respondents who replied “no” to either 1) know where to receive an HIV test or 2) received condoms in last 12 months

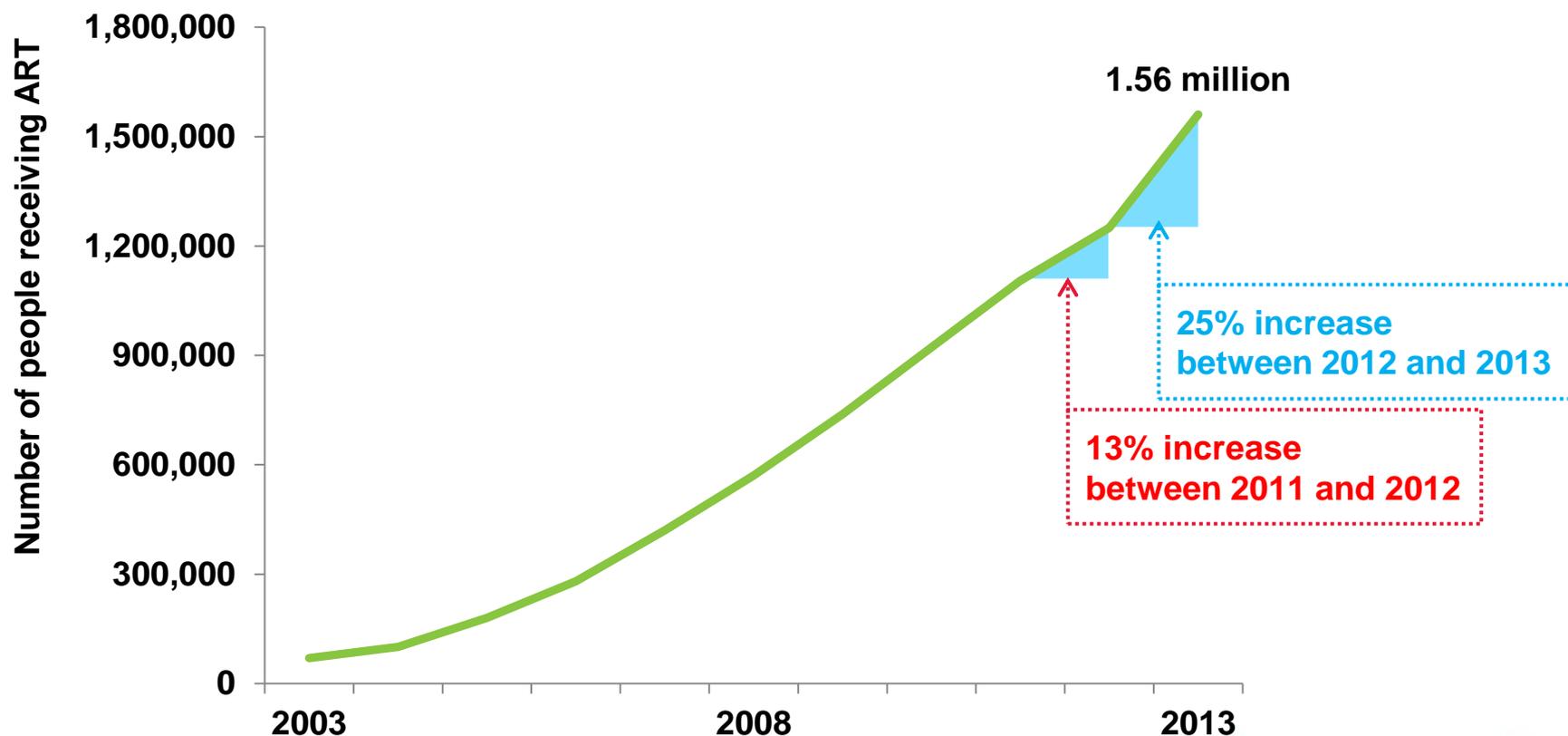


# Rising need for treatment- rising need for resources

- New data analysis demonstrates that for every **10%** increase in treatment coverage there is a **1%** decline in the percent of new infections among people living with HIV
- In 2013, **4.8 million** people living with HIV in Asia and the Pacific but only **1.56 million** people are on treatment, **33%** of all people living with HIV in Asia and the Pacific .

# Access to treatment in Asia Pacific region continues to grow: 1.56 million people living with HIV in the region are receiving HIV treatment

People receiving antiretroviral therapy in Asia and the Pacific, 2003-2013



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# Financial Transition Plans

- To show their path toward self-sufficiency, or in the case of the low-income countries, their path toward increased use of domestic resources, countries could develop ‘financial transition plans’.
- Multilateral partners such as UNAIDS and the World Bank could assist countries in developing these transition plans.

# Resources must be directed to the communities-where the virus lives

- In order to successfully combat HIV, resources must be directed to the communities – not the countries – where the virus lives, no matter whether it lives in a middle income, lower middle-income, or low-income country
- It may be time for the Global Fund to consider eligibility rules that ensure key populations are not left behind and that community based prevention programmes continue to get assured funding

# Making human rights work for the AIDS response

- Countries must commit to ushering in a more friendly legal environment for key populations at higher risk to protect their right to health and well being
- Critical funding for HIV-related legal and human rights remains insufficient. A UNAIDS survey in 2014 showed that
  - **59%** of the civil society organizations implementing human rights programmes are reporting decreases in funding
  - Nearly **70%** of the organizations are not accessing domestic funding for their activities

# Although there is evidence of progress, majority of countries in the region have laws that drive key populations underground

- 37** criminalize some aspect of sex work
- 11** compulsory detention centres for people who use drugs
- 15** provide for the death penalty for drug-related offences
- 19** criminalize same-sex relations

# Funding gap

**Regional resource need = US \$ 3.5 billion annually**

to reduce new infections and death  
to attain virtual elimination of MTCT  
to reduce disease burden among key populations

**Resources available = US \$ 2.1 billion annually**

**Resource gap = US \$ 1.4 billion annually**

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Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on 1)UNAIDS. (2013). HIV in Asia and the Pacific 2013; Estimate based on the Panel's review of the Kirby Institute 2014 report: "AIDS Funding Landscape in Asia and the Pacific" (unpublished)



## Conclusion:

**Asia can substantially reduce (90%) new HIV infections and deaths and save significant resources if smarter investments are made and new commitments start now.**

**THANK YOU**