AIDS funding landscape in Asia and the Pacific

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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*

- Pakistan: 726%
- Indonesia: 162%
- Philippines: 119%
- Malaysia: 19%
- India: -50%
- Viet Nam: -58%
- Thailand: -63%
- Myanmar: -72%
- Cambodia: -77%
- Nepal: -87%

*Data not available for China, Papua New Guinea. Estimates for India are based on national data.

Source: Based on www.aidsinfoonline.org
### 12 countries that account for >90% PLHIV and new infections and high national HIV prevalence in key populations

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* = Yes

* 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

- **Malaysia (2012)**: 97
- **China (2012)**: 88
- **Thailand (2011)**: 85
- **Philippines (2011)**: 52
- **Indonesia (2010)**: 40
- **Pakistan (2011)**: 37
- **PNG (2010)**: 24
- **Viet Nam (2010)**: 17
- **Cambodia (2012)**: 11
- **India (2011-12)**: 10 (63% committed for NACP IV)
- **Myanmar (2011)**: 9
- **Nepal (2009)**: 1

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

International funding for HIV response in Asia Pacific, 2005-2012

- Global Fund to Fight AIDS, Tuberculosis and Malaria
- United States President’s Emergency Plan for AIDS Relief (PEPFAR)
- Development Banks
- European governments
- Other OECD-DAC governments
- Other sources

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

- **Care and treatment**: 80% domestic, 20% international
- **Prevention**: 24% domestic, 76% international
- **Programme and administration**: 28% domestic, 72% international
- **Incentives and human resources**: 68% international

Most domestic contributions go toward care and treatment.

Far too much is spent on programme/administration.

Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org
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](chart)

Source: IMF Projections
The Global Fund provides significant funding to countries in Asia and the Pacific

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

Indonesia
Pakistan
Papua New Guinea
Philippines
Viet Nam

LMIC with GNI per capita between 1,300- 3,600

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

### HIV prevalence (national, %)

- Indonesia, 36%
- Thailand, 7%
- Viet Nam, 2.7%

### HIV prevalence (city, %)

- Jakarta, 56%
- Bangkok, 24%
- Hanoi, 23%

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on HIV sentinel surveillance reports, integrated biological and behavioral surveillance reports and [www.aidsinfoonline.org](http://www.aidsinfoonline.org)
Where the money is spent now?
Female sex workers
Men who have sex with men
People who inject drugs
Female sex workers
Transgender

HIV prevalence (%)

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.

Source: Prepared by 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

Getting to zero

Source: www.aidsdatahub.org based on 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

- **Domestic resources**
  - Men who have sex with men: 5%
  - Sex workers and their clients: 6%
  - People who use drugs: 18%

- **International donors**
  - Men who have sex with men: 95%
  - Sex workers and their clients: 94%
  - People who use drugs: 82%

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

- Pakistan
- Philippines
- Indonesia
- Malaysia
- Viet Nam
- Thailand
- PNG
- Myanmar
- Cambodia
- Nepal
- China

Source: Calculation based on www.aidsinfoonline.org
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

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

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