Latest Funding Trends in AIDS Response

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• Epidemic trends
• Financing trends
• Effectiveness of current investments
AIDS: A heavy toll so far… but hope ahead

75 million people infected with HIV

35.3 million people living with HIV

35.6 million AIDS-related deaths

Getting to zero
Global progress in AIDS response, 2001-2012

New HIV infections, 2001-2012

- 33% decline (2001-2012)

AIDS-related deaths, 2001-2012

- 29% decline (2005-2012)

Antiretroviral medicines have averted 53 million deaths...
Investments on AIDS is expanded globally but considerable further investment is needed to reach 2015 target.

- **Global AIDS spending**
- **Target for global resources in 2015***


<table>
<thead>
<tr>
<th>Year</th>
<th>Global AIDS spending (in US$ billion)</th>
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</thead>
<tbody>
<tr>
<td>2002</td>
<td>4</td>
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<tr>
<td>2007</td>
<td>10</td>
</tr>
<tr>
<td>2012</td>
<td>11</td>
</tr>
<tr>
<td>2013</td>
<td>13</td>
</tr>
<tr>
<td>2015</td>
<td>20</td>
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- **US$19.1 billion in 2013**
- **1% increase between 2012 and 2013**
- **10% increase between 2011 and 2012**

Domestic investments exceed international investments

Global resource flows for HIV in low-and middle-income countries, 2002-2013

Percent increase between 2006-2012

Domestic funding has increased to make up for leveling off of international financing.

Domestic public spending trend by region, 2006-2012

- **Global**
- **Sub-Saharan Africa**
- **Latin America**
- **Asia and the Pacific**

BRICS
(Brazil Russia, India, China and South Africa)

- BRICS countries have increased domestic public spending by more than 122% between 2006 and 2011
- Together BRICS contribute to more than half of all domestic spending on AIDS in low- and middle income countries
- Likely to play a strong leadership role in providing large-scale financing for development projects as it launched the “New Development Bank”
Contributions from the Global Fund, 2008-2016

Contributions from the Global Fund for HIV, TB, and Malaria, 2001-2013

Contributions for HIV, 2008-2016

New HIV funding
Existing HIV funding

Total signed amount
Total allocation

**Financing Scenario to 2020**

- **Additional Financing Gap**
  - 2011: 8.2 Billion $US
  - 2012: 8.2 Billion $US
  - 2013: 8.2 Billion $US
  - 2014: 8.2 Billion $US
  - 2015: 5.1 Billion $US
  - 2016: 1.6 Billion $US
  - 2017: 8.2 Billion $US
  - 2018: 8.2 Billion $US
  - 2019: 8.2 Billion $US
  - 2020: 8.2 Billion $US

- **Assuming Constant International Financing**

- **Upper middle income**
- **Lower middle income**
- **Low Income**

**Getting to zero**
Secure the future with sustainable financing

• Based on 2012 estimates, optimal funding of AIDS response and investing it effectively and efficiently can save lives, avert new HIV infections and AIDS related deaths, improve quality of life with life-long HIV treatment.

Investing for results

• Keeping people alive
  • Prevent estimated additional 4.2 million HIV infections among adults
  • Prevent estimated 1.9 million AIDS related deaths
• Improve quality of life and life-years gained
  • 15 million people will be accessing HIV treatment
  • Virtual elimination of new HIV infections among children

Source: UNAIDS. (2012). Meeting the investment challenge: Tipping the dependency balance
Where does the money go?

Global resource available in 2012: US$ 18.9 billion

- Care and treatment: 75%
- Prevention: 46%
- Others: 47%

Where does the money go?

Proportion spent on key populations programmes out of total AIDS spending

- Sex workers and their clients
- Men who have sex with men
- People who inject drugs

Greater spending efficiencies required

HIV spending by category, 2011

**PREVENTION**
- Others, 63%
- Key populations at higher risk, 8%
- PMTCT, 14%
- Voluntary counselling and testing, 15%

**TREATMENT**
- Anti retroviral drugs, 67%
- OI, home-based and palliative care, 24%
- Others, 9%

**Key populations**
- PMTCT, 14%
- Voluntary counselling and testing, 15%

**Others**
- 63%

**OI** = Opportunistic infections

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS. (2012). Meeting the investment challenge: Tipping the dependency balance
Investing resources strategically for greater impact

1) Using a geographical approach to set priorities for investments
2) Focusing investments on populations with the greatest need
3) Reducing the costs of antiretroviral medicines and other essential HIV commodities
4) Promoting efficiency through alternative service delivery models, including community-based services
5) Eliminating parallel structures and reducing programme support costs to optimize investments
   1) Integrating HIV prevention in children into antenatal care and maternal and child health settings
   2) Integrating HIV and TB
   3) HIV service integration in primary care
Efficiency gain: South Africa example…

South African tender prices for key antiretroviral medicines, 2010-2011

*International benchmark prices are based on the most competitive pricing from the following sources: Supply Chain Management Systems, WHO Global Price Reporting Mechanism; and Clinton Health Access Initiative. Exchange rate ZAR/USD used: 1 USD = 8.02 ZAR (2011 exchange rate).

Smart investment: geographical approach

Nigeria

70% of new HIV infections in Nigeria occur in 12 states and the Federal Capital Territory

Thailand

70% of new HIV infections in Thailand occur in 33 provinces

Challenges for smart investment

- Developing an evidence-based investment case on AIDS requires technical effort. Getting buy-in from decision makers requires political muscles. Balancing both is a major challenge
  - Often, political considerations undermine program evidence and funding priorities

- Existing regulatory and legal frameworks impede the adoption of new approaches (i.e. task shifting and/or task sharing)

- Many countries continue to have punitive laws
  - Law enforcement against key populations act as major obstacles to accessing life saving HIV services

- Most countries have difficulty generating data on costs of HIV/AIDS intervention
Post 2015 development agenda and HIV/AIDS

- Outcome oriented targets for health outcomes and disease control/elimination
- Ambitious and aspirational goals like “Ending AIDS as a public health threat“
- Spending on AIDS is an investment not an expenditure
- Bridging the resource gap and continuation of development assistance for programs targeting vulnerable communities and populations

Getting to zero
Ending the AIDS epidemic as a public health threat by 2030’ is provisionally defined as ‘reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths by 90% from 2010 levels, such that AIDS no longer represents a major threat to any population or country’
## Post 2015 agenda – Cost benefit assessment by Copenhagen Consensus Centre

<table>
<thead>
<tr>
<th>Goal</th>
<th>Disease/ Indicator/Target population</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Reduce maternal mortality ratio to &lt;40 per 100,00 live births</td>
<td>Phenomenal</td>
</tr>
<tr>
<td>3.2</td>
<td>End preventable newborn, infant, under-five deaths</td>
<td>Robust</td>
</tr>
<tr>
<td>3.3</td>
<td>End HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases</td>
<td>Fair</td>
</tr>
<tr>
<td>3.4</td>
<td>Reduce premature deaths from NCDs, injuries, road traffic accidents, and promote mental health and well being</td>
<td>Poor</td>
</tr>
<tr>
<td>3.5</td>
<td>Increase healthy life expectancy for all</td>
<td>Uncertain</td>
</tr>
<tr>
<td>3.6</td>
<td>Achieve Universal Health Coverage (UHC)</td>
<td>Good</td>
</tr>
<tr>
<td>3.7</td>
<td>Ensure universal availability and access to safe, effective and quality affordable essential medicines, vaccines, and medical technologies for all</td>
<td>Phenomenal</td>
</tr>
<tr>
<td>3.8</td>
<td>Ensure universal access to sexual and reproductive health for all</td>
<td>Robust</td>
</tr>
<tr>
<td>3.9</td>
<td>Decrease the number of deaths and illnesses from indoor and outdoor air pollution</td>
<td>Poor</td>
</tr>
</tbody>
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Colour key for the rating and text color:
- Phenomenal - Robust evidence for benefits >15 times higher than costs
- Robust - Robust evidence of benefits between 5-15 times higher than costs
- Good - Robust evidence of benefits between 5-15 times higher than costs
- Fair - Robust evidence of benefits between 1-5 times higher than costs
- Poor - The benefits are smaller than costs or target poorly specified
- Uncertain – Not enough knowledge or target not well known

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Preliminary Benefit-Cost Assessment for 12th Session OWG Goals
Summing up

• A strong outcome oriented goal for removal of AIDS as a public health threat
• Continuation of external funding for focused prevention programmes for key affected populations
• Commitment of domestic resources for integration of HIV related services into health care delivery systems
• Enactment and implementation of legal reforms for decriminalising behaviors of key affected populations.