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**United Nations Secretary-General's
Special Envoy for AIDS in Asia and the
Pacific and
Chair, Panel- AIDS Funding Landscape in
Asia and the Pacific**

**Asia Pacific Intergovernmental Meeting on
HIV and AIDS**

Bangkok, Thailand
29 January 2015

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 and regional economy
- **Who:** Experts, program and policy leaders, civil society organizations
- **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 :** The Panel engaged a team at Kirby Institute, New South Wales University, Australia to conduct background research (with support from World Bank)

Processes

Selected some countries in the region

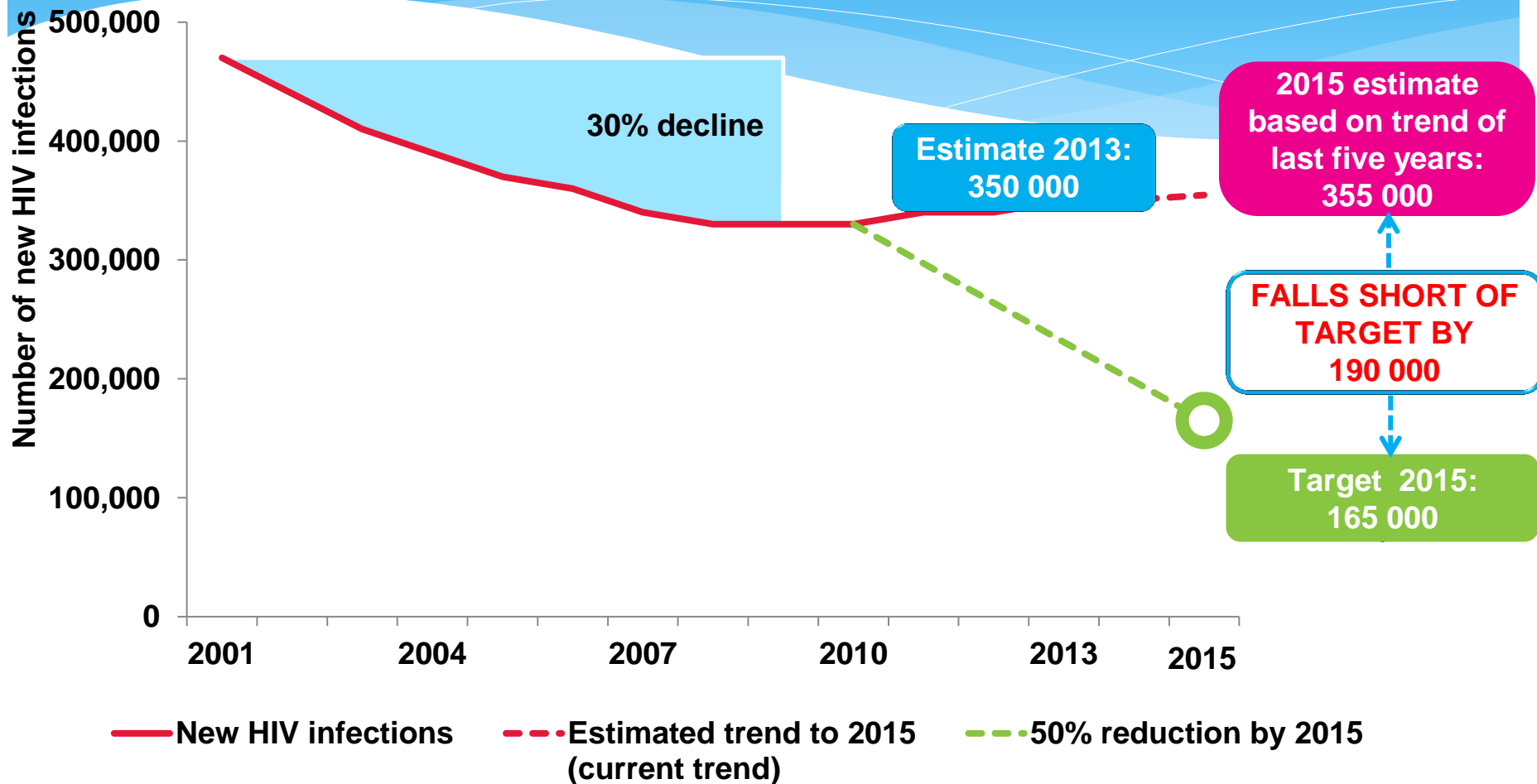
Discussion Areas

- ✓ **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**
- ✓ **Analyzing various scenarios based on anticipated funding support on AIDS**
- ✓ **Generating solutions for – a) capacity building; b) leveraging additional fiscal resources and/or sustaining adequate funding for national responses to HIV.**

Tailwinds: Strengths and opportunities of the region's AIDS response

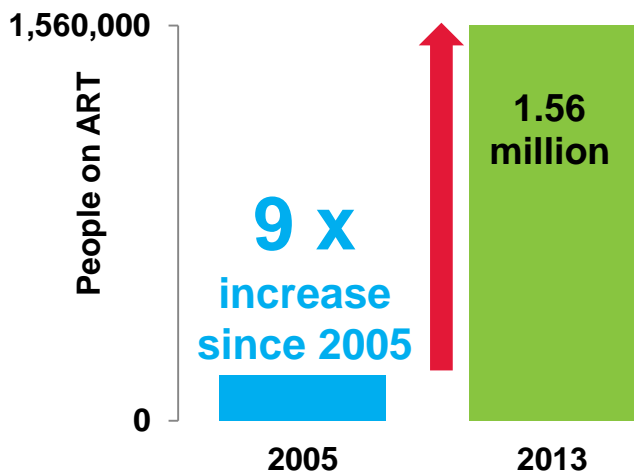
- ❑ The region can end its AIDS epidemic as a public health threat if:**
 - ✓ It ensures that there are sufficient resources to take proven HIV interventions to scale**
 - ✓ It focuses its efforts to where most infections are occurring**
 - ✓ It make sure that the maximum number of people most at risk of HIV benefits from those services**
- ❑ Big opportunities for greater impact using HIV treatment to prevent new infections**
- ❑ Asia Pacific has established itself as a global hub of scientific, technological and entrepreneurial innovation and of economic vibrancy**
- ❑ Community organizations make a big difference in moving the response**

New HIV infections have declined since 2001, but remain largely unchanged in last 5 years

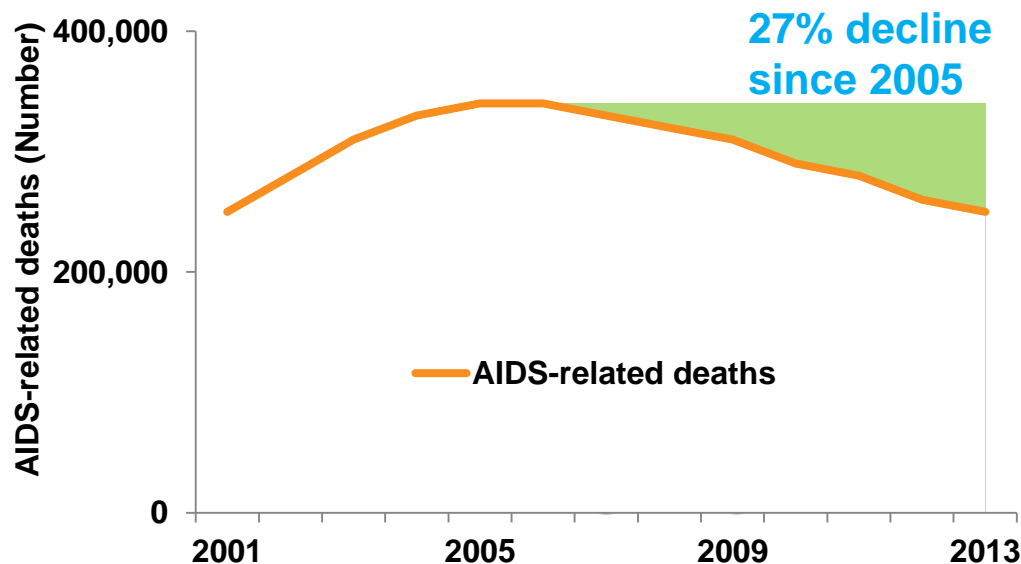


Treatment saves lives: AIDS-related deaths are declining in Asia and the Pacific

People receiving ART



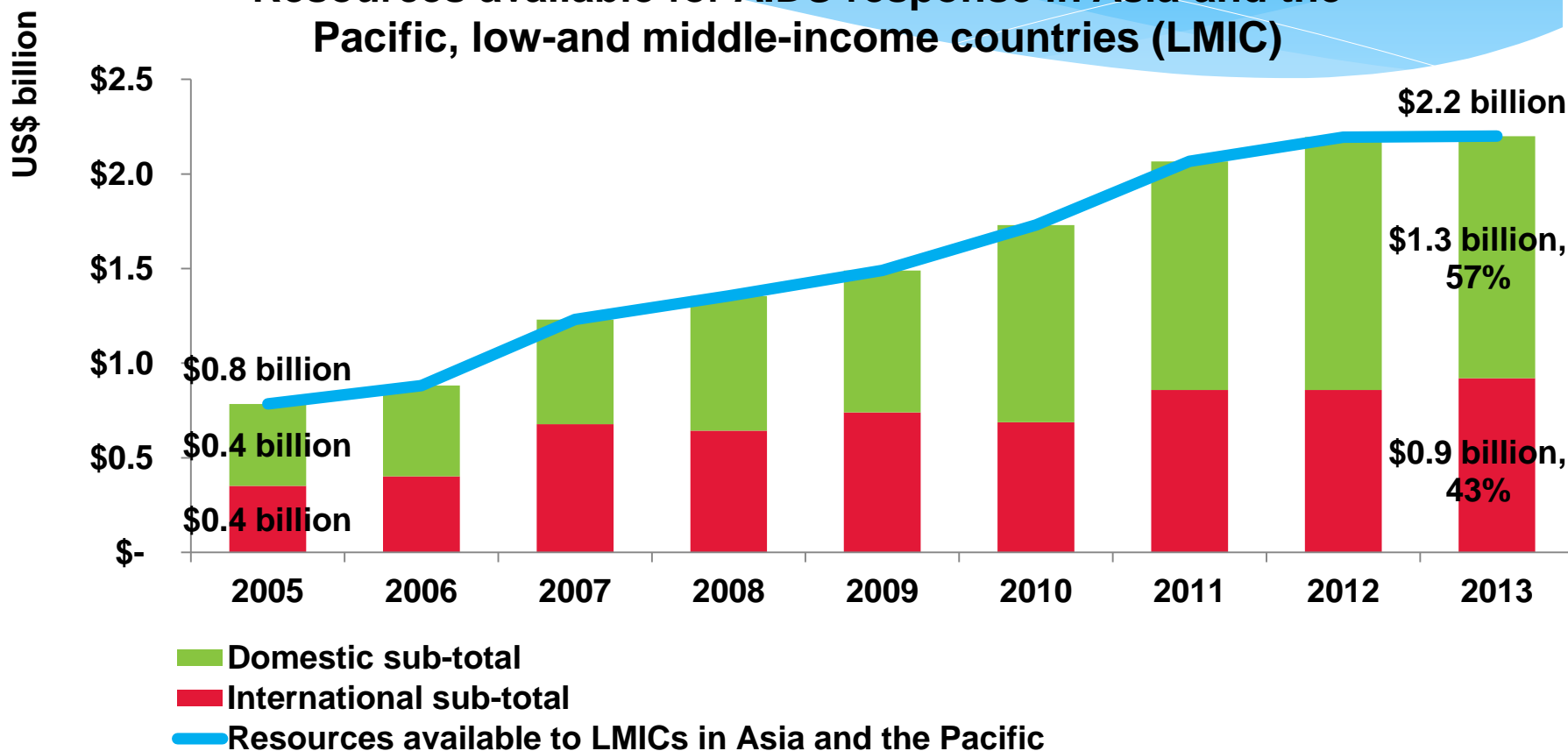
AIDS-related deaths, Asia and the Pacific, 2001-2013



Note: Estimated 1.63 million people are receiving ART as of June 2014

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

Resources available for AIDS response in Asia and the Pacific, low-and middle-income countries (LMIC)



Headwinds: The challenges that impede quicker response

- ❑ Increases in multilateral funding are unlikely**
- ❑ Other external partners are also cutting back**
- ❑ There is an imbalance between funding for prevention vis-à-vis treatment**
- ❑ Countries are missing opportunities to make bigger impact**
- ❑ Civil society and community organizations are vulnerable to funding shortfalls and with the prospect of funding cuts**
- ❑ More determined regional-level action is needed**

On the Horizon: Likely scenarios for the region

The assumptions regarding funding from external development partners includes:

- ❑ HIV risk behaviors would remain stable in low-and middle-income countries with HIV burdens if programme funding is sustained**
- ❑ HIV risk behaviors would increase in low- and middle-income countries with the biggest HIV burden if programmes were defunded by 2017**
- ❑ HIV risk behaviours would decrease in low- and middle-income countries with the biggest HIV burdens if programmes received increased funding by 2017**
- ❑ In this best-scenario, coverage of prevention services for KP would reach at least 80% by 2020**

On the Horizon: Likely scenarios for the region

Two “domestic commitment” scenarios anticipated that:

- ❑ Coverage of HIV treatment and prevention of mother-to-child transmission programmes would increase as domestic commitment to treatment programmes rises. Treatment coverage would increase to at least 80% of people living with HIV by 2020**
- ❑ Coverage of HIV treatment and prevention of mother-to-child transmission programmes would stabilize when domestic commitment to treatment programmes levels off. Treatment coverage would remain at the 2014 level.**

On the Horizon: Likely scenarios for the region

Five potential scenarios of HIV funding in AP into the future

Scenario 1

- Prevention programmes for KP are defunded as donor contribution decline
- Coverage of HIV treatment and prevention of mother-to-child transmission programs remain stable

Scenario 2

- Prevention programmes for KP are defunded as donor contribution decline
- Coverage of HIV treatment and prevention of mother-to-child transmission programs increases

On the Horizon: Likely scenarios for the region

Five potential scenarios of HIV funding in AP into the future, cont.

Scenario 3

- Prevention programmes for KP are maintained at current levels**
- Coverage of HIV treatment and prevention of mother-to-child transmission programs remain stable**

Scenario 4

- Prevention programmes for KP are maintained at current levels**
- Coverage of HIV treatment and prevention of mother-to-child transmission programs remain increases**

On the Horizon: Likely scenarios for the region

Five potential scenarios of HIV funding in AP into the future, cont.

□ Scenario 5

- Prevention programmes focused on KPs increase**
- Coverage of HIV treatment and prevention of mother-to-child transmission programs increases**

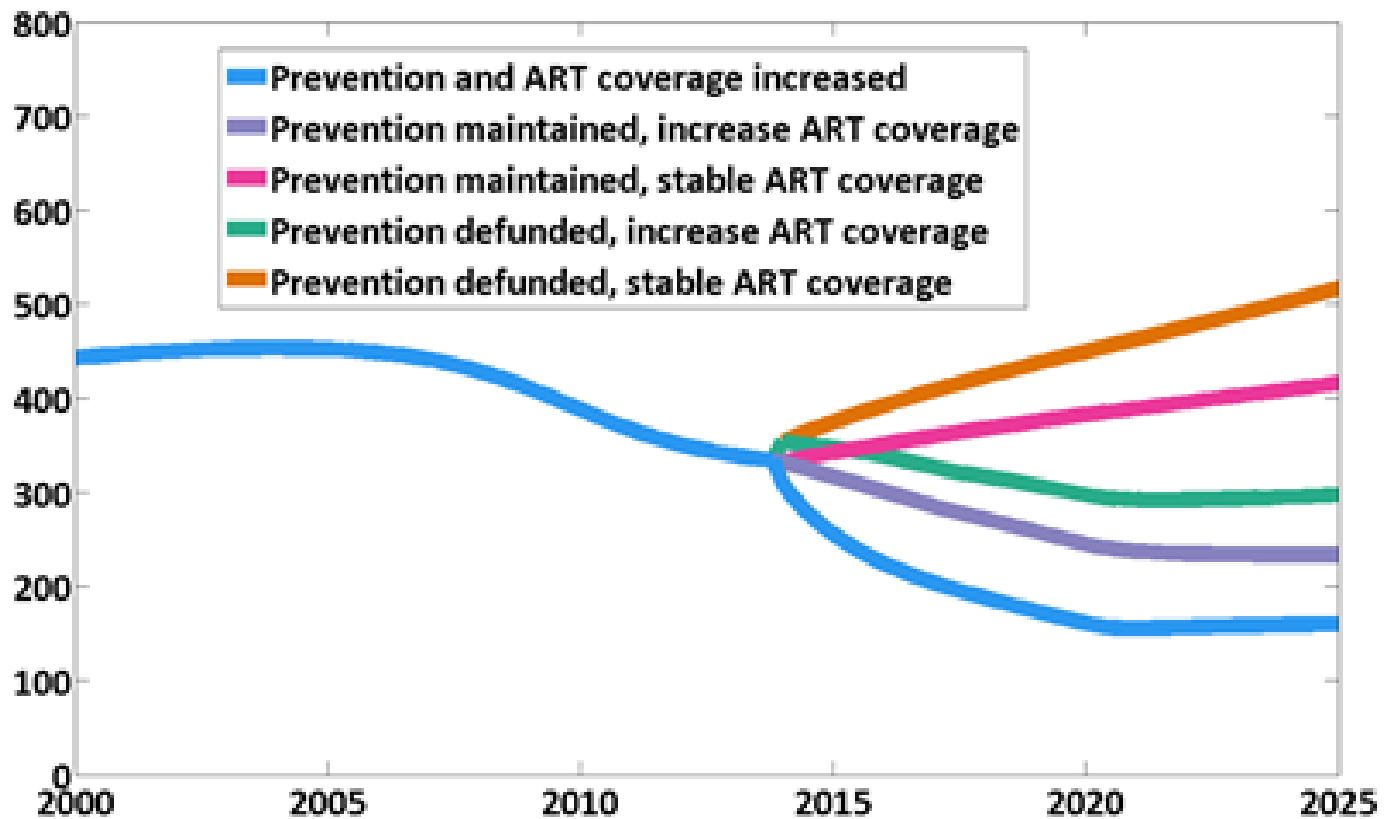
On the Horizon: Likely scenarios for the region

Outlook that emerged, based on the Panel's analysis:

- ❑ The best-case scenario: both prevention and HIV treatment coverage increases to at least 80% by 2020 (Scenario 5)**
- ❑ The worst-case scenario: prevention coverage diminishes while HIV treatment coverage stays stable (Scenario 1)**
- ❑ The business-as-usual scenario: both prevention and HIV treatment coverage remain at current levels (Scenario 3)**

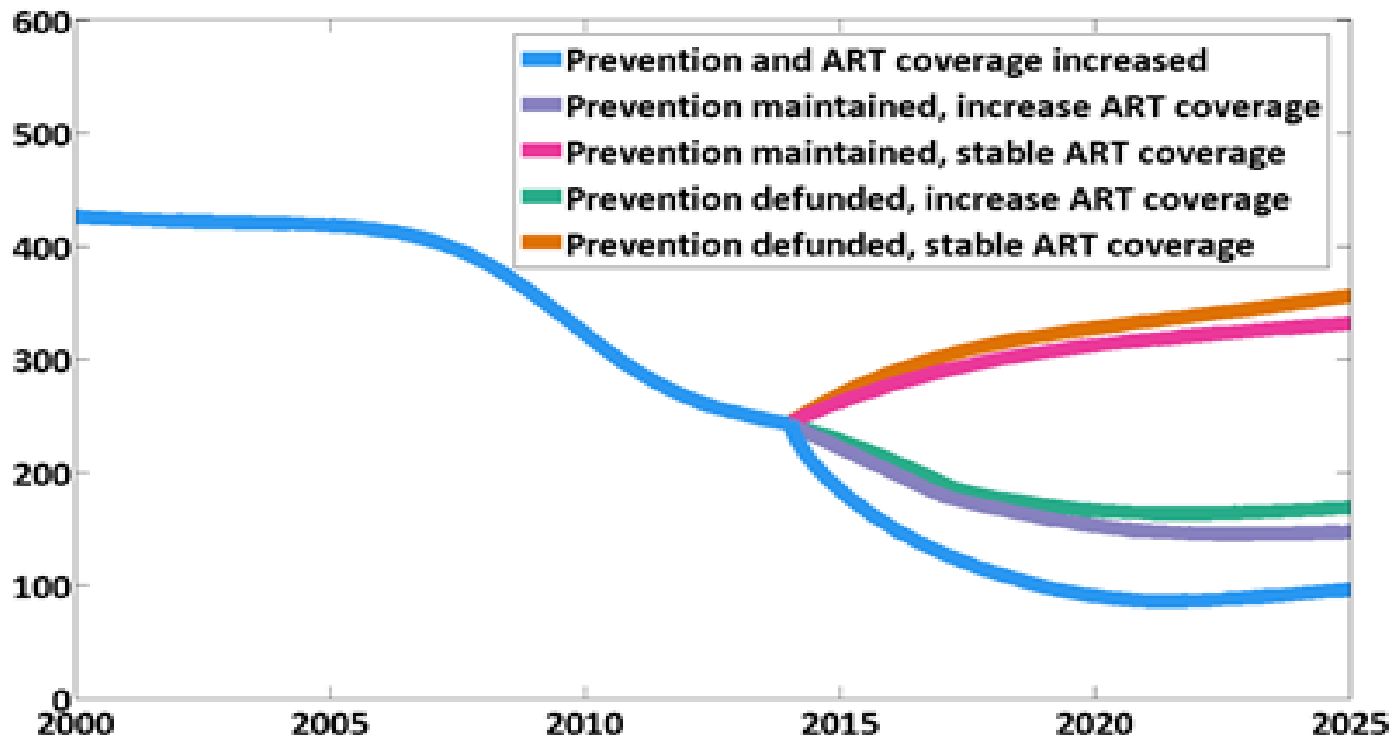
Annual incidence (thousands)

Annual incidence (thousands)



Projected annual HIV infections and AIDS-related deaths in various response scenarios in AP up to 2025

Annual AIDS-related deaths (thousands)



Estimated Funding Gap

- ❖ If funding were allocated to maximize the impact of prevention and treatment programmes, it would take approximately US\$ 4.0 billion annually (including management costs) to increase prevention and treatment coverage to at least 80% by 2020
- ❖ Currently being spent: US\$ 2.2 billion
- ❖ Funding gap: US\$ 1.8 billion annually

9 Recommendations

- ❖ **Introduce funding transition plans, supported by bridge funding options**
- ❖ **Develop country 'investment cases' for HIV**
- ❖ **Focus resources where most infections are occurring**
- ❖ **Protect funding for civil society**
- ❖ **Create an enabling legal environment that supports effective programmes**
- ❖ **Integrate biomedical interventions into universal health care schemes**
- ❖ **Develop new financing streams**
- ❖ **Reduce the costs of HIV drugs and other commodities**
- ❖ **Ensure reliable future access to affordable HIV drugs**

Recommendations

1. Introduce funding transition plans, supported by bridge funding options

- ❖ Partners and countries should devise alternative ways to safeguard AIDS financing
- ❖ Transitional funding models are needed to keep donor's funds flowing to lower-income countries
- ❖ Transitional plans have to overcome the current over reliance on external funding for prevention programs
- ❖ External funding should be predictable, transparent and aligned with country priorities
- ❖ Phased, co-financing arrangements between multilateral organization and countries are an attractive options

Recommendations

2. Develop country 'investment cases' for HIV

- ❖ Countries should use HIV 'investment cases' to take their AIDS response to new levels
 - ❖ 'Investment cases' are valuable templates for designing and costing high-impact, rights-based and sustainable AIDS responses

3. Focus resources where most infections are occurring

- ❖ Prevention funding should go where most HIV infections are occurring, rather than on 'hit-and-miss' general prevention efforts
- ❖ Countries should consider allocating 5% of domestic HIV funding for strategic information

Recommendations

4. Protect funding for civil society

- ❖ Secure funding must be arranged and assured for these important groupings.
 - ❖ Indispensable for reaching key population with high-quality, trusted HIV services.

5. Create an enabling legal environment that supports effective programs

- ❖ Most countries in the region retain laws, policies and practices that drive key populations away from HIV and other health services.
- ❖ Countries should implement the proposal of the Global Commission on HIV and Law for improving the legal environment for AIDS and key populations.

Recommendations

6. Integrate biomedical interventions into universal health care schemes

- ❖ Certain biomedical HIV interventions can be integrated into other health and social programmes to make them more accessible, improve efficiency and achieve savings.
- ❖ Prevention programmes for KP and related legal and advocacy interventions should keep getting focused funding as part of national HIV programmes.

7. Develop new financing streams

- ❖ Government can consider additional revenues-raising method, such as a special tax or levy, to finance a health promotion fund.
- ❖ Mobilize large amounts of multi-year funding at once, and then investing part of it sensibly, could generate additional financing streams.

Recommendations

8. Reduce the costs of HIV drugs and other commodities

- ❖ Equitable, reliable, affordable access to HIV medicines and diagnostics must be protected.
- ❖ Further price reduction on WHO-recommended fixed-dose first-line ARV regimens is needed.
- ❖ Enhancing efficiency in service delivery and reducing wastes will yield savings that can be used to expand services.
- ❖ Adhering to the latest WHO treatment guidelines and using the simplest drug regimens, the most effective treatment support methods, and economical administration systems can save money.
- ❖ Reforming relevant state tender processes may be another cost-saving options in some countries.

Recommendations

9. Ensure reliable future access to affordable HIV drugs

- ❖ Tightened patent restrictions and weakened generic competition might compromise the affordability of HIV treatment.
- ❖ Patents should be awarded only for genuine innovations.
- ❖ Countries should avoid provisions in free-trade agreements that may compromise the future availability of affordable medicines.
- ❖ Systematic, voluntary licensing remains an attractive option for manufacturing essential ARV drugs.
- ❖ Countries should make greater use of TRIPS flexibilities, supported by intergovernmental bodies such as ASEAN and SAARC.

Conclusion

Asia and the Pacific could become the first region to end AIDS as a public health threat by 2030,

- If countries make the right strategic choices and **act** quickly and decisively to achieve “an ambitious but necessary” set of prevention and treatment targets by 2020.



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Thank you