

Latest Funding Trends in AIDS Response

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Melbourne, Australia

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United Nations Secretary-General's Special Envoy for AIDS
in Asia and the Pacific
21 July 2014

- Epidemic trends
- Financing trends
- Effectiveness of current investments

AIDS: A heavy toll so far... but hope ahead

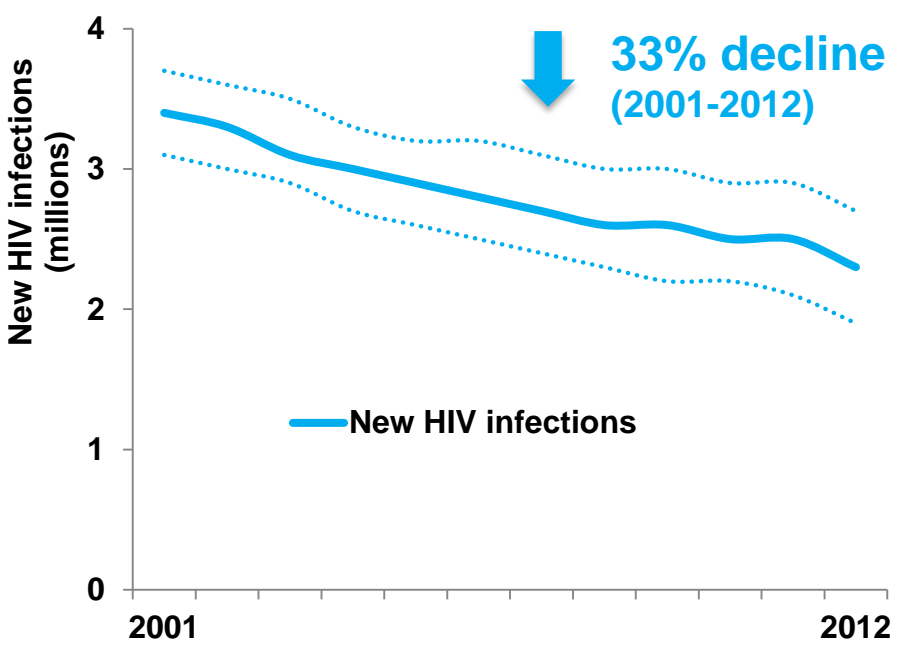
75 million
people infected with
HIV

35.3 million
people living with HIV

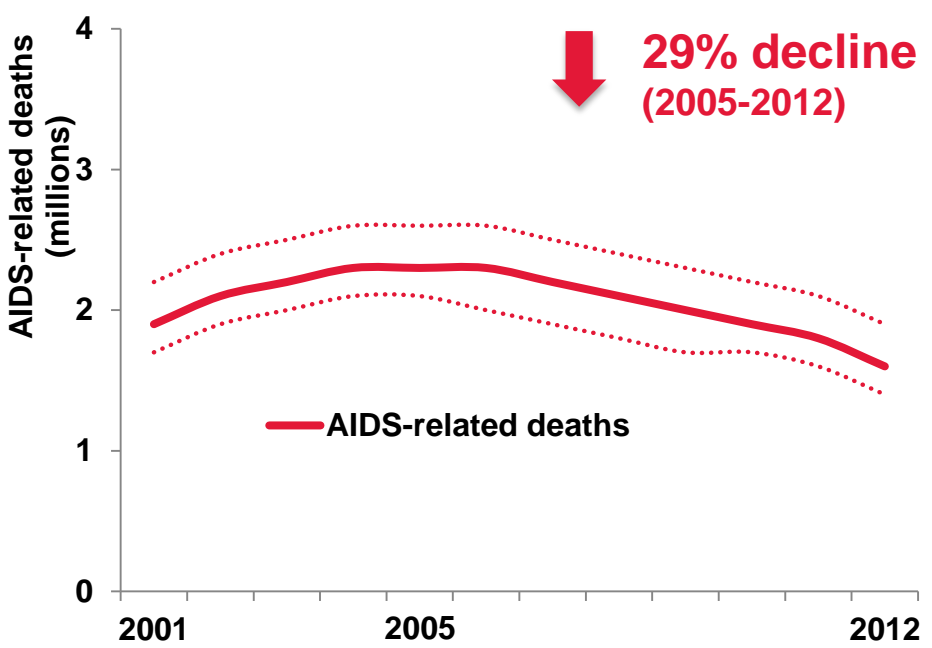
35.6 million
AIDS-related deaths

Global progress in AIDS response, 2001-2012

New HIV infections, 2001-2012



AIDS-related deaths, 2001-2012



Getting to zero

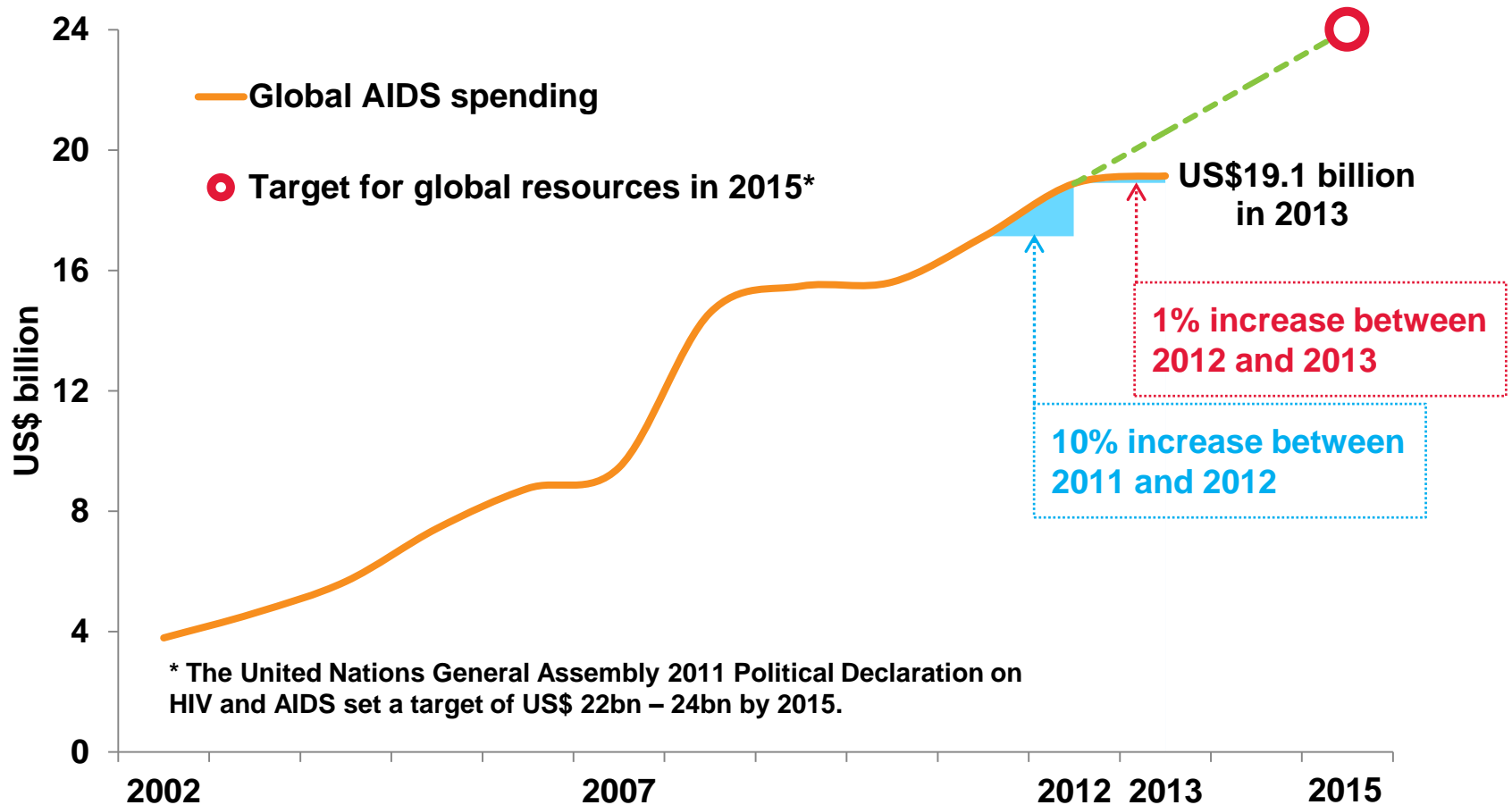


Source: Prepared by www.aidsdatahub.org based on UNAIDS.(2013). Global Report: UNAIDS Report on the Global AIDS Epidemic 2013. HIV estimates annex table.

**Antiretroviral medicines have averted
53 million deaths...**

53
million

Investments on AIDS is expanded globally but considerable further investment is needed to reach 2015 target

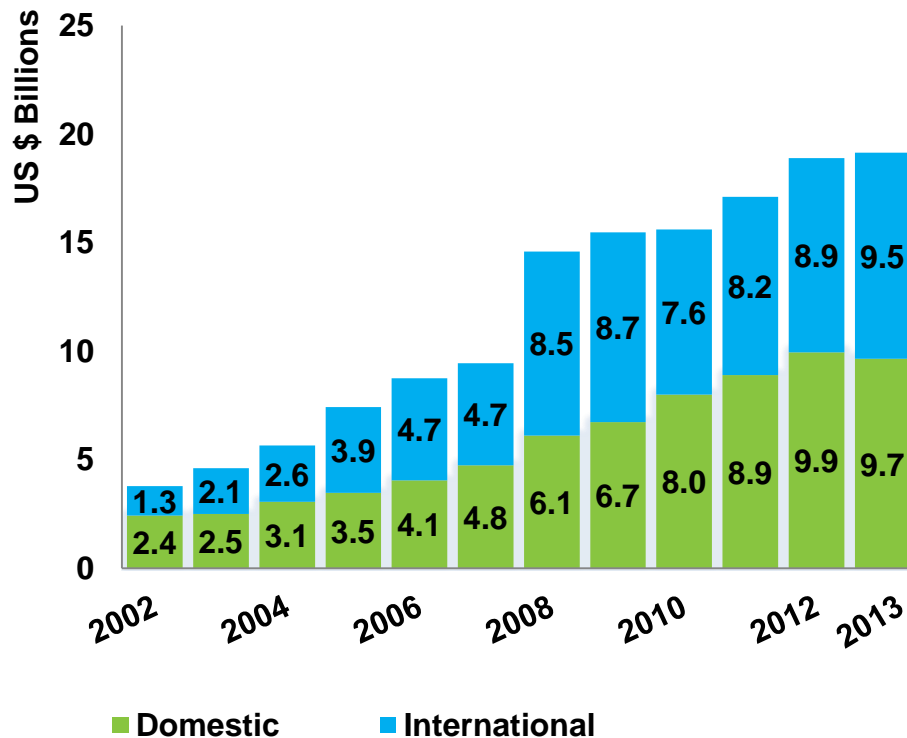


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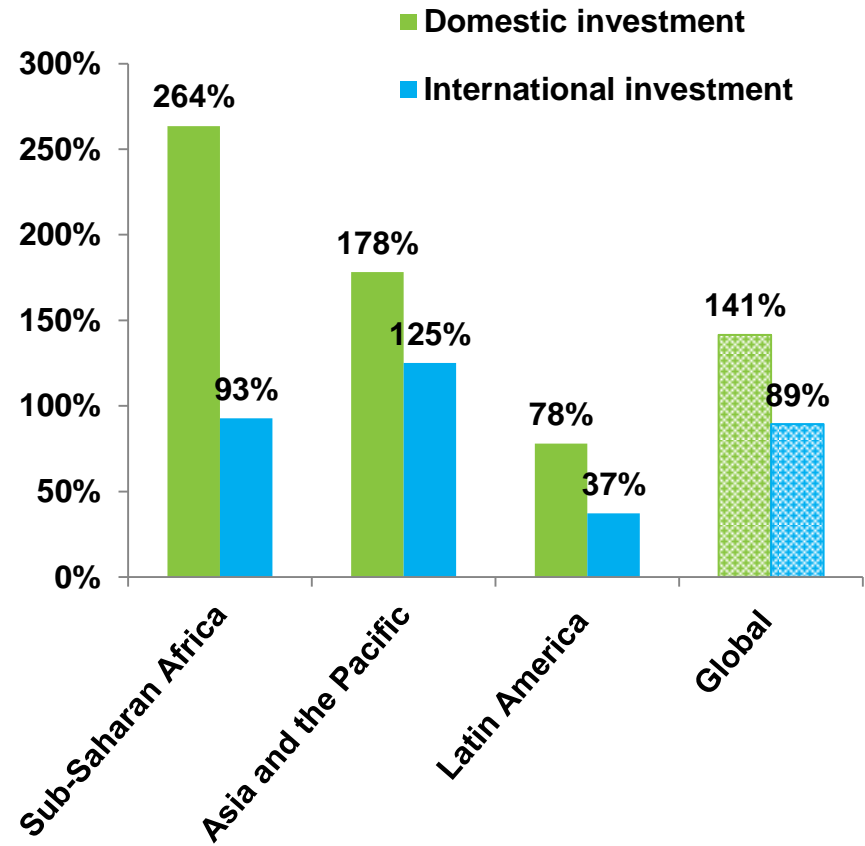


Domestic investments exceed international investments

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



Percent increase between 2006-2012

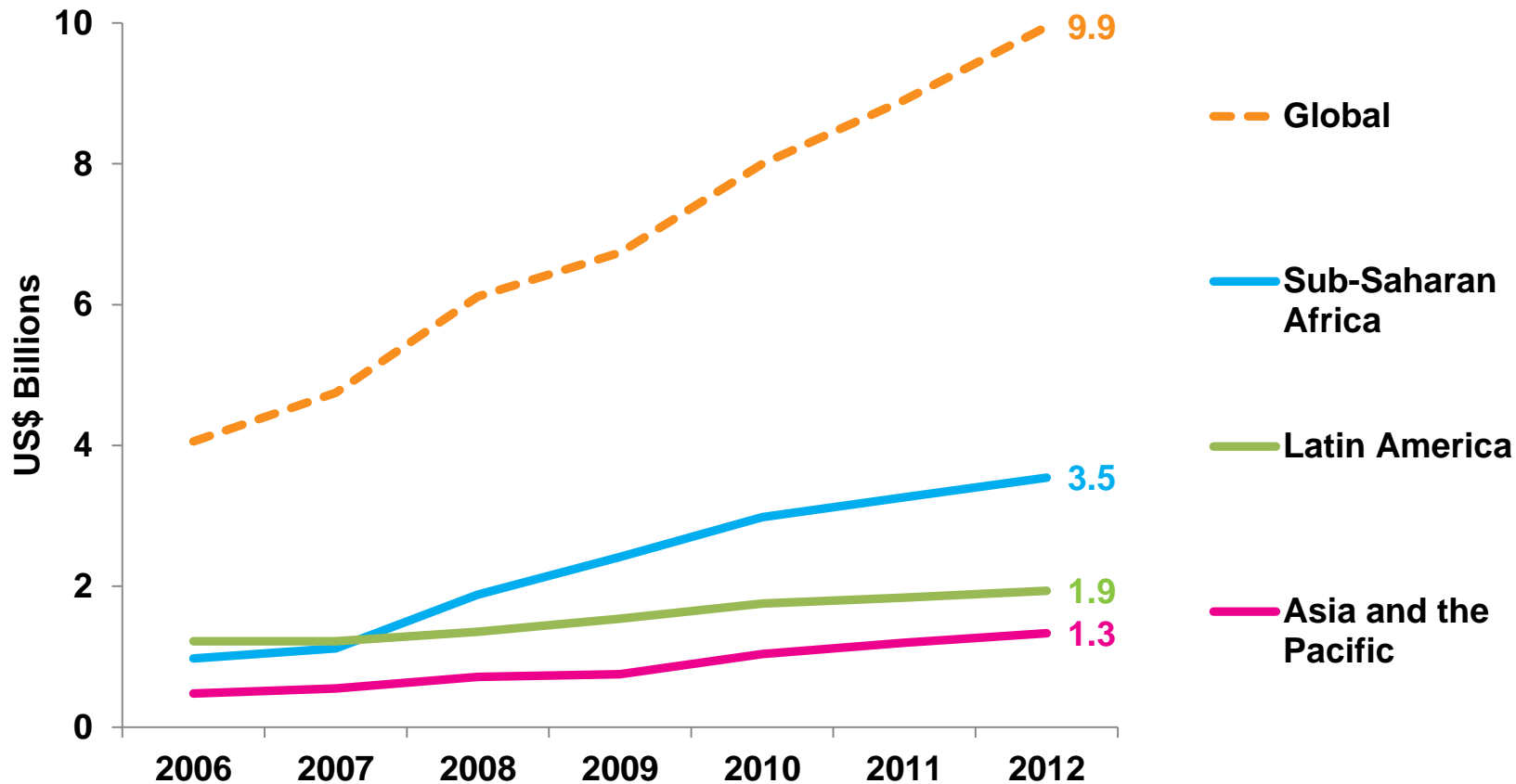


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Domestic funding has increased to make up for leveling off of international financing

Domestic public spending trend by region, 2006-2012



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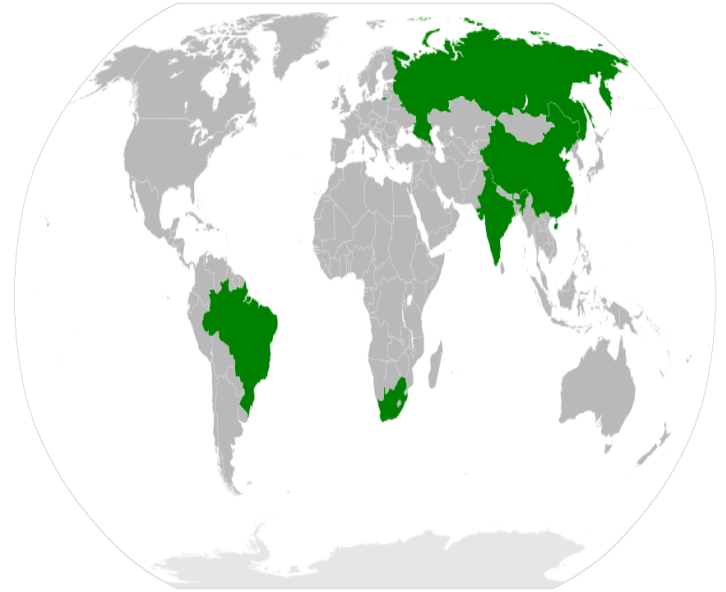
Source: Prepared by www.aidsdatahub.org based on UNAIDS Estimates 2014, OECD CRS May 2014.



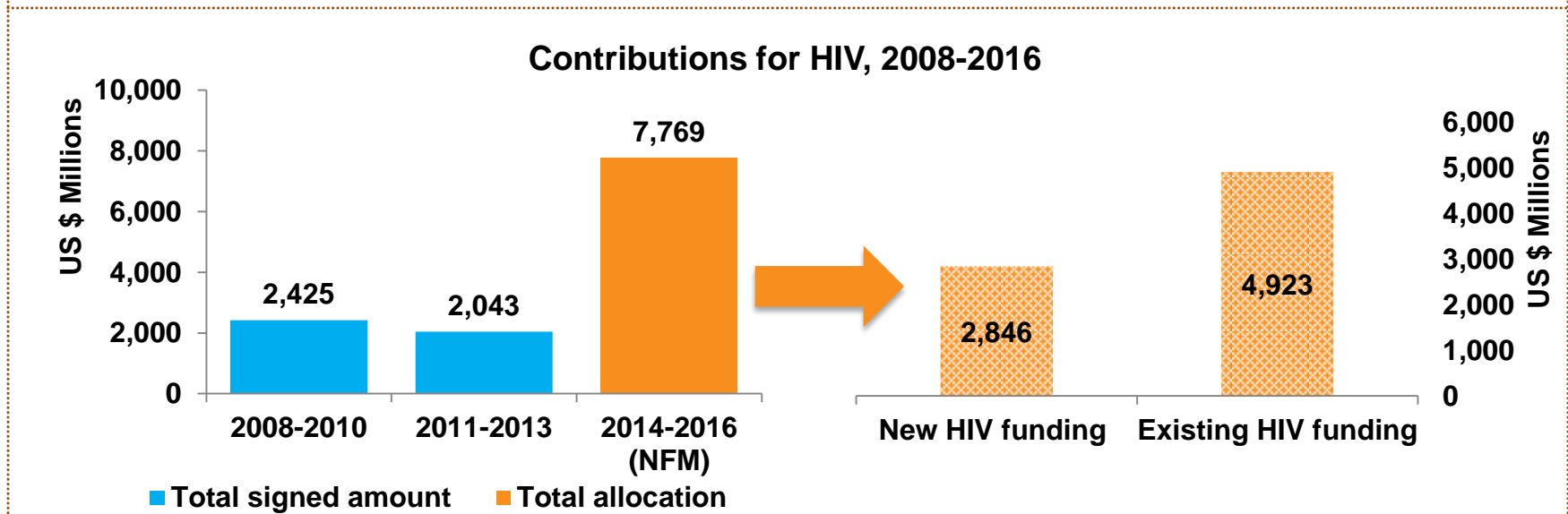
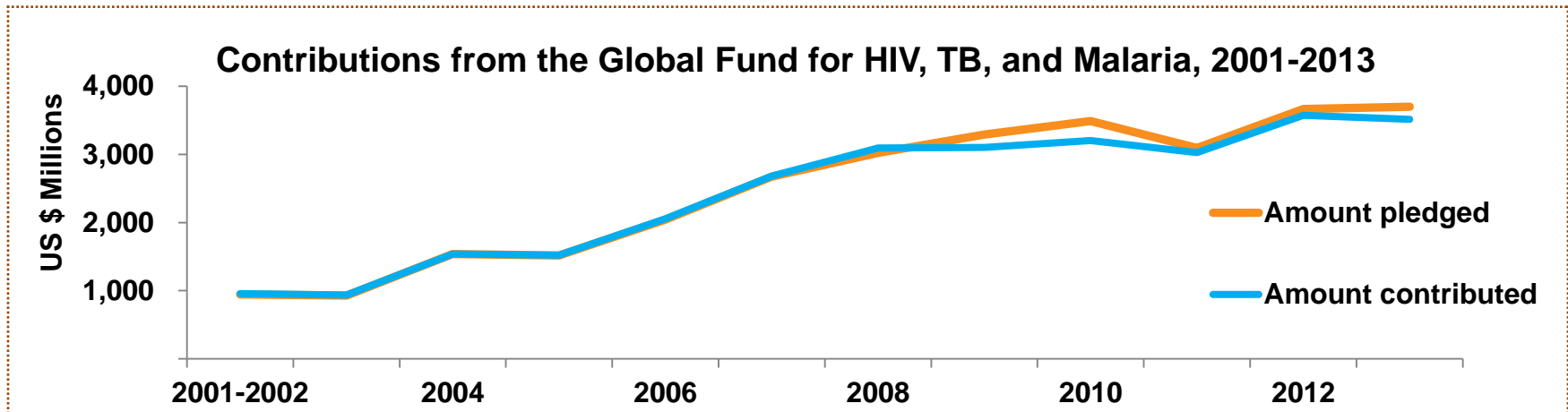
BRICS

(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”

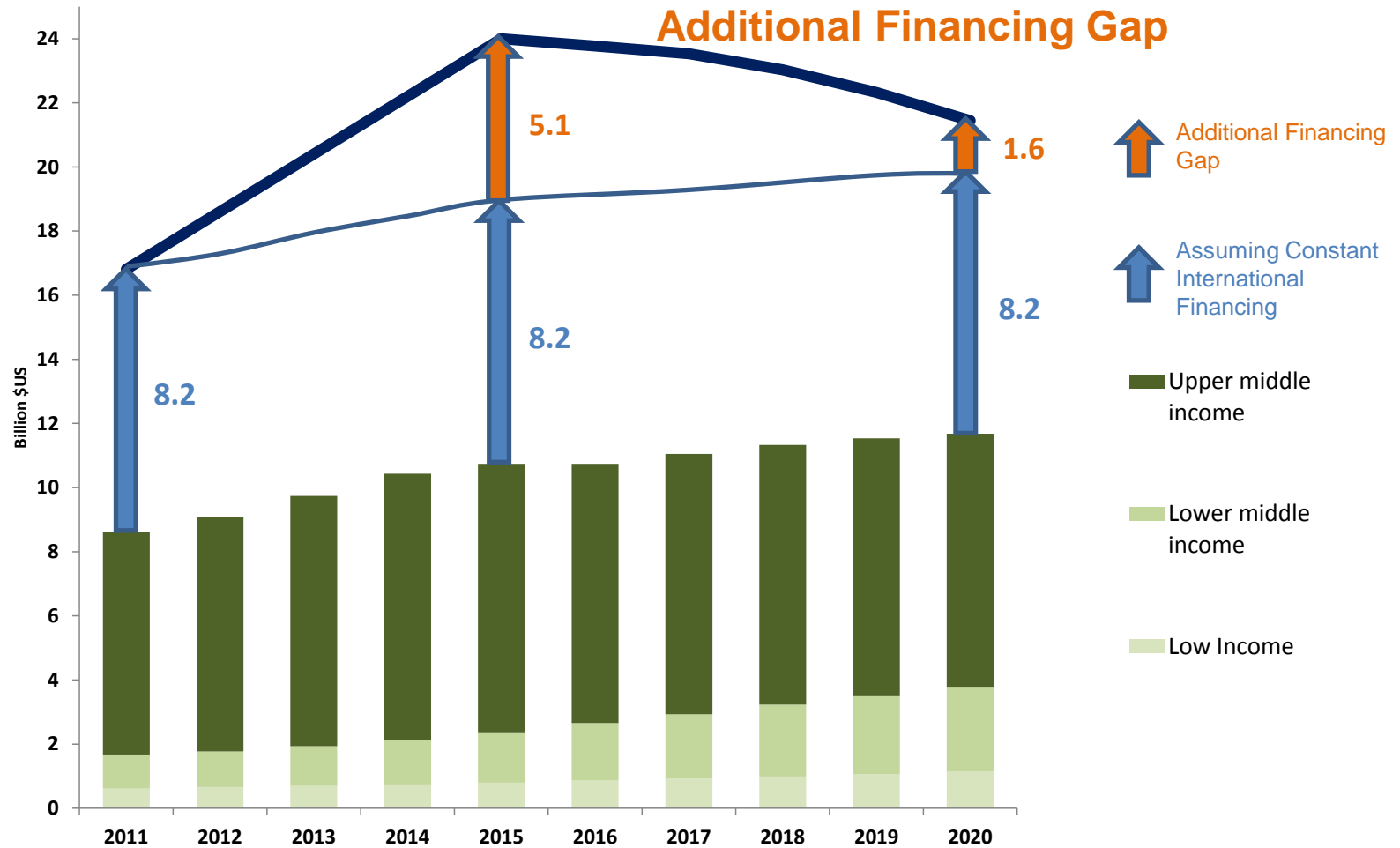


Contributions from the Global Fund, 2008-2016



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Financing Scenario to 2020



Secure the future with sustainable financing

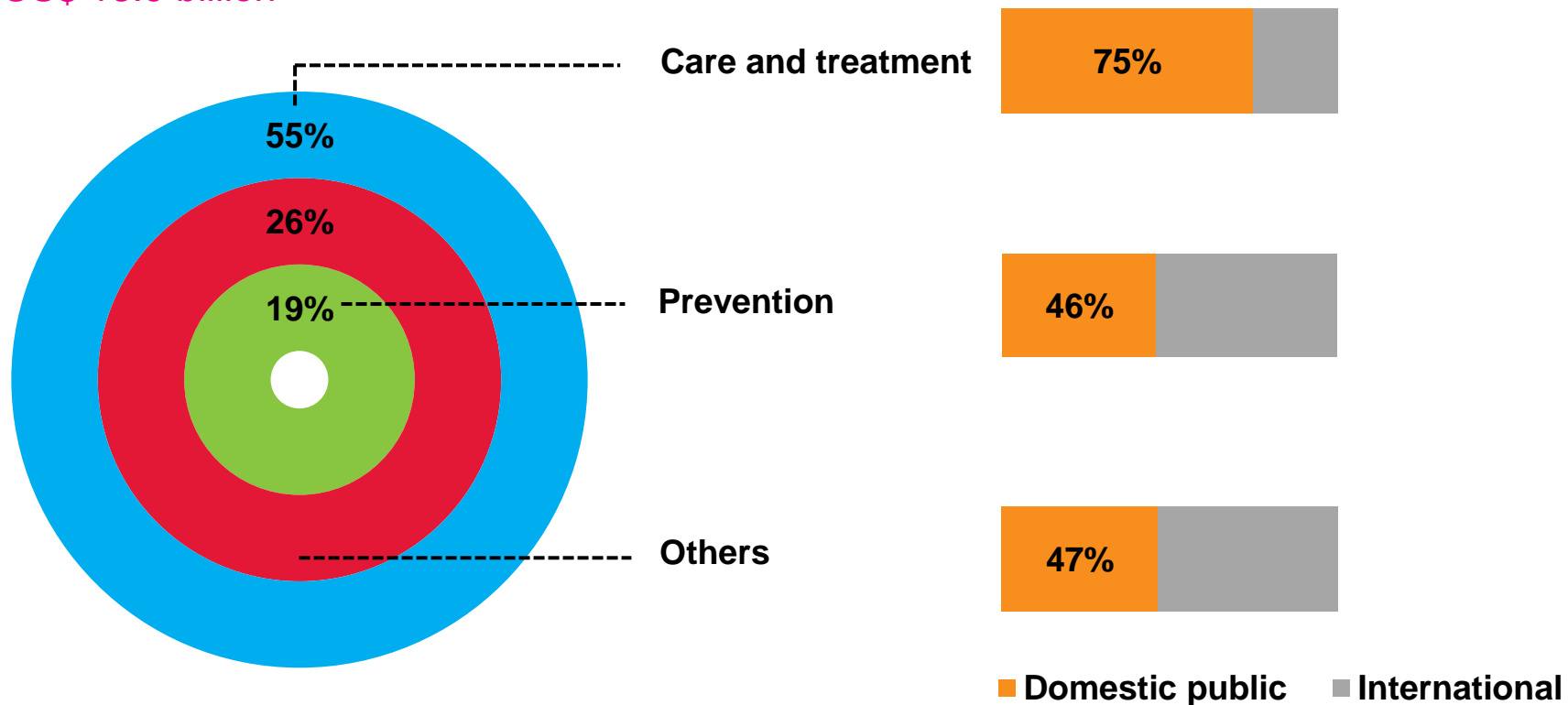
- Based on 2012 estimates, optimal funding of AIDS response and investing it effectively and efficiently can save lives, avert new HIV infections and AIDS related deaths, improve quality of life with life-long HIV treatment.

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

Where does the money go?

Global resource available in 2012:
US\$ 18.9 billion



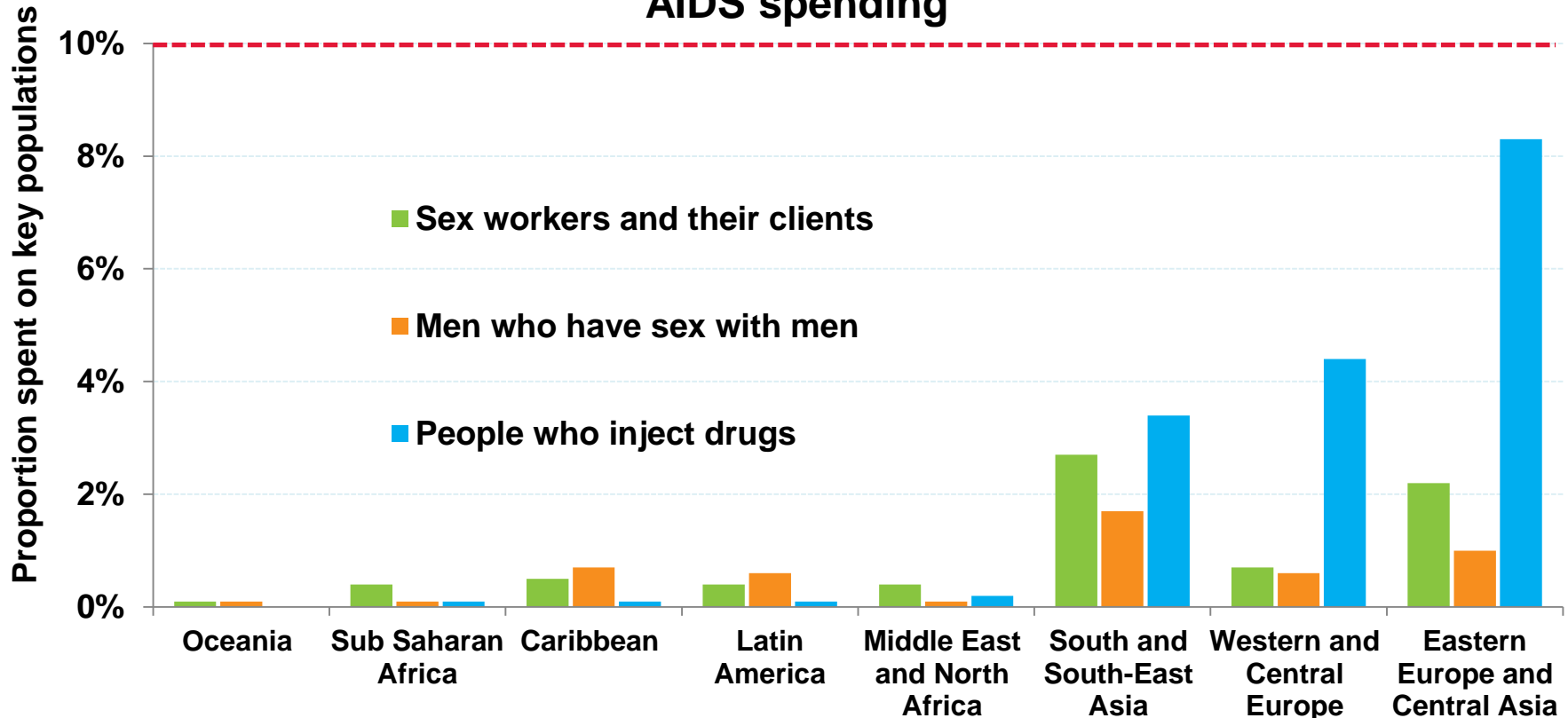
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Source: Prepared by www.aidsdatahub.org based on UNAIDS Estimates 2013



Where does the money go?

Proportion spent on key populations programmes out of total AIDS spending



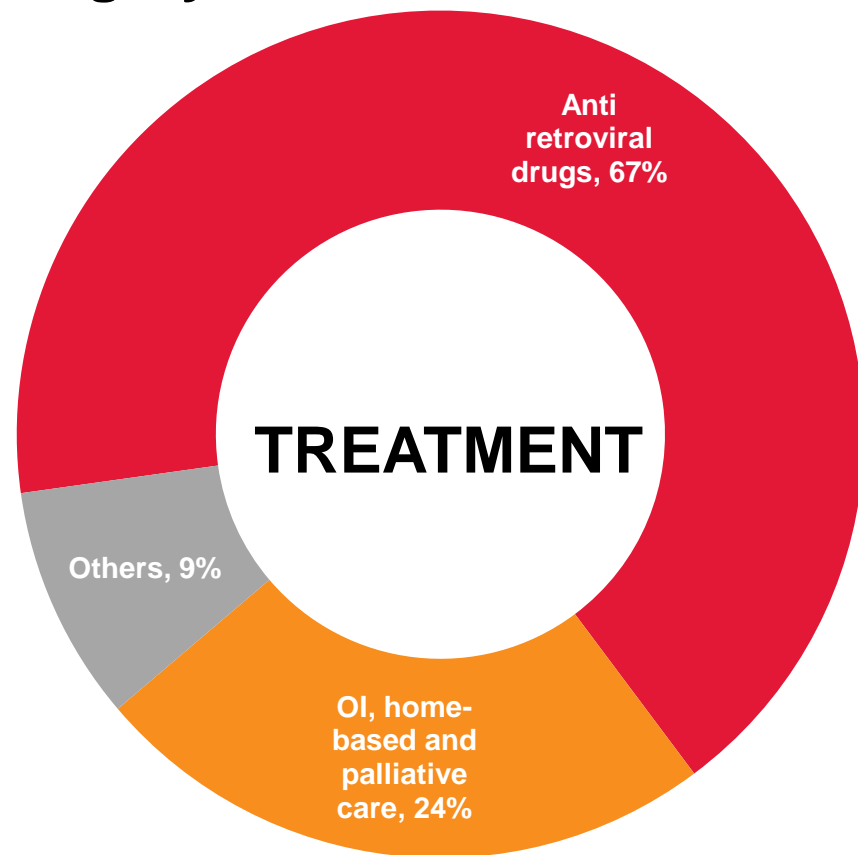
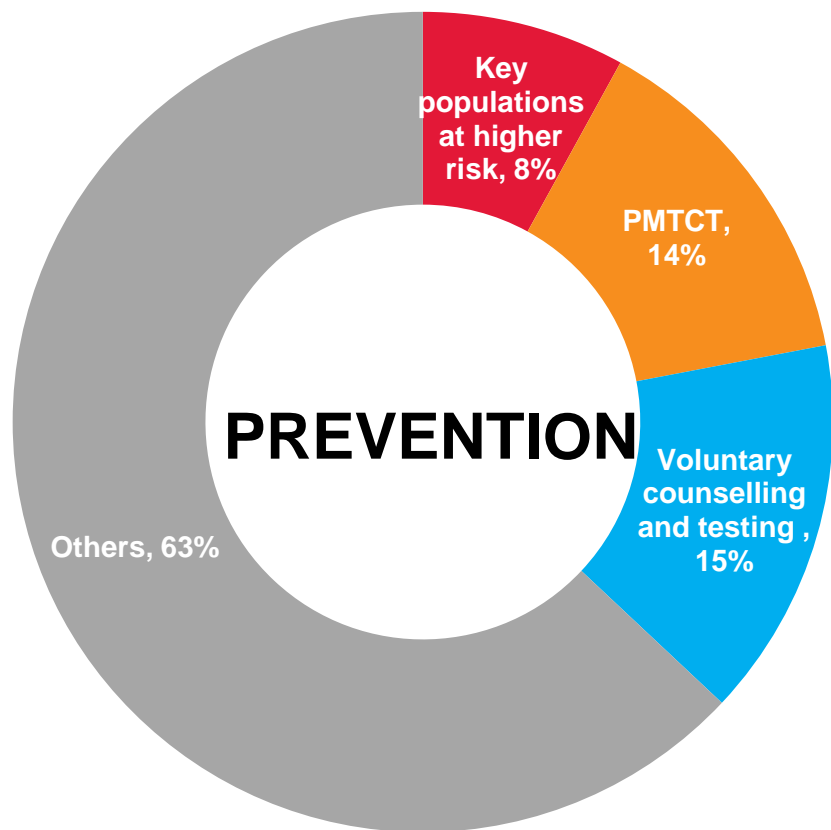
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Source: Prepared by www.aidsdatahub.org based on UNAIDS Estimates 2014



Greater spending efficiencies required

HIV spending by category, 2011



OI = Opportunistic infections

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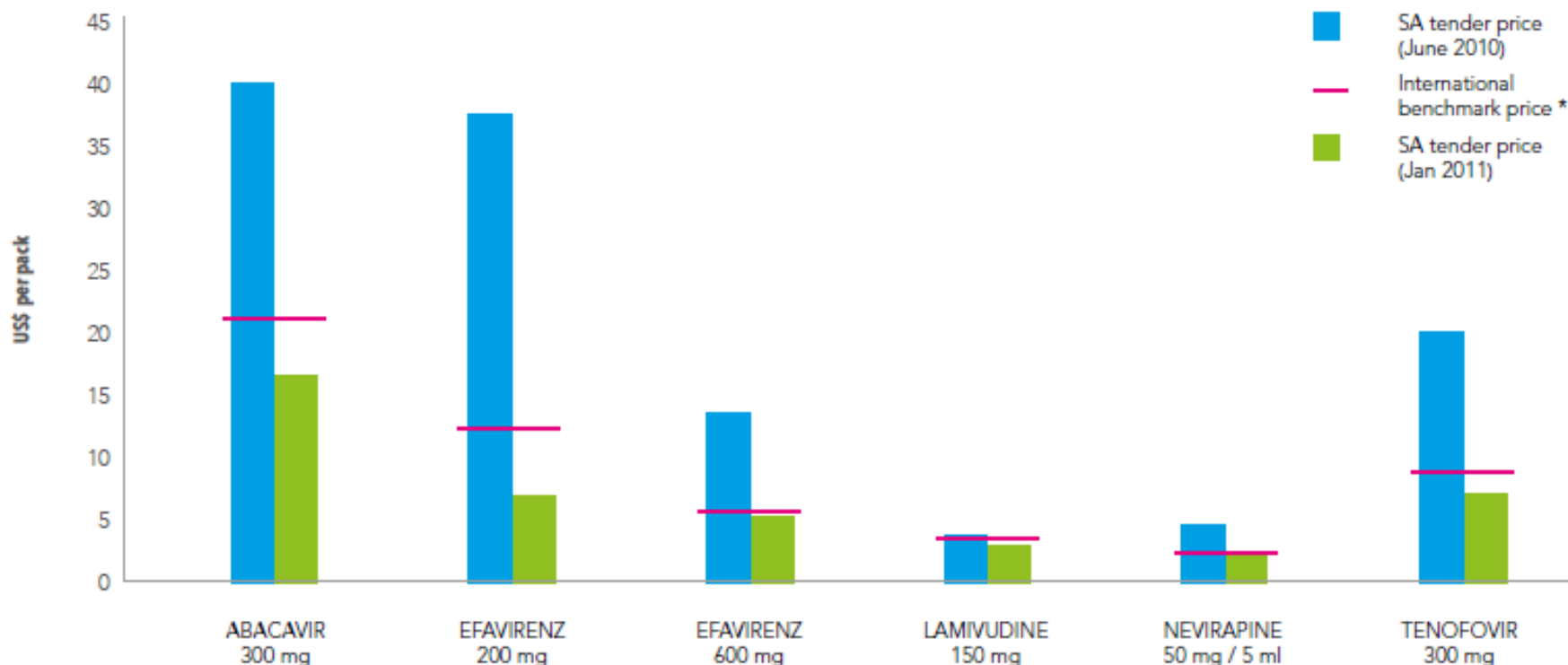
Source: Prepared by www.aidsdatahub.org based on UNAIDS. (2012). Meeting the investment challenge: Tipping the dependency balance

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



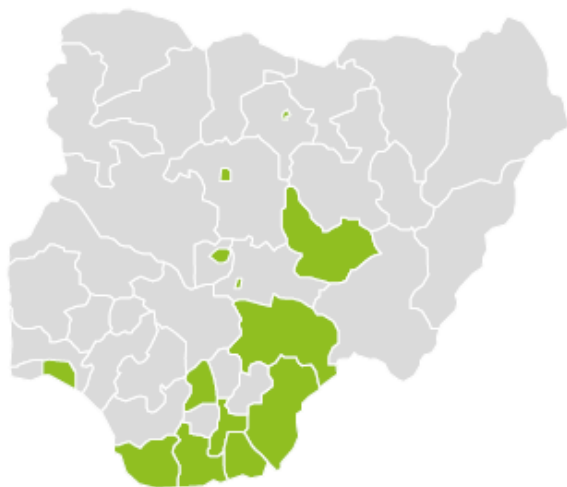
*International benchmark prices are based on the most competitive pricing from the following sources: Supply Chain Management Systems, WHO Global Price Reporting Mechanism; and Clinton Health Access Initiative. Exchange rate ZAR/USD used: 1 USD = 8.02 ZAR (2011 exchange rate).

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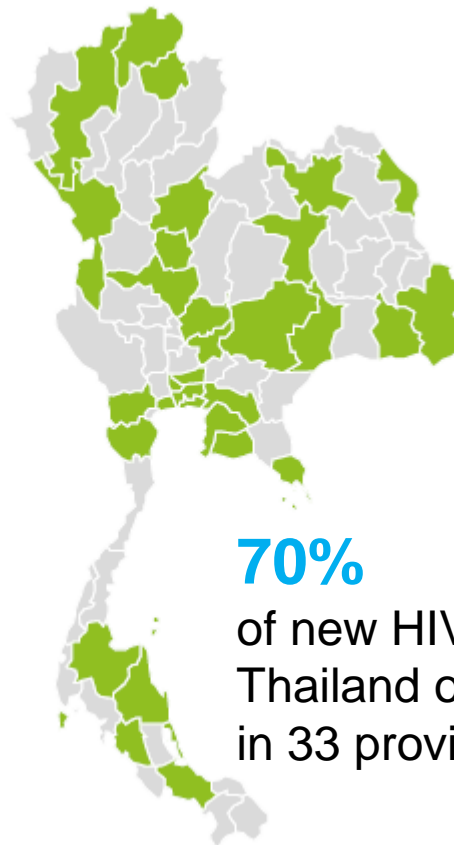
Smart investment: geographical approach

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

Getting to zero



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

Ending the AIDS epidemic: A working definition

‘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

Goal	Disease/ Indicator/Target population	Rating
3.1	Reduce maternal mortality ratio to <40 per 100,00 live births	Poor
3.2	End preventable newborn, infant, under-five deaths	
3.3	End HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases	
3.4	Reduce premature deaths from NCDs, injuries, road traffic accidents, and promote mental health and well being	Good
3.5	Increase healthy life expectancy for all	Uncertain
3.6	Achieve Universal Health Coverage (UHC)	Good
3.7	Ensure universal availability and access to safe, effective and quality affordable essential medicines, vaccines, and medical technologies for all	Uncertain
3.8	Ensure universal access to sexual and reproductive health for all	Good
3.9	Decrease the number of deaths and illnesses from indoor and outdoor air pollution	Fair

Colour key for the rating and text color



Phenomenal - Robust evidence for benefits >15 times higher than costs



Good - Robust evidence of benefits between 5 -15 times higher than costs



Uncertain – Not enough knowledge or target not well known



Fair - Robust evidence of benefits between 1 to 5 times higher than costs



Poor - The benefits are smaller than costs or target poorly specified

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.