

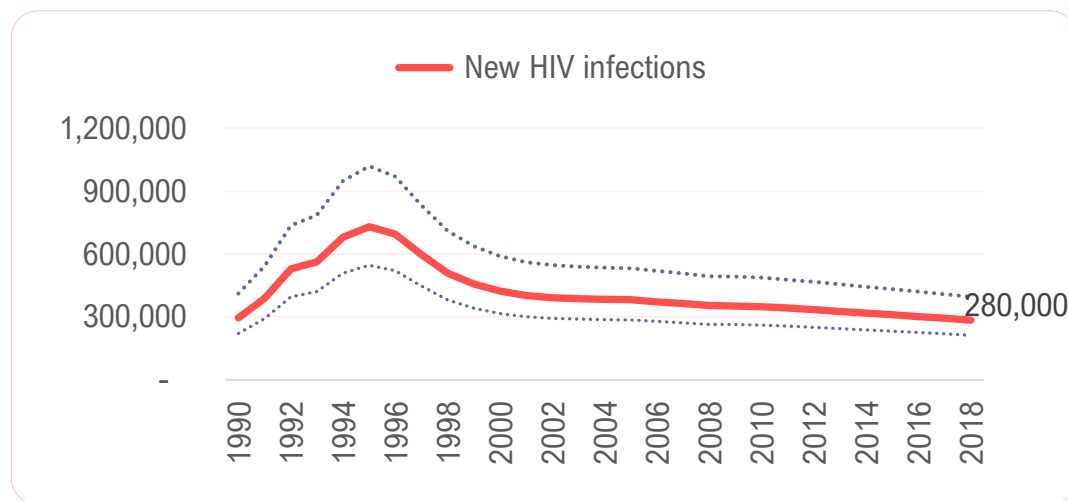
22 August
2022

Perspectives of Sustainability of HIV response in Asia and the Pacific

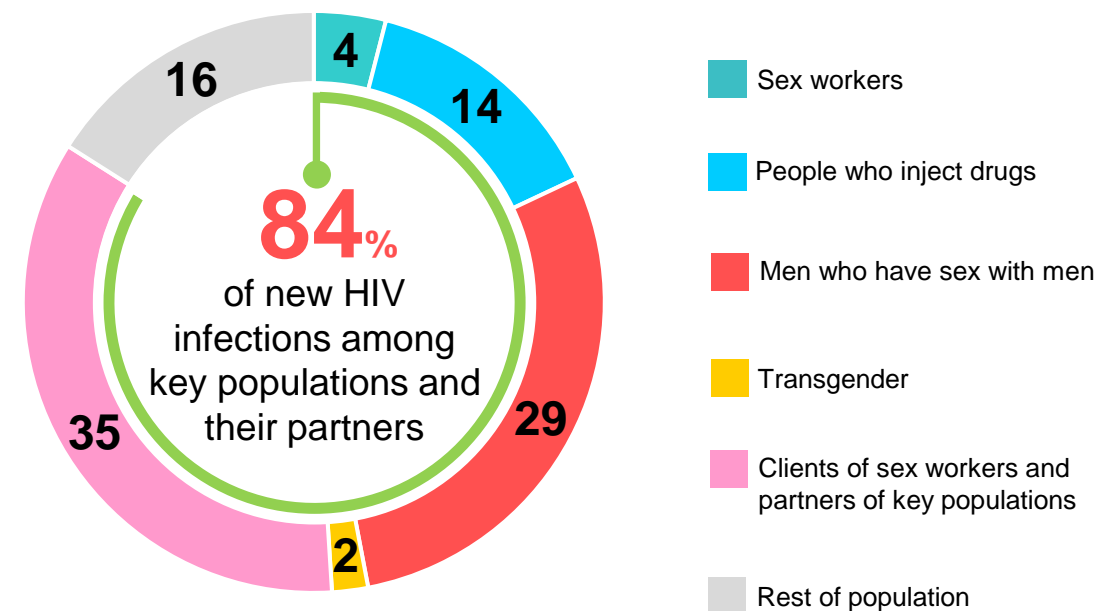
Eamonn Murphy, Regional Director – UNAIDS Asia and the Pacific



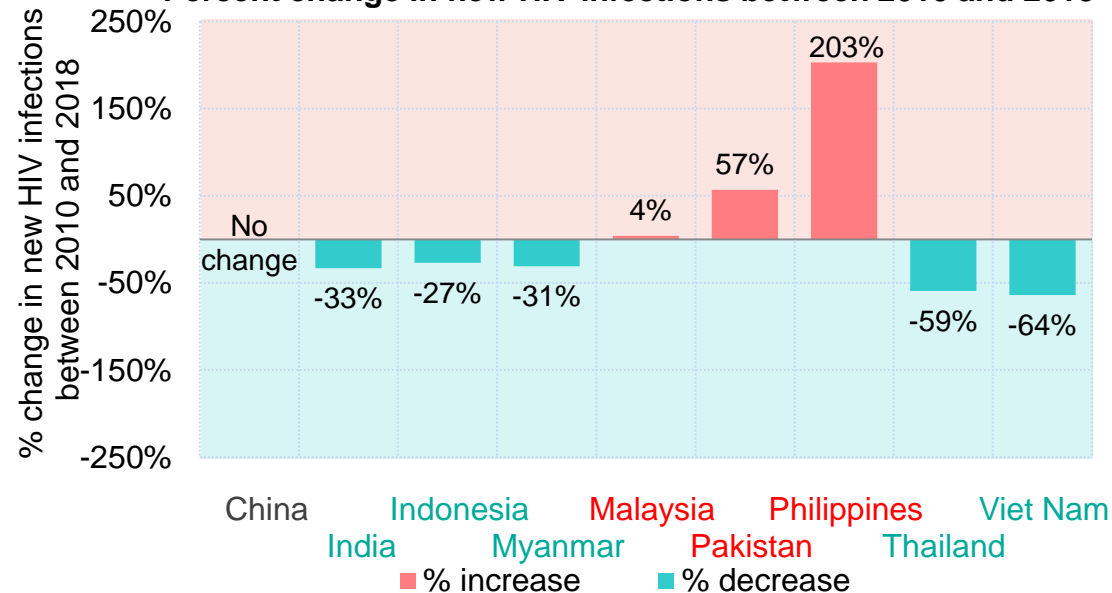
Snapshot on the HIV epidemic in Asia and the Pacific



Share of new HIV infections by population in Asia and the Pacific



Percent change in new HIV infections between 2010 and 2018



Note: Afghanistan, Bangladesh, Fiji and PNG are also seeing increasing new HIV infection trends between 2010 and 2017

Source: Prepared by www.aidsdatahub.org based on 2019 HIV Estimates (from countries submitted preliminary spectrum files)



Our Goal:

End the AIDS epidemic as a public health threat

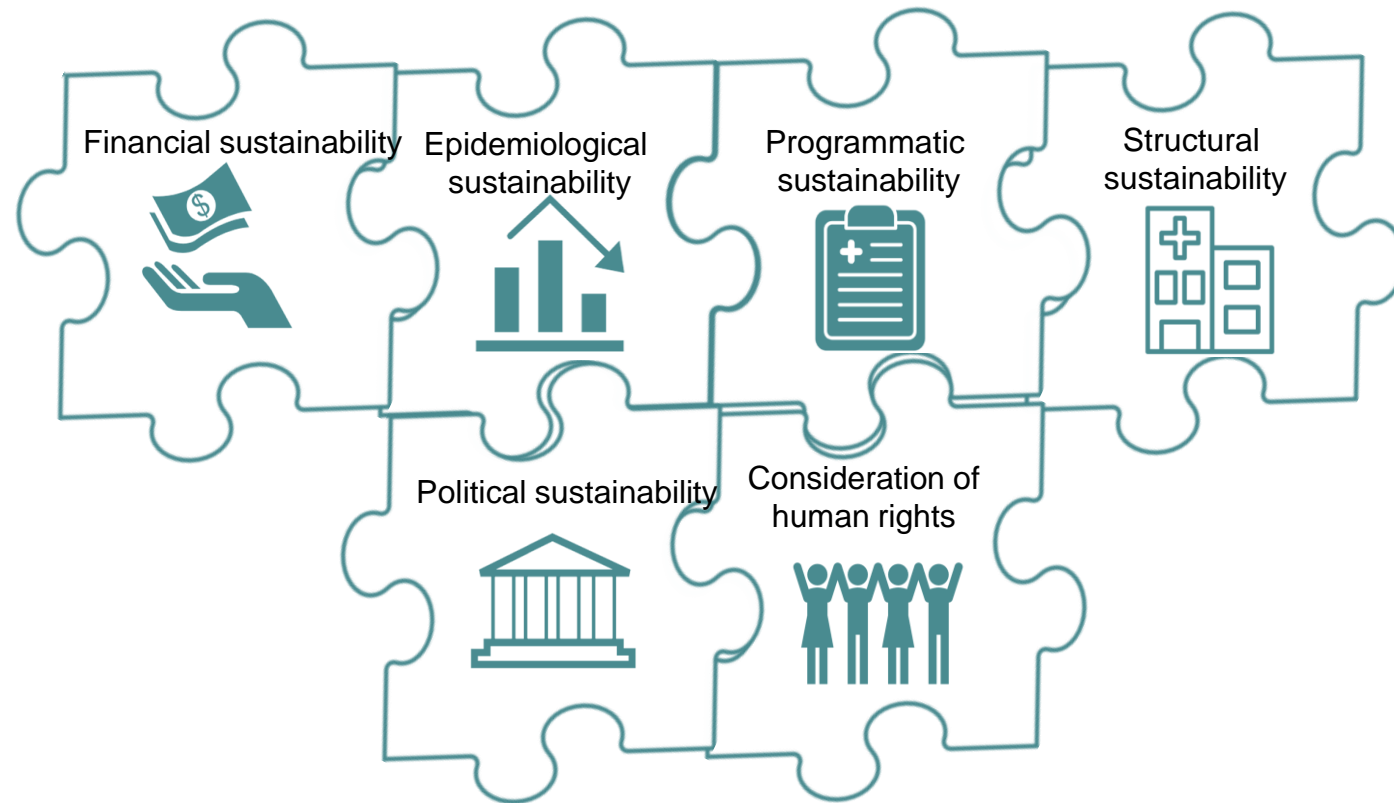
- **Target 9:** Overall financial investments for AIDS response in LMIC reach at least USD 30 billion, with continued increase from the current levels of domestic public sources - while ensuring adequate coverage of services for people in need.

Towards greater sustainability of results

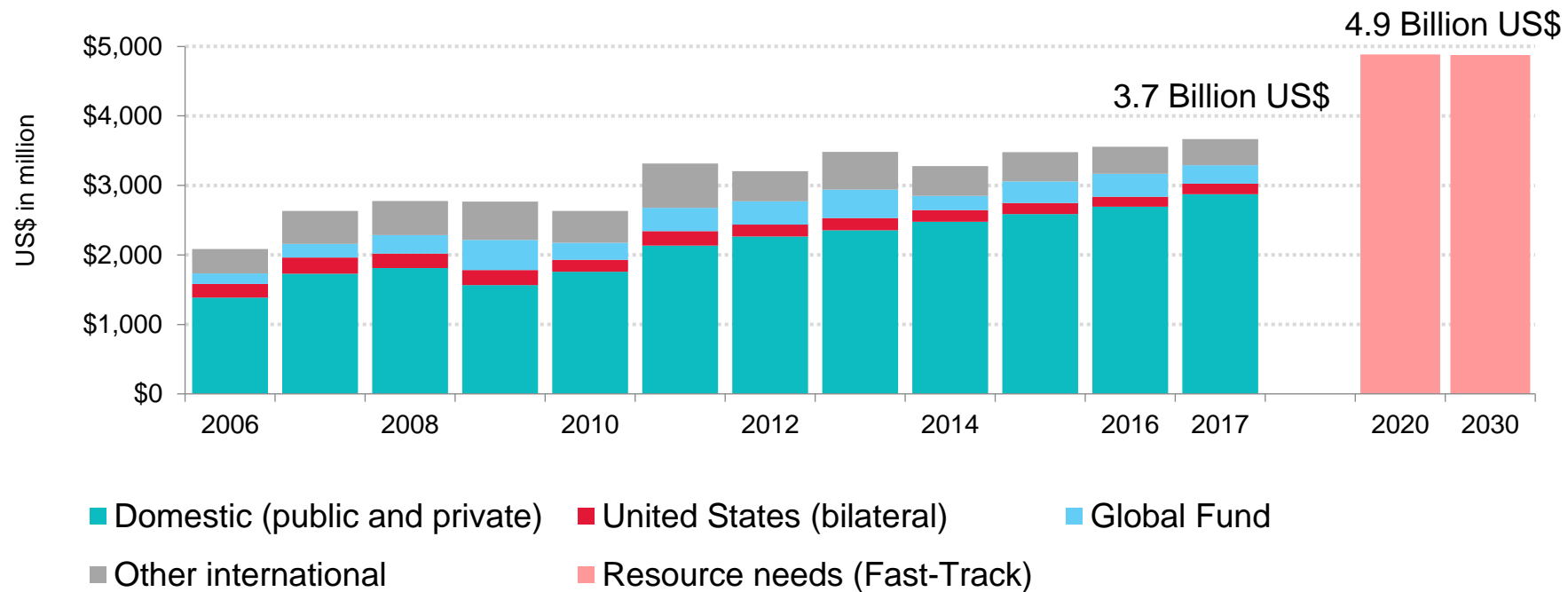


How will the approach to sustainability take into account the epidemiological, programmatic and financing transitions?

What do we mean by people- centered sustainability and transition?



Resource availability and Fast-Track resource needs in Asia and the Pacific



HIV programmes are generally under-funded but assumed to be over-funded



Inequities in HIV response funding

Caribbean:

- High levels of donor dependency; 72% of HIV resources sourced externally

Latin America:

- HIV response almost entirely (96%) funded with domestic resources

Western and Central Africa:

- Lags well behind fast track targets; \$1.8 billion additional needed annually
- Domestic resources less than 1/3 of total

Eastern Europe and Central Asia*

- Domestic resources account for 75% of AIDS Response investments

* The Russian Federation is not included in this analysis

Inadequate funding and implementation scale

Predominantly international funding



❑ Adolescent girls and young women, key populations, people on the move (country context)

❑ HIV prevention investments – a missed opportunity

❑ Programmes for human rights, changing policies, gender equality

❑ Community engagement: from advocacy to delivery

Middle East and North Africa:

- HIV response ~3/4 domestically sourced, donor funding fallen 30%

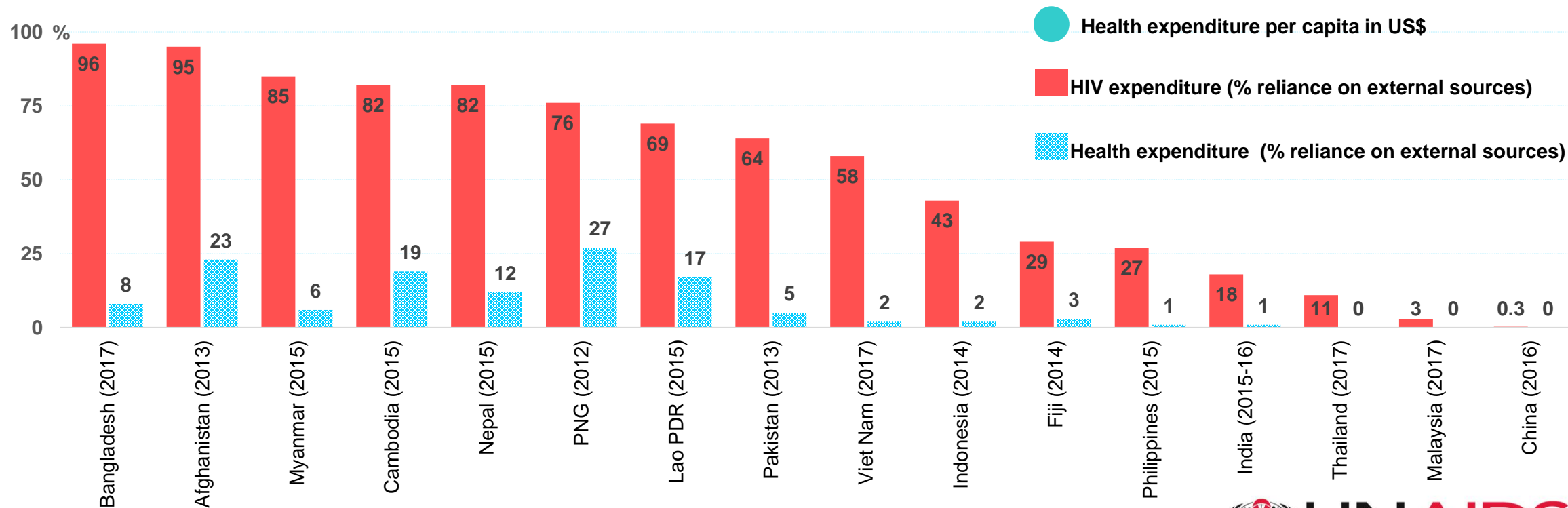
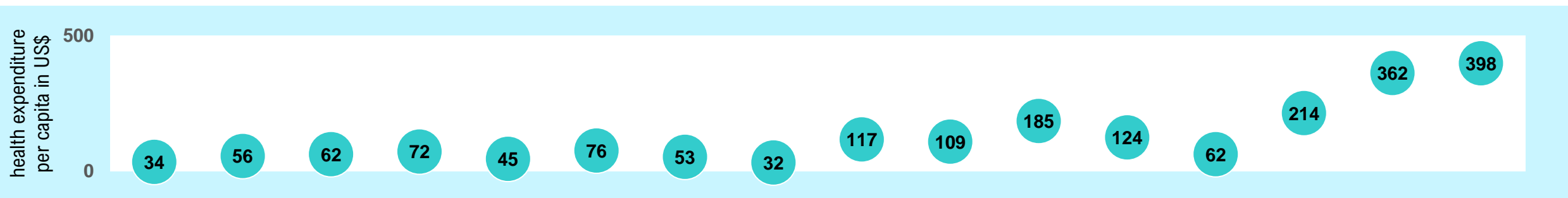
Asia and the Pacific:

- HIV response >75% domestically funded, but some LICs still highly donor-dependent
- Overall stagnation in resource availability since 2011

Eastern and Southern Africa:

- Roughly on-track to achieve 2020 Fast-Track financing targets
- About \$ 10.6 billion available for HIV
- Domestic investments at 42% of total resources

Governments' commitment to health and dependency on external sources – total health expenditure vs. HIV expenditure

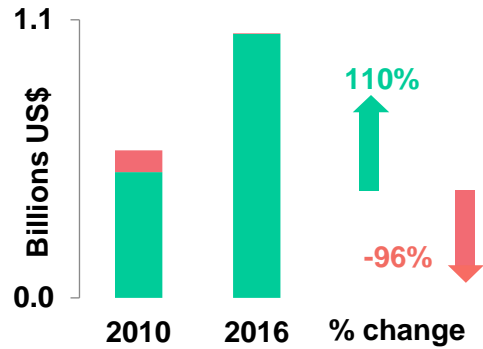


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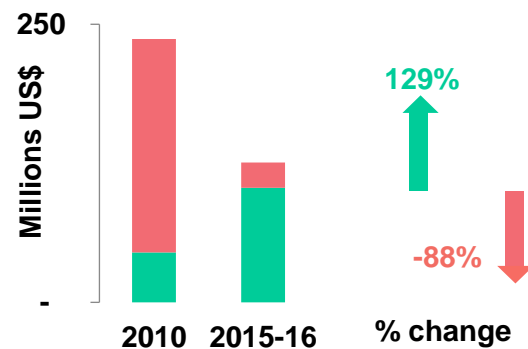


AIDS financing landscape in Asia and the Pacific, 2010-2017

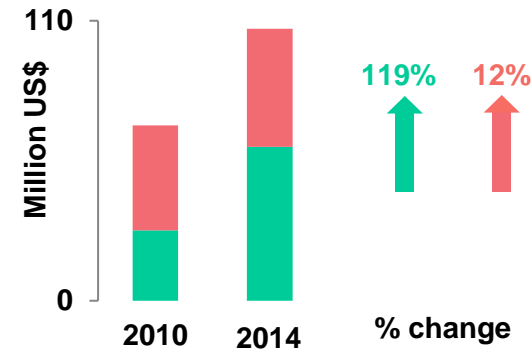
CHINA



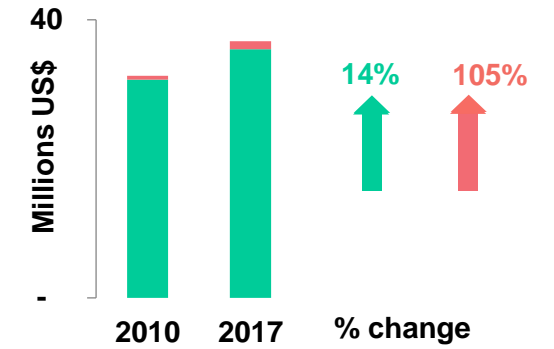
INDIA



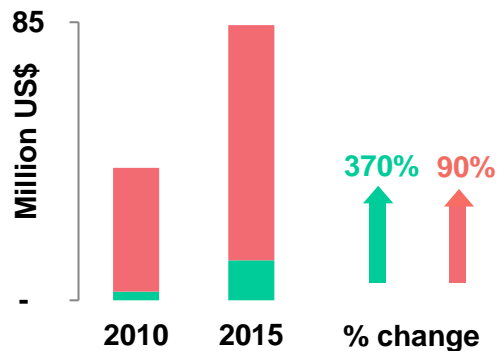
INDONESIA



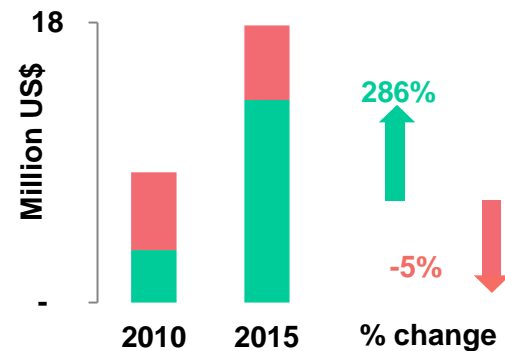
MALAYSIA



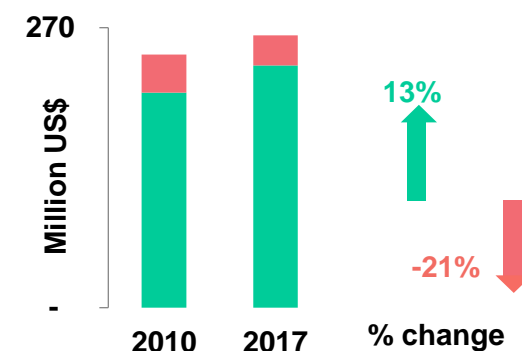
MYANMAR



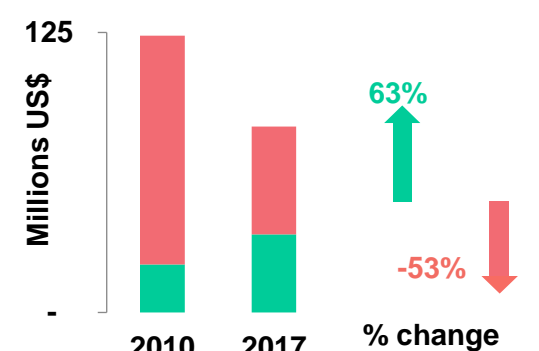
PHILIPPINES



THAILAND



VIET NAM

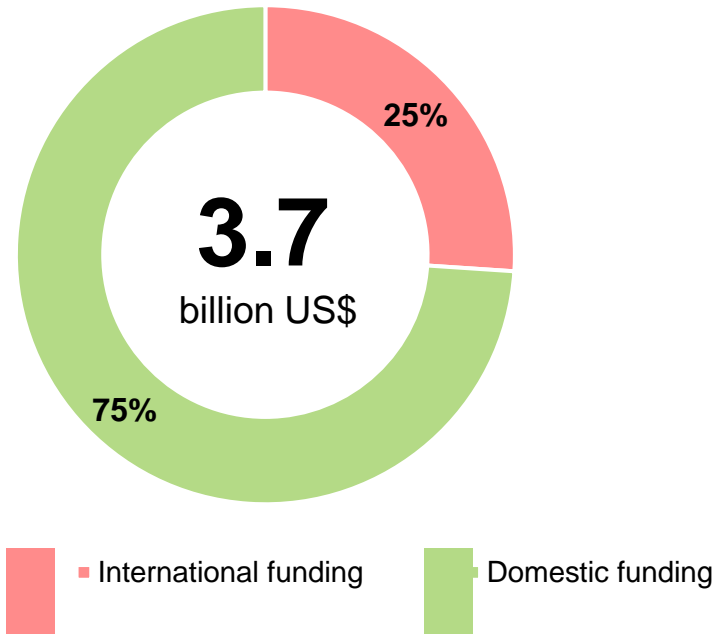


Domestic expenditure International expenditure

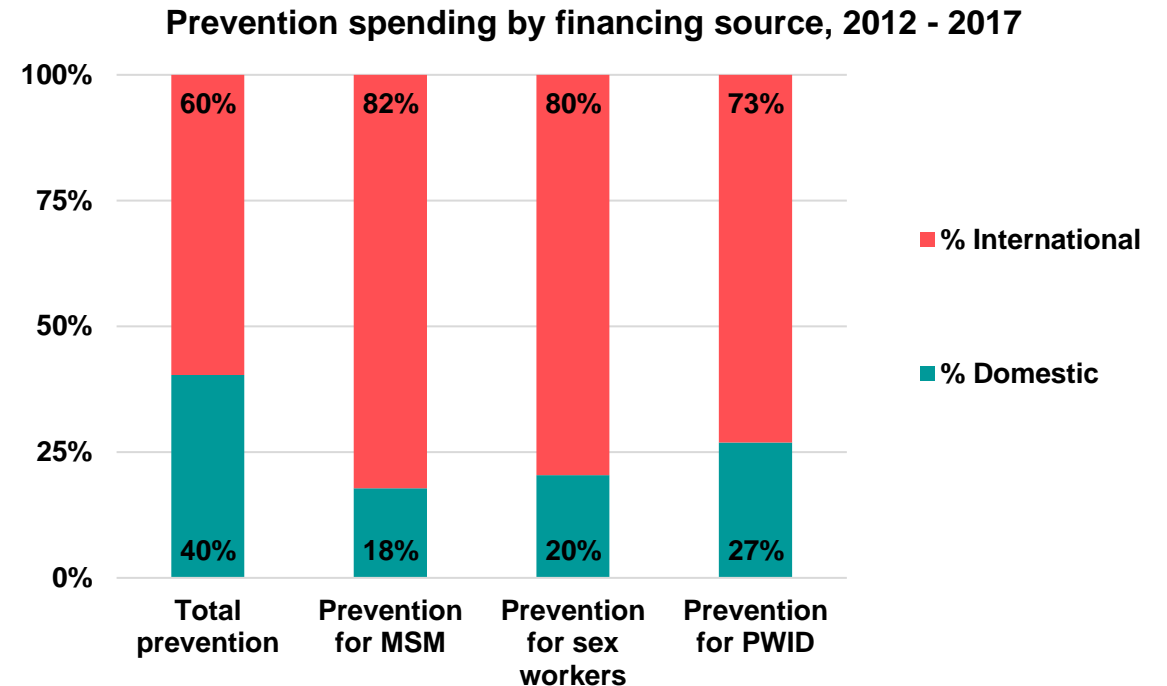


Key populations prevention: heavy reliance on external financing sources

AIDS spending by financing source,

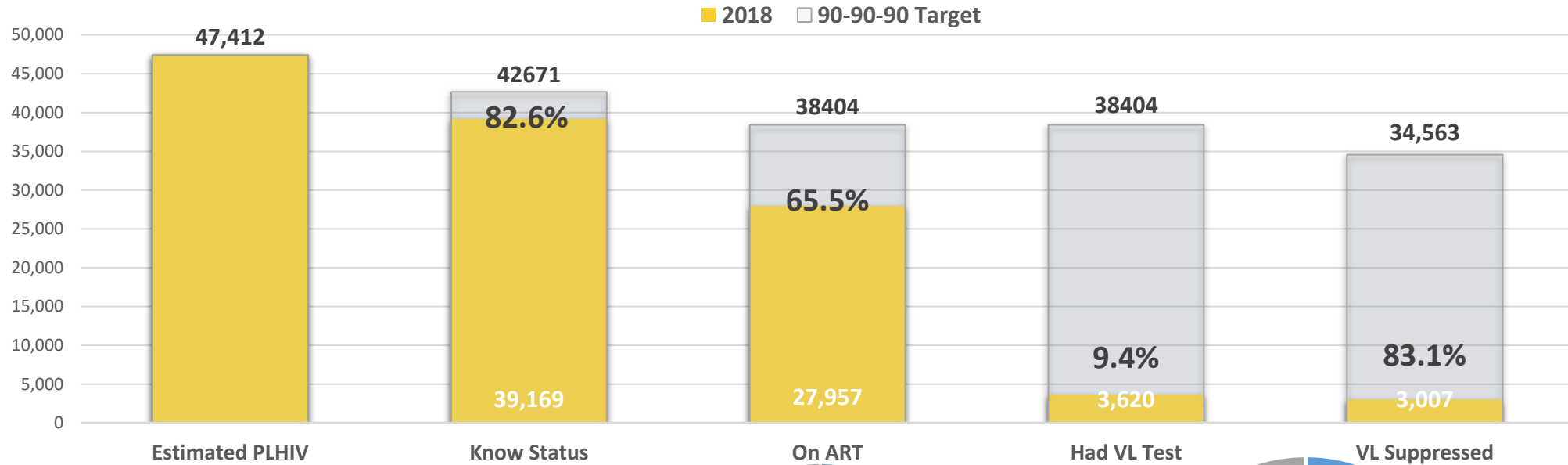


Distribution of prevention spending by financing source, latest available year,

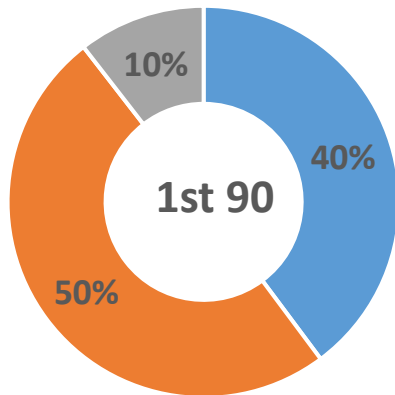


12 countries*- Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Viet Nam

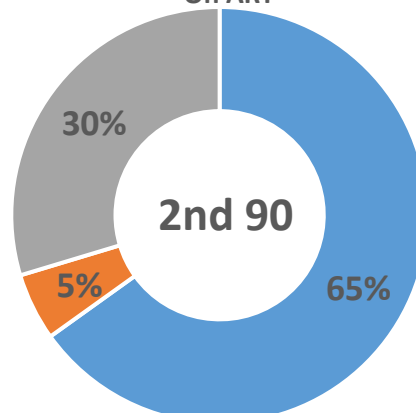
Components of treatment delivery systems tend to remain dependent on external funding – PNG example



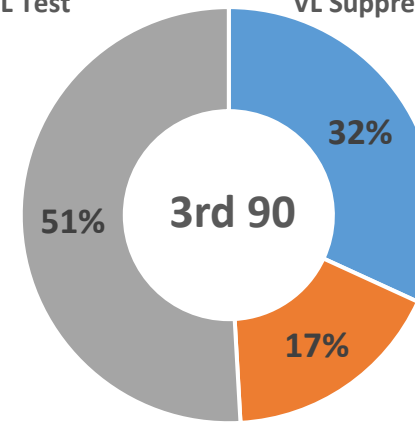
FY19
HIV Spending



US\$4.36m



US\$13.7m



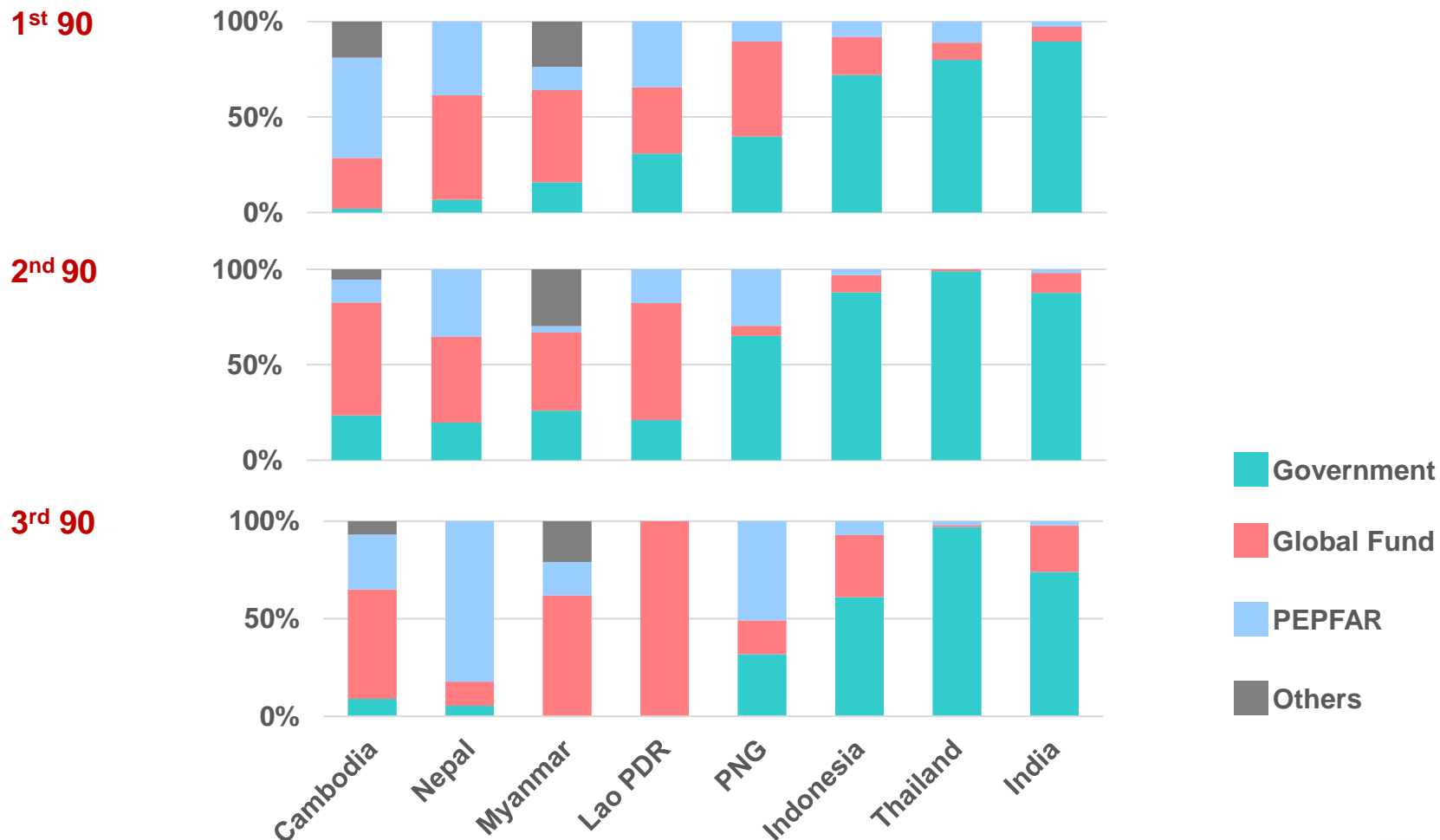
US\$2.69m

GoPNG Global Fund PEPFAR



Donor dependency: Implications for reaching Fast-track treatment target

AIDS spending on 1st, 2nd and 3rd 90s by funding source



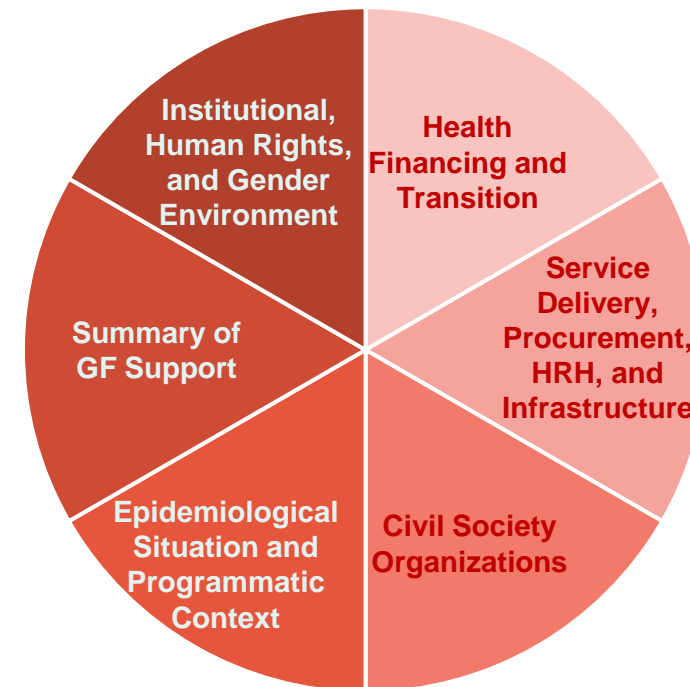
Donors differ in the criteria used to assess Sustainability & Transition readiness and risks



SID Categories

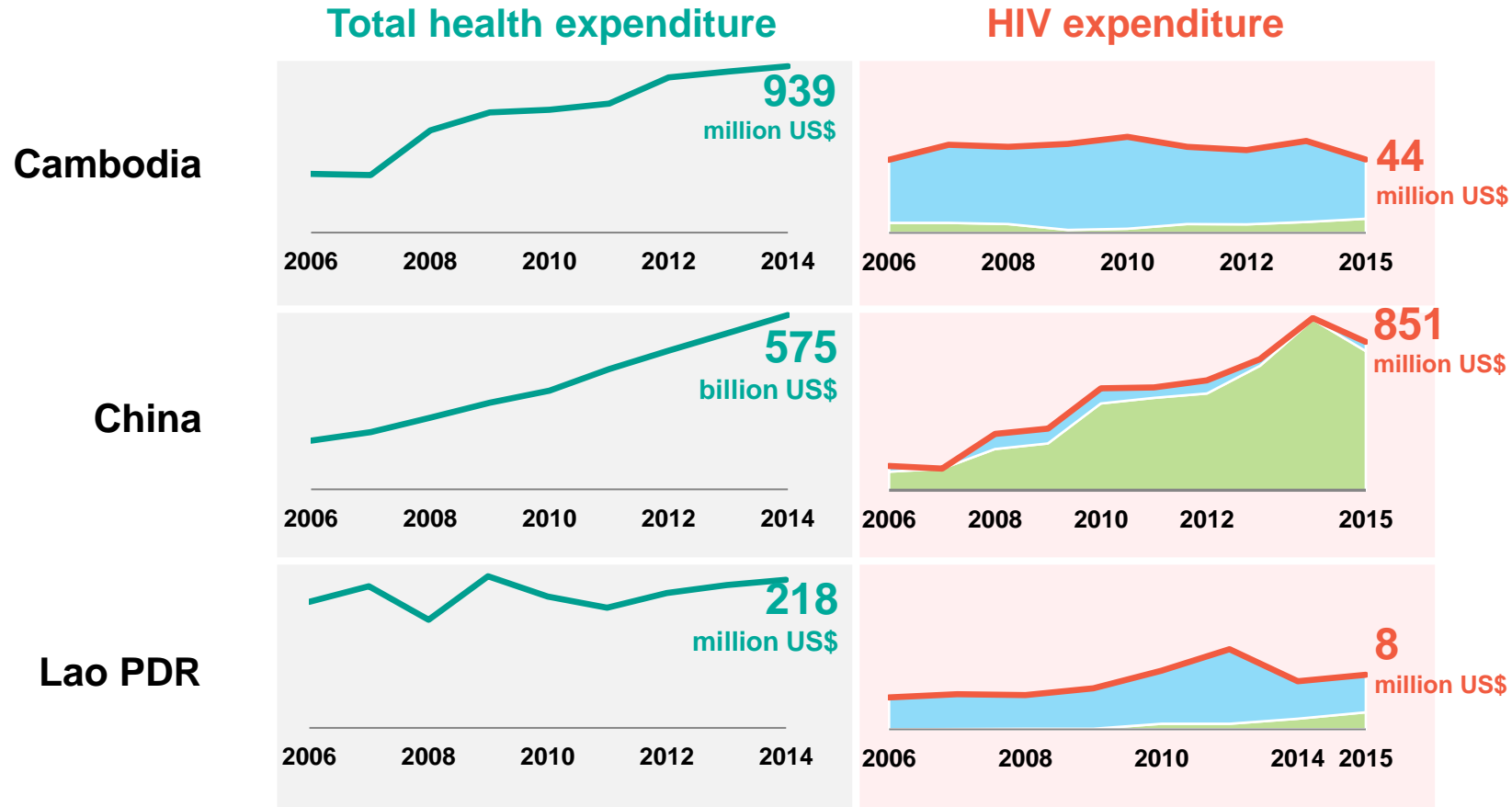


Transition Readiness Assessment Modules



Health financing and HIV investments

Increasing total health expenditure vs. plateauing or declining HIV expenditure in most countries

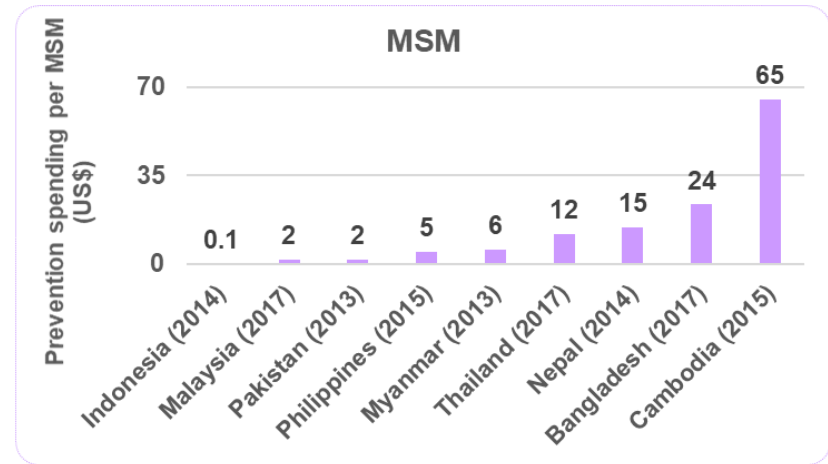
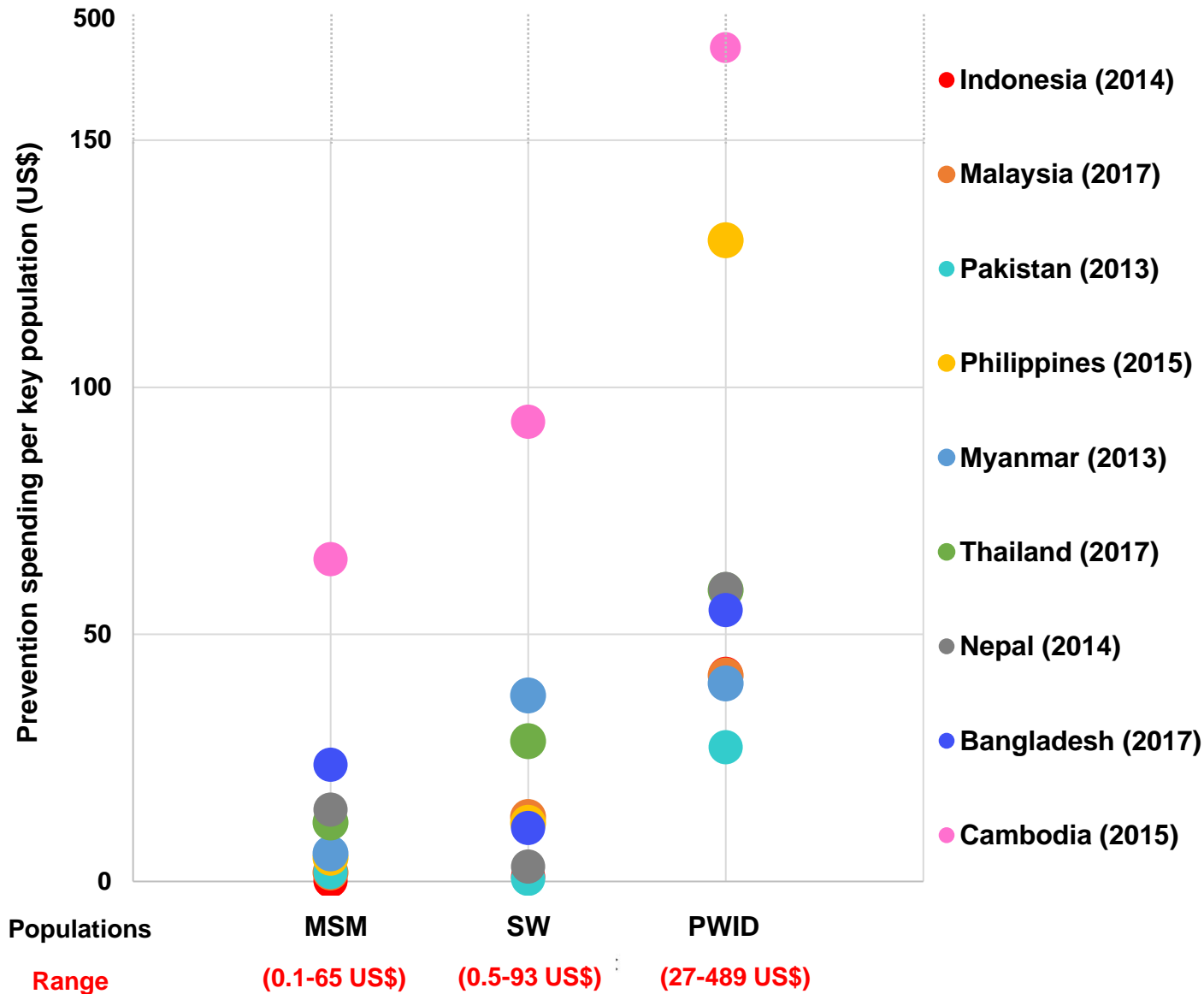


Source: Prepared by www.aidsdatahub.org based on Global Health Expenditure Database - <http://apps.who.int/nha/database/ViewData/Indicators/en> and Global AIDS Response Progress Reporting

— Total health expenditure
 — HIV expenditure
 — Domestic funding on HIV
 — International funding on HIV



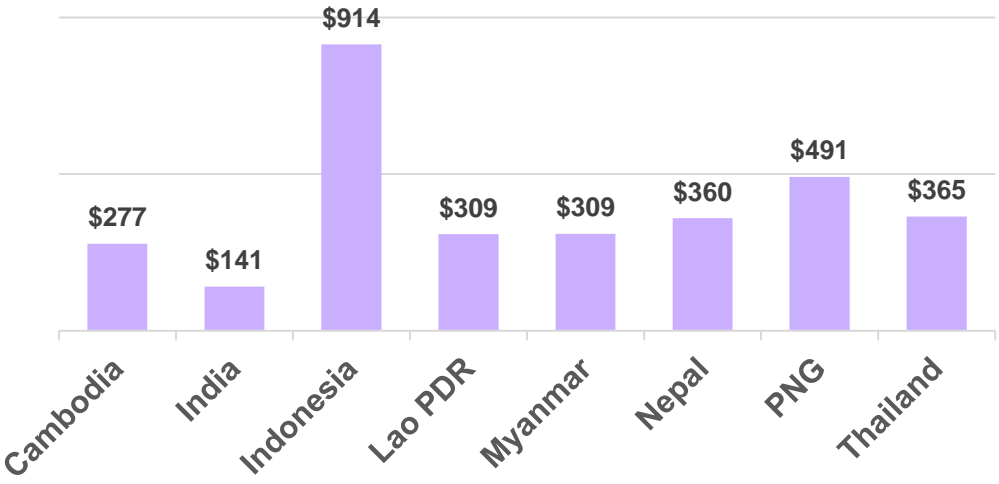
Prevention spending per key population, countries where data are available



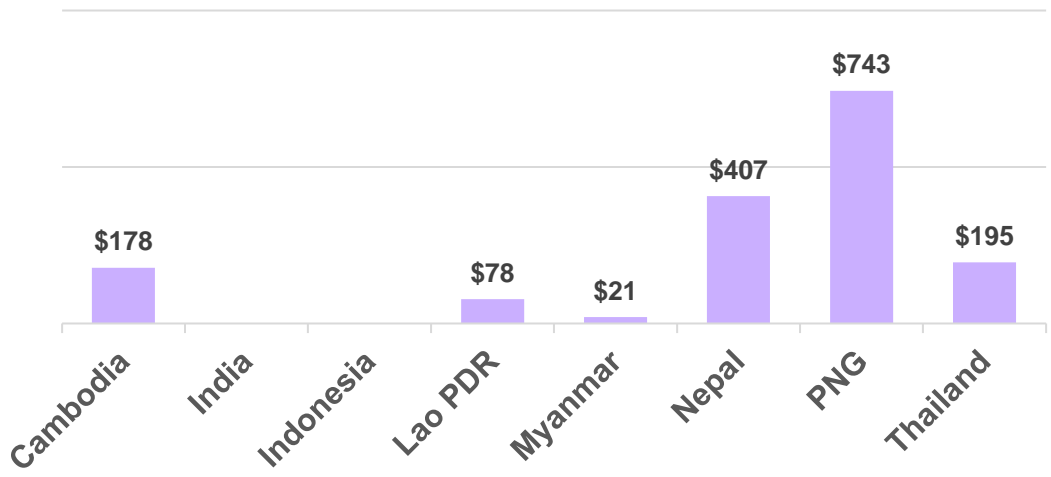
Wide range of unit cost across countries in the region strategies are needed for “More for Less”

Average unit costs for treatment and viral load test

Treatment



Viral load test

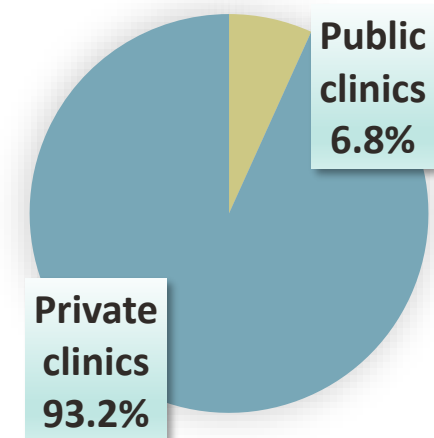
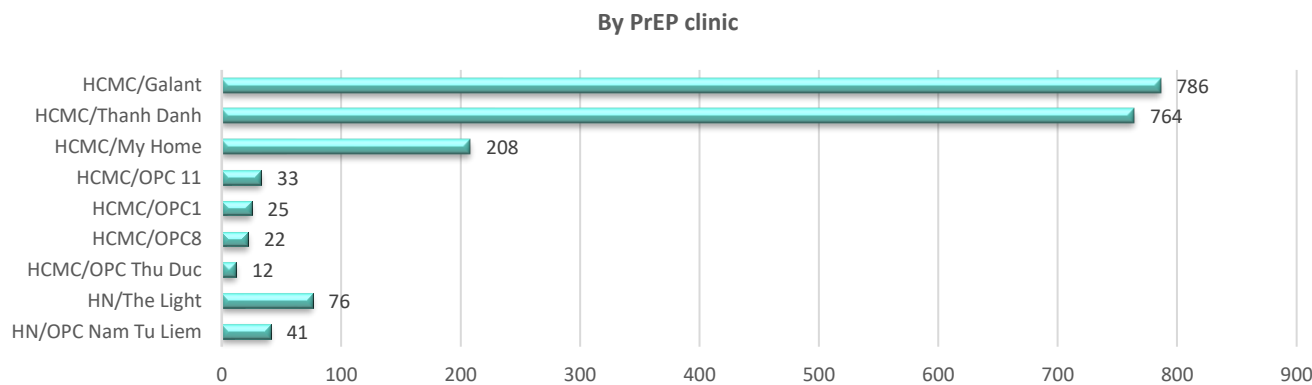


Delivery models contribute to efficiency sustainability

At least four key factors to consider:

- Reaching those left behind
- Decongest the systems - Community-delivery /strengthen the system for improved health and social outcomes
- Beneficiary's convenience and satisfaction
- Cost

Country Example: Strong preference for community-owned or KP friendly clinics for prevention services in Viet Nam



UHC

IS

1. “systems for health” not “health systems”, including multisectoral responses.
2. Covering the spectrum not only treatment
3. About equity, development priorities and social inclusion.
4. focused at the community level.

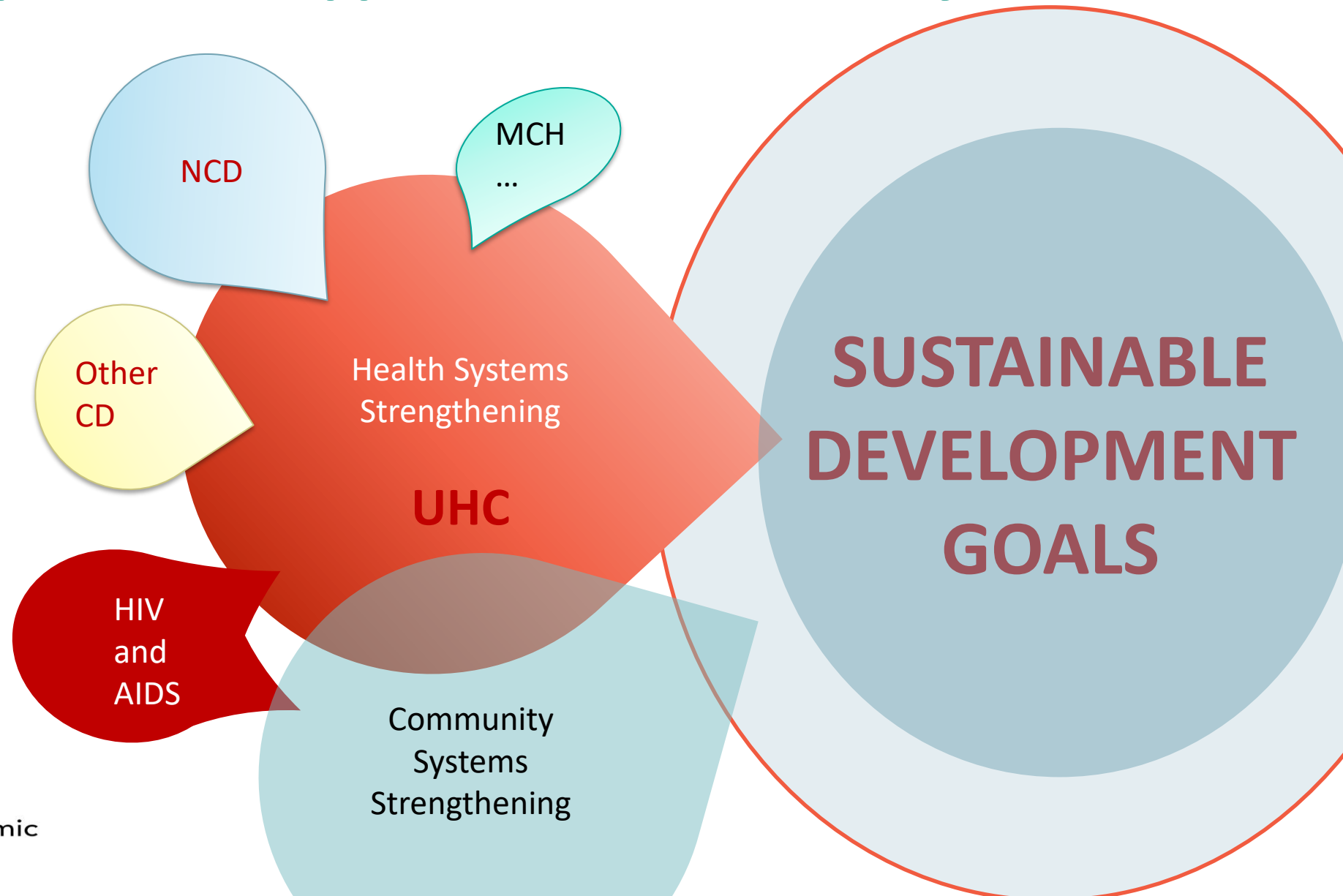
IS NOT

1. Just about health financing. It encompasses all components of the health system.
2. Only about a minimum package of services, but is anchored in the right to health for everyone.
3. about individual health (treatment) services, but puts the focus on people, not diseases.

from the AIDS response to SDGs – a comprehensive approach to sustainability.

Leaving no one behind:

- AIDS, NCDs, UHC and SDG requires **multi-sectoral coordination**
- Role of **CSO and private sector** needs to be sustained to ensure rights to health and equity
- **Community systems strengthening** is a must
- **People Centered Approach** needs to be brought into wider health system



Conclusion

Considerations on transition to domestic funding for ensuring sustainability of results

- Track progress towards the 2016 Political Declaration on AIDS
 - Overall domestic Funding levels
 - Domestic Funding trends per programme component
 - **E.g.** Domestic Funding Trends for those left behind / Key Populations (equity)
- Tracking policy changes for increased impact of interventions and ability to change models of service delivery
- Domestic Funding Trends for enablers and other sectors' contribution (Gender, Human rights,...etc)
- Human resources for health: financing options for non-government service delivery mechanisms / social contracting
- Financing options in the country context: central vs decentralized levels, private sector, insurance...

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Multi-criteria to guide transition to domestic funding

