



# HIV financing status in selected countries of the Western Pacific Region (2009-2015)

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**HIV financing status  
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the Western Pacific Region  
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All data are from the databases below unless otherwise stated.

- 1) HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub [online database]. Bangkok: Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), World Health Organization (WHO), Asian Development Bank (ADB); 2016 ([www.aidsdatahub.org](http://www.aidsdatahub.org)).
- 2) AIDSInfo [online database]. Geneva: UNAIDS; 2015/2016 (<http://aidsinfo.unaids.org>, accessed June 2015/2016).
- 3) Global AIDS Response Progress Reporting (GARPR) online reporting tool [online database]. Geneva: UNAIDS, WHO, UNICEF; 2016 (<https://aidsreportingtool.unaids.org/>, accessed June 2016).
- 4) Global Health Expenditure Database (GHED) [online database]. Geneva: WHO; 2016 (<http://www.who.int/health-accounts/ghed/en/>, accessed June 2016).
- 5) World Development Indicators [onlinedatabase]. Washington: The World Bank; 2016 (<http://data.worldbank.org>, accessed June 2016).

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## Overview

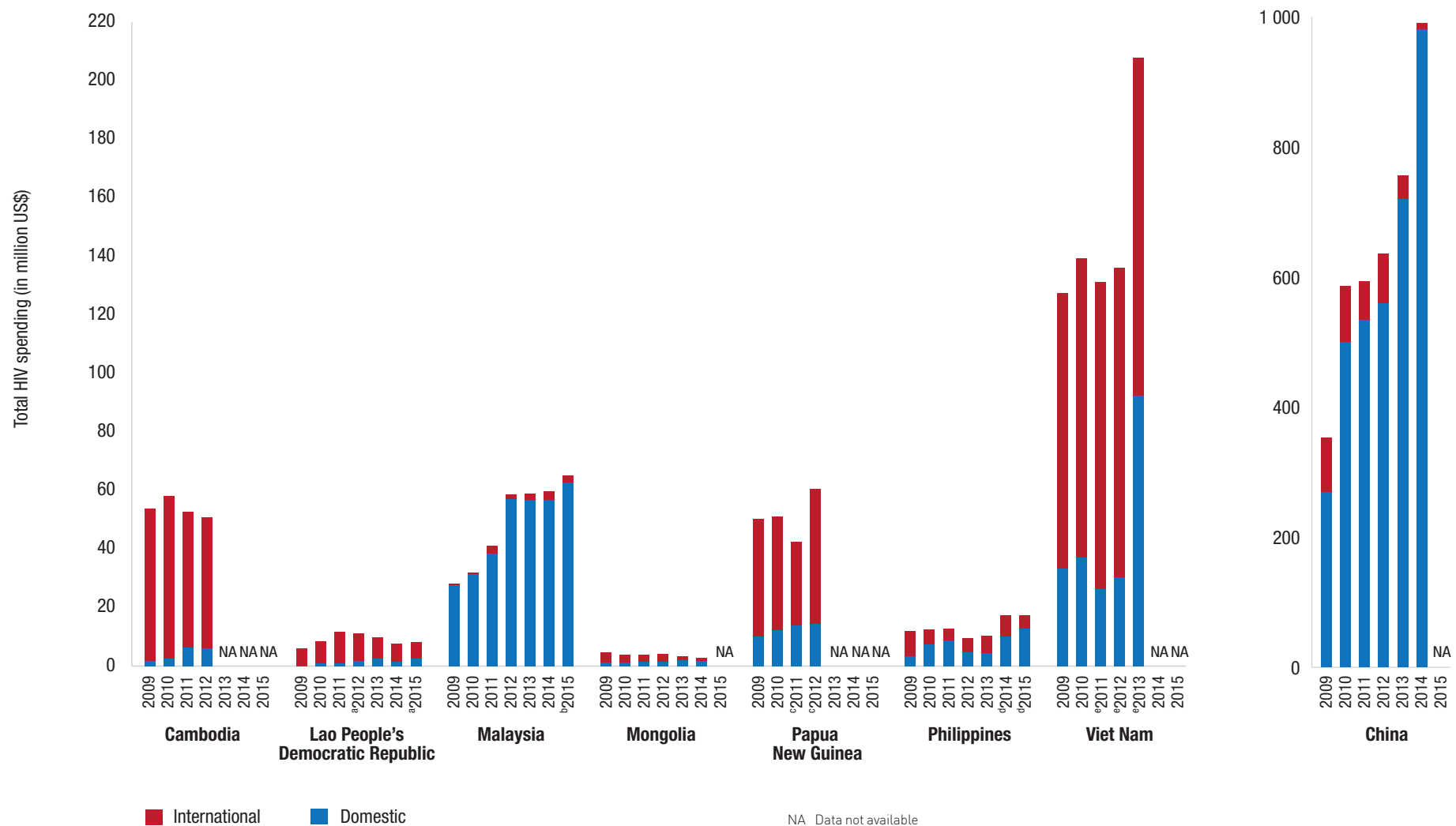
Countries in the WHO Western Pacific Region have made considerable progress in preventing and controlling the HIV epidemic. Governments have scaled up access to life-saving antiretroviral therapy, and new HIV infections in the Region have decreased by 20% between 2000 and 2015 (1). Despite this progress, many challenges remain on the path to ending the HIV epidemic. Only an estimated 47% of people living with HIV (PLHIV) in the Region had access to antiretroviral therapy at the end of 2015 (1). The number of new HIV infections remained unchanged since 2008 and even increased markedly among men who have sex with men (MSM), while it remained high among people who inject drugs (PWID) in the absence of harm reduction programmes.

Ending the HIV epidemic will require governments to not only use and allocate existing resources more efficiently, but also significantly increase domestic investments. The response to HIV has been markedly successful in leveraging finances in many countries of the Region. Globally, funding for HIV-related activities reached its highest levels ever at US\$ 19 billion in 2012, of which US\$ 2.2 billion was spent in Asia and the Pacific (2). Available resources significantly increased in some countries of the Western Pacific Region in recent years. Total HIV spending rose nearly threefold in China, from US\$ 354 million in 2009 to US\$ 990 million in 2014. Malaysia continuously increased spending on HIV-related activities, from US\$ 28 million in 2009 to over US\$ 65 million in 2015.

The Philippines also moved in this direction with a rise in spending on HIV from US\$ 12 million in 2009 to more than US\$ 17 million in 2015. However, at present, HIV spending varies widely in the Region. In some countries, available resources for HIV did not increase. For example, funding for the national HIV response in the Lao People's Democratic Republic continuously decreased from US\$ 11.7 million in 2012 to US\$ 8 million in 2015. Despite a growing number of PLHIV, spending on HIV in Mongolia also declined from US\$ 4.8 million to US\$ 2.9 million between 2009 and 2014 (Fig. 1).

Strong economic growth combined with a low HIV prevalence in the general population reduce the prospects of funding from international donors in the Western Pacific Region. Several countries, in particular from the lower-income groups, still depend heavily on international support to finance HIV-related activities. In Cambodia, 88% of HIV spending came from international donors in 2012. Similarly, the Lao People's Democratic Republic increased domestic spending on HIV in recent years, but at 68% in 2015, international resources remained as the most important source of finances for the national HIV response. However, various countries also successfully decreased reliance on international spending and now fund their HIV programme mainly through domestic funds. For example, China utilized its economic growth to increase domestic resources for the HIV response and simultaneously decreased its reliance on international resources to less than 1% in 2014. The Philippines also significantly increased domestic funding for HIV-related activities, resulting in a drop in international funding from 73% to 26% between 2009 and 2015.

**Fig. 1. Spending on HIV, 2009-2015 (or latest data available)**

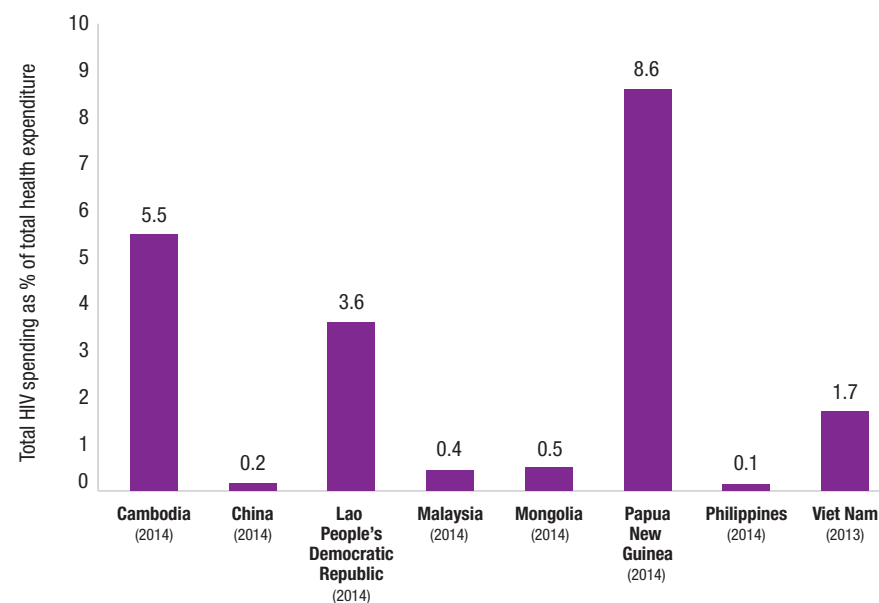


NA Data not available  
 a Data from Lao National Committee for the Control of AIDS (CHAS)  
 b Data from Ministry of Health Malaysia  
 c Data from National AIDS Spending Assessment (NASA) reports  
 d Data from Philippine National AIDS Council  
 e Viet Nam 2013 general health accounts and disease expenditures with sub-analysis of 2013 HIV/AIDS expenditure

International funding not only limits the sustainability of health programmes due to its problem of predictability, but can also skew resource allocation within countries (3). The disease-specific concern of key international donors may lead to disproportionate funding of national HIV programmes. For example, despite a relatively low HIV prevalence in the country (0.8%), Papua New Guinea spent nearly 9% of its total health expenditure on HIV-related activities in 2012. Similarly, with 0.7% of its adult population infected with HIV, Cambodia spent nearly 6% of its health budget on HIV in 2014 (Fig. 2). While funding by international donors has been crucial for addressing the HIV epidemic, it also draws attention to deficiencies and underfunding of health systems (4). However, strong health systems are a necessary prerequisite for the successful implementation of HIV and other disease control programmes.

As socioeconomic conditions improve in many countries of the Western Pacific Region, citizens expect and demand more from their governments in the form of access to quality health services and financial protection. Countries in the Region aim to utilize their economic growth to increase domestic resources to strengthen their health systems. Several countries have shown great success in raising domestic spending<sup>1</sup> for the national AIDS response. Cambodia increased domestic HIV spending per PLHIV nearly fourfold, from US\$ 20 in 2009 to US\$ 77 in 2012. The rise in the Lao People’s Democratic Republic was even more impressive, with a 17-

**Fig. 2. Total HIV spending as a proportion of total health expenditure (latest data available)**



<sup>1</sup> Domestic resources include public spending as well as private spending (excluding out-of-pocket spending [OOPS]).

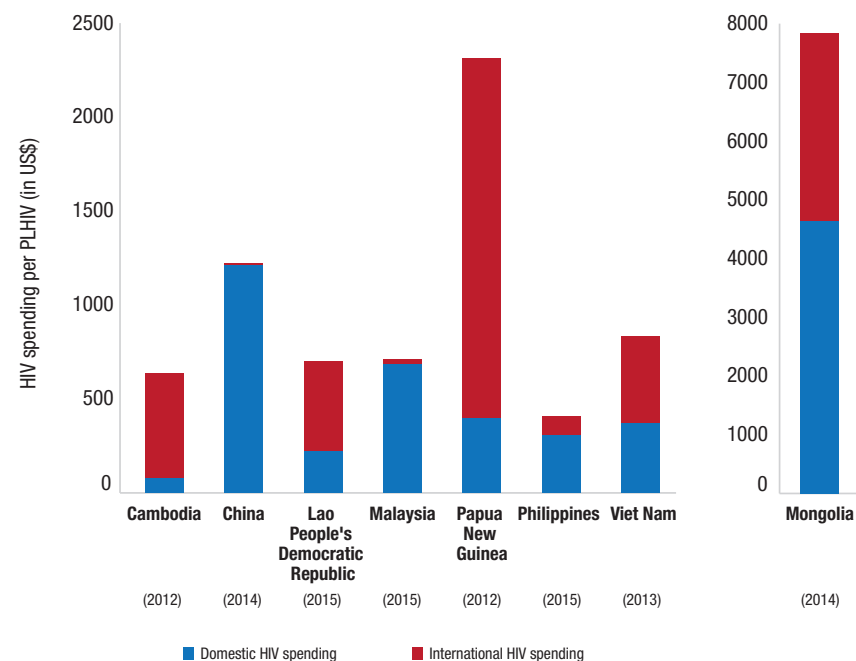


fold increase in domestic HIV spending per PLHIV, from US\$ 13 to US\$ 223 between 2009 and 2015. While various countries increased domestic spending for PLHIV, differences exist between countries by economic development. Upper-middle-income countries such as China and Malaysia are spending a much larger amount of domestic resources per PLHIV compared to lower- or lower-middle-income countries such as Cambodia and the Lao People's Democratic Republic (Fig. 3).

According to an analysis of 34 Asian countries conducted by the United Nations Economic and Social Commission for Asia and the Pacific, 50.3% of total HIV spending in 2013 was allocated to care and treatment, 24.6% to prevention, 13.1% to health systems strengthening and programme coordination, and 12% to other areas (2). However, spending patterns across programme areas vary widely in different countries of the Western Pacific Region. Differences in spending patterns across programme areas of expenditure may represent strategic attempts to move towards optimum spending allocation that reflects the characteristics of the national epidemic (2). For example, Malaysia with a relatively large number of PLHIV (92 000) spent the bulk of its HIV resources (69%) in 2015 on care and treatment. In contrast, Mongolia with a small number of PLHIV (413) and a significantly lower HIV prevalence in the population compared to Malaysia, prioritized prevention, to which the government allocated 80% of its HIV resources.

The level of dependency on international funding differs between countries and between programme areas within countries. For example, in Mongolia, while

**Fig. 3. Domestic and international HIV spending per PLHIV (latest data available)**



**Table 1. Spending on HIV prevention for key affected populations (latest data available)**

	New HIV infections accounted to key affected populations (% of all new infections)	HIV spending on prevention targeting respective key affected populations (% of total HIV spending on prevention)
Philippines (men who have sex with men)	77 (2014)	7.6 (2014)
Cambodia (people who inject drugs)	17 (2014)	4 (2012)

international resources contributed only 2% to spending for care and treatment in 2013, 33% of prevention activities were financed by international donors in the same year. Even though a country's national HIV programme may overall be financed with domestic resources, some subprogrammes targeting marginalized populations may continue to rely on international funding. Poor support by the government and the public for utilizing domestic resources for HIV-related activities targeting stigmatized or discriminated groups such as MSM, PWID and sex workers may consequently threaten the financial sustainability of these programmes. Malaysia, for example, finances its HIV response nearly completely from domestic sources. However, 12% of HIV prevention activities in the country still relied on international resources in 2014, which was used for activities targeting PWID and sex workers.

HIV prevention activities have the highest impact and return on investments if they target key affected populations, such as MSM, sex workers and PWID, who are disproportionately affected by the epidemic (5). While the overall HIV prevalence rate in countries of the Western Pacific Region is below 1% among the general population, it is often above 5% in one or more of the key affected populations (6). However, many countries often fail to appropriately allocate resources for key populations. Only an estimated 8% of overall HIV spending in Asia and the Pacific is for HIV prevention among key populations at higher risk (5). In the Philippines, four out of five new HIV infections are attributed to MSM. Despite the disproportionately high risk of infection, only 7.6% of HIV spending for prevention is allocated to programmes addressing this group. In Cambodia, nearly every fifth HIV infection is among PWID. However, only 4% of spending for HIV prevention was invested in needle-and-syringe exchange programmes or other activities targeting this group (Table 1).

The following pages provide an overview of HIV financing in eight selected countries of the Western Pacific Region in the form of fact sheets. Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam represent a variety of economic strengths, population sizes, and severity of the HIV response across the Region. Fig. 1 in the fact sheets illustrates the country's total spending on HIV activities and as a proportion of total health expenditure. It should be noted that the available HIV financing data usually do not include out-of-pocket spending (OOPS) for

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households, while the total health expenditure does. Taking into account the high level of OOPS to access HIV services in many countries of the Region (7, 8), HIV spending as a share of total health expenditure may be underestimated in this figure. Fig. 2 puts HIV spending in the context of the local epidemic by calculating how much money was dedicated on average to each PLHIV in the country. Fig. 3 divides HIV spending into domestic and international sources. It shows how much of HIV-related activities was financed with domestic sources and how much by international donors. Fig. 4 shows international sources for HIV funding by different international donors. Fig. 5 presents spending on HIV divided into programme areas for the latest year that data are available. Prevention and HIV testing, care and treatment, systems strengthening and programme coordination represent the three programme areas to which the bulk of HIV spending usually flows. All other programme areas are merged together under “Other programme areas”, which includes orphans and vulnerable children, incentives for human resources, social protection and social services, enabling environment, and research. Fig. 6 shows how much was spent from international sources in each programme area in recent years.

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7. Barenes H, Frichittavong A, Gripenberg M, Koffi P. Evidence of high out of pocket spending for HIV care leading to catastrophic expenditure for affected patients in the Lao People’s Democratic Republic. *PLoS ONE*. 2015;10:9:e0136664.
8. Tran BX, Duong AT, Nguyen LT, Hwang J, Nguyen BT, Nguyen QT et al. Financial burden of health care for HIV/AIDS patients in Viet Nam. *Trop Med Int Health*. 2013;18:2:212–8.

# Cambodia

## HIV financing 2009–2015

### BASIC DATA 2014

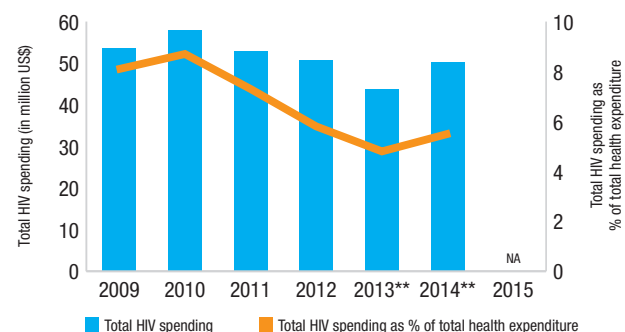
Population (million)	15.3
GDP per capita (current US\$)	1095
Income level	Low income
Total health expenditure as proportion of GDP (%)	5.7
Total health expenditure per capita (current US\$)	61.3
Out-of-pocket spending as a proportion of total health expenditure (%)	74.2

### HIV DATA 2015

People living with HIV	74 000
Prevalence of HIV among adults aged 15-49 (%)	0.6
New HIV Infections*	700
AIDS-related deaths	2000
Antiretroviral coverage among people living with HIV (%)	74

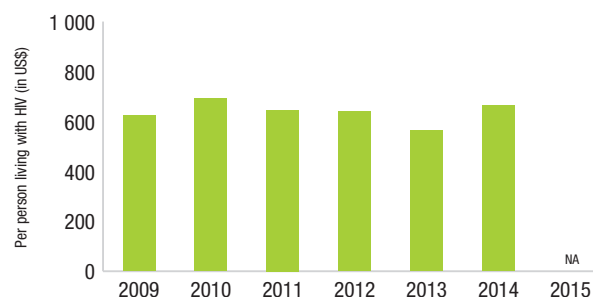
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



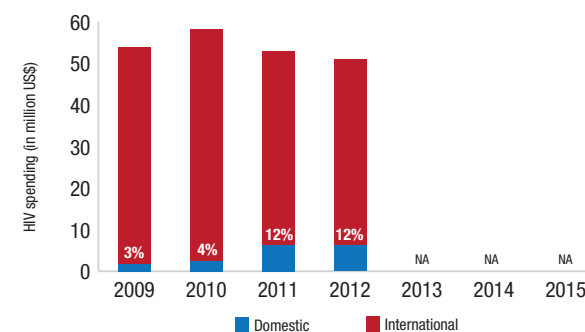
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



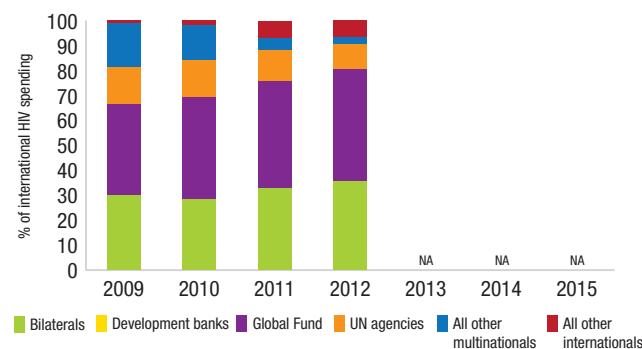
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



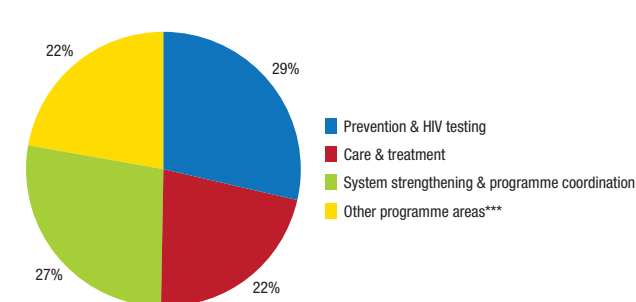
### Who are the international donors?

Fig 4. International spending by funding source



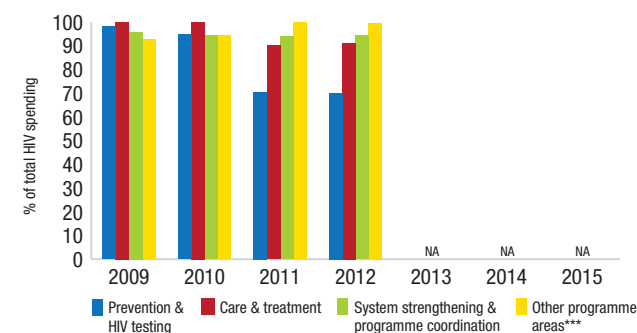
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2012)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



# China

## HIV financing 2009–2015

### BASIC DATA 2014

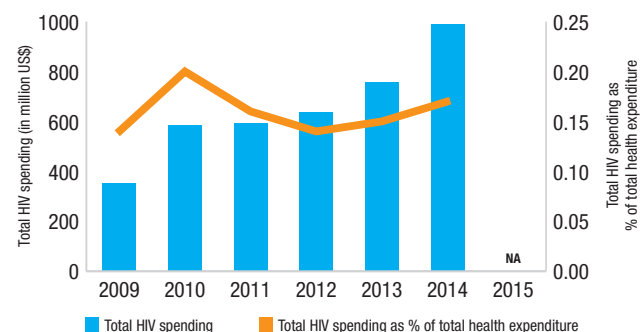
Population (million)	1364
GDP per capita (current US\$)	7590
Income level	Upper middle income
Total health expenditure as proportion of GDP (%)	5.5
Total health expenditure per capita (current US\$)	420
Out-of-pocket spending as a proportion of total health expenditure (%)	32

### HIV DATA 2015

People living with HIV*	840 000
Prevalence of HIV among adults aged 15-49 (%)*	0.1
New HIV Infections*	61 000
AIDS-related deaths*	23 000
Antiretroviral coverage among people living with HIV (%)*	46

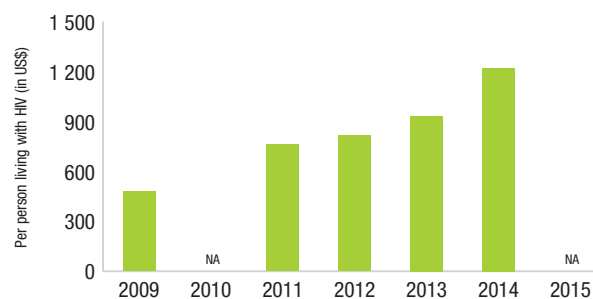
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



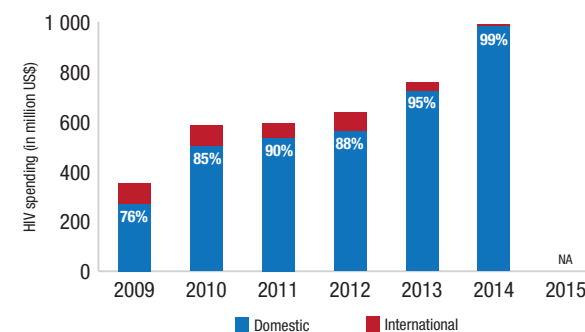
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



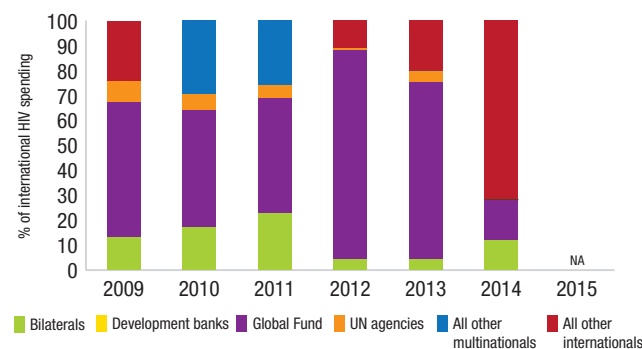
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



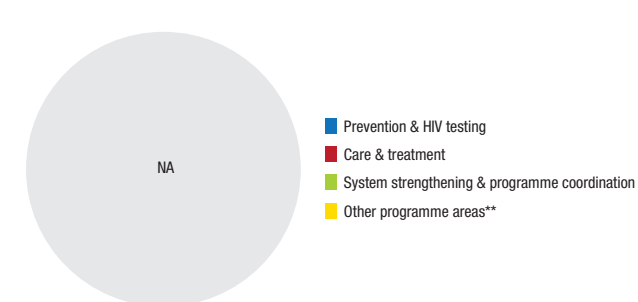
### Who are the international donors?

Fig 4. International spending by funding source



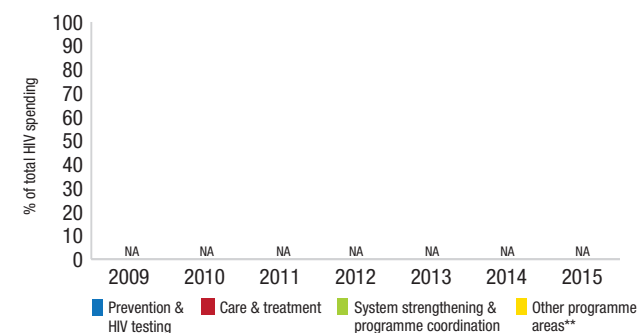
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



\* UNAIDS/WHO estimates 2015

\*\* Other programme areas are incentives for human resources, social protection and social services, orphans and vulnerable children, enabling environment and research

# Lao People's Democratic Republic

## HIV financing 2009–2015

### BASIC DATA 2014

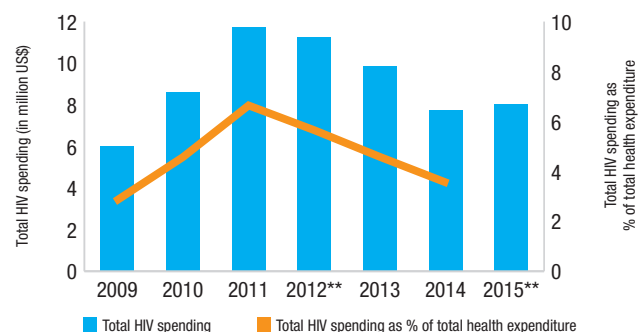
Population (million)	90.7
GDP per capita (current US\$)	2052
Income level	Lower middle income
Total health expenditure as proportion of GDP (%)	7.1
Total health expenditure per capita (current US\$)	142
Out-of-pocket spending as a proportion of total health expenditure (%)	36.8

### HIV DATA 2015

People living with HIV*	10 400
Prevalence of HIV among adults aged 15-49 (%)*	0.2
New HIV Infections*	800
AIDS-related deaths*	380
Antiretroviral coverage among people living with HIV (%)*	37

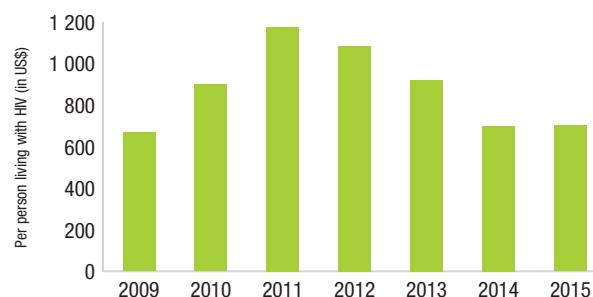
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



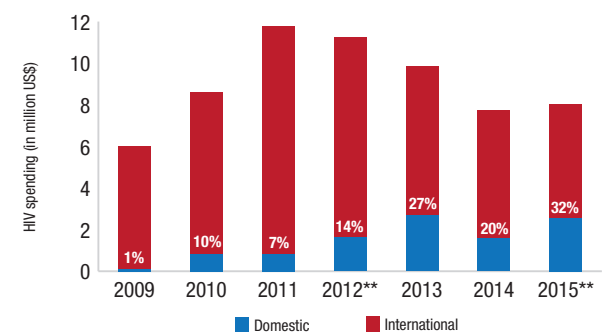
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



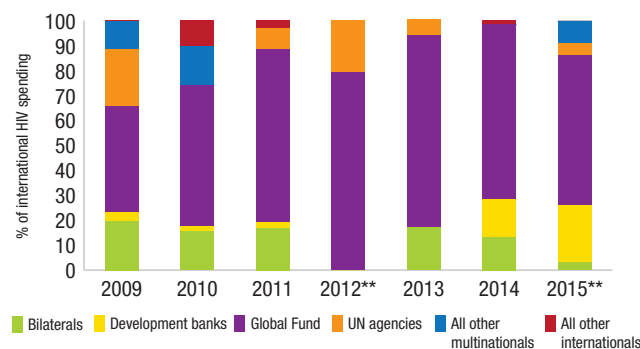
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



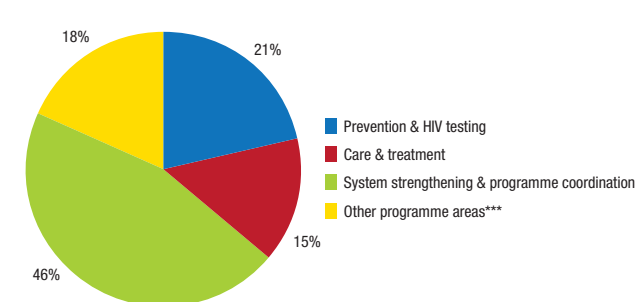
### Who are the international donors?

Fig 4. International spending by funding source



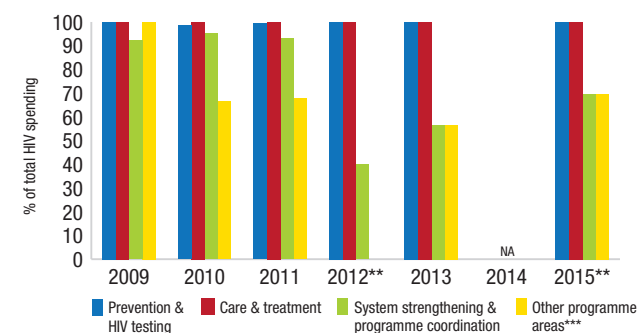
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2012)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



# Malaysia

## HIV financing 2009–2015

### BASIC DATA 2014

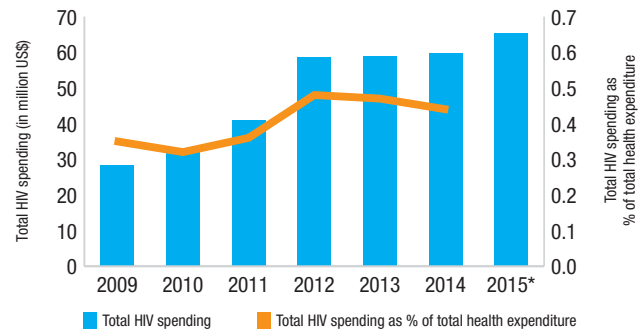
Population (million)	29.9
GDP per capita (current US\$)	11 307
Income level	Upper middle income
Total health expenditure as proportion of GDP (%)	4.2
Total health expenditure per capita (current US\$)	456
Out-of-pocket spending as a proportion of total health expenditure (%)	35.3

### HIV DATA 2015

People living with HIV	92 000
Prevalence of HIV among adults aged 15-49 (%)	0.4
New HIV Infections	5200
AIDS-related deaths	7200
Antiretroviral coverage among people living with HIV (%)	28

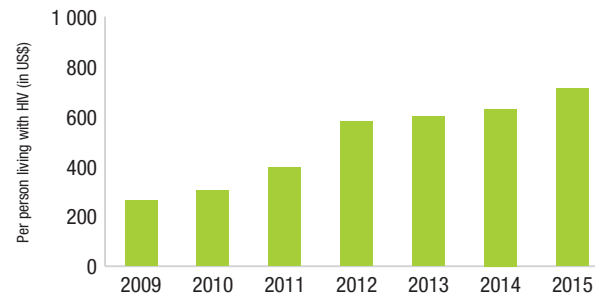
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



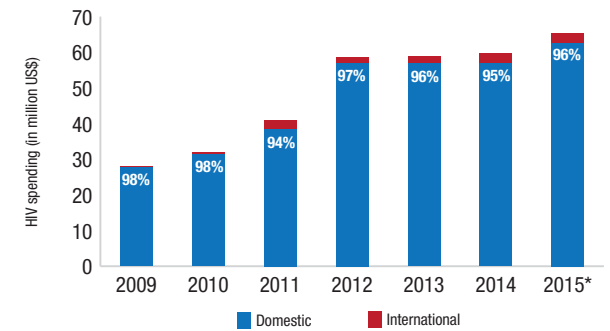
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



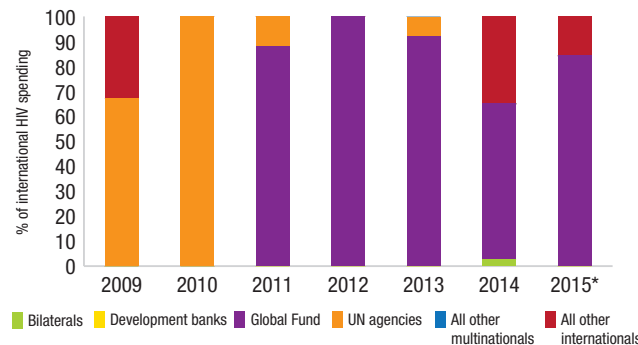
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



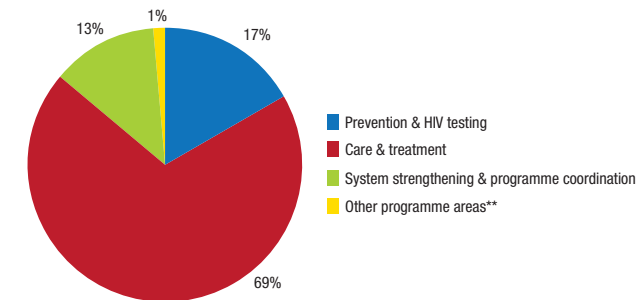
### Who are the international donors?

Fig 4. International spending by funding source



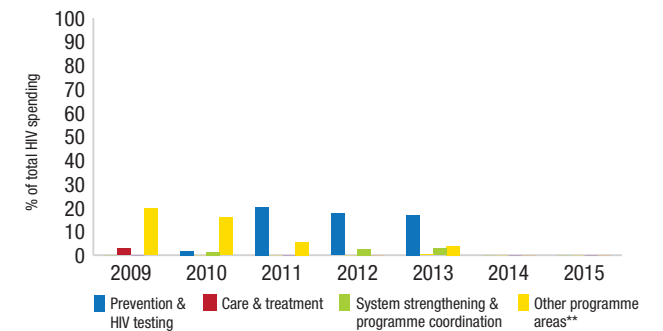
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2015)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



\*Data from Ministry of Health Malaysia.

\*\* Other programme areas are incentives for human resources, social protection and social services, orphans and vulnerable children, enabling environment and research.

# Mongolia

## HIV financing 2009–2015

### BASIC DATA 2014

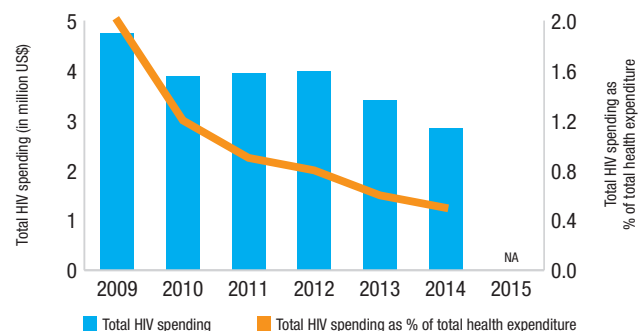
Population (million)	2.9
GDP per capita (current US\$)	4129
Income level	Lower middle income
Total health expenditure as proportion of GDP (%)	4.7
Total health expenditure per capita (current US\$)	195
Out-of-pocket spending as a proportion of total health expenditure (%)	41.6

### HIV DATA 2015

People living with HIV	413
Prevalence of HIV among adults aged 15-49 (%)	0.02
New HIV Infections	55
AIDS-related deaths	4
Antiretroviral coverage among people living with HIV (%)	35.6

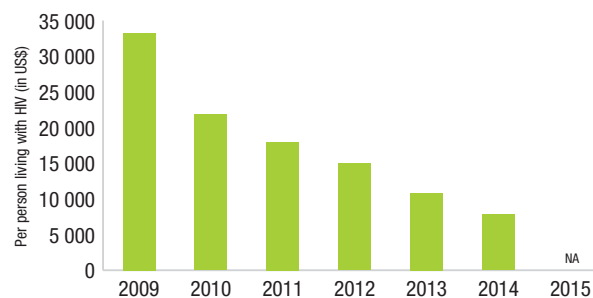
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



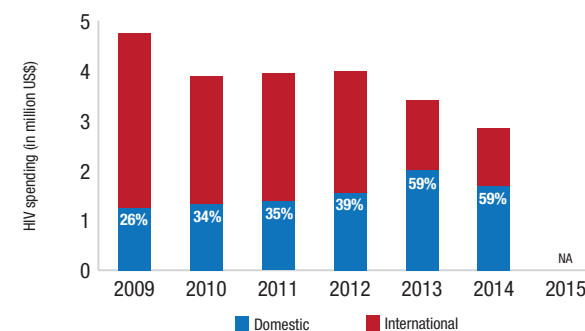
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



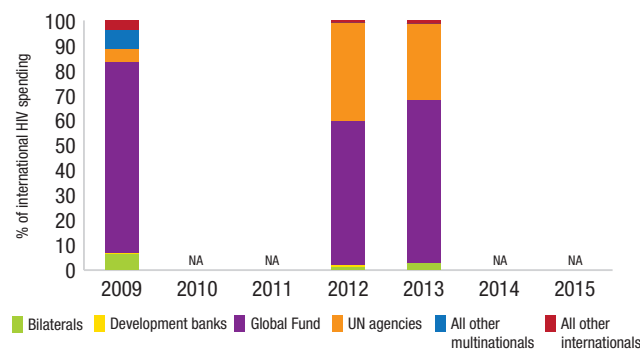
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



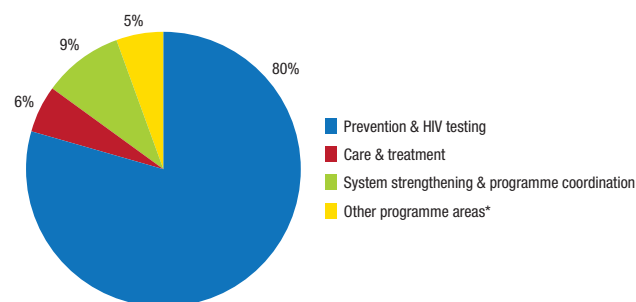
### Who are the international donors?

Fig 4. International spending by funding source



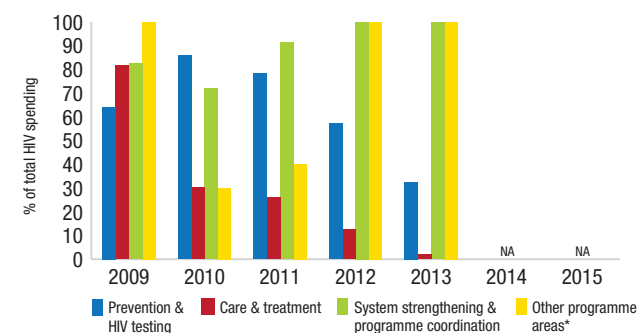
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2013)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



\* Other programme areas are incentives for human resources, social protection and social services, orphans and vulnerable children, enabling environment and research.



# Papua New Guinea

## HIV financing 2009–2015

### BASIC DATA 2014

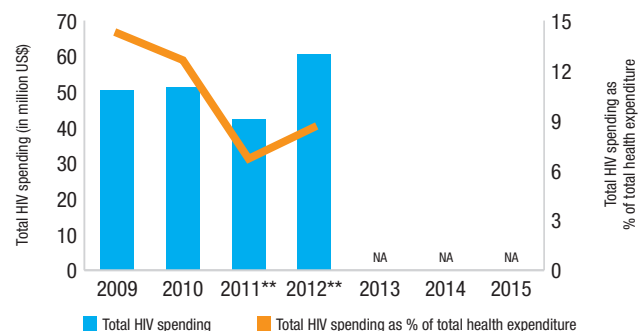
Population (million)	7.5
GDP per capita (current US\$)	2268
Income level	Lower middle income
Total health expenditure as proportion of GDP (%)	4.3
Total health expenditure per capita (current US\$)	92
Out-of-pocket spending as a proportion of total health expenditure (%)	10.5

### HIV DATA 2015

People living with HIV	40 000
Prevalence of HIV among adults aged 15-49 (%)	0.8
New HIV Infections	2700
AIDS-related deaths*	890
Antiretroviral coverage among people living with HIV (%)	53

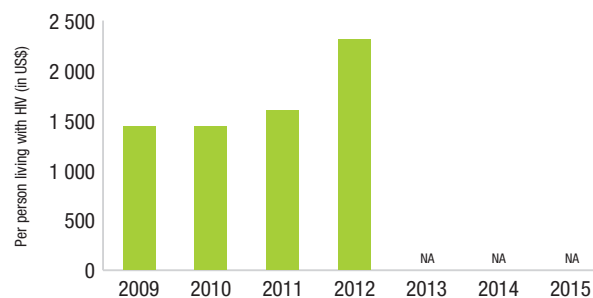
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



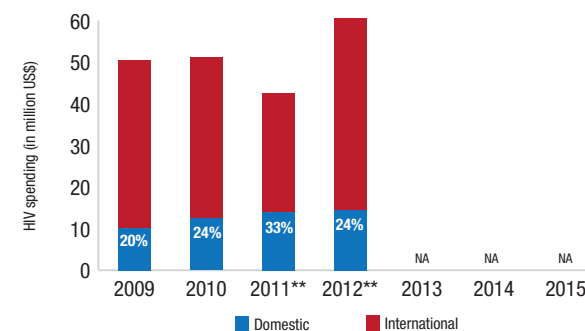
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



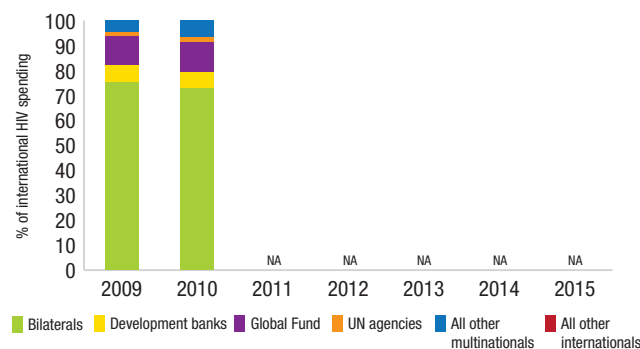
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



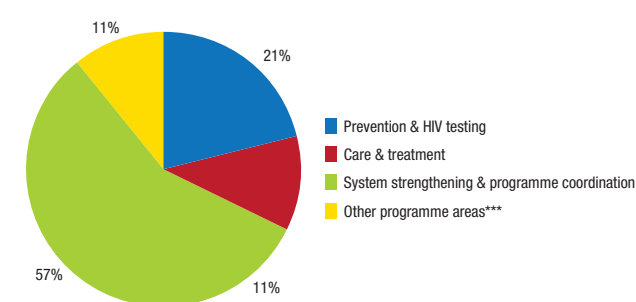
### Who are the international donors?

Fig 4. International spending by funding source



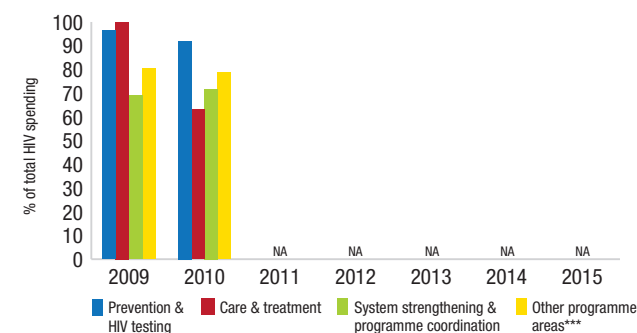
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2010)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



\* UNAIDS/WHO estimates 2015

\*\* Data from National AIDS Spending Assessment (NASA).

\*\*\* Other programme areas are incentives for human resources, social protection and social services, orphans and vulnerable children, enabling environment and research.

# Philippines

## HIV financing 2009–2015

### BASIC DATA 2014

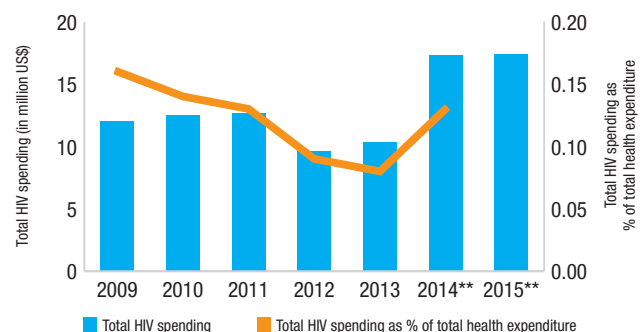
Population (million)	99.1
GDP per capita (current US\$)	2873
Income level	Lower middle income
Total health expenditure as proportion of GDP (%)	4.7
Total health expenditure per capita (current US\$)	135
Out-of-pocket spending as a proportion of total health expenditure (%)	53.7

### HIV DATA 2015

People living with HIV	42 000
Prevalence of HIV among adults aged 15-49 (%)*	0.08
New HIV Infections	6400
AIDS-related deaths*	590
Antiretroviral coverage among people living with HIV (%)*	30

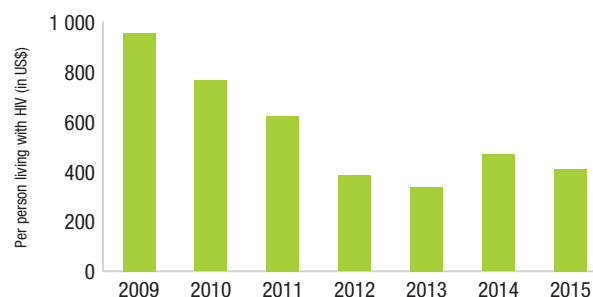
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



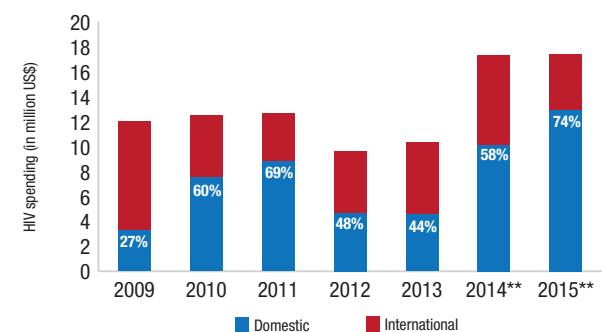
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



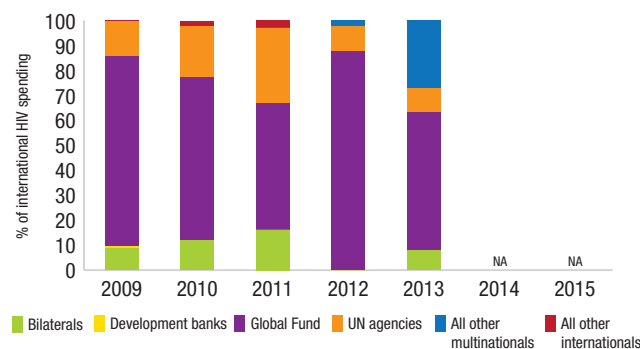
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



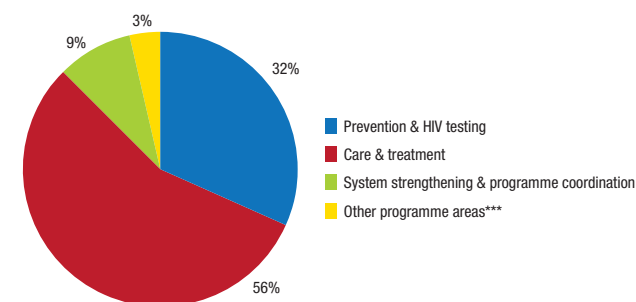
### Who are the international donors?

Fig 4. International spending by funding source



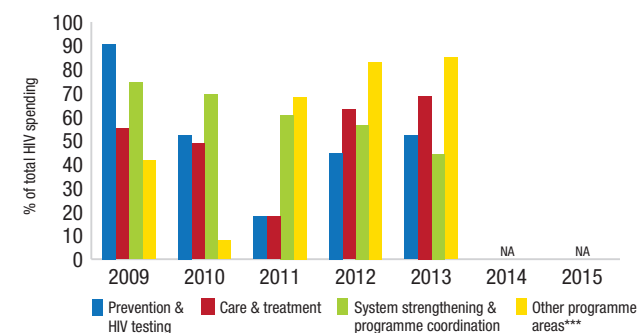
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2015)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



# Viet Nam

## HIV financing 2009–2015

### BASIC DATA 2014

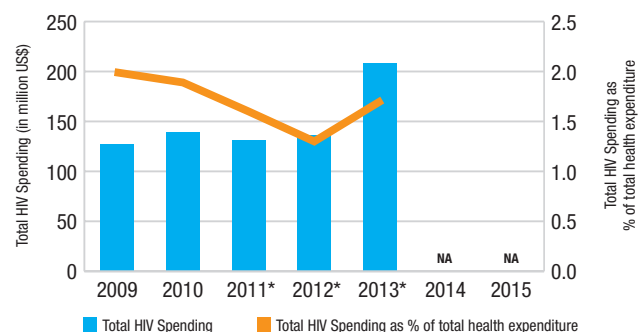
Population (million)	90.7
GDP per capita (current US\$)	2052
Income level	Lower middle income
Total health expenditure as proportion of GDP (%)	7.1
Total health expenditure per capita (current US\$)	142
Out-of-pocket spending as a proportion of total health expenditure (%)	36.8

### HIV DATA 2015

People living with HIV	260 000
Prevalence of HIV among adults aged 15-49 (%)	0.5
New HIV Infections	14 000
AIDS-related deaths	8900
Antiretroviral coverage among people living with HIV (%)	42

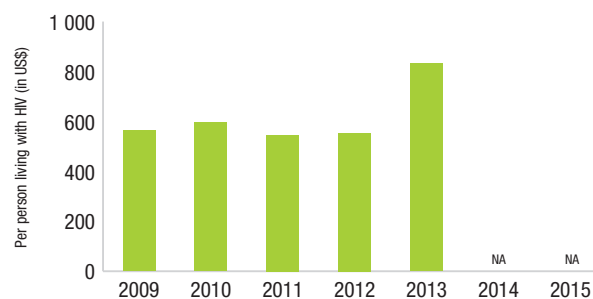
### How much is spent on HIV?

Fig 1. Total HIV spending and HIV spending as % of total health expenditure



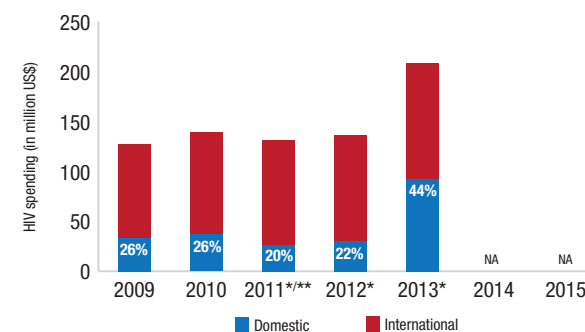
### How much is spent per person?

Fig 2. Total HIV spending per person living with HIV



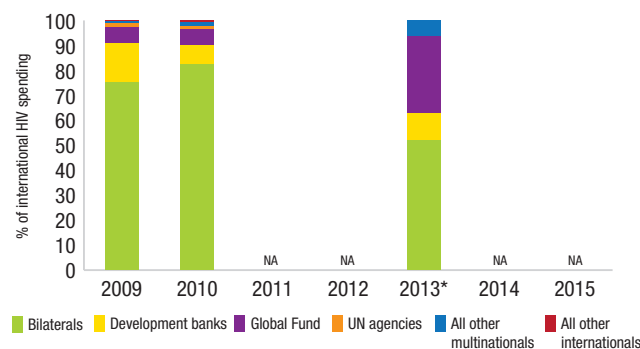
### What are the components of HIV spending?

Fig 3. HIV spending by funding source



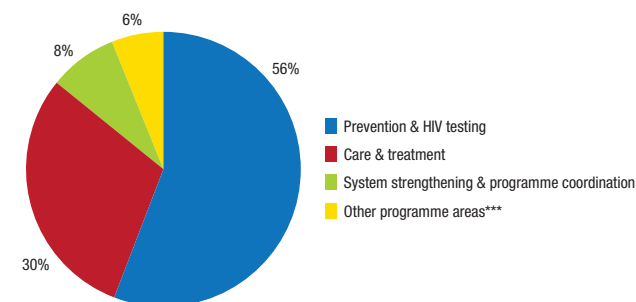
### Who are the international donors?

Fig 4. International spending by funding source



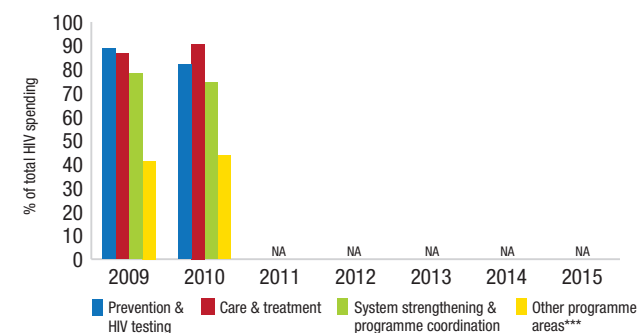
### Where are HIV resources spent?

Fig 5. Total HIV spending by programme area (2013)



### What is funded by donors?

Fig 6. International HIV spending as % of total HIV spending by programme area



\*Viet Nam 2013 general health accounts and disease expenditures with subanalysis of 2013 HIV/AIDS expenditure.

\*\* 2011 data on domestic HIV spending do not include domestic private spending.

\*\*\* Other programme areas are incentives for human resources, social protection and social services, orphans and vulnerable children, enabling environment and research.

