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info-resource series on
the HIV Investment Framework (IF)
for key affected communities
and civil society



APCASO
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AIDS SERVICE ORGANIZATIONS

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IF 101

Key Information on the HIV Investment Framework (IF)



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The HIV Investment Framework (IF)

The HIV Investment Framework (IF) is a model for HIV and AIDS investment and prioritisation for maximum impact. The IF advocates for a short-term increase in HIV funding in order to reduce funding requirements over the long term.

IF is aligned to the **investment thinking** approach to resourcing of the HIV response. This means treating resources for the HIV response as investments that will deliver returns, rather than as expenses that will always have gaps demanding to be filled.

The IF provides a model by which:

- resource allocation based on country epidemiology and context are supported;
- countries are encouraged to prioritize and implement the most effective programmatic activities; and
- efficiencies in HIV prevention, treatment, care and support programming are increased.

Put simply, the investment framework is an approach to determine the most strategic set of HIV and AIDS responses that a country should invest in (and by how much) based on evidence of what works.

The IF details how much investment is needed to stop the HIV epidemic – approximately double what is currently invested – to lead to a reduced level of investment over time, while also reducing the suffering and mortality caused by HIV and AIDS.

IF calls for HIV responses that are:

- **Rights-based** – promotes respect for and protection of human rights, particularly of PLHIV and other key affected communities
- **Integrated** – with various aspects of the responses linked; where programmes are aligned with country development objectives rather than implemented in isolation, and which involve key affected communities
- **Evidence based** – depending on the context of the national HIV epidemic and policy environment
- **Costed** – recommendations are based on calculations and cost-estimations done by an international group of experts who considered relevant published evidence and expert opinion

If funding for HIV and AIDS responses are invested in ways that are guided by the epidemiological data, context of the epidemic, and focus on those most affected, then the outcomes of the funds invested are optimised. The future need for investment is also reduced as a result of effective prevention of HIV transmission, and the number of AIDS-related deaths is minimised.

Some misunderstand the IF as a model which enables decreased funding for HIV and AIDS over the short term. Rather, a significant increase in investment by governments and the international donor community to the right responses is needed now, leading to decreased funding in the future.

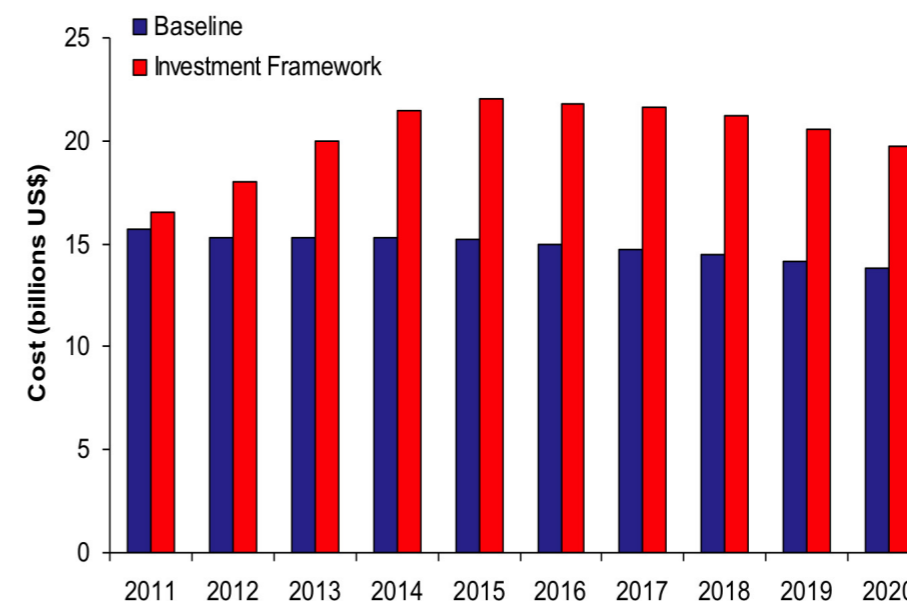
We hear a lot about limited funding, declining or flatlining re-

sources, and the current unfavourable financial climate. The IF argues that the investment needed is affordable, and with projected future cost savings, indeed makes economic sense for both donors and governments alike.

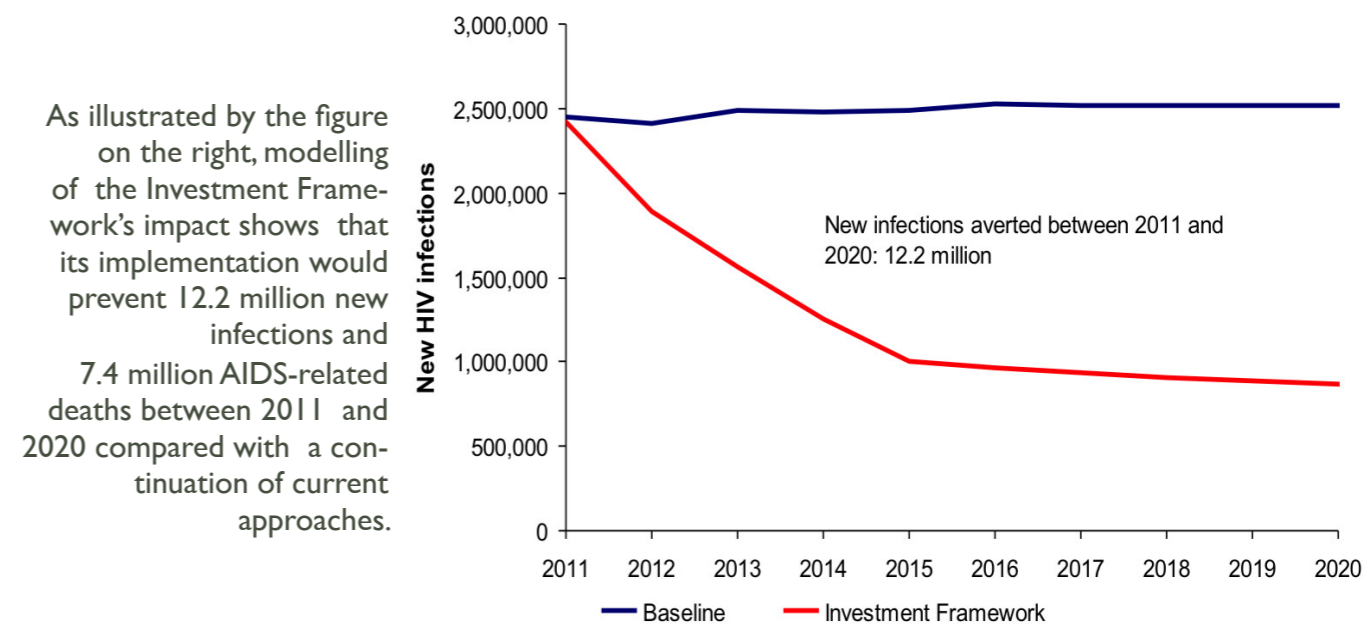
If the IF is applied, a significant number of lives will be saved, many future HIV infections would be averted, and a lot less investment on HIV and AIDS would be needed in the future. The Investment Framework provides a guide for how to best utilize currently available funding, while clearly indicating the increased investment required to turn the HIV epidemic around.

The IF came out of “Towards an improved investment approach for an effective response to HIV/AIDS,” published in June 2011 at www.thelancet.com (Vol. 377).

IF is fundamental to reaching universal access and potentially ending AIDS in this generation. It says that increasing investment in HIV responses for the first 5 years (from 2011 to 2015) will result to a continual reduction of costs afterwards.



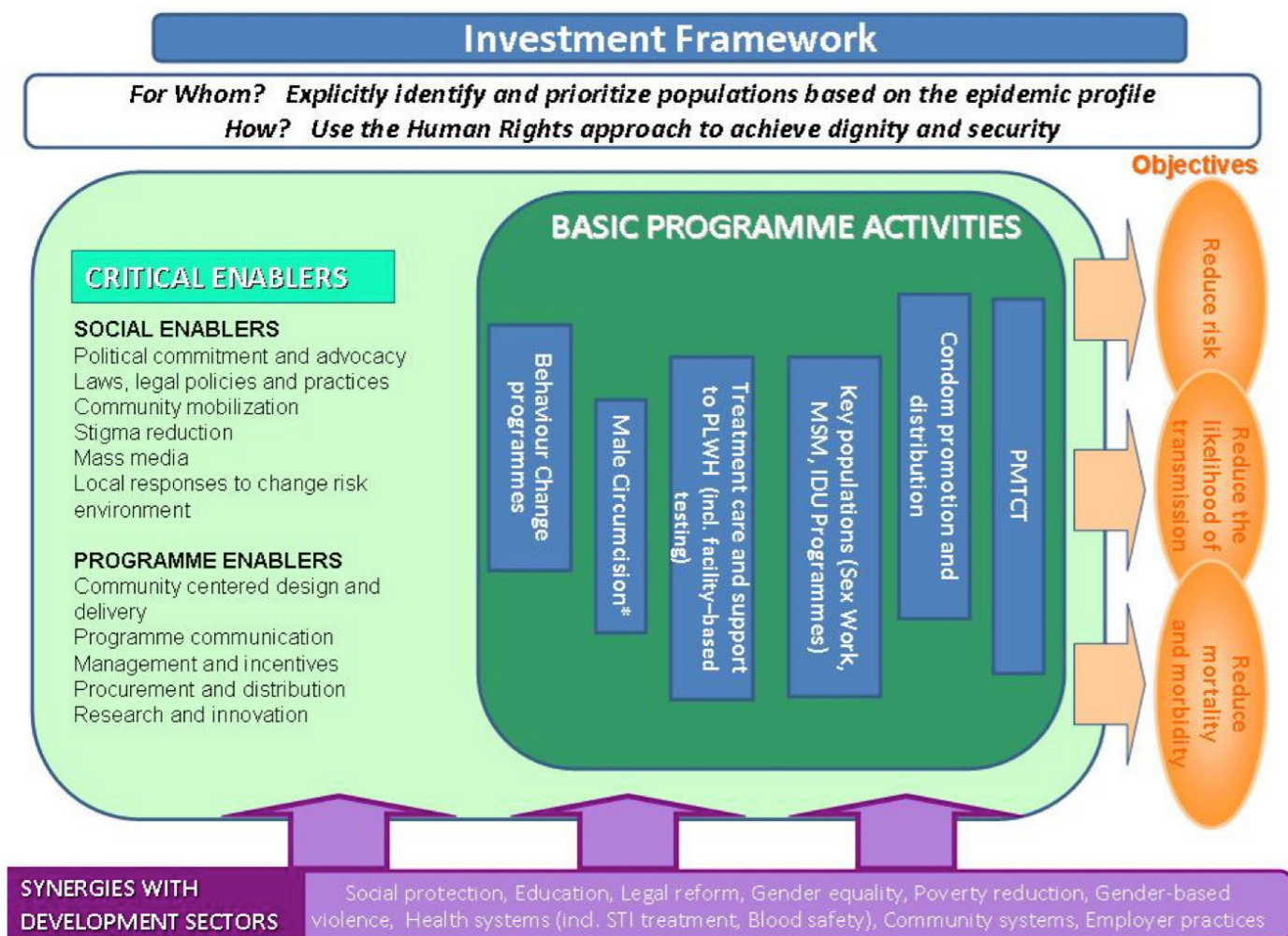
The figure on the left shows the HIV spending cost in low-income and middle-income countries between 2011 and 2020 expected under the IF approach compared with a baseline scenario assuming a gradual reduction in funding commitments from current levels.



As illustrated by the figure on the right, modelling of the Investment Framework's impact shows that its implementation would prevent 12.2 million new infections and 7.4 million AIDS-related deaths between 2011 and 2020 compared with a continuation of current approaches.

Graphs and information on this page sourced from the June 2011 Lancet article, *Towards an improved investment approach for an effective response to HIV/AIDS*. Available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60702-2/full-text#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60702-2/full-text#article_upsell).

IF, the details



* Male circumcision as a basic programme activity is only applicable in generalized epidemics with low male circumcision prevalence

IF recommends three components for investment in HIV responses. You can see the recommended Basic Programme Activities, Critical Enablers, and Synergies with Development Objectives in the diagram above. These lists of activities, enablers and synergies must be adapted to the local context and epidemic to ensure an effective HIV response.

1. Basic programme activities

have a direct impact on HIV risk, transmission, morbidity and mortality and include programmes: on behavioural change; on treatment care and support; that focus on key affected communities; on condom promotion and distribution; and on prevention of vertical HIV transmission

2. Critical social and programme enablers

are crucial to the success of the basic programme activities and include interventions that create an enabling environment for achieving maximum impact

3. Synergies with the wider development sectors

in which the HIV response is aligned to countries' development objectives

What is new about the IF?

Investment Thinking and Investment Case are new developments to resourcing the HIV response that have come after the IF. They promote basing a country's HIV investments on knowledge of the epidemic - "focusing on the right things, doing things the right way to go to scale, and sustaining for impact." On this basic premise, the Investment Framework is aligned with these new developments.

IF builds on good programming experience and the 'know your epidemic and response' philosophy. IF supports and echoes what HIV and AIDS activists have been saying for a long time: put money into interventions that are proven to work, including investing in PLHIV and key affected communities mobilisation, advocacy, and human rights.

What is new about the IF is the scientific costing it provides. By increasing investment for the first 5 years (approximately double the current investment), the IF model projects a continuous reduction to the costs of the HIV response afterwards. Its analysis that effective investment from 2011-2015 will result in a subsequent gradual decline in resource needs is also new.

Is the IF applicable to all countries?

YES! The details of the framework components need to be adapted to local contexts. But the overarching principles – investment based on evidence of what works, ensuring human rights, supporting work of PLHIV and key affected communities, and ensuring the needed level of investment – are universally applicable.

How can countries use the IF?

IF provides a model for analysing a country's current HIV response and financing to see if they are strategic and cost-effective. Using the Investment Framework to focus, prioritize and increase efficiency in their HIV programmes should enable countries to design HIV responses that are country owned, involve key affected communities and are more sustainable. The IF also helps to identify the level of additional investment required to ensure an effective HIV response.

Specifically, IF can be used by governments and civil society to guide periodic reviews of country or local HIV responses, as a key reference for major planning and budgeting decisions and to guide programme design and proposal development processes.

IF is aligned with the Investment Thinking* and Investment Case* approaches to resourcing the HIV response.

It promotes a shift in thinking:

From a 'commodity' approach in which:

- There is unsystematic prioritisation and investment with limited linkage to country epidemiology and context
- Resources are spread across many interventions and communities which may not represent the most affected by HIV
- The response is fragmented, with focus on discrete interventions rather than overall results

To an 'investment' approach where

- Investments are made now in specific activities based on evidence of what works and related to the HIV epidemic in that country. This will result in significant cost savings and reduced mortality and morbidity over time.

* <http://www.unaids.org/en/media/unaids/contentassets/documents/>

Why does the IF matter to PLHIV and key affected communities?

1 IF confirms that the community has an indispensable role in the HIV response and that community-centred design and delivery is critical to the success of HIV and AIDS responses.

IF recognises that a shift to primary care and community-led approaches to programme delivery is the only way to: scale up basic programme interventions to the level needed; to reach the hardest to reach populations; to keep people accessing services; while keeping the costs affordable.

2 It provides an opportunity to ensure support and funding for effective interventions by PLHIV and key affected communities.

In the context of decreasing HIV funding, the Investment Framework actually recommends more resources be allocated in the short-term. Advocacy for more funding and better allocation for the community response is validated. If organisations can show how they help deliver key components of the Investment Framework, they potentially open new funding doors for themselves.

3 IF says that cost efficiencies should not be made through leaning on under-resourced community responses or exploitation of unpaid “volunteer” labour.

The Investment Framework provides a major opportunity to build on the concept of community systems strengthening and demonstrate that community-based organisations’ core and operational costs are a smart investment, affordable and can enhance sustainability.

4 Programming based on human rights is highlighted as a key foundation of IF.

IF says that human rights programming such as advocacy, stigma reduction and efforts towards strengthening supportive laws and practices are also critical because without them, there are insurmountable barriers for certain key affected communities to access services. In particular, men who have sex with men, sex workers, transgender people, and people who use drugs, will never be able to access the services they need while their behaviours are criminalised or stigmatised. This renders well-meaning programmes under, if at all, utilised and not achieving results.

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The Community Advocacy Initiative (CAI) is a regional partnership programme which aims to strengthen the advocacy capacity of HIV civil society groups and networks in the Asia and Pacific region with funding from AusAID.

From 2008 to 2012, the first phase of CAI has been implemented through partnerships between APCASO, AFAO and in-country civil society organisations and networks in Indonesia, Laos and Vietnam.

From October 2012 to June 2014, CAI embarks on a second phase, with the aim of facilitating civil society advocacy, engagement with and leadership for the Investment Framework (IF).

The second phase of CAI is being implemented regionally and at country-level in Cambodia, China, Laos and Vietnam. Driving the second phase of CAI are programme partners APCASO, AFAO, China HIV/AIDS Information Network (CHAIN), HIV/AIDS Coordinating Committee (HACC) in Cambodia, Lao Positive Health Association (LaoPHA) and Center for Supporting Community Development Initiatives (SCDI) in Vietnam.

Visit www.apcaso.org or email cai.apcaso@gmail.com for more information about CAI.

The Asia Pacific Council of AIDS Service Organisations (APCASO), as a network of CBOs and NGOs, currently has 12 focal points* representing national coalitions of AIDS service organisations in 10 countries, namely, Australia, Cambodia, China, Indonesia, India, Lao PDR, Malaysia, Nepal, Sri Lanka and Vietnam. Founded in 1992, it was registered in 2002 in Malaysia where its secretariat office is based.

APCASO promotes the role of CBOs and NGOs in the response to HIV and AIDS by strengthening and supporting the foundation of regional and national networks, as well as supporting and promoting the role of people living with HIV and other communities most affected by HIV.

APCASO aims to strengthen community systems, evidence and platforms to conduct more effective advocacy around HIV and AIDS, with a particular focus on 3 key programme areas: Investment Framework, political commitments, and community systems strengthening. APCASO consults with and works in coordination with networks of key affected communities to ensure complementarity of objectives and outcomes.

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. We provide leadership, coordination and support to Australia's policy, advocacy and health promotion response to HIV. AFAO's International Program supports community based responses to HIV across the Asia and Pacific regions. We support the meaningful participation of communities most affected by HIV in the development of programmatic and policy responses through: capacity development in advocacy, organisational development and governance, strategic planning, and leadership; advocacy and policy analysis; knowledge sharing; and mentoring for community organisations and leaders.

* APCASO Focal Points

Australia: Australian Federation of AIDS Organisations (AFAO); **Cambodia:** HIV/AIDS Coordinating Committee (HACC); **China:** China HIV/AIDS Information Network (CHAIN); **China:** Yunnan Daytop Drug Abuse Treatment and Rehabilitation Center (Daytop); **Indonesia:** GAYa NUSANTARA; **Indonesia:** Spiritia Foundation; **India:** Indian Network for People Living with HIV/AIDS (INP+); **Lao PDR:** Lao Positive Health Association (LaoPHA); **Malaysia:** PT Foundation; **Nepal:** Recovering Nepal; **Sri Lanka:** Alliance Lanka; **Vietnam:** Center for Supporting Community Development Initiatives (SCDI)

The CAI Investment Framework (IF) briefing paper series aims to support key affected communities and civil society better understand the IF and use it to advocate for more effective financing of the HIV response that is grounded in human rights, based on evidence, and centred on the needs and realities infected and affected communities.

The series is developed by APCASO in collaboration with the Australian Federation of AIDS Organisations (AFAO) and CAI country partners China HIV/AIDS Information Network (CHAIN), HIV/AIDS Coordinating Committee (HACC) in Cambodia, Lao Positive Health Association (LaoPHA) and Center for Supporting Community Development Initiatives (SCDI) in Vietnam.

Visit the APCASO IF information hub online at www.apcaso.org or email www.cai.apcaso@gmail.com for our upcoming Infobriefs and other updates on the Investment Framework from community perspectives.

Content, design and lay-out:
RD Marte, Programme Manager, APCASO

With input from:
Moi Lee Liow, Executive Director, APCASO
Chris Connelly, International Program Manager, AFAO
Matthew Tyne, International Program Officer, AFAO

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Asia Pacific Council of AIDS Service
Organizations (APCASO)
16-3 Jalan 13/48A, Sentul Boulevard,
Off Jalan Sentul, 51000 Kuala Lumpur, MALAYSIA
Tel: (603) 4044-9666, Fax: (603) 4044-9615,
www.apcaso.org