HIV Leadership and Financing Strategies for Countries in Sub-Saharan Africa

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Outline

• Leaders and leadership during MDGs
• Funding for HIV within the SDG context
• Concerns and looking ahead
Leadership Matters!

Where 'We' Have Come From

The United States President's Emergency Plan for AIDS Relief

AIDS

Conference

Durban • South Africa • 9-14 July 2000

MAP COUNTRIES

Kyushu-Okinawa

Summit 2000

TREAT 3 by 2005

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
Movements That Made a Difference
MDGs

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Important Time Lines in The history of HIV/AIDS

- **1981**: CDC reported the first 5 AIDS cases
- **1984**: The virus was identified
- **1985**: First blood test developed
- **1986**: Official designation of AIDS
- **1987**: GPA established
- **1988**: AZT approved
- **1989**: ACTUP established
- **1994**: AIDS as a leading cause of death for Americans
- **1995**: First HAART approved
- **1996**: UNAIDS established
- **1997**: HAART became standard treatment
- **2000**: UNSG proposes a war chest
- **2001**: Abuja declaration
- **2003**: UNSC discusses AIDS as a security threat for Africa
- **2004**: The World Bank MAP first billion MDGs
Important Time Lines in The history of HIV/AIDS

- **GFATM established**
- **UNAIDS declares AIDS leading cause of death in SSA**
  - 3 by 5
  - PEPFAR
  - G8 new commitment to GFATM
- **UNGASS to review progress from 2001**
  - World Economic Forum- AIDS as a development priority
  - FDA approves generic drugs
- **Travel ban removed in US**
- **PEPFAR reauthorized for $30 billion**
- **PEPFAR reauthorized for $48 billion**
- **UNGASS in 2015**
Access to Treatment: The Journey So Far

- **1996**: Brazil decrees on free and universal access to antiretroviral therapy
- **1997**: UNAIDS launches Drug Access Initiative- first programme for access in sub-Saharan Africa
- **2000**: Durban International AIDS Conference: Nelson Mandela speaks about access to treatment in South Africa
- **2001**: WTO Doha Declaration on TRIPS and Public Health
  - Creation of UNITAID
  - UN Declaration of Commitment on HIV/AIDS adopted
  - Global Fund proposed by United Nations Secretary-General
- **2003**: WHO/UNAIDS launch 3x5 initiative to provide 3 million people with HIV treatment by 2005
- **2006**: UN high level meeting on AIDS commits to universal access according to WHO guidelines and reach 15 million people with antiretroviral therapy
- **2011**: Demonstration that antiretroviral therapy is able to significantly reduce HIV transmission
- **2013**: Treatment 2015 launched by UNAIDS, WHO, PEPFAR and Global Fund
- **2014**: 90-90-90 target

Impact of HIV/AIDS on Life Expectancy

Life Expectancy at Birth

Uganda  Zambia  South Africa  Zimbabwe  Botswana

Quick facts

- In 2011, 230,000 fewer children under age 15 were infected with HIV than in 2001.

- Eight million people were receiving antiretroviral therapy for HIV at the end of 2011.

- In the decade since 2000, 1.1 million deaths from malaria were averted.

- Treatment for tuberculosis has saved some 20 million lives between 1995 and 2011.
Number of people receiving antiretroviral therapy, number of deaths from AIDS-related causes, and number of people newly infected with HIV, developing regions, 2002-2011 ( Millions)

At the end of 2011, 8 million people in developing regions were receiving antiretroviral medicines for HIV or AIDS. This represents an increase of about 1.4 million people from December 2010, which comes on top of similar gains in previous years. At the current

* Antiretroviral therapy coverage is measured among people living with HIV with a CD4 cell count at or below 350 cells/mm^3.
Where is HIV/AIDS?
To Make Goal 3 A Reality

3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
“Funding such a target, in contrast to concentrating on a single disease or funding vaccination campaigns, almost certainly will require user-financed health insurance schemes. But incomes and the degree of participation in formal work sectors are so low across the developing world that considerable progress on SDG 1 (poverty eradication) and SDG 8 (inclusive and sustained economic growth and decent work for all) would appear to be prerequisites for SDG 3 achievement.”
Resources for HIV/AIDS From 1986-2013

Building on past achievements: funds invested in AIDS programmes in low- and middle-income countries, 1986–2013

**Sources:** UNAIDS estimates, UNAIDS–Kaiser Family Foundation reports on financing the response to HIV in low- and middle-income countries, GARPR 2014, philanthropic resource tracking reports from Funders Concerned About AIDS, reports from the Global Fund and UNITAID.
“From Billions to Trillions”

SDGs will cost around $3 trillion/year
Where Is The 3 Trillion Going To Come From?

Four categories of new funding:

1) Public domestic
2) Private domestic
3) Private international
4) Public international
Public Domestic

Level of tax collection:

• Developing countries 10-14%
• Developed countries 20-30 %
General Government Health Expenditure

Source: WHO
50% of the 155 countries lack adequate data for monitoring poverty.

37% countries had none or only one poverty rate estimate between 2002 - 2011.

61% of countries in SSA have no adequate data to monitor poverty trends.

Only 3 African countries have data on all MDG indicators.

Only 1 country (Mauritius) registers birth/death.
Private Domestic Resources

$2.5 trillion
Private International

Illicit Financial Flows (IFF)

$50 billion/year in IFF

$90 billion in money laundering

$20-49 billion corruption (bribery & theft)
Public international (ODA)

Direct donor support:

$130-135$ billion in 2010 - 2014
Net ODA in 2013 - as a Percentage of GNI

Source: OECD, 8 April 2014.
Innovative Sources of Development Finance

Figure O.1
The wide-ranging potential of (proposed and some existing) innovative sources of development finance

| Source: UN/DESA |
Targets For Ending The AIDS Epidemic

by 2020

**90-90-90**
Treatment

**500 000**
New infections among adults

**ZERO**
Islamophobia

by 2030

**95-95-95**
Treatment

**200 000**
New infections among adults

**ZERO**
Discrimination
Concerns

• Trillions?? When? From where?
• Will AIDS have a second chance?
• Where are the new leaders, the activism and is there still global solidarity?
• Where is the fight against AIDS heading?
“It is better to be vaguely right than precisely wrong”

Amartya Sen
There is still hope!

- Renewed political commitment
- Enough anger about stolen resources