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

Percent change in new HIV infections between 2010 and 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>203%</td>
</tr>
<tr>
<td>India</td>
<td>-33%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>-27%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>-31%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>4%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>57%</td>
</tr>
<tr>
<td>Philippines</td>
<td>-59%</td>
</tr>
<tr>
<td>Thailand</td>
<td>-64%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

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

84% of new HIV infections among key populations and their partners

- Sex workers: 16%
- People who inject drugs: 4%
- Men who have sex with men: 14%
- Transgender: 29%
- Clients of sex workers and partners of key populations: 35%
- Rest of population: 2%

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?

Consideration of human rights

Financial sustainability
Epidemiological sustainability
Programmatic sustainability
Structural sustainability
Political sustainability
Consideration of human rights

1 The global fund strategy 2017-2022
Components of sustainability: Oberth & Whiteside, 2016
Resource availability and Fast-Track resource needs in Asia and the Pacific

Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 Estimates on HIV resource availability
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

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

2030 | Ending the AIDS epidemic
Governments’ commitment to health and dependency on external sources – total health expenditure vs. HIV expenditure

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Health expenditure per capita in US$</th>
<th>HIV expenditure (% reliance on external sources)</th>
<th>Health expenditure (% reliance on external sources)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2017</td>
<td>34</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2013</td>
<td>56</td>
<td>23</td>
<td>85</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2015</td>
<td>62</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2015</td>
<td>72</td>
<td>82</td>
<td>76</td>
</tr>
<tr>
<td>Nepal</td>
<td>2015</td>
<td>45</td>
<td>27</td>
<td>69</td>
</tr>
<tr>
<td>PNG</td>
<td>2012</td>
<td>76</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2015</td>
<td>53</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2015</td>
<td>32</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>2017</td>
<td>117</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2014</td>
<td>109</td>
<td>185</td>
<td>185</td>
</tr>
<tr>
<td>Fiji</td>
<td>2014</td>
<td>124</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>Philippines</td>
<td>2015</td>
<td>214</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>India</td>
<td>2015-16</td>
<td>362</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Thailand</td>
<td>2017</td>
<td>30</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2017</td>
<td>0</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>China</td>
<td>2016</td>
<td>0</td>
<td>0.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

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

Prepared by www.aidsdatahub.org based on Global AIDS Response Progress Reporting and Global AIDS Monitoring Reporting
Key populations prevention: heavy reliance on external financing sources

AIDS spending by financing source,

- 3.7 billion US$

- 25% International funding
- 75% Domestic funding

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

Prevention spending by financing source, 2012 - 2017

- Total prevention: 60% International, 40% Domestic
- Prevention for MSM: 82% International, 18% Domestic
- Prevention for sex workers: 80% International, 20% Domestic
- Prevention for PWID: 73% International, 27% Domestic

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

Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting and NASA reports
Components of treatment delivery systems tend to remain dependent on external funding – PNG example

FY19 HIV Spending

1st 90

US$4.36m

40% 50% 10%

2nd 90

US$13.7m

30% 5% 65%

3rd 90

US$2.69m

51% 32% 17%

Sources: 2019 Spectrum Estimates; HPDB; VLSM; GF Investment Landscape; PEPFAR FAST; 2018 National Budget
Donor dependency: Implications for reaching Fast-track treatment target

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

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on PEPFAR Asia Region ROP Meeting E-approval Briefing, May 7, 2019
Donors differ in the criteria used to assess Sustainability & Transition readiness and risks.

SID Categories

- Governance, Leadership and Accountability
- National Health System and Service Delivery
- Strategic Investments, Efficiency, and Sustainable Financing
- Strategic Information

Transition Readiness Assessment Modules

- Institutional, Human Rights, and Gender Environment
- Health Financing and Transition
- Service Delivery, Procurement, HRH, and Infrastructure
- Civil Society Organizations
- Epidemiological Situation and Programmatic Context
- Summary of GF Support

PEPFAR SID Guidelines; Global Fund Sustainability Tools, Aceso/APMG 2017
Health financing and HIV investments

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

- **Cambodia**
  - Total health expenditure: $939 million US$
  - HIV expenditure:
    - 2006: $44 million US$
    - 2015: $851 million US$

- **China**
  - Total health expenditure: $575 billion US$
  - HIV expenditure:
    - 2006: $8 million US$
    - 2015: $218 million US$

- **Lao PDR**
  - Total health expenditure: $218 million US$
  - HIV expenditure:
    - 2006: $44 million US$
    - 2015: $8 million US$

Prevention spending per key population, countries where data are available

Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting and NASA reports
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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Cambodia</th>
<th>India</th>
<th>Indonesia</th>
<th>Lao PDR</th>
<th>Myanmar</th>
<th>Nepal</th>
<th>PNG</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$277</td>
<td>$141</td>
<td>$914</td>
<td>$309</td>
<td>$309</td>
<td>$360</td>
<td>$491</td>
<td>$365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Viral load test</th>
<th>Cambodia</th>
<th>India</th>
<th>Indonesia</th>
<th>Lao PDR</th>
<th>Myanmar</th>
<th>Nepal</th>
<th>PNG</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$178</td>
<td></td>
<td>$78</td>
<td>$21</td>
<td>$407</td>
<td>$743</td>
<td></td>
<td>$195</td>
</tr>
</tbody>
</table>

Note: average unit cost = number of beneficiaries/total spending

Source: Prepared by www.aidsdatahub.org based on PEPFAR Asia Region ROP Meeting E-approval Briefing, May 7, 2019
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...