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Agenda 3: Country experiences and plans towards sustainable AIDS financing

AIDS Funding Landscape in Asia and the Pacific

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United Nations Secretary-General's Special Envoy for AIDS in Asia and the Pacific

17 September 2014, Hanoi, Viet Nam

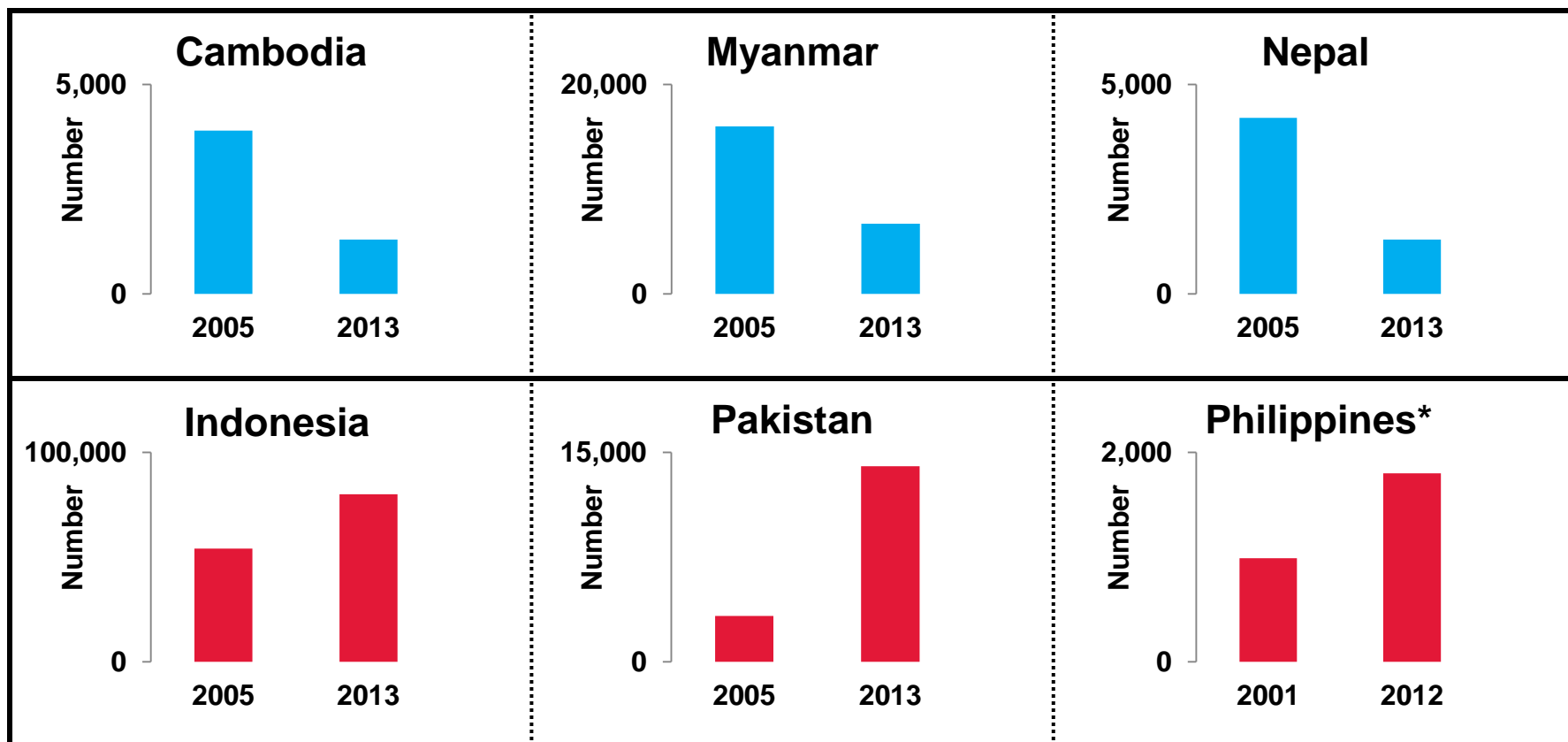
AHMM Side Meeting: Advocacy on Sustainable Financing for HIV/AIDS Response in ASEAN Member States

Transition time in the HIV and AIDS response in Asia and the Pacific

- 🚫 Approaching the target date for the Millennium Development Goals and it is time to look forward to the next 10 years.
 - 🚫 What is achievable in the context of a shrinking donor pie?
 - 🚫 How can countries maintain progress and improve efficiency and quality?
 - 🚫 What are the new goals?



Mixed progress : Declining and rising new infections across countries in Asia and the Pacific



*2012 Estimates for UNAIDS Report on the Global Epidemic 2013.

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HIV infection estimates and AIDS-related deaths in ASEAN countries, 2013

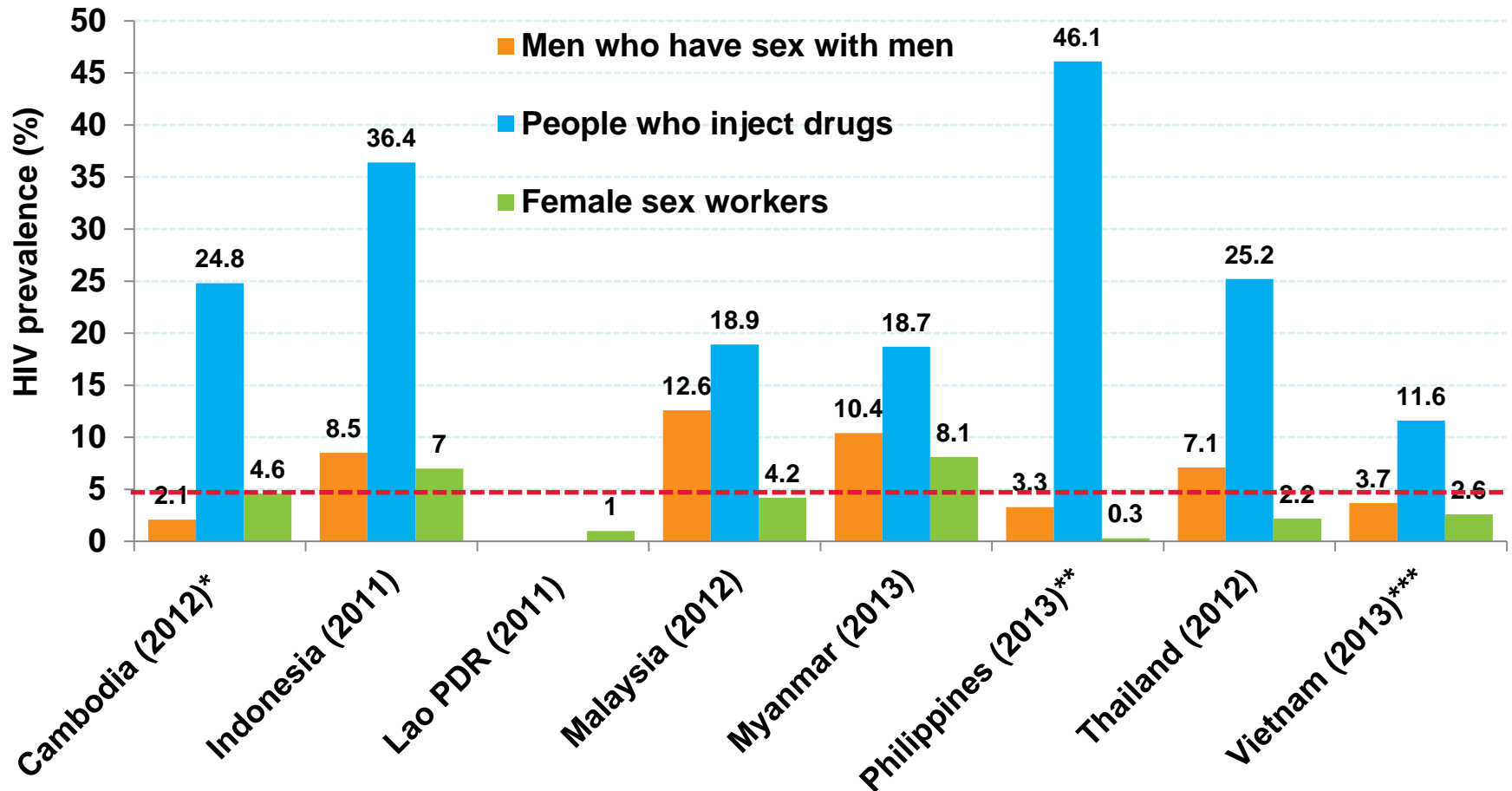
Rank	Country	People living with HIV	Country	New HIV Infections	Country	AIDS related deaths
1	Indonesia	640,000	Indonesia	80,000	Indonesia	29,000
2	Thailand	440,000	Viet Nam	14,000	Thailand	18,000
3	Viet Nam	250,000	Thailand	8,200	Viet Nam	12,000
4	Myanmar	190,000	Malaysia	8,000	Myanmar	11,000
5	Malaysia	86,000	Myanmar	6,700	Malaysia	5,900
6	Cambodia	75,000	Philippines*	1,800	Cambodia	2,200
7	Philippines*	15,000	Cambodia	1,300	Philippines*	<500
8	Lao PDR	5,800	Lao PDR	<500	Lao PDR	<200
9	Brunei	...	Brunei	...	Brunei	...
10	Singapore	...	Singapore	...	Singapore	...

* 2012 estimates

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HIV prevalence among key populations, ASEAN 2011-2013



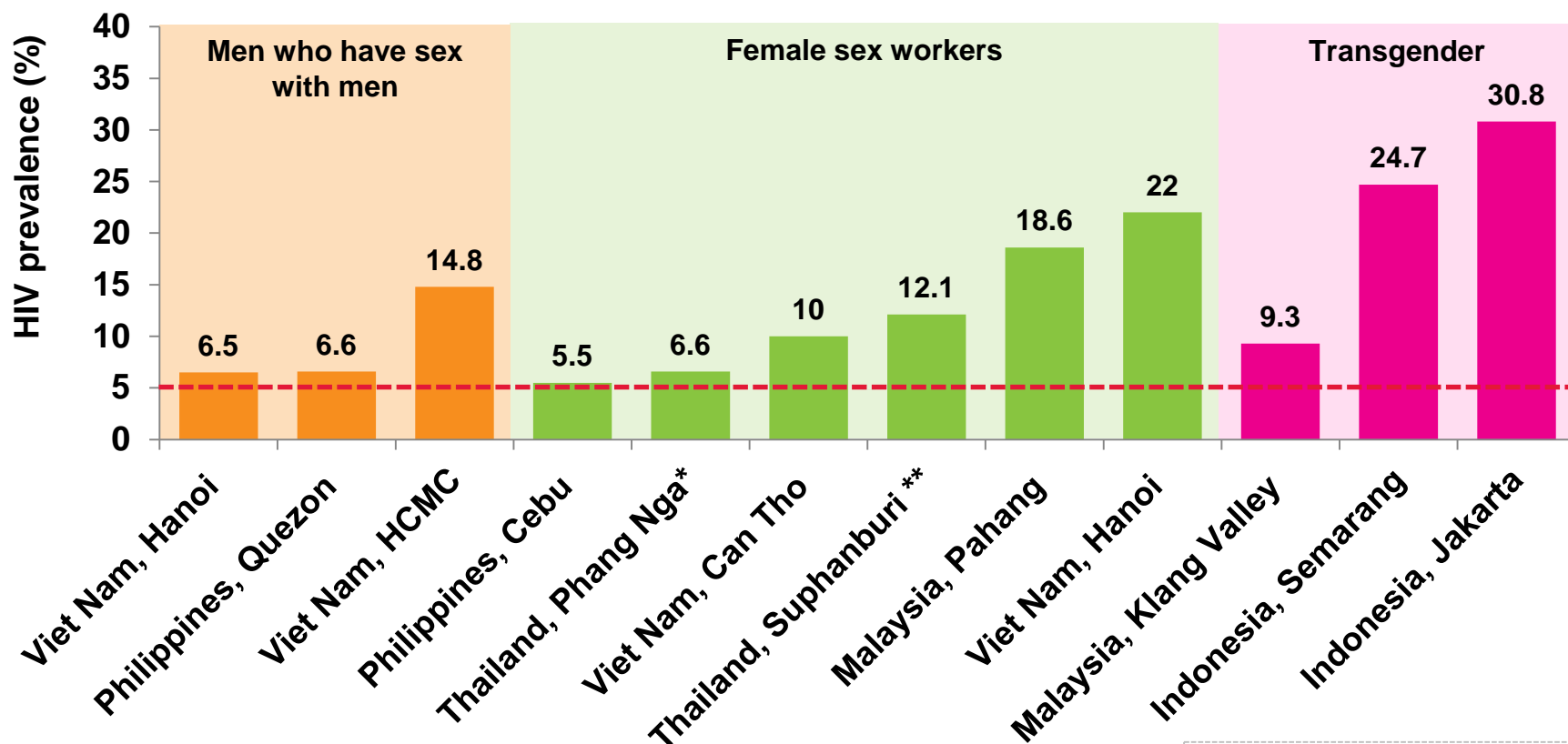
*Weighted adjusted average for FSW; MSM and FSW 2010 data; PWID 2012 data; **FSW 2011 data; *** PWID 2012 data

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National prevalence masks high prevalence geographical areas

HIV prevalence among key populations in geographical areas



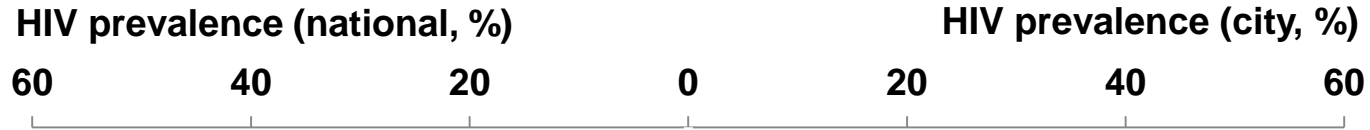
Note: Countries with national HIV prevalence less than 5% for MSM and FSW. For TG, any available high prevalence geographical locations are included. National HIV prevalence among PWID is higher than 5% in all ASEAN countries that have data

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*Direct FSW; **Indirect FSW



HIV in Asia and the Pacific region is concentrated among “key populations” especially in urban areas – which is where resources should be spent



People who inject drugs



Men who have sex with men



Female sex workers



■ Cities
▨ National

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ASEAN countries/cities with rising HIV prevalence trend among MSM, 2002-2013



Indonesia

Indonesia (Jakarta)

Philippines (Metro Manila)

Philippines (Cebu)

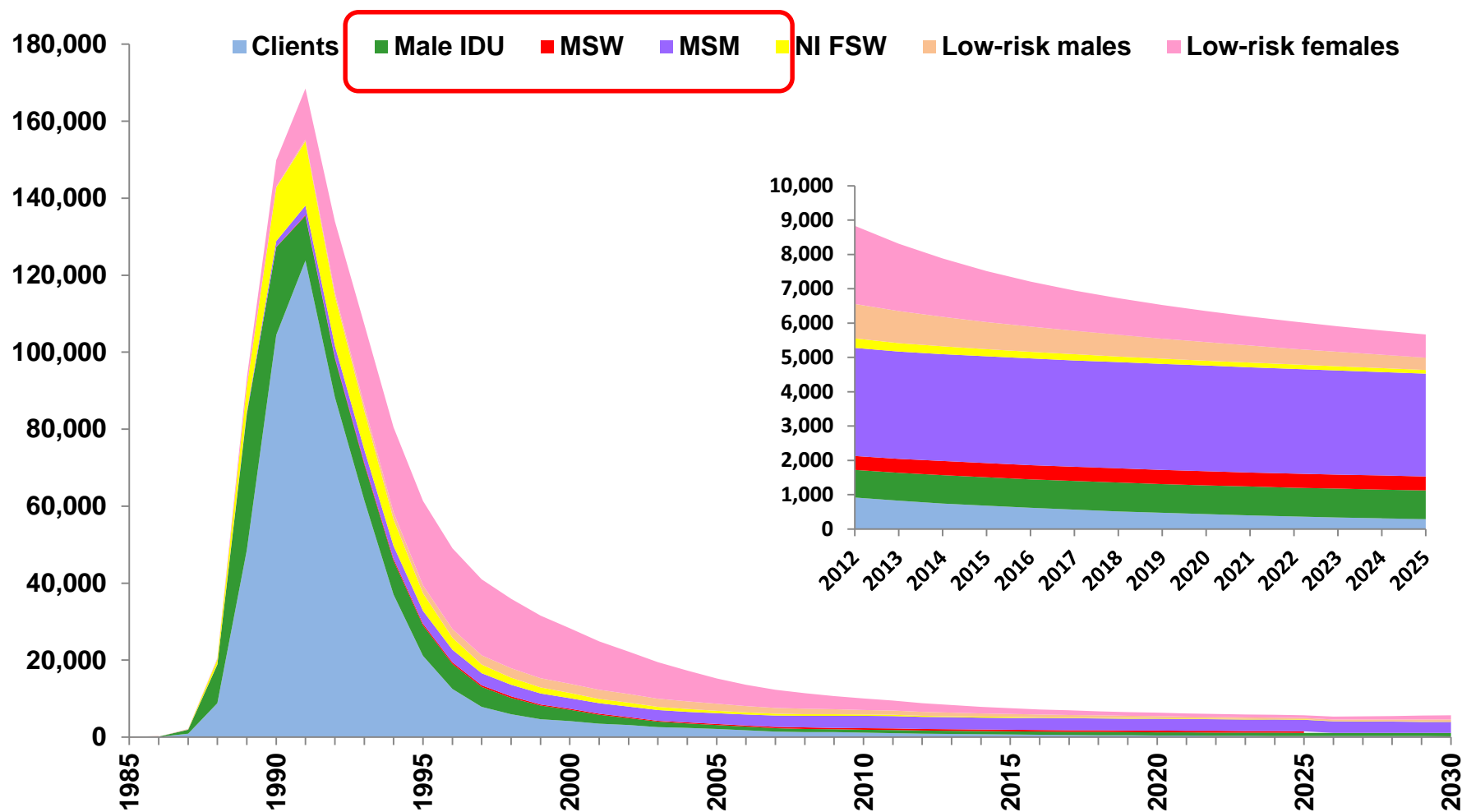
Thailand (Bangkok)

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Strategic city responses can impact ending AIDS nationally – condom promotion in city brothels in Thailand spearheaded a national decline

New HIV infections in Thailand, Asian Epidemic Model 1985 – 2030:

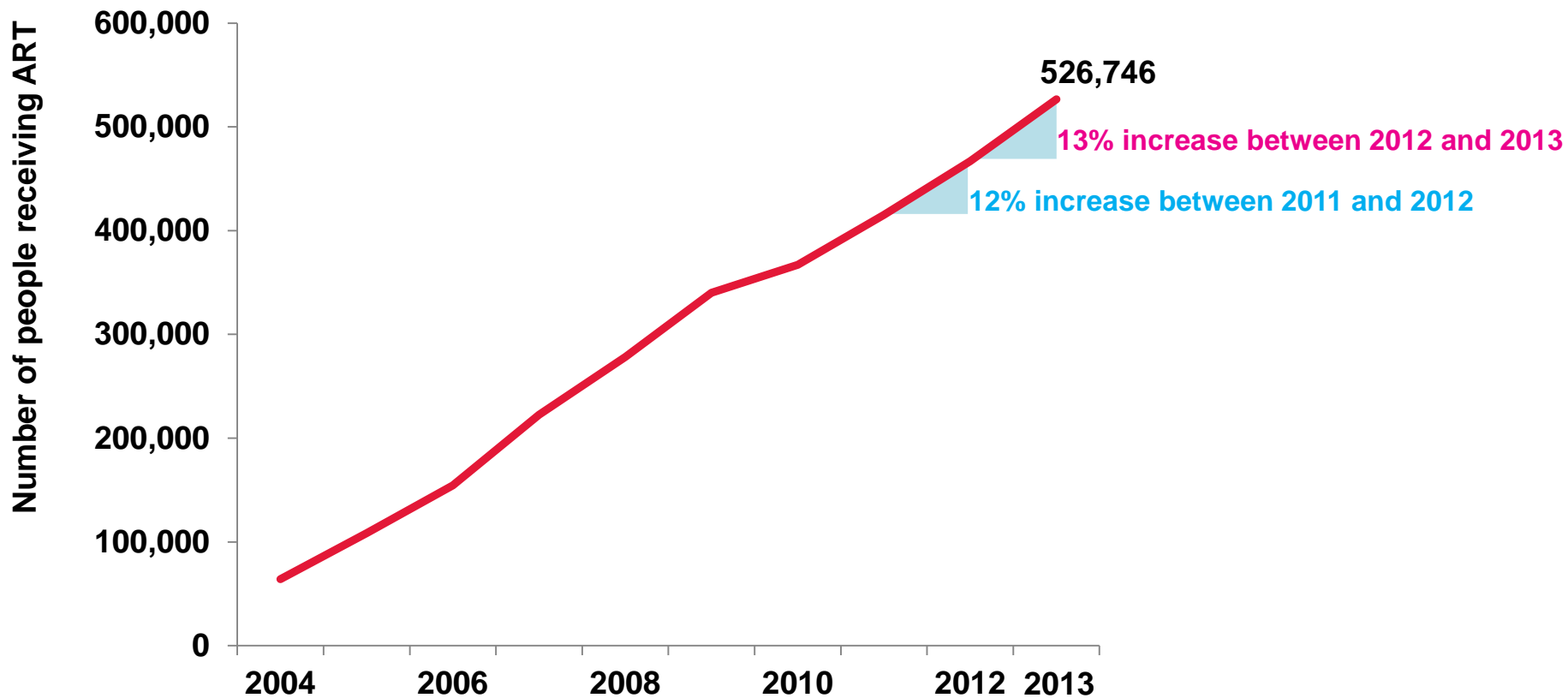


Rising need for treatment- rising need for resources

- New data analysis demonstrates that for every **10%** increase in treatment coverage there is a **1%** decline in the percent of new infections among people living with HIV
- In 2013, **4.8 million** people living with HIV in Asia and the Pacific but only **1.56 million** people are on treatment, **33%** of all people living with HIV in Asia and the Pacific .



ASEAN focus: 527,000 people received ART in 2013, expanding but with a slow pace



Note: Trend data not available for Brunei and Singapore

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AIDS Funding Landscape in Asia

Assessment and Projections

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AIDS Funding Landscape Panel

- **Objective** : To understand policy and funding commitments for national HIV/AIDS responses in the region in order to help guide the next decade's response
- **When** : First convened in August 2013 to review progress in the regional fight against HIV in the context of the changing global economy
- **Who** : Experts and policy leaders
- **Chair** : UN Secretary-General's Special Envoy for AIDS in Asia and the Pacific
- **Research team** : With support from the World Bank, the panel engaged a team at Kirby Institute, New South Wales University, Australia to conduct background research



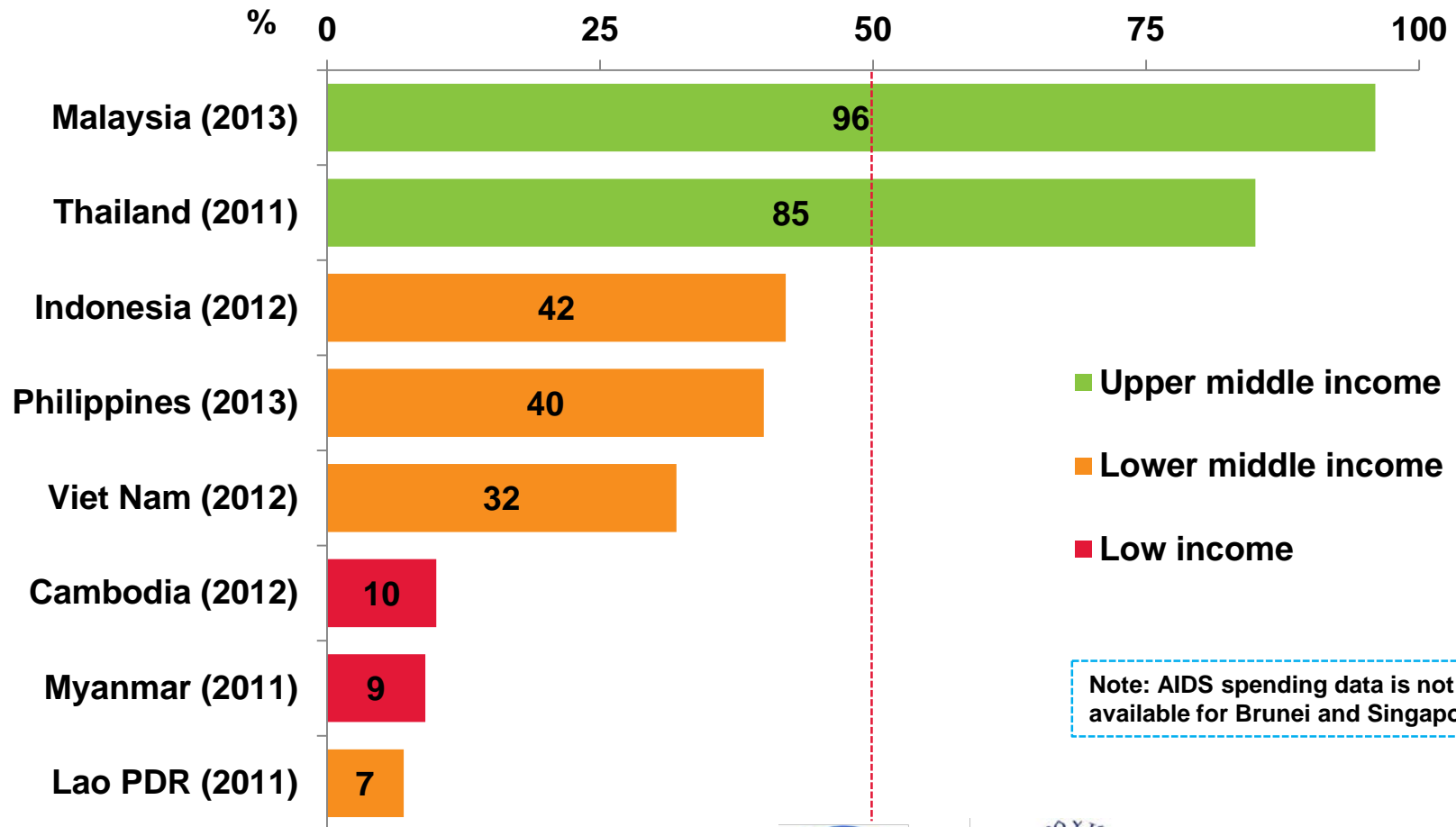
Processes

- **Selected countries** : Myanmar, Indonesia, Thailand, Papua New Guinea, and Viet Nam
- **Discussion areas** :
 - Assess the national funding landscape for HIV prevention and treatment programs
 - Identify economic, institutional, political and other conditions that are required to effectively and efficiently use financial resources for HIV response
 - Identify challenges and strengths of countries' capacity to effectively and efficiently use financial resources for national response
 - Generating solutions for – a) capacity building, b) leveraging additional fiscal resources and/or sustaining adequate funding for national responses to HIV.



Shared responsibility: ASEAN focus

HIV expenditure from domestic sources, ASEAN, latest available year, 2011-2013



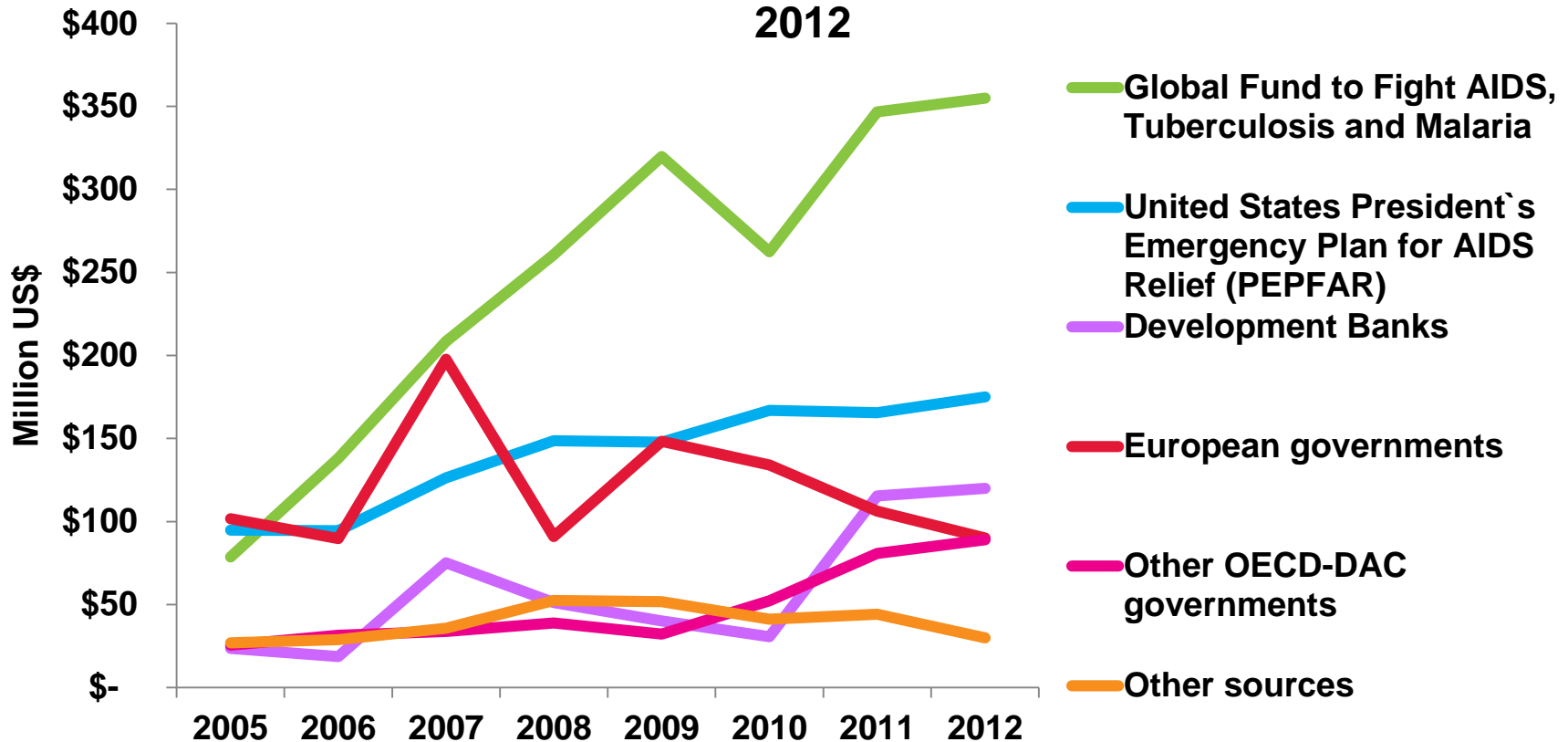
Note: AIDS spending data is not available for Brunei and Singapore

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The Global Fund and PEPFAR are the most important international funders in the region

International funding for HIV response in Asia Pacific, 2005-2012



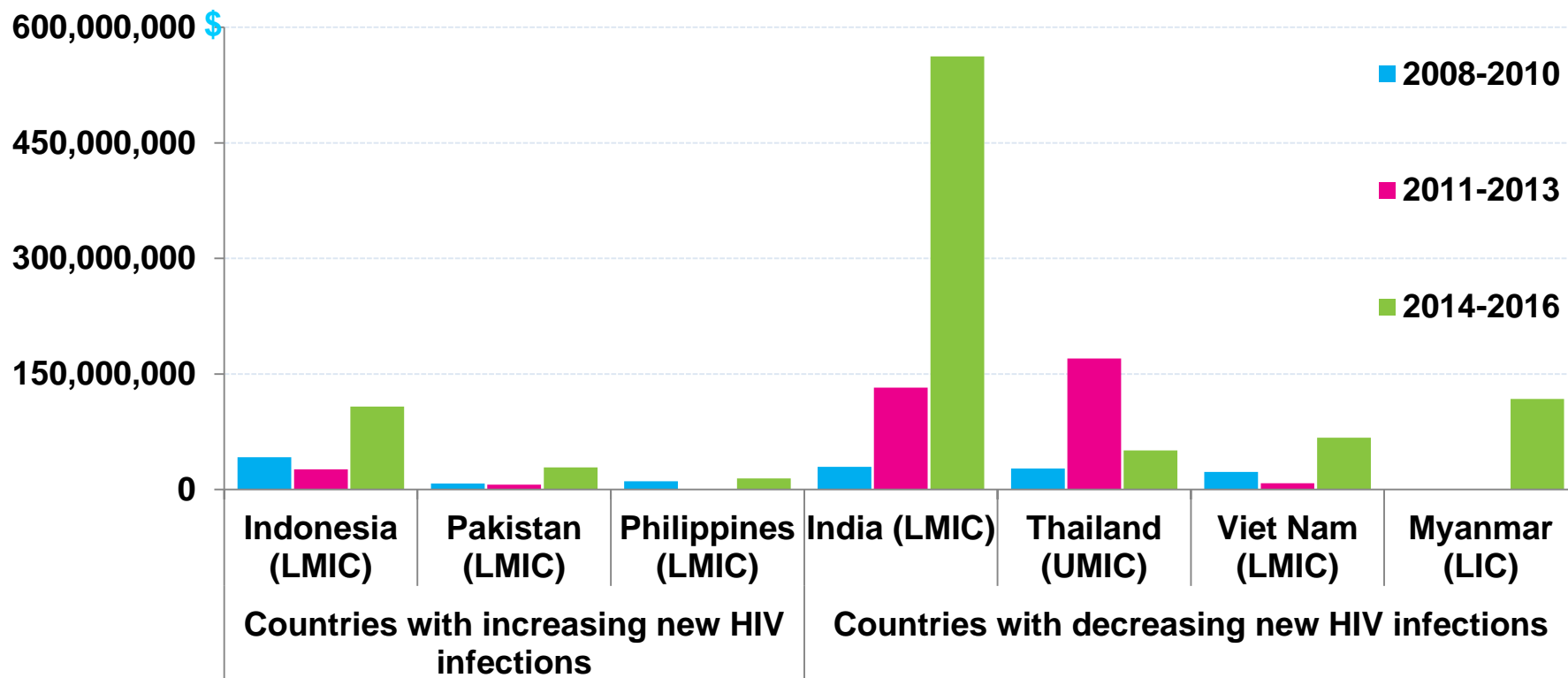
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Source: Countries progress reports, OECD CRS, UNAIDS estimates



The Global Fund provides significant funding to countries in Asia and the Pacific

Global Fund country allocations for HIV/AIDS, select countries

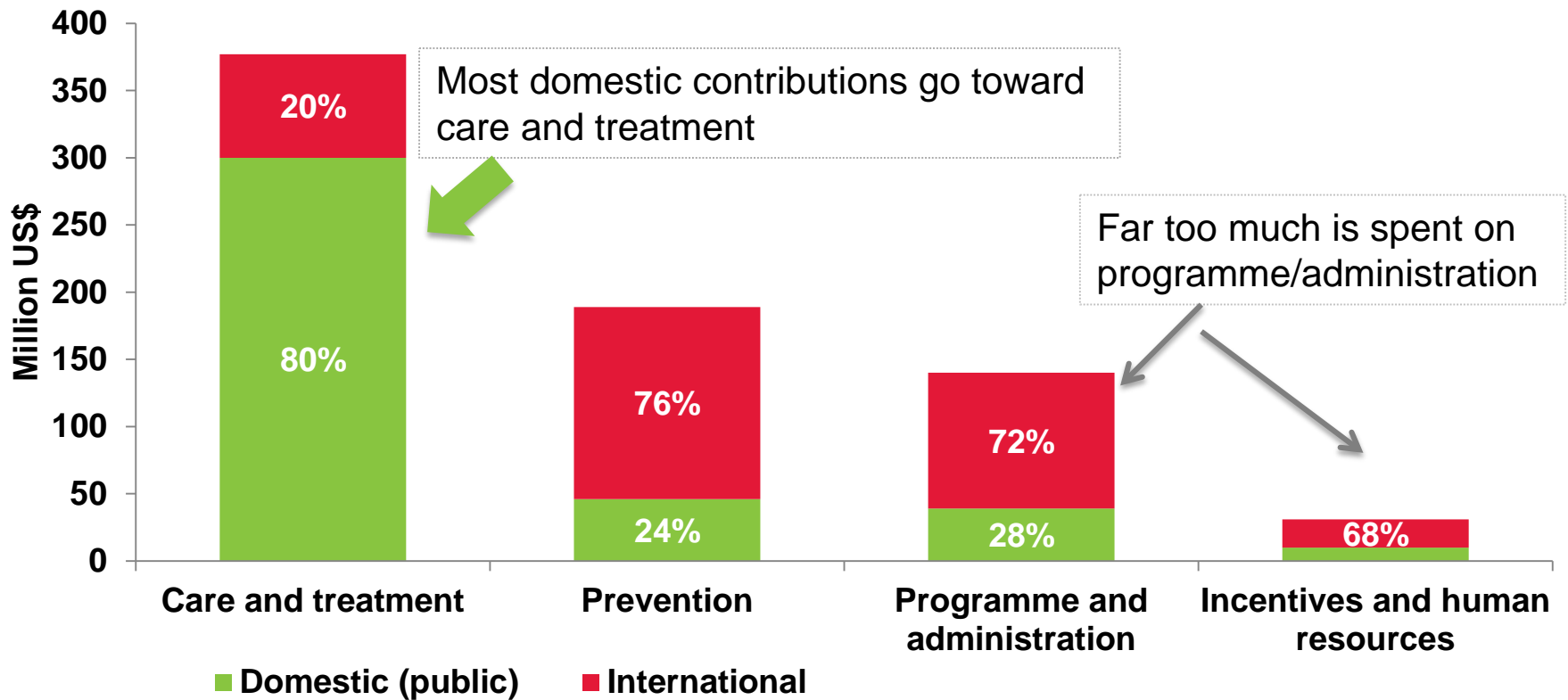


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International donors are contributing most of the prevention costs ; too much is going toward overhead

AIDS spending by category and financing source in Asia and the Pacific, latest available year, 2009-2012



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Most of the targeted programs for key populations are funded by external sources

Proportion of funding for programmes targeting key populations by source



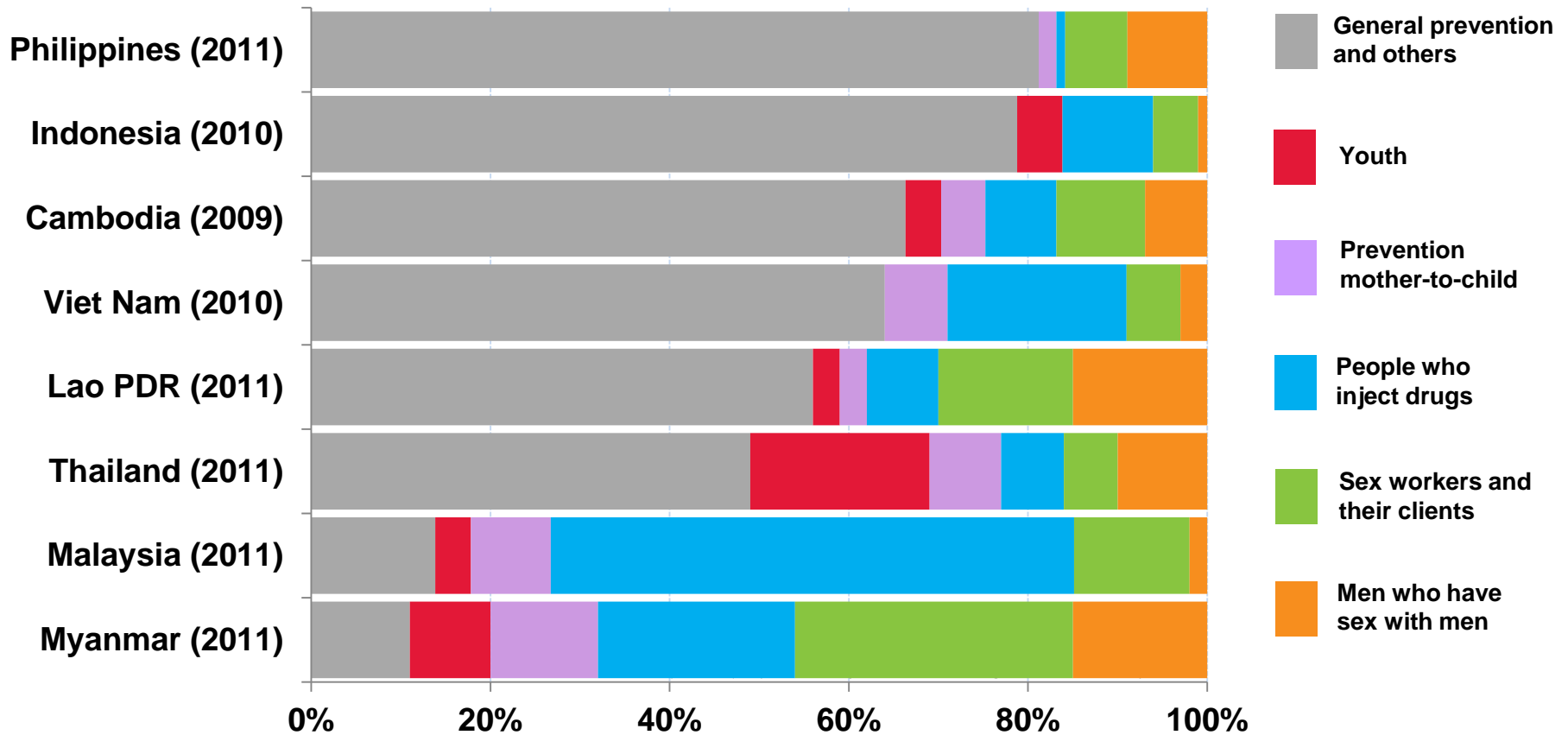
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Source: www.aidsdatahub.org



Most countries spend far too much on general prevention

Proportion of prevention spending by category, 2009-2011

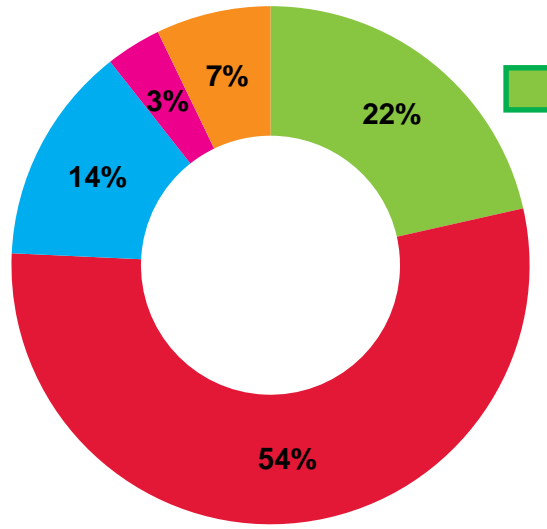


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Source: www.aidsdatahub.org based on www.aidsinfoonline.org



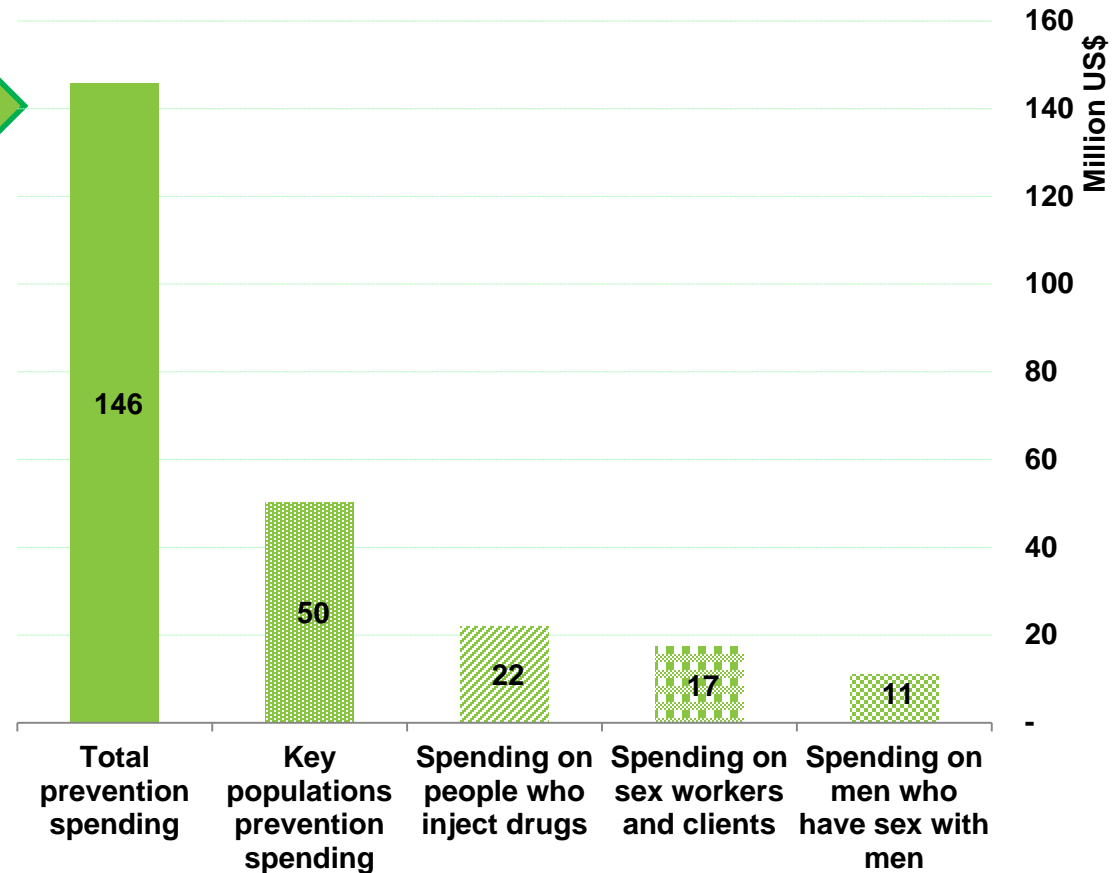
AIDS spending in ASEAN countries by major spending categories and prevention spending on key populations, latest available year, 2010-2012



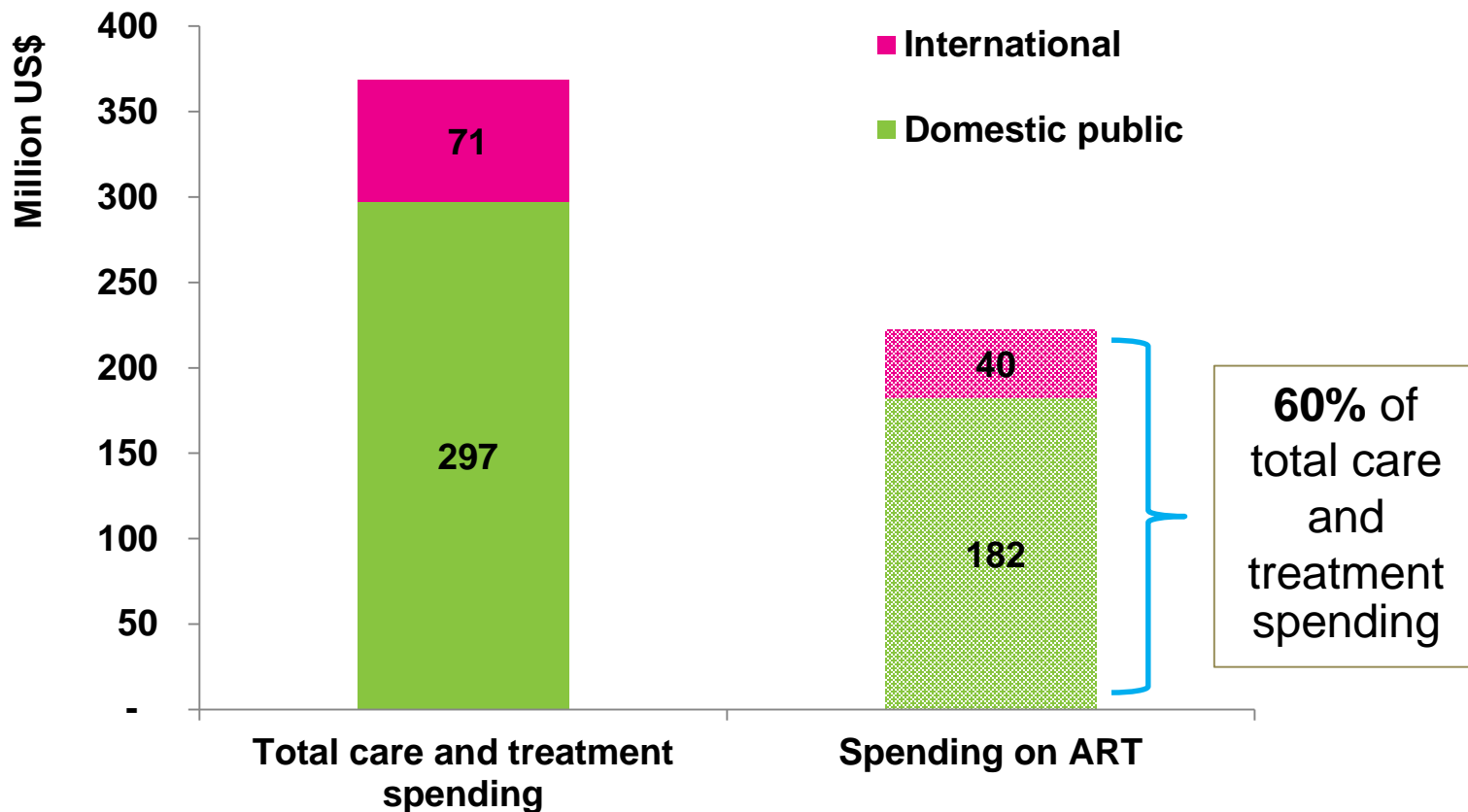
- Prevention spending
- Care and treatment spending
- Programme management and admin
- Incentives for human resources
- Others

Note: AIDS spending data is not available for Brunei and Singapore

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Total care and treatment and ART spending by financing source in ASEAN countries, latest available year, 2010-2012



Note: AIDS spending data is not available for Brunei and Singapore

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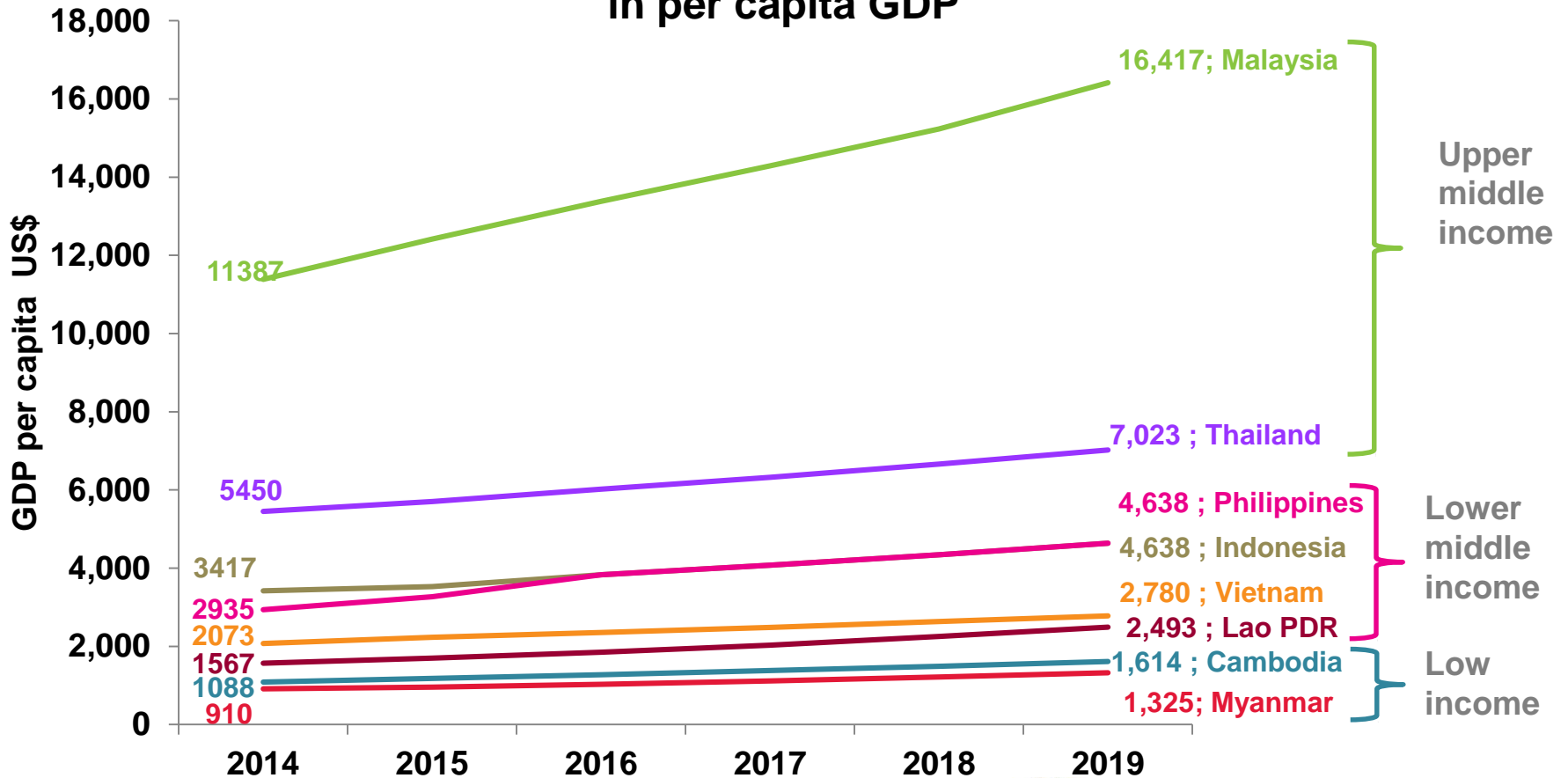
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Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org



Potential economic growth of low-and middle-income ASEAN member states; possibility of shifting responsibility for HIV financing to domestic sources

Projected economic growth in select Asian countries, in per capita GDP

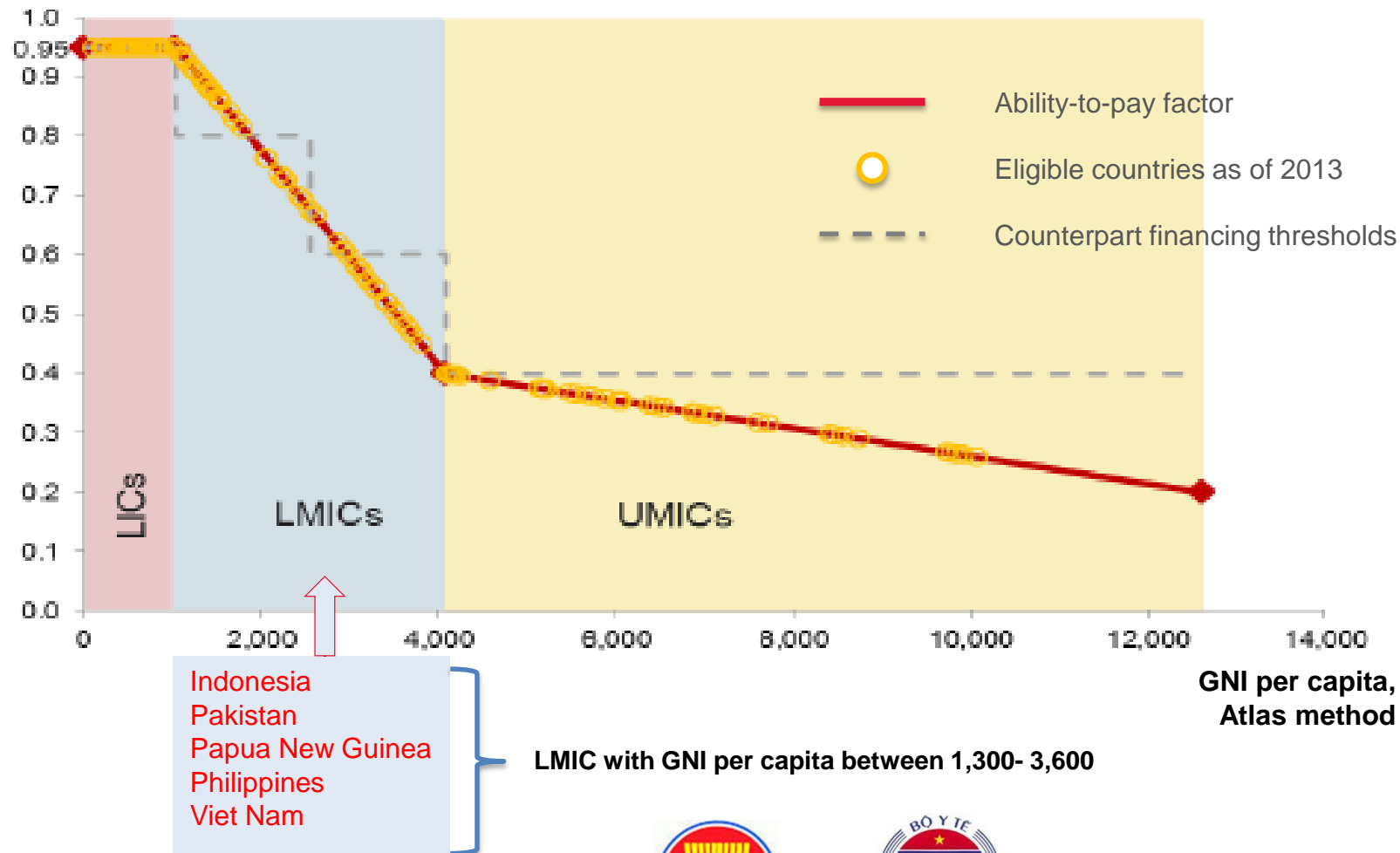


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The Global Fund's NFM may take resources out of lower middle income countries that have large populations of poor people who are infected and affected by HIV

Ability-to-pay factor



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Financial Transition Plans

- To show their path toward self-sufficiency, or in the case of the low-income countries, their path toward increased use of domestic resources, countries could develop ‘financial transition plans’.
- In order to successfully combat HIV, resources must be directed to the communities – not the countries – where the virus lives.
- Global Fund to consider eligibility rules that ensure key populations are not left behind and that community based prevention programmes continue to get assured funding



Financing systems should acknowledge the growing role of cities

- Innovative financing for cities based response
- Facilitate twinning and south to south approaches for cities
- Better and improved systems for tracking epidemic and real time corrective action
- Improved partnership between civic authorities, communities and private sector for effective delivery



Making human rights work for the AIDS response

- Countries must commit to ushering in a more friendly legal environment for key populations at higher risk to protect their right to health and well being
- Critical funding for HIV-related legal and human rights remains insufficient. A UNAIDS survey in 2014 showed that
 - **59%** of the civil society organizations implementing human rights programmes are reporting decreases in funding
 - Nearly **70%** of the organizations are not accessing domestic funding for their activities



Although there is evidence of progress, majority of countries in the region have laws that drive key populations underground

Asia-Pacific

ASEAN

37

10

criminalize some aspect of sex work

11

9

compulsory detention centres for people who use drugs

15

8

provide for the death penalty for drug-related offences

19

4

criminalize same-sex relations

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Funding gap in ASEAN

Regional resource need = US \$ 1 250 million annually

to reduce new infections and death
to attain virtual elimination of MTCT
to reduce disease burden among key populations

Resources available = US \$ 730 million annually

Resource gap = US \$ 520 million annually



Ending AIDS by 2030

ASEAN countries can substantially reduce new HIV infections and AIDS related mortality by 90% to achieve the **goal of ending AIDS by 2030** with smarter investments and effective programming.





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Thank you