

UNAIDS 2020

SRA 7: Investment and efficiency

SRA report 2018-2019

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SRA 7: INVESTMENT AND EFFICIENCY

Fast-Track commitment: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

SRA 7: The HIV response is fully funded and efficiently implemented based on reliable strategic information.

Global overview

Ensuring sustainability remains a challenge. Funding for the HIV response has stagnated, with HIV spending totalling US\$ 20.6 billion (in constant 2016 US dollars) in 2017, in large part due to increased domestic investments, which account for 57% of all funding. Around US\$ 22 billion is spent each year on HIV responses in low- and middle-income countries. In 2018, total funding for HIV programmes decreased for the first time in more than a decade, dropping by about US\$ 1 billion in low- and middle-income countries. The successful Global Fund replenishment in 2019 was a positive development, on the other hand.¹




A Fast-Track response requires an estimated investment of US\$ 26.2 billion globally in 2020, which would then steadily decrease to about US\$ 23.9 billion annually in 2030.² Those amounts are substantially higher than current funding levels. In addition to resource mobilization, substantial work remains to be done to achieve sustainable country-led responses, including greater efficiency, innovation and integration. While there are some country examples of progress, improvements through better targeting and efficiency are not yet routine.


Joint Programme contributions towards Fast-Track and UBRAF targets

The proportion of countries with a completed HIV sustainability and/or transition plan increased but remains well short of the 2019 milestone of 60%. In 2019, only 36% of countries had a sustainability plan that featured increasing domestic public and private sector investment in the HIV response and influenced policy and resource generation and allocation for the country.

¹ Sources: <https://www.unicef.org/about/execboard/files/2020-EB2-HIV-AIDS-EN-2020.01.13.pdf> and <https://www.fcaids.org/wp-content/uploads/2020/03/ULTIMATE-2018-FCAA-RT-Report.pdf>

² Source: <https://www.avert.org/professionals/hiv-around-world/global-response/funding>

Legend *					
	Meets or exceeds 2019 milestone*		Is equal to or greater than 50% of 2019 milestone		Does not meet the milestone (less than 50% of milestone)


Indicator 7.1a: Percentage of countries with a HIV sustainability plan developed		2016 [N=27]	2017 [N=29]	2018 [N=38]	2019 [N=44]
<i>2019 milestone—60%</i>	Status 	30%	28%	32%	36%
Measurements					
The country has developed an HIV sustainability and/or transition plan		31%	33%	43%	50%
		Countries who have developed an HIV sustainability and/or transition plan			
		2016 [N=27/88]	2017 [N=29/88]	2018 [N=38/88]	2019 [N=44/88]
- The plan indicates sustainability increasing domestic public investments for HIV over the years		96%	93%	95%	98%
- The plan has influenced policy and resource generation and allocation in the country		93%	86%	89%	89%
- The plan covers financial contributions from the private sector in support of the HIV response		33%	34%	34%	41%

Efficiency, effectiveness and transitioning


To maximize efficiencies, impact and return on investments, the Joint Programme supported countries in prioritizing high-impact locations, populations and programmes in their HIV responses. In 2019, 50% of countries reported having and using up-to-date quality HIV investment cases, with most countries (78%) using computerized monitoring systems to provide routine district-level data (an increase of 5% from 2016).

Working with national partners, World Bank teams carried out more than 35 allocative and implementation efficiency studies and additional care cascade analyses to enable 18 countries improve outcomes with available funds. UNDP policy and technical support to 10 countries in eastern Europe and central Asia both increased and optimized HIV investment. Examples included Montenegro's decision to earmark domestic funds to NGO-provided HIV-related services and Serbia's development of minimum services packages for HIV services to key populations.

The Working Group on Investment and Efficiency, co-convened by UNDP and the World Bank, increased the focus on investments and efficiencies, and helped country teams integrate efficiency work into country workplans and served as a platform for updating HIV investment case methods and national strategic plan guidance.

Indicator 7.1b: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—70%</i>	Status 	48%	47%	47%	50%
Measurements					
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		73%	73%	74%	78%
The country tracks and analyses HIV expenditures per funding source and beneficiary population		65%	64%	65%	68%
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		73%	72%	70%	69%

The Joint Programme continued to promote innovation in HIV service delivery by supporting countries to develop and use innovative prevention technologies and examine broader HIV testing methods. Though only 40% of countries reported having all the elements of the UBRaf indicator measurements related to new and emerging technologies, most countries (83%, n=88) reported utilizing social media/information and communication technologies (an increase of 6% from 2016).

Indicator 7.2: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—50%</i>	Status 	32%	34%	35%	40%
Measurements					
Social media/information and communication technologies		77%	81%	82 %	83%
e-health and/or m-health tools for priority HIV services		45%	45%	48%	52%
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression		60%	70%	75%	75%

WHO applied a system-wide approach to analysing efficiencies across health programmes in several countries, including Estonia, Ghana, Nigeria, Sri Lanka and South Africa, and identifying factors that compromise governments' ability to sustain or improve coverage of priority disease interventions, including HIV. The approach identified cross-cutting actions for HIV programmes, such as consolidating key functions (e.g. information technology, supply chains, laboratories, trainings), improving coordination of planning and budgeting across programmes, aligning financial management systems with service delivery objectives, and linking programmatic priorities to broader health sector reform processes.

The Joint Programme worked to support and effectively leverage universal health coverage (UHC) efforts. WHO and the World Bank co-convene UHC2030, a multistakeholder forum, and were closely involved in the development, launch and implementation activities around the UHC2030 statement on key principles to guide countries in transitioning from external funding. Those principles have informed transition planning for HIV in several countries (e.g. Cote D'Ivoire and Morocco) and were incorporated in the UNAIDS global guidance and its framework on sustainability and HIV response results. The World-Bank led review of UHC financing, supported by UNDP and others, served as the basis of the 2019 G20 Finance Ministers and Leaders' first-ever session and outcome document focused on the importance of sustainable financing for UHC-based health systems.

The Joint Programme also improved the efficiency and effectiveness of HIV interventions through innovative mobile and e-health strategies. UNICEF increased HIV prevention information to adolescents through supporting the introduction of e-health tools such as the "Secret Client" mobile app in China and a mobile app in India. In South Africa, a World Bank impact evaluation of a new smartphone app concluded that the app could significantly strengthen linkage to care for young people living with HIV if used widely. WHO worked closely with Unitaid to develop innovations to simplify service delivery and reduce costs. WHO also developed an app that, among other things, helps people make better decisions about using PrEP and reduce their risk of acquiring HIV.

Securing sufficient funding for the HIV response

In 2018–2019, the Joint Programme worked on several tracks to close the HIV funding gap.

- UNICEF expanded funding for point-of-care technology initiation and scale up in 10 countries.
- WHO, the Secretariat and UNICEF garnered additional high-level support for EMTCT programmes in western and central Africa.
- The 2019 Nairobi Summit on ICPD25 generated billions of dollars in private and public sector pledges for initiatives integrating HIV.
- UNDP continued to ensure that countries receive necessary financial and capacity building support, including by facilitating access to Global Fund resources to bridge HIV funding gaps and successfully implement grants.

Joint Programme activities also enhanced the efficiency of national responses.

- UN Women and the United Nations University worked together to strengthen allocative efficiencies, gender equality and development synergies by highlighting and recommending innovative strategies such as cofinancing for gender equality programmes between the HIV and other sectors such as education, health and social development.
- UNDP and the London School of Hygiene and Tropical Medicine-supported STRIVE Research Consortium strengthened allocative efficiencies by supporting four countries in sub-Saharan Africa to model, cost and plan cross-sectoral cofinancing approaches for investment in high-impact interventions that advance the HIV and other SDG targets simultaneously. South Africa included its modelling to expand cash plus care for adolescent girls in KwaZulu-Natal in its Global Fund HIV funding request.

- UNDP and WHO leveraged investment cases on noncommunicable diseases/tobacco control in 28 countries to strengthen countries' attention to comorbidities. Following UNDP/WHO support for investment cases, at least five countries raised or committed to raise excise taxes on health-harming products that could reduce burdens on health systems and fund the overall health response.
- The World Bank used new financing mechanisms to leverage private investment for HIV, health generally and other SDG work areas (including gender and education) that are vital for successful HIV responses. Orders for the first-ever International Development Association bonds totalled US\$ 4.6 billion, while International Bank for Reconstruction and Development issuances generated more than US\$ 350 million in additional private investment for sustainable development goals, including health.
- As of 2019 the World Bank had issued over US\$ 2 billion in bonds to highlight efforts supporting women and children's health, including their HIV-related needs.
- Through its Multi-Donor Trust Fund for Integrating Health Programs, the World Bank supported countries to transition away from external funding for health and progress towards UHC. Its Global Financing Facility operated in 36 countries and helped them use performance-based financing to improve outcomes and boost domestic financing.
- The World Bank and the Global Fund also moved ahead with a five-year commitment to contribute US\$ 24 billion to UHC in Africa. As funding transitions continue and more countries move towards UHC, the importance and impact of the Joint Programme's support for service and programme integration will grow.

Key challenges and future actions

Many countries (especially low-income countries) still rely on external funding and many middle-income countries are struggling to transition to domestic financing of their HIV responses.

The Joint Programme will continue to support countries to conduct and make effective use of National AIDS Spending Assessments and collect resource-tracking data so that HIV investment analyses can guide strategic planning. While integrated approaches to HIV, health and development are can boost the funding and efficient implementation of the HIV response, challenges include inadequate intersectoral coordination and intra-governmental incentive conflicts. Improved alignment of investment approaches on interconnected health issues is needed.

Identifying and enhancing allocative and other efficiencies will remain a priority in the years ahead. The Joint Programme will ramp up the support for efficiency-boosting activities,

including by replicating the global thematic working group at the regional level and operationalizing this approach in eastern and southern Africa. Key future actions include:

- intensified support to countries to make evidence-informed decisions regarding investments for sustainability and successful financing transitions;
- exploration of options to align the post-2021 strategic framework for HIV with the broader, multisectoral development agenda;
- support for national partners in data generation and use to improve outcomes (including through the updated Spectrum HIV projection model);
- implementation of service innovations (including service models and digital tools) to improve health outcomes and programme efficiency;
- intensified support for effective integration;
- work to ensure that lessons from the HIV response are incorporated in universal health coverage and SDG efforts; and
- efforts to maximize the impact, efficiency and sustainability of national responses through effective action to address social and structural determinants, including but not limited to gender-transformative interventions.

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