

UNAIDS 2021

SRA 7: Investment and efficiency

SRA report 2020

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SRA 7: INVESTMENT AND EFFICIENCY

Fast-Track commitment: Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 26 billion, with continued increase from the current levels of domestic public sources.


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

Global overview

The funding gap for HIV responses is widening. At the end of 2019, US\$ 18.6 billion was available for the AIDS response in low- and middle-income countries, almost US\$ 1.3 billion less than in 2017. The total funding available in 2019 for HIV in these countries amounted to about 70% of the 2020 target set by the UN General Assembly. Some countries have made significant efforts to boost domestic HIV financing, but most are either unable or unwilling to allocate funding at the levels required to meet their needs. Domestic financing accounts for approximately 57% of available financing for the global response. The impact of insufficient domestic funding is exacerbated in many countries by inefficiencies, including failure to allocate limited resources towards the most effective interventions or to focus resources strategically by location or population.

Declines in tax revenues and increases in government spending have resulted in higher fiscal deficit levels, adding to already unsustainable levels of debt in over 30 low-income countries. Several high-burden countries now face the dual challenge of HIV and COVID-19, compounding financial stress. On the other hand, resources dedicated to rebuilding health and social systems through the COVID-19 recovery present opportunities for supporting critical HIV-related needs.


Joint Programme contribution towards achieving Fast-Track and UBR AF targets

Indicator: Percentage of countries with a HIV sustainability plan developed		2016 [N=26]	2017 [N=28]	2018 [N=37]	2019 [N=43]	2020 [N=45]
2021 target—70%	Status 	30%	29%	32%	37%	40%
Measurements						
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%
		Countries who have developed an HIV sustainability and/or transition plan				
		2016 [N=26/87]	2017 [N=28/87]	2018 [N=37/87]	2019 [N=43/87]	2020 [N=45/87]
- The plan indicates sustainability increasing domestic public investments for HIV over the years		96%	93%	95%	98%	100%
- The plan has influenced policy and resource generation and allocation in the country		92%	86%	89%	88%	82%
- The plan covers financial contributions from the private sector in support of the HIV response		35%	36%	35%	42%	49%

In 2020, the Joint Programme worked to strengthen sustainability, efficiency, innovation, and integration in the AIDS response at global, regional and country levels. Transitioning to greater mobilization of domestic resources and increased sustainability through service integration were dominant themes, with projects supporting country work to increase financial sustainability. COVID-19 posed new challenges for increasing HIV investments and efficiencies, but also opportunities to show the value of investing in HIV-related infrastructure, capitalizing on increased connectivity, re-examining the impact of debilitating debt on fiscal space, and to leverage big data analytics to reach the most vulnerable people.

Sustainability, efficiency and effectiveness

The Joint Programme kept a strong emphasis on supporting countries to prioritize the most-affected locations, populations and programmes in their HIV responses, putting resources to more effective and efficient use to create results for people—all in the context of the extraordinary challenges of the COVID-19 pandemic. In 2020, 54% of countries reported having and using up-to-date quality HIV investment cases.

Indicator: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—80%	Status 	48%	47%	47%	51%	54%
Measurements						
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		72%	72%	74%	78%	77%
The country tracks and analyses HIV expenditures per funding source and beneficiary population		66%	64%	66%	69%	72%
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		72%	71%	70%	69%	71%

The World Bank and partners conducted over 20 efficiency and effectiveness studies (including service cascade and prioritization). Modelling in Kenya targeted improved county-level HIV resource allocations. Allocative efficiency studies in over 10 countries (e.g. Indonesia and Malawi) addressed HIV and comorbidities such as TB, and work in South Africa addressed HIV care cascade optimization. With local partners, UNDP, the UNAIDS Secretariat, and the World Bank published "Tackling the world's fastest-growing HIV epidemic: More efficient HIV responses in eastern Europe and central Asia". The resource presents case studies and efficiency interventions in 11 countries to spotlight the growing epidemic, the importance of reaching key populations and migrant groups with targeted support, and the value of using efficiencies to improve coverage and outcomes.

Cosponsors also focused on the financial sustainability of HIV interventions in the context of Universal Health Coverage (UHC) and COVID-19. The World Bank partnered to produce Health Financing System Assessments in Colombia, Côte d'Ivoire, Malawi, Viet Nam and the Asia-Pacific region. In Indonesia, the assessment informed the US\$ 150 million Primary Health Care Reform project to strengthen financing for health including HIV-related services. In Egypt, UNDP assessed sustainability of HIV prevention, care, and treatment services for people living with HIV and key populations during COVID-19, leading to innovative service delivery including telehealth and postal dispatching of treatment.

Supporting community-led programming

UNDP finalized its NGO social contracting guidance for countries to increase service coverage effectively through NGO partnerships and, together with the UNAIDS Secretariat, advocated for and guided countries to put in place social contracting including sharing of

lessons across countries. UNFPA and the UNAIDS Secretariat supported key population networks and capacity building for LGBTI+ organizations. UNICEF, WHO, UNFPA and the UNAIDS Secretariat collaborated to provide technical assistance and leverage funding to community-based partners to close the treatment access gap by adapting service delivery to mitigate COVID-related disruptions.

Securing financing

The World Bank developed and leveraged Sustainable Development Bonds to increase private sector investment in health and well-being, including for HIV. In 2020, work paved the way for a NOK 5 billion Sustainable Development Bond on health and gender equity and a CAD 25 million bond issue on gender equality including for health. In Uganda, UNDP, with the "One Dollar HIV and AIDS Initiative" and private sector leadership, trained 152 champions and promoters and engaged the private sector, including 73 companies, in mobilizing resources for HIV.

The UNAIDS Secretariat and Cosponsors supported 21 of 23 funding Global Fund funding requests for HIV in Window 1 (91%), and 29 of 38 in Window 2. For Window 1, 96% of funding (US\$ 2.01 billion out of US\$ 2.1 billion) went to countries that received support from UNAIDS and Cosponsors.

Cosponsors and Secretariat staff jointly provided technical assistance to support countries to effectively prioritize key interventions both at the global, regional and in particular at country level through Joint UN Teams on HIV supporting new funding request and strengthening evidence-informed and inclusive dialogue and decision making by Country Coordinating Mechanisms. For example, UNFPA supported 30 countries to ensure the inclusion of costed HIV prevention programmes in Global Fund country proposals. UNICEF supported countries in leveraging financial resources from global HIV partners, mainly the Global Fund and PEPFAR, to address the HIV needs of pregnant women, children, and adolescents leveraging the Global Fund's adolescent girl and young women catalytic initiative. In Zimbabwe, UN Women, integrated social and behaviour change interventions into the new National HIV/AIDS Strategic Plan and Global Fund proposal.

UNDP, with WHO and the WHO Framework Convention on Tobacco Control Secretariat, provided technical and advocacy support to advance the taxation of health-harming products in 34 countries, including through equity impact analyses of fiscal measures in five countries. After the support, Barbados, Belarus, Cambodia, Ethiopia, the Philippines, and Samoa all raised or committed to raise excise taxes. The Philippines is using the additional health tax revenue to improve the accessibility, affordability and quality of health care in the country. UNDP and WHO also advanced a health tax model and piloted it in Bahrain and Uganda to calculate lives saved, productivity losses averted and expected revenue increases. The Global Fund, UNDP, WHO and World Bank advanced programmatic support to countries on

health taxes through the SDG 3 Global Action Plan for Healthy Lives and Well-being for All, strengthening sustainable financing for HIV and health responses.

COVID-19 stressed financing for health systems and social support critical to the HIV response. The World Bank Group created a fast-track facility including US\$ 6 billion in World Bank financing to support health systems and US\$ 8 billion in International Finance Corporation private-sector financing to support livelihoods and economies on which domestic spending relies. The Bank later added an additional US\$ 12 billion to help countries acquire and distribute COVID-19 vaccines, as part of the overall World Bank commitment to provide up to US\$ 160 billion in financing for the response and recovery. The International Development Association, the Bank institution dedicated to the poorest countries, was mobilizing up to US\$ 55 billion between April 2020 and June 2021 to empower those countries to prepare for a resilient and inclusive recovery.

Debt service suspension can secure critical fiscal space for health and social spending essential to people affected by HIV. To help tackle the fiscal impacts of COVID-19, the World Bank and International Monetary Fund urged G20 countries to establish the Debt Service Suspension Initiative. The Initiative, which was established in 2020, has delivered about US\$ 5 billion in relief to over 40 countries helping preserve resources to safeguard the lives and livelihoods of millions of vulnerable people. Building on debt monitoring and management support, the World Bank Group supported data collection, analysis and forecasting to help countries and partners better understand implications, including for sustainable health and development financing, including HIV-related spending, and to protect essential services and fiscal space. The June and December 2020 Global Economic Prospects reports identified key impacts and the real-time COVID-19 database provided essential, granular data to help decision-makers.

Pre-COVID-19 research showed that health sector corruption causes global losses of over US\$ 500 billion per year. The Organization for Economic Co-operation and Development estimates that up to US\$ 2 trillion of procurement costs could be lost to corruption. To build global consensus and spur governments to combat corruption in the health sector, UNDP, WHO, the Global Fund and the World Bank are collaborating in the Alliance for Anti-Corruption, Transparency and Accountability in Health, and working with governments and communities to institutionalize appropriate anticorruption mechanisms in the COVID-19 health response.


Leveraging innovation in e-health service delivery and data collection and analytics

Better data is essential for more sustainable, efficient, and effective service delivery. With support from UNDP, nine Pacific Island countries through routine health registration forms will now ask patients to share basic behavioural information through routine health registration forms. This will enable more consistent data capture on populations disproportionately affected by HIV.

The UNAIDS Secretariat lead the development of the Global AIDS Monitoring report in consultation with WHO and UNICEF, PEPFAR, the Global Fund and other partners that support treatment service delivery. WHO provided strategic information guidelines, aligning WHO, the UNAIDS Secretariat, Global Fund and PEPFAR indicators, while WHO's people-centred monitoring guidelines strengthened unique identifiers, data systems' interoperability, security and confidentiality. A Global Fund-supported project, managed by UNDP and other partners, rolled out and customized DHIS-2 across South Sudan to improve reporting. In Burundi, Djibouti and Guinea-Bissau, the UNDP-Global Fund partnership in collaboration with governments pioneered a new mobile technology initiative which introduced real-time monitoring using mobile tablets to digitize HIV, TB and malaria data to map, track, prevent and treat health outbreaks in real-time. These district health information systems have now been expanded to include COVID-19 data. In Uganda, the Ministry of Health worked with WFP to review and upgrade HMIS tools and the DHIS-2 platform.

The World Bank used artificial intelligence and big data to support the HIV response in countries such as Armenia, Botswana and Zimbabwe by improving allocative and implementation efficiency for HIV and related diseases, and to improve reproductive, maternal, new-born, child and adolescent health services in Bangladesh and integration including HIV-related services in Brazil. It also developed a users' manual for care cascade analyses to improve service delivery and outcomes, providing step-by-step guidance to empower staff in resource-constrained settings. To address needs such as social protection and health including HIV, the Global Partnership for Sustainable Development Data launched a new partnership with the Global Voice Group to use Big Data analytics to support initiatives across Africa including ones that benefit people affected by HIV.

Technology innovation

Indicator: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—60%	Status 	32%	34%	36%	40%	41%
Measurements						
Social media/information and communication technologies		77%	80%	82 %	83%	86%
e-health and/or m-health tools for priority HIV services		46%	46%	48%	53%	55%
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression		60%	70%	75%	74%	72%

The Information Technology Solutions Office of UNFPA and selected UN Country Teams, developed the mHealth Starter Pack, a global digital platform for countries to expand delivery of quality SRH for women, girls and young people. The Pack proved valuable for sharing health information, including SRH and HIV content among adolescents. In Tajikistan and Uganda, UN Women developed digital apps with women living with HIV and explored opportunities provided by other digital messengers' services to reach out to populations who are left behind. In Tajikistan, the app is helping women living with HIV access data and information on the availability of HIV treatment and care more quickly, and it is enabling women to reach gender-based violence services. In Uganda, with support from the Uganda Network of young people living with HIV and AIDS, a new app is helping young women and girls access accurate information to make informed choices about their SRH, including how to prevent HIV and access services.

UNICEF-supported a WhatsApp-based U-report platform, and polled adolescents and young people to help tailor HIV programmes to their needs. In Lesotho, as part of the joint UN programme 2gether4SRHR (in partnership with WHO, the UNAIDS Secretariat and UNFPA), UNICEF conducted client-centred consultations through WhatsApp messages and phone calls using a modified survey that includes questions on access to maternal and childcare, HIV, family planning and mental health services, as well as prevention of violence. The activity resulted in remote teleconsultation services for adolescent mothers and their infants and U-Report engagement to reduce barriers to service use.

Key challenges and future actions

The economic impact of the COVID-19 pandemic is adding fiscal pressures as reduced tax revenues and higher government spending reduce fiscal space, resulting in higher debt and deficit levels.

An increased reliance on domestic funding raises concerns that key HIV-related programming may go unfunded, and many countries have not yet reached their 25% commitment for HIV prevention from their total HIV budget. Domestic funding is mainly allocated to treatment services, while prevention programmes for key populations, adolescent girls and young women, and programmes that address human rights barriers and structural inequalities are predominantly funded from international sources or are barely funded at all. Support for community-led responses may also face similar challenges in countries where international financing is scarce and domestic space and financing for civil society is constrained.

The track record on data collection, analysis and use remains mixed. There is a strong need for more fine-grained data collection so decision-makers can better understand the impact and needs in different locations in order to target limited resources and maximize results.

Areas of note include:

- gaps in individual-level, person-centred data and monitoring, particularly for prevention and community information, key populations and other vulnerable groups such as refugees and migrants;
- a significant shortfall in political will and in concerted efforts to collect sex- and age-disaggregated data, conduct gender analysis, use the findings to inform actions and monitoring frameworks, as well as cost and allocate budgets, and track expenditures for gender equality as part of national HIV responses;
- more detailed, publicly available budget data to track spending and budgeting commitments; and
- monitoring and evaluation for PrEP services captures initiation of this prevention method, but not effective use or continuation, and challenges exist in monitoring and evaluation for HIV self-testing.

In many countries, efficiency and effective analytics are still not consistently conducted and, when done, the results are not always fully used to improve targeting of resources and guide programming decisions. Use of technological innovations in the areas of digital health, big data, artificial intelligence and other technologies is also very much a work in progress, with notable examples often only isolated pilot projects. Ensuring broader, more timely and equitable access to technologies will be an important area of attention, including for the Joint Programme, in line with the new Global AIDS Strategy. Cosponsors will continue working to support the development of more integrated digital platforms that combine initiatives to improve shared use, reduce inefficiencies and support individuals—with the aim to improve results for those in need.

In line with the new Global AIDS Strategy and the 2025 targets, the Joint Programme, in addition to the action points noted above, will:

- support reforms that broaden the vision of HIV-related financing to promote a people-centred, whole-health system and multisectoral approach addressing the structural drivers of inequality, promoting progressive financing, UHC and increased social spending;

- maintain global solidarity and shared responsibility in mobilizing significant new resources to get the response on-track to end AIDS as a public health threat and address the impact of COVID-19 on the HIV response;
- improve the equality and strategic impact of resource allocations to achieve sustainable solutions for underserved populations;
- work to support quality and transparency of data to inform priority setting, monitor progress and support transparent sharing and monitoring of spending;
- prioritize actions to focus finite resources on the settings, populations and game-changing approaches that will have the greatest impact; and
- support country-specific planning and increased focus on allocative efficiency to strengthen service delivery and health outcomes, while also improving tailoring of programme based on data-driven analysis of need and impact.

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