



**WORLD BANK GROUP**

# Maximizing the impact of HIV investments



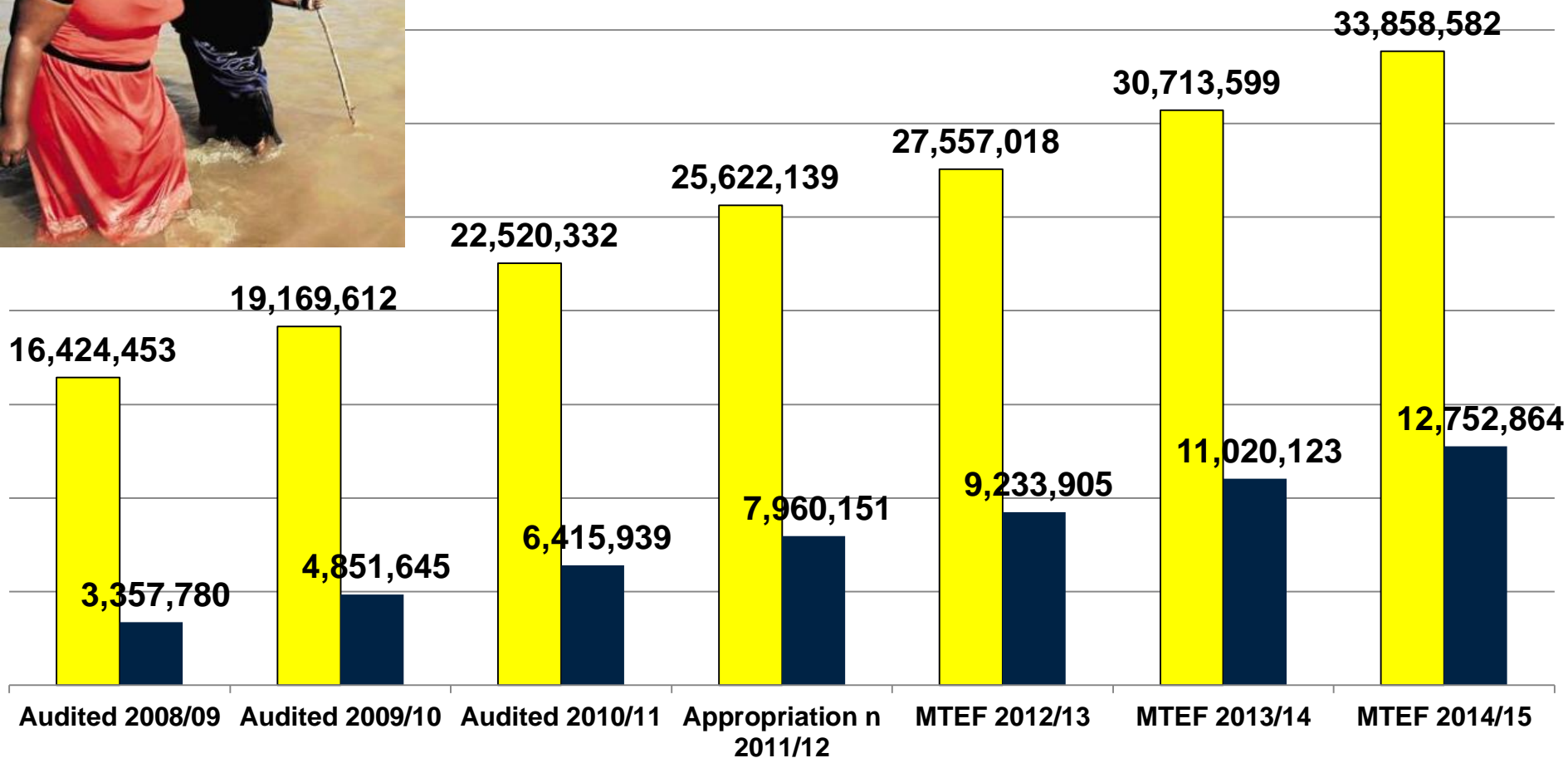
David Wilson  
Global HIV/AIDS Program Director  
The World Bank



“The single thing that would most maximize investments is reducing new HIV infections”

South Africa Program Manager

# South Africa's AIDS and health budget



■ Total national health budget
 ■ National health HIV/AIDS budget

# Cost-effectiveness of HIV investments

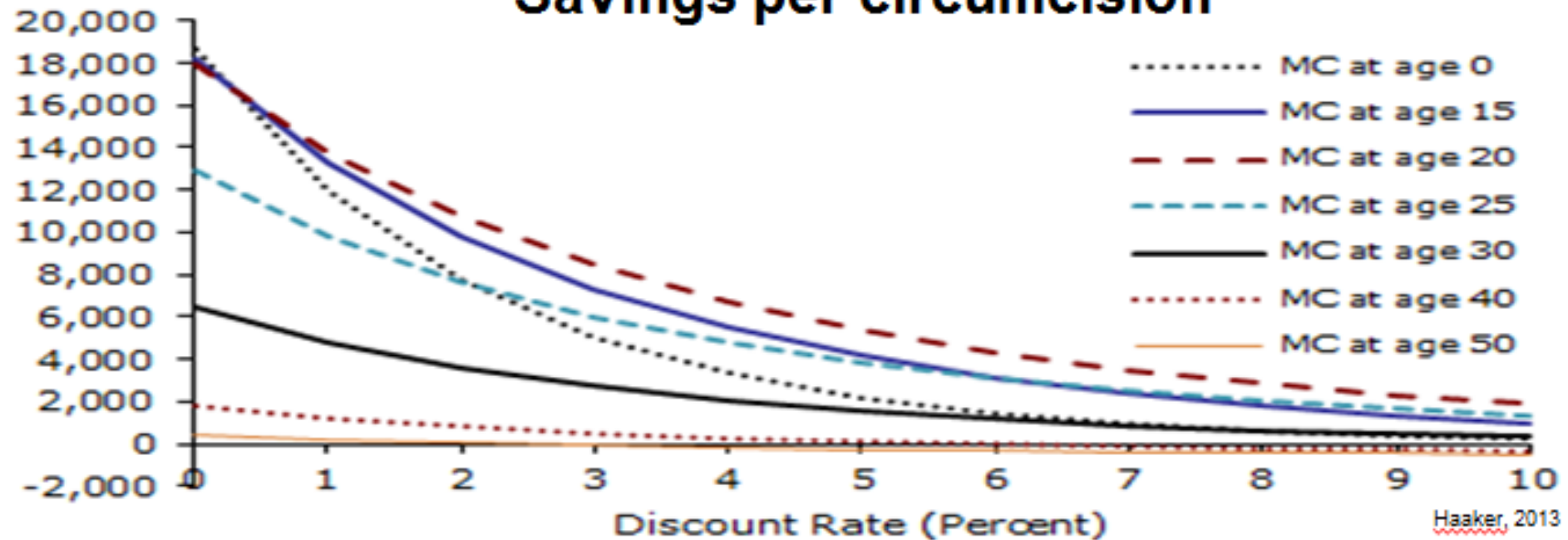
80% implementation will avert 3.4 million (22%) of new HIV infections in 14 priority countries

Cost-effective - net savings per MC \$1,100 at age 20 – compared to \$8,000 for TasP

MC pays for itself in 7 years at age 20

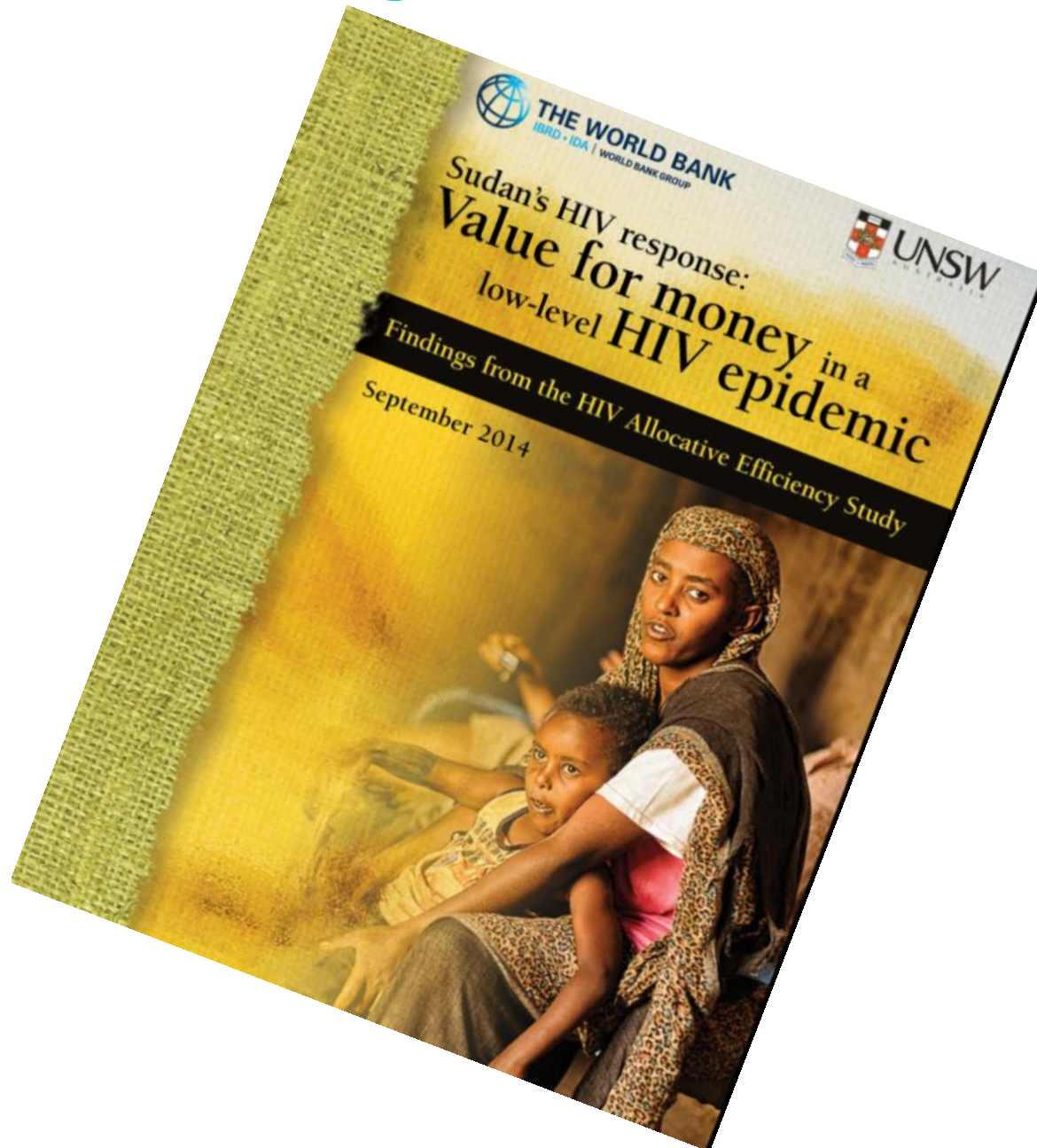


## Savings per circumcision

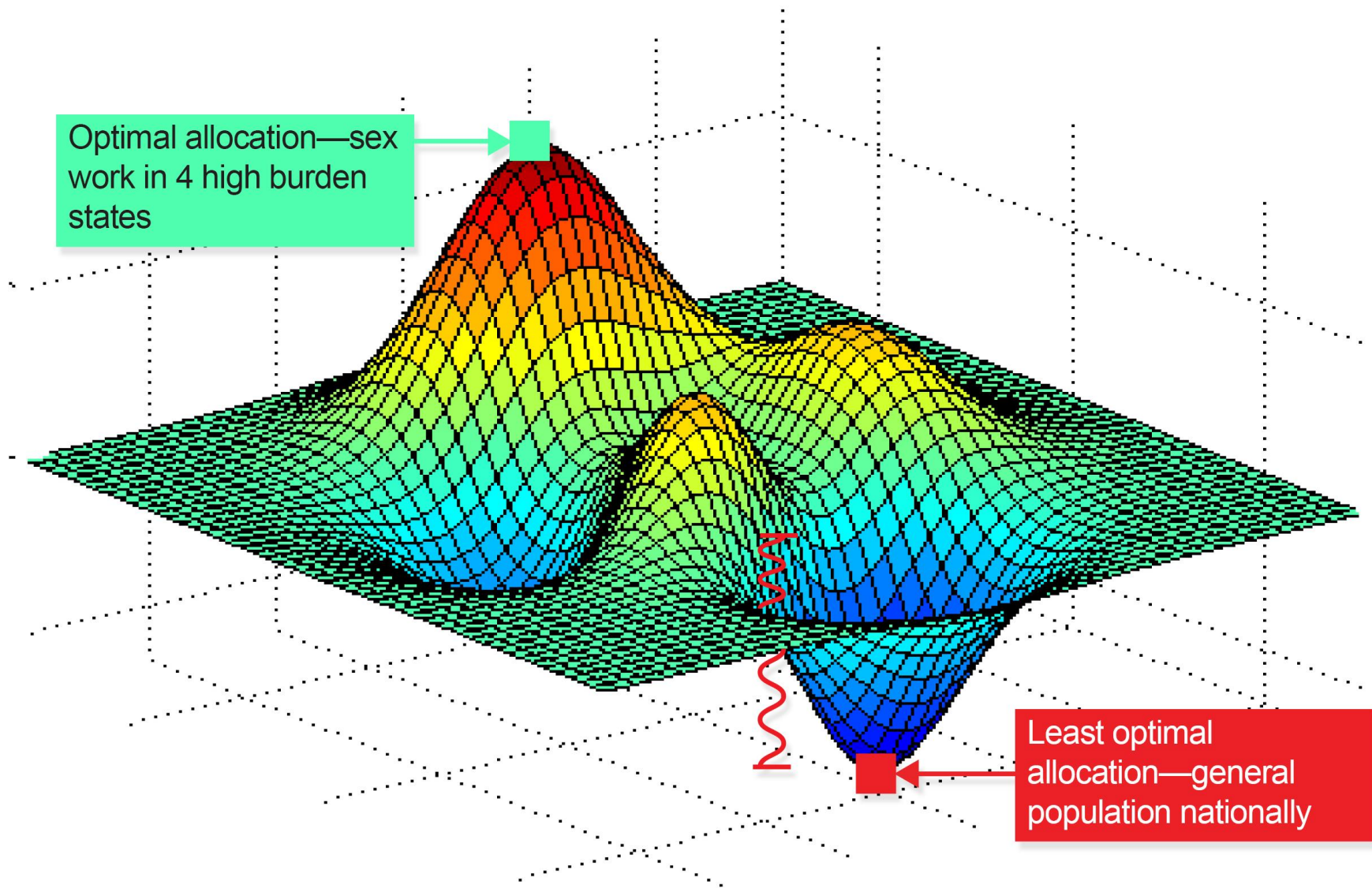


Haaker, 2013

# Optimizing HIV investments



# Optimizing HIV Investments in India





# Optimizing HIV investments in Sudan

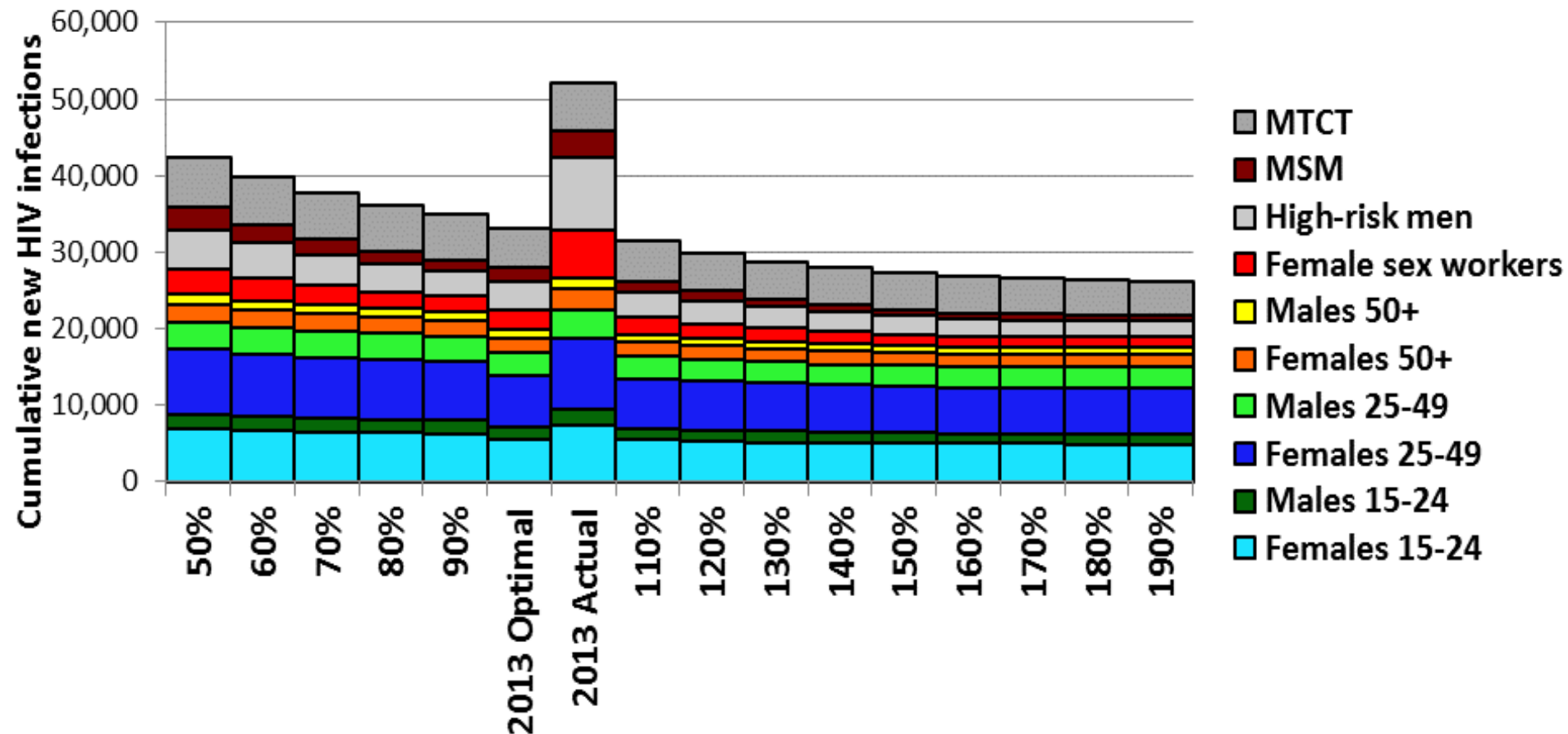
With same \$6.4 million in 2013, Sudan could avert additional 19,000 infections (36% of cumulative HIV infections) from 2014–20 by reallocating funds from general population as follows:

ART 12-22%

SW clients 4-10%

FSW 4-15%

MSM 2-6%





# Optimizing increased investment in Zambia

With a 140% budget optimized as follows, Zambia could achieve the gains below:

Decrease MTCT proportion

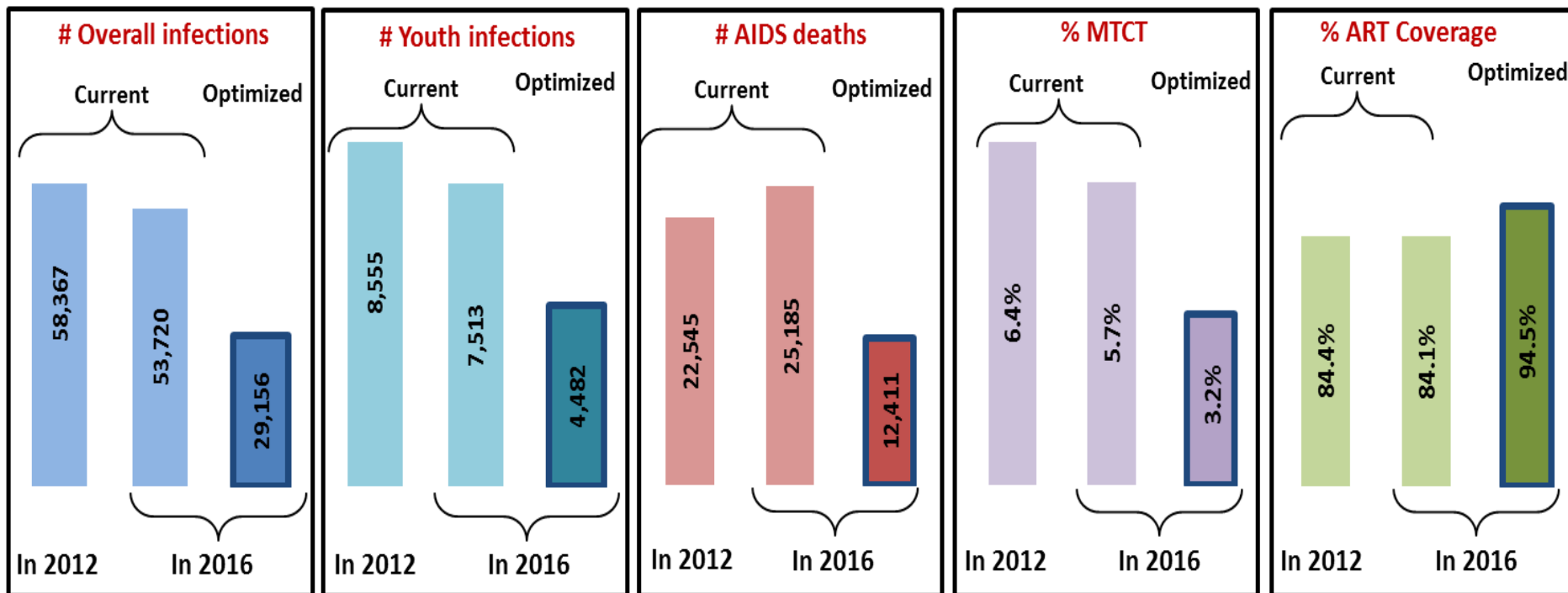
Increase MC 25-55M

Increase SW/client 0-10M

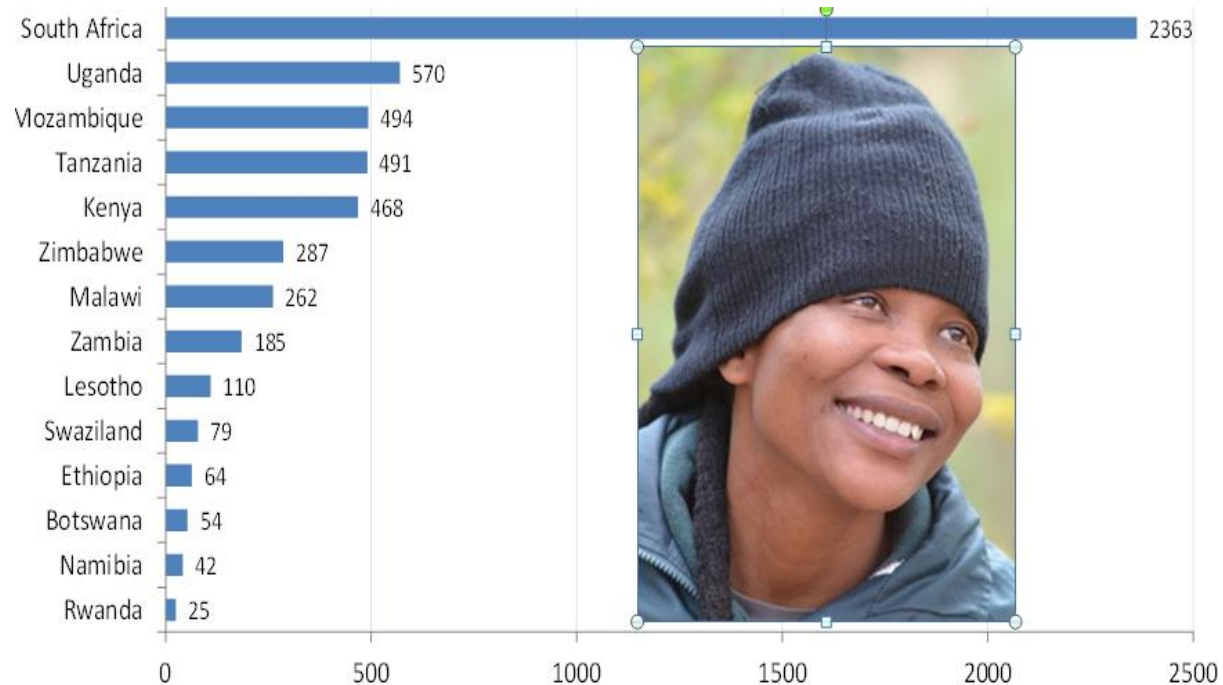
Decrease BCC 13-0M

Increase Testing 17-35M

## Outcomes of spending



# What's missing – young women in hyper-endemic countries



Can't just offer more of same

Cash transfers?

Combined with PrEP in peak epidemics?

# Thank you

