

UNAIDS 2022

SRA 7: Investment and efficiency

SRA report 2021

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AIDS response is fully funded and efficiently implemented based on reliable strategic information

Global overview

The funding gap for HIV responses is widening, with stark gaps in lower middle-income and upper middle-income countries. At the end of 2020, US\$ 21.5 billion (in constant 2019 United States dollars) was available for the HIV response in low- and middle-income countries, about 61% of it from domestic sources. Several funding commitments by donors for HIV were cancelled or drastically reduced in 2021. Some countries have made significant efforts to boost domestic AIDS financing, but most are unable or unwilling to allocate funding at the levels needed.

Inefficiencies, including failure to allocate limited resources to the most effective interventions or to focus resources strategically by location or population, diminish the impact of HIV investments and allow inequalities to persist. Declines in tax revenues and higher fiscal deficit levels add to already unsustainable levels of debt in over 30 low-income countries. COVID-19 has compounded financial stress and is leaving high-burden countries dangerously unprepared for tackling current and future pandemics. Resources dedicated to rebuilding health and social systems through the COVID-19 recovery present opportunities for strengthening HIV responses.

Total HIV investments of US\$ 29 billion per year will be needed by 2025 to implement the Global AIDS Strategy and get on-track to end AIDS as a public health threat by 2030. However, the socioeconomic impact of the COVID-19 pandemic could also affect spending levels on HIV, health and other critical HIV-related development areas at a time of increasing need. In 2020 alone, an additional 100 million people were pushed into extreme poverty.

Joint Programme contribution towards achieving SRA 7

UBRAF indicator progress

Indicator 7.1a: 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 [N=47]	Progress 2016 to 2021
2021 UBRAF target– –70%	Status 	30%	29%	32%	37%	40%	36%	
Measurements								
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%	54%	
Countries who have developed an HIV sustainability and/or transition plan								
		2016 [N=26/8 7]	2017 [N=28/8 7]	2018 [N=37/87]	2019 [N=43/8 7]	2020 [N=45/8 7]	2021 [N=47/8 7]	Progress 2016 to 2021
○	The plan indicates sustainability and increasing domestic public investments for HIV over the years	96%	93%	95%	98%	100%	100%	
○	The plan has influenced policy and resource generation and allocation in the country	92%	86%	89%	88%	82%	79%	
○	The plan covers financial contributions from the private sector in support of the HIV response	35%	36%	35%	42%	49%	45%	
<p>The 2021 UBRAF target of 70% for this indicator was not reached. However, there was a significant increase in the percentage of reporting countries that developed an HIV sustainability plan and/or transition plan, from 30% in 2016 to 54% in 2021. While all these plans indicate increasing domestic public investments for HIV, the instances where plans are reported to have influenced policy and resource generation allocation in the country have fallen from 92% to 79%, and only 45% of plans cover financial contribution from the private sector for the HIV response.</p>								
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=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target– –80%	Status 	48%	47%	47%	51%	54%	54%	
Measurements								
A computerized monitoring system that provides district level data on a routine basis, including key HIV service delivery variables (ART and PMTCT)		72%	72%	74%	78%	77%	78%	

The country tracks and analyses HIV expenditures per funding source and beneficiary population	66%	64%	66%	69%	72%	74%	↑
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)	72%	71%	70%	69%	71%	74%	↑
The Joint Programme is a major provider of technical assistance to countries to develop investment cases or similar exercises to improve allocative efficiency at country level. A significant percentage of countries (ranging from 74–78%) have at least 1 of 3 key elements of the HIV investment cases (computerized monitoring system that provides HIV services delivery data; HIV expenditure tracking and analyses; country allocations based on epidemic priorities and efficiency analyses). Only 54% of 87 countries have all three components of the HIV investment cases.							
Indicator 7.2: 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 [N=87]	Progress 2016 to 2021
2021 UBRAF target– –60%	Status 	32%	34%	36%	40%	41%	46% ↑
Measurements							
Social media/information and communication technologies	77%	80%	82 %	83%	86%	85%	↑
e-health and/or m-health tools for priority HIV services	46%	46%	48%	53%	55%	59%	↑
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression	60%	70%	75%	74%	72%	77%	↑
The Joint Programme promotes innovation in HIV service delivery, including e-health and mobile health for comprehensive sexuality education, HIV testing, ART case monitoring and other priority health services. In 2021, a high percentage of countries that reported using social media and other communication technologies and diagnostics for rapid diagnosis combined HIV/syphilis for monitoring of viral suppression, but a lower percentage of countries (59%) reported having e-health and/or m-health tools for HIV services. Forty-six percent of countries reported using all of these innovative technologies for service delivery, short of the UBRAF target for 2021.							

Top achievements in 2020–2021

Support countries to improve sustainability through the mobilization of domestic resources, service integration and financing for prevention, and to address COVID-19 impacts, including direct support for greater evidence-informed focus for impact of Global Fund grants in over 77 countries.

The Joint Programme emphasized mobilization of domestic resources and service integration as key strategies for strengthening the sustainability of the HIV response. Priority was given to high-impact locations, populations and programmes in countries' HIV responses and budgeting. In 2020–2021, 54% of countries where the Joint Programme operates reported having in place and using up-to-date quality HIV investment cases. In addition, UNFPA supported SRH investment cases in several countries, including Botswana, Nigeria, Uganda and the United Republic of Tanzania. The World Bank, UNAIDS Secretariat and partners conducted over 20 efficiency and effectiveness studies (including service cascade and prioritization). Modelling in Kenya targeted improving county-level HIV resource allocations.

Allocative efficiency studies in over 10 countries (e.g. Botswana, Indonesia and Malawi) addressed HIV and comorbidities, while work in South Africa focused on optimizing outcomes along the HIV care cascade. The Joint Programme also supported a quality review of national HIV strategies in more than 20 countries.

The Joint Programme guided and supported evidence-informed Global Fund requests, grant implementation and the resolution of bottlenecks, including through contributions to at least 77 country coordination mechanisms. In 2020–2021, results of this critical partnership included: over 80% of HIV applications to the Global Fund, guiding US\$ 5 billion in HIV funding for impact; well-prioritized 28 HIV/TB country grants and 12 Global Fund strategic initiatives on HIV, such as condom programming in 4 countries and cross-cutting issues such as human rights and gender; greater focus on prevention programmes in Global Fund grants in 30 countries; grant reprogramming to ensure continuation of HIV services in the context of COVID-19 in over 10 countries; prioritized applications from 22 countries for funding under the Global Fund COVID-19 Response Mechanism (C19RM), including the mobilization of US\$ 237 million for 4 countries in 2021; and inclusion of populations living with, at risk of and or affected by HIV in humanitarian situation in Global Fund's grants. In its capacity as interim principal recipient, UNDP managed 32 Global Fund grants in 22 countries and 2 regional programmes covering an additional 11 countries.

Responses to COVID-19 have demonstrated the importance of financing for health systems and social support. The World Bank Group created an initial fast-track facility of US\$ 14 billion including US\$ 6 billion to support health systems. It later added US\$ 20 billion to help countries acquire and distribute COVID-19 vaccines, as part of US\$ 157 billion in response and recovery financing.

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

Improving impact, efficiency and equity in the use of resources through data-driven, targeted approaches and effective community responses, including through over 20 efficiency and allocation studies, health financing and HIV service sustainability assessments.

The Joint Programme supported more than 10 countries with community-led responses and their financing to advance sustainability. Building on the NGO social contracting guidance, UNDP developed a [methodology](#) to calculate the social return on investment of social contracting through NGOs for HIV service provision, piloting the methodology in Belarus, Bosnia and Herzegovina, Morocco, North Macedonia and South Africa. This work informed a [policy brief on social return on investment for HIV services](#). UNICEF, WHO, UNFPA and the UNAIDS Secretariat provided technical assistance and leveraged funding to community-based partners to close treatment access gaps by adapting service delivery to mitigate COVID-19-related disruptions.

To ensure that essential health financing reaches its intended beneficiaries, UNDP, WHO, the World Bank and the Global Fund formed the steering committee for the Coalition for Anti-Corruption, Transparency and Accountability (CATCH), working with governments and communities to institutionalize anticorruption mechanisms in the COVID-19 health response.

Leveraging big data, artificial intelligence and technology to increase impact with available resources, including through community-based data collection and the development and deployment of digital service delivery tools in countries such as Lesotho, Panama and Tajikistan.

The Joint Programme worked to leverage digital innovations to improve health service delivery and generate strategic information to guide health decision-making. For example, in Nigeria, UNDP worked with partners to develop a set of indicators focused on key populations to inform health programming. In Sierra Leone, UNDP supported community members to collect data related to HIV services as part of a national community-led monitoring system. The World Bank used artificial intelligence and big data to support the national HIV responses (e.g. in Armenia, Botswana and Zimbabwe), improving allocative and implementation efficiencies, and helping countries better leverage digital health tools. Strategic information guidelines aligned WHO, the UNAIDS Secretariat, Global Fund and PEPFAR indicators, strengthening unique identifiers, data systems' interoperability, security and confidentiality.

UNFPA, working with IITSO and UN Country Teams, accelerated digital health service delivery across countries through YouthCONNECT, a global digital platform for countries to expand delivery of quality SRH for women, girls and young people. The UNICEF-supported WhatsApp-based U-report platform polled adolescents and young people to help tailor HIV programmes to their needs. In Lesotho, through the 2gether 4SRHR joint UN programme, UNICEF conducted client-centred WhatsApp and phone consultations to provide remote teleconsultation services for adolescent mothers and U-Report engagement to reduce barriers to service use, in partnership with UNFPA, WHO and the UNAIDS Secretariat.

In Indonesia, Tajikistan and Uganda, UN Women developed digital applications with and for women living with and affected by HIV. "DeLila" in Indonesia provides peer legal and psychosocial counselling to survivors of violence and facilitates referral to health services and police. In Uganda, with support from the Uganda network of young people living with HIV, a new [UNFPA SRHR App](#) helps young women and girls access accurate information and access services. The World Bank strengthened national digital health capacities to support the use of technology to improve the impact of and access to services for marginalized communities, including through digital health assessments. UNDP supported 86 countries in digital solutions and innovation for health, including an assessment of HIV-related stigma in Egypt, provision of health and psychosocial information to young people living with HIV in Ghana, and HIV testing and prevention services key populations in Panama.

Key challenges and lessons learned

Many countries have not realized their commitment to dedicate 25% of their HIV budgets to prevention. Programmes for key populations, adolescent girls and young women and programmes focused on human rights, social and structural inequalities are financed largely through international channels, if at all. Community-led responses remain under-funded. The economic impact of the COVID-19 pandemic and growing fiscal, food and energy crises may

undermine the ability of some countries to protect health and social spending levels or mobilize external financing for the HIV response.

Insufficient domestic funding is compounded by inefficiencies. In many countries, efficiency and effectiveness analytics are still not consistently conducted and results are not always fully leveraged to improve targeting of resources and guide programming decisions.

More granular data collection and analysis are needed so decision-makers can better target limited resources to reduce inequalities and improve results. Particular gaps include: sex- and age-disaggregated data and gender analysis; individual-level data, especially on key populations and vulnerable groups (e.g. refugees); publicly available budget data; guidance on measuring incidence; tracking ineffective use of PrEP and cessation; and data on HIV self-testing results.

Leveraging technological innovations in digital health, big data, artificial intelligence and other technologies for reducing health inequities at scale, beyond the confines of discrete uses of individual applications in pilot initiatives remains a major challenge. Ensuring that vulnerable groups, especially rural women and girls, benefit from innovations must be a priority.

Key lessons to accelerate progress towards the 2025 targets include:

- ensure a broader HIV-related financing vision; a person-centred, multisectoral approach addressing social and structural drivers of inequalities, progressive financing, UHC and social spending;
- increase domestic financing efficiencies and mobilize additional resources, mitigate COVID-19 impacts and leverage opportunities to build forward in ways that benefit the HIV response;
- improve the equality and strategic impact of resource allocations to achieve sustainable solutions for under-served populations;
- improve data quality and transparency to focus resources on settings, populations and approaches for greatest impact;
- enhance country-specific planning and increased use of allocative efficiency to strengthen service delivery and health outcomes, as well as programme tailoring based on data-driven analysis of needs and impact; and
- pursue initiatives to better leverage digital and other technological innovations to reduce inequalities and improve outcomes and access to innovations and digital resources for key populations, women and girls and other vulnerable groups.

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