

Investment and efficiency

UBRAF 2016-2021 Strategy Result Area 7



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Achievements

Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information

Sustainable financing and investment remains a major challenge for fast tracking the HIV response. UNAIDS Secretariat estimates that by 2020, the global price tag for the Fast Track will be at least USD 26 billion per year in low- and middle- income countries (per 2015 classification). In a context of reduced international funding, improving financial sustainability and efficiency of investments is vital, as well as improved programme effectiveness. It is also essential to take into account broader trends in development assistance and in the health sector to ensure the long-term sustainability of national responses. As more countries transition towards an increased share of domestic financing for their HIV response, the support of the Joint Programme for cross-sectoral integration is helping to maximize sustainable funding opportunities and minimize the service disruptions of a complex transition.

A key challenge for sustainability is the space HIV prevention and treatment services will find under the Universal Health Coverage (UHC) umbrella and multisectoral funding frameworks. The World Bank, WHO and UNDP, as well as the Secretariat, have therefore been providing global guidance, direct technical assistance and funding to help countries define a sustainable path. In 2016, the Bank and WHO, together with the government of Japan, the Global Fund and the African Development Bank, launched *UHC in Africa*, which provides a big-picture view of UHC and identifies key areas, including HIV, critical to achieving better health outcomes. The World Bank and WHO also released “*Tracking Universal Health Coverage*” to assess countries’ progress towards UHC, while the World Bank finalized a series of four country studies, “*HIV/AIDS and Universal Coverage Financing in Africa*”, to help the Governments of Cote d’Ivoire, Kenya, Nigeria and Tanzania assess the financial sustainability of HIV/AIDS interventions within the context of UHC. Meanwhile, UNDP launched a project with the Government of Japan to support cross-sectoral co-financing for health and UHC in seven sub-Saharan countries. UNDP also strengthened partnerships on tobacco control and non-communicable diseases, leading to the creation of global joint programmes with WHO.

Efficiency and effectiveness of AIDS response

The Joint Programme also leveraged its collective expertise in 2016 to ensure a more sustainable cross sectoral approach and benefit from opportunities arising from service delivery integration. For example UNICEF used its community-level work around the world to demonstrate the potential for more efficient use of human resources. In 2013, only 10 of the 21 Global Plan countries applied HIV task shifting or delegation of HIV related medical services from doctors to nurses and community health care workers. In 2016, through UNICEF's 'proof of concept' approach, all 21 countries were applying task shifting to manage HIV among pregnant women, mothers and their infants. Meanwhile, WFP worked to highlight the importance of addressing emergencies, structural drivers and food as a critical part of the HIV response. This global and regional level advocacy work led to an approximate US\$ 22 million commitment from PEPFAR to support malnourished and food insecure people living with HIV in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe.

Joint Programme technical assistance additionally contributed to improving the effectiveness of the response. For example, UNICEF in partnership with WHO, led on the adoption of a more efficacious and simpler ART regime. Thanks to coordinated advocacy and demonstrations of how to implement at lower costs, 21 of the eMTCT Global Plan countries adopted the policy. UNFPA supported the implementation of comprehensive male and female condom programming that ensured maximum effectiveness for condom interventions. In 2016, 54 countries implemented all four steps of the implementation phase as recommended by UNFPA. WFP and London School of Hygiene and Tropical Medicine also completed a study on the investment returns of food-based interventions for ART patients in ESA. The findings suggested that investment in ending hunger could contribute to improved treatment adherence and retention in care.

Technological and service delivery innovations

The Joint Programme also pursued innovative m-health strategies in 2016 and developed new tools to improve the efficiency of the response. For example:

- WFP used innovative technologies to collect and manage data on its programmes and beneficiaries as well as for resource mobilization. One such innovative platform is mobile Vulnerability Analysis and Mapping, which (among other countries) is used in South Sudan to capture data on HIV/TB programme attendance, food deliveries and distribution, as well as Nutrition Assessment, Counselling and Support indicators;

- UNICEF utilized mobile technologies to create demand and monitor service utilization. For example U-Report, a social messaging tool that encourages adolescents and young people around the world to speak out on issues that affect them has over 2.4 million registered users and is live in over 25 countries;
- As part of its Solar for Health initiative, UNDP is scaling up the use of solar panels in health facilities as part of Global Fund implementation support, providing electricity to primary health care clinics offering ART in Zimbabwe and health warehouses in Zambia
- WHO made progress on several work streams on innovation, including Treatment Optimization, Differentiated service delivery (Differentiated Service Delivery) models, HIV Monitoring & Diagnostics, HIV Testing, PrEP and Innovations for VMMC;
- The Secretariat has been promoting innovation in UNAIDS strategic information products and is collaborating with private sector on integration of community data into national monitoring and evaluation systems. A new SMS platform was developed with Orange - the MTEW platform (Mobile Training Every Where).

Collaborating with the UNAIDS Secretariat and other cosponsors, the World Bank worked on more than 10 allocative efficiency studies across the six regions in 2016.

In coordination with the UNAIDS Secretariat, the Bank also completed additional impact evaluation studies, such as the second phases of the ART adherence study in South Africa.

In November 2016, WHO convened a consultation with a number of stakeholders on the application of HIV Differentiated Service Delivery models for specific populations and settings, with a focus on pregnant and breastfeeding women, children, adolescents and key populations. This led to the development of key considerations for families and key populations for Differentiated Service Delivery. WHO additionally supported Kenya, South Sudan and Zimbabwe to integrate these key considerations into their National Operational Manuals for Differentiated Service Delivery. In 2016 WHO started work to review the safety and efficacy data on next-generation PrEP products, including the dapivirine vaginal ring, which is being considered by the European Medicines Agency under a collaborative process with WHO known as Article 58. WHO is actively involved with partners working on long-acting PrEP and collating evidence and experiences from oral PrEP programmes to support rapid effective implementation of long-acting PrEP, if and when products are shown to be safe and effective from clinical trial research.

In partnership with the UNAIDS Secretariat and other cosponsors, the World Bank conducted several studies in 2016 that provided additional evidence for the use of innovative tools and approaches in the HIV response. Such studies include the evaluation of a smartphone app in a randomized controlled trial conducted by the Bank in urban Johannesburg. As part of the ART adherence study conducted in South Africa, the World Bank also tested several service delivery modalities for decentralized medication provision, include:

- Adherence Clubs (as an efficient mechanism for ART clients' drug refill),
- The Central Chronic Medicine Dispensing and Distribution scheme
- The Central Dispensing Unit scheme.

Challenges

Dependency on external funding: This, as well as the transition to domestic financing mechanisms remains a challenge. The World Bank, UNDP, the UNAIDS secretariat and other partners provide critical inputs to countries in this transition. Although more integrated approaches provide clear opportunities, 168 other SDG targets also require resources (projected at US\$ 3.5 to five trillion per year). Persistent issues around inter-sectoral coordination and intra-governmental incentive conflicts are noticeable challenges.

Implementation, translation and scale up: Implementation of funding re-allocations, translating technical efficiency knowledge into actions and reaching full scale implementation at the desired coverage levels are also major challenges. Additional technical support is needed to help countries implement the recommendations and ensure maximum impact

Ensuring continuity of online technologies: For M-health, a key challenge is ensuring continuity of use of internet/cloud/mobile-based platforms, since access to Wi-Fi is not easy and data can be costly. UNESCO is looking into options to offer an offline version of its CSE courses which can be delivered from a CD-ROM, thereby bypassing the need for internet access. Data is also still lacking in emergency contexts

Inclusion and capacity development of networks of people living with HIV: The networks of people living with HIV have vastly different capacities. In some settings, the networks of people living with HIV have substantial gaps in knowledge on SDGs. Some others have already established a strong foothold in the SDGs implementation, but require more tailored policy guidance and support. As the countries embark on the SDGs localization, it is essential to sustain robust investment in building capacity and disseminate good practices on integrating people living with HIV priorities into the national policies, programmes, actions, budgets and accountabilities.

Key future actions

Key future actions by the Joint Programme will include:

- UNICEF will continue to provide support to countries in the collection, analysis and use of age/sex disaggregated data to sharpen HIV programmes for children and adolescents. UNICEF is committed to the development of a social and community accountability mechanism to reinforce broad community engagement around adolescent priorities;
- UNDP's focus is squarely on supporting the implementation of three global programmes for low and middle-income countries: (1) cross-sectoral co-financing, (2) catalyzing multisectoral action on noncommunicable diseases, (3) strengthening implementation of the WHO Framework Convention on Tobacco Control to achieve the SDGs. The three programmes seek to strengthen inter-sectoral coordination and include specific approaches to finance development priorities such as HIV and related co-morbidities;
- UN Women will continue to advance meaningful participation of people living with HIV and ensure sustainable spaces are established for people living with HIV to voice their priorities and advocate for actions, budgets and accountability frameworks;
- The World Bank will keep a strong focus on sustainability, efficiency and effectiveness. In support of domestic budget planning, Global Fund concept notes and COP planning processes, the World Bank will launch a new series of allocative and implementation efficiency studies, with a priority on fast track countries and countries transitioning towards domestic funding for their HIV response;
- UNFPA will continue to support advocacy efforts of key populations for claiming their human rights, reducing violence and increasing access to SRH/HIV services.

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