

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. UNAIDS estimates that the Fast-Track AIDS response will cost an estimated US\$ 31.1 billion in 2020 and US\$ 29.3 billion in 2030. Meanwhile, investments needed to implement Agenda 2030 in full are projected to be US\$ 3.5 to US\$ 5 trillion dollars per year. Countries will need to be more strategic and innovative than ever in how they prioritize HIV, health and development, and the UN system will need to provide targeted support accordingly. While more integrated approaches and increased innovative financing are necessary, addressing allocative and technical inefficiencies in existing resources and assets will also enhance the sustainability of the response, especially in a context of reduced international funding.

Stable and sustainable financing strategies. It is essential to account for broader trends in development assistance and in the health sector to ensure the long-term sustainability of national HIV 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 helps 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 Care (UHC) umbrella and multisectoral funding frameworks. The World Bank, WHO and UNDP have been providing global guidance, direct technical assistance and funding to help countries define a sustainable path to UHC. The World 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, that are critical to better health outcomes. The World Bank and WHO released Tracking universal health coverage to assess countries' progress towards UHC. The World Bank finalized a series of four country studies based on a review entitled HIV/AIDS and universal coverage financing in Africa, to help the Governments of Côte d'Ivoire, Kenya, Nigeria and the United Republic of Tanzania assess the financial sustainability of HIV and AIDS interventions within the context of UHC. UNDP supported seven governments in sub-Saharan Africa to finance across sectors for HIV/health and UHC. This resulted, for example, in South Africa including a cofinancing component within its National Strategic Plan 2017–2022 on HIV, tuberculosis and sexually transmitted infections (STIs).

Cosponsors also supported innovative financing approaches to increase domestic resource space. The World Bank, WHO and UNDP have been working with finance and health ministry officials in many low- and middle-income countries to improve the effectiveness and efficiency of their tobacco tax systems and promoting increased tobacco taxes (as well as other health-harming products such as alcohol) to reduce health burdens (including from TB) and raise additional domestic revenues for health and the HIV response. The World Bank provided technical support to several countries to assess the potential of innovative financing; for example, in 2017 it published Fiscal space for health in Malawi and revenue potential of innovative financing. UNDP focused on advocacy and multisectoral governance structure support to advance institutional, programmatic, planning and financing synergies between HIV, TB and noncommunicable disease responses, leveraging its Global Fund partnership. In 2017, UNDP advanced at high-level forums the need for integrated responses to communicable and noncommunicable diseases and published more than a dozen technical and advocacy tools to support integrated responses to interlinked health and development challenges.

The Joint Programme leveraged its collective expertise to ensure a more sustainable cross-sectoral approach and benefit from opportunities arising from integration.

In 2017, UNICEF, along with UNFPA, UNAIDS and WHO, mobilized funds from Sweden to implement a four-year project (2018–2021) to scale up integrated sexual and reproductive health (SRH), HIV and gender-based violence services in eastern and southern Africa. UNICEF's focus in this project will be prevention of mother-to-child transmission (PMTCT) and adolescent HIV. This shared project will have a regional component focused on leveraging the learning and progress to other high-burden countries in this region.

UNICEF also collaborated with the Global Fund to leverage US\$ 6.5 million in funding on adolescent girls and young women in seven countries in Africa. Increased advocacy and evidence-driven national plans for PMTCT, paediatric AIDS treatment and adolescent HIV prevention resulted in increased capacity for national programmes to leverage additional partnerships and resources for programme scale-up through domestic resources and through key donors (Global Fund, the United States President's Emergency Plan for AIDS Relief, or PEPFAR, and UNITAID) in west and central Africa. In Asia, UNICEF leveraged resources for PMTCT activities from the Global Fund.

WFP worked to highlight the importance of addressing emergencies, structural drivers, food and nutrition as a critical part of the HIV response. This global and regional-level advocacy work led to an approximate US\$ 25 million commitment from PEPFAR to support

malnourished and food-insecure people living with HIV in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe. WFP continues to work with partners (including the Bill & Melinda Gates Foundation, UNFPA and the Global Fund) to improve the efficiency of HIV and health supply chains and tackle chronic constraints to commodity availability.

UNHCR advocated for the inclusion of refugees and internally displaced persons into HIV programmes and worked with governments to build capacity to address HIV within displaced populations. In 2016, UNHCR ensured all refugee populations living with HIV were fully integrated into the national HIV care and treatment programme in Nepal. In Ghana, UNHCR worked to increase national capacity to deliver integrated SRH services especially for marginalized and vulnerable young people.

Through in-country workshops conducted in Belarus, Democratic Republic of Congo, Kazakhstan, Kenya, Mozambique, Namibia, Russia, Thailand, Ukraine and Zimbabwe, UN Women and ICW-Global worked to ensure that women living with HIV networks succeeded in raising gender equality priorities at national SDGs dialogues.

Efficiency and effectiveness of AIDS response

The World Bank, UNDP and the UNAIDS Secretariat have kept a strong emphasis on support for investment cases and optimal allocation of resources that prioritize high-impact locations, populations, and programmes. In the biennium 2016–2017, the World Bank was working on more than 15 allocative efficiency studies across the six regions, in partnership with the Secretariat and in several countries with UNDP. This included, for example, in the eastern Europe and central Asia region an analysis of the effect of the actual reallocation of HIV resources in Belarus after the Optima study. These budget reallocations project to avert an estimated 3200 new infections by 2018 and an estimated 25 000 infections by 2030. In addition, a rapid analysis of antiretroviral medicines (ARVs) prices in Bulgaria, as well as an analysis of implementation and allocative efficiency of programmes for people who inject drugs, were conducted. In the west and central Africa region, the World Bank completed three allocative efficiency studies in Cameroon, Côte d'Ivoire and Togo, underscoring the need for additional efforts to close the significant treatment gap in the region, and stressing the need for continued investment on key population prevention and treatment programmes.

Joint Programme technical assistance contributed to improving the effectiveness of the response. For example, UNICEF, in partnership with the WHO, led on the adoption of a more efficacious and simple antiretroviral therapy (ART) regime. Thanks to coordinated advocacy and demonstrations of “how to” implement at lower costs, 21 of the elimination of mother-to-

child transmission (eMTCT) Global Plan countries adopted the policy. UNICEF also 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. Today, through UNICEF's proof of concept approach, all 21 countries are applying task-shifting to manage HIV among pregnant women, mothers, and their infants.

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 development phase as recommended by UNFPA. A UNFPA-funded study found that increasing investments in procuring and distributing male condoms provide significant economic returns for countries with scarce resources. The study, written by experts from UNFPA and Avenir Health, showed that, in addition to meeting a human right, additional funding for male condoms is a smart investment. An additional investment of US\$ 27.5 billion in male condoms in 81 high-burden countries by 2030 would meet all unmet demands for family planning, as part of a package of contraceptives, and 90% of the condom needs for HIV and STI prevention among high-risk groups. This could prevent 700 million STIs, 17 million HIV infections and 420 million unintended pregnancies.

WFP and London School of Hygiene and Tropical Medicine completed a study on the investment returns of food-based interventions for ART patients in eastern and southern Africa. The findings suggest that investment in ending hunger could contribute to improved treatment adherence and retention in care and reduced HIV transmission, and co-investing in HIV and food interventions could enhance the efficiency of HIV treatment and prevention efforts. WFP's vulnerability assessments inform and improve the efficiency of HIV responses in several countries, including in Burundi. WFP is also working with UN partners, such as UNICEF, to standardize monitoring and assessment methodologies to improve the way data are gathered, processed and utilized.

In 2017, WHO prequalified the first HIV self-test in a move to increase HIV diagnosis and treatment. The product uses oral fluid as a specimen and provides results as quickly as 20 minutes. The prequalification allows countries to increase access to testing outside clinical and fixed settings. It has huge potential to reach populations who are currently not accessing testing, including men, key populations and adolescents. Ongoing work by WHO is also supporting implementation research on blood-based HIV self-tests and supporting the prequalification of these tests. WHO recommends pre-exposure prophylaxis (PrEP) for anyone at substantial HIV risk. As it is not feasible or cost effective to provide PrEP to all adolescent girls and young women, even in high-incidence countries, WHO has been working

with countries in southern Africa to analyse their data on this group to support the focus of PrEP programmes, both geographically and looking at the potential of risk-score.

Technological and service delivery innovations

Leveraging mobile health for impact. The Joint Programme pursued innovative mobile, or m-health strategies and developed several new tools to improve the efficiency of the response.

In line with its ongoing digital transformation and new nutrition policy, WFP is expanding its digital beneficiary system and developing an application for the electronic registration, tracking and management of beneficiaries of community-based and managed acute malnutrition programmes. The application is known as SCOPE Conditional On-Demand Assistance, (SCOPE CODA). SCOPE CODA merges identity and programme management functions to support improved management for nutrition treatment and health programming for all stakeholders. The application is operating in South Sudan and Uganda. While it has been developed initially for malnutrition treatment, it is presently being expanded to ensure that malnutrition treatment is mainstreamed in essential health services and with other vulnerable populations.

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 more than 2.4 million registered users and is live in more than 25 countries.

In Zambia, UNDP is piloting the use of solar panels in 11 primary health-care clinics that provide treatment for people living with HIV as part of Global Fund implementation support. The programme will be scaled up to provide solar power for 1000 health facilities. Drawing on the success of the Zambia pilot, UNDP will install solar panels in 60 health facilities in Sudan and 500 health facilities in Zimbabwe.

As part of its work to scale up quality comprehensive sexuality education (CSE), UNESCO is exploring a variety of innovative media and information and communication technology (ICT) approaches. In eastern and southern Africa, west and central Africa and Latin American and the Caribbean regions, work has been ongoing to identify pragmatic, cost-effective approaches to ICT-based education, including teacher training. In the eastern Europe and central Asia region, UNESCO and UNAIDS have collaborated on several media initiatives, including social media, talk shows and the development of videos. Radio and TV programmes on CSE, SRH and HIV prevention have been used widely in other regions, including eastern

and southern Africa, where more than five million people were reached with CSE advocacy messages.

The World Bank provided financing for multiple projects fostering eHealth innovations; the eGabon project, for example, which aims to improve availability of information to support service delivery. The bank also provided evidence for the use of innovative tools, including an evaluation of a smartphone app in a randomized controlled trial in South Africa.

WHO made progress on several work streams on innovation leading to efficiency: treatment optimization, differentiated service delivery (DSD) models, HIV monitoring and diagnostics, HIV testing, PrEP and innovations for voluntary medical male circumcision (VMMC). WHO has been engaging with social media groups, particularly those focusing on providing social networking services for men who have sex with men (MSM). Engaging with these groups (for example, via dating apps Blued, hornet, Grindr etc.) is a potentially powerful way of reaching MSM to provide information and HIV messages about where to receive testing, PrEP and other HIV prevention advice.

Challenges

Dependency on external funding and the transition to domestic financing mechanisms remain a challenge. While the SDGs provide the overall framework for development, the challenge will be to fund all the priority UNAIDS areas within a broader competitive donor climate. With shrinking HIV resources and even greater competition within HIV programmes, funding priorities will be even more difficult. To maximize funding opportunities, HIV programmes should explore support across several of the SDGs and explore co-funding arrangements with partners from other sectors to identify and pilot innovative financial instruments that can drive investment and support SDG interventions. This process requires HIV expertise that is becoming harder to sustain with the shrinking of flexible funds

Reallocating funding, 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 recommendations and ensure maximum impact.

There is a continued challenge in supporting investment analyses due to limitations in data availability and lack of political commitment for prioritization, efficiency and sustainability to ensure modelling results in all countries lead to policy and implementation changes. The capacity of the Joint Programme to conduct vulnerability assessments has also been reduced. For example, in 2016 WFP had to discontinue several vulnerability assessments, meaning reduced capabilities to target interventions for these populations, which has a negative impact on the Joint Programme's collective understanding of the epidemic and ability to design interventions based on actionable data.

For m-health, a key challenge is ensuring continuity of use of internet/cloud/mobile-based platforms, since access to Wi-Fi is not always easy, and data can be costly. UNESCO, for example, is considering options to offer an offline version of its CSE courses that can be delivered from a CD-ROM, thereby bypassing the need for internet access.

Finally, many influential actors constantly seek newer technologies at the expense of current, proven ones. Condoms are inexpensive, relatively known, and require relatively little educational effort to inform younger, sexually active generations about their use. However, many donors have reduced their support for condom programmes and governments have not allocated their own resources to these.

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Key future actions

To mitigate its budgetary shortfall, UNICEF reallocated some of its core funding to stabilize essential staff posts and redefined its programme of support by applying a more differentiated approach that considers both the HIV epidemic context and the strength of the country response. UNICEF is also working to further integrate and mainstream the HIV response across other sectoral mandates, while ensuring accountability to results.

WFP will continue to support partners (including the Bill & Melinda Gates Foundation and the Global Fund) to improve the efficiency of their investments in HIV and health supply chains in an innovative and transformative manner. WFP will support delivery of HIV and health commodities in challenging areas, at the same time mapping supply-chain bottlenecks, developing solutions and building local capacity.

UNDP's focus is on supporting the implementation of the following three global programmes for low- and middle-income countries that aim to strengthen intersectoral coordination and include specific approaches to finance HIV and other development priorities: cross-sectoral cofinancing for HIV and UHC; activating national responses to noncommunicable diseases; and strengthening implementation of the WHO Framework Convention on Tobacco Control (FCTC) to achieve the SDGs.

UNFPA will provide scientific evidence to governments and provide technical assistance to facilitate the implementation of condoms availability in high schools. Because of the high exposure to sexual activities in universities, UNFPA will support governments and academia to research interventions for/with students to curb the STIs, HIV and unintended pregnancies in these settings. Urgent actions are needed to help young people protect themselves from infections.

UN Women will continue to advance meaningful participation of women living with HIV and ensure sustainable spaces are established for this group to voice priorities and advocate for actions, budgets and accountability frameworks.

The World Bank will continue to support countries in their efforts to build a sustainable HIV response by providing technical assistance and implementation support. The World Bank is planning 15 additional allocative and implementation studies in the 2019 financial year as well as a series of regional capacity-building workshops across three regions. The workshops will aim to build country capacity to

use decision science and optimization tools as well as big data analytics and machine learning.

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