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Joint United Nations Programme on HIV/AIDS

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Regional Expert Consultation on Developing Evidence-Based National HIV Investment Cases (NICs) and Sustainability Plans

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United Nations Conference Center, Bangkok

REPORT OF THE REGIONAL EXPERT CONSULTATION ON DEVELOPING EVIDENCE BASED NATIONAL HIV INVESTMENT CASES (NICs) AND SUSTAINABILITY PLANS

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I. BACKGROUND

1. The Regional Expert Consultation on Developing Evidence-Based National HIV Investment Cases (NICs) and Sustainability Plans was organized by the Economic and Social Commission for Asia and the Pacific (ESCAP) in cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), on 9 and 10 December 2015 in Bangkok.

2. The Consultation was attended by national-level experts from Governments, civil society and the United Nations system, as well as regional networks of civil society organizations, development partners and representatives of the United Nations Regional Interagency Team on AIDS.

II. OBJECTIVES OF THE CONSULTATION

3. The objectives of the Consultation were:

a) Enhanced capacity and knowledge of policymakers and key stakeholders for developing evidence-based HIV investment cases and sustainable funding plans;

b) Enhanced capacity of policymakers and key stakeholders to ensure effective implementation and follow up on the HIV investment cases and sustainable funding plans.

III. OPENING OF THE CONSULTATION

4. Welcome remarks were delivered by Ms. Laura Lopez, Director, Social Development Division, ESCAP, and Mr. Steve Kraus, Director, UNAIDS Regional Support Team for Asia and the Pacific (RST-AP). An opening address was made by Mr. J.V.R. Prasada Rao, United Nations Secretary-General's Special Envoy for AIDS in Asia and the Pacific.

5. Ms. Lopez began by highlighting ESCAP's focus on supporting member States in developing sustainable HIV responses, notably with the adoption of the Regional Framework for Action on HIV and AIDS beyond 2015 (the "ESCAP Roadmap"). She noted that a key aspect of the ESCAP Roadmap is the commitment to develop evidence-based national HIV investment cases and sustainability plans. She emphasized that this is a concrete action to further commitments Asia-Pacific countries have already made in intergovernmental fora at the regional and international level - in particular the Addis Ababa Action Agenda which calls for strengthening the mobilization and effective use of domestic resources for sustainable development. She noted that the AIDS epidemic cannot be ended without addressing the determinants of vulnerability and the holistic needs of people at risk and living with HIV. She stressed that therefore there are critical links between the AIDS response and several of the Sustainable Development Goals (SDGs), within and beyond SDG 3 on health and target 3.3 on ending the AIDS epidemic. She highlighted that the investment approach pioneered by the AIDS response is increasingly being taken on board to accelerate gains on other global health and development issues. She ended by expressing her gratitude to the United Nations Secretary-General Special Envoy for AIDS in Asia and the Pacific, UNAIDS and UNDP for their close partnership and cooperation.

6. In his opening remarks on behalf of UNAIDS, Mr. Steve Kraus emphasized the importance of this meeting in light of member State's commitment to implement the Regional Framework for Action on HIV and AIDS beyond 2015. Mr. Kraus stressed how vital it was to have the relevant government sectors in sustainable AIDS financing together

in one meeting room: health, finance and planning, together with civil society organizations (CSOs), and development partners. He also noted that the United Nations - delivering as one - stands committed to support this kind of multi-sectoral dialogue at the country-level. He congratulated countries on the progress that had been made in developing national investment cases. He stressed that they are live documents which need to be revisited and readjusted as the epidemic and response landscape evolve. Mr. Kraus concluded by assuring the meeting of the United Nation's continued support to countries as they apply strategic investment thinking to end the AIDS epidemic as a public health threat by 2030.

7. Mr. J.V.R. Prasada Rao, thanked ESCAP for its energy and commitment in bringing about the ESCAP Roadmap at a critical time, noting that ESCAP has been the only Commission to adopt strong resolutions that explicitly refer to specific key populations. He described the Asia-Pacific region's record in responding to HIV as mixed – while some countries have witnessed progress in reducing or stabilizing the epidemic, the number of new infections in other countries was on the rise. He noted a key challenge in the region that only about eight per cent of funding for HIV and AIDS is used for prevention among key populations at higher risk of HIV exposure. These prevention programmes are overwhelmingly funded by international donors and are at risk as funding transitions toward countries taking on greater responsibility. The investment analysis shows how damaging this would be and there needs to be an unrelenting focus on effectiveness and efficiency of spending based on the epidemic profile of the country. He further noted that there had been little progress in addressing the needs of most key populations, such as injecting drug users, transgendered persons and men who have sex with men. Mr. Rao ended by expressing hope and confidence that the Asia-Pacific region has the potential to be the first region in the world to achieve the fast track targets towards ending AIDS by 2020 and by 2030.

IV. OVERVIEW OF THE CONSULTATION

8. This session was facilitated by Mr. Tristram Price, Associate Social Affairs Officer, ESCAP, who began by leading a round of introductions of the participants. He provided an overview of the ESCAP Roadmap[1] noting the interrelated nature of its three pillars - the development of evidence-based national HIV investment cases and sustainability plans; national reviews and consultations on legal and policy barriers; and national stakeholder consultations to promote access to affordable medicines, vaccines and diagnostics. He introduced the programme of the Consultation and provided an overview of the focus and the expected outcomes of each session.

V. COUNTRY EXPERIENCES IN DEVELOPING EVIDENCE BASED NATIONAL INVESTMENT CASES

9. The first part of the session focused on the experiences of Bangladesh, Indonesia and Myanmar in developing NICs. The AIDS Epidemic Modeling (AEM) tool was used in all three countries to generate evidence that helped guide the development of the NICs. Through AEM countries obtained different scenarios with projections on the level of impact on the AIDS burden (e.g. number of new HIV infections and AIDS-related deaths) with different levels of financial investment. Scenarios ranged from baseline or "business as usual" to a fast track vision aiming to rapidly end AIDS in the overall population beyond key populations. Governments then selected one scenario taking into consideration the impact of planned interventions, its economic feasibility and the political aspiration of the

[1] E/ESCAP/HIV/IGM.2/5

national leadership. There was general agreement on the need to focus resources and interventions on key populations and geographical areas with the highest HIV prevalence. One of the key challenges identified by the Myanmar delegation was the 28 per cent AIDS prevalence among people who inject drugs (PWIDs); relatedly, the Bangladesh delegation highlighted the low coverage of prevention interventions, HIV testing and counseling for key populations as a challenge. The Indonesian delegation reported that the country had already started focusing investments at the city level (starting with Jakarta). All three countries underlined the need to ensure sustainability of the AIDS response through an efficient use of existing resources, integration of HIV and AIDS services into Universal Health Coverage schemes and increasing multi-sectoral collaboration. They identified the need for active involvement of CSOs, effective advocacy and increasing support from external development partners. They also raised the need to close service gaps in rural areas and to reduce out-of-pocket expenditure for people living with HIV.

10. In the second part of the session the delegations of Nepal, Philippines, Thailand, and Viet Nam delivered presentations on their experiences in developing evidence based national investment cases. These countries had likewise used AEM; the exception was Nepal which had based its cost-effectiveness analysis on a triangulation of the country's epidemic data with evidence from various cost-effectiveness studies among key populations in Asia. Once again the importance of reliable and up-to-date data, specifically unit costs, was raised, with the Philippine delegation stressing the need for further research including on behavior among key populations. The countries also noted the importance of consulting with civil society and different stakeholders within Government in order to fill information gaps regarding the nature of the epidemic in their context. Such engagement was also critical to building political support for the implementation of the investment case. The delegation from Viet Nam stressed that an investment case is only the first step in a long process to achieve buy-in from policy makers for the decisions that can fast-track the national HIV response. Issues were raised relating to the need to ensure the involvement of subnational authorities where health provision is decentralized and to review investment cases after the expiration of current cases.

11. The subsequent discussion focused on issues such as developing plans which take into account the ongoing contraction in funding for HIV; the place accorded to community-based testing and measures to reach hitherto-unreached populations in investment cases; the sharing of responsibility between local and national government units in the investment cases; and the context of the Sustainable Development Goals which have only included HIV in one of the 169 targets. The importance of the private sector as a health care provider was emphasized, noting that it was essential to include the private sector in any plan, while the empowerment of city-level authorities, where the epidemic was concentrated, was also considered. The need to ensure accountability in the context of decentralization was also raised, as was the need to show returns to policymakers by focusing funding on high impact activities, such as testing among key affected populations, which is the gateway to scaling up access to prevention and treatment services.

VI. COMPARATIVE ANALYSIS OF NATIONAL INVESTMENT CASES AND LESSONS LEARNT FROM EPIDEMIOLOGICAL MODELLING

12. The session was moderated by Dr. Maria Elena Filio-Borromeo, Investment and Efficiency Adviser of UNAIDS, RST-AP. She explained the importance of high quality data for developing a successful NIC as well as the need for countries to lead and own the NIC development process. She explained the background to the commissioning of the comparative analysis of NICs in the Asia region which was intended to review the

usefulness of existing tools, the various in-country processes and to document best practices to assist countries yet to develop an NIC. Ms. Sally Wellesley, Consultant, presented the initial findings. She noted that all the NICs were guided by the UNAIDS investment framework. All but one of the NICs used AEM as an analytical tool to generate long-term projections of the impacts, costs and benefits of various investment scenarios by adjusting interventions and levels of programme coverage. In contrast, Nepal triangulated epidemiological data with evidence from regional cost-effectiveness studies among key populations to determine priority, cost-effective interventions – the results were used to make the case for reprogramming a Global Fund grant and to refocus implementation of the national strategic plan. She noted that CSOs tended to be involved at the latter stages of the development process, and suggested that they ought to be involved from the outset. She noted particularly promising practices such as: including an analysis of potential sources of sustainable funding, including an advocacy plan, and using the investment case as a basis for transition strategies. She identified the following lessons learnt for the next generation of investment cases: tailor investment case products for different audiences; address legal barriers to channeling Government funds to CSO partners; strengthen the evidence base; promote regional knowledge sharing on sustainable financing options; actively use investment cases to increase political will for focusing investments on key populations; and strengthen alignment with health sector planning and broader national development objectives.

13. Dr. Tim Brown, Senior Fellow, Population and Health Studies, East-West Center, Hawaii, presented on the lessons learnt and challenges of the AIDS Epidemic Model (AEM) which provides the necessary quantitative understanding of the epidemic and the responses to it. The AEM enables the comparison of program alternatives and will identify the most effective both with existing and additional resources. The process involves extensive scenario analysis and is conducted in-country. One of the key lessons has been that the in-country engagement has many benefits – the process is as important as the product. It brings more data and program information to light, builds a common understanding of the epidemic through the data, and builds ownership of the outputs and strengthens the advocacy process. The process does face data challenges – whilst epidemiological and size estimate data are usually available, data on programme cost, coverage and effectiveness are still weak. There is a lack of common coverage definitions and cost methodologies are not standardized. Another lesson learnt was that key populations remain critical but that most funding for key population programmes is external. Dr. Brown also noted that key populations' engagement in the investment case process is relatively weak. He cited best practices as engaging a wide-variety of stakeholders in the process, including communities; using all possible data sources; stressing the downstream costs of inaction; and targeting ART strategically.

14. Dr. Brown stressed that in order to secure a sustainable response it was necessary to build a strategic intelligence system at the national level as investment cases need to be updated as new data becomes available. The investment case process needs to be put on a sustainable in-country footing which means establishing national analytic capacity linked to policymaking processes. The NIC needs to be used to expand advocacy and this is an area that would benefit from additional technical support. Dr. Brown concluded by noting that investment cases must also address transition issues.

VII. EVIDENCE BASED HIGH IMPACT INTERVENTIONS FOR KEY POPULATIONS

15. During this session which was moderated by Ms. Vladanka Andreeva, Regional Strategic Intervention Adviser Prevention and Treatment, UNAIDS, participants discussed

the need for evidence-based high impact interventions tailored towards key populations. Dr. Sutayut Osornprasop, Human Development Specialist, World Bank, noted that increasing the funding allocation to prevention programmes targeting key populations in the context of a concentrated epidemic was proven to be effective. Merely reallocating existing funding towards these prevention programmes can have a high impact. He presented findings from the World Bank's analysis using the "Optima" tool that had shown that in Sudan and in Nigeria in 2013, optimal allocation of existing funds could avert an additional 19,000 and 89,000 infections respectively. He noted that this optimization model helps to increase allocative efficiency and increase access to ART, and reduce management and procurement costs.

16. Ms. Brianna Harrison, Human Rights and Law Adviser, UNAIDS, stressed the interrelated nature of the three pillars of the ESCAP Roadmap - the development of evidence-based national HIV investment cases and sustainability plans; national reviews and consultations on legal and policy barriers; and national stakeholder consultations to promote access to affordable medicines, vaccines and diagnostics. She noted that there was no one size fits all approach in terms of the focus and calibration of programmes required to eliminate specific social and structural barriers to access. She highlighted that social enablers may also have broader development benefits with implications for funding and evaluation. She outlined evidence that without addressing social and structural barriers, basic programmes and services won't reach those who need them most, when they need them. Because social and structural barriers involve interplay between factors at individual, community and structural levels, all three levels need to be addressed. Given the complexity there can be no complete picture of the impact of interventions that address all three levels. She cautioned against inadequate assessments of value for money, countries should employ multi-dimensional cost-benefit analyses that take into account the wider impact of programmes across all sectors. Despite the complexity she stressed that it is possible to programme around policy change and that this needs to be included in NICs.

17. Ms. Harrison observed that countries had taken a variety of approaches to integrating critical enablers into their investment cases. Nepal and Thailand had costed and included some critical enablers as a standalone element; Bangladesh had added an amount (12-18 per cent) on top for critical enablers; whereas some countries had not separately costed critical enablers. She flagged the UNAIDS Human Rights Costing Tool as a way to develop unit costs. She stressed the need to work with CSOs to ensure that interventions to address social and structural barriers are fully implemented, including regular monitoring, robust evaluations and reporting. She concluded by noting the importance of strengthening data to inform future sustainability planning and better assess the cost-benefit of specific critical enabler programmes.

18. Dr. Ly Penh Sun, Director, National Center for HIV/AIDS, Dermatology and STD of Cambodia, highlighted the country's achievement in reaching over 80 per cent of those in need of ART, as well as its commitment to "Treat and Test All". He remarked that one of the challenges faced is to get accurate data at the sub-national level due to limited human resource capacities to build and analyse HIV cascades. In line with SDG target 3, the Cambodian Government will focus on the sustainability of the HIV response. He noted that to make programmes more sustainable, including those tackling social and policy barriers, significant investments are required to strengthen specific capacities including human resources, private sector engagement, and commodity security and supply chain resilience.

19. In the subsequent discussion participants highlighted the regional platform and commitments provided by the ESCAP Roadmap as an opportunity to generate momentum

in addressing barriers to accessing services for key populations. Participants raised the pressing need for more robust and tailored advocacy in addressing barriers faced by key populations including criminalization. It was agreed that further research needed to be done on how to effectively cost and include critical enablers in national investment cases. Participants stressed that the HIV response is not just a question of addressing disease and infection, but is part of a much broader agenda of social inclusion, which will be critical in meeting the wider 2030 Development Agenda. Finally, the possibility of task shifting to community health workers was highlighted as both a source of programmatic efficiency and as a way of overcoming stigma and discrimination faced by key populations in accessing services.

VIII. PROMOTING ACCESS TO AFFORDABLE MEDICINES, DIAGNOSTICS, AND VACCINES AS PART OF THE INVESTMENT APPROACH

20. Ms. Nadia Rasheed, Team Leader, HIV, Health & Development, Asia-Pacific, UNDP, moderated the session and highlighted the commitment made by member States under the ESCAP Roadmap to hold national stakeholder consultations to promote access to affordable medicines. She reiterated the linkages between the pillars of the Roadmap and observed they could not be tackled in isolation. Ms. Cecilia Oh, Programme Advisor, Access and Delivery Partnership, HIV, Health and Development Group, UNDP, delivered a presentation setting out future scenarios with their cost implications and options in response. She highlighted some key trends with implications for efforts to secure sustainable financing. These included: the increasing need for second and third line HIV treatments; recently changed guidelines on pre-exposure prophylaxis (PrEP); and HIV co-infections and co-morbidities for example Hepatitis C.

21. Dr. Naoko Ishikawa, Scientist, Division of Communicable Diseases, Regional Office for the Western Pacific, WHO, presented on the cost implications of the new WHO guidelines on HIV. These include the recommendation that antiretroviral therapy (ART) should be initiated in everyone living with HIV at any CD4 cell count, and that the use of daily oral PrEP is recommended as a prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. She outlined that delivery of PrEP to key populations at highest risk of HIV exposure appears to be the most cost-effective strategy with the cost-effectiveness dependent upon cost, the epidemic context, program coverage and prioritization strategies, participants' adherence to the drug regimen, and efficacy estimates. Offering PrEP in situations where the incidence of HIV is greater than 3 per 100 person-years is expected to be cost saving; it may still be cost-effective at lower incidence thresholds. Regarding the other guidelines she summarized that high levels of testing