



HIV financing status in selected countries of the Western Pacific Region (2009-2015)

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All data are from the databases below unless otherwise stated.

- 1) HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub [online database]. Bangkok: Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), World Health Organization (WHO), Asian Development Bank (ADB); 2016 (www.aidsdatahub.org).
- 2) AIDSInfo [online database]. Geneva: UNAIDS; 2015/2016 (<http://aidsinfo.unaids.org>, accessed June 2015/2016).
- 3) Global AIDS Response Progress Reporting (GARPR) online reporting tool [online database]. Geneva: UNAIDS, WHO, UNICEF; 2016 (<https://aidsreportingtool.unaids.org/>, accessed June 2016).
- 4) Global Health Expenditure Database (GHED) [online database]. Geneva: WHO; 2016 (<http://www.who.int/health-accounts/ghed/en/>, accessed June 2016).
- 5) World Development Indicators [onlinedatabase]. Washington: The World Bank; 2016 (<http://data.worldbank.org>, accessed June 2016).

Overview

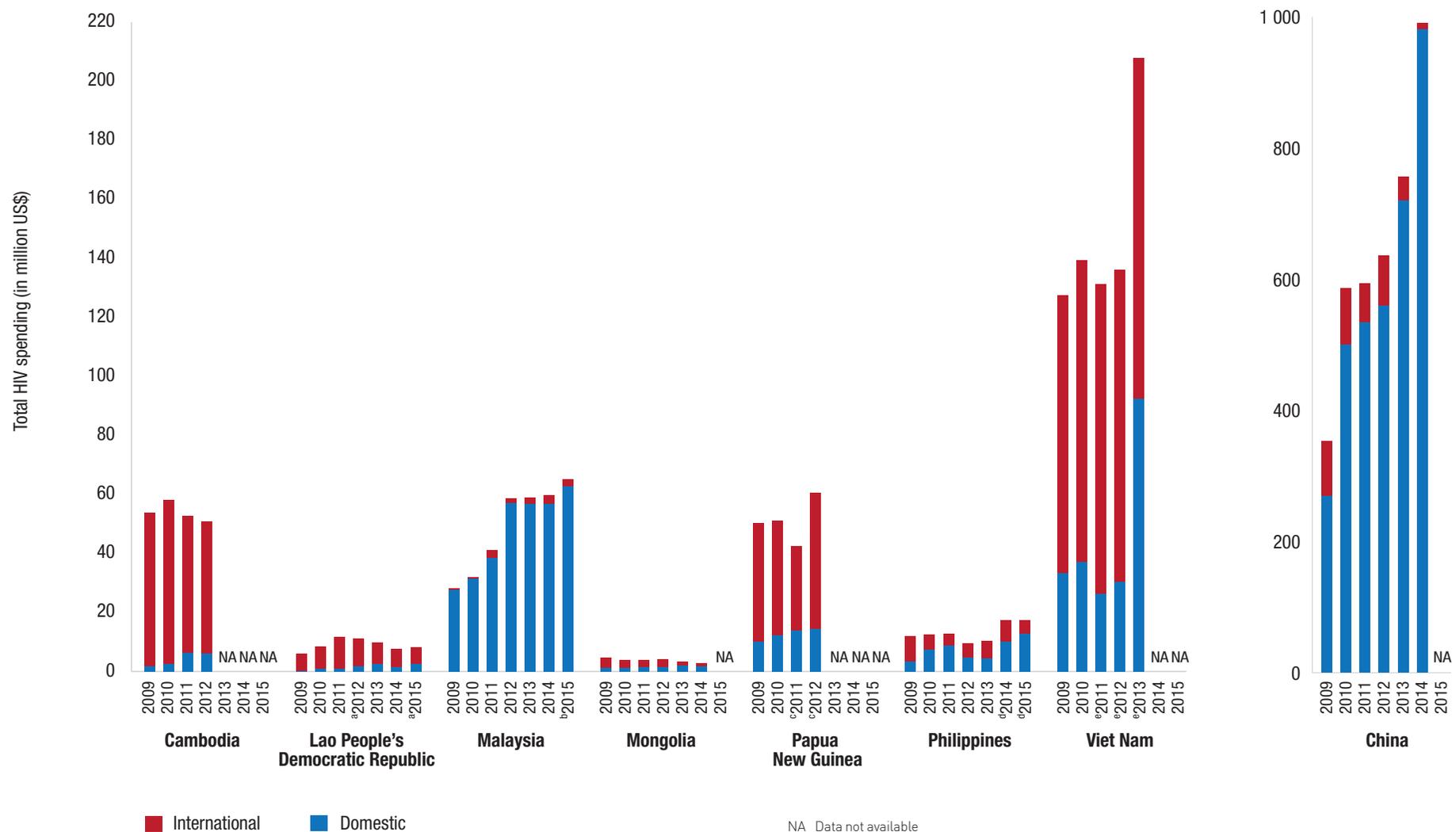
Countries in the WHO Western Pacific Region have made considerable progress in preventing and controlling the HIV epidemic. Governments have scaled up access to life-saving antiretroviral therapy, and new HIV infections in the Region have decreased by 20% between 2000 and 2015 (1). Despite this progress, many challenges remain on the path to ending the HIV epidemic. Only an estimated 47% of people living with HIV (PLHIV) in the Region had access to antiretroviral therapy at the end of 2015 (1). The number of new HIV infections remained unchanged since 2008 and even increased markedly among men who have sex with men (MSM), while it remained high among people who inject drugs (PWID) in the absence of harm reduction programmes.

Ending the HIV epidemic will require governments to not only use and allocate existing resources more efficiently, but also significantly increase domestic investments. The response to HIV has been markedly successful in leveraging finances in many countries of the Region. Globally, funding for HIV-related activities reached its highest levels ever at US\$ 19 billion in 2012, of which US\$ 2.2 billion was spent in Asia and the Pacific (2). Available resources significantly increased in some countries of the Western Pacific Region in recent years. Total HIV spending rose nearly threefold in China, from US\$ 354 million in 2009 to US\$ 990 million in 2014. Malaysia continuously increased spending on HIV-related activities, from US\$ 28 million in 2009 to over US\$ 65 million in 2015.

The Philippines also moved in this direction with a rise in spending on HIV from US\$ 12 million in 2009 to more than US\$ 17 million in 2015. However, at present, HIV spending varies widely in the Region. In some countries, available resources for HIV did not increase. For example, funding for the national HIV response in the Lao People's Democratic Republic continuously decreased from US\$ 11.7 million in 2012 to US\$ 8 million in 2015. Despite a growing number of PLHIV, spending on HIV in Mongolia also declined from US\$ 4.8 million to US\$ 2.9 million between 2009 and 2014 (Fig. 1).

Strong economic growth combined with a low HIV prevalence in the general population reduce the prospects of funding from international donors in the Western Pacific Region. Several countries, in particular from the lower-income groups, still depend heavily on international support to finance HIV-related activities. In Cambodia, 88% of HIV spending came from international donors in 2012. Similarly, the Lao People's Democratic Republic increased domestic spending on HIV in recent years, but at 68% in 2015, international resources remained as the most important source of finances for the national HIV response. However, various countries also successfully decreased reliance on international spending and now fund their HIV programme mainly through domestic funds. For example, China utilized its economic growth to increase domestic resources for the HIV response and simultaneously decreased its reliance on international resources to less than 1% in 2014. The Philippines also significantly increased domestic funding for HIV-related activities, resulting in a drop in international funding from 73% to 26% between 2009 and 2015.

Fig. 1. Spending on HIV, 2009-2015 (or latest data available)

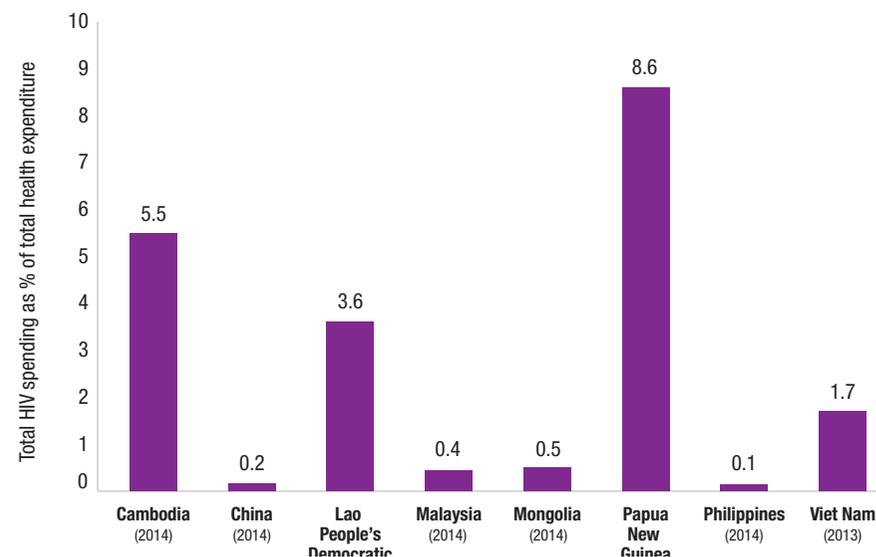


NA Data not available
 a Data from Lao National Committee for the Control of AIDS (CHAS)
 b Data from Ministry of Health Malaysia
 c Data from National AIDS Spending Assessment (NASA) reports
 d Data from Philippine National AIDS Council
 e Viet Nam 2013 general health accounts and disease expenditures with sub-analysis of 2013 HIV/AIDS expenditure

International funding not only limits the sustainability of health programmes due to its problem of predictability, but can also skew resource allocation within countries (3). The disease-specific concern of key international donors may lead to disproportionate funding of national HIV programmes. For example, despite a relatively low HIV prevalence in the country (0.8%), Papua New Guinea spent nearly 9% of its total health expenditure on HIV-related activities in 2012. Similarly, with 0.7% of its adult population infected with HIV, Cambodia spent nearly 6% of its health budget on HIV in 2014 (Fig. 2). While funding by international donors has been crucial for addressing the HIV epidemic, it also draws attention to deficiencies and underfunding of health systems (4). However, strong health systems are a necessary prerequisite for the successful implementation of HIV and other disease control programmes.

As socioeconomic conditions improve in many countries of the Western Pacific Region, citizens expect and demand more from their governments in the form of access to quality health services and financial protection. Countries in the Region

Fig. 2. Total HIV spending as a proportion of total health expenditure (latest data available)



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