A NEW INVESTMENT FRAMEWORK FOR THE GLOBAL HIV RESPONSE

ISBN 978-92-9173-941-7

UNAIDS/JC2244E (English original, October 2011)

A NEW INVESTMENT FRAMEWORK FOR THE GLOBAL HIV RESPONSE

Over the past 30 years there have been tremendous gains in the global HIV response, but until now there has been only limited systematic effort to match needs with investments. The result is often a mismatch of the two, and valuable resources are stretched inefficiently across many objectives. To achieve an optimal HIV response, countries and their international partners must adopt a more strategic approach to investments.

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

A new investment framework for HIV

The investment framework offers a realistic, achievable road map to decisively accelerate progress in the global HIV response

In June 2011 a policy paper was published in The Lancet (Schwartländer et al) that laid out a new framework for investment for the global HIV response. The new framework is based on existing evidence of what works in HIV prevention, treatment, care and support. It is intended to facilitate more focused and strategic use of scarce resources.

Modelling of the framework's impact shows that its implementation would avert 12.2 million new infections and 7.4 million AIDS-related deaths between 2011 and 2020.

This modelling also indicates that implementation of the investment framework is highly cost-effective, with additional investment largely offset by savings in treatment costs alone, and enabling the HIV response to reach an inflection point in both investments and rates of HIV infection.

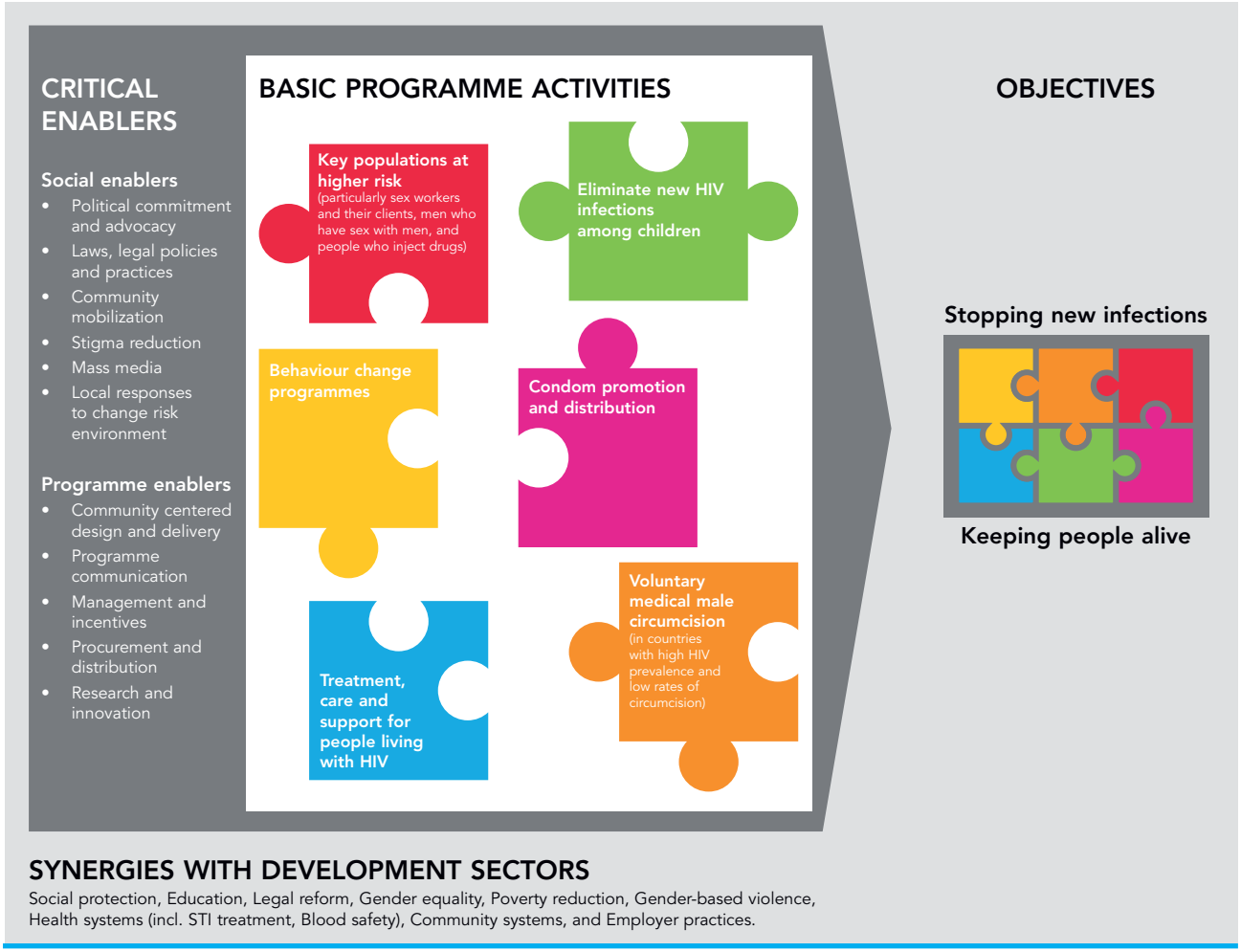
The framework was developed by an international group of experts from the Joint United Nations Programme on HIV/AIDS (UNAIDS), The Global Fund to Fights AIDS, Tuberculosis and Malaria, the US President's Emergency Plan for AIDS Relief, The Bill & Melinda Gates Foundation, The World Bank, the World Health Organization and academic and policy institutions.

Aims of the investment framework

- Maximize the benefits of the HIV response
- Support more rational resource allocation based on country epidemiology and context
- Encourage countries to prioritize and implement the most effective programmatic activities
- Increase efficiency in HIV prevention, treatment, care and support programming

Though much has been achieved in the global HIV response over the last 30 years, important gaps remain. Currently, strategies are often implemented in parallel, regardless of how they might overlap or leave critical gaps in coverage. Through a simplification and clarification of the different elements of HIV efforts, as well as better support for countries to prioritise HIV programmes and assess the synergies between them, the framework presents a radical departure from existing approaches to HIV investment and programming.

FIGURE 1: Proposed Investment Framework



Key components of the investment framework

- Basic programme activities
- Critical enablers
- Synergies with development sectors

The investment framework takes as its starting point a human rights approach to the HIV response, to ensure that it is universal, equitable, inclusive, and fosters participation, informed consent and accountability.

The framework makes a distinction between basic programme activities that have a direct effect on HIV risk, transmission, morbidity and mortality; the critical enablers that are crucial to the success of HIV programmes; and synergies with development sectors (Figure 1).

Basic programme activities

Just six basic programme activities are essential to an adequate HIV response and need to be delivered at scale according to the size of the relevant population. These activities work together for maximum impact and should therefore be delivered as a package, where each element reinforces the other.

They are:

1. Focused programmes for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs);
2. Elimination of new HIV infections in children;
3. Programmes that focus on the reduction of risk of HIV exposure through changing people's behaviour and social norms;
4. Procurement, distribution and marketing of male and female condoms;
5. Treatment, care and support for people living with HIV;
6. Voluntary medical male circumcision in countries with high HIV prevalence and low rates of circumcision.

Implementing the framework will avert 12.2 million new infections and 7.4 million AIDS-related deaths between 2011 and 2020.

The evidence base for the basic programmes is strongest in relation to biomedical interventions such as voluntary medical male circumcision and the biomedical aspects of eliminating new HIV infections among children. Although behaviour change programmes tend to be more complex and less clearly defined, changes in behaviour have been associated with declines in HIV prevalence. Key populations, by definition, predominate in concentrated epidemics. However, they also contribute to generalized (where HIV prevalence among pregnant women consistently exceeds 1%) epidemics and in some cases account for a substantial proportion of the epidemic. Basic activities for key populations include focused communication, education and condom programming tailored to each population's needs.

Access to antiretroviral therapy is a key programme activity of the HIV response. Not only does ART reduce morbidity and mortality among people infected with HIV, it also reduces the incidence of AIDS-related tuberculosis, and has public health benefits in terms of reducing the onward transmission of HIV. Community-led delivery approaches to treatment are an important component of the framework.

Critical enablers

Underlying the success of basic programme activities are the enablers which make programme access possible and success more likely and respond to local context. Critical enablers can be divided into two categories: social enablers that create environments conducive to rational HIV responses, and programme enablers that create demand for programmes and improve their performance. Critical enablers are not always amenable to generic description, vary greatly according to context and are underpinned by a weaker evidence base.

However, they increase the impact of basic programme activities by overcoming barriers to the adoption of evidence-based HIV policies and the factors that adversely affect HIV programmes by distorting their priorities, including social stigma, poor health literacy and a punitive legal environment.

Examples of social enablers are outreach for HIV testing, stigma reduction, human rights advocacy, and community mobilization. Programme enablers include strategic planning, programme management and capacity building for community-based organizations. Community mobilization is a key element of the investment framework because it leads to improved uptake of HIV programmes and promotes local-level advocacy, transparency and accountability. Community mobilization has been recognized as a cornerstone of HIV programmes.

Synergies with development sectors

HIV programmes are not implemented in isolation. The investment framework recognizes the need for the HIV response to be aligned to country development objectives and to support the strengthening of social, legal and health systems.

Social protection, increasing access to education, legal reform, poverty reduction, reducing gender-based violence, and improving health, community and employment systems are all key areas where there are synergies between HIV-specific efforts and development.

TABLE 1: RETURN ON INVESTMENT IN THE PROPOSED FRAMEWORK

	2011-2015	2011-2020
Total infections averted	4 200 000	12 200 000 (US$ 2450 each)
Infant and child infections averted	680 000	1 900 000 (US$ 2180 each)
Life years gained	3 700 000	29 400 000 (US$ 1060 each)
Deaths averted	1 960 000	7 400 000 (US$ 4090 each)

Resources needed to implement the investment framework

Modelling of the framework's impact and cost demonstrates how it can lead to universal access to HIV prevention, treatment, care and support, and create a tipping point in both the rate of HIV infection and investment in HIV programmes.

Implementation of the investment framework is estimated to avert 12.2 million new HIV infections including 1.9 million HIV infections among children, 7.4 million AIDS-related deaths between 2011 and 2020, and result in a gain of 29.4 million life-years (Table 1). At US$1060 per life-year gained, the additional investment required would be largely offset by savings in future treatment costs alone.

Costs are based on what is needed to increase present rates of coverage to achieve universal access to HIV prevention, treatment, care and support by 2015 and to maintain it at that level of access. The investment framework model requires a scaling-up of HIV programme funding from US$16.6 billion in 2011 to US$22.0 billion in 2015, before declining to US$19.8 billion in 2020 (Table 2, Figure 2).

Fewer resources will be needed because coverage will have reached target rates and there will be fewer new HIV infections requiring treatment and other services.

There will also be efficiency gains such as cost-saving on treatment commodities and a shift to community-based treatment and testing.

Whereas basic programme costs in 2011 stand at US$7 billion, in the model they are US$12.9 billion in 2015, dropping to US$10.9 billion in 2020 (Table 2, Figure 2).

The single largest cost is treatment, care and support, accounting for 38% of the increase in resources (Figure 2). Other contributors to the cost increase include doubling the coverage of outreach and needle and syringe programmes and a 10-fold increase in provision of drug substitution for injecting drug users, as well as increased coverage of prevention of mother-to-child transmission to reach 90% of all child-bearing women living with HIV, so that new HIV infections among children can be eliminated by 2015.

Costs for critical enablers would fall from US$5.9 billion in 2011 to US$3.4 billion in 2015 before increasing slightly to US$3.7 billion in 2020 due to a shift from comparatively expensive facility-based voluntary HIV counselling and testing to less expensive and more focused community-based programmes (Table 2, Figure 2). In the model 316 million people will receive HIV testing in 2015.

TABLE 2: RESOURCES REQUIRED FOR THE INVESTMENT FRAMEWORK OVER TIME
(billions of US$)

	2011	2015	2020
Basic programmes (total)	7.0	12.9	10.6
Key populations at higher risk	1.0	3.3	2.5
Elimination of new infections in children	0.9	1.5	1.3
Behaviour change programmes	0.1	0.7	0.7
Condom promotion and distribution	0.4	0.5	0.6
Treatment, care and support for people living with HIV	4.5	6.7	5.5
Voluntary medical male circumcision	0.1	0.2	0.1
Critical enablers	5.9	3.4	3.7
Synergies with development sectors	3.6	5.8	5.4
TOTAL	**16.6**	**22.0**	**19.8**

Synergies with development sectors require an increase in funding from US$3.6 billion in 2015 to US$5.8 billion in 2015 and US$5.4 billion in 2020 (Table 2, Figure 2). These estimates are based on the costs of a range of programmes such as those focussed on gender-based violence, youth in schools, workplace education and caring for children orphaned by HIV.

Strengths and limitations of the investment framework

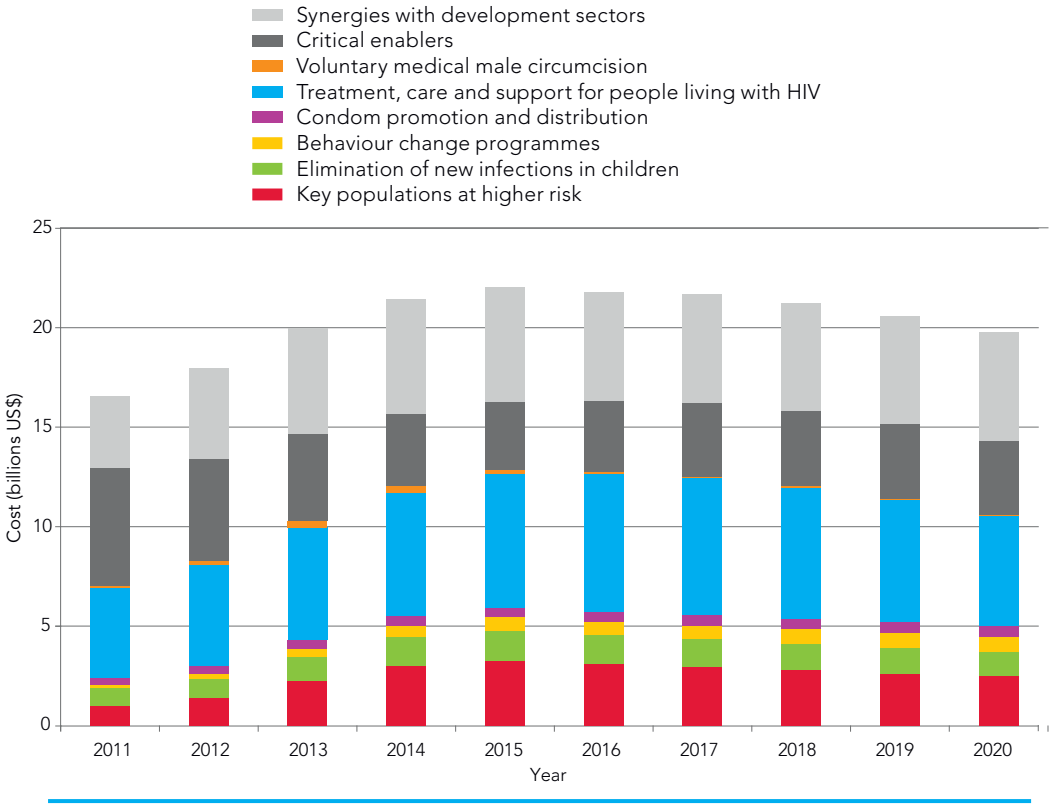
The investment framework offers a realistic, achievable road map to decisively accelerate progress in the global HIV response. One of its major strengths is that it is based on the best available evidence on what works in HIV prevention, treatment, care and support. Moreover, the framework allows adaptation as new evidence emerges, especially if new technologies or approaches show that they directly affect HIV incidence, morbidity and mortality and can be consistently scaled up.

The framework enables countries to respond to HIV based on their own priorities. It simplifies the process of determining what programme elements are effective and ineffective. This, in turn, empowers the HIV response to be based on fewer things done at a deeper level, and it offers clear incentives to maximise the synergies between the different elements of HIV programmes.

One of the limitations of the investment framework is that it lays out a defined set of evidence-based basic programmes, but does not explore what delivery models deliver optimum results when interventions are combined and expanded. It is crucial to identify the best ways to scale up bundled HIV interventions.

Another shortcoming of the investment framework is that while there is an ever growing body of evidence on the effectiveness and cost-effectiveness of basic programmes, there is more limited evidence available for critical enablers and synergies with development sectors. Further research is needed to better understand the barriers to effective HIV responses and factors enabling them; to quantify key enabling interventions; and to demonstrate their cost-effectiveness. In particular, improved evidence is needed on the best approaches to community mobilisation and community-led delivery of programmes, as well as their costs.

FIGURE 2: ESTIMATED COST OF THE INVESTMENT FRAMEWORK, 2011-20



Implementing the investment framework

In countries, governments and their partners can apply the investment framework to guide HIV responses and make the most of their programmes.

To implement the investment framework, policy makers must make use of information on HIV incidence and prevalence as well as the populations at highest risk of acquiring HIV, the geographic distribution of HIV and the proximate and structural determinants of transmission.

They must also have a nuanced understanding of the scope and coverage of existing HIV prevention, treatment, care and support programmes as well as their costs, enabling factors and potential barriers to implementation. With this information, countries can then prioritize activities and implement a carefully focused and more effective response. In most countries this will mean changing investments in HIV and a re-programming of HIV efforts.

At the global level, the investment framework will enhance present efforts to make the most of HIV responses, including the Global Fund's new approach to fund countries on the basis of national strategy applications rather than discrete projects, and PEPFAR's new and explicit focus on increased country ownership.

Notes

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org

UNAIDS
Joint United Nations Programme on HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK