

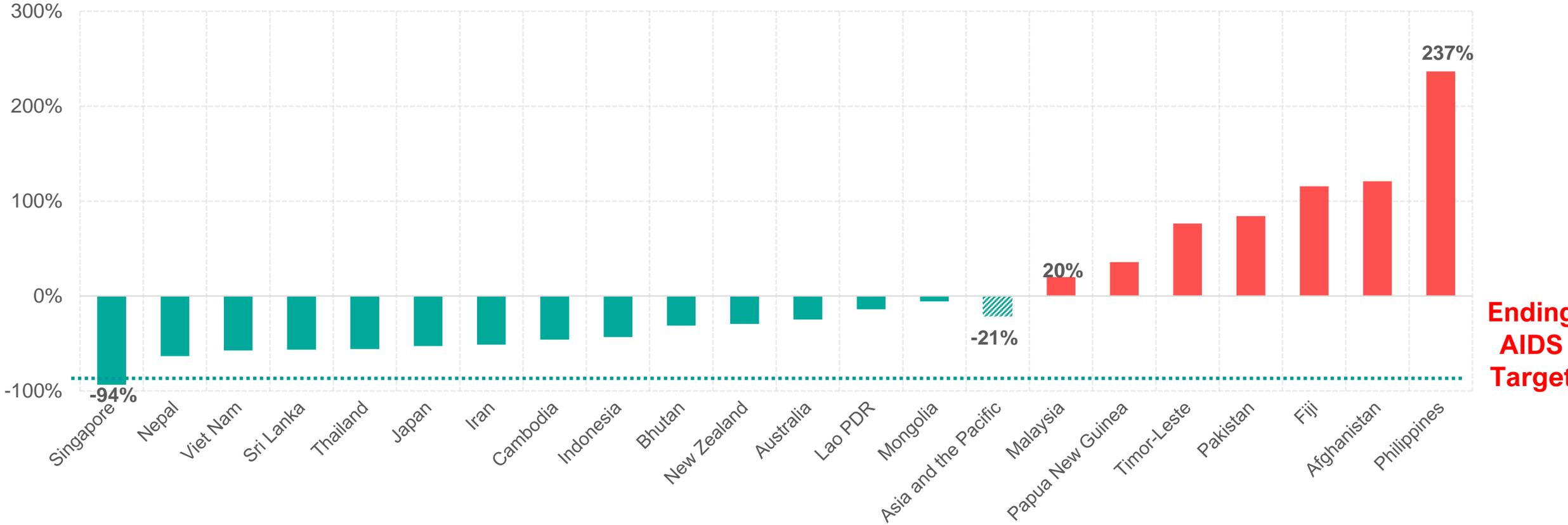


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# AP's approach to the Equitable Financing Practice

# New HIV infection trends vary greatly by country, by population and by age group in Asia and the Pacific

Percentage change in new HIV infections by country, Asia and the Pacific, 2010-2020



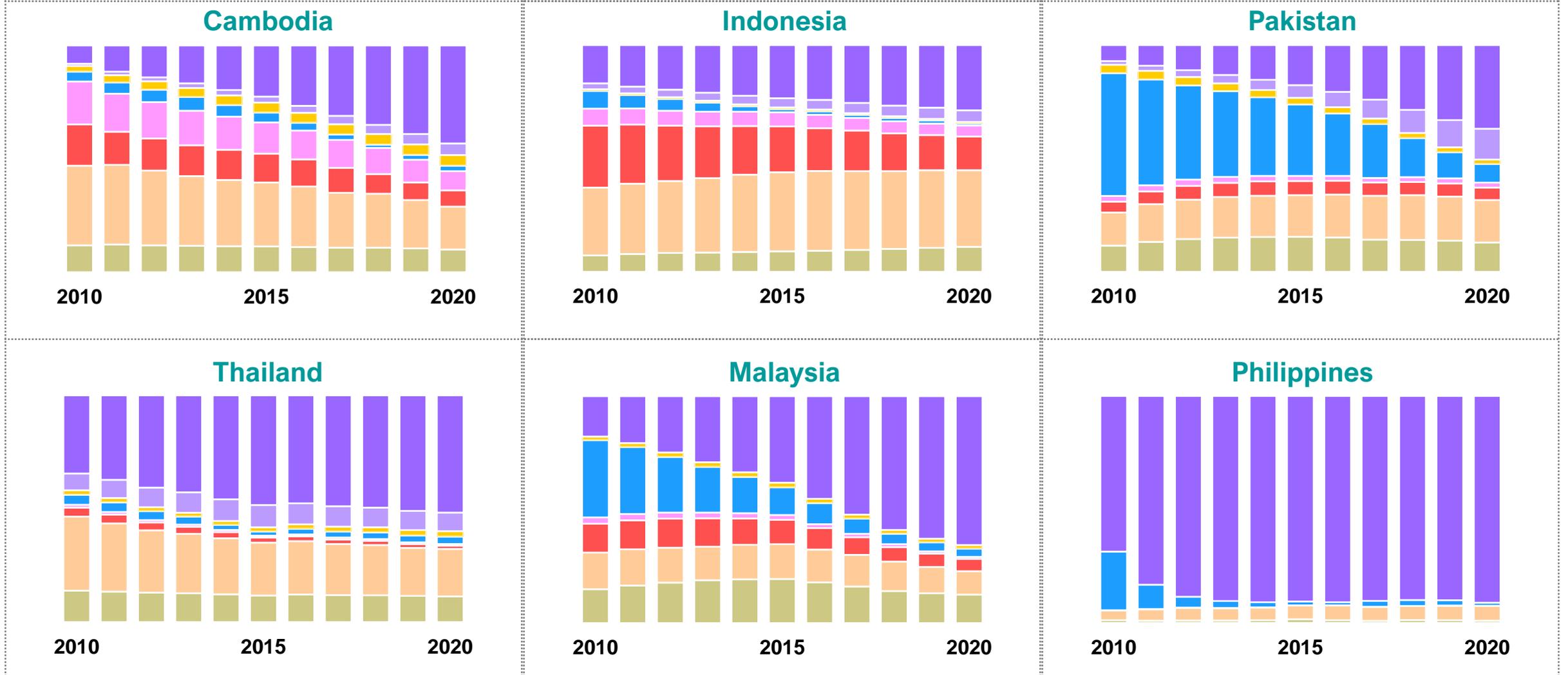
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2021 HIV Estimates

# Resource availability and resource needs in Asia and the Pacific



# Diverse epidemic trends in Asia and the Pacific: Expanding share of new HIV infections among men who have sex with men:

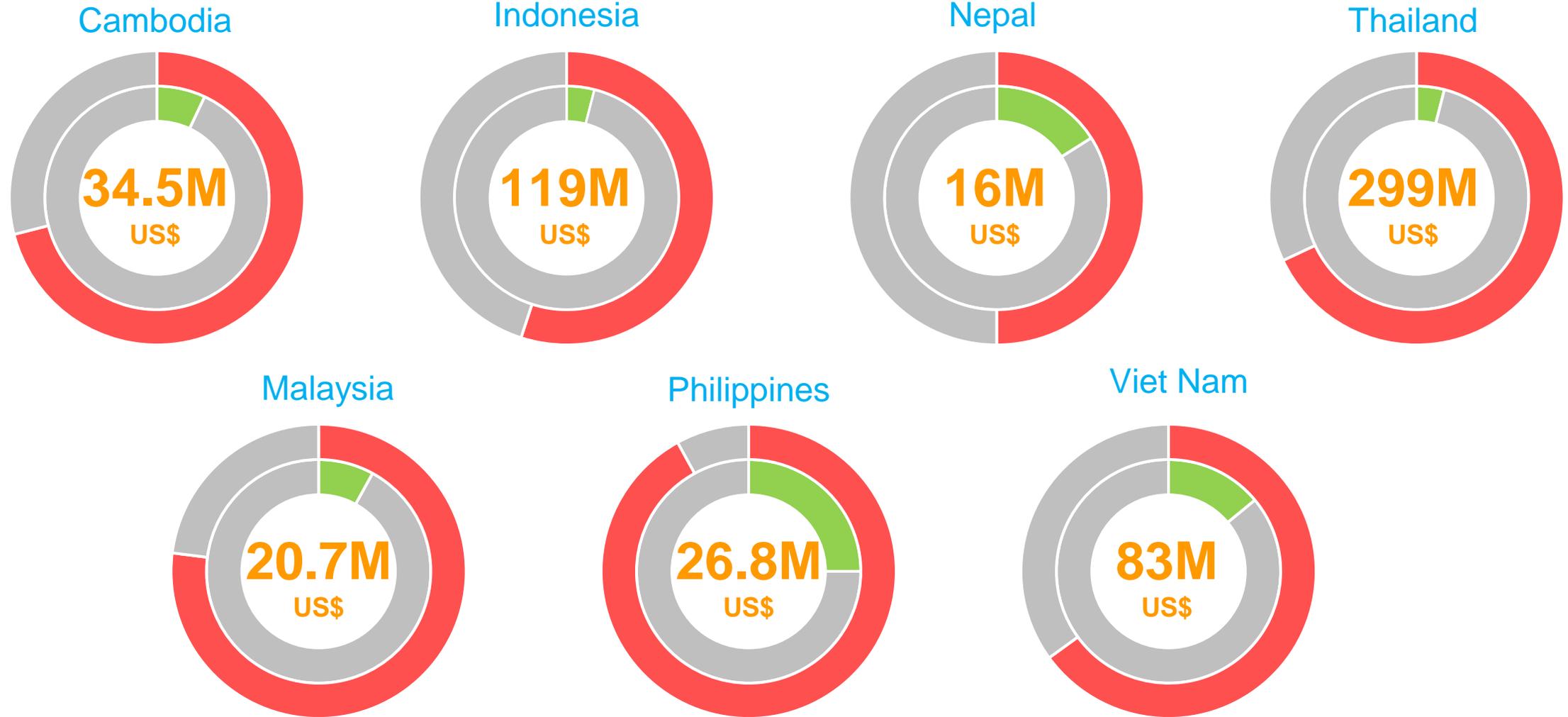
Proportion of new HIV infections by population group



- Men who have sex with men
- Male sex workers
- Transgender
- People who inject drugs
- Female sex workers
- Clients of sex workers
- Non-key population females\*
- Non-key population males\*

\*80-90% of new infections in these populations occur among the partners of key populations

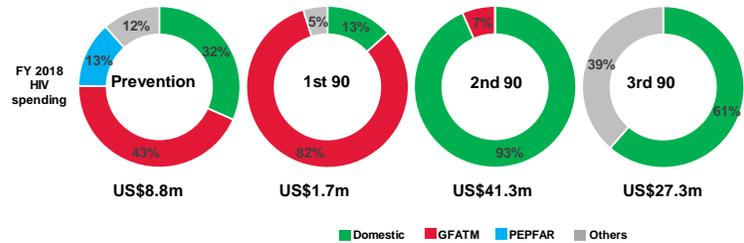
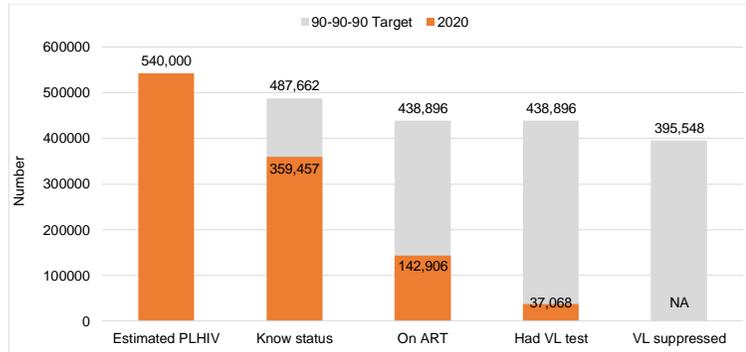
# Investment mismatch – unequal investment on key population HIV prevention programmes



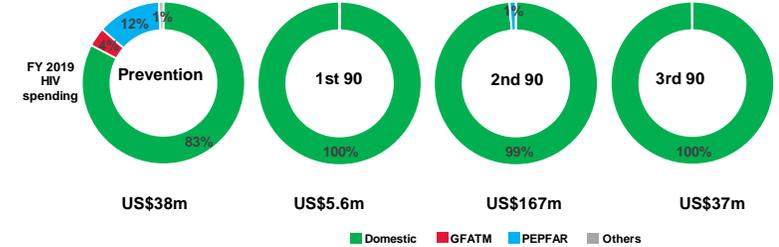
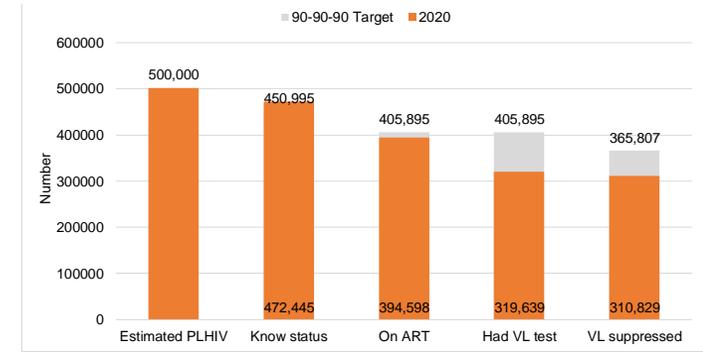
■ Proportion key populations out of total new HIV infections    ■ Key populations HIV prevention spending out of total HIV Expenditure  
--- M US\$ total HIV Expenditure

# Care and treatment cascade and fiscal contributions

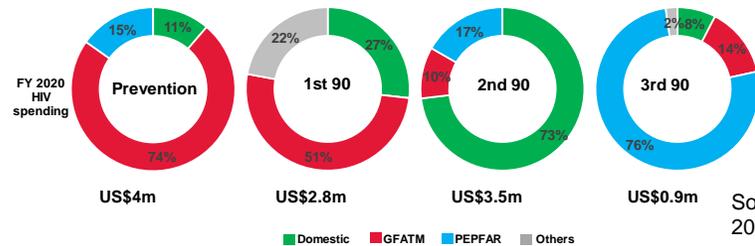
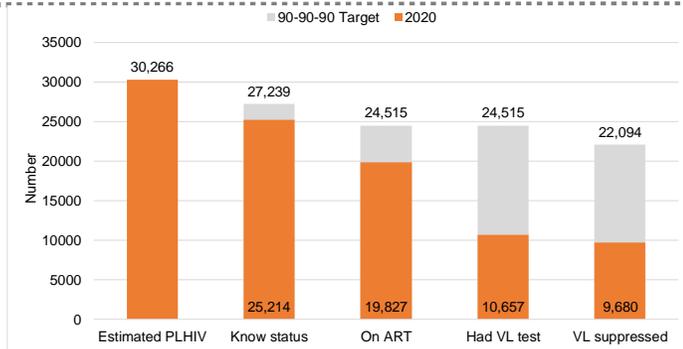
Indonesia



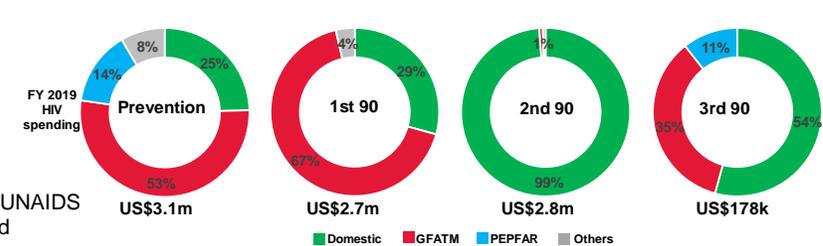
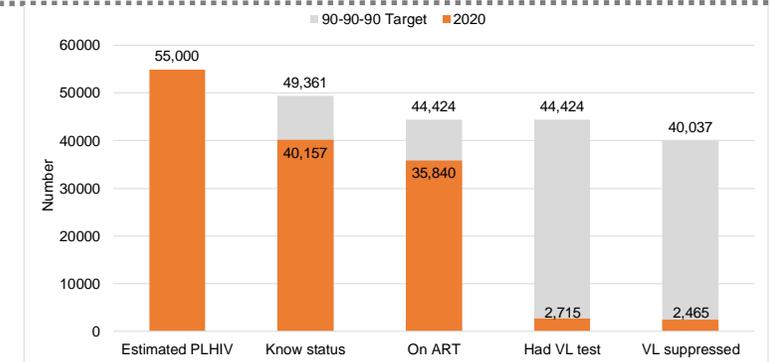
Thailand



Nepal

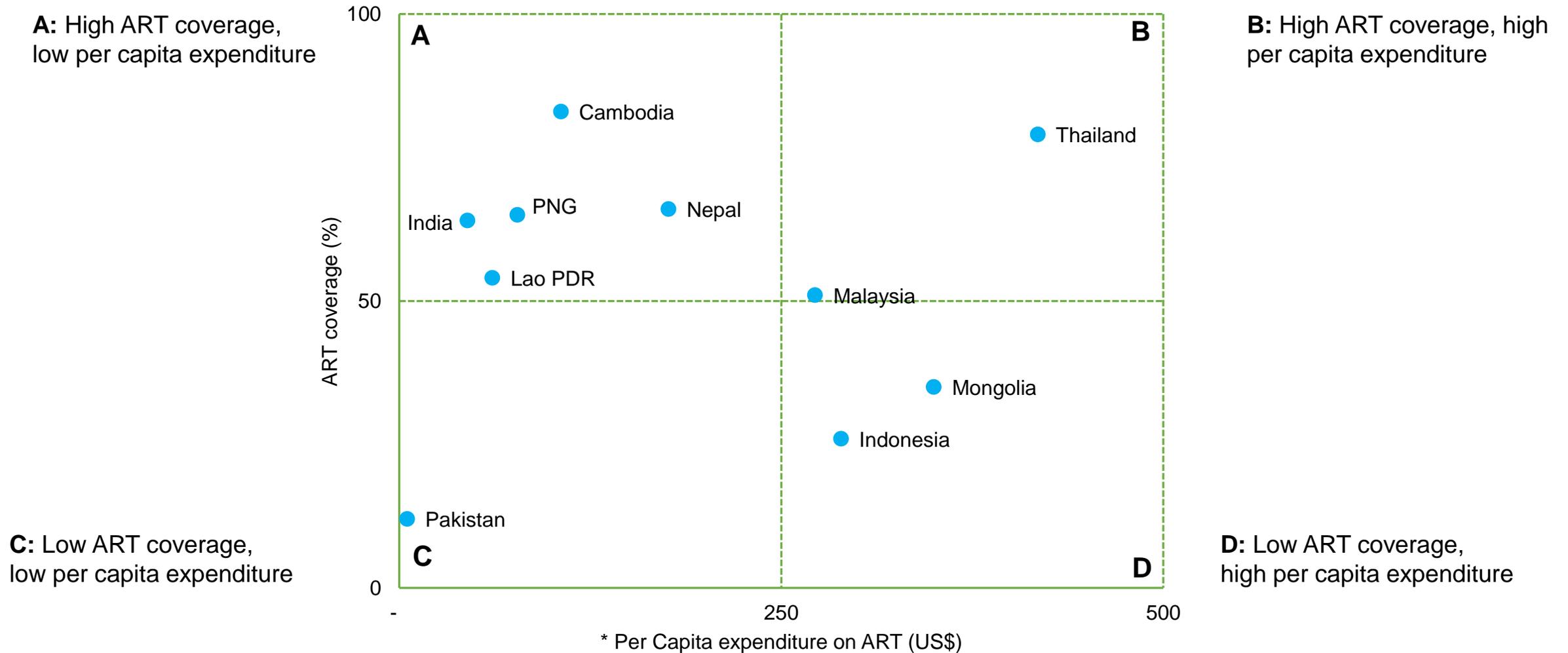


PNG



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2021 HIV Estimates and UNAIDS Financial Dashboard

# ART coverage VS per capita expenditure on ART



\* Per capita expenditure calculated as total expenditure on ART divided by number of PLHIV on ART

# Current work on EF in AP

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- Increasing HIV investment (ie: DFAT regional grant 11.65 million AUD)
- Resource Tracking to gather granular data
- Access to medicines (opportunities with India, China, Thailand)
- Allocative efficiency (ie: PrEP scale up in Cambodia)
- Community led response (ie: CLM: Cambodia, Indonesia, Philippines, PNG, Pakistan, Myanmar, India, Nepal, Laos, Thailand)
- Mechanisms for sustainable financing
  - National health insurance (Cambodia, Vietnam, Thailand)
  - Social Contracting (implementing in India, China, Thailand, Indonesia) (exploring in Philippines, Cambodia, Laos, Nepal)
- GF and USAID are engaged in activities related to sustainability

# Experience from AP RCM 2022

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- Delivery of Practice Information
  - Equitable Finance showcased to the plenary
  - Break out groups made based on clusters identified via country configuration exercise
  - Sharing session to showcase lessons from all Practices and how they are linked
- Great introduction to staff on the new Practice as a concept and the Team (Global and Regional) that supports it
- Global and Regional teams working together to deliver harmonized message and find solutions on how best to support UCOs and country needs
- Rotating model of discussions allowed in-depth discussions specific to country groupings and to individual country needs. This helped to clearly bring out emerging themes and priorities for the region
- Follow up actions were agreed as a way forward to concretize how best to move this Practice forward in the region

# Emerging common EF concerns in AP

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- Concern on positioning HIV response financing needs in the broader UHC financing, health security, pandemic preparedness, especially given the current COVID19 pandemic
- Opportunities with political bodies to raise visibility to HIV response EF needs
  - Ie: Indonesia chairing the G20 and critical role in the global health architecture
  - Ie: Cambodia as chair of ASEAN.
- Large players in the region on EF areas should be capitalized for greater south-to-south collaboration
  - Ie: China, Thailand, India have a critical role to play at regional and global level on access to medicine
- Explore non-traditional donors and partners (ie: private, pharmaceutical industry)
- EF needs to showcase synergy in countries with GF investments and other donors (ie: DFAT, PEPFAR)
- Challenges in the region vary
  - Some countries are experiencing harsh cuts in the health sector funding,
  - Some countries are facing difficulties with implementation / expenditure rate due to partner / staffing capacities
- Critical to finance communities for sustainable approaches

# Moving forward with EF, AP will focus on:

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## Themes

- HIV prevention funding: very limited domestic funding, limited integration in domestic financing
- Resource tracking and rapid review of budgets and resource availability trends: national, sub-national and by thematic
- Explore HIV financing integration into national budgets (also at decentralized level), with equity lens, including mechanisms like social contracting
- Support for more efficient procurement of commodities and improved pricing
- Improving expenditure rates and efficiencies: Support countries to spend the funds are available: identify the bottlenecks and leverage expertise to improve spending
- Costs estimates of Global AIDS strategy, HIV prevention (e.g. PrEP minimum package), uptake of new technologies and community response, including new generation of models incorporating community led response

# Moving forward with EF, AP will focus on:

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## Ways of Working (structures)

- GC and RST team to work closely in shaping the support to countries related to EF
  - Exploring a multi-level (UCO, RST, GC) group to guide the above
- Sustainable Financing Advisor expected in RST
- Working across practices to mobilize funding, supporting community-led services, removing barriers, and sharing evidence related to EF

# Next steps

- Building knowledge on EF basics in the region
  - Region specific webinar to address highest priority issue for EF in AP
  - Build capacity to confidently influence and engage in the financing dialogue
  - Develop job aids to support EF dialogue
- Mapping examples of integrating of HIV prevention into broader dialogue around health and social financing (ie:UHC, social health insurance) to generate evidence on EF (link to 3SFA)
- Technical assistance to supplement the current UCO capacity on the Practice
  - Power mapping at national and regional level
  - Rapid assessment of: effect of COVID 19 on HIV financing, funding needed to achieve the 2025 targets, evidence on what the success look like in terms of epidemic and social impact
  - South – South collaboration
- Unpack and leveraging partnerships with the WB, ADB, private sector and pharmaceutical to
- Explore way to address sustainability (ie: domestic financing)
- Increase of funding to achieve the targets in countries that need additional funds to close the gap (supported by data, efficiency, analytics)