



Australian Federation
of AIDS Organisations

hiv investment matters

Briefing paper series on issues
around financing of the HIV
response in Asia and the Pacific

Government Commitments to HIV Investments in Asia and the Pacific

The HIV epidemic is a long-term development challenge that requires a sustained response. Significant gains have been achieved in Asia and the Pacific in bringing down the number of new HIV infections and preventing AIDS-related deaths. Yet much work remains for the vision of zero new infections, zero AIDS-related deaths, and zero stigma and discrimination to be realised. Reaching the UNAIDS 2020 targets for 90% of people living with HIV (PLHIV) to know their status, 90% of diagnosed PLHIV to be on sustained antiretroviral therapy (ART), and 90% of people on ART to have durable viral load suppression will require further commitment and investment.

While the gap between targets and investment is vast, it is not insurmountable – with sufficient political will and action. In the *2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*¹, and *Economic and Social Committee for Asia and the Pacific (ESCAP) Resolutions 66/10 and 67/9*, governments in Asia and the Pacific made explicit commitments to sustained and strategic HIV investments. They committed to increase domestic financing of country responses, improve efficiency of HIV spending, and make strategic investments: funding the right programmes in the right locations, focussing on key affected communities.

This briefing paper is a reminder to governments of their political commitments to HIV financing. It is an advocacy tool for the Community Advocacy Initiative (CAI) partnership and civil society more generally to use in holding governments accountable, and asserting the legitimate role of communities in defining and implementing approaches to adequate, effective, and sustainably funded HIV responses.

Key global and regional commitments to HIV investments



Government commitments to the principles of shared responsibility, domestic ownership, as well as sustainable and evidence-based funding for the HIV response are explicit in the 2011 Political Declaration on HIV/AIDS and ESCAP Resolutions 66/10 and 67/9.

Governments of Asia and the Pacific have made commitments to:

- **Close the global HIV and AIDS resource gap through strategic investment of funds sourced internationally, domestically and through other innovative means.** Paragraph 86, 2011 Political Declaration on HIV/AIDS
- **Scale up existing sources of finance whilst seeking new funding sources.** Paragraph 94, 2011 Political Declaration on HIV/AIDS
- **Ensure sustainability of the HIV response by investing financial and human resources sufficient to halt and reverse the spread of HIV in the region.** Paragraph 1(d) ESCAP Resolution 66/10:
- **Prioritise high-impact interventions for key populations.** Paragraph 1(e), ESCAP Resolution 67/9

ESCAP Resolutions 66/10 and 67/9 are ground-breaking commitments, particularly for governments' explicit naming of the communities of sex workers, injecting drug users, men who have sex with men, and (in 67/9) transgender people as among the region's key populations. The key populations were reaffirmed at the global level in the 2011 Political Declaration, with the notable exception of transgender people.

Governments in the ASEAN sub-region have made further commitments towards financially sustainable, nationally owned and led regional and national HIV responses. In paragraph 11 of the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths, governments committed to:

Develop, update and implement evidence-based, comprehensive, country-led national strategic plans and establish strategic and operational partnerships with stakeholders at the national and community levels to scale up HIV prevention, treatment, care and support by 2015;

Mobilise a greater proportion of domestic resources for the AIDS response in line with national priorities, from traditional sources as well as through innovative financing mechanisms, in the spirit of shared responsibility and national ownership and to ensure sustainability of the response;

Reduce inefficiencies in national responses by prioritizing high-impact interventions, reducing service delivery costs, and streamlining monitoring, evaluation and reporting systems to focus on impact, outcomes, cost-efficiency and cost-effectiveness.²

WHAT OUR GOVERNMENTS HAVE PROMISED

Paragraph 86, 2011 Political Declaration on HIV/AIDS:

“Commit to working towards closing, by 2015, the global HIV and AIDS resource gap ... through greater strategic investment and continued domestic and international funding to enable countries to access predictable and sustainable financial resources and through sources of innovative financing and by ensuring that funding flows through country finance systems, where appropriate and available, and is aligned with accountable and sustainable national HIV and AIDS and development strategies that maximize synergies and deliver sustainable programmes that are evidence-based and implemented with transparency, accountability and effectiveness”.

.....

Paragraph 94, 2011 Political Declaration on HIV/AIDS:

“Commit to scaling up new, voluntary and additional innovative financing mechanisms to help to address the shortfall of resources available for the global HIV and AIDS response and to improving the financing of the HIV and AIDS response over the long term, and to accelerating efforts to identify innovative financing mechanisms that will generate additional financial resources for HIV and AIDS to complement national budgetary allocations and official development assistance”.

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Paragraph 1(d) ESCAP Resolution 66/10:

“Ensure the sustainability of the AIDS response by maintaining a sufficient level of investment, both domestic and external, with the financial and human resources necessary to halt and reverse the spread of HIV in the countries in the region”.

.....

Paragraph 1(e), ESCAP Resolution 67/9:

“Increasing the effectiveness of national responses by prioritizing high-impact interventions for key affected populations, reducing service delivery costs, improving accountability mechanisms and ensuring that monitoring, evaluation and reporting frameworks are focused on impact, outcomes, cost-effectiveness and efficiency and are also well integrated into relevant planning processes, relating to both HIV-specific planning and more comprehensive development planning”.

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Commitments made by governments in declarations and resolutions are important and are an indication of political will. However, without action these statements are rhetoric that do nothing to improve the lives of people living with and most affected by the epidemic. Translating commitments into action requires multi-stakeholder partnerships and approaches, including meaningful participation and advocacy by civil society.

The UNESCAP Secretariat Note, Review of the financing of national HIV and AIDS responses in the Asia-Pacific region summarises the state of HIV funding in the region as follows:

“Governments in Asia and the Pacific have acted decisively to implement the concept of shared responsibility by increasing domestic spending as a proportion of total expenditure on HIV-related activities.

Since 2005 there have been steady increases in domestic public spending for such purposes: from US\$ 400 million in 2005 to US\$ 1.3 billion in 2012, representing 59 per cent of total spending on AIDS matters. However,

resource needs continue to outstrip the resources available. It is imperative, therefore, to ensure that the AIDS response is funded in a sustainable manner, through increased and effective allocations to areas that would yield the maximum impact. However,

in general, the region is failing to focus spending where the epidemic is concentrated, that is, on HIV prevention among key populations and in specific geographical areas where the scale of the epidemic is greater.

Additionally, many countries have programme administration costs that are higher than average.

These challenges compromise the effectiveness of spending on HIV-related activities”.³

Donor funding for national HIV responses is flatlining and in some instances declining in the region. The global economic crisis, competing demands for resources from other development priorities such as climate change, and criticisms that HIV/AIDS programmes have been getting a disproportionate share of donor assistance are all contributing to an external funding shortfall, in an environment where resource needs already outstrip available resources.⁴

While 59% of overall HIV spending in the region is funded domestically, most countries continue to rely heavily on external donors. With the exception of Malaysia, China and Thailand,⁵ which domestically fund 97%, 88% and 85% of their HIV responses respectively, countries in the region depend on donor funding for at least half (Philippines, Sri Lanka), or most (Mongolia, Papua New Guinea), to almost all (Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, Pakistan, Timor Leste, Vietnam) of their HIV response spending.⁶

Countries in the region with upper middle-income economies are perceived by international donors as being positioned to source the majority of their HIV funding needs. The challenge is to ensure that HIV/AIDS remains on the post 2015 development agenda. Investments must be sustained and focus on high-impact interventions, reaching the communities most affected by HIV, even those that are criminalised or heavily stigmatised.

For other countries, finding fiscal space for HIV programming at the domestic level is a real and urgent challenge. Finding solutions will require dialogue and commitment at all levels of government, as well as engagement by civil society and international development partners. Failures to secure dedicated domestic funding post 2015 will place the significant gains made in responding to the epidemic across Asia and the Pacific at risk.

Now more than ever, governments need to show leadership and renewed political will by increasing domestic funding. Interventions must be cost-effective, high-impact and focus on the right communities. Ensuring that appropriate and effective services reach key populations is an ongoing challenge that must be met with strong and inclusive political leadership.⁷

Civil society and governments can explore funding opportunities and investment approaches to determine how best to secure domestic revenue for the HIV response. Governments should examine domestic funding allocation and expenditure mechanisms for opportunities to expand and adapt existing health infrastructure, such as national health insurance schemes or provincial health budgets. Governments can also review the efficiency of HIV service delivery, including by strengthening integration of HIV and the provision of other health services and ensuring that any savings are reinvested into the HIV response.

An effective HIV response requires community engagement in all its aspects. This principle extends to the efficient and effective use of domestic finances allocated to HIV. Governments and civil society are urged to explore the potential for community-led service delivery, including community-based testing.

Innovative approaches can also be used to grow funds for investments. Levies, taxes and various forms of public fundraising by governments and civil society could provide new sources of HIV funding.

Governments must ensure access to and availability of new and existing antiretroviral drugs without sacrificing funding for prevention. Improved allocation efficiency within government to reduce loss of funds to high overhead costs, ineffective management or corruption is essential. Governments should also prioritise the right to health when negotiating intellectual property components of free trade agreements to secure access to more affordable generic medicines for PLHIV.

Funding allocations should focus on the communities most at risk and most in need. Throughout the region, expenditure on prevention among key populations is very low despite higher rates of prevalence among these groups. The Philippines has an 80% HIV

prevalence rate among men who have sex with men (MSM) yet spending on prevention programmes among MSM represents only 9% of total prevention spending. In Indonesia, despite HIV prevalence of 36% among people who use drugs, only 5% of prevention spending focuses on this community.⁸ Funding allocations need to be sustainable and based on evidence. Governments in the region need to work with community to ensure interventions are targeted and high impact.

Stigma and discrimination against affected communities increases challenges by reducing the effectiveness of what little money is allocated to key populations. Reviewing and amending laws that discriminate against key affected communities and people living with HIV is important. Likewise, funding programmes that support an enabling environment for PLHIV and key affected communities, including programmes that advance human rights, promote gender equity, and support community mobilisation are all key to an effective HIV/AIDS response in Asia and the Pacific.

“ Ensure *meaningful participation* of key populations and communities in HIV-financing decision-making. Scale up resources for **communities**, including support for core operations, advocacy and representation, and sustainability of community organisations.

Increase domestic allocations to **HIV financing** to ensure the sustainability of the HIV response.

Fund human rights, gender equality, community mobilisation, and **advocacy** as key components in the HIV response.⁹

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The Community Advocacy Initiative (CAI)

CAI is a regional partnership programme that aims to strengthen the advocacy capacity of HIV civil society groups and networks in Asia and the Pacific. In-country partners and stakeholders have positively reviewed CAI as a programme that enables community and civil society assertion of their legitimate space in HIV decision-making processes.

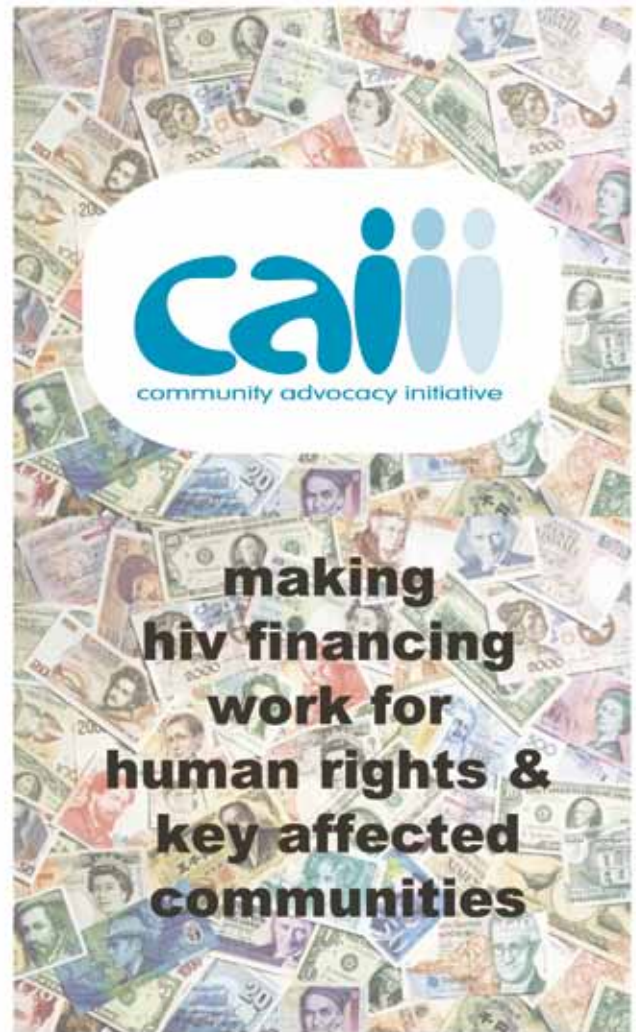
From 2008 to 2012, the first phase of CAI was implemented through partnerships between APCASO, AFAO and in-country civil society organisations and networks in Indonesia, Lao PDR and Vietnam.

From October 2012 to June 2014, CAI embarked on its second phase, with the aim of facilitating civil society advocacy, leadership and engagement with the HIV Investment Framework. The second phase of CAI was implemented regionally, with country-level activities through APCASO and AFAO partnerships with the China HIV/AIDS Information Network (CHAIN), HIV/AIDS Coordinating Committee (HACC) in Cambodia, Laos Positive Health Association (LaoPHA), and the Center for Supporting Community Development Initiatives (SCDI) in Vietnam.

CAI has shown how communities and civil society can effectively mobilise to engage in domestic financing dialogue with government, providing successful models for civil society in the region to draw on.

In Vietnam, CAI played a catalytic role in supporting efforts by HIV stakeholders that led to the amendment of the national Health Insurance Law to include HIV treatment, and remove provisions that would restrict community access to the insurance. In China, CAI has provided a much needed joint action platform for communities and civil society working on HIV funding issues during the country's critical shift to an almost entirely government-resourced HIV response. In Cambodia, CAI has aided the development of an alternative HIV Investment Framework by civil society that has been adopted and endorsed by the National AIDS Authority. In Lao PDR, the CAI-developed "Community Investment Framework" is being used by community partners to advocate to government and development agencies, including within the country's Global Fund Country Coordinating Mechanism.

Funding for the continuation of CAI until June 2015 has been secured from the Australian Department of Foreign Affairs and Trade, via its Regional HIV/AIDS Capacity Building Programme. CAI's third phase will build on past successes and continue to focus on community capacity development and advocacy for sustained and strategic HIV investment. Cambodia, China, Lao PDR and Vietnam remain the key project countries. APCASO and AFAO will work in new programme countries for the new phase's additional component – supporting civil society and community engagement through the Global Fund New Funding Model. Countries under consideration include Indonesia and Malaysia, in partnership with the Spiritia and PT Foundations, respectively.



The Asia Pacific Council of AIDS Service Organisations (APCASO), as a network of CBOs and NGOs, currently has 12 focal points representing national coalitions of AIDS service organisations in 10 countries, namely, Australia, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Nepal, Sri Lanka and Viet Nam.¹⁰

APCASO aims to strengthen community systems, evidence and platforms to conduct more effective advocacy around HIV and AIDS, with a particular focus on three key programme areas: the HIV investments, political commitments, and community systems strengthening. APCASO works in coordination with networks of key affected communities to ensure complementarity of objectives and outcomes.

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. We provide leadership, coordination and support to Australia's policy, advocacy and health promotion response to HIV. AFAO's International Programme supports community based responses to HIV across the Asia and Pacific regions. We support the meaningful participation of communities most affected by HIV in the development of programmatic and policy responses through: capacity development in advocacy, organisational development and governance, strategic planning, and leadership; advocacy and policy analysis; knowledge sharing; and mentoring for community organisations and leaders.

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2. UNAIDS/10.12E / JC2034E.
3. E/ESCAP/HIV/IGM.2/3.
4. Critical Choices in Financing the Response to the Global HIV/AIDS Pandemic. Hecth, et al. (2009).
5. India which, as of 2012, only makes a 10% domestic contribution to the country's HIV expenditure has committed to increase this to 90% under the next country AIDS strategic plan.
6. AIDS Datahub, page 107 of "Regional Slides" downloadable at www.aidsdatahub.org.
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8. E/ESCAP/HIV/IGM.2/3.
9. Civil society recommendations on HIV financing in the report "Don't Leave Communities Behind: civil society perspectives on progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific", January 2015.
10. APCASO Focal Points: Australia: Australian Federation of AIDS Organisations (AFAO); Cambodia: HIV/AIDS Coordinating Committee (HACC); China: China HIV/AIDS Information Network (CHAIN) and Yunnan Daytop Drug Abuse Treatment and Rehabilitation Center (Daytop); India: Indian Network for People Living with HIV/AIDS (INP+); Indonesia GAYA NUSANTARA and Spiritia Foundation; Lao PDR: Lao Positive Health Association (LaoPHA); Malaysia: PT Foundation; Nepal: Recovering Nepal; Sri Lanka: Alliance Lanka; Vietnam: Center for Supporting Community Development Initiatives (SCDI).

See back cover
for a HIV financing 'call to action'
for Asia and the Pacific governments and civil society.

Call to

Asia and Pacific governments and the international donor community

- 1 Sustainably and sufficiently fund the HIV response.
- 2 Ensure resources are allocated towards interventions that are cost-effective and high-impact, based on country evidence. This means funding the right interventions, in the right communities, in the right locations.
- 3 Address barriers to effective implementation and scale-up of programmes: fund critical enablers, including programmes advancing human rights, promoting gender equity, and supporting community mobilisation.
- 4 Manage and implement HIV programmes more efficiently by addressing inefficiencies, corruption and financial waste.
- 5 Fill the gaps left by domestic government funding allocations through continued support from the international donor community.
- 6 Ensure the meaningful participation of civil society and communities in the HIV response in general, and in HIV financing-related decision-making, implementation and monitoring in particular. This entails funding programmes that develop community and civil society capacity and confidence to critically engage in HIV budget processes.


Call to

civil society and community based organisations in the region

- 1 Engage your government and international development partners in discussions on HIV financing.
- 2 Explore and become familiar with national budget allocation decision-making processes and stakeholders.
- 3 Utilise the Asia-Pacific (ESCAP) Intergovernmental Meeting on HIV/AIDS (and other regional and international platforms) to encourage national delegations to commit to sustainable and sufficient HIV financing.
- 4 Build awareness and knowledge among your networks and partner organisations about issues of HIV financing, and collaborate with other civil society organisations to build platforms and common advocacy messages.
- 5 Incorporate a rights-based approach into all the policies, processes and operations of your organisation or network.
- 6 Demand your right to meaningful participation in HIV financing-related decision making, implementation, monitoring and evaluation.

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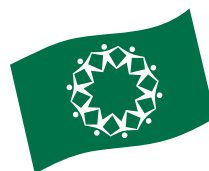
Visit www.apcaso.org, like APCASO at Facebook, or email www.cai.apcaso@gmail.com for more information.

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A P C A S O
ASIA PACIFIC COUNCIL OF
AIDS SERVICE ORGANIZATIONS



**Australian Federation
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