

# Potential Domestic Source Financing for Scaled Up Antiretroviral Therapy in 97 Countries, 2016–2020

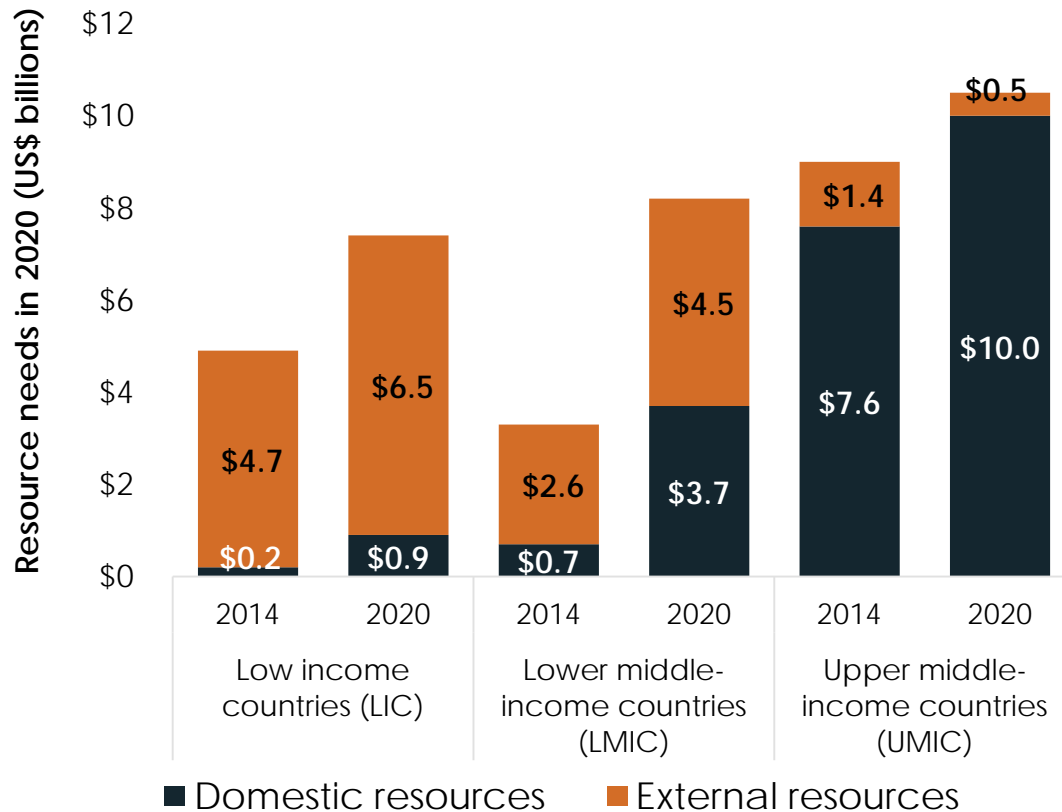
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21st International AIDS Conference  
Durban, South Africa



# Financing the Global HIV Response

## Fast-Track Strategy Investment Needs



## Antiretroviral Therapy (ART) Cost Estimates

**\$17.6 billion** (2020) needed globally to reach 90-90-90 treatment targets

## Domestic Financing of HIV

**\$5.1 billion** in domestic resources may be spent annually in 12 sub-Saharan African (SSA) countries, covering 64% of costs of HIV response, if spending benchmarks are met

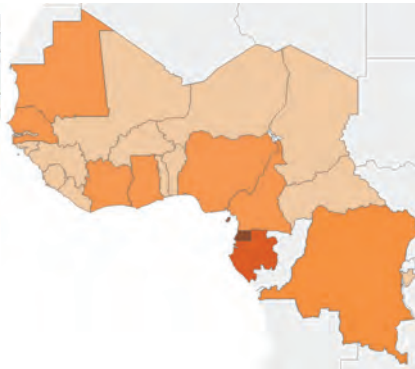
Sources: UNAIDS. 2016. *Fast-Track Update on Investments Needed in the HIV Response*. Geneva, Switzerland: UNAIDS; Atun R., A.Y. Chang, O. Ogbuonji, et al. "Long-term Financing Needs for HIV Control in sub-Saharan Africa in 2015–2050: A Modelling Study." *BMJ Open*. 2016, 6(3):e009656. doi:10.1136/bmjopen-2015-009656; Resch, S., T. Ryckman, and R. Hecht. 2015. "Funding AIDS Programmes in the Era of Shared Responsibility: An Analysis of Domestic Spending in 12 Low-income and Middle-income Countries." *The Lancet Global Health*, 3(1): e52-e61.

# Our Analysis: ART Resources Needed and Available in 97 Countries

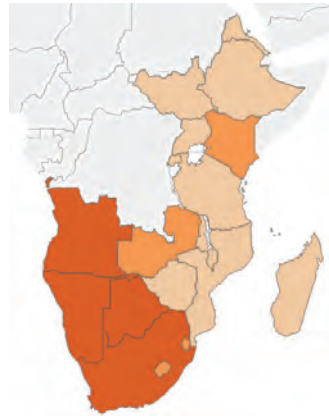
Middle East and North Africa



Western and Central Africa



Southern and Eastern Africa



Latin America and the Caribbean



Eastern Europe and Central Asia



Asia and the Pacific



- + Given uncertainty in countries' ART eligibility and scale up, how many people could be on ART from 2016–2020?
- + What are the ART resource requirements, accounting for uncertainty in baseline and decreases in facility-level unit costs?
- + What are the potential external and domestic contributions for ART?



# Methods: Estimating ART Need and Costs

	Current Scenario	Test-and-Start Scenario
ART eligibility	Current eligibility as set in country's 2015 Spectrum file	Universal adoption of WHO 2015 guidelines

## Cost categories:



ARVs



Laboratory monitoring



Frontline health workers



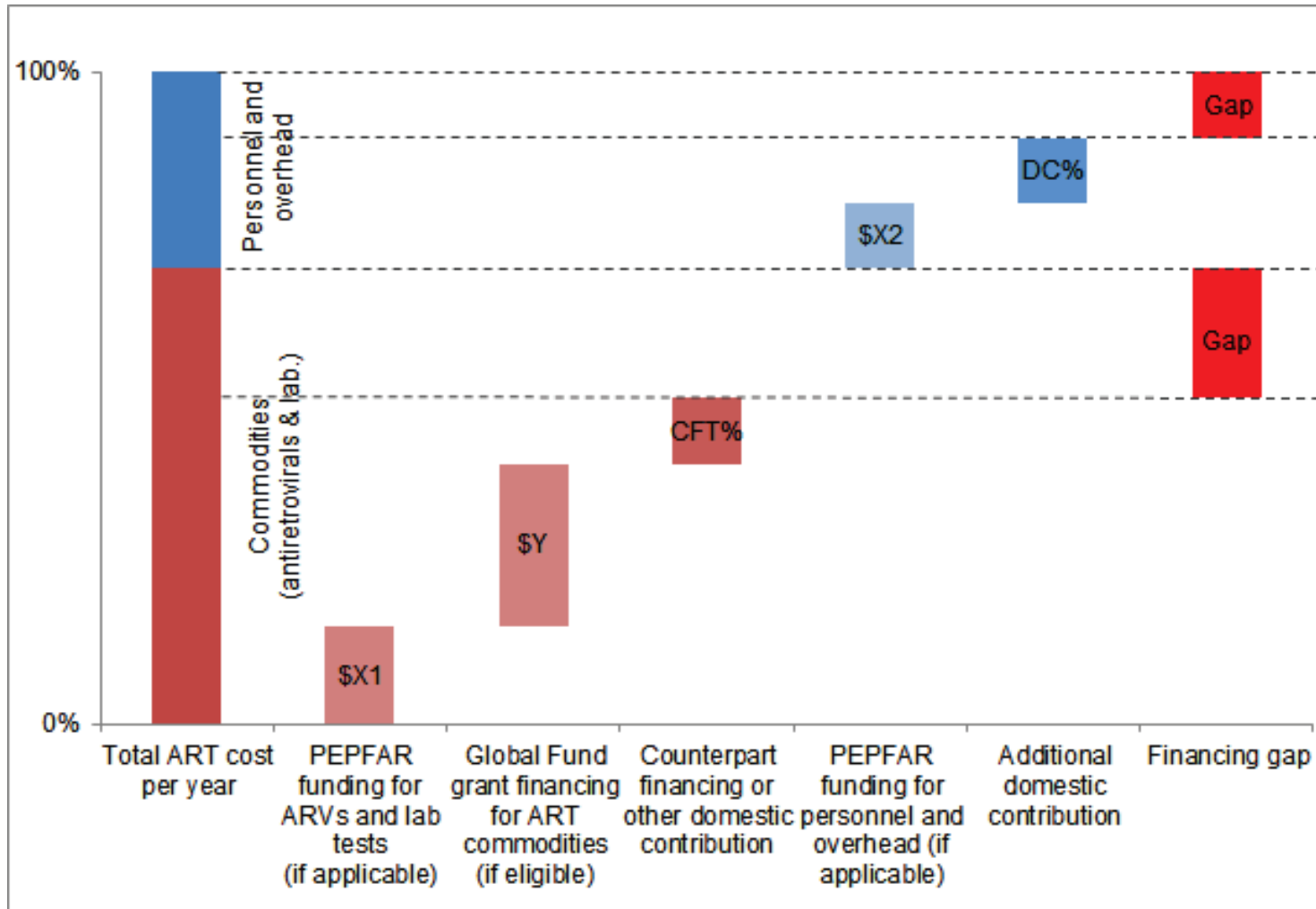
Facility overhead

***Uncertainty accounted for in estimates of the following:*** Number of treatment-eligible adults and children, average annual increase in coverage, percentage of patients on 1st- vs 2nd- line treatment, baseline and future changes to unit costs

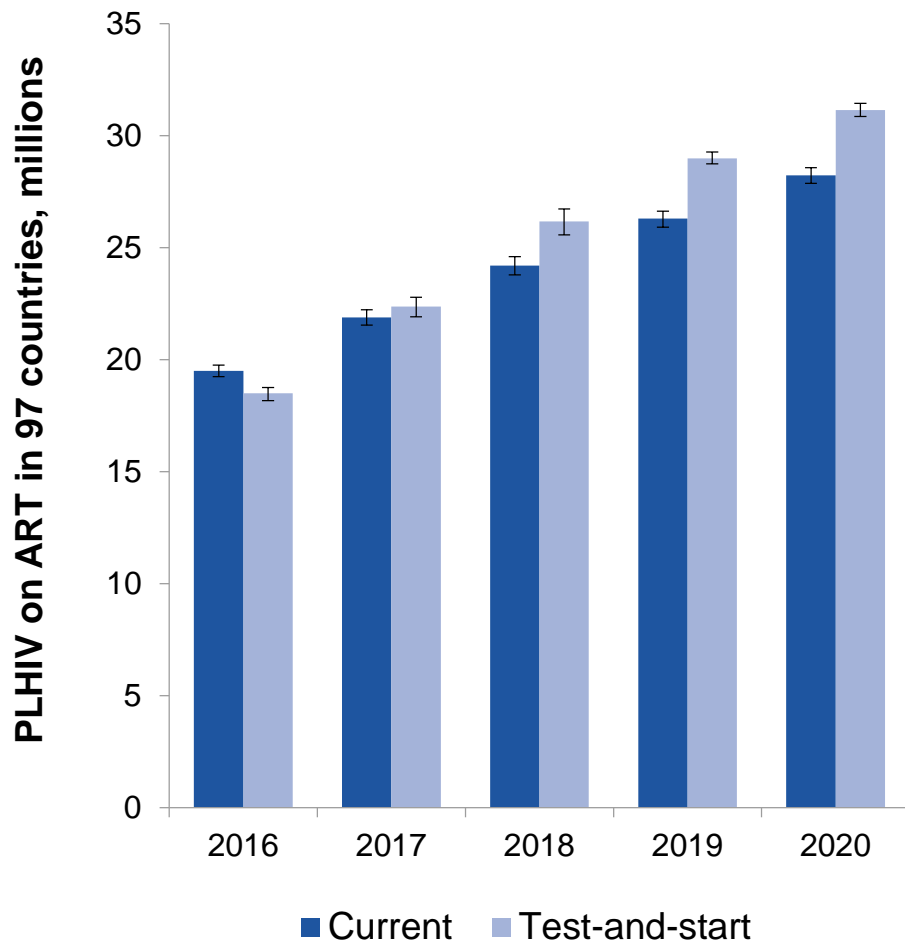
# Methods: Estimating Available ART Resources

Funding Source	Methods
Global Fund	<p><b>Commodities:</b> Calculated annual average contributions for eligible countries using PQR data (2011-2014); used country-specific grant allocations for six countries (2014–2016); assumed constant funding levels (unless specified)</p>
	<p><b>Personnel and overhead:</b> Not estimated due to lack of publicly available data</p>
PEPFAR	<p><b>Commodities:</b> Used FY 2014 PEPFAR expenditure data for antiretrovirals (ARVs) (all programs) and lab commodity (community-based care treatment and support, facility-based care treatment and support, and laboratory program areas); assumed constant funding levels</p>
	<p><b>Personnel and overhead:</b> Included relevant cost categories under facility-based care treatment and support program area using FY 2014 expenditure data; assumed constant funding levels</p>
Domestic contributions	<p><b>Commodities:</b> Based on Global Fund co-financing requirements (in eligible countries), country-reported commodity contributions, or percentage contribution to overall response (if not eligible for Global Fund)</p>
	<p><b>Personnel and overhead:</b> Calculated based on percentage of domestic contribution to overall response reported in AIDSinfo database and GARPR</p>

# Methods: Estimating Funding Gaps

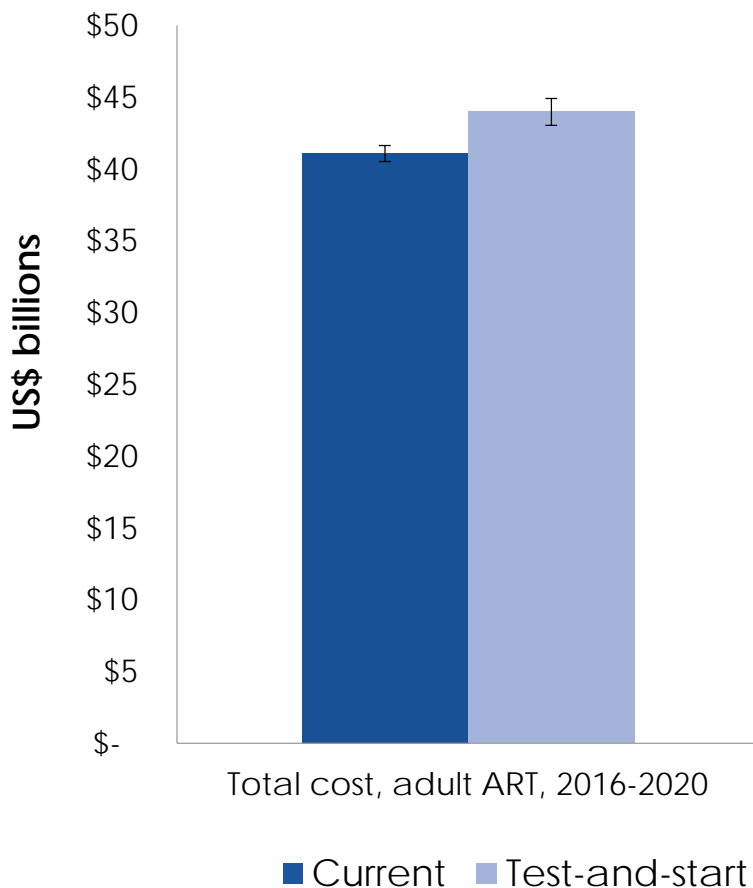


# Current vs Test-and-Start: Projected Numbers on ART



2020	Current	Test-and-Start
Coverage of PLHIV	76-77%	84-85%
Number of adults on ART	26.7 (26.4-27) million	30.2 (29.9-30.4) million
Number of children on ART	1.52 (1.5-1.53) million	0.99 (0.98-1.01) million

# Current vs Test-and-Start: ART Costs

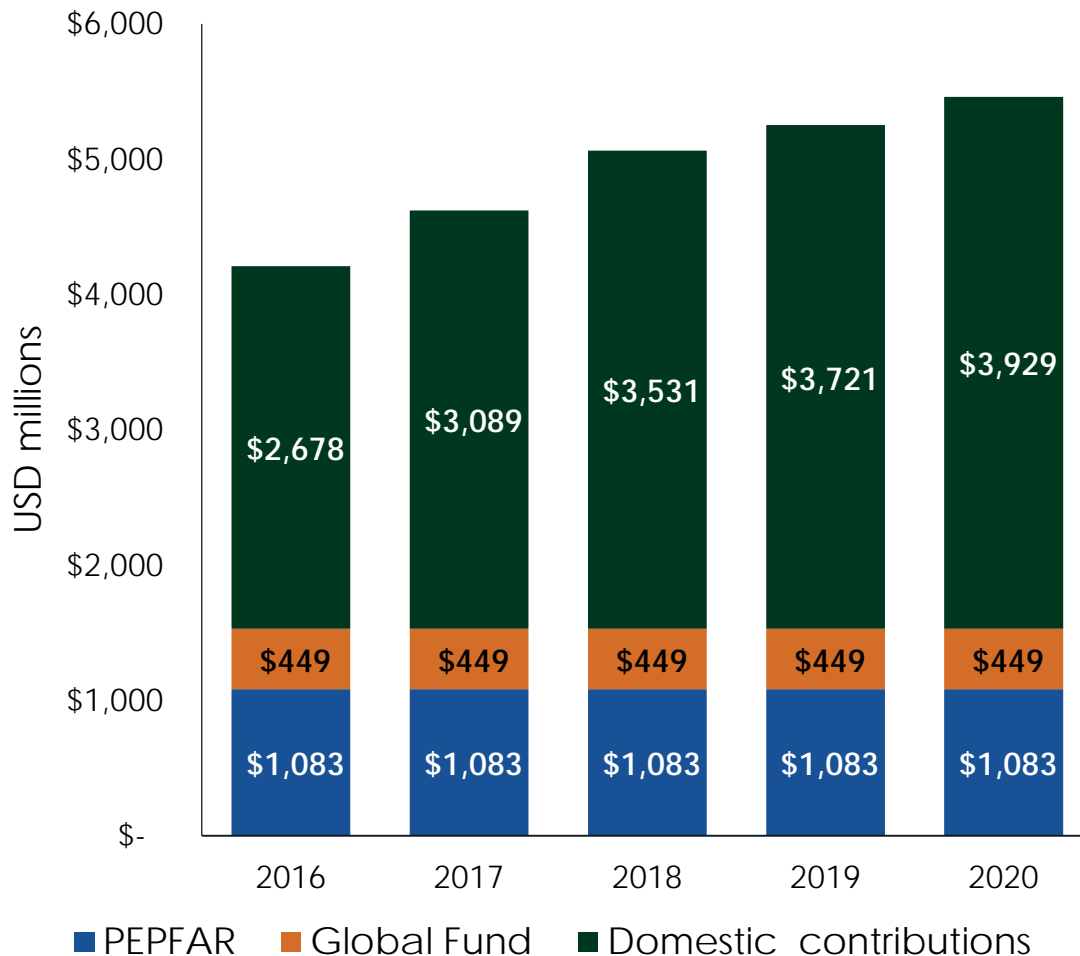


	2016–2020	Current	Test-and-Start
Commodity costs		<b>\$21.4</b> (21.2–21.7) billion	<b>\$23</b> (22.4–23.6) billion
Adult ART costs		<b>\$39.5</b> (38.9–40) billion	<b>\$42.8</b> (41.9–43.7) billion
Pediatric ART costs		<b>\$1.65</b> (1.63–1.67) billion	<b>\$1.19</b> (1.16–1.21) billion
AES* costs		<b>\$25.9</b> (25.4–26.4) billion	<b>\$28.8</b> (28.2–29.4) billion

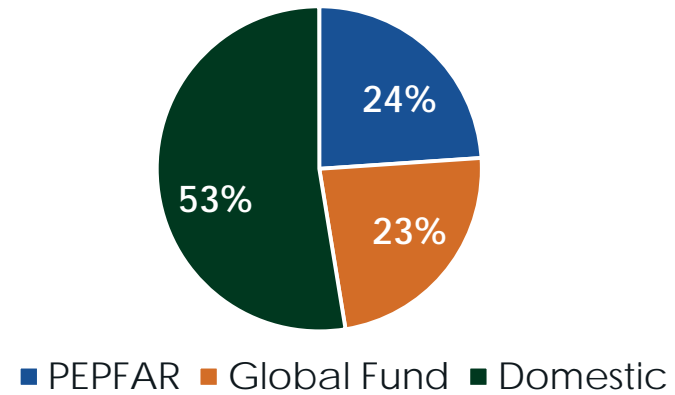
\*Eastern and Southern Africa



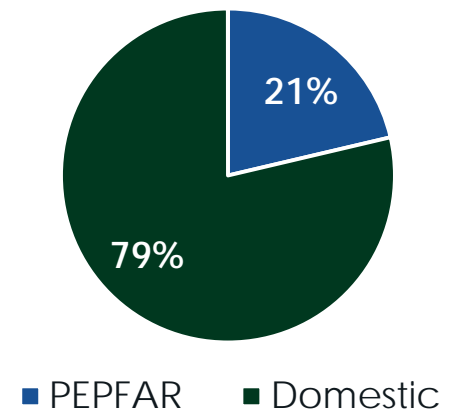
# Test-and-Start: Financial Resources Available 2016–2020



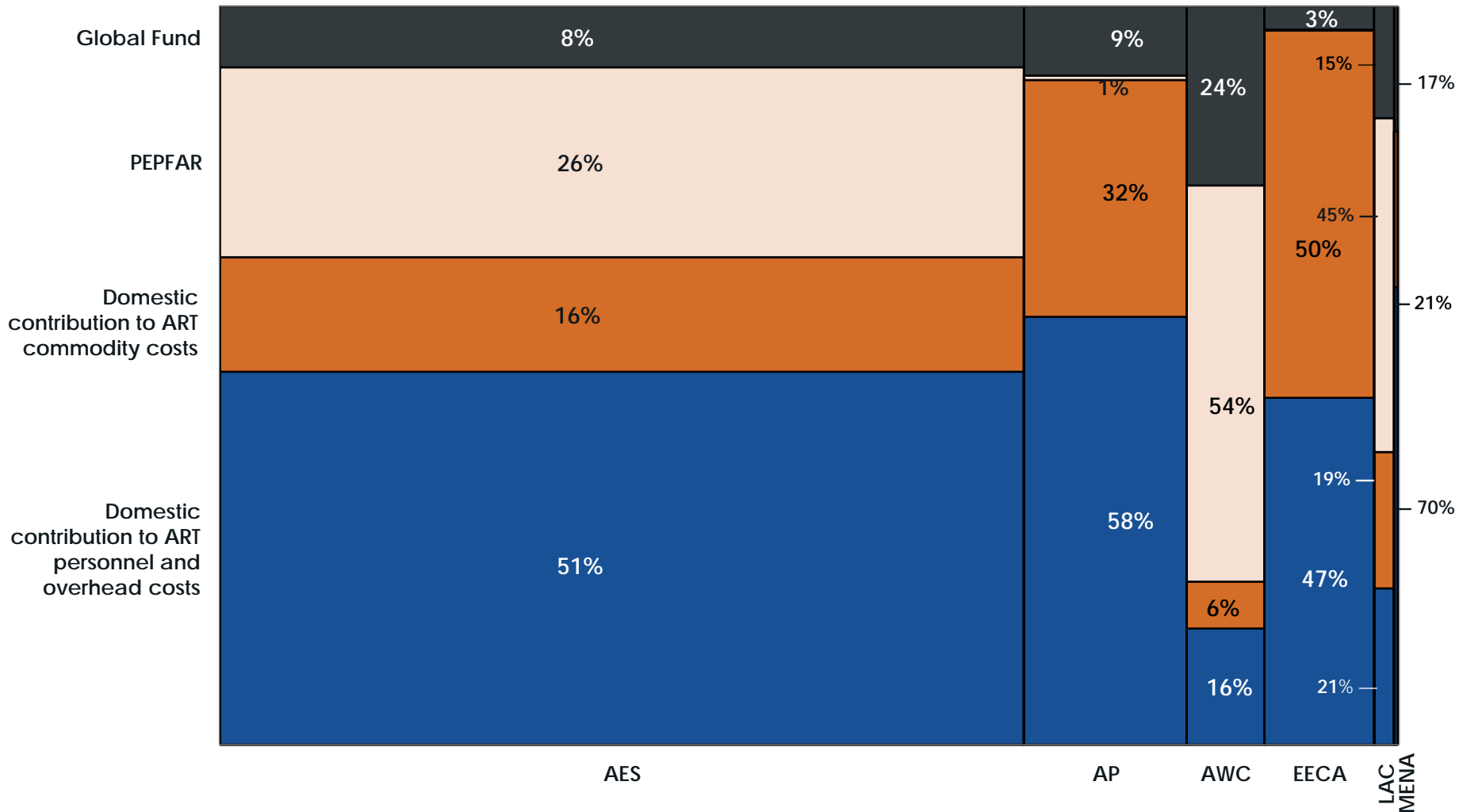
Resources Available for ART Commodities (2016–2020)



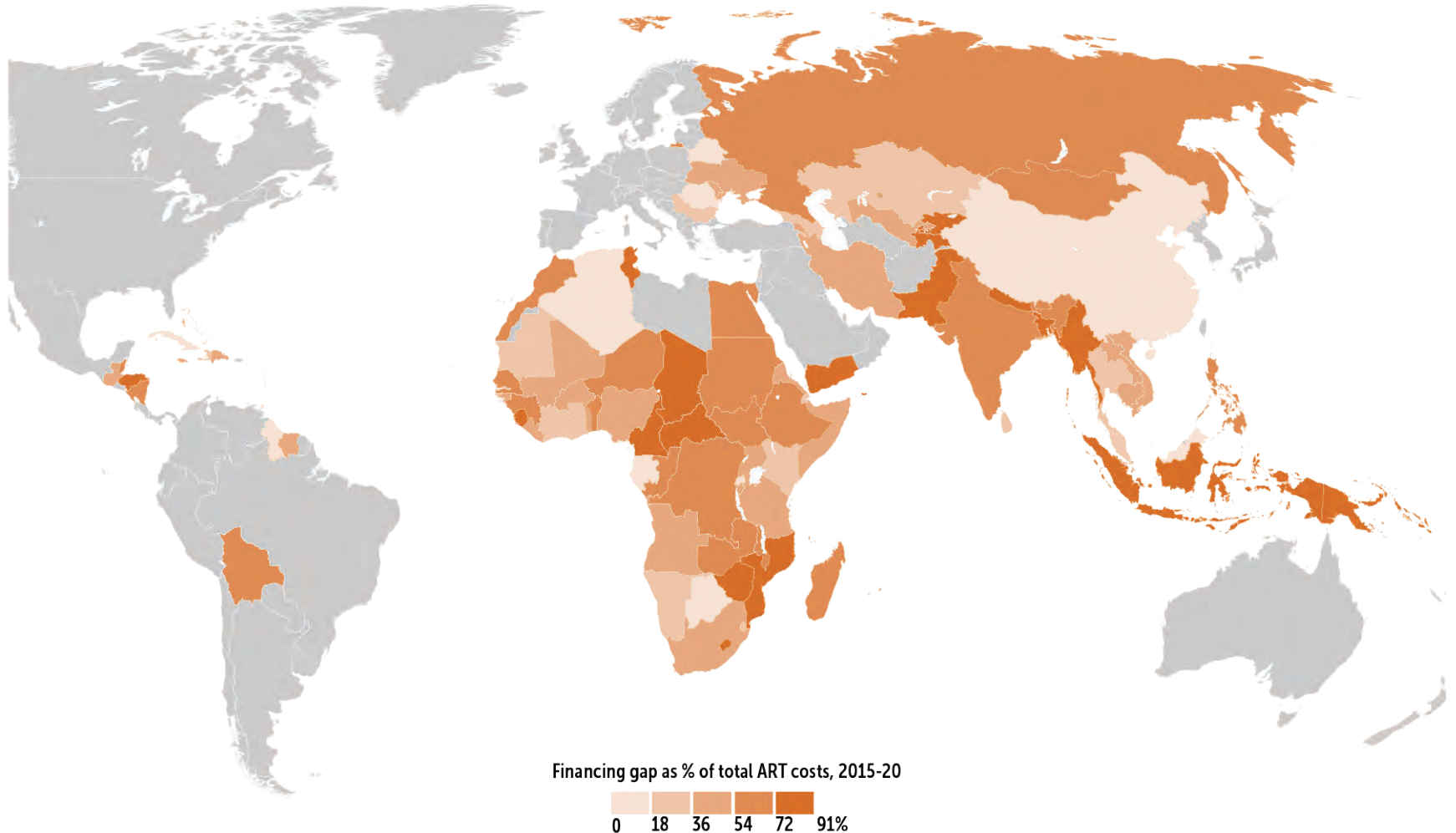
Resources Available for ART Personnel and Overhead (2016–2020)



# Test-and-Start: Financial Resources Available 2016–2020



# Test-and-Start: Funding Gap 2016–2020



# Way Forward: Reducing the Gap

## + Resource mobilization

- Global Fund replenishment (September 2016 meeting)
- Domestic resources: Innovative financing

## + Technical efficiency

- Game-changing ARV development
  - Improved three-drug regimens
  - Improved two-drug maintenance combinations
  - Efavirenz (EFV) dose optimization
- Changes to service delivery models and systems
  - Differentiated and customized care
  - Integration with other health services
  - Task sharing
  - Improved supply chain management

# HP+

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