The Investment Framework

- What is it and why is it important?
- How do the different pieces fit together.
- eMTCT Costs.
- Next steps.

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What is the investment framework and why it is important?
The investment opportunity

• Investment thinking flavour of the day

• Post Busan

• Time for shared responsibility

• The countries that succeed in the next 5 years will be those that seize this opportunity
Political Declaration on HIV/AIDS

• Programmes must become more cost-effective and evidence-based and deliver better value for money

• Break the upward trajectory of costs through the efficient utilization of resources

• Close the global resource gap by 2015

• Support and strengthen existing financial mechanisms

• Expand voluntary and additional innovative financing mechanisms

• National strategies that promote and protect human rights
Rationale of investment thinking

• Prominent in 2011 Political Declaration on AIDS
• Decline in international funding begs for new approach
• Major focus on efficiency, effectiveness and sustainability in countries and by key partners (World Bank, GFATM, USG, Gates, etc)
• Shared responsibility message critical
Key elements of the investment framework

• Pay now or pay forever
• Investments required as a **package** and **at scale**
• **Simplification** as a lever to get better **focus**
• **Basic programme activities** are unavoidable expenditure
• **Critical enablers are necessary but not sufficient:**
  • Major efficiency gains
  • **Diversify** the pool of investors
Different solutions for different problems: quantity, quality and efficiency

<table>
<thead>
<tr>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient aid</td>
<td>New taxes, philanthropy</td>
</tr>
<tr>
<td>Low domestic funding</td>
<td>Domestic investment according to ability to</td>
</tr>
<tr>
<td></td>
<td>pay</td>
</tr>
<tr>
<td>Misaligned funding</td>
<td>Harmonization of funding streams</td>
</tr>
<tr>
<td>Unpredictable / volatile funds</td>
<td>Up-front or longer-term investments</td>
</tr>
<tr>
<td>Poor prioritization</td>
<td>Effective well-targeted interventions</td>
</tr>
<tr>
<td>Costly delivery models</td>
<td>Economies of scale and scope</td>
</tr>
<tr>
<td>Poor resource management</td>
<td>Improved fiduciary arrangements</td>
</tr>
</tbody>
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Adapted from: Task Force on Innovative Financing for Health Systems; World Bank; Brookings Global Health Financing Initiative
Investment scenario I – Business as usual
Investment scenario II – Investment framework

![Graph showing investment scenarios over years 2011 to 2020 with categories USD (Billions) and New HIV Infections (millions).]
Optimized investment will lead to rapid declines in new HIV infections in many countries.
New investment framework: the tipping point

- Newly eligible for treatment
- Newly infected

Graph showing the number of people (millions) from 2010 to 2020:

- Newly eligible for treatment
- Newly infected
Treatment the major cost driver in some regions, key populations in others.
Projected resource needs under the investment framework

US$ billions

Global Investment Needs

Development Assistance

Domestic financing

International Investment

low income (non BRICS)

lower-middle income (non BRICS)

upper-middle income (non BRICS)

BRICS

2010: 9.7
2011: 11.3
2012: 11.9
2013: 13.0
2014: 13.6
2015: 13.5
2016: 12.7
2017: 11.8
2018: 10.7
2019: 9.4
2020: 8.0
How do the different pieces fit together?
**Investment Framework**

**CRITICAL ENABLERS**

Social enablers
- Political commitment and advocacy
- Laws, legal policies and practices
- Community mobilization
- Stigma reduction
- Mass media
- Local responses to change risk environment

Programme enablers
- Community centered design and delivery
- Programme communication
- Management and incentives
- Procurement and distribution
- Research and innovation

**BASIC PROGRAMME ACTIVITIES**

- **Key populations at higher risk** (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)
- **Behaviour change**
- **Condom promotion and distribution**
- **Voluntary medical male circumcision** (in countries with high HIV prevalence and low rates of circumcision)
- **Eliminate new HIV infections among children**
- **Treatment, care and support for people living with HIV**

**OBJECTIVES**

- **Stopping new infections**
- **Keeping people alive**

**SYNERGIES WITH DEVELOPMENT SECTORS**

Social protection, Education, Legal reform, Gender equality, Poverty reduction, Gender-based violence, Health systems (incl. STI treatment, Blood safety), Community systems, and Employer practices.
## Critical enablers

<table>
<thead>
<tr>
<th>Social enablers</th>
<th>Programme enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• outreach for HIV testing</td>
<td>• incentives for participation</td>
</tr>
<tr>
<td>• HIV treatment literacy</td>
<td>• improve treatment retention</td>
</tr>
<tr>
<td>• stigma reduction</td>
<td>• capacity building for CBOS</td>
</tr>
<tr>
<td>• human rights advocacy</td>
<td>• strategic planning</td>
</tr>
<tr>
<td>• monitoring of equity &amp; quality</td>
<td>• communications infrastructure</td>
</tr>
<tr>
<td>• mass communication</td>
<td>• information dissemination</td>
</tr>
<tr>
<td></td>
<td>• improve service integration</td>
</tr>
</tbody>
</table>

NB: family and community approaches to adherence costed in treatment
Synergies with wider development sectors

HIV funding in these areas can be used

• as a **catalyst** to achieve synergies within the broader health and development programme concerned

• to promote smarter investment across multiple sectors

Total social welfare and social protection sector in low and middle income countries: $236bn
eMTCT Costs
eMTCT cost under the Investment Framework

Investment framework (2015 target is 90% coverage in every country)

Business as usual (coverage in each country remains the same as currently)

$0.9 b
## Median costs by region (US$), eMTCT

<table>
<thead>
<tr>
<th>Region</th>
<th>eMTCT screening*</th>
<th>eMTCT prophylaxis**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per woman screened</td>
<td>Per woman receiving ARVs</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>4.48</td>
<td>607</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>3.93</td>
<td>1,564</td>
</tr>
<tr>
<td>South and Southeast Asia</td>
<td>3.92</td>
<td>848</td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>3.92</td>
<td>2,204</td>
</tr>
<tr>
<td>North Africa and Near East</td>
<td>3.90</td>
<td>2,265</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>3.97</td>
<td>1,721</td>
</tr>
</tbody>
</table>

*Assumes $3.90 per woman screened and found to be HIV-negative and $13 per woman screened and found to be HIV-positive

**Assumes costs in 22 focus countries in sub-Saharan Africa of $237 for Option A, $705 for Option B, $20 for CD4 counts, $3 for community mobilization, $33 for early infant diagnosis, $5 for Cotrimoxazole. For all other countries costs are adjusted for purchasing power.
Next steps
Develop tailored country roadmaps and build a coalition for action

- Share information and advocate
- Determine entry point(s) define scope
- Identify champions
- Assess strategic information resources and gaps
- Detect programme misallocations, major cost drivers, possible efficiency gains and gaps in the HIV response
- Identify and evaluate options to address change
- Implement options and complete the information cycle