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Review of the financing of national HIV and AIDS responses

Review of the financing of national HIV and AIDS responses in the Asia-Pacific region

Note by the secretariat

Summary

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.

Some of the key challenges faced in ensuring sustainable funding for the AIDS response are: the need to enhance political will to effectively address key populations appropriately; finding fiscal space available in national budgets for HIV and AIDS programmes; addressing inefficient funding allocation choices with the aim of maximizing impact; ensuring access and availability of existing and new antiretroviral drugs; and the need to enhance the contributions of the private sector.

The document contains highlights of a number of key actions and policy responses to be taken at the national and regional levels, including undertaking evidence-based HIV investment cases and sustainability plans, as well as steps to ensure affordable access to essential drugs.

Delegations may wish to share information on their efforts to ensure adequate and sustainable financing for AIDS responses in their countries, and provide the secretariat with guidance on the role of regional cooperation to ensure a sustainable financing strategy for an effective AIDS response in the Asia-Pacific region.

* E/ESCAP/HIV/IGM.2/L.1.

Contents

	<i>Page</i>
I. Introduction	2
II. Current situation and trends in funding the AIDS response in the region	3
III. Epidemic projections and estimated resource requirements for achieving targets	10
IV. Challenges to sustainable funding for the AIDS response in the ESCAP region	10
V. Key actions and policy responses to ensure sustainable financing of the AIDS response beyond 2015	12
Tables	
1. Distribution of expenditure on the AIDS response by category of expenditure, selected countries in Asia and the Pacific	7
2. HIV prevalence and spending on prevention among people who inject drugs, selected countries in Asia	8
3. HIV prevalence and spending on prevention among men who have sex with men	8
Figures	
1. Financial resources available for the AIDS response in Asia and the Pacific, low- and middle-income countries, 2005-2012	3
2. Expenditure on HIV-related activities from domestic sources, selected countries in Asia and the Pacific	4
3. Distribution of AIDS expenditure by category of expenditure, Asia and the Pacific	6
4. Expenditure on prevention by key populations at higher risk of exposure to HIV, Asia and the Pacific	9

I. Introduction

1. Some of the principal successes in the response to AIDS have been seen in the Asian and Pacific region. The rates of HIV infection have fallen significantly in many countries across the region, and more and more people have access to life-saving HIV treatments. Many countries in the region are showing leadership and commitment towards addressing stigma and discrimination faced by key populations at higher risk of HIV exposure by involving the community in implementing programmes addressing the needs of key populations.¹

2. This commitment has been matched by significant increases in domestic financing for the AIDS response, reflecting the specific commitment ESCAP countries have made to enhancing the financial sustainability of the AIDS response and allocating a greater proportion of national resources in line with national priorities to responses to HIV and AIDS with the adoption in 2011 of Commission resolution 67/9. This commitment to increased domestic financing for national AIDS responses was echoed later that year at the global level with the adoption of the Political

¹ Refers to key populations at higher risk (both key to the epidemic's dynamics and key to the response).

Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS.²

3. However, there are many areas of concern; in some countries new HIV epidemics have sprung up in certain geographical areas and among key populations. Less than half the people eligible for treatment have access to care and treatment, and stigma and discrimination as well as legal and policy barriers continue to hamper the AIDS response across the region. 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.

4. This document contains a review of the current situation and trends regarding the funding of the AIDS response in the region, taking into account the projections of the HIV epidemic in estimating the resource requirements for achieving the targets contained in the 2011 Political Declaration on HIV and AIDS. It also identifies the key challenges to sustainable funding for the AIDS response and highlights some of the actions and policy responses to ensure sustainable financing of the AIDS response in the period beyond 2015.

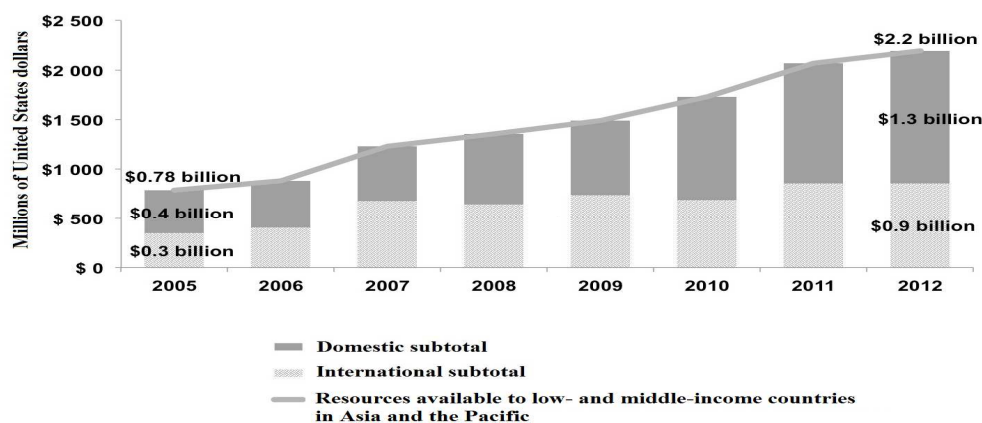
II. Current situation and trends in funding the AIDS response in the region

A. Domestic and international funding trends

5. The AIDS response has achieved significant success in the leveraging of finances. In just over a decade, global financing for AIDS activities increased exponentially, reaching the highest levels ever in 2012 at US\$ 19 billion. The Asian and Pacific region has mirrored this global trend, with estimated regional HIV spending rising from US\$ 700 million in 2005 to US\$ 2.2 billion in 2012, which is a threefold increase (see figure 1).

Figure 1

Financial resources available for the AIDS response in Asia and the Pacific, low- and middle-income countries, 2005-2012



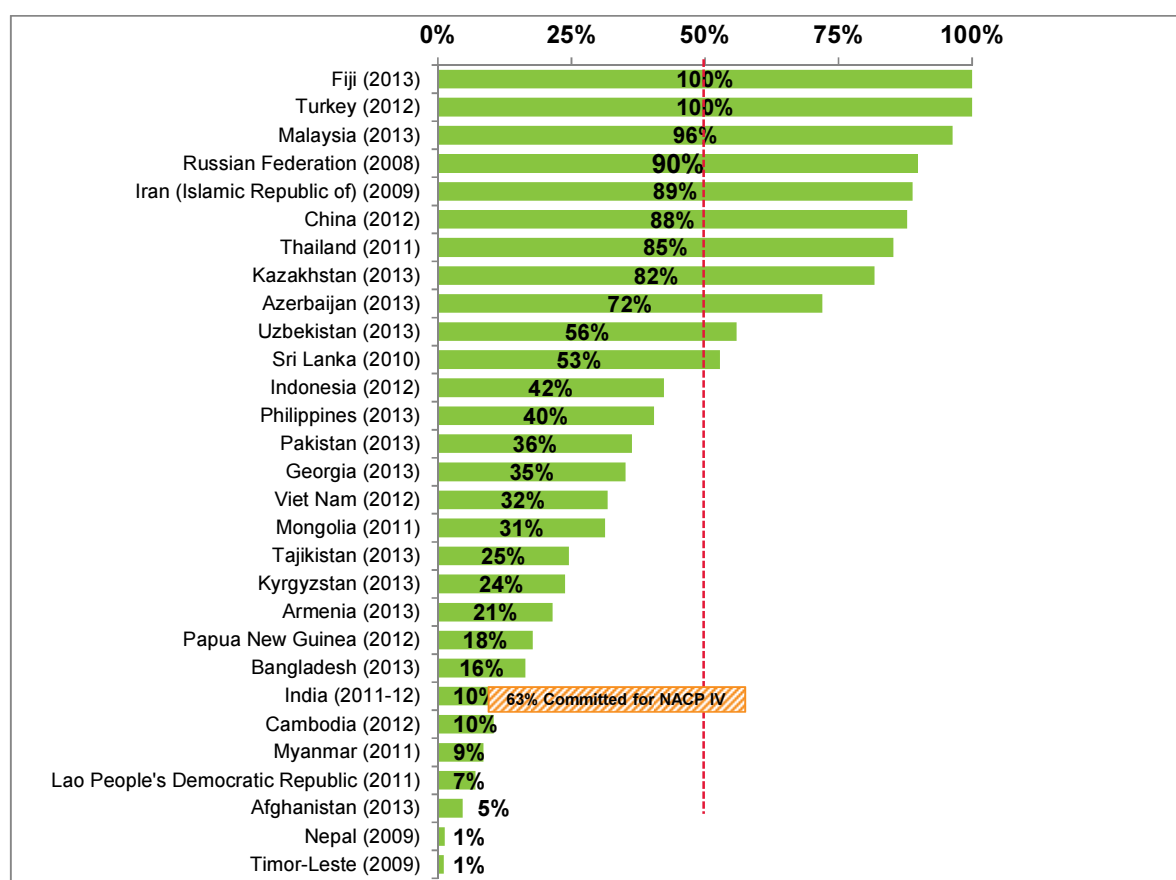
Source: UNAIDS estimates 2012, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2013* (Geneva, Joint United Nations Programme on HIV/AIDS, 2013).

² General Assembly resolution 65/277.

6. International funding for HIV-related activities has been and continues to be critical to creating the initial momentum for funding HIV programmes. In the early years, the provision of catalytic funding from key development partners provided the foundation for advancing the AIDS response. As the response has continued, the importance of increasing domestic financing for HIV has been stressed as fundamental to programme sustainability and country ownership of the response. Over time, the global community has positioned the tackling of AIDS as a “shared responsibility”, one that relies on the engagement of all countries and all sectors, according to their differentiated capacity to do so. This entails, in part, increasing domestic spending to better complement external resources. Movement in this direction will increase the sustainability and efficiency of funding and spending on HIV and AIDS. Through intense and focused advocacy over the last decade — including calling for shared responsibility as a mechanism to achieve AIDS targets and commitments contained in the 2011 Political Declaration on HIV and AIDS — the international community is now negotiating new partnership compacts based on shared responsibility, including as part of the ongoing discussion on the development agenda beyond 2015.

Figure 2

Expenditure on HIV-related activities from domestic sources, selected countries in Asia and the Pacific



Source: Database of Global AIDS Response Progress Reporting prepared by the Data Team at the HIV and AIDS Data Hub for Asia and the Pacific (www.aidsdatahub.org).

Notes: Percentages are for the most recent year available.

NACP IV, National AIDS Control Programme IV.

7. Governments of countries 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: from US\$ 400 million in 2005 to US\$ 1.3 billion in 2012, representing 59 per cent of the total spending on AIDS compared with the global average of 53 per cent. Of the 10 countries with the highest HIV burden, China, Malaysia and Thailand fund most of their AIDS response domestically. India has committed to finance more than 60 per cent of its response from domestic sources from 2014, according to its National AIDS Control Programme IV (see figure 2 above).

8. While many countries have shifted towards domestic funding, some countries, including least developed countries, will continue to need international support. For example, least developed countries, such as Afghanistan, Cambodia, the Lao People's Democratic Republic, Myanmar, Nepal and Timor-Leste, are unlikely to shift towards primarily funding the AIDS response through domestic sources without seriously compromising their other health spending priorities.

B. Spending across programme types: prevention, treatment and enabling environment

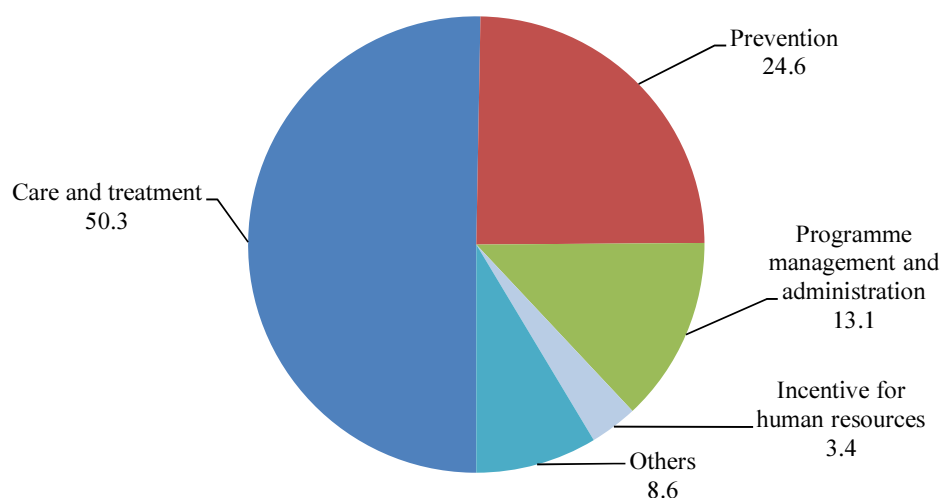
9. Member States have submitted information on AIDS-related expenditures for publication in the *Global AIDS Response Progress Reporting 2014*,³ which is used for monitoring the 2011 Political Declaration on HIV and AIDS under the following headings: (a) prevention, including prevention among key populations; (b) care and treatment; (c) programme management and administration; (d) incentives for human resources, which include training; and (e) others, which include expenditures directed towards orphans and vulnerable children, social protection and social services, enabling environments and research.

10. Overall, based on analysis of 2013 data from 34 countries in the region,⁴ of their total expenditure on AIDS-related activities, those countries spend on average: 50.3 per cent on care and treatment; 24.6 per cent on prevention; 3.4 per cent on incentives for human resources; 13.1 per cent on programme management and administration; and 8.6 per cent on others (see figure 3).

³ Available from www.unaids.org/sites/default/files/media_asset/GARPR_2014_guidelines_en_0.pdf.

⁴ The 34 member States of ESCAP which submitted information for the *Global AIDS Response Progress Reporting 2013* are as follows: Armenia; Azerbaijan; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; Fiji; Georgia; India; Japan; Kazakhstan; Kiribati; Malaysia; Marshall Islands; Micronesia (Federated States of); Myanmar; Nauru; Nepal; New Zealand; Pakistan; Palau; Papua New Guinea; Philippines; Singapore; Solomon Islands; Sri Lanka; Tajikistan; Thailand; Tonga; Turkey; Tuvalu; Uzbekistan; Vanuatu; and Viet Nam.

Figure 3
Distribution of AIDS expenditure by category of expenditure, Asia and the Pacific



Source: Database of Global AIDS Response Progress Reporting prepared by the Data Team at the HIV and AIDS Data Hub for Asia and the Pacific (www.aidsdatahub.org).

Note: Percentages are for the latest year available.

11. However, spending patterns across categories vary widely in different countries (see table 1). For example, some countries focus the bulk of their expenditures on care and treatment, such as Malaysia and Thailand, which spend 70 per cent and 75 per cent, respectively, for those purposes. Other countries devote a larger proportion of expenditure towards prevention, such as Sri Lanka at 76 per cent and Bangladesh at 58 per cent. However, in some countries where spending on treatment has grown significantly, spending on prevention often has not kept pace and has occasionally decreased.

12. Some countries in the North and Central Asian subregion and the Pacific subregion incur a higher proportion of expenditure on programme management and administration, with eight countries spending more than 40 per cent of their total budgets under this heading. Across the Asia-Pacific region, this category of expenditure presents an opportunity for reducing such expenditure through increased economy and efficiency.

13. It is also possible that differences in spending patterns across categories of expenditure represent attempts to move towards optimum spending mixes that reflect the nature of the national epidemic. For example, high prevalence countries could be spending more on treatment than low prevalence countries, while low prevalence countries should be spending more on prevention. However, the distribution of expenditure indicates that the funds are not being targeted to address the needs of key populations.

Table 1
Distribution of expenditure on the AIDS response by category of expenditure, selected countries in Asia and the Pacific

Country	Year	Prevention (percentage)	Care and treatment (percentage)	Programme management and administration (percentage)	Incentives for human resources (percentage)	Others (percentage)
Afghanistan	2012	51	2	40	4	3
Armenia	2012	46	25	22	2	4
Azerbaijan	2011	43	33	18	4	2
Bangladesh	2012	58	6	22	8	6
Cambodia	2012	25	29	32	2	12
Democratic People's Republic of Korea	2011	9	-	21	68	3
Fiji	2012	26	17	43	7	7
Georgia	2012	40	40	8	2	10
Indonesia	2010	30	35	19	5	12
Kazakhstan	2012	25	20	53	1	0
Kyrgyzstan	2012	52	4	24	13	7
Lao People's Democratic Republic	2011	52	18	11	16	3
Malaysia	2012	12	70	15	1	2
Micronesia (Federated States of)	2012	36	6	52	6	0
Mongolia	2011	36	10	24	24	6
Myanmar	2011	44	45	7	1	3
Nepal	2009	53	6	27	1	12
Pakistan	2010	44	6	38	4	9
Papua New Guinea	2010	21	11	57	6	4
Philippines	2011	44	12	35	1	7
Russian Federation	2008	23	58	6	2	11
Samoa	2011	10	4	82	5	0
Solomon Islands	2011	56	-	33	0	12
Sri Lanka	2010	76	6	3	10	5
Tajikistan	2011	36	9	27	26	2
Thailand	2011	11	75	3	2	8
Timor-Leste	2009	20	3	65	-	12
Tonga	2009	7	37	11	33	11
Tuvalu	2011	9	5	60	25	0
Uzbekistan	2012	38	28	16	13	6
Vanuatu	2012	3	2	29	60	6
Viet Nam	2010	34	24	30	8	5

Source: Database of Global AIDS Response Progress Reporting prepared by the Data Team at the HIV and AIDS Data Hub for Asia and the Pacific (www.aidsdatahub.org).

Note: Percentages are for the latest year available.

Table 2

HIV prevalence and spending on prevention among people who inject drugs, selected countries in Asia

Country	HIV prevalence among people who inject drugs (percentage)	Spending on prevention among people who inject drugs as proportion of total spending on prevention (percentage)
Indonesia	36	10
Cambodia	24	5
Nepal	21	16

Source: Database of Global AIDS Response Progress Reporting prepared by the Data Team at the HIV and AIDS Data Hub for Asia and the Pacific (www.aidsdatahub.org).

Note: Percentages are for the latest year available.

14. As shown in table 2, in Indonesia the prevalence of HIV among people who inject drugs is 36 per cent, whereas only 10 per cent of the total spending on prevention is targeted towards this group. In the case of Cambodia and Nepal, the prevalence rate among people who inject drugs is 24 and 21 per cent, respectively; however, the proportion of expenditure on prevention targeted towards this group is low, at 5 and 16 per cent, respectively. A similar situation can be observed with regard to expenditures made for prevention among men who have sex with men, as seen in table 3 below.

Table 3

HIV prevalence and spending on prevention among men who have sex with men

Country	HIV prevalence among men who have sex with men (percentage)	Spending on prevention among men who have sex with men as a proportion of total spending on prevention (percentage)
Philippines	80	9
Malaysia	19	0.2
Sri Lanka	15	6

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