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Keeping up to date with the very latest and most pressing issues facing your organization can be a challenge, and while there is no shortage of information in the public domain, filtering and prioritizing the knowledge you need can be time consuming and unrewarding. I hope that you find Issues Monitor useful and I welcome the opportunity to further discuss the issues presented and their effect on your organization.



Welcome to the October edition of *Issues Monitor – International Development Services*. Each edition pulls together and shares industry knowledge to help you quickly and easily get briefed on the issues that affect your sector.



Funding HIV and AIDS prevention

Containing the spread of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) requires substantial funding. Many developing and underdeveloped countries depend on international donations to implement HIV/AIDS prevention, treatment and care programs. Developed countries such as Australia, Canada, Germany, Japan, the UK and the US, as well as philanthropists, have been providing funds to aid these countries. At the same time, the recession has strained these donors, resulting in reduced funding to many countries.

Introduction

More than 25 million people have died from AIDS between 1981, when the first case of Acquired Immune Deficiency Syndrome (AIDS) was detected, and 2008.¹ In 2008 alone, 2.7 million people were newly infected with the human immunodeficiency virus (HIV), which causes AIDS, and 33.4 million people were living with the virus.² The epidemic has had a severe impact on the societies and economies of affected countries, and has become a major global threat. As the disease has spread, it has hindered efforts to fight poverty and improve healthcare. Further, not only does HIV/AIDS reduce a person's ability to work and support a family, but it also results in rising healthcare costs that add to the household burden.³ In the worst affected regions, such as nations in sub-Saharan Africa, AIDS has reduced average life expectancy by 15 years.⁴



In 2008, 2.7 million people were newly infected with HIV and 33.4 million people were living with the virus.

"HIV/AIDS can have a devastating economic impact on countries with severe infection rates. Estimates suggest when the prevalence of HIV/AIDS reaches 8 percent — about where it is today for 13 African countries — the cost in terms of economic growth is estimated at about 1 percent a year."

— The World Bank⁵

The increasing need for healthcare resulting from the epidemic has increased the strain on hospitals, social services, schools, businesses and other such resources.⁶ For instance, in South Africa, hospital stays of HIV-positive patients are four times longer than those of other patients.⁷ An additional human cost is the number of healthcare workers being directly affected by AIDS; 17 percent of Botswana's healthcare workforce died from AIDS over 1999 – 2005.⁸

The impact of HIV/AIDS has forced governments and other social organizations to take comprehensive

measures to stem its spread. A major target of the Millennium Development Goals (an effort to eradicate extreme poverty, fight epidemics and promote gender equality and environmental sustainability) is to halt the spread of HIV/AIDS by 2015. The Millennium Development Goal (MDG) 6 — Combat HIV/AIDS, malaria and other diseases — specifically aims to achieve universal access to prevention, treatment, care and support for HIV/AIDS patients by 2010 and eventually halt the spread of the disease by 2015. To achieve this goal, the United Nations Joint Programme on HIV/AIDS (UNAIDS) has estimated a global funding requirement of US\$25.1 billion for HIV/AIDS-related initiatives in low- and middle-income countries by 2010.⁹ A World Health Organization (WHO) report suggests that in 2008, of the 9.5 million in low- and middle-income countries that needed antiretroviral (ARV) treatment, nearly five million people do not have access to it.¹⁰

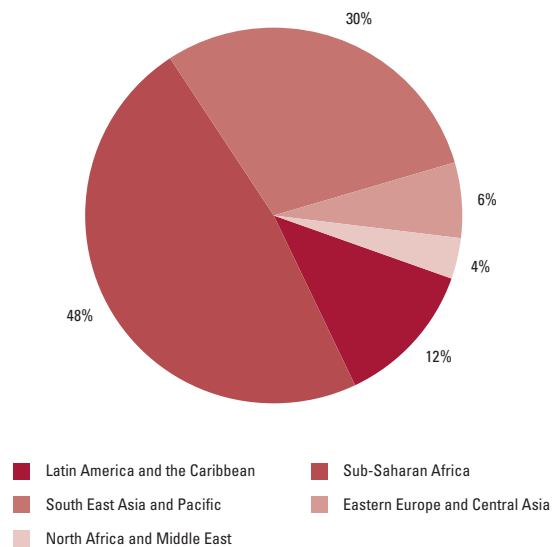


Varied funding requirements

The impact of the disease varies greatly among different countries and regions, with sub-Saharan Africa being the most heavily affected region. In 2008, 67 percent of all HIV infections were in that region, while 72 percent of AIDS-related deaths occurred there.¹¹ Similarly, the funding requirements differ in various regions. As shown in Figure 1, the sub-Saharan Africa region is estimated to require the largest share of global funding in 2010.

The upper- and middle-income countries of Asia, Eastern Europe and Latin America are capable of financing their local AIDS programs from domestic sources, according to UNAIDS. However, many low-income countries, especially those in sub-Saharan Africa with a high prevalence of infection, are heavily dependent on external or international funding.¹²

Figure 1: Estimated regional breakdown of investments required, in 2010



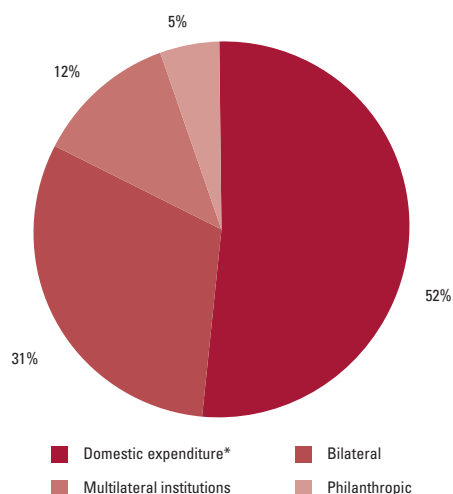
Source: What countries need, Investments needed for 2010 targets, UNAIDS, February 2009



Sources of funding

As shown in Figure 2, funding from non-domestic sources provided 48 percent of spending worldwide in HIV/AIDS in 2008.

Figure 2: Various funding sources, 2008



Source: What countries need, Investments needed for 2010 targets, UNAIDS, February 2009

* Domestic expenditure includes out-of-pocket spending by individuals and affected families, and public sources

Bilateral donations, under which funds are disbursed from one government to another, are a major source of global funding. In addition to intergovernmental transfers, these funds are also used to support organizations such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and

Malaria (Global Fund).¹³ Developed countries are major contributors, with the beneficiaries being nations in Africa, Asia and Latin America. Table 1 presents the major contributors to international AIDS assistance in 2008.

Table 1: Major contributions to international AIDS assistance by country, 2008

Country	Contributions (US\$ millions)	Share of total global contributions (%)
US	3,951.4	51.3
UK	968.7	12.6
Netherlands	500.8	6.5
France	493.1	6.4
Germany	477.7	6.2
Norway	155.3	2.0
Sweden	151.2	1.9

Source: Financing the response to AIDS in low- and middle income countries, UNAIDS, July 2009

The US and the UK lead the way, with collective contributions amounting to 63.9 percent of total global contributions.

US (PEPFAR) – Largest donor government

- The US government allocates all its global funding toward HIV/AIDS under the President's Emergency Plan for AIDS Relief fund (PEPFAR). In July 2008, PEPFAR had committed to spend US\$48 billion, on global HIV/AIDS prevention, care and treatment programs during the period 2009 –2013.¹⁴
- For FY2011, global HIV/AIDS funding from the US government is expected to reach US\$6.7 billion, with US\$5.1 billion allocated to bilateral activities in HIV/AIDS.¹⁵
- In FY2010, the US government allocated approximately US\$5 billion to bilateral activities, while nearly US\$900 million was allocated to the Global Fund.¹⁶
- By September 2009, PEPFAR had provided life-saving ARV treatment to over 2.4 million men, women and children worldwide.¹⁷
- However, for FY2010 and FY2011, the economic slowdown has resulted in funding growth remaining nearly flat, after increasing 10.8 percent in FY2009.¹⁸

USAID – A major US federal government aid agency

- The US Agency for International Development (USAID), an independent federal government agency, provides assistance to foreign countries to recover from natural disasters and various sociopolitical changes.¹⁹
- PEPFAR is a major donor to USAID. It received US\$350 million in funding from PEPFAR for HIV/AIDS prevention, care and treatment programs in FY2010. However, from FY2009, PEPFAR funding to USAID has remained flat.²⁰
- USAID's funding mechanism encompasses primarily NGOs (in the form of grants and cooperative agreements) and the Global Fund.²¹
- In 2009, USAID extended approximately US\$520 million in funding to South Africa for HIV/AIDS prevention, care and treatment programs.²²

UK – A major bilateral donor

- In 2008, the UK provided US\$890.1 million in bilateral funding to different countries.²³
- Under the Department for International Development (DFID), which manages UK aid to poor countries, the country had committed to providing GBP1 billion (US\$1.5 billion) in funding to the Global Fund over 2007 – 2015.²⁴ DFID has contributed US\$248 million to the fund, in 2010.²⁵
- Under its bilateral funding program during 2007 – 2008, DFID provided antiretroviral (ARV) drugs to nearly 100,000 people worldwide.²⁶
- DFID is also a major contributor to the Three Disease Fund (3DF), which provides funding toward Tuberculosis, Malaria and HIV/AIDS prevention, care and treatment programs in Burma (Myanmar). DFID is committed to contribute GBP30.1 million (US\$48 million) to 3DF over a period of 2006 – 2011.²⁷

Multilateral funding organizations

Multilateral funding organizations, formed between three or more nations, work on issues that relate to all the countries in the organization. In HIV/AIDS prevention, care and treatment programs, these organizations play an important part, as a major part of the funding is distributed through

multilateral funding organizations. Global Fund, UNAIDS and other such multilateral funding organizations are involved in distributing and allocating funds to HIV/AIDS prevention, care and treatment programs in various regions. These organizations receive a principal amount of their funds from national governments. Table 2

summarizes the aid provided by major multilateral funding organizations for the prevention, treatment and care of HIV/AIDS patients.

Table 2: Various multilateral funding organizations

Funding Organization	Details
Global Fund	<ul style="list-style-type: none"> The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is the largest multilateral global organization providing HIV/AIDS funding.²⁸ This public-private partnership is funded by national governments and private-sector organizations, including the Bill and Melinda Gates Foundation.²⁹ The US is the largest donor and provides nearly 33 percent of the fund's yearly proceeds, although its funding for FY2011 is being cut by US\$50 million.^{30, 31} In 2008, the organization had contributed nearly one-fifth of all disbursements toward HIV prevention, care and treatment programs in low- and middle-income countries. During 2002 – 2009, its total disbursement to facilitate HIV programs amounted to US\$5.7 billion.³² In 2009, the Global Fund disbursed a total amount of US\$1.4 billion toward HIV/AIDS prevention, care and treatment programs.³³
World Bank	<ul style="list-style-type: none"> The second largest multilateral funding organization for HIV/AIDS prevention, care and treatment programs, and one of the 10 co-sponsors to the UNAIDS program.^{34, 35} Provided US\$1.9 billion toward HIV/AIDS prevention, care and treatment programs in 35 countries, by April 2010 under its Multi-Country HIV/AIDS Program for Africa (MAP).³⁶
UNAIDS	<ul style="list-style-type: none"> A major facilitator of resources toward HIV/AIDS prevention, care and treatment programs. UNAIDS has 10 cosponsors, including United Nations Development Programme (UNDP) and WHO.³⁷ Has 2010-11 budget approval for US\$776.6 million toward various HIV/AIDS prevention, treatment and care programs. The organization will allocate approximately US\$250 million to sub-Saharan African nations out of its total fund.³⁸
UNITAID	<ul style="list-style-type: none"> UNITAID — a UN-sponsored international drug purchase facility — relies on airline ticket fees as a source of its funds. The organization has raised approximately US\$250 million annually, from a nominal air ticket levy applied to airlines in its six member countries. In June 2010, UNITAID approved the inclusion of more countries where airline ticket charges will be levied.³⁹
Alliance for Vaccines and Immunisation (GAVI)	<ul style="list-style-type: none"> GAVI is a public-private partnership providing support to vaccination for neglected diseases. From November 2006 to April 2010, GAVI raised US\$2.6 billion by issuing International Finance Facility for Immunisation (IFFIm) bonds, which are backed by donor government pledges.⁴⁰

Private-sector funding

Private-sector funding has become increasingly important as global funding needs strain bilateral and multilateral funding. Corporate donors, philanthropists, religious groups and NGOs are increasingly showing a willingness to provide financial assistance for HIV/AIDS prevention, care and treatment programs.⁴¹

The Bill and Melinda Gates Foundation has been the largest private sector donor. Under its Global Health Program initiative, the foundation provides funding for HIV prevention and treatment and research on microbicides.⁴² In January 2010, the foundation announced a commitment of US\$10 billion over 10 years to develop an AIDS vaccine.⁴³

Among corporate donors, pharmaceutical companies are supporting HIV/AIDS prevention, care and treatment programs with financial grants and by providing low-priced drugs, as shown in Table 3.

Table 3: HIV/AIDS assistance initiative by pharmaceutical companies

Company name	Period	Contribution	Details
Pfizer Inc	2000 – 2010	More than US\$840 million	<ul style="list-style-type: none"> Under the Diflucan Partnership Programme, which was started in 2000, Pfizer has donated more than US\$840 million in medicines (for the treatment for AIDS-related fungal infections) to 60 countries in Africa, Asia, the Caribbean and Latin America.⁴⁴
		US\$47 million	<ul style="list-style-type: none"> Under its Global Health Partnerships program, the Pfizer foundation has committed US\$47 million in grants over 2007 – 2010. The grants are aimed at improving public health partnership for diseases such as cancer, HIV/AIDS and malaria.⁴⁵
Bristol-Myers Squibb	1999 – 2009	US\$150 million	<ul style="list-style-type: none"> Bristol-Myers Squibb and the Bristol-Myers Squibb Foundation announced a grant of US\$1.3 million to various HIV/AIDS care and support programs in Africa, through its “Secure the Future” program. During 1999 – 2009, the program provided more than US\$150 million to 20 African countries.⁴⁶
Abbott Laboratories	2001 – 2009	More than US\$60 million	<ul style="list-style-type: none"> In 2001, Abbott formed a public-private partnership with the government of Tanzania to strengthen its healthcare system, especially HIV/AIDS-related infrastructure. Under this partnership, by 2009, Abbott had provided more than US\$60 million to modernize the infrastructure.^{47, 48}
ViiV Healthcare	November 2009	–	<ul style="list-style-type: none"> In November 2009, GlaxoSmithKline and Pfizer launched a joint venture (JV), ViiV Healthcare, dedicated to enhancing HIV treatment and care. The JV aims to broaden access to its current medicines so as to cover all affected people.⁴⁹
		US\$14 million	<ul style="list-style-type: none"> ViiV Healthcare also has a seed fund of GBP10 million (US\$14 million) to strengthen public-private partnership in pediatric needs.⁵⁰
Takeda Pharmaceutical Company Ltd	2010 – 2019	US\$10 million	<ul style="list-style-type: none"> Takeda has committed to providing JPY100 million (US\$1 million) annually to the Global Fund over 2010 – 2019. The funds are aimed at strengthening the health systems in various African countries.⁵¹
Merck & Co	2000 – 2010	US\$10 million	<ul style="list-style-type: none"> Over 2000 – 2010, Merck & Co., one of the largest pharma companies, provided US\$10 million in grants to 50 countries through its HIV and AIDS Grants Program.⁵²

Issues affecting funding

Although the amount of donations to HIV/AIDS prevention, care and treatment programs has increased, there is still a huge gap between global requirements and funds available. The full picture is worsened by the fact that universal access to treatment is still a long way off. UNAIDS observed that for every 100 people who begin treatment, 250 are newly infected.⁵³ Moreover, certain sections of the scientific community are advocating that much

international funding be redirected away from HIV/AIDS prevention, care and treatment programs, to other diseases and basic health problems such as diarrhea.⁵⁴ Increased concern regarding treatment for other deadly diseases and the impact of the economic crisis on donor governments are among the key current challenges to funding for HIV prevention and treatment.

Further, in November 2008, the Global Fund announced a number of reductions to its fund allocations during 2009 – 2010. The fund is facing a shortfall of US\$4 billion to meet its 2010 goals.⁵⁹

“Without a fully-funded Global Fund, our shared dreams of universal access to HIV prevention, treatment, care and support could become our worst nightmare, putting the lives of millions currently on treatment in jeopardy.”

– Michel Sidibe, Executive Director, UNAIDS⁵⁰

Impact of economic slowdown on funding

With the negative impact of the economic slowdown on donor funding, Botswana, Kenya, Mozambique, Nigeria and many other African countries are either struggling with drug shortages or trimming treatment availability.⁵⁵ According to a UNAIDS report published in June 2009, as funding for prevention and ARV treatment from international organizations is cut back, HIV/AIDS-related mortality rates will increase.⁵⁶ While the US government has set ambitious goals of access to treatment for nearly 4 million by 2013, it approved flat budgets for its PEPFAR program for FY2010 and FY2011.^{57, 58}

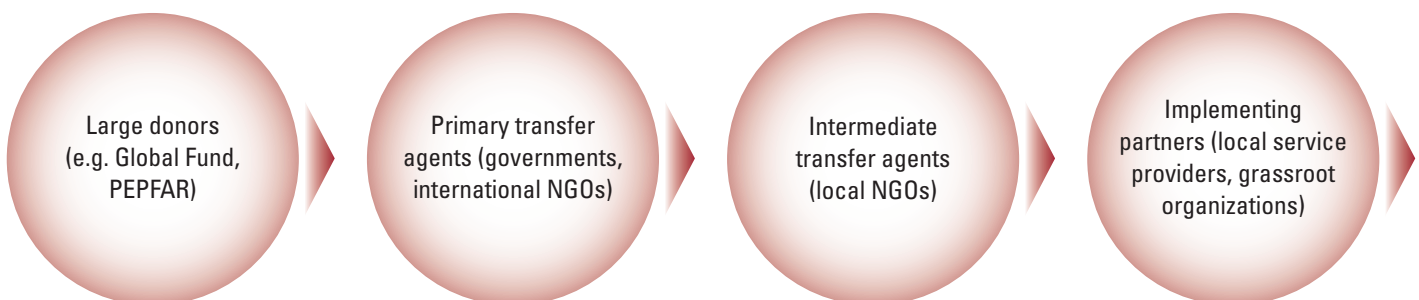
Complicated distribution channel

Distribution of funds to HIV/AIDS prevention, care and treatment programs often involves multiple intermediary organizations and channels. PEPFAR, Global Fund and other such large donors give funds to intermediary groups, such as government-run organizations and regional NGOs, who then allocate portions of the funds to different recipient groups.⁶¹ As shown in Figure 2, the funding involves a multi-stage channel of distribution.



PEPFAR budgets for FY2010 and FY2011, have not been increased, due to the economic slowdown.

Figure 3: Funding channel of distribution

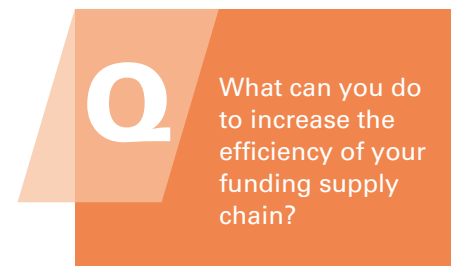


Source: Funding for the HIV and AIDS epidemic, Avert, May 26, 2010

Although intermediary channels are necessary for fund disbursement, an elongated distribution chain can be expensive, as each group involved in forwarding the fund charges for their involvement. Coupled with other issues such as administrative problems, legislative issues and poor infrastructure, this slows down the funding process. This increases the need for enforcement of accountability and stringent policies that give donor organizations an advantage in monitoring the channel.⁶²

Misuse of funds

Of late, certain HIV/AIDS prevention, care and treatment programs have come under criticism for mismanagement of funds. The huge sums disbursed to HIV/AIDS programs have created conditions conducive to the misuse of funds, according to Alan Whiteside, Director of the Health Economics and HIV/Aids Research division at the University of KwaZulu Natal.⁶³ In 2009, the Global Fund froze its aid to the Zambian government after its Ministry of Health was charged with improper use of funds. The fund has demanded that the ministry return an



unspent amount of US\$8 million.⁶⁴ In 2008, the Kenyan Ministry of Public Health and Medical Services and a number of NGOs came under the scanner for alleged mismanagement of a fund of US\$166 million disbursed by the Global Fund.⁶⁵

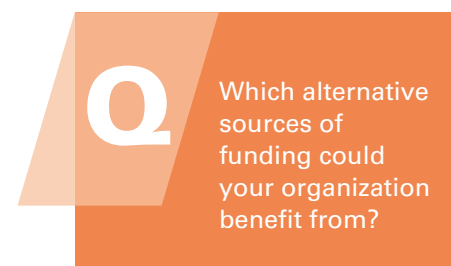
Outlook

US\$28 – 50 billion per annum will be required during 2010 – 2015 period to achieve the goal of universal access to HIV/AIDS prevention, care and treatment, according to UNAIDS.⁶⁶ As funding needs to be increased, more efforts are needed from existing donors, middle-income countries (which have contained the spread of AIDS) and philanthropists.⁶⁷ However, donors around the world are feeling the pressure of the economic crisis — as indicated by the flat budget approvals of PEPFAR.⁶⁸ The US government has reduced its funding to the Global Fund by US\$50 million for FY2011.⁶⁹

As funding from large sources is decreasing, focus is gradually shifting to philanthropists and innovative methods of financing. Extending the number of countries participating in the UNITAID air ticket levy is one option for increasing the impact of innovative methods of financing.⁷⁰

Besides increasing the scope of funding sources, effective funding strategies are also required to implement HIV/AIDS prevention, care and treatment programs. The Center for Global Development (CGD) — an independent research facility for global prosperity — advocates the implementation of performance-based funding. Under this concept, the performance of recipient organizations is measured against pre-defined targets before decisions related to funding allocations are made. For instance, the Global Fund adheres to an explicit performance-based funding system to decide whether funding to recipient countries should be continued.⁷¹ Also, the Global Fund, in cooperation with the GAVI Alliance, the World Bank and the WHO, is focusing on creating a unified health-funding platform to ensure effective use of health funds.⁷²

Transparency and accountability remain major concerns. Measurement — and evaluation of targets met — is a difficult area in the HIV/AIDS funding process.⁷³ Many recipient countries lack the infrastructure and resources required to utilize available funds effectively. Increased responsibility on the part of donor organizations and heightened vigilance across the funding supply chain are required to provide those who suffer from HIV or AIDS with proper and effective access to treatment and care.⁷⁴



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