UNAIDS-World Bank Economics Reference Group for HIV & AIDS

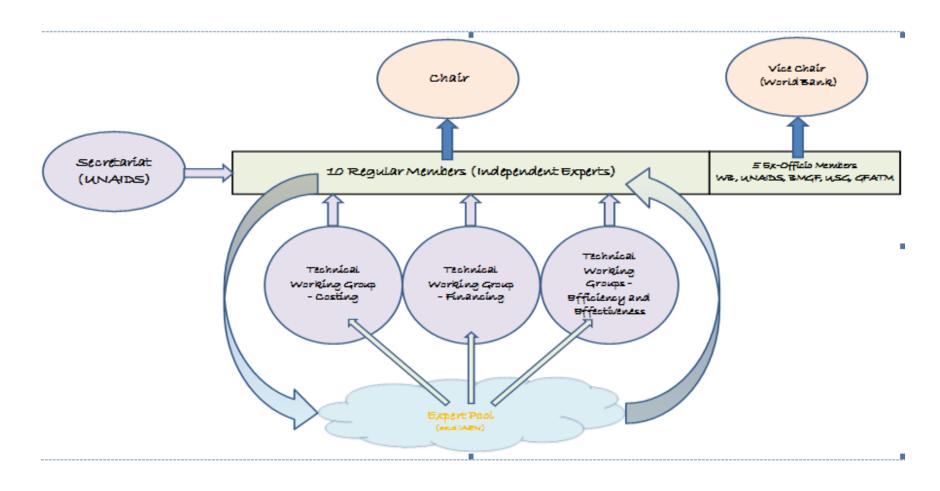
HIV Programme Transition Nertila Tavanxhi, UNAIDS *on behalf of* the HIV Economics Reference Group HIV UNAIDS & WB HIV Economics Reference Group - Mandate

 Strategic global HIV economics agenda setting and prioritization

Improving the quality of HIV economics methods and products

 Providing strategic thinking and consolidated coherent advice to stakeholders

HIV UNAIDS – WB HIV Economics Reference Group - Structure



HIV UNAIDS & WB HIV Economics Reference Group - Achievements

- Improved coordination among global stakeholders
- Policy influence
 - UNAIDS 2016-2021 strategy
 - GFATM transition and sustainability policy
 - South Africa HIV and NHI feasibility
 - Kenya, HIV into UHC benefits package actuarial analysis and modalities of financing
- Community of practice pool of experts available for technical advice to members

Dimensions of sustainable HIV financing - distinct but related work streams

- 1. "Fair share" and "global solidarity"
 - How much can LMICs reasonably be expected to contribute to their HIV programmes?
 - Responsibility and capacity of external donors to honor their international financing commitments?

- 2. Expanding revenue mobilization
 - Potential sources of additional domestic revenue?
 - Scope for and successes with innovative sources of revenue?
 - Maximizing impact of existing sources and mobilizing new ones globally

- 4. Transition to domestic funding and programming
 - Existing experiences
 - Country-donor tools for transparency, accountability, joint planning, and monitoring

- 3. Integrating HIV & AIDS financing into national health financing systems
 - Clarifying concepts and reviewing country experiences
 - Choosing services to integrate and ensuring sustainability
 - Challenges

Review of donor – country transition agreements

Review existing financing agreements and country compact-type documents covering 4 donors, 13 countries

		Countries	Compacts
Income Bracket	Low Income (LIC)	5	8
	Lower-Middle-Income (LMIC)	4	8
	Upper-Middle-Income (UMIC)	4	5
Region	Sub Saharan-Africa	7	12
	Asia & Middle East	4	5
	Europe & Central Asia	1	2
	Latin America & Caribbean	1	2
Epidemic	Concentrated	6	9
	Generalized	7	12
Donors	PEPFAR (PFIPs)	6	6
	Global Fund (Grant Agreements)	6	6
	World Bank (Finance/Credit Agreements)	6	6
	Millennium Challenge Corporation (Country Compacts)	3	3
Total	·	13	21

Analysis for Compact Guidance – Focus on 6 Features

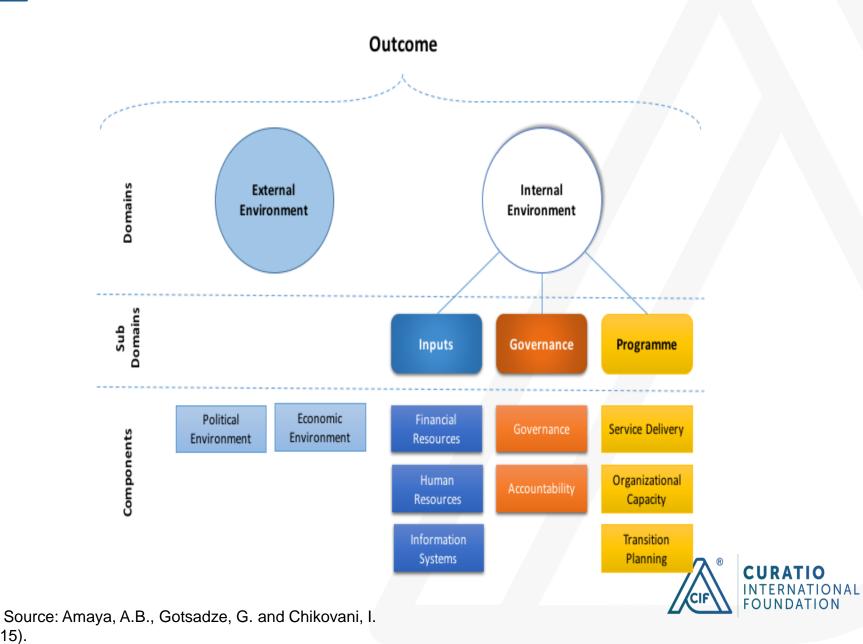


Transition Planning

- Collaboration UNAIDS GFATM USAID/PEPFAR
 - WHO Montreux Health Agenda on issues around Public Financial Management
- 7 Countries of focus: Armenia, Kyrgyzstan, Moldova, Uzbekistan (EECA); Jamaica (LAC); Morocco (MENA) and the Philippines
- Considers: programmatic, financial and institutional transition readiness
- ERG Funding for the assessments complemented by UNAIDS, USAID, GFATM funding for transition planning; GFATM tools on social contracting and financial transition.
- Ongoing initiative beyond ERG cycle: Cambodia, Guyana, Namibia, Vietnam added in the group of focus



TPA Framework Domains and Components



(2015).



Transition Risk Rating Using Scores Arising from the TPA Tool

Low risk = Dark Green - >85% of score

Moderate to Low risk = Light Green - 70-85%

of score

Moderate risk = Dark yellow - 50-69% of

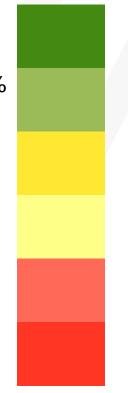
score

Moderate to High risk = Light yellow - 36-

49% of score

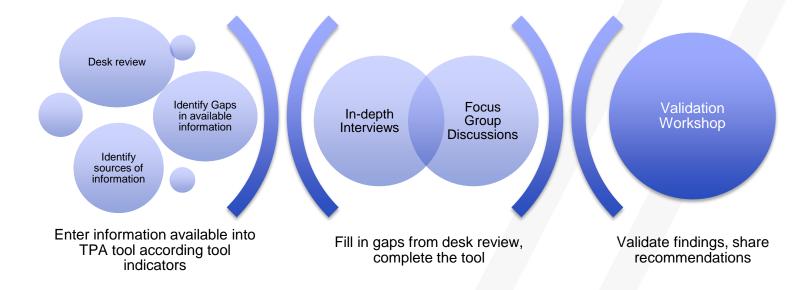
High to moderate risk = Light red – 25-35% of score

High risk = Dark red - < 25% of score





TPA Process





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HIV Programme Transition

- Maintenance of multisectoral and accountability structures
- Continuation of programmes for key populations social contracting
- Gradual transfer of parallel systems and structures into country structures
 - Efficiencies, integration, institutional strengthening
 - Continuous access to low prices for commodities
- Adequate and efficient domestic financing
- Country buy in from the start resources from both countries and donors channeled towards building and systems and capacities for smooth transitions.