Leadership on Finance: Pace of Scale Up Needed to Realize Full Potential of Treatment as Prevention

Dr. Priscilla Ibekwe
Deputy Director, NACA
Outline

• Current HIV situation
• Treatment as prevention and access to treatment
• Funding HIV response in Nigeria
• Way Forward
Current HIV Situation - Global

- Globally, 2.7 million people acquired HIV infection in 2010, down from 3.1 million in 2001; investments in the response is paying off
- Sub-Saharan Africa remains epicenter of pandemic, with approximately 23 million infected, accounts for 67 percent of global burden
Current HIV Situation-Global

- Access to ART in low- and middle-income countries increased from 400,000 in 2003 to 6.65 million in 2010; 47% coverage of people eligible for treatment
- There is substantial decline in the number of people dying from AIDS related causes during the past decade
Current HIV Situation - Nigeria

- Estimated 3.5 million PLHIV in Nigeria; the second highest burden in Africa
- Estimated deaths in 2012 is 240,000
- Estimated new infection in 2011 was 388,864
- About 1.5 million require ART based on CD4 count of 350 cells/mm³
Treatment as Prevention (WHO)

• ART irrespective of CD4+ cell count for the prevention of HIV and TB
• Includes provision of ART to people living with HIV who are:
  i. severely immunocompromised with AIDS and/or have a CD4+ count ≤350 cells/mm³
  ii. those with higher CD4+ cell counts >350 cells/mm³
• Does not include the use of antiretrovirals (ARVs) for post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP) and ARV-based microbicides
Treatment as Prevention

- Studies suggest risk of transmission near zero when the viral load is below 1500 copies/mm
- Viral load; greatest single risk factor for the transmission of HIV
- Knowing one’s HIV status key to the use of ART for prevention.
- In line with overarching priority of the National Strategic Plan and Framework; reposition prevention of new HIV infections as the major focus 2010 – 2015
- It was estimated (2010) that for every 2 new persons placed on anti-retrovirals 5 new individuals get infected
Access to ART

• About 1.5 million require Anti-Retroviral Treatment (FMoH 2011)
• Number of HIV positive adults and children who are eligible and currently receiving ARV in accordance with WHO guidelines (2010)- 491,021 (FMoH 2012) i.e., a third of those eligible
• Number of health facilities offering ART services- 516 consisting of 457 public and 59 private (FMoH 2012)
Access to ART

- Number of private health facilities offering ART services is grossly under-reported (Nigeria GARPR 2013)
- 1\textsuperscript{st} and 2\textsuperscript{nd} line drugs are offered free
Global spending on HIV
(UNAIDS Report on the global AIDS epidemic | 2012)

• Total HIV spending globally was $16.8 billion (2011) compared to $300 million in 1996
• HIV spending increased by 11% in 2011 compared with 2010.
• In 2011, there was a 15% rise in HIV expenditure by low- and middle-income countries
Global spending on HIV

- The United States (through PEPFAR) was the largest donor in the world (54.2% by governments in 2010)
- The UK (through DFID) second largest (13.0%), followed by France (5.8%), the Netherlands (0.1%), Germany (4.5%), and Denmark (2.5%)
- GF largest multilateral donor; fight AIDS, TB and Malaria, 61% of GF funding spent on HIV/AIDS
Global spending on HIV

- The WB has the second largest HIV/AIDS response in developing countries and is one of eight co-sponsors of UNAIDS
- Significant donations by private sector: Gates Foundation, Clinton Foundation
- Donor funds accounted for 76% and 75% of amount expended in developing countries in 2009 and 2010 respectively
Gaps in global HIV funding

(UNAIDS Report on the global AIDS epidemic | 2012)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required (USD M)</td>
<td>1,100</td>
<td>1,302</td>
<td>1,612</td>
<td>1,953</td>
<td>2,147</td>
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<tr>
<td>Satisfied (USD M)</td>
<td>574.8</td>
<td>589.3</td>
<td>629.0</td>
<td>660.7</td>
<td>671.8</td>
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<tr>
<td>Gap (USD M)</td>
<td>525.8</td>
<td>713.1</td>
<td>983.9</td>
<td>1,292</td>
<td>1,475</td>
</tr>
</tbody>
</table>
Funding HIV response in Nigeria

• HIV spending by Nigerian Government in 2010 increased by 58% compared to 2007. ($ 73 million in 2007 to $126 million in 2010)
• Domestic financing less than 25% of expenditure in 2010
• Out of pocket expenditure for HIV/AIDS services consists of about 14.5% of household income
• Nigeria yet to meet the Abuja Declaration target of 15% of National budget to health
Funding HIV response in Nigeria

- Inadequate ownership of the HIV response at sub-national levels; limited involvement of states and local governments in resourcing, planning and coordination of the response
- Financial decision making for the HIV response correlates with source of funding
Funding HIV in Nigeria

• Programmatic decisions on what HIV goods and services purchased, provider of goods and services and beneficiary population were largely determined by international organizations
# Nigeria HIV expenditure by programmatic areas

<table>
<thead>
<tr>
<th>Programme area</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount (USD)</td>
<td>%</td>
</tr>
<tr>
<td>Prevention</td>
<td>36,184,378.00</td>
<td>8.71</td>
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<tr>
<td>Care &amp; treatment</td>
<td>204,304,508.00</td>
<td>49.20</td>
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<tr>
<td>OVC activities</td>
<td>9,099,704.00</td>
<td>2.19</td>
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<tr>
<td>Programme management</td>
<td>77,212,683.00</td>
<td>18.59</td>
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<tr>
<td>Human resources</td>
<td>84,989,602.00</td>
<td>20.47</td>
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<tr>
<td>Social protection &amp; service</td>
<td>83,718.00</td>
<td>0.02</td>
</tr>
<tr>
<td>Enabling env.</td>
<td>2,679,626.00</td>
<td>0.65</td>
</tr>
<tr>
<td>Research activities</td>
<td>733,211.00</td>
<td>0.18</td>
</tr>
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</table>
PCRP as a funding tool
(PCRP, 2013)

• **Goal of PCRP**: increase domestic funding through active involvement of Fed., state and local governments and the private sectors to bridge the gap for the NSP

• **Objectives**: to Improve HIV response financing by attaining 50% domestic funding of the HIV as stipulated in the Nigeria-U.S. Partnership Framework on HIV/AIDS (2010-2015)
PCRP as a funding tool (PCRP, 2013)

Objectives continued

- Improve planning and management of human resources to meet the challenging needs of the epidemic
- Significantly increase contributions of various tiers of govt. to the national response
- Stimulate and sustain state ownership of state-tailored HIV/AIDS response
PCRP as a funding tool

( PCRP, 2013 )

Strategic focus

- Advocate executive order establishing special fund for HIV and related diseases
- Develop a mechanism for funds to be operated through a matching grant model to states and other potential participants
PCRP as a funding tool
(PCRP, 2013)

Strategic focus continued

- Advocate for up to 50% state financing of state HIV strategic plans
- Support states to conduct resource mapping exercise and mobilization strategy
- Conduct biannual President and Governors parley on HIV/AIDS
PCRP as a funding tool
(PCRP, 2013)

Strategic focus continued

- Conduct federal level led follow-up visits to states and advocate for adequate resources for HIV response at the State level
- Develop score cards that will track states’ funding for HIV/AIDS
- Conduct capacity building for state HIV/AIDS management teams for resource mobilization
Way Forward

• Develop and implement resource mobilization strategy including HIV and AIDS tax
• Improve service delivery efficiencies and reset resource allocation across programme areas
• Institutionalize funding arrangements to ensure allocation of dedicated budget lines by public sector to HIV and AIDS funding
Way Forward

- Redefine and strengthen public-private partnership as sustainability option
- Expand private sector contributions of financial, skills, competencies and other resources to national HIV/AIDS
- Institutionalize arrangements that strengthen community ownership and contribution to care and support through local institutions and state ownership of HIV/AIDS response
Way Forward

• Professional associations and groups including the media should continue to draw attention to the various treaties and commitments made by the government to fund health and HIV
Conclusion

• Taking leadership entails accepting responsibility for providing and managing resources needed to combat HIV/AIDS and related diseases
Thank you for listening