

ALLOCATING RESOURCES TO MAXIMIZE IMPACT AND SUSTAIN THE GLOBAL HIV RESPONSE

OVERVIEW

In an environment of limited resources available to sustain the global response to the HIV epidemic, it is absolutely critical to ensure that all investments are optimized to have the maximum impact in saving lives and preventing new infections. More HIV-infected persons have been moved on to lifesaving antiretroviral therapy (ART) than at any time since the inception of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and much of this has been accomplished during periods of reduced levels of funding. As the funding envelope for these efforts is likely to remain level in the near future, the cost for delivering HIV programs continues to be of primary importance and new ways to improve efficiency (so that dollars can go further) must continually be identified. Achieving the UNAIDS goal of doubling the number of people on treatment by 2020 (from 15 million in 2015 to 30 million)¹ will require innovative and efficient service-delivery models. The U.S. Centers for Disease Control and Prevention (CDC) has explored and implemented a number of approaches aiming to lower the costs and improve program efficiency – such as switching from brand name to generic drugs, and implementing differentiated models to streamline services. However, the challenge is a lack of the information on efficiency measurement, program or operating costs, and necessary resources to identify the most efficient way to comprehensively deliver HIV services and get more out of every dollar invested.

CDC'S ROLE

CDC's team of economists continue to innovate and lead the way on how the public health community uses economic and financial data to improve the efficiency and impact of HIV programs. By integrating economic, financial, epidemiologic, and program data, CDC is able to develop recommendations for program improvement that are practical and proven to succeed. With the insight into the challenges that public health policymakers have faced in controlling the epidemic and the realities on the ground, CDC's economic work has an immediate influence on policy development and program implementation.

- CDC has led the development and execution of results-linked expenditure analysis for PEPFAR. The ability to access data of this detail and magnitude was unheard of five years ago. Since then, CDC's Expenditure Analysis and Resource Tracking for HIV/TB team manages and analyzes program and expenditure data. With this data, program managers can rapidly identify what a U.S. Government partner is spending, where it is being spent and on what intervention, as well as quantifying how many people benefitted from that support. This team continues to work with CDC staff around the world to innovate the collection and use of expenditure data for partner management and program planning.
- CDC economists advise ministries of health (MOHs) on issues of finance and economics to improve the efficiency and sustainability of their HIV programs. CDC's collaboration with and technical support to MOHs – such as in Botswana, Cameroon, the Central America region, Côte d'Ivoire, eSwatini, Guyana, Jamaica, Kenya, Mozambique, Rwanda, South Africa, Tanzania and Thailand – has helped inform their respective national HIV policies and local service delivery to maximize resource allocation to the places with the highest needs, and to achieve their greatest potential impact.
- CDC economists are also key partners at the global level. They are recognized experts in the field of global HIV and TB, and are sought for consultations with UNAIDS, the World Health Organization, The Global Fund to Fight HIV, TB, and Malaria (GFATM), the World Bank, and private donors such as The Bill and Melinda Gates Foundation.

ACCOMPLISHMENTS / RESULTS

CDC has supported economic studies in over 20 countries that provide valuable information to inform the efficiency and impact of the U.S. Government's as well as other donor's investments in HIV.² In 2006, CDC, as the global public health agency, launched a multi-country study on the cost of ART. Since then, multiple researchers have gone on to examine the cost of HIV treatment, often adopting CDC's methodology. These data, along with the routine collection and analysis of results-linked PEPFAR expenditure data, have been crucial in enabling CDC and national governments to plan for financial resource needs, develop national HIV strategic plans, find efficiencies in the program, and effectively reach populations in need.

PEPFAR country teams used the results from routine results-linked expenditure monitoring through the PEPFAR Expenditure Analysis Initiative to identify potential efficiencies in PEPFAR programming. For instance, by examining the PEPFAR 2017 Country Operational Plans, country

¹ UNAIDS

² The Bahamas, Botswana, Brazil, Cambodia, Cameroon, China, Côte d'Ivoire, El Salvador, eSwatini, Ethiopia, Guatemala, Guyana, Haiti, Honduras, Jamaica, Kenya, Mozambique, Namibia, Nicaragua, Nigeria, Panama, Rwanda, Tanzania, South Africa, Thailand, Uganda, Vietnam, Zimbabwe

teams were able to identify \$184 million and improve efficiency by reallocating the funds to increase the scale (targets) and scope (intensity of programs to ensure quality service delivery) of care and treatment programs in PEPFAR-supported countries.

FUTURE EFFORTS

CDC is conducting novel economic research on the implementation and scale-up of interventions and modalities along the HIV cascade of care, the test and treat strategy, and differentiated service delivery models, as well as modeling exercises to identify options to optimize HIV services, efficiently allocate resources to maximize the epidemiological impact, and sustain HIV response. Core economic activities of CDC have focused on identifying and quantifying necessary resources to deliver HIV services. CDC will develop approaches to help improve the linkage and adherence to HIV services by improving understanding of the demand-side barriers among different population groups, e.g., youth, key populations to accessing HIV services, such as financial and behavioral factors. CDC is also extending its program evaluation by analyzing the link between its investments and health outcomes, such as viral suppression. CDC is leading efforts in the global community to collect routinely-collected, results-linked expenditure data from all funding sources, including GFATM. With the data from the major funding sources, including partner governments, CDC hopes to lead a collective effort to achieve efficiencies of a similar scale to those found within PEPFAR.

BENEFITS OF OUR WORK

CDC is uniquely skilled in applying science, program resources, and its own in-country expertise when challenged by the complexities associated with treating and preventing HIV. Resource management is no exception. Understanding the economics of the HIV epidemic has helped CDC and PEPFAR to make better investment choices that will accelerate the global community's ability to control the epidemic. CDC depends on rigorous data collection and analysis, including financial and program resources, to refine service delivery, to inform real-time program adjustments, and to meet the changing population needs on the ground. The work done by CDC economists has already helped to direct resources to interventions that will have the largest return on investment within the PEPFAR program. CDC economic work is also informing and guiding HIV policies and the investments of partners and governments, which reduces their dependency on donor funding.