

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (31)/12.19

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THIRTY-FIRST MEETING

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

Agenda item 3

Strategic Investment

Additional documents for this item:

- i. Case Study: Cambodia at the forefront in applying new investment approach (UNAIDS/PCB(31)/12.CRP.1)
- ii. Case Study: South Africa innovates to scale-up and sustain its HIV response(UNAIDS/PCB(31)/12.CRP.2)

Action required at this meeting - the Programme Coordinating Board is invited to: take note of the report

Cost implications: *None*

BACKGROUND

1. Thirty years into the AIDS epidemic, leaders came together at the 2011 United Nations General Assembly High Level Meeting on AIDS from 8–10 June 2011 in New York. The Political Declaration emerging from this meeting, while appreciating the “substantial progress over the three decades since AIDS was first reported” calls on all United Nations Member States to redouble their efforts to achieve universal access to HIV prevention, treatment, care and support by 2015 as a critical step towards ending the global AIDS epidemic, and outlines a series of new targets towards achieving this goal.¹
2. At the High Level Meeting, Member States pledged to work through “shared responsibility and by increasing national ownership of AIDS responses” towards closing the resource gap for AIDS, and towards increasing funding to US\$ 22–24 billion per year by 2015. The Declaration recognized that closing the US\$ 6 billion annual funding gap can be achieved through greater strategic investment, sourcing innovative financing mechanisms and by ensuring increasing national ownership of AIDS responses. It also recognized the importance of ensuring that funding is aligned to national response priorities and strategies.²
3. The outcome targets agreed at the High Level Meeting, though ambitious, can be achieved if investments yield best value for money and if the global community continues to act together to ensure that the requisite investments are made in AIDS programmes. All stakeholders have an interest in ensuring the strategic allocation of HIV resources towards activities that result in the maximum number of infections averted and lives saved. Stakeholders also have a collective interest in demonstrating that programmes are implemented efficiently, as this will increase the likelihood of mobilizing the additional resources required to fill the existing and anticipated funding gap. Effectiveness and efficiency relate also to a rights-based approach that ensures the HIV-related vulnerabilities and needs of the most affected are addressed and programmes that remove barriers are put in place.
4. As part of its commitment to country ownership, shared responsibility and sustainable financing, in early 2012 UNAIDS produced *Investing for results. Results for people*.³ to help countries make decisions about how to allocate resources in the AIDS response⁴. The new investment approach described therein aims to: ensure countries respond to HIV in a manner that is optimal to the national and local context and their unique epidemic patterns; help countries select interventions that will have the highest impact; and, set priorities in resource allocation in accordance with national objectives to curb the epidemic. It advances the case for continued global solidarity in responding to the epidemic in support of shared responsibility by specifying how the epidemic can be brought to a halt. Country ownership and accountability towards results are at the heart of this approach.

¹ *United Nations General Assembly Political Declaration on HIV and AIDS: intensifying our efforts to eliminate HIV and AIDS*. New York, United Nations, 2011.

² *Ibid.*

³ *Investing for results. Results for people*. Geneva, UNAIDS, 2012.

⁴ This followed the 2011 publication of Schwartlander B et al, Towards an improved investment approach for an effective response to HIV/AIDS, *The Lancet*, 3 June, 2011, DOI: 10.1016/S0140-6736(11)60702-2), which argued that a shift towards focused investments in the global AIDS response, and creating the right incentives, could enable countries to make more rapid progress in stopping new infections and keeping people alive. A critical component of this argument was a thorough scientific review of available evidence on which programmatic activities work best to stop the epidemic, and a global model that estimated the cost and impact of an optimized AIDS response.

5. At the 19th Summit of the African Union in Addis Ababa in July 2012, African Heads of State and Government charted a new course by adopting the *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and malaria response in Africa (2012-2015)*.⁵ The *Roadmap* offers a set of practical and African-owned solutions to enhance sustainable responses to AIDS, TB and malaria, structured around three strategic pillars—health governance, diversified financing and access to medicines. This roadmap calls on development partners and African governments to “fill the HIV investment gap together, through traditional and innovative means” and for “[r]esources [to be] reallocated according to countries’ needs and priorities – among countries, programmes and populations – for greatest results, ensuring rights-based enablers and synergies”.⁶
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has adopted a new strategy that aims to capitalize on promising new technologies and interventions by building on past successes and investments and shifting to a new funding model.⁷ Under this strategy, the Global Fund will “invest for impact” based on a set of strategic objectives, which include: investing more strategically in areas with high potential for impact and strong value for money, and based on countries’ national strategies; evolving the model to provide funding in a more proactive, flexible, predictable and effective way; and building on previous gains by increasing the sustainability of supported programmes. The Global Fund’s 26th Board meeting called for the Fund’s Secretariat to work with countries and partners to develop estimates of demand that are consistent with the new strategy and take into account resource streams at the country level. The Board also requested that the new funding model “reflect national ownership” and “respect country-led formulation and implementation processes”.⁸
7. The convergence of organizational commitments to enhanced strategic investment for AIDS is not surprising, given that these global and regional bodies are governed by and accountable to Member States; countries (including governments, civil society and development partners) are now driving the global push for sustainable and more effective national responses to AIDS. These aims are increasingly reflected in deliberate country-level action; the global movement towards enhanced investment for optimized AIDS responses is clearly established.
8. At the 30th UNAIDS Programme Coordinating Board meeting, members received a presentation on a series of consultations on approaches to strategic investment, and considered “Investing for results. Results for people. A people-centered investment tool towards ending AIDS”. The Board expressed appreciation for the consultative process described and broad support for the tool. The Board requested UNAIDS to report at the 31st Programme Coordinating Board meeting on the experiences of countries in applying the strategic investment approach. The present paper constitutes the requested report.

⁵ *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and malaria response in Africa (2012-2015)*. African Union, 2012.

⁶ *Ibid*, p. 3

⁷ *The Global Fund Strategy 2012–2016: investing for impact*. Geneva, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012.

⁸ Decision points of the 26th board meeting. Geneva, the Global Fund for AIDS, Tuberculosis and Malaria, 10–11 May 2012.

COUNTRY APPROACHES TO INVESTMENT

9. “Investing for results. Results for people. A people-centered investment tool towards ending AIDS” describes the processes that countries may undertake to enhance investment dialogue towards a fully optimized AIDS response. This tool describes four steps in applying investment thinking: Understand, Design, Deliver, and Sustain. These four steps may not always evolve in a linear manner; some countries have initiated the investment dialogue as a function of new information emerging from analytic work designed to help understand epidemic trends, while others have systematically addressed investment as a function of concerns over financing sustainability.
10. Country-level momentum around investment is described in the matrix entitled “*Toward Enhanced Investment: Country Progress*”, included as an annex to this paper. The 29 countries included in the matrix are those that have explicitly and systematically moved forward with an investment approach with the support of the UNAIDS family. There are undoubtedly other countries that are moving in this direction or would like to do so. UNAIDS stands ready to engage with these countries around the enhanced investment agenda.
11. The matrix (Annex1) illustrates the state of country readiness to make a final push towards developing cases for investment in their National Strategic Plans (NSPs), providing the basis for a focused, high-quality, rights-based and cost-effective response. These cases may be useful also in deepening the dialogue with development and financing partners, or in establishing a new kind of dialogue. A well-articulated NSP will already contain all of the components necessary to make a compelling case for investment; however, where some of these components are weak or lacking (for example, where a costed programmatic gap analysis is not available), the four-step investment approach may serve to strengthen the case for investment in the NSP.

Step 1: Understand

12. The first step helps to focus attention on the availability of evidence related to the key drivers of the epidemic and on the relationship between the epidemiology of HIV and legal and social conditions that hinder access to HIV information and services. It is also important to understand the extent to which national HIV responses match epidemic trends in programmatic coverage and resource allocation. Ultimately, this enhanced understanding of the epidemic and of the response will enable countries to optimize their efforts by prioritizing interventions that are most appropriate for the epidemiologic context, and which promise the greatest impact in each unique country setting.

13. Countries are using various analytic methods and exercises to better understand epidemic trends and the response. Increasingly, methods such as the UNAIDS-recommended Modes of Transmission (MOT) model are used to understand transmission patterns and the types and frequencies of behaviours that expose people to HIV infection. Since 2007, MOT studies have been completed or are under way in more than 30 countries with the active involvement of National AIDS Councils and other governmental and non-governmental organizations, and technical and financial support provided by UNAIDS, the World Bank, PEPFAR and others.⁹ There are other models that may be used for this purpose; for example, in Asia, the Asian Epidemic Model offers similar insight into epidemic trends. Where data is not yet adequate to run such models, countries review the available epidemiologic data to inform an understanding about epidemic trends.
14. In many countries, MOT models or other such analyses have been compared with National AIDS Spending Assessments (NASAs) to explore the alignment between allocation of resources and the distribution of new infections. Such assessments and other similar exercises track expenditures in AIDS responses and classify spending in relevant categories. The focus on actual spending is important because budgets are not always implemented as envisaged.
15. Several tools are being used to help in the understanding of programmatic gaps, including those designed to assess gaps and point to priority areas for intervention related to critical enablers and synergies. For example, stigma and discrimination are still among the biggest barriers to an effective response; therefore, building a greater understanding of these barriers will highlight ways to effectively tackle them programmatically. The *People Living With HIV Stigma Index* is a tool that measures changing trends in stigma and discrimination for people living with HIV. This initiative aims to increase the evidence base for policies and programmes to reduce HIV-related stigma and discrimination, and ensure that the greater involvement of people living with HIV is embedded within global, regional and national HIV responses¹⁰. To date, more than 30 countries have finalized the Stigma Index and produced reports for advocacy and policy-making; more than 30 others are either under way or near completion.
16. A number of governments are also assessing their legal environment and its impact on HIV-related access, uptake and coverage. For example, Member States of the Economic and Social Commission for **Asia and the Pacific** have committed to review national laws, policies and practices to help achieve universal access targets and eliminate discrimination against people at risk of infection or living with HIV.¹¹

⁹ Gouws E, Cuchi P. *Focusing the HIV response through estimating the major modes of HIV transmission: a multi-country analysis*. Publication pending in *Sexually Transmitted Infections*, 2012.

¹⁰ The Stigma Index is a joint initiative of the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF) and UNAIDS.

¹¹ ESCAP resolution 67/9, Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, Economic and Social Commission for Asia and the Pacific, November 2011 66/1.

17. Gender inequality remains another major barrier to an effective AIDS response and is recognized as a key driver of the epidemic among women and girls. A major focus of the UNAIDS Agenda for Women and Girls (developed by the UNAIDS family and UNIFEM – now part of UN Women – along with other partners) is to generate evidence to strategically support policy-making and action to address gender inequality and to create an enabling environment. The *UNAIDS Scorecard on Gender Equality in National HIV Responses*¹² has been jointly developed by UNAIDS and partners to document country implementation of the Agenda for Women and Girls. The *Scorecard* assesses country progress based on several criteria, including generating and using data. Countries are assessed in this area on whether a gender analysis of the national response has been conducted. To date, more than 30 countries have conducted such reviews.
18. Challenges remain in analytic work on specifying the critical enablers and development synergies most important to creating an enabling environment for HIV responses in individual national contexts, and in quantifying and programming the HIV contribution when part of wider development efforts. One example of this relates to the positioning of gender equality and gender-based violence within the investment dialogue. While several countries have undertaken some form of gender assessment, there appear to be inconsistencies in how they review the role gender plays within the epidemic and the response, resulting in inadequate planning and budgeting for key priorities emerging from the assessments, as documented in the *Scorecard*. In response to this challenge, members of the UNAIDS family (including the UNAIDS Secretariat, UN Women, UNDP and UNFPA), and partners (including representatives of governments, development partners and civil society) have developed a standardized gender assessment tool, which will soon be piloted in **Bolivia, Djibouti, Jamaica, and Rwanda**. This tool will allow countries to build on available data and will explicitly support the better design and implementation of programmes to meet the needs of women and girls.
19. There are often gaps in knowledge around specific issues within the unique country context. In such cases, countries undertake analytic work to learn more about unexplored aspects of the national response. For example, in **Kyrgyzstan, Turkey, and Ukraine**, UNFPA has supported the analysis of HIV vulnerability in key populations, including young people. Such analytic work contributes to a better understanding of epidemic dynamics and to more effective HIV programming.

Step 2: Design

20. Designing the case for investment in a country's NSP is a critical component of the investment approach to achieving results in the HIV response. Choices must be made regarding the combination of interventions to be funded, based on rigorous, up-to-date evidence about epidemic trends, programme gaps and structural barriers. Decision-makers also need to choose how they want to allocate resources for various interventions designed to achieve optimal impact, including measures that create a context-specific enabling environment and those that leverage synergies with the health and development sectors. Experience indicates that countries are using a variety of planning processes to introduce decision-making with an investment perspective.

¹² *UNAIDS scorecard on gender equality in national HIV responses*. Geneva, UNAIDS, October 2011.

21. In the design step, evidence about epidemic trends is used to select the combination of interventions to achieve optimal impact; it is also important to match resource allocations to these high-impact interventions. For example, in **Morocco**, comparing the distribution of new infections with prevention expenditures showed that while key populations were estimated to account for two thirds of new HIV infections, less than one third of prevention expenditures were directed to these populations. The country's new NSP for 2012–2016 has significantly shifted its priorities, proposing to allocate more than 60% of AIDS resources to key population prevention efforts.¹³ Similarly, the comparison of MOT studies and NASAs in some West African nations (**Benin, Burkina Faso, Cote d'Ivoire and Ghana**) has resulted in increased programmatic focus and concomitant resource allocation shifts.¹⁴
22. Countries are using a variety of entry points and opportunities to initiate investment dialogue. Some are explicitly using an investment approach in developing or further prioritizing their NSPs. **Tanzania** is preparing its new plan (*National Multisectoral Framework 2013–2017*) with an investment perspective by introducing investment thinking in all aspects of analysis and multi-stakeholder consultation. **Zimbabwe** aims to strengthen its already well-prioritized 2011 plan through a series of analytic exercises. In 2013 the country plans to undertake a programme gap analysis, an efficiency/effectiveness analysis, a new NASA, the consolidation of the analytic work on key populations, and a stigma index. Through stakeholder debate and consultation, the results of these analyses will be used to refine and provide greater focus to the country's national response.
23. Joint AIDS Programme Reviews or Mid-term Reviews also offer opportunities for stakeholders to consult and to share knowledge about the epidemic and to design an optimal HIV response based on investment decision-making. **Tanzania** is reviewing its current NSP within the broad frame of investment in advance of the development of the new one. Likewise, **Zambia** and **Indonesia** are planning for the 2013 multi-stakeholder reviews of their national responses to AIDS using an investment lens.

¹³ *Ibid.*

¹⁴ *Ibid.*

24. Countries are beginning to use the investment approach to re-programme Global Fund grants. For example, triggered by a re-submission request from the Global Fund, **Indonesia** has applied an investment approach to fundamentally re-programme its request for an additional US\$ 91 million Global Fund grant for 2013-2015. Using updated epidemiological and economic data as well as the latest evidence about cost-effective and efficient service delivery models, the country requested a major shift of resources to better target and scale-up interventions for key populations in most affected districts. It is estimated that, if approved, this shift will allow Indonesia to avert an additional 11,000 new infections and prevent more than 100 additional AIDS deaths. In **Armenia** the investment approach was used during the Phase 2 grant renewal process to focus attention on the need to scale up service coverage for the migrant population and to improve the performance of service providers by introducing efficiency indicators and benchmarking. In **Namibia**, an investment approach has recently been used to develop the Rolling Continuation Channel Phase 2 proposal; the proposal development process brought the Government and its main civil society partners together to focus on how they will work together on selected high-impact interventions (including linking service delivery areas and critical enablers). While Namibia's proposal has not yet been evaluated by the Global Fund, it illustrates the promise of the investment approach for this purpose. Country partners have indicated that these focused discussions on optimizing investments were challenging but have generated important lessons with regard to applying the investment approach to Global Fund planning processes. The proposal development process has also helped to prepare the ground for applying the investment approach to other planning processes in the country such as the upcoming mid-term review of the country's NSP in 2013.
25. Other countries have initiated investment dialogue and decision-making due to concerns about sustainable financing. Worried about the sustainability of its response after the Global Fund changed its eligibility criteria, in 2010 **Jamaica** embarked upon a series of actions to better understand its long-term financing options. This included: creating a private sector foundation to mobilize domestic resources; revising the NSP to include enhanced focus on key populations; creating an HIV donor coordination group to harmonize financing approaches and minimize duplication; integrating HIV and sexual and reproductive health services by merging the National HIV Programme and the Family Planning Board (in which the National HIV Programme evolved from being a vertical, donor-dependent entity to a programme with legal status within the Ministry of Health); and, holding a series of stakeholder consultations and debates on investment in the national response. A sustainable financing study was also conducted, and a cabinet note was prepared advising Parliament on its findings. A financing plan is currently being prepared.

26. Groundbreaking work in **Central America** over several years has helped produce a systematic effort towards a more cost-effective and sustainable HIV response for the region. Since 2008, and with the support of the AIDS Strategy and Action Plan (ASAP) process managed by the World Bank, NSPs for countries in the region have become progressively more evidence-informed. Since 2011, the Central American HIV Coordination Mechanism, the body that advises the Central American Health Ministers Commission on HIV-related issues, has focused on enhanced investment for the region. Comparative analyses addressing efficiency, resource allocation, sustainability, vulnerability to loss of external funding, and funding gaps have been undertaken, and five MOT studies have been supported as part of this effort. The results of this analytic work were presented to the Council of Health Ministers in June 2012; subsequently, the Council requested a road map towards a more cost-effective and sustainable HIV response in Central America. This road map is being developed by the Central American HIV Coordination Mechanism, USAID, UNAIDS and other partners, and will be presented to the Council of Health Ministers in December 2012.

Step 3: Deliver

27. The investment case must be delivered at scale to achieve the desired results. To generate the necessary impact, decision-makers will need to ensure delivery methods are rationalized, duplications are removed and cost efficiencies generated.
28. While the **design** step is related to doing the “right things”, **deliver** focuses on the *how*: “doing the right things, in the right way”. It is essential that the *how* is decided at the country level, given that each country’s implementation is unique. There are two main considerations: how to make core programmes more effective; and how to achieve cost savings.
29. To make basic programme activities more effective, supply and demand need to be considered, as well as the system weaknesses which often restrict programme scale-up. For example, scaling up treatment access requires facilities, drugs and health workers and the systems that support them; this would include (among others) drug procurement and supply systems, workforce planning and strengthening laboratory capacity for diagnostics. Experience has shown, however, that supplying these basic programme components alone will not close the gap between those that already receive treatment and those that are in need, unless the obstacles to people attending clinics are removed; these demand-side “critical enablers” tackle, for example, persistent stigma or regulatory barriers that deter programme participation, or the gender dynamics that inhibit women’s or men’s access to services. Food insecurity also is a significant barrier to access and adherence due to increased hunger, exacerbated side-effects and competing demands from other resource needs. Until these underlying obstacles are adequately addressed, it will be impossible to reach all those needing treatment. Such considerations must be applied at each step of the cascade of access to services.

30. A coordinated approach to chronic HIV care requires partnership among patients and their families, community-level interventions, and health care providers. The role of community-based organizations (CBOs) and networks of people living with HIV (PLHIV) has long been recognized as critical in the response to HIV. Additionally, the healthcare delivery systems are often overstretched in meeting the demands created by the epidemic. In this context, CBOs and community-oriented services within health systems have assumed a central role in responding to the crisis. Community-based approaches have been proven effective in increasing demand for HIV testing and counselling, linkage from testing into care, and in retaining people in care and treatment. For example, the Ashar Alo Society in **Bangladesh** is a PLHIV-run organization that combines service delivery, capacity enhancement programmes for CBOs, advocacy for treatment access, and HIV prevention programmes. In **Kenya**, Liverpool Voluntary Testing and Counselling (LVCT) is enhancing community access to testing and counselling by providing services at the household level.
31. The links between basic programmes and critical enablers and synergies have been explored in detail by an interagency working group drawn together by the UNDP to develop guidance on HIV investments for critical enablers and synergies with other sectors. The working group has produced *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*, which includes country examples that illustrate how basic programmes have been strengthened through support to critical enablers.¹⁵
32. Achieving cost savings is a function of each country's unique implementation situation. For example, treatment costs are particularly prohibitive for many countries. Some countries have already reduced antiretroviral drug costs by reforming their tendering processes. **Swaziland**, for example, decreased antiretroviral drug costs by 27% through tendering reform; **South Africa** achieved a 53% reduction, making the country's ambitious treatment scale-up possible.¹⁶ Over the longer-term, local and regional production of drugs will contribute to the sustainability of the AIDS response; the African Union's *Roadmap* includes access to medicines (and a series of results related to this) as one of its three pillars of action.¹⁷
33. Managing intellectual property rights is another important strategy to reduce costs. In May 2012, UNAIDS and UNDP launched an Issues Brief on the impact of free trade agreements on public health, alerting against the risks of TRIPS¹⁸-plus measures that limit local production and/or importation of generic drugs which are often embedded in those bilateral and regional trade negotiations. More recently, **Indonesia** issued compulsory licenses on seven drugs used to treat HIV and hepatitis, allowing local production of these medicines as well as the expansion of access to antiretroviral drugs.

¹⁵ *Understanding and acting on critical enablers and development synergies for strategic investments*. New York/Geneva, UNDP and UNAIDS, 2012.

¹⁶ *Ibid.*

¹⁷ *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and malaria response in Africa (2012-2015)*, African Union, 2012.

¹⁸ World Trade Organization's Trade Related Intellectual Property Rights Agreement.

34. Some countries are integrating aspects of HIV programming with other health services to consolidate service provision and reduce costs. As noted earlier, **Jamaica** has integrated HIV and sexual and reproductive health services. **Zimbabwe**, with the support of UNFPA and bilateral partners, has developed a large integrated programme supporting sexual and reproductive health and an HIV combination prevention strategy based on the investment approach.
35. Processes to help countries identify key areas for programme optimization include allocative and efficiency analyses and effectiveness studies funded by the World Bank. In 2010/11 impact evaluations and efficiency–effectiveness studies were initiated in more than 15 countries, including **China, Colombia, India, Kenya, Nigeria, South Africa, Uganda, Ukraine, Zambia and Zimbabwe**. To support countries and partners to conduct these analyses, the World Bank has developed a handbook and guidelines¹⁹, as well as a framework to support countries specifically to strengthen technical efficiency. This framework is being applied in **Kenya, Ukraine and Zambia**.
36. The MDG Acceleration Framework (MAF) is a methodology endorsed by the United Nations Development Group to support countries in identifying high impact, feasible solutions that will accelerate progress on off-track MDGs. MAF has been rolled out in more than 40 countries across multiple MDGs. The government of the **Republic of Moldova** requested that MAF be applied to HIV and TB, under the technical leadership of WHO and UNDP. The government of **Ukraine** requested that it be applied to HIV, under the overall coordination of UNAIDS and with UNDP convening in the areas of men who have sex with men (MSM), youth, human rights and gender. The process in Moldova is nearly complete, with a prioritized action plan endorsed by government that focuses on overcoming structural bottlenecks to implementation of harm reduction activities. The process in Ukraine is underway, with expected completion by the end of 2012 in order to inform the new NSP.

Step 4: Sustain

37. Sustaining the response to AIDS requires strong country ownership and a commitment to shared responsibility. Countries are increasingly exploring the long-term financial sustainability of their responses and considering innovative financing options.
38. Building on work started in 2010, the World Bank and the UNAIDS Secretariat have assisted nine countries in the Eastern and Southern Africa region as well as **Burkina Faso, Cameroon, Dominican Republic, Ecuador, Ghana, Guatemala, Jamaica, Malaysia and Vietnam** in analyzing and projecting their HIV investment needs, and/or engaged in national processes to understand how future costs might be better managed. An inter-country workshop on sustainable financing was held in Johannesburg in December 2011 to promote exchanges in country experiences.

¹⁹ World Bank, unpublished.

39. Funding from domestic public sources grew by more than 15% between 2010 and 2011, and domestic resources in low- and middle-income countries now support more than 50% of the global response.²⁰ Countries are increasingly exploring new ways to finance their national AIDS responses, with a focus on identifying domestic investment opportunities. Innovative financing options are being considered in several countries, including AIDS Trust Funds by **Kenya** and **Zambia** following **Zimbabwe's** example, an income levy on non-mining firms in **Botswana**, and a mobile phone levy in **Burkina Faso**, **Gabon** and **Kenya**.²¹
40. A critical consideration for the sustainability of the AIDS response is the predictability of donor financing. While the global economic climate has a direct influence on this, at the country level a more effective alignment of donor support around strong, prioritized, country-owned investment case will foster longer-term financial planning. UNAIDS, the US President's Emergency Programme for AIDS Relief (PEPFAR) and the Global Fund have agreed to work together with country partners in support of the country-led development of robust, compelling cases for investment in the NSPs of a number of countries.

STAKEHOLDER CONSULTATION

41. Stakeholder consultation is critical throughout the four-step process of applying the investment approach. There has been significant global-level advocacy, including by the UNAIDS family, donor partners, and international civil society organizations.
42. At the regional level, UNAIDS Regional Support Teams and Regional Joint United Nations Teams on AIDS have advocated to a wide range of partners at regional and country levels for the investment approach to be applied. This includes, but is not limited to, advocacy and consultation at the following forums and events:
- Central America PEPFAR Mid-Term Review (Guatemala, September 2012);
 - Central American HIV Coordination body meeting (Panama, 2012);
 - Francophone Africa Parliamentarians meeting (Libreville, October 2012);
 - Latin America Horizontal Technical Cooperation Group meeting (Sao Paolo, September 2012);
 - Southern African Development Community NAC Directors meeting (Maputo, October 2012);
 - First regional consultation on efficiency, effectiveness, and sustainability of national responses (World Bank, WHO, and UNAIDS) (Nairobi, May 2012); and
 - Consensus meeting on 3rd generation national AIDS strategies (UNAIDS, World Bank) (Nairobi, June 2012).
43. What matters most is that investment dialogue is initiated and maintained at the country level. In virtually all countries embarking on the path to optimal investment, consultation and advocacy with a full array of stakeholders (including government at all levels, civil society and development partners) will not only clarify what the investment approach is, but will also highlight roles and responsibilities and the formulation of a roadmap forward.

²⁰ *Together we will end AIDS*. UNAIDS, July 2012

²¹ *Ibid.*

44. A variety of country-level consultation and advocacy approaches are being used to trigger this dialogue. Where the investment approach is being applied as part of AIDS programme planning and programming processes, such as Joint AIDS Programme Reviews or Mid-Term Reviews, or in developing new NSPs, advocacy for enhanced investment is being folded into the normal stakeholder consultations that form part of these processes. In **Tanzania**, for example, a series of key informant interviews, focus group discussions, consultative meetings and workshops related to developing the NSP have been designed with a view to investment; these meetings have included government, civil society and development partners, and been conducted at central and zonal levels. Stakeholder dialogue on more specific aspects of the response, such as combination prevention, has also been used to explore the potential of enhanced investment (**Malawi, Namibia**).
45. In many cases, consultations have been held specifically to orient stakeholders to the investment approach and advocate for its application. In some instances, this advocacy has been undertaken with high level government officials. For example, in **Namibia** the investment approach was raised at a parliamentarians breakfast meeting concerning the integration of sexual and reproductive health and HIV programmes.
46. In **Jamaica**, a series of orientation meetings were held to sensitize stakeholders to the need for an enhanced investment perspective in the national response. Separate meetings were conducted with: community leaders; key stakeholders in the national response (including civil society organizations, youth representatives, people living with HIV, private sector organizations, United Nations officials, and government); the Planning Institute of Jamaica; and the Health and HIV development partners group, convened at the Ministry of Health.

CIVIL SOCIETY ENGAGEMENT

47. In February 2012, International Civil Society Support (ICSS), in collaboration with UNAIDS, organized a consultation of civil society organization representatives (joined by a more limited number of government and United Nations participants) in Dar es Salaam, the United Republic of Tanzania, to explore the role of civil society in applying the Investment Framework²² in generalized epidemics. The outcome document from this meeting recognized the importance of the investment approach in the response to HIV and called for support for any credible expression of country-level interest in its application, as well as for the full and effective involvement of civil society (including people living with HIV and communities at greatest risk of infection) in both advocacy and service delivery. The report acknowledged the need for the Investment Framework to become a “living document”, and stressed the importance of removing legal barriers that inhibit access to services, as well as strengthening community systems to enable community mobilization. It also defined in detail the type of support civil society needs for its work with countries and communities in developing more efficient and effective responses.

²² These meetings, designed to explore civil society interests in the application of the enhanced investment approach, followed the publication of the International HIV/AIDS Alliance discussion paper entitled *What is the Investment Framework for HIV/AIDS and what does it mean for the Alliance?* (United Kingdom, August 2011).

48. ICSS, in collaboration with UNAIDS, convened a similar consultation in Bangkok in September 2012 when representatives from key population groups, organizations working on human rights and gender, governments, and the United Nations, explored the role of civil society and community mobilization in applying the Investment Framework in concentrated epidemics. While participants at this consultation shared a number of views with those who attended the Dar es Salaam consultation, the Bangkok meeting outcome document emphasized the centrality of human rights, gender equality, and community mobilization to all investment dialogue and subsequent programming; the meeting also strongly encouraged the local interpretation of the Investment Framework, thereby aligning local context and need to investment decisions. The meeting further acknowledged the role of UNAIDS in fostering investment dialogue by strategically involving a broad range of stakeholders, including those from civil society.
49. Civil society engagement with the investment approach at the country level is generally related to regular multi-stakeholder consultations for planning and programming, such as those for developing or reviewing NSPs, or to Global Fund proposal development processes, and with the monitoring of the response. As noted above, in many cases there have been systematic efforts to orient civil society and other partners to the approach, and this can be expected to continue. For example, the Asia Pacific Council of AIDS Service Organizations (APCASO) is initiating a community advocacy project in **Cambodia, China, Laos, and Viet Nam**, with advocacy for the investment approach a core element.
50. Several themes have emerged in country-level and global consultations with civil society on the investment approach. These include concerns about: limited dedicated funding streams for civil society engagement; limited civil society capacities to engage in investment dialogue and decision-making in some settings; structural barriers, including legal environments, that could undermine the ability of civil society (particularly networks and organizations of key affected populations) to contribute to this process and prevent them from fully engaging in the dialogue; and uneven representation and participation of communities and the full range of civil society partners in national dialogue and decision-making.
51. Some countries are tackling these issues directly. In **Namibia**, for example, as a result of concerns that civil society may not have been adequately addressed in a major sustainable financing study, civil society partners and UNAIDS used the investment perspective to develop a position paper²³ related to the sustainability of civil society's contribution. Attention is now focused on developing a civil society sustainability agenda to remove any remaining challenges to civil society engagement in it; this will include a further delineation of the roles of civil society, the identification of capacity needs, and the development of a plan for future action.
52. UNAIDS and its partners – national and international civil society organizations in particular – will work to further define the role of civil society and communities in the investment agenda, and to identify and address remaining challenges to civil society engagement with it.

²³ *Civil society position paper on sustainable AIDS financing in Namibia*. SGS Consulting and UNAIDS Namibia, November 2011.

UNAIDS SUPPORT

53. The UNAIDS family has accelerated its support to the investment approach over the course of 2012, but this effort builds upon a significant foundation of related prior effort. While the UNAIDS Secretariat has taken the lead in the UNAIDS family in coordinating and promoting shared responsibility and a sustainable financing agenda, UNAIDS Cosponsors have played – and continue to play – important roles. UNAIDS support to the country-level processes described in this paper is primarily undertaken within the context of the Joint United Nations Teams on AIDS but there is also considerable engagement at the regional and global levels, which ultimately serves to support country-level progress.
54. In support of its financing operations, the World Bank has funded numerous analytical studies to better understand the epidemiology and social drivers of the disease as well as cost-effective ways for countries to finance, design, and deliver prevention, treatment and care services. The World Bank is carrying out four main types of analyses to improve the efficiency and effectiveness of HIV responses: allocative efficiency analyses; programme efficiency analyses; effectiveness studies; and, financing and sustainability studies. The World Bank has also conducted a review of the evidence regarding HIV programme and intervention efficiency and effectiveness, which will become publicly available shortly. The ASAP initiative, managed by the World Bank, has also served as a significant foundational effort for the new investment approach.
55. As earlier mentioned, UNDP coordinated the work of an interagency Task Team to develop guidance on HIV investments for critical enablers and synergies with other sectors. This work has culminated in the recent production of *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*.
56. On behalf of the Interagency Working Group on Women, Girls, Gender Equality and HIV, UNDP has led a process to develop a “roadmap” for integrating gender into national HIV strategies and plans. The tool, “On Course” will assist governments, civil society and other HIV actors to make clear, concerted, cost effective and sustainable efforts to address multi-dimensional gender and human rights issues in their national HIV efforts and support increased capacity to achieve gender equality results.
57. UNDP, UN Women, UNFPA, WHO and UNAIDS are developing a paper that will review the strategic investment approach from a gender perspective in order to support a holistic perspective and demonstrate entry points to ensure the investment approach is optimally gender sensitive. In addition, the UNAIDS Secretariat is partnering with the London School of Hygiene and Tropical Medicine to review evidence on the costs and cost-effectiveness of different gender-transformative interventions, with a view to prioritizing broad interventions that serve as critical enablers, as well as identifying implementation approaches that will yield optimal return on investment.

58. As part of the effort to ensure that evidence related to gender equality is more effectively used in programme planning and implementation, and that investments are appropriately channeled towards interventions addressing gender inequalities, UN Women is partnering with various organizations – UNAIDS, WHO, UNFPA, UNDP, MEASURE Evaluation, PEPFAR/ Office of the Global AIDS Coordinator, USAID, the Global Fund, the International Community of Women with HIV/AIDS and other civil society organizations – to finalize a compendium of harmonized gender equality indicators. It is intended that these indicators be used to collect sex-disaggregated qualitative and quantitative data to better capture and analyse the sociocultural, economic and epidemiological factors contributing to the risk of and vulnerability to HIV among women and girls. The piloting of these indicators will begin in selected countries in 2013.
59. WHO's Global Health Sector Strategy 2011-2015 argues for a focus on key investment areas to achieve the greatest impact in the AIDS response, and promotes the efficiency of HIV programmes through integrating and decentralizing services. The South-East Asia Regional Office (SEARO) has adapted the global health sector strategy as the Regional Health Sector Strategy for 2011–2015, taking into consideration the regional context, specificities and priorities in addressing the HIV epidemic.
60. WHO plays a leading role in advocating for more efficient HIV treatment. The WHO/UNAIDS Treatment 2.0 Framework for Action²⁴ launched in June 2011 reflects the need for innovation, efficiency gains, shifts in how programmes are financed and delivered, and additional up-front investments that will reduce costs in the medium and long term. It includes five work streams: optimizing drug regimens; providing point-of-care and other simplified diagnostic tools; reducing costs for commodities; decentralizing and integrating service delivery; and mobilizing communities. These are all directly relevant to ensuring the sustainability of HIV responses. The framework is being widely used for advocacy with the pharmaceutical industry, as well as in regions and countries. For example, the framework was launched at the Asia Pacific bi-regional meeting jointly organized by the WHO SEARO, the WHO Western Pacific Regional Office (WPRO) and the UNAIDS Regional Support Team for Asia and Pacific that was held at Yangon in September 2012. The Regional Task Team for accelerated implementation of the framework was also launched at the meeting. Similarly, the Pan American Health Organization (PAHO) and UNAIDS, together with the health ministers of Argentina and Brazil, organized a South American sub regional consensus meeting to discuss how to implement Treatment 2.0 in the region.
61. As part of the Treatment 2.0 treatment optimization agenda, the Pangaea Global AIDS Foundation and the Asia-Pacific Network of People Living with HIV/AIDS, in consultation with WHO and UNAIDS, held a consultative meeting to examine effective approaches of community-based service delivery in the context of concentrated epidemics. Convened in Bangkok in September 2012, participants from Asia, Latin America and the Caribbean, and Eastern Europe shared models of rights-based service delivery programmes which are primarily led by key populations and PLHIV, and discussed priorities for scaling these activities up.

²⁴ *The Treatment 2.0 Framework for Action: catalyzing the next phase of treatment, care and support.* Geneva, WHO and UNAIDS, June 2011.

62. WHO has also initiated normative processes to increase the efficiency and effectiveness of HIV programmes. These include HIV service delivery guidelines to help high-burden countries assess how task-shifting, appropriate integration with other clinical services and decentralization are contributing to efficiency gains and sustainability, and a methodology and tool to rapidly assess the integration of HIV programmes into existing health and health information systems and how this has increased positive synergies.
63. In 2011, UNAIDS and the Office of the US Global AIDS Coordinator launched the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive (EMTCT). UNICEF is a member of the Global Plan's global steering committee and co-convenes, together with WHO, the Inter Agency Task Team (IATT) on Prevention and Treatment of HIV among Pregnant Women, Mothers and their Children. To effectively support national governments in the implementation of the Global Plan, UNICEF with the IATT provide technical assistance, operational and normative guidance, and monitor progress in the 22 priority countries. To date, 19 of the 22 have national mother-to-child transmission assessments to help them develop costed EMTCT plans; 20 countries have developed costed plans.
64. UNICEF and the Global Fund co-convene the "Global Fund EMTCT working group". The UNAIDS family and the Global Fund will use the working group as a model for convening around other high-impact interventions. Analysis has begun on resource allocation trends for high-impact interventions, such as antiretroviral therapy, male circumcision, and for key populations, as well as for enabling interventions such as mobilizing communities and reducing stigma, and for health systems strengthening in selected groups of countries. Repeat NASAs, NSPs and Global Fund grant agreements form the basis of this analysis. UNICEF is also implementing a US\$ 2 million PEPFAR grant in seven countries to improve the performance of more than US\$ 400 million in Global Fund grants for improving EMTCT outcomes, and working with Global Fund board members to improve the efficiency and effectiveness of grants.
65. UNICEF, in partnership with governments, has led an approach to optimize investment in HIV by conducting equity-focused bottleneck assessments to guide the development/revision of costed national and subnational EMTCT plans. At the regional level, the Joint United Nations Regional Team on AIDS in West and Central Africa supported the development and dissemination of national technical EMTCT assistance plans based on the bottleneck analyses and other information.
66. UNICEF, in collaboration with the Clinton Health Initiative (CHAI), is leading work to mobilize and scale up point-of-care diagnostic technologies at lower levels of care to shape markets and improve access to HIV diagnosis in children and early initiation of treatment for pregnant women and adults living with HIV. This project, approved by the UNITAID board, will be implemented in seven sub-Saharan African countries.

67. UNICEF is strengthening the strategic focus of its technical support for adolescents by exploring the evidence underpinning HIV investment in this area. The Futures Institute was invited to undertake a modeling and costing exercise, focusing on 23 high-burden countries representing different epidemic typologies. The exercise looked at the impact of investing in basic HIV prevention programme activities that focus on adolescents. Preliminary findings from this work suggest that a strategic shift in investment in adolescent HIV programming could reduce the number of new infections in adolescents by more than 50% by 2015 and sustain the decline until 2030.²⁵
68. The Inter-Agency Working Group on Costing (WHO, UNICEF, the World Bank, UNAIDS, UNFPA, UNDP) has developed the OneHealth Tool, software designed to strengthen health system analysis and costing and to develop financing scenarios at the country level. The primary purpose of the tool is to assess health investment needs in low- and middle-income countries. For the first time, planners have a single framework for planning, costing, impact analysis, budgeting and financing strategies for all major diseases and health system components.²⁶
69. The UNAIDS Secretariat has developed, piloted and launched a Human Rights Costing tool²⁷ that is designed to help capture unit costs, plan and budget for the key programmes to support human rights in national AIDS responses committed to by governments in the 2011 Political Declaration on HIV/AIDS.²⁸ In 2011–12, the Secretariat convened, with the participation of national stakeholders, regional meetings on integrating such programmes into NSPs in Asia Pacific, Eastern and Southern Africa, and the Middle East and North Africa.²⁹
70. Strong advocacy at all levels must be continued to ensure populations in humanitarian settings are included in countries' NSPs and other plans, and are taken into account by financing instruments and mechanisms. UNHCR will continue to lead this advocacy task to ensure that refugees and other persons of concern have access to antiretroviral treatment, care and support when eligible. Discussions with the Global Fund on aligning funding with humanitarian HIV and transition needs in countries affected by humanitarian emergencies continue. UNHCR will continue to support the relevance of integrating humanitarian population concerns when countries use the investment approach to assess gaps and tailor their interventions when programming Global Fund grants and other resources.
71. The XIX International AIDS Conference (July 2012) offered an opportunity for the UNAIDS family to advocate for an enhanced investment approach with a wide range of stakeholders. Among other formal discussions on investment, UNICEF and WHO co-hosted a leadership forum on innovation in eliminating new HIV infections in children. This was an opportunity to advocate for more effective and innovative policies, products and practices to simplify HIV treatment and integrate it with basic antenatal primary health care. It offered stakeholders a platform to discuss options B and B+ for the prevention of mother-to-child transmission as well as smarter delivery of care. In a joint UNFPA, WHO and UNAIDS session, extending the investment approach to family

²⁵ UNICEF, unpublished.

²⁶ <http://www.internationalhealthpartnership.net/en/tools/one-health-tool/>.

²⁷ *A tool to cost programmes to reduce stigma and discrimination and increase access to justice*. Geneva, UNAIDS, February 2012.

²⁸ *2011 United Nations General Assembly Political Declaration on HIV and AIDS: intensifying our efforts to eliminate HIV and AIDS*. New York, United Nations, 2011, para 80, 2011.

²⁹ *Making it work: lessons learned from three regional workshops to integrate human rights in national HIV strategic plans*. Geneva, UNAIDS and International AIDS Alliance, 2012.

planning and maternal and child health was discussed as one way to capture the many benefits of integrated approaches to service provision.

MOVING FORWARD

72. The investment approach is central to the work of the UNAIDS family, and is critical to achieving the Three Zeros: zero new HIV infections, zero discrimination, and zero AIDS-related deaths. As highlighted in the *Investing for results. Results for people* tool, the aim of this approach is threefold: to fully fund the AIDS response through country ownership, shared responsibility and global solidarity; to put knowledge, experience, lessons learned and innovation forward to make effective programme decisions; and to invest resources to obtain optimal results.
73. At the global level, the UNAIDS Secretariat provides overall coordination and coherence to the UNAIDS family's support to the country-level application of the investment approach, within the overall context of shared responsibility and global solidarity. The Secretariat will continue to work with Cosponsors and other partners to identify global champions, and to build global constituencies of support (including with UN Member States, civil society organizations and networks including the women's movement, bilateral partners, and global financing mechanisms). The UNAIDS family at the global level will focus on further developing tools and guidance, documenting best practice, compiling relevant data and evidence, as well as overall progress monitoring related to the investment approach.
74. As part of the above, the UNAIDS Secretariat is in the final stages of developing a suite of tools to aid the four-step country process towards enhanced investment outlined in *Investing for results. Results for people*. These tools will help countries develop strong cases for investment in their NSPs. Because they will represent the full expression of demand for a focused, high-quality and optimally cost-effective response, the cases will be useful in positioning NSPs for funding consideration by the full range of development and financing partners.
75. Intensive, consistent dialogue is ongoing with major funding partners to align support to countries using the investment approach. The UNAIDS family will continue to work closely with the major global financing mechanisms to ensure their contributions meet country realities and fully align with the principles of country ownership, shared responsibility, global solidarity and sustainable financing.
76. UNAIDS Regional Support Teams will continue to work in collaboration with Cosponsors, civil society and funding partners to engage key stakeholders in investment dialogue at the regional level, and to help apply the investment approach in countries through guidance and support to Joint United Nations Teams on AIDS.
77. At the country level, UNAIDS Country Offices and Joint United Nations Teams on AIDS will continue to:
 - Undertake high-level advocacy with key decision-makers (including, for example, ministries of finance, health, development planning), building constituencies of support (including with civil society, development partners and programme implementers) and identifying national investment 'champions';

- Identify opportunities for enhanced investment approaches, and facilitate analytic work to provide the foundation for evidence-based investment decisions; and,
- Support investment dialogue and negotiation with the full range of partners in order to develop strong, country-owned investment cases.

78. As illustrated in the annexed matrix, a number of countries have already engaged with the UNAIDS family to lay the foundations for strategic decision-making towards enhanced investment in their AIDS responses; UNAIDS will work with governments, civil society and other partners to help these countries take the next important steps towards an optimized response. Those high-impact countries³⁰ that are “ready” will be prioritized but every effort will be made to provide support to any country seeking UNAIDS partnership in this work.

79. The movement towards enhanced investment is clearly underway. The investment approach, effectively applied and underpinning programmatic and resource allocation decision-making, provides the basis for an optimized response to AIDS, in which investments match need and maximum value for money is obtained. The resulting highly-focused, maximally effective response will substantially improve our collective chances of meeting the targets of the 2011 Political Declaration on HIV/AIDS, and ultimately of “Getting to Zero”.

[Annex follows]

³⁰ Botswana, Brazil, Cambodia, Cameroon, China, Democratic Republic of Congo, Djibouti, Ethiopia, Guatemala, Haiti, India, Indonesia, Iran, Jamaica, Kenya, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Russian Federation, Rwanda, South Africa, Swaziland, Thailand, Uganda, Ukraine, United Republic of Tanzania, Zambia, Zimbabwe.

Toward Enhanced Investment: Country Progress

COUNTRY	UNDERSTAND				DESIGN		DELIVER			SUSTAIN
	NASA ³¹	Epi Review/MoT or AEM /Epi Synthesis ³²	Stigma Index ³³	Gender review or Gender Assessment (pilot phase) ³⁴	Planning and Programming NSP Review or preparation of new NSP	Global Fund proposal	Identification of domestic investment opportunity	Shifts in Resource Allocation	Efficiencies and/or Cost-effectiveness Study	Sustainable Financing Analysis ³⁵
Armenia		x			x	x			x	
Benin	x	x (2013)		x		x	Consideration of mobile phone levy		x	x
Botswana*	x		x	x	MTR 2013		Consideration of income levy on non-mining firms			x
Cambodia*	x	x	x	x	MTR 2013	x	x	x	x	x
Dominican Republic	x (2013)	x	x	x						x (ARV focus)
El Salvador	x	x	x	x		x	Private sector involved in labor law under discussion			x
Ethiopia*	x	x	x							
Ghana		x		x	MTR 2013	x		x		x
Guatemala*	x	x	x	x		x (planned)	Under discussion			x

³¹ Other countries which plan to finalize NASAs by end-2013 include: Argentina, Bangladesh, Cameroon, China (Yunnan Province), Colombia, Lesotho, Pakistan, Panama, Papua New Guinea, Sri Lanka, Togo, Uruguay

³² Other countries which have undertaken MOT or similar studies since 2011, including epidemiological synthesis (or plan to in 2013) include: Angola, Armenia, Bangladesh (high prevalence city model), Belarus, China (high prevalence city model), Democratic Republic of Congo (partial study planned for 2013), Djibouti, Georgia, Guyana, India, Iran, Laos, Malaysia, Mexico, Moldova, Nepal (high prevalence city model), Nicaragua, Panama, Pakistan (high prevalence city model), Philippines (high prevalence city model), Thailand, Tunisia

³³ Other countries which have undertaken or are currently undertaking the Stigma Index exercise include: Algeria, Argentina, Bahamas, Bangladesh, Belarus, Belize, Bolivia, Cameroon, Chad, China, Columbia, Cote d'Ivoire, Democratic Republic of Congo, Estonia, Ecuador, Fiji, Gabon, Germany, Greece, Guinea, India, Laos, Lesotho, Liberia, Malaysia, Mali, Mauritius, Mexico, Nepal, Pakistan, Papua New Guinea, Paraguay, Philippines, Poland, Portugal, Republic of Moldova, Russian Federation, Senegal, Serbia, South Africa, Sri Lanka, Sudan, Tanzania, Turkey, Uganda, Ukraine, United Kingdom, United States of America, Yemen

³⁴ Other countries which have performed gender reviews or will undertake a new Gender Assessment in the pilot phase include: Angola, Barbados and OECS, Belize, Bolivia (pilot), Burkina Faso, Chad, Djibouti (pilot), Eritrea, Haiti, Honduras, India, Madagascar, Niger, Pakistan, Papua New Guinea, Republic of Congo, Republic of Moldova, Togo

³⁵ Other countries which have undertaken a sustainable financing analysis include: Burkina Faso, Cameroon, Ecuador, Lesotho

COUNTRY	UNDERSTAND				DESIGN		DELIVER			SUSTAIN
	NASA ³¹	Epi Review/MoT or AEM /Epi Synthesis ³²	Stigma Index ³³	Gender review or Gender Assessment (pilot phase) ³⁴	NSP Review or preparation of new NSP	Global Fund proposal	Identification of domestic investment opportunity	Shifts in Resource Allocation	Efficiencies and/or Cost-effectiveness Study	Sustainable Financing Analysis ³⁵
Indonesia*	x	x	x		MTR 2013	x			x (planned)	x (planned)
Jamaica*	x	x	x	x (Gender Assessment pilot 2013)			Private sector foundation to mobilize domestic resources from the private sector	Revision of NSP with focus on MARPs		x
Kenya*		x	x	x			Consideration of mobile phone levy, AIDS Trust Fund	x	x	x
Malawi*	x	x	x	x					x	x
Morocco	x	x		x	x	x		x		
Mozambique*	x	x (2013)	x	x	MTR 2013					
Myanmar*		x	x	x			x			
Namibia*	x		x		MTR 2013	x	x			x
Nepal	x	x	x	x						
Nigeria*		x (2013)	x	x	MTR 2013	x			x	
Philippines	x	x	x	x	MTR 2014, prep 2013	x	x	x		x
South Africa*	x	x	x	x	MTR 2014				x (planned)	
Swaziland*	x (2013)	x	x	x					x	x
Tanzania*	x	x	x	x	New NSP 2012		Consideration of Trust Fund			
Thailand	x	x	x	x (Gender Assessment)	MTR 2013		x	x	x	x (planned)

COUNTRY	UNDERSTAND				DESIGN		DELIVER			SUSTAIN
	NASA ³¹	Epi Review/MoT or AEM /Epi Synthesis ³²	Stigma Index ³³	Gender review or Gender Assessment (pilot phase) ³⁴	NSP Review or preparation of new NSP	Global Fund proposal	Identification of domestic investment opportunity	Shifts in Resource Allocation	Efficiencies and/or Cost-effectiveness Study	Sustainable Financing Analysis ³⁵
				pilot 2013)						
Uganda*	x	x	x		MTR 2014, prep during 2013		Consideration of Trust Fund		x (planned)	
Ukraine*	x	x	x	x	New NSP prep during 2013				x	x
Viet Nam	x	x (partial)	x				Exploration of various options		x (WHO treatment cost effectiveness study, planned prevention cost effectiveness study)	x
Zambia*	x (end 2012)	x (end 2012)	x	x	MTR 2013		Consideration of AIDS Trust Fund		x	x
Zimbabwe*	x	x	x	x		x (planned)	AIDS Levy		x (2013)	

*High impact country

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