# Implementing the UNGASS2016 Outcome Document

# Allocative and Implementation Efficiency of HIV Prevention and Treatment for People who inject drugs

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Post-UNGASS 2016
CND thematic discussions on UNGASS implementation
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# UNGASS2016 Outcome Document

"We reiterate our commitment **to end by 2030 the epidemics of AIDS** and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among **people who use drugs, including people who inject drugs**"

**[In line with SDG target 3.3]**

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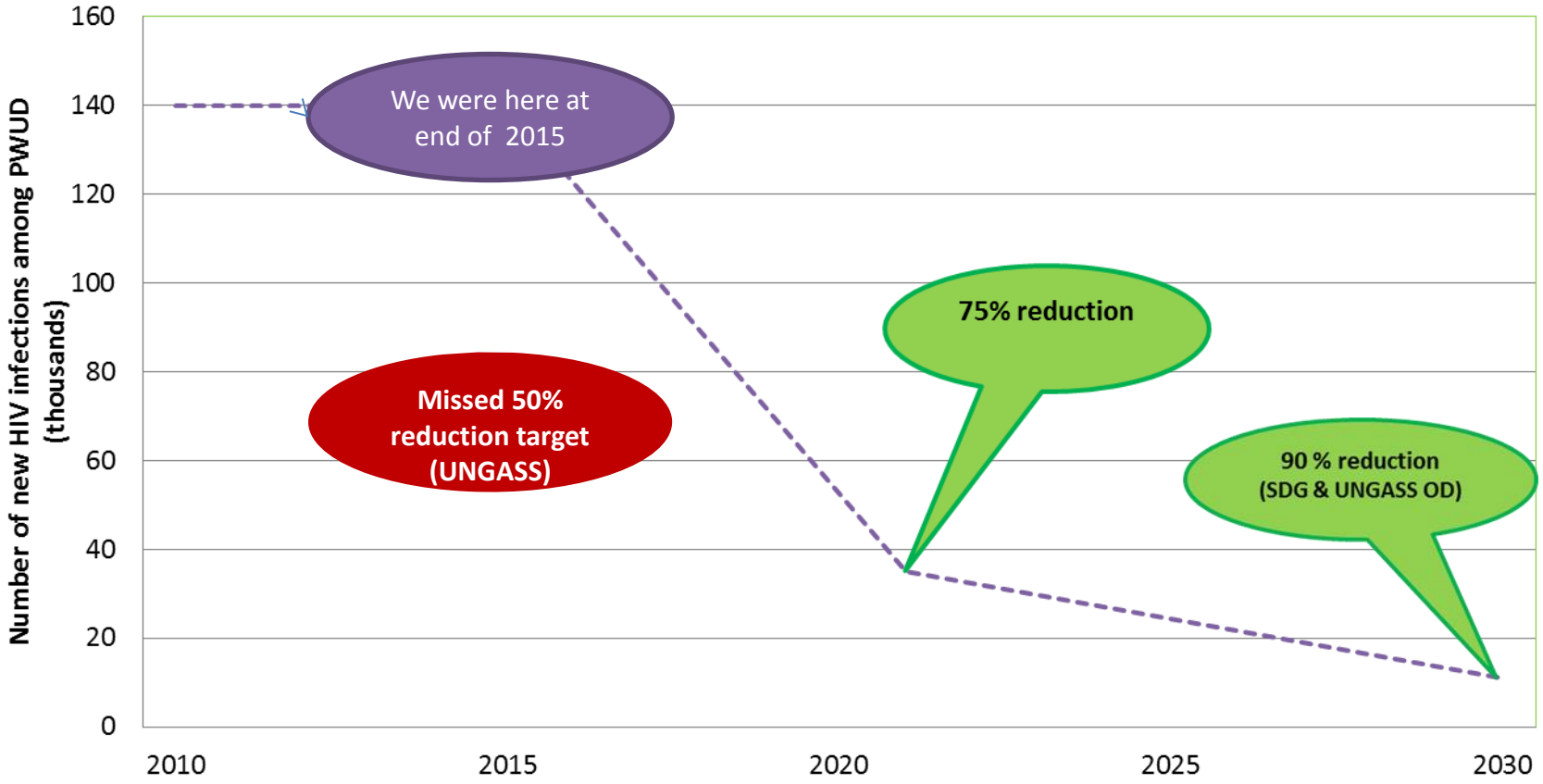
# Realising SDG Target 3.3 & UNGASS2016 Commitments

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# Achieving the best possible **health impact through**

- **Allocative efficiency:** the allocation of resources to **achieve maximum impact** with the **funding available**

- **Implementation efficiency**: improve the way to implement programmes to increase access for an optimal impact.

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# 1. Allocation efficiency

- Focus on most effective priority interventions

- Invest in services:
    - of **right quality**
    - for the **right people**
    - in the **right places**
    - at the **right time**
    - at the **right scale**

- Technical efficiency: Reduce service costs without compromising quality

# 1-1 Priority Interventions

**The comprehensive package of interventions for HIV and people who injects drugs**

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)

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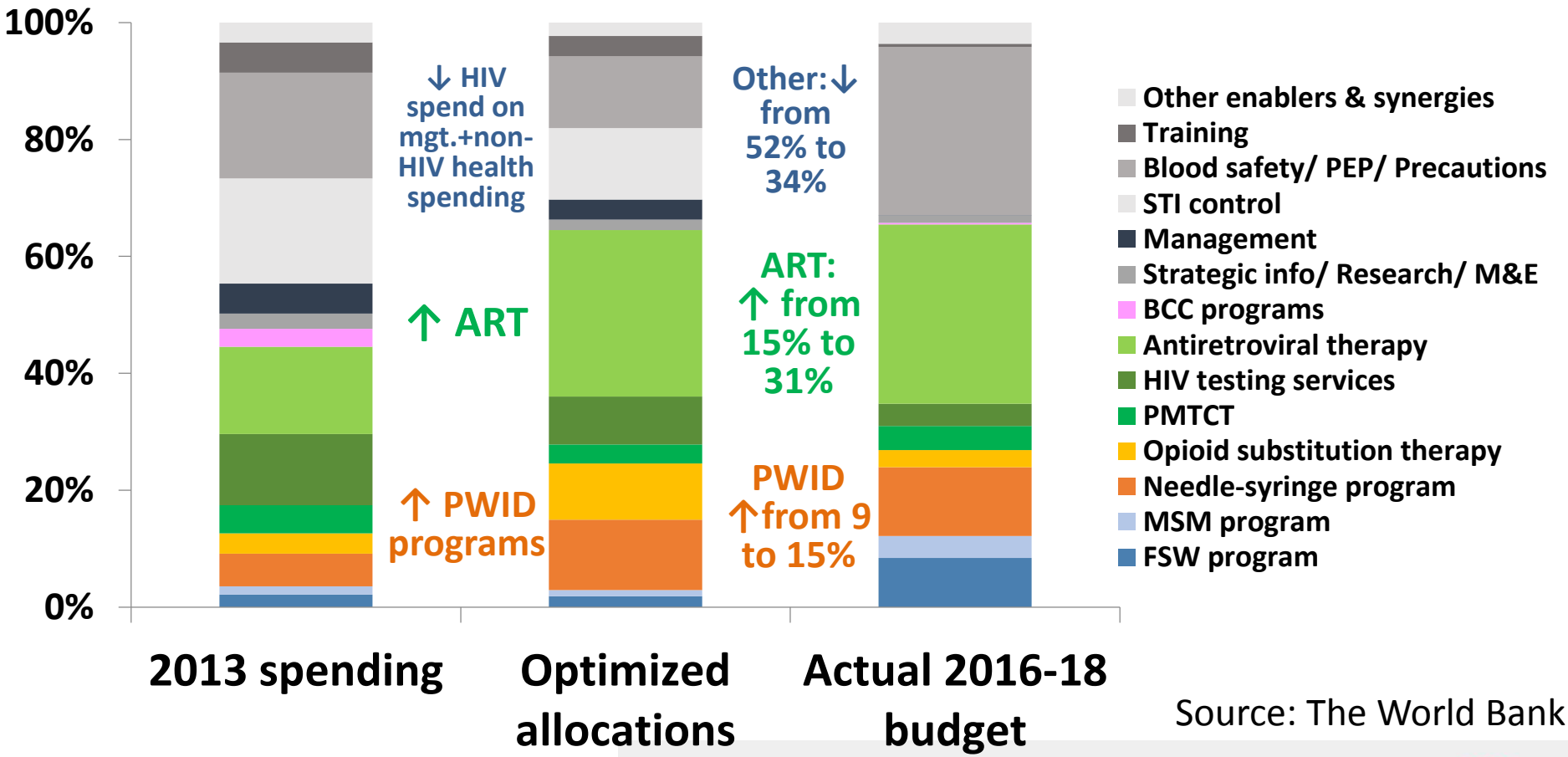
# 1.2. Allocation efficiency of HIV funding
# Example Belarus




Source: The World Bank

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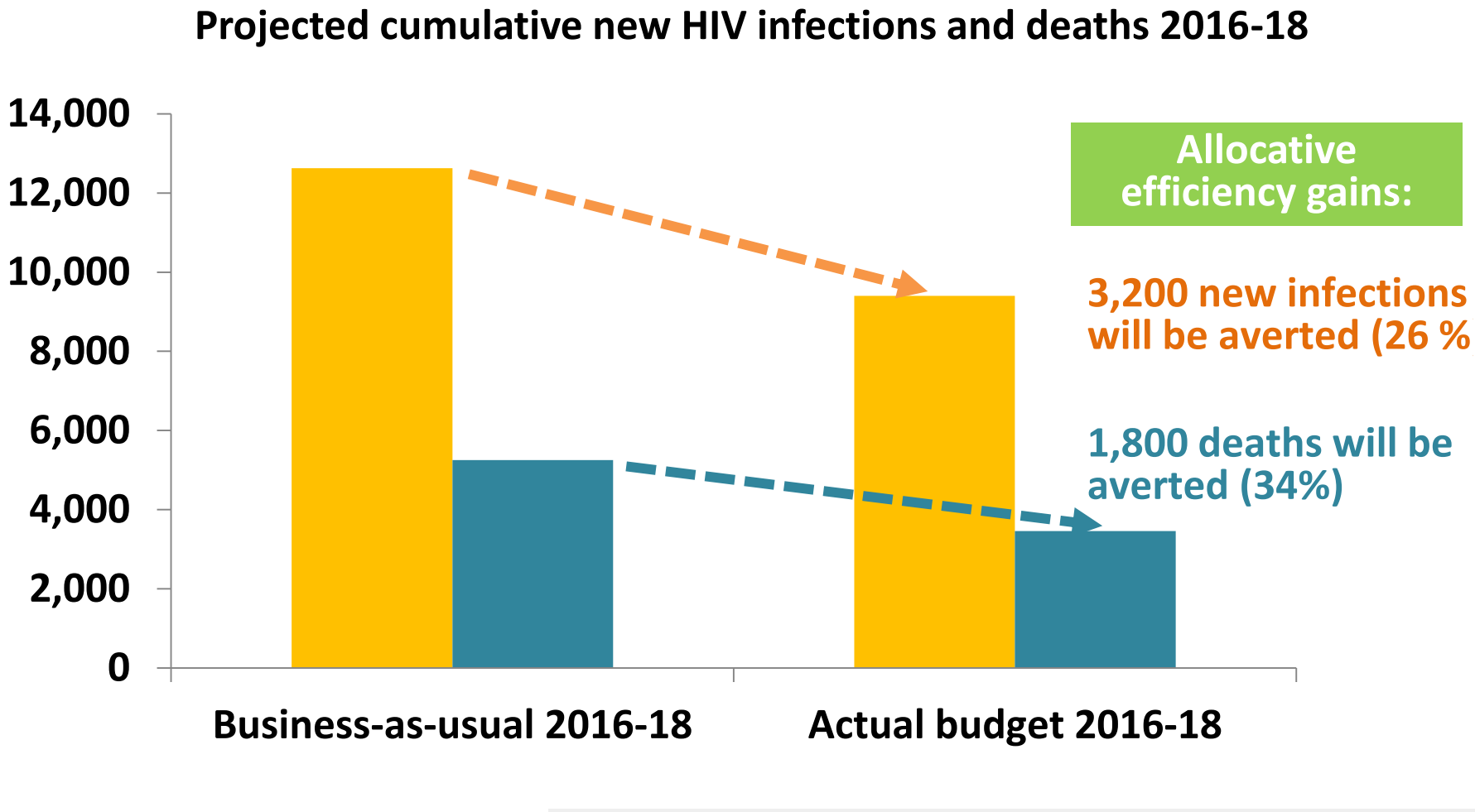
# Belarus: What will be the effect of changes?

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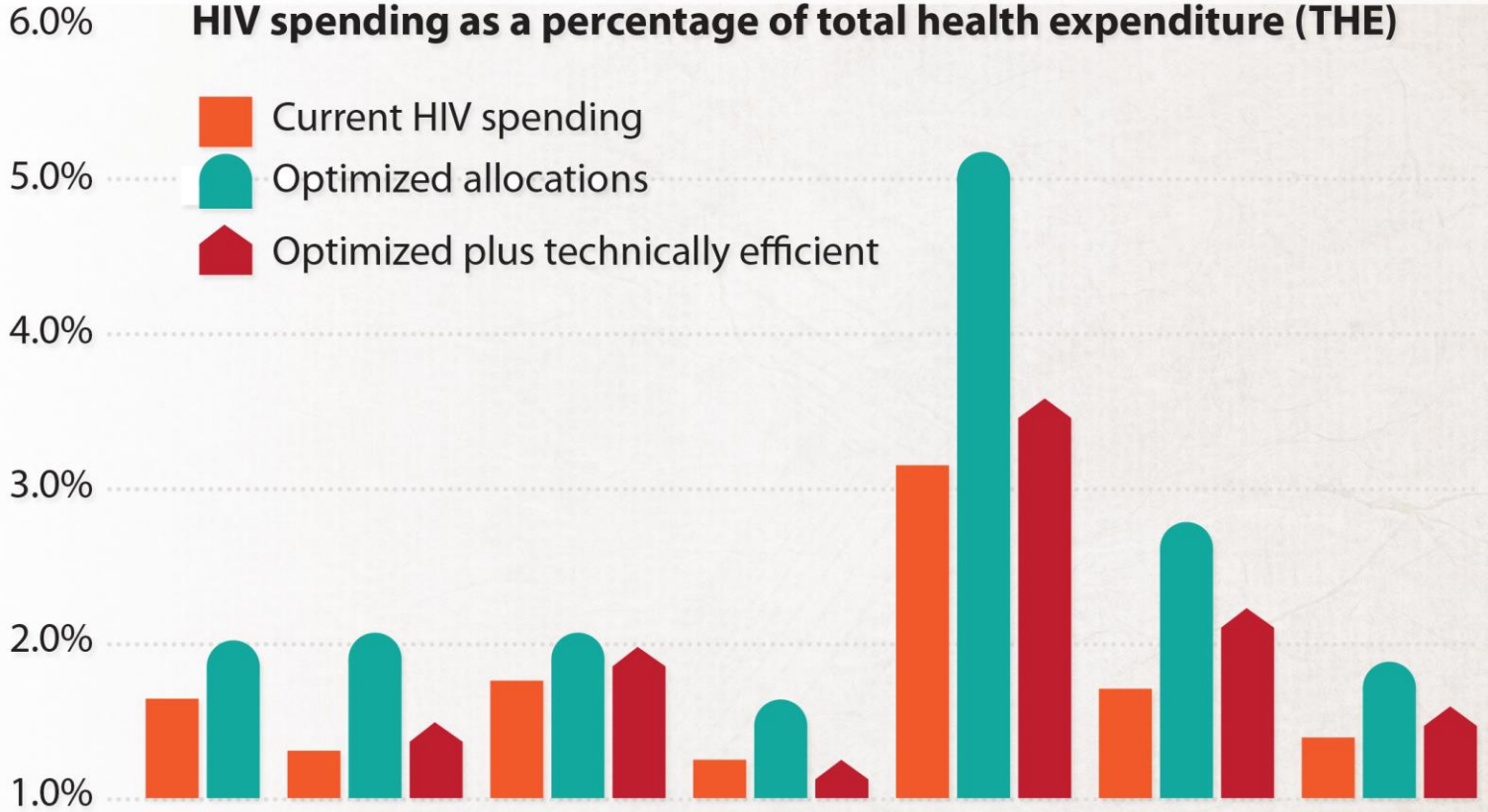
# 1.3. Allocation efficiency of HIV funding

## What will it cost to **integrate HIV into UHC?**




| *In million 2013 US$* | Armenia | Belarus | Georgia | Kazahkstan | Kyrgyzstan | Moldova | Ukraine |
|---|---|---|---|---|---|---|---|
| Total health expenditure (THE) | 472 | 4,331 | 1.519 | 9,537 | 482 | 937 | 14,146 |
| Current HIV spending | 4 | 20 | 15 | 38 | 13 | 9 | 80 |
| Optimized allocations to achieve 2020 targets | 6 | 58 | 21 | 80 | 24 | 20 | 160 |
| Optimized allocations plus technical efficiency | | 30 | 19 | 38 | 15 | 14 | 113 |



*National targets from national strategies were used and for the purpose of modelling translated into reductions of HIV incidence and deaths by 40 to 50 %  Source: WHO NHA 2014, Populated Optima model

# 1.3. Technical efficiency of HIV funding: reduce the costs of treatment

## Costs per person reached in 5 EECA countries vary

Large variation in costs - due to differences in packages, procurement and economies of scale

| Cost per person reached | Derived from 2013 spending / coverage data | | | |
|---|---|---|---|---|
| | Lowest | Highest | Average | Median |
| PWID-NSP programs | 40.90 | 129.25 | 76.87 | 66.86 |
| OST | 431.41 | 1,645.24 | 838.16 | 935.15 |
| PMTCT | 738.08 | 8,905.27 | 3,808.05 | 4,068.39 |
| ART | 576.48 | 1,464.71 | 987.86 | 1,127.29 |
| HTC | 0.55 | 34.72 | 11.22 | 3.05 |

**Note:** This slide summarizes cost per person reached from actual country spending/ planning data. It therefore includes currently existing packages in countries, not the cost of implementing exactly the same package of services in different countries

**Source:** Populated Optima spreadsheets from Armenia, Belarus, Georgia, Moldova and Ukraine, two draft national strategic plans.

# 2. Implementation efficiency

- Supportive laws and policies
- Creating demand for HIV services

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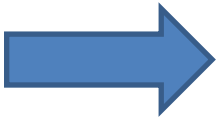
# 2.1 Implementation efficiency

## Supportive laws and policies:

HIV sensitive drugs, criminal justice and prison legislation and policies and practices



Increase access to NSP, OST and ART

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Source: UNODC, World Drug Report 2014 based on UNODC annual report questionnaire, UNAIDS and former Reference Group to the United Nations on HIV and injecting drug use

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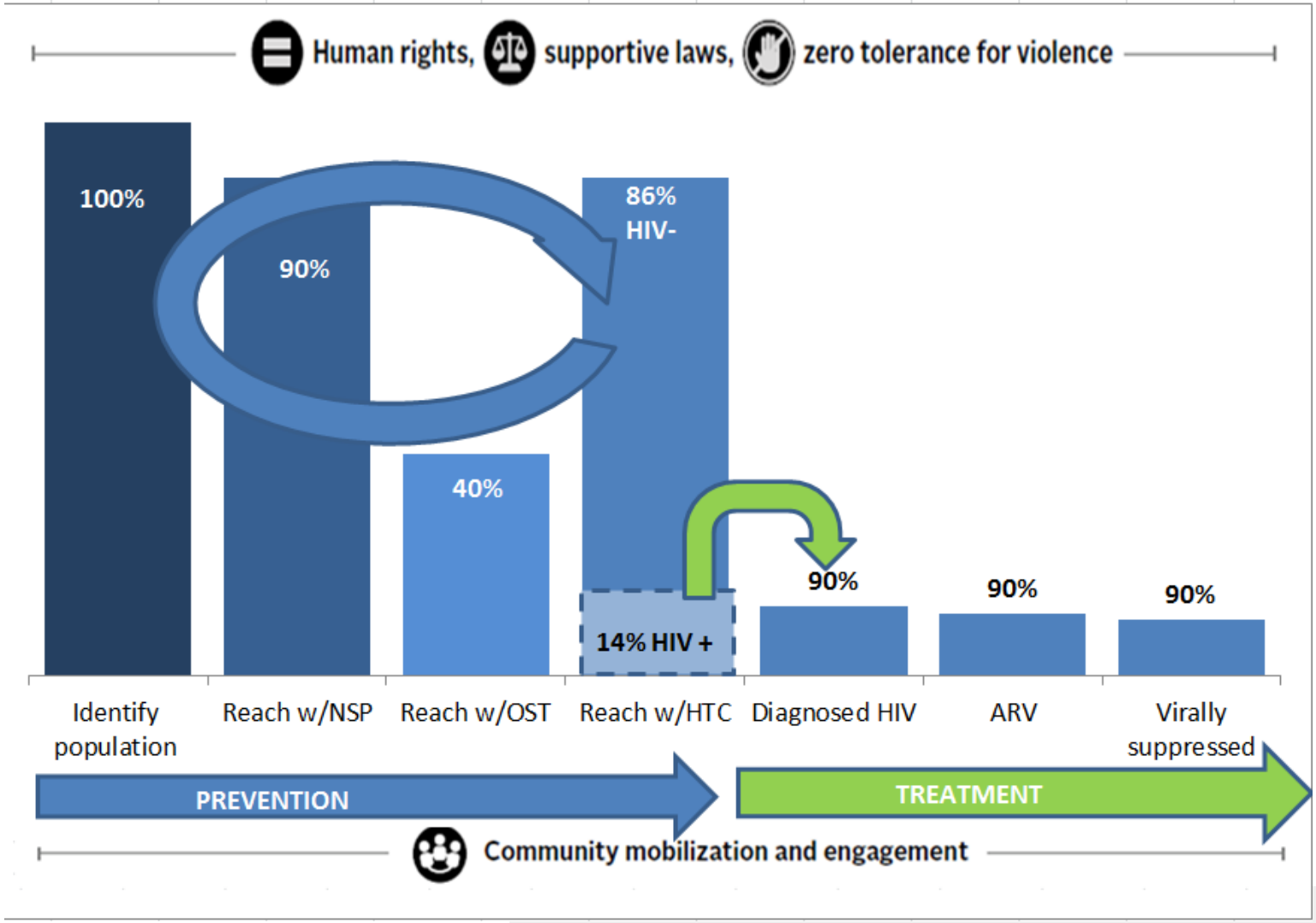
## 2.2.Creating demand for HIV services

### Fast-track Strategy for ending AIDS among People Who Inject Drugs

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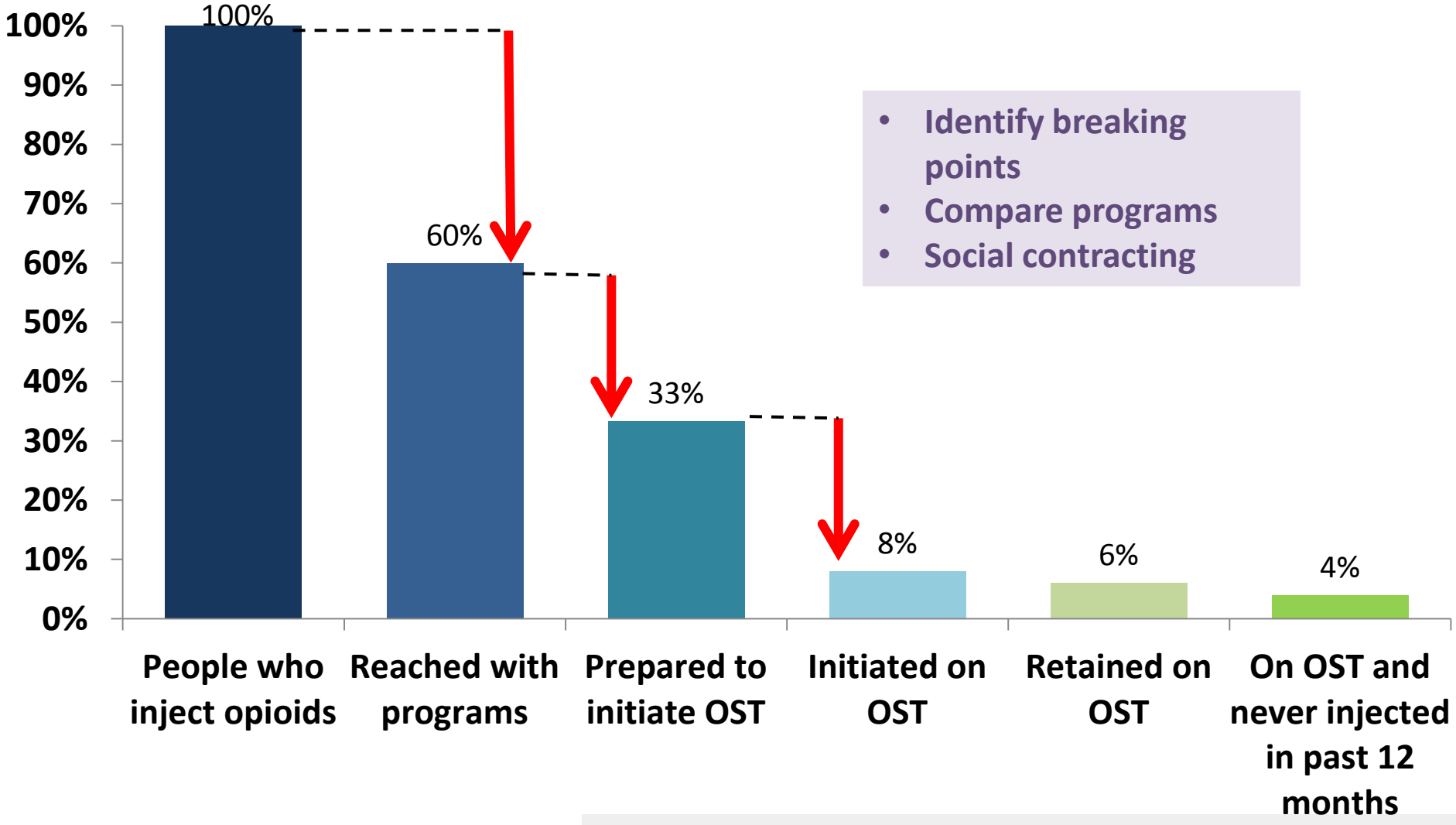
# 2.2.Creating demand for HIV services




- Identify breaking points
- Compare programs
- Social contracting

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# Conclusions

- Allocative efficiency in PWID epidemics: NSP, OST, ART
- Efficiency ≠ Austerity: Efficiency = more health for $
- Reallocation is possible: right quality, people, places, time, scale
- Implementation efficiency
  - Supportive legislation, policy and practice
  - Identifying & addressing breaking points
  - Generating demand for HIV services
  - Compare packages, reduce service costs
- Institutionalization: Finance domestically & social contracting

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# Thank You!

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