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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“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]
Realising SDG Target 3.3 & UNGASS 2016 Commitments

We were here at end of 2015

Missed 50% reduction target (UNGASS)

75% reduction

90% reduction (SDG & UNGASS OD)

Number of new HIV infections among PWUD (thousands)

2010 2015 2020 2025 2030
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.
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)
1.2. Allocation efficiency of HIV funding
Example Belarus

- **ART**: ↑ from 15% to 31%
- **PWID**: ↑ from 9 to 15%
- **HIV spend on mgt.+non-HIV health spending**: ↓

| Source: The World Bank |

**2013 spending** | **Optimized allocations** | **Actual 2016-18 budget** |
<table>
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<tbody>
<tr>
<td>[Bar chart showing spending components]</td>
<td>[Bar chart showing optimized spending components]</td>
<td>[Bar chart showing actual spending components]</td>
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**Programs and Spending**
- Other enablers & synergies
- Training
- Blood safety/ PEP/ Precautions
- STI control
- Management
- Strategic info/ Research/ M&E
- BCC programs
- Antiretroviral therapy
- HIV testing services
- PMTCT
- Opioid substitution therapy
- Needle-syringe program
- MSM program
- FSW program
Belarus: What will be the effect of changes?

Projected cumulative new HIV infections and deaths 2016-18

- 3,200 new infections will be averted (26%)
- 1,800 deaths will be averted (34%)

Allocative efficiency gains:

UNODC
United Nations Office on Drugs and Crime
1.3. Allocation efficiency of HIV funding

What will it cost to integrate HIV into UHC?

*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

<table>
<thead>
<tr>
<th>Cost per person reached</th>
<th>Derived from 2013 spending / coverage data</th>
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<tbody>
<tr>
<td></td>
<td>Lowest</td>
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<tr>
<td>PWID-NSP programs</td>
<td>40.90</td>
</tr>
<tr>
<td>OST</td>
<td>431.41</td>
</tr>
<tr>
<td>PMTCT</td>
<td>738.08</td>
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<tr>
<td>ART</td>
<td>576.48</td>
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<tr>
<td>HTC</td>
<td>0.55</td>
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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.

Adapted from Clemens Benedikt
2. Implementation efficiency

- Supportive laws and policies
- Creating demand for HIV services
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

2.2. Creating demand for HIV services

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

- **Prevention**
  - Identify population: 100%
  - Reach w/NSP: 90%
  - Reach w/OST: 40%
  - Reach w/HTC: 14% HIV+

- **Treatment**
  - Diagnosed HIV: 90%
  - ARV: 90%
  - Virally suppressed: 90%

- **Community mobilization and engagement**

- Human rights, supportive laws, zero tolerance for violence
2.2. Creating demand for HIV services

- Identify breaking points
- Compare programs
- Social contracting

People who inject opioids: 100%
Reached with programs: 60%
Prepared to initiate OST: 33%
Initiated on OST: 8%
Retained on OST: 6%
On OST and never injected in past 12 months: 4%
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
Thank You!

@UNODC_HIV