

Analysis of Reported Global HIV Spending on Antiretroviral Treatment Shows Lack of Prioritization

WASHINGTON, DC (December 1, 2015) – Researchers from the International Association of Providers of AIDS Care (IAPAC), South African Centre for Epidemiological Modelling and Analysis (SACEMA), and British Columbia Centre for HIV Excellence today announced results of analyses of HIV spending on care and treatment in 38 high-burden low- and middle-income countries showing that the reported proportion of HIV spending on antiretroviral therapy (ART) was below 50% in 31 countries and below 15% in five countries. The analyses will be published in the January/February 2016 issue of the *Journal of the International Association of Providers of AIDS Care (JIAPAC)*.

Access to HIV testing and treatment has increased dramatically over the past 10 years, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) recently announcing that approximately 16 million of an estimated 37 million people living with HIV (PLHIV) globally are now on ART. The announced START trial results confirm that earlier access to ART irrespective of CD4 count is critical for an individual's health. The science also supports earlier ART to prevent HIV transmission, which is the foundation of a movement to control the HIV epidemic by harnessing ART's preventative and therapeutic benefits.

The IAPAC-led analyses of UNAIDS' National AIDS Spending Assessment data on country HIV spending found that a 10% increase in average spending on HIV care and treatment per PLHIV (between 2009-2013) was associated with an increase in ART coverage by 2.25 percentage points. Increased access to ART prevents death and the analysis found a corresponding decrease in estimated AIDS-related death of 2.32 per 1,000 PLHIV.

The research team also looked at HIV spending trends. According to the latest available data for 33 countries, in 2009 spending on care and treatment accounted for approximately 50% of total HIV program spending. In 2012, according to the available data for 22 countries with two data points, the proportion of spending on care and treatment did not increase and stood at 46%. While the analyzed data were not comprehensive, the lack of increase in care and treatment spending may partially explain why only 43% of PLHIV are reported to be on ART.

“At a time in which the global AIDS advocacy community is calling for additional funding to end AIDS as a public health threat by 2030, it is important to look back and dissect how HIV spending in countries prioritizes care and treatment, particularly ART,” said José M Zuniga, PhD, MPH, IAPAC President/Chief Executive Officer and senior author on the *JIAPAC* paper. “Our research team's analyses suggest that we will need to seriously re-examine our resource allocation to use existing resources to expand ART coverage 43% to 81% so that we can reach the 90-90-90 targets and, ultimately, HIV epidemic control.”

The research team looked in depth at two countries – Nigeria and Swaziland:

- Reported total HIV spending in Nigeria increased by 36% from \$420 million in 2009 to \$570 million in 2012. However, spending on care and treatment declined from \$200 million (48% of HIV spending) to \$190 million (33% of HIV spending) during the same period. Additionally, during

2009-2012, estimated AIDS-related deaths increased from 176,000 to 193,000 while ART coverage increased only marginally from 9% to 16%. The year 2013 saw a decline in AIDS-related deaths to 181,000 while ART coverage increased to 19%. The underinvestment in care and treatment is likely related to the low ART coverage, AIDS-related deaths, and HIV transmission in Nigeria.

- In Swaziland, total HIV spending increased by 29% from \$75 million to \$97 million from 2009 to 2013. HIV spending on care and treatment increased from \$14 million (19% of HIV spending) to \$51 million (53% of HIV spending). ART coverage among PLHIV increased from 26% in 2009 to 48% in 2013. Between 2009 and 2013, estimated AIDS-related deaths and new HIV infections declined by 2,500 (41%) and 4,000 (29%), respectively.

According to Reuben Granich, MD, MPH, IAPAC Vice President/Chief Technical Officer and the *JIAPAC* paper's lead author, "Underinvestment in expanding access to testing and treatment has a direct impact on the lives of millions of PLHIV, their families, and their communities. We must do a better job of ensuring that scarce resources are focused on the right interventions for the right people in the right places. There is no time to lose. We must maximize our HIV spending allocations for ART to ensure that millions more people gain ART access to prevent illness, death, and HIV transmission."

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About IAPAC

The International Association of Providers of AIDS Care (IAPAC) represents more than 20,000 clinicians and allied health care professionals in over 150 countries. Its mission is to improve the quality of prevention, care, treatment, and support services provided to men, women, and children affected by and living with HIV and comorbid conditions such as tuberculosis and viral hepatitis. Visit www.iapac.org for more information about IAPAC and its global activities.