

# ACCELERATING TO THE FINISH:

## INCREASING SUSTAINABLE FINANCING FOR HIV, TUBERCULOSIS AND MALARIA RESPONSES IN ASIA-PACIFIC TO ACHIEVE THE 2030 TARGETS

### AT A GLANCE

The COVID-19 pandemic exacerbated existing concerns about the Asia-Pacific region's ability to achieve an ambitious series of objectives by 2030: disease-specific targets for HIV, TB and malaria, the related Sustainable Development Goal (SDG) 3.3 of, "By 2030, end the epidemics of AIDS, tuberculosis (TB), malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases," and a commitment to achieving universal health coverage (UHC), which is enshrined in SDG 3.8, "Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". The ultimate commitment of the SDG to "Leave no one behind", has been further threatened by the COVID-19 pandemic, especially for communities and civil society vulnerable to HIV, TB and malaria including among others key populations for HIV, migrants, internally displaced persons, indigenous people, the poor, and other vulnerable groups and individuals.

Global Fund Advocates Network Asia-Pacific (GFAN AP) therefore commissioned five countries – India, Indonesia, Nepal, Sri Lanka and Vietnam – to undertake research and analysis to understand the current situation, barriers and challenges, and the investments needed within the HIV, TB and malaria national responses to reach these goals. This research was done using a combination of desk reviews, key informant interviews, and focus group discussions, followed by analysis, with each study documented in a country investment case. This document presents the overall findings and proposes a series of recommendations for the region, which are summarised here.

**1. DESPITE SOME PROGRESS AGAINST HIV, TB AND MALARIA, COUNTRIES IN THE ASIA-PACIFIC ARE NOT ON TRACK TO ACHIEVE TARGETS FOR THE THREE DISEASES, NOR UNIVERSAL HEALTH COVERAGE.** In 2019, only 75% of people living with HIV in Asia-Pacific were aware of their status, which is still short of the 90% goal. Many high TB burden countries were not on track to reach the 2020

milestones of the End TB Strategy, and will therefore not reach the 2030 targets on its current trajectory. Malaria decline over the past two decades has slowed and the decrease of cases in 2019 was only less than four percent from 2000, making malaria elimination by 2030 less likely. Beyond the three diseases, the Asia-Pacific region is also a long way from achieving universal health coverage as defined by the World Health Organisation in terms of all individuals and communities receiving the health services they need without suffering financial hardship.

### **2. CURRENT HEALTH FUNDING IS INSUFFICIENT TO ACHIEVE DISEASE-SPECIFIC TARGETS, AND ITS SUSTAINABILITY IS THREATENED BY DECREASING OR STAGNATING DOMESTIC FINANCING.**

In 2019, financing for the global AIDS response fell more than USD 7 billion short of the USD 26.2 billion that UNAIDS estimated was needed. Funding gaps of close to USD 5 billion annually impede progress in the overall TB response globally. Total available funding for malaria reached only USD 3 billion against a global target of USD 5.6 billion in 2019. Furthermore, at 2.1% of GDP, public spending on health in the WHO South-East Asia region is the second lowest across all WHO regions and far below the UHC benchmark of 5% of GDP. Many health programmes are dependent on external support, jeopardising their sustainability.

### **3. HIGH AND INCREASING OUT-OF-POCKET EXPENDITURE FOR HEALTH CARE THREATENS THE HEALTH OUTCOMES OF KEY AND VULNERABLE POPULATIONS IN THE REGION.**

As a result of low government investment in health care, almost half of health spending comes from out-of-pocket payments by households in lower-middle and low-income countries in the Asia-Pacific region. This averaged 47.4% in 2017, a slight decrease in percentage, but a real increase from 2010. These costs may be manageable by middle and upper income households in the region, but it creates a financial barrier for the most vulnerable and marginalised individuals, deterring people from seeking care, or limiting the services they can access, resulting in worse health outcomes.

#### **4. THE GLOBAL FUND HAS PLAYED A SIGNIFICANT ROLE IN SUPPORTING THE THREE RESPONSES IN ASIA-PACIFIC COUNTRIES AND BUILDING EFFECTIVE COMMUNITY SYSTEMS.**

The Global Fund has invested 16% of its total contributions to countries in the Asia-Pacific region. This investment helped put 2.4 million people on ART, treated 3.1 million people with TB, and distributed 9.6 million mosquito nets. Furthermore, the Global Fund has been the key supporter of community, rights, and gender-based approaches, and improved the enabling environment for community and civil society engagement through ensuring participation in country coordinating mechanisms. The community systems the Global Fund helped strengthen over the years contributed to a strong community-led COVID-19 response in many countries, ensuring that key and vulnerable populations retained access to HIV, TB and malaria services throughout the pandemic, which helped protect gains against the three diseases.

#### **5. IMPROVING ACCESS TO HEALTH CARE BY VULNERABLE AND MARGINALISED COMMUNITIES REQUIRES ADDRESSING SYSTEMIC, HUMAN RIGHTS, AND SOCIO-ECONOMIC BARRIERS.**

Many Asia-Pacific countries retain laws and policies that criminalise or disadvantage some key and vulnerable populations. This situation was exacerbated by COVID-19 control measures, where police powers have been used to harass, harm, and arrest vulnerable groups, such as sex workers, people who use drugs, people living with HIV, and LGBTQI people. The pandemic has also worsened gender gaps, putting further strain on people already disadvantaged by structural inequalities.

#### **6. DOMESTIC FINANCIAL AND POLITICAL RESOURCES ARE NOT PRIORITISING THE TWO KEY SOLUTIONS TO ENSURING THAT VULNERABLE AND MARGINALISED GROUPS ARE NOT LEFT BEHIND: COMMUNITY SYSTEMS STRENGTHENING, AND A RIGHTS-BASED APPROACH.**

Interventions including outreach to marginalised communities, addressing human-rights barriers to accessing health services, and community systems strengthening including community-based and -led monitoring interventions are heavily reliant on external financing and are poorly or not funded by domestic resources.

### **THESE FINDINGS HAVE LED TO THE FOLLOWING RECOMMENDATIONS:**

#### **1. URGENT NEED TO INCREASE DOMESTIC RESOURCE MOBILISATION:**

Governments need to increase their spending on health care, with guidance from civil society on the most appropriate investments for sustainable investments in health and UHC.

#### **2. INCREASE THE FISCAL SPACE FOR HEALTH:**

Donors and technical partners need to work with governments to provide additional resources and hold them accountable to improving health outcomes.

#### **3. PROTECT HUMAN RIGHTS, COMMUNITY**

**ENGAGEMENT, AND CIVIC SPACE:** Laws and policies must change to remove barriers to accessing health care for the most marginalised communities.

#### **4. SUPPORT COMMUNITY SYSTEM STRENGTHENING**

**(CSS):** Invest in what works, whereby the COVID-19 pandemic demonstrated that with the right support, communities are effective responders.



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#### **ABOUT GFAN AP**

The Global Fund Advocates Network Asia-Pacific (GFAN AP) is an advocacy platform of HIV, Tuberculosis and malaria community and civil society organisations in the Asia-Pacific region. GFAN AP supports advocacy for a fully resourced Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); increased and sustainable domestic resource mobilisation for health; and equitable, people-centred, human rights-based and gender transformative inclusion of HIV, Tuberculosis and malaria responses within Universal Health Coverage (UHC).