

Co-financing for HIV and development synergies

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SUMMARY

STRIVE researchers have conceived and applied an innovative way to estimate the economic value of structural interventions to reduce HIV vulnerability. The STRIVE approach, called 'co-financing' addresses a central concern: upstream interventions may prove effective in studies but how to finance them after that? STRIVE's answer: share the cost between sectors in proportion to the benefits per sector. The co-financing approach:

- raised immediate interest in the field
- has accrued significant conceptual and practical credibility
- was integrated in South Africa's HIV and TB investment case to the Global Fund and the country's National Strategic Plan
- is the basis for guidance to national governments in UNDP implementation trials in seven sub-Saharan African countries and in policy-maker training modules

STRIVE achieved this impact through a two-pronged strategy: proof of concept with on the academic and conceptual level, along with demonstrations of feasibility. Factors behind the impact include:

- the reputation and networks of leading STRIVE researchers and economists
- presentations and plenaries at high-level forums
- the multi-disciplinary and cross-sectoral nature of the consortium's work and strategies

What is the issue?

The HIV field now recognises – at least in principle – the necessity of addressing structural barriers to prevention, along with biomedical and behavioural measures. But how can this kind of intervention be funded in practice? When drawing up national investment cases for financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, governments have had neither the guidelines nor the models to argue for social and structural measures. The focus is often on HIV impact, excluding the wider social development benefits.

An intervention may prove effective in achieving desired outcomes but the chances of its being implemented in practice and at scale depend on whether it is judged to be affordable. In the case of structural interventions funders may come from many different sectors in the economy. Cost-effectiveness calculations, used in the health and other sectors to justify investment, are generally based on a single-sector outcome, such as reducing HIV infection rates. But upstream or structural interventions lead to multiple benefits in more than one sector. If each sector examines the full costs, but only its own outcomes, structural interventions may not be financed because they are assessed as being too expensive. As a result, opportunities to realise synergies with non-HIV investments tend to be missed.

The decrease in 'AIDS exceptionalism' within the health and development field, and the high proportion of AIDS budgets now going towards the provision of anti-retroviral treatment (ART), have all helped to focus attention on priority setting and value for money in HIV investments. This and the push for greater national-level co-financing of the HIV response in middle income countries, including STRIVE partner countries of India and South Africa, has helped fuel greater interest in potential synergies in cross-sectoral financing mechanism that examine all costs and outcomes. The Sustainable Development Goals (SDGs) propose a framework for action on precisely these lines.



UNDP and STRIVE training workshop with government representatives from Ethiopia, Malawi, South Africa and Tanzania. Cape Town, April 2015

What did STRIVE contribute?

Confronting a core challenge – how to pay for structural interventions – STRIVE researchers and health economists developed a new framework to share financing between sectors for interventions that yield multiple benefits. We refer to this approach as the co-financing model. (It is refined and explained in the journal publications in Table 1.)

STRIVE’s analysis of the Zomba trial (see Figure 1) found that structural interventions are able to yield multiple benefits. Cash transfers to keep girls in school reduced HIV by 64%, but also reduced school dropout, teen pregnancy, early marriage and HSV2 risk. Such a programme could be prioritised and funded if each sector paid a proportion of the costs commensurate with the benefit it derives – for instance, co-financing by education, sexual and reproductive health and maternal and child health, for instance, as well as HIV.

The research and thinking behind the approach focused on addressing the barriers to financing structural interventions, identified as, primarily:

- a lack of data on their multiple outcomes
- the dominance of single outcome cost-effectiveness frameworks
- weak incentives for joint financing between sectors

What is the impact?

An innovative concept, STRIVE’s co-financing model has attracted considerable attention in the field and been taken up in practice. In particular, the United Nations Development Programme (UNDP) – a STRIVE affiliate institution that was closely involved in developing the approach – has

STRIVE’S CO-FINANCING MODEL

STRIVE’s model of co-financing analysis provides a new approach to “upstream” intervention: facilitating multi-sector financing for multi-benefit programmes. Broadly, the model has significance for HIV and beyond, on several levels:

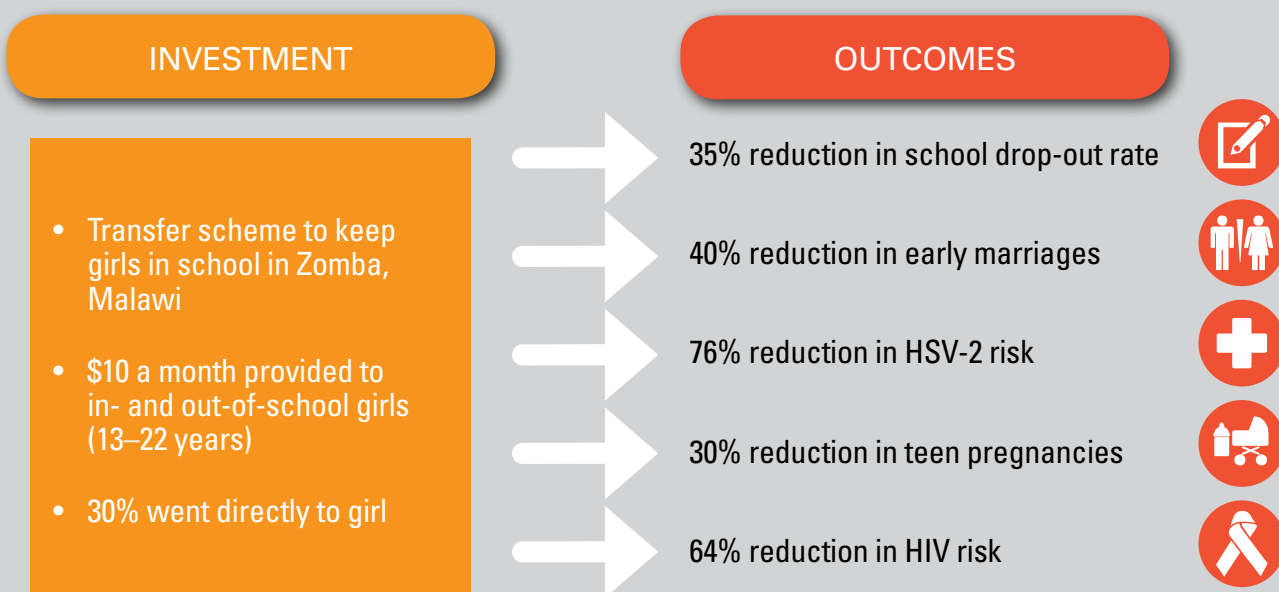
- conceptually, as a new way to think about structural intervention, particularly in terms of cross-sectoral integration (the mainstreaming of HIV in the wider health field, and health with development in the SDGs)
- practically, as a new basis for evaluating, justifying and paying for structural interventions
- technically, as a new way for economists and modellers to assess and compare cost-effectiveness of HIV interventions

developed a work stream to put cross-sectoral co-financing into practice in seven countries in sub-Saharan Africa, as an innovative financing mechanism to strengthen universal health coverage and human development. UNDP’s implementation trials are being implemented over a two-year period from 2017 to 2019.

This work has involved:

- designing training materials for policy-makers
- training of multi-sectoral government teams from South Africa, Tanzania, Malawi and Ethiopia
- providing further technical assistance to these countries, as well as Kenya, Zambia and Ghana
- translating co-financing models into high impact, cost-effective innovations in programming and financing structures

Figure 1: Multiple outcomes of the Zomba cash transfer to keep girls in school



Source: STRIVE, 2012 from Baird et al, 2012.

Results after 18 months among baseline school girls

The co-financing mechanism has been identified as an innovative modality to be used in the implementation of national strategic plans for HIV and social protection (in South Africa and in Tanzania). For example, South Africa integrated co-financing in its HIV and TB Investment Case and subsequently in its National Strategic Plan for HIV/TB/STIs (2017-2022).

How has STRIVE achieved impact?

In short, the co-financing model proposed a timely and innovative answer to a problem that continues to be pressing for the STRIVE project, the HIV field and the implementation of the SDGs.

To realise its potential impact on both economic methods and resource allocation, STRIVE's research uptake strategy envisaged four overlapping steps:

1. Proof of concept with both academic and policy stakeholders
2. Case study/ies demonstrating feasible application of the method
3. Standardisation and adoption of the method
4. National implementation (policy, local academic and technical assistance)

In practice, these steps have overlapped.

Early publications on the model sparked interest in the field, paving the way towards conceptual credibility. For instance, Remme et al (2014) *Financing structural interventions: going beyond HIV-only value for money assessments* was:

- cited by several experts in the field of social protection and food security
- cited in several UN documents to help make the case for greater cross-sectoral investment
- incorporated into public health MSc courses at LSHTM and the University of California, Berkley's School of Public Health

STRIVE was invited to present the co-financing model on an increasing number and range of influential platforms, many of which spanned theory and practice. (See Table 1 for examples.) The experience, reputation and networks of lead researchers were contributory factors here.

Concurrently, the UNDP's HIV, Health and Development Group, a STRIVE affiliate, took steps to test the acceptability of the approach in its internal deliberations as well as in discussions and ultimately workshops with national policymakers. Engaging with UNDP from the start of the consortium has been a critical factor in ensuring a path from concept to practice. An significant point in this regard was STRIVE involvement in a UNDP workshop in April 2015 in Cape Town for government officials from Tanzania, Malawi, South Africa and Ethiopia, from Ministries of Finance, Health, Education, Social

Table 1: Presentations on influential platforms

2014–15	Two high-level meeting on structural drivers and HIV co-sponsored by the World Bank, UNICEF, UNDP, and Housing Works, in Washington, DC.
2015–16	<ul style="list-style-type: none"> ■ International Health Economics Association World Congress: cost and value of programming to prevent gender-based violence ■ TB Modelling and Analysis Consortium (TB-MAC): co-financing for socio-economic interventions ■ UNAIDS/World Bank Economic Reference Group's Sustainable Financing Technical Working Group: presentation on domestic financing and fiscal space ■ UNICEF Innocenti workshop on Social Protection Plus for Adolescents: add-on to cash transfers for broader health and education benefits ■ Inter-Agency Task Team on Social Protection, Care and Support Meeting (UNICEF/UNAIDS/World Bank): co-financing for development synergies ■ UNDP expert meeting: Reducing Gender-based Violence to Achieve the Sustainable Development Goals
2016–17	<ul style="list-style-type: none"> ■ International AIDS Economics Network conference: realising synergies; fiscal space for HIV from domestic financing in 14 sub-Saharan African countries; potential efficiency gains from health systems and food security investments. ■ STRIVE expert consultation: Incorporating Structural Interventions in Country HIV Programme Planning and Resource Allocation

Welfare, Development Planning and National AIDS Coordinating bodies.

The design of the STRIVE project itself – multidisciplinary, multi-driver, synthesis-focused – has been significant. The co-financing mechanism emerged as a response to the consortium's analysis of the barriers to structure programming for HIV prevention. Its impact has benefited from the consortium's cross-sectoral pathways and ambitions.

An important step in this regard was an expert consultation convened in December 2016 by STRIVE and the HIV Modelling Consortium with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Entitled "Incorporating Structural Interventions in Country HIV Programme Planning and Resource Allocation", the consultation brought together 37 experts – mathematical modellers, epidemiologists, economists and policy-makers – from academia, civil society, bilateral development

partners and multi-lateral organisations in order to review the state of the evidence on the effectiveness, costs and cost-effectiveness of a range of structural interventions.

Conclusion

The outcomes of UNDP implementation trials in seven sub-Saharan African countries will provide further information on the barriers and enablers of engaging in co-financing models, along with additional evidence of the gains possible from a co-financing approach in practice. To achieve the SDGs will require cross-sectoral synergies – and STRIVE’s co-financing approach should prove useful in efforts to addressing that challenge.

JOURNAL PUBLICATIONS

Remme M., Vassall A., Watts C., Lutz B. (2012), Paying girls to stay in school: a good return on HIV investment? *The Lancet*, www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960944-1/fulltext

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Suggested citation

Vassall, A., Remme, M., STRIVE Impact Case Study: Cross-sectoral co-financing for HIV and development synergies; London School of Hygiene & Tropical Medicine, London, UK; 2018

STRIVE research consortium

A DFID-funded research programme consortium, STRIVE is led by the London School of Hygiene & Tropical Medicine, with six key research partners in Tanzania, South Africa, India and the USA. STRIVE provides new insights and evidence into how different structural factors – including gender inequality and violence, poor livelihood options, stigma, and problematic alcohol use – influence HIV vulnerability and undermine the effectiveness of the HIV response.

This brief was supported by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department’s official policies.

