Allocating Efficiently with Optima in Georgia, Macedonia and Bulgaria

Presented by Dr Jolene Skordis-Worrall on behalf of the Optima Consortium, Partners and Country Collaborators
STUDIES CONDUCTED IN PARTNERSHIP WITH UNIVERSITY COLLEGE LONDON (UCL)

Eastern Europe and Central Asia

- Georgia
- Macedonia
- Bulgaria

Africa

- Togo
COMMON COUNTRY CHARACTERISTICS

- **Concentrated** epidemics that are **growing**
  - Stabilising incidence amongst PWID, FSW
  - Increasing incidence amongst MSM
  - Likely increase in incidence among female general population due to bridging effect from MSM and male PWID

- **Populations** modelled – SW, clients, PWID, MSM, prisoners, general population (15-49, 50+)

- **Programs** modelled – FSW, PWID, MSM, OST (fixed), HTC, ART, SBCC

- **Transitioning** out of Global Fund support
GEORGIA

• Currently 6300 estimated PLHIV and growing
  – Prevalence amongst MSM: 13%

• ART coverage estimated at 37% of PLHIV

• Current annual spending would not be enough to achieve NSP or international targets

• Optimised spending would improve outcomes within the current budget envelope

• Optimised spending could avert an estimated 15.5% additional new infections and 36% additional deaths
GEORGIA

2014 spending

- FSW programs: 25.7%
- NSP: 26.8%
- PMTCT: 13.5%
- Enabling environment: 14.1%
- MSM programs: 2.5%
- HTC: 3.4%
- M&E: 0.3%
- Management: 1.9%
- Other costs: 2.7%

2014 budget, optimised allocation

- ART: 48.7%
- Other costs: 16.1%
- Management: 3.4%
- HR and training: 3.4%
- OST: 0.1%
- ART: 2.3%
- M&E: 0.0%
- Management: 0.0%
- Other costs: 8.5%

Legend:
- FSW programs
- NSP
- PMTCT
- Enabling environment
- MSM programs
- HTC
- Management
- M&E
- OST
- HR and training
- Other costs

2014 spending and budget, optimised allocation for Georgia.
MACEDONIA (preliminary results)

- Estimated 300 PLHIV
- Low level epidemic attributable to effective historic response
- Trend is increasing (off a low base)
- Highest prevalence amongst MSM and MSW
- ART coverage estimated at 31% of PLHIV
- Current annual spending will be enough to achieve proposed NSP targets, but only if allocated optimally
- Optimised spending could avert an estimated 85% of additional new infections and 87% additional deaths, mainly amongst MSM
MACEDONIA (preliminary results)
BULGARIA (preliminary results)

- Estimated 3100 PLHIV – MSM and PWID highest prevalence
- Imminent withdrawal of Global Fund funding (33% of HIV budget)
- 23% of PLHIV are currently on treatment
- Effective ART scale-up needed
- If funding is allocated optimally, future HIV program costs can be reduced by 26%
- Optimised spending could avert an estimated 21% of additional new infections and 7% of AIDS-related deaths
BULGARIA (preliminary results)

**Spending**

- **80%**
- **2014 spending**
- **100% Optimized**
- **120%**
- **140%**
- **160%**
- **180%**
- **200%**

Legend:
- Prisoner programs
- HTS general
- ART
- OST
- PWID programs
- MSM programs
- FSW programs
- SBCC

**Impact**

- **Cumulative Deaths (2016 - 2030)**
- **Cumulative new infections (2016 - 2030)**

**Optimized (in % of 2014 direct program spending)**
DEFUNDING GF PROGRAMS IN BULGARIA
(preliminary results)

Without Global Fund programs, an additional 1,150 new infections could occur by 2030.
DEFUNDING GF PROGRAMS IN MACEDONIA
(preliminary results)

Without Global Fund programs, 14% additional new infections could occur by 2030
COMMON FINDINGS

- Upscale ART
- Increase spending on MSM and other key affected populations
- De-prioritise general population programs
- Defunding will impact epidemic trajectory
- Global donor funding must be replaced with alternate funding - spent on an optimal mix of programs
FURTHER HIV RESPONSE CONSIDERATIONS

• Urgent **sustainability** planning
  – No real plan for increasing domestic budgets
  – Consideration of fiscal space for expansion?
  – 90:90:90 remains a long way off

• **Serving** stigmatised populations
  – Systems rethinking
  – Challenging in all contexts in which we have worked

• Recommendations to **reduce funding to programs** ignores wider public health importance

• **Technical efficiency** analyses would benefit all countries in which we have worked so far
  – ART, OST unit costs higher than regional average
CONCLUSION

- Optima benefited every country in which we have worked
- Provides a clear and compelling starting point for the policy conversation
- It is not an end-point however, significant policy and pragmatic challenges remain
Contributing authors:


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