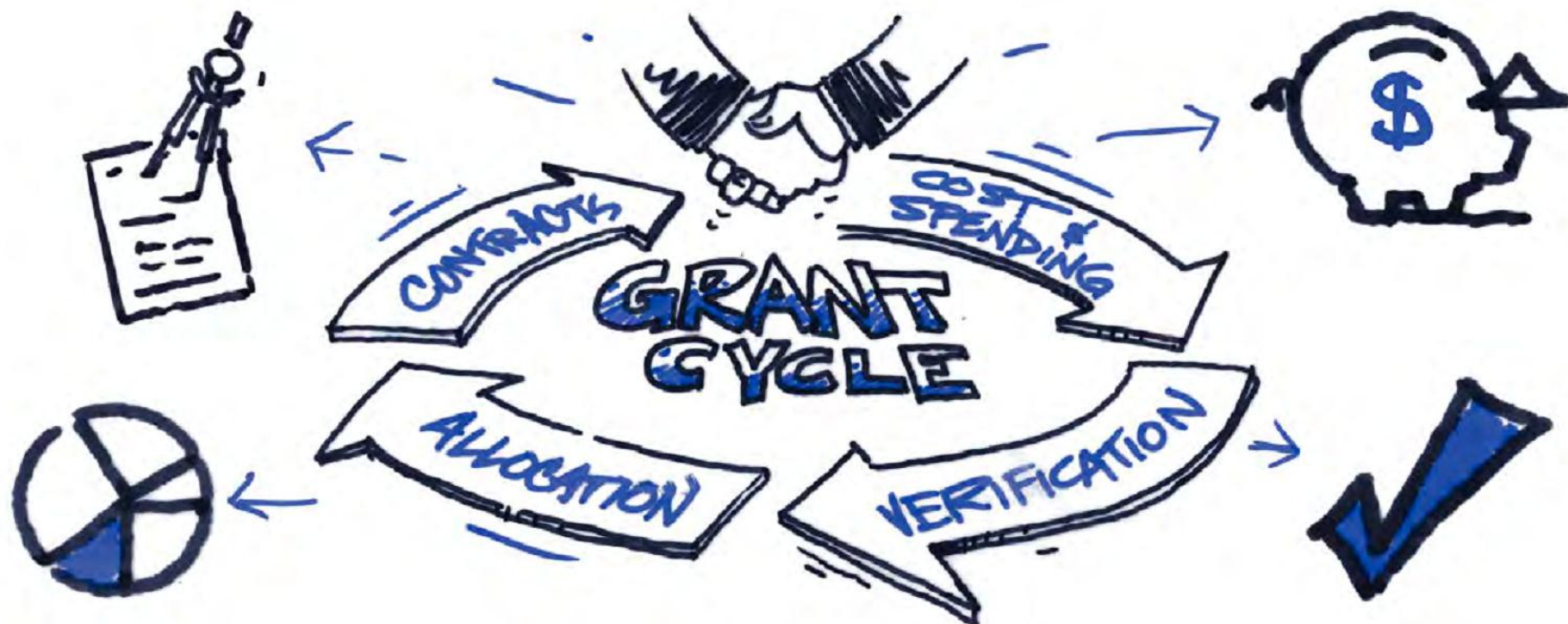


More Health for the Money

Putting Incentives to Work for the Global Fund and Its Partners



A Report of the Center for Global Development
Working Group on Value for Money in Global Health

Amanda Glassman, chair, with Victoria Fan and Mead Over



Presentation to AfDB | Capacity Building on Value for Money | 4 November 2013



More Health for the Money

– PUTTING INCENTIVES TO WORK FOR THE GLOBAL FUND AND ITS PARTNERS –

01 
Executive Summary

02 
Allocation

03 
Designing Contracts

04 
Cost & Spending

05 
Verification



-  LIKE
-  LATER
-  SHARE

Our Definition of Value for Money

- The production and utilization of the mix of health-maximizing health services for the available donor, national and private resources

Domains of Value for Money



Brief history of Global Fund

- Founded in 2002 to create “a world free from the burden of AIDS, tuberculosis, and malaria”
- Focus on the 3 diseases during the G8 summit in Japan in 2000
- Corruption ‘scandal’ from AP news
- Fiduciary and financial management issues
- Undergoing reforms 2011-present



Chapter on Planning Allocations

- **How to allocate resources to maximize value for money?**

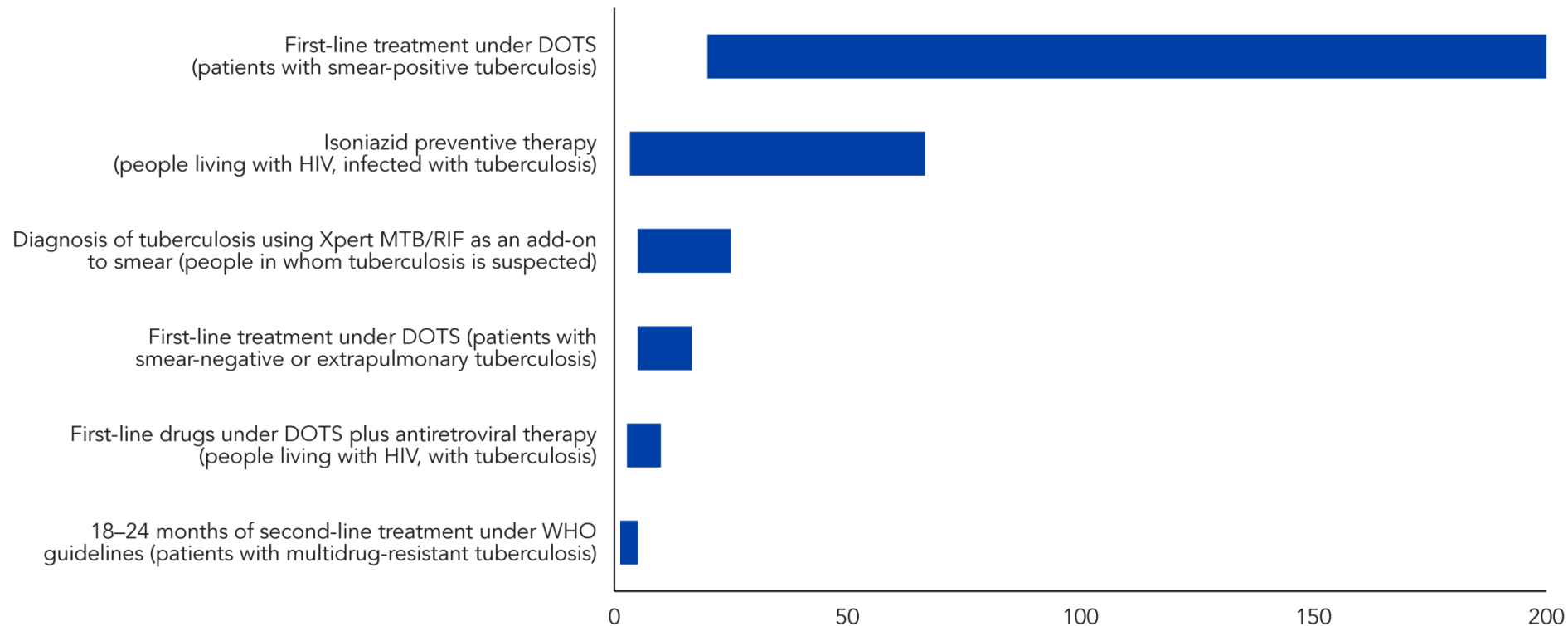
Current Situation

- In the past, Global Fund monies have not always been directed toward:
 - The most effective interventions
 - The most cost-effective interventions
 - The most effective and cost-effective mix of interventions
 - The highest impact target groups for specific interventions

Choose the most effective
and cost-effective
interventions and
commodities

Get more life-years for the money

Figure 1.1 Life-years saved for \$1,000 of tuberculosis interventions

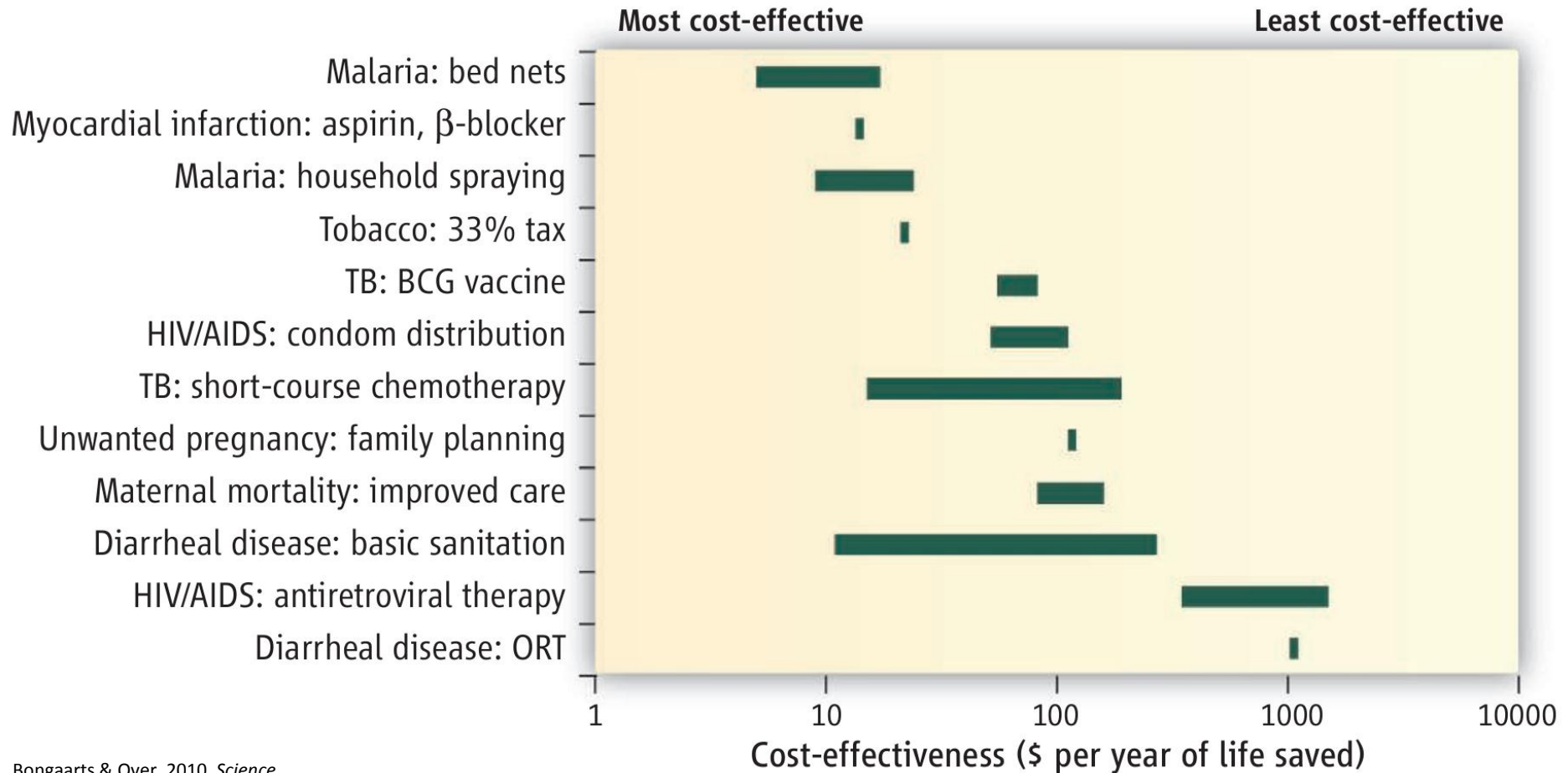


DOTS is directly observed treatment, short-course; WHO is World Health Organization.

Note: Estimates of cost-effectiveness do not take into account positive externalities on other disease conditions.

Source: WHO (2012a).

Get more life-years for the money



Much remains unknown on what works for HIV prevention

Type of Intervention	HIV Prevention Efficacy			TOTAL
	Positive Effect	Adverse Effect	No Effect	
<i>Behavioral</i>	---	---	7	7
<i>Structural: Microfinance, CCT</i>	1	---	2	3
<i>Diaphragm</i>	---	---	1	1
<i>Topical Agents (microbicides)</i>				
<i>Non-ARV based</i>	---	1	11	12
<i>ARV-based PrEP</i>	1	---	---	1
<i>Systemic, oral PrEP</i>	3	---	3	6
<i>Treatment for prevention</i>	1	---	---	1
<i>Male circumcision</i>	3	---	1	4
<i>STI Treatment</i>	1	---	8	9
<i>Vaccines</i>	1	---	3	4
Total	11	1	36	48

Focus on key populations

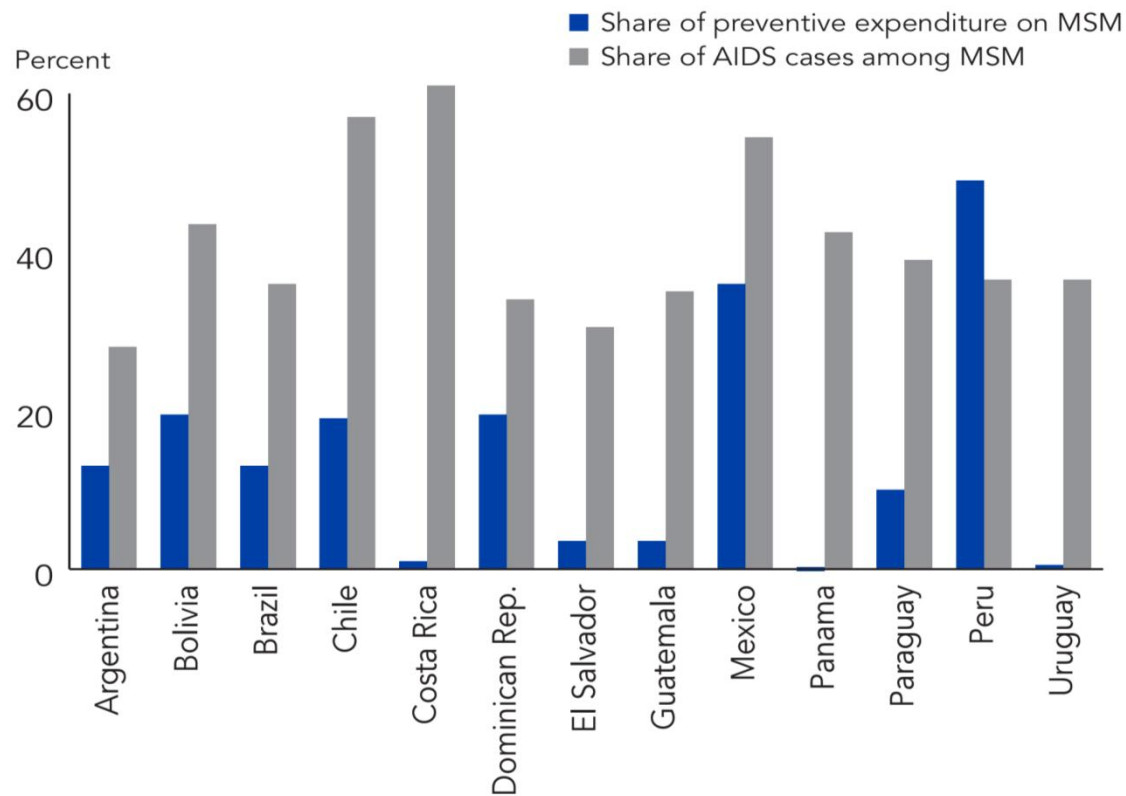
Focusing on hot spots

“HIV exists in hot spots —amid a sea of much lower levels of infection... Within the highest prevalence corner of South Africa, a study has found that up to a third of infections may occur within just 6 [percent] of the area. And, within those hotspots, we see that the risk of infection is piled upon specific small groups...”

– Tim Hallett, PhD, Imperial College
London

Key populations of an epidemic

Figure 3.1 Misalignment between men who have sex with men's share of disease burden and funding level

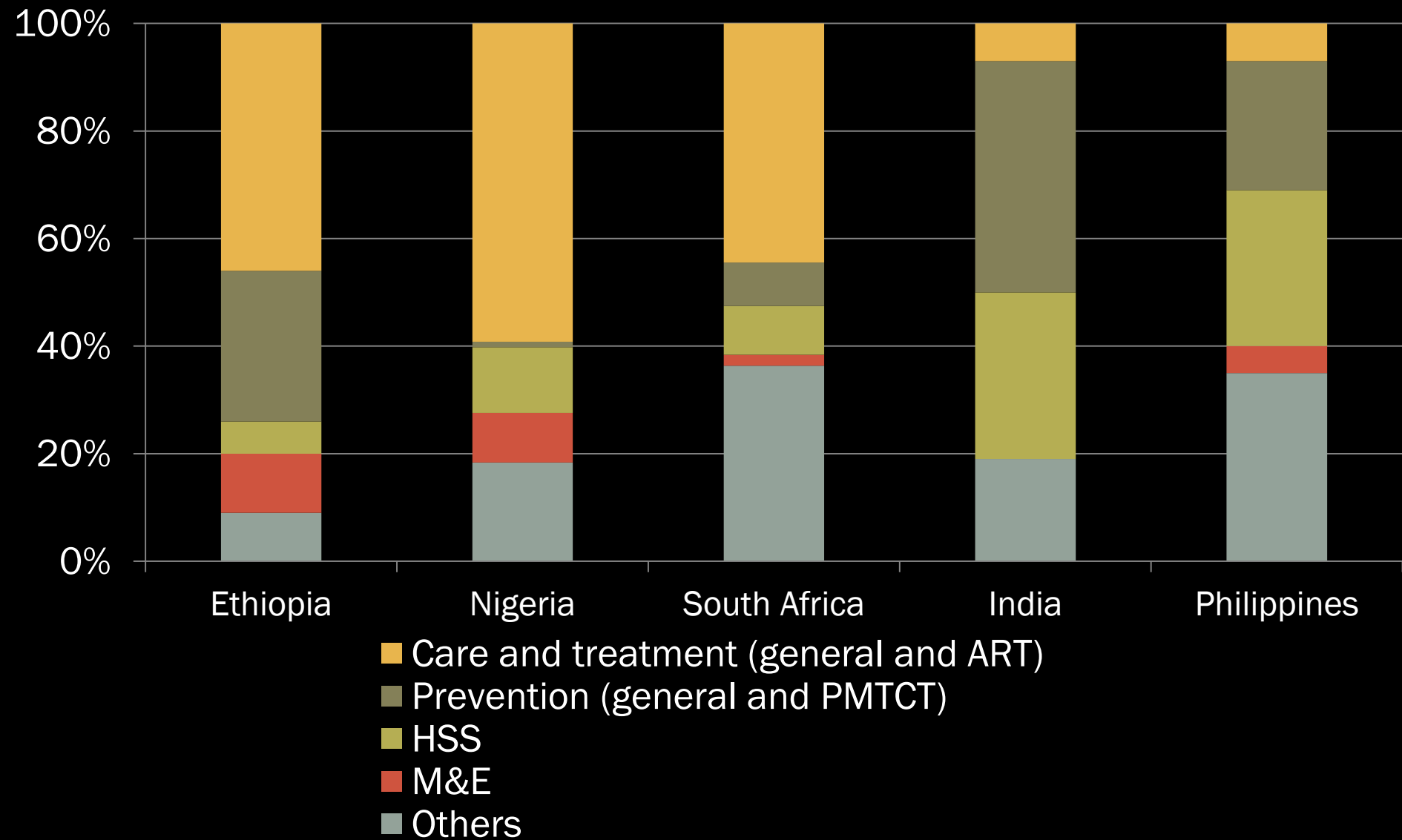


MSM is men who have sex with men.

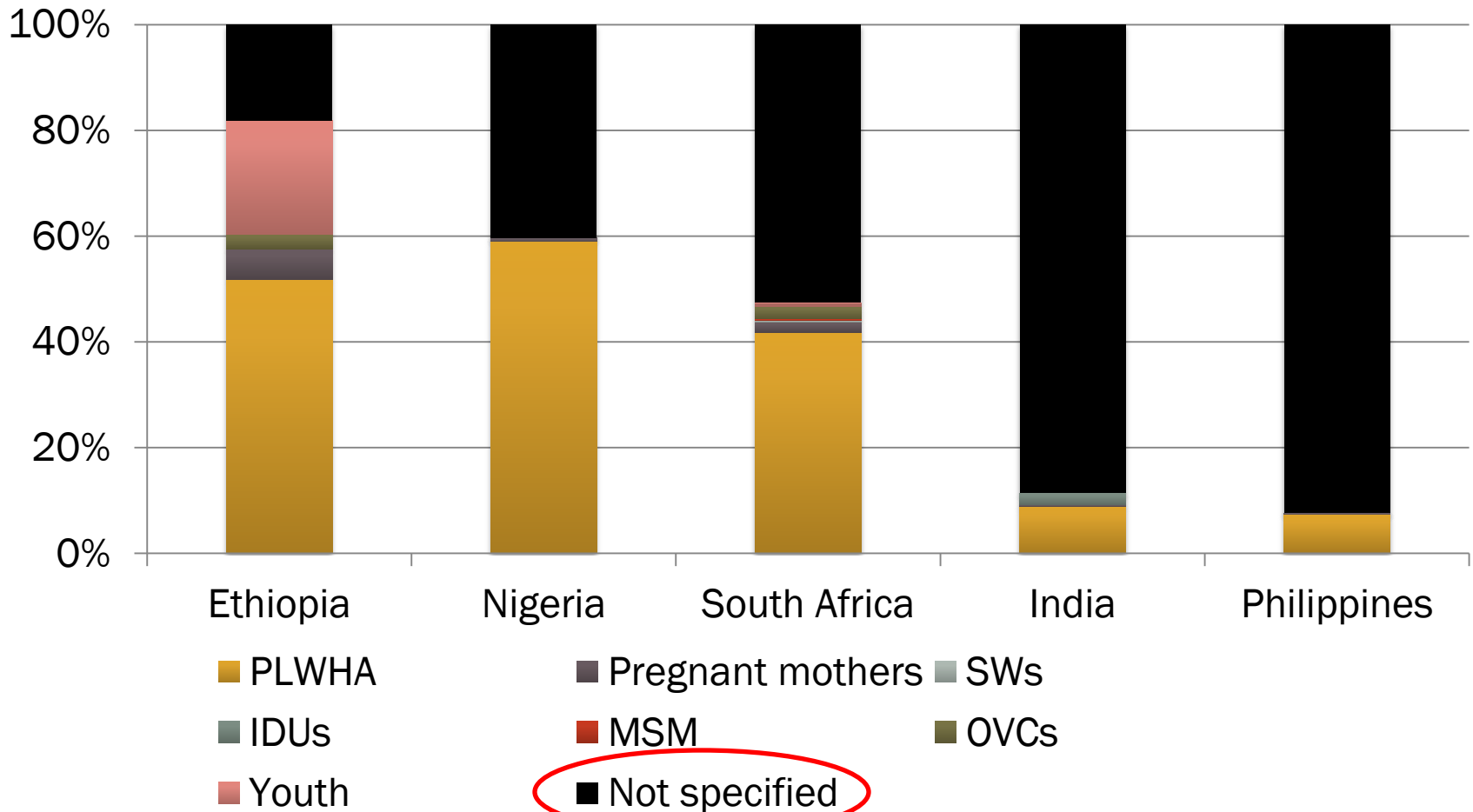
Source: Forsythe, Stover, and Bollinger (2009).

Improve budgeting and
expenditure, and its
transparency

So, where is the money going?



AIDS spending by key population

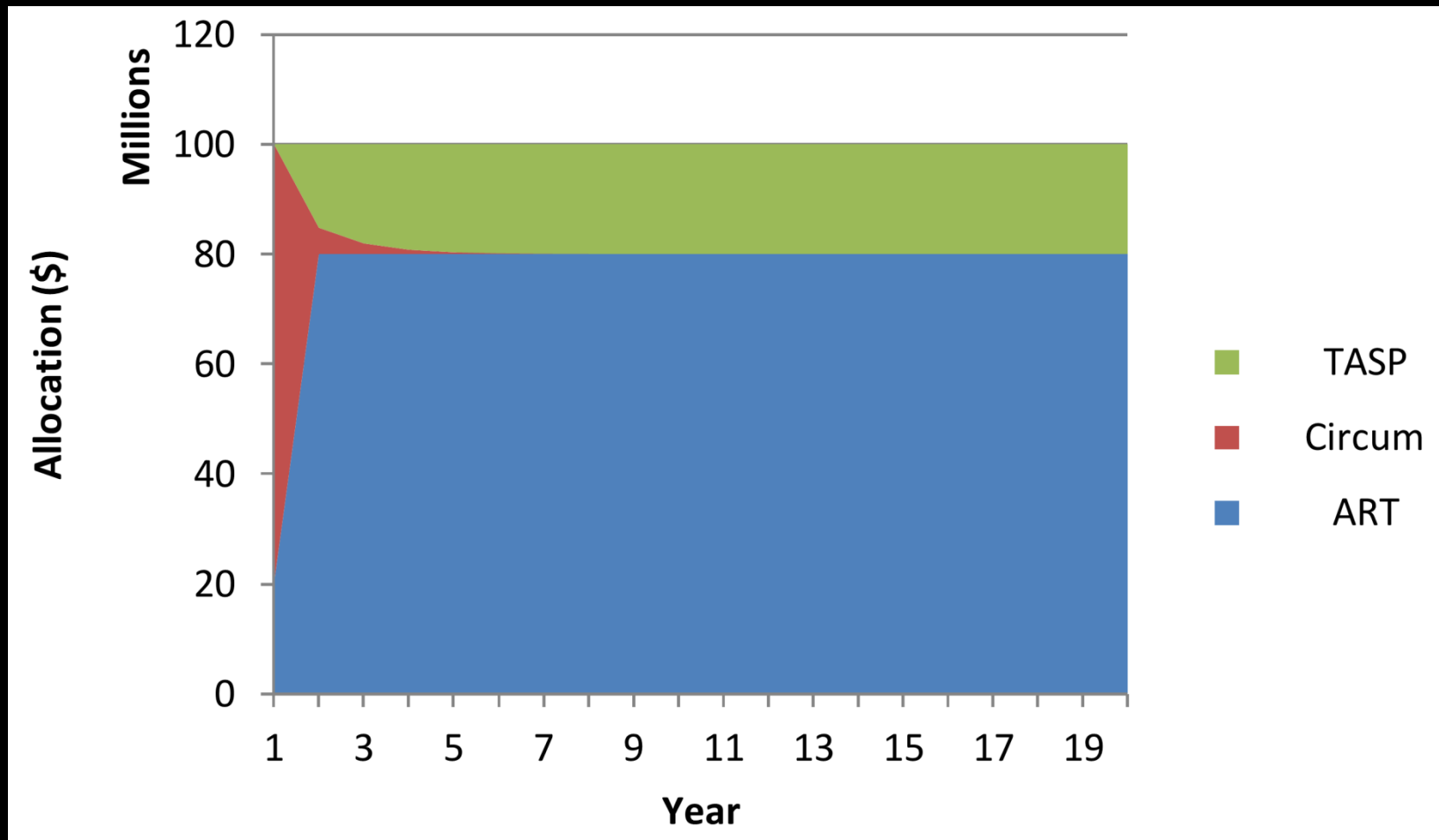


Where is the money going?

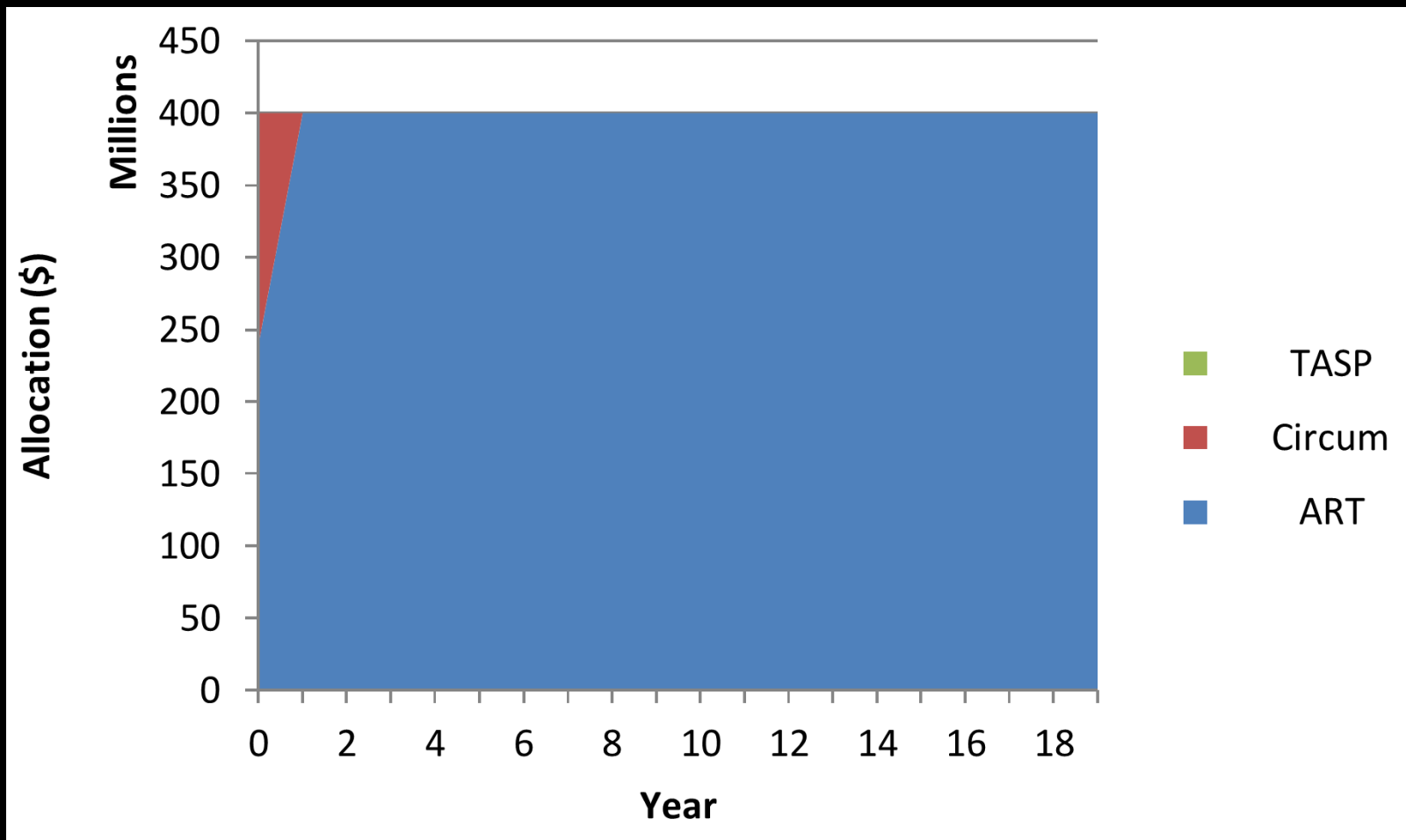
“[Countries] want to know more than what’s been planned in the [PEPFAR] Country Operational Plans — they want to know where (geographically) the money is going and what services are being supported so that they can identify unmet needs” – Country representative interviewed for Institute of Medicine PEPFAR Evaluation, 2013)

Optimize investments for
greatest health impact

Optimize intervention mix subnationally: Western Cape, South Africa



Optimize intervention mix subnationally: KwaZulu-Natal, South Africa



Data requirements for optimization not onerous

Box 3.2 Data requirements to optimize for impact

- Length of time over which optimal allocations are to be determined.
- Available budget or expected budget scenarios over time.
- Set of interventions for prevention and treatment.
- Production functions for different interventions, specifying the coverage achievable for an intervention as a function of total resources allocated to that intervention.
- Epidemiological profile of the population including prevalence of HIV by gender, men who have sex with men, sex workers, injecting drug users, and other key populations.

Source: Barnighausen, Bloom, and Humair (2013).

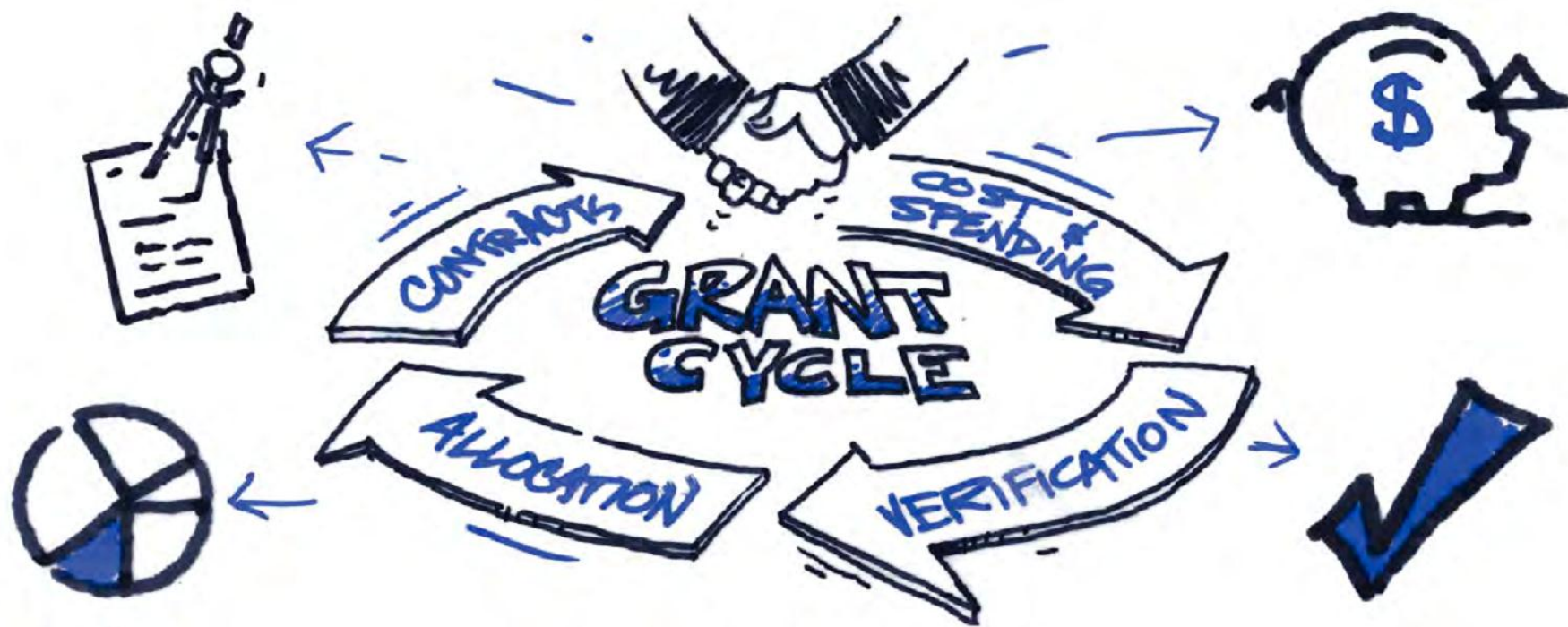
Planning Allocations

Recommendations

- Choose from a menu of effective and cost-effective interventions and commodities
- Identify and target key populations with appropriate interventions
- Improve ex ante budgeting and transparency on expenditure
- Optimize investments for greatest health impact

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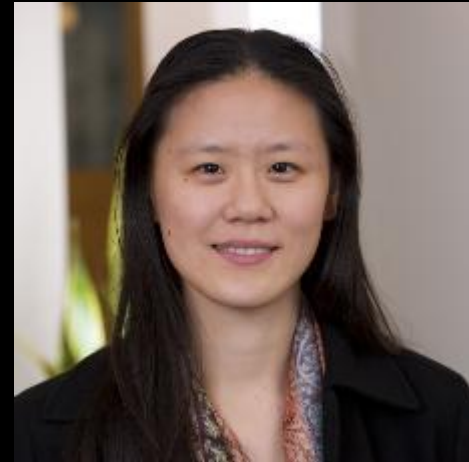
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Thank you



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