Creating Sustainable HIV Program Funding Locally and Abroad

December 10, 2019
Agenda

• Introductions

• Creating Sustainable HIV Program Funding Locally: Examples from the Special Projects of National Significance
  – Q & A

• Creating Sustainable HIV Program Funding Abroad: Vertical Program Integration in Vietnam
  – Q & A
Introductions

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Creating Sustainable HIV Program Funding Locally:
Examples from the Special Projects of National Significance (SPNS)

Jane Fox
SPNS Example #1: Program Description

• AIDS Care Group – Increasing access to oral health care for PWH in Chester, PA

• 5 year SPNS initiative
  – Started with portable equipment to conduct oral health exams
  – Built oral health clinic at the agency
Sustainable Financing Challenge

• Through a community assessment they found there was a high need for oral health care and very few oral health providers to meet the needs in their community.
Outcomes

• To sustain the program post-SPNS funding they expanded services to the general population and expanded their ability to accept insurance and Medicaid.

• The revenue collected supported their original mission to provide low cost oral health care to PWH.
SPNS Example #2: Program Description

- San Francisco DPH HIV Homeless-Health Outreach Mobile Engagement (HHOME)

- 5 year SPNS initiative
  - Mobile, multidisciplinary team–based intervention designed to engage and retain in care the most severely impacted persons living with HIV/AIDS and experiencing homelessness
Sustainable Financing Challenge

• HHOME filled a service gap in San Francisco

• Key partners – San Francisco city jail, the homeless outreach team, Tom Waddell medical clinic, and others relied on HHOME

• Partners and other city/county agencies were unable to successfully serve this population
Outcomes

• To sustain the program post-SPNS funding, key partner agencies and HHOME staff lobbied the city and county of SF to continue funding.

• San Francisco DPH allocated some of their existing Ryan White funding to support the continuation of HHOME.

• The city/county are now considering expanding HHOME to persons without an HIV diagnosis.
SPNS Example #3: Program Description

• Transitional Care Coordination
  – Evidence-informed intervention designed to link PWH in jail settings to community HIV care post-release.

• 5 year SPNS initiative in three US locations:
  – Raleigh, NC
  – Camden, NJ
  – Las Vegas, NV
Sustainable Financing Challenge

• All three sites:
  – Had support and backing from health department/clinic leadership and jail leadership;
  – Had a wide and supportive network of community partners;
  – Were the only programs in their community doing this work

• TCC served as a community coordinating effort

• Model could be expanded to serve other populations
Outcomes

• To sustain the program post-SPNS, TCC leadership and key partner agencies requested the continuation of the program with other Ryan White funds.

• The model was expanded to include clients with Hepatitis C in two of the three locations using pharma funds and county Hepatitis C funding.

• One site is considering expanding the program to include clients with SUD using county SUD treatment funds.
Common Elements in Achieving Sustainable Financing

• Community relationships
• Cross-agency partnerships
Creating Sustainable HIV Program Funding Abroad:

Vertical Program Integration in Vietnam

Lisa Tarantino
• Dynamic country experiencing rapid demographic, social and economic change.
  – 97 million people, 70% under 35
  – Poverty rates dropped from 70% (2002) to 6% (2018)
  – Foreign direct investment drives GDP growth (>6%)

SOURCES: World Bank (2019)
Background – Vietnam & HIV

- HIV epidemic concentrated in key populations: men who have sex with men (10.8%); people who inject drugs (11%); and commercial sex workers (3.6%).

- Government of Vietnam increased access to testing, counselling and ART & new infections are declining.

- Support from USAID, CDC, Global Fund for HIV, TB & Malaria, UNAIDS and others

SOURCES: Vietnam Ministry of Health (2014); UNAIDS (2019)
The challenge

- Development partners are transitioning out of the response
  - ARV procurement
  - Technical and management support
  - Prevention and key population outreach

- Scale-up needed for “Treat All” approach

- Transitioning the response requires domestic resource mobilization & absorption of services
  - HIV clinics and services not fully integrated into social health insurance (SHI) as of 2018
  - Key populations often financially vulnerable
  - Prevention services not covered by SHI
  - ARV procurement disjointed
The *USAID Sustainable Financing for HIV* activity supports the Government of Vietnam (GVN) to:

- mobilize and increase domestic financing for its HIV response; and
- ensure financial protection for people living with HIV (PLHIV) as they seek comprehensive HIV services.
Abt Activities

We are providing technical assistance to GVN to:

- Facilitate integration of vertical, donor-funded HIV treatment facilities into the national social health insurance scheme

- Strengthen GVN capacity, coordination, and governance at the provincial level to help implement this system change

- Generate evidence and advocate for innovative financing approaches and increased domestic resource mobilization (especially for prevention)

- Strengthen GVN capacity to manage ARV procurement and HIV services
Facilitating vertical integration

The project strengthened the capacity of outpatient clinics to facilitate their integration into the SHI scheme

- **SEP 2018**:
  - # Total Health Facilities: 430
  - # Completed SHI integration: 401
  - # Completed SHI integration and reimbursement: 371
  - % Completed SHI integration and reimbursement: 86.3%

- **DEC 2018**:
  - # Total Health Facilities: 430
  - # Completed SHI integration: 409
  - # Completed SHI integration and reimbursement: 376
  - % Completed SHI integration and reimbursement: 87.4%

- **MAR 2019**:
  - # Total Health Facilities: 430
  - # Completed SHI integration: 416
  - # Completed SHI integration and reimbursement: 415
  - % Completed SHI integration and reimbursement: 96.5%

- **JUN 2019**:
  - # Total Health Facilities: 430
  - # Completed SHI integration: 419
  - # Completed SHI integration and reimbursement: 419
  - % Completed SHI integration and reimbursement: 97.4%

- **SEP 2019**:
  - # Total Health Facilities: 430
  - # Completed SHI integration: 429
  - # Completed SHI integration and reimbursement: 421
  - % Completed SHI integration and reimbursement: 97.9%
The project works to ensure local subsidies for ARV copayments and SHI premiums by:

• Helping VAAC create financial guidelines on subsidy implementation, including written guidelines

• Working with five provinces to develop customized procedures on ARV copayment subsidies, based on their specific financial mechanisms
Advocating for prevention

The project convenes technical meetings with national agencies and stakeholders to discuss revising the SHI law to include preventive services for HIV.

Through rigorous analysis the project determined services which could be SHI financed.

These are now explicitly mentioned in the SHI law amendment.
Generating data on financing supports GVN ability to monitor the relationship between the SHI contributions for ARVs, the ARV copayment amount, and the number of HIV patients who received SHI-covered ARVs.
Outcomes

- Vietnamese domestic funding has grown from covering a third of the program costs to over half.

- The percentage of PLHIV enrolled in SHI grew from 35% to 90%.

- ARV copayments and SHI premiums are subsidized to provide financial protection to the most vulnerable groups.

- Outpatient clinic integration into SHI is nearly complete – PLHIV can use SHI to pay for services at nearly all HIV outpatient clinics nationally.

- ARV procurement is centralized, laying the foundation for increased efficiencies.
Thank you for joining today’s webinar.