The Impact of the Financial Crisis on People Living with HIV and their Households

9th International Congress on AIDS in Asia and the Pacific

Symposium Report
Wednesday, 12 August 2009
Acknowledgments

This report summarizes the presentations, discussions and recommendations made at the Symposium “The Impact of the Financial Crisis on People Living with HIV and their Households” held on 12 August 2009 at the 9th International Congress on AIDS in Asia and the Pacific (ICAAP IX) in Bali, Indonesia as part of a series of symposia supported by the United Nations Development Programme (UNDP).

The intention of this publication is to draw high-level policy attention of governments, donors and other stakeholders to the issues associated with the impact of the recent financial crisis on people living with HIV and their households.

The organization of the symposium would not have been possible without the close collaboration of our partners: Asian Development Bank (ADB), the Joint United Nations Programme on AIDS (UNAIDS), World Bank, the Global Fund Against Tuberculosis, AIDS and Malaria (GFATM), the Asia Pacific Network of People Living with HIV (APN+) and the support of the ICAAP IX secretariat and the Government of Indonesia.

Our thanks and gratitude to Dr. Christoph Benn, Director of External Relations and Partnerships, GFATM; and Jeff O’Malley, Director of HIV/AIDS Practice, UNDP; for chairing the symposium.

We would like to gratefully acknowledge the contribution of the panelists and discussants: Dr. Debrework Zewdie, Director, Global HIV/AIDS Programme, World Bank; Prof. Chandra Yoga Aditama, Director General of Communicable Diseases, Ministry of Health, Indonesia; Ross McLeod, Consultant, ADB; Caitlin Wiesen, Regional HIV Practice Leader, UNDP Regional Centre for Asia and the Pacific; G. Pramod Kumar, Senior Programme Advisor, UNDP Regional Centre for Asia and the Pacific and Shiba Phurailatpam, Coordinator, Regional Coordinator, APN+ for their invaluable insight that made this event a success.

The symposium and follow-up report was organized by the UNDP Regional HIV Practice team for Asia Pacific under the leadership of Caitlin Wiesen. Special thanks to Pramod Kumar assisted by Bhagya Ratanayake, Ramayya Salgado, Milinda Rajapaksha, Kumudari Nayantara and Durga Pulendran for coordinating the symposium and the production of this report; to Asha Krishnakumar for the initial draft and to Ian Mungall for the design and layout.
Background

A glaring shortcoming in most of the analyses of the recent and ongoing financial crisis has been the lack of attention to its impact on people living with HIV (PLHIV) and their households. Already burdened by the severe socio-economic impact of AIDS-related illnesses and various forms of socio-economic exclusion, people living with HIV are among the most vulnerable to external shocks such as the financial crisis. In addition, the possibility of donors rolling back resources in the wake of the crisis worsens the situation as the AIDS programmes, most importantly treatment, in many countries in the region are largely dependent on donor funds. A recent World Bank/UNAIDS study\(^1\) concludes that a majority of countries will be forced to cut their HIV programmes as they are dependent on external sources of support that will be reduced because of the crisis. In addition, depletion of available resources could result in a reduction of national budgets for prevention, care and treatment programmes.

The most significant factor concerning the impact of the financial crisis on people living with HIV is that even during normal times they are under extreme socio-economic stress and vulnerability, as shown by relevant studies in the region\(^2\). Early results from the study on the socio-economic impact of HIV at the household level in five provinces of China show that the burden of HIV at the household and per capita levels is significant compared to the non-HIV households across a wide spectrum of indicators ranging from loss of income to education of children. Reduced workforce participation of adults of productive age and additional burden on older people and children are substantially higher among HIV-households. Medical expenditure of HIV-households is four times higher than that of non-HIV households and the quality of food consumed, despite comparable level of expenditure, is poorer. HIV significantly compromised the ability of households, particularly in the lower quintiles, to borrow. They liquidated assets twice as much as the non-HIV households did. HIV has a serious impact on food security, as indicated by the reduced farm activity, reduced area under cultivation as well as lower crop diversity among HIV-households. HIV also led to school dropouts, which is higher among girls, and considerable household burden on women. Discrimination is rampant and had a wide-ranging impact. PLHIV suffered more income loss due to stigma and discrimination than their poor health conditions.

Similarly in Indonesia, medical expenses of HIV-affected households were more than three times higher than the non-HIV-affected households and the former experienced loss of income four times higher than the latter. Fear of stigma and cost factors drove many to migrate out of their places of domicile - about 32 per cent of the respondents said they were migrants for these reasons.

The impact of HIV on education with inter-generational and gender consequences was very evident: while the school dropout rate appeared the same among the lower age group (7-12 yrs) for both PLHIV and non-HIV-affected households, it was about 10 per cent higher for the former in the 13-15 yrs age group. Girls dropped out at twice the rate of boys. Regarding coping mechanisms, a majority of HIV-affected households used up savings and borrowed while in some cases children were sent to work. Among the non-HIV-affected households, apathy and indifference was the common attitude towards PLHIV.

Food security and HIV

The volatile food price situation in the region is also of serious concern in this context. Since 2000, food prices have been rising in Asia and the Pacific and throughout the world, with particularly sharp increases since 2007. Globally, food prices rose by 66 per cent between mid-2005 and August 2008\(^3\). Current projections on how these increases affect the poor in developing countries show that increases in the poverty headcount are likely to be severe, eliminating much of the progress in poverty reduction

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2. Studies on the socio-economic impact of HIV at the household level in China and Indonesia (to be published) UNDP and national partners
3. Table 1a, Indices of Primary Commodity Prices, 1998-2008, IMF, 2008, and quoted in The Threat Posed by the Economic Crisis to Universal Access to HIV Services for Migrants, Preliminary Findings, Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia (JUNIMA), 2009, Page 7
that has been made in recent years\(^4\). Rises in food prices are likely to affect HIV-affected households more than those at the same income level that are not affected by HIV. In some cases, HIV-affected households spend a lower proportion of their total expenditure on food than their non-HIV counterparts, implying that these households divert the money that they would otherwise spend on food for medical expenses. Food price-rise will likely impact the quality as well as the quantity of diet of HIV-affected households. While expenditure on grains do not vary much by income, HIV-affected households with higher incomes spend more money on protein-rich food items like meat, eggs and dairy products and nutrient-rich vegetables and fruits.

Evidence also shows that HIV risks increased during the crisis, with a rise in the number of sex workers in less formal settings as more women were trafficked for commercial sex work. These risks coincided with drastic cuts in health budgets and funding for HIV prevention programmes. Thus, in the current crisis, job losses and economic pressures may lead to the entry of vulnerable people into sex work and also lead to a rise in trafficking. This is especially worrisome as the bulk of job losses in the region have been in the export-led manufacturing sector, which employs women in large numbers. Recent evidence from Cambodia, where a large number of internal migrant women have been laid off from the garment sector, reveals a link between the current crisis and their entry into sex work\(^5\).

To take stock and analyse the situation with an aim to bring the issue to public and policy attention as well as to suggest appropriate recommendations, the UNDP Regional HIV and Development Programme, in partnership with ADB, UNAIDS, World Bank, the Global Fund Against Tuberculosis, AIDS and Malaria (GFATM) and the Asia Pacific Network of People Living with HIV (APN+) convened a high-level symposium at the 9th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bali in August 2009. Titled, “The impact of the financial crisis on people living with HIV and their households: whose burden to bear?”, the symposium sought to draw high-level policy attention from governments, donors, and other stakeholders to the impact of the crisis on PLHIV and their households, and recommended impact mitigation measures. Besides providing the perspectives of the governments, donors, other stakeholders and people living with HIV (PLHIV) on the issue, it presented and discussed emerging evidence from key studies of the World Bank, the Asian Development Bank and UNDP.

\(^{4}\) A preliminary study of the impact of HIV on poverty and food security among HIV-affected households in Asia; Hunger briefing paper series 3; UNDP, 2009

\(^{5}\) Cambodia: Exodus to the Sex Trade? Effects of the global financial crisis on women’s working conditions and opportunities, Strategic Information Response Network Report 20-July, UNIAP 2009, page 4
The Impact of the Financial Crisis on People Living with HIV and their Households

Date and Time: Wednesday, August 12, 2009, 14:00 to 15:30 Hours
Place: Nusantara Hall, Bali International Convention Centre, Westin Hotel, Bali

Organizers: ADB, UNAIDS, World Bank, GFATM, APN+

Chairpersons:
Dr. Christoph Benn, Director of External Relations and Partnerships, GFATM
Jeff O’Malley, Director, HIV/AIDS Practice, Bureau of Development Policy, UNDP

Panelists:
Dr. Debrework Zewdie, Director, Global HIV/AIDS Programme, World Bank
Findings from the Global Survey and Implications for Asia and the Pacific

Prof. Chandra Yoga Aditama, Director General of Communicable Diseases, Ministry of Health, Indonesia
Global Economic Crisis: The Situation in Indonesia

Ross McLeod, Consultant, ADB
AIDS in Asia, Sustaining the Response in the Economic Crisis

Caitlin Wiesen, Regional HIV Practice Leader, UNDP Regional Centre for Asia and the Pacific
Impact of HIV on Households and Food Security – Findings from household studies in five countries

Pramod Kumar, Senior Programme Advisor, UNDP Regional Centre for Asia and the Pacific
Impact of Economic Crisis on PLHIV Households: Case studies from Surat, India

Shiba Phurailatpam, Coordinator, Regional Coordinator, APN+
Impact of Economic Crisis on People Living with HIV and their Households

Discussion

Jeff O’Malley, Director, HIV/AIDS Practice, Bureau of Development Policy, UNDP
Concluding Remarks
PRESENTATIONS BY PANELISTS
Dr. Christoph Benn

Dr. Christoph Benn, is a physician with special training in Tropical Medicine and Public Health. He is currently the Cluster Director for External Relations & Partnerships at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva. Responsible for the relations with all stakeholders of the Global Fund, he has been leading efforts to secure resources, mobilizing US$ 3-4 billion per year as of 2008. He has been closely involved in the establishment of Friends of the Fund organizations around the world. Dr. Benn worked previously for several years as Medical Superintendent in a hospital of the Lutheran Church of Tanzania and as Coordinator of an AIDS Control Programme in Tanzania.

Opening Remarks

The recent global economic crisis has given rise to some doubts about the continuation of funding for HIV programmes. The studies commissioned by the World Bank, ILO and UNDP to understand the impact of the 2008 economic crisis show that the real impact is on the individual and at the household level, especially in the low- and middle-income countries. The impact is particularly severe on vulnerable populations, including people living with HIV. The unfolding of the ramifications of the economic crisis has led to pervasive doubts about the future of global funding for HIV/AIDS programmes. This is a major cause for concern since the Global Fund to fight AIDS, TB and Malaria (GFATM) supports nearly 55 per cent of the PLHIV families in the South East Asia region.

The GFATM is not running out of money anytime soon and all its donors have confirmed their pledge. There would be a new replenishment cycle till 2013, beginning next year and all the programmes that GFATM is currently supporting in the region will continue.

It is a challenge to increase universal access to treatment and move towards achieving the Millennium Development Goals (MDGs), particularly when there is concern regarding the availability of funds in the future, not just from GFATM, but for health in general in the low and middle-income countries. This issue must be high on the agenda, not only in donor countries, but also in the implementing countries.

“Though there is reason for concern, there is no reason for panic because of the economic crisis. If all stakeholders work together, the continuation of funds for the life saving HIV programmes in the region can be assured.”
Findings from the Global Survey on the impact of Economic Crisis on Treatment and Care of PLHIV and implications for Asia and the Pacific

Global HIV/AIDS financing

Funding for HIV programmes has risen from $4.2 billion in 2003 to $13.8 billion in 2008. This required substantial advocacy, commitment and demonstration of results. Considerable domestic resources are going into HIV/AIDS in middle-income countries such as Indonesia and Thailand and this may eventually be the only way to sustain efforts.

There are significant resources for HIV/AIDS, but not enough. While the resource gap is 40 per cent, the coverage is lower than 60 per cent. The primary cause for low coverage is inefficiency in the use of existing resources.

Economic crisis and HIV/AIDS funding

History suggests that financial crisis suppresses aid as it is linked to GDP. For example, the Nordic countries contribute 0.7 per cent of their GDP to development aid. Therefore, when there is an economic crisis and a country’s GDP growth is affected, the aid does get affected. However, it does not necessarily improve with economic recovery. For example, Japan had committed 1 per cent of its GDP for Overseas Development Aid (ODA), but the 1990 crisis and the sharp contraction of its economy that followed led to a dramatic fall in the ODA. Even when the economy recovered after the mid 1990s, the GDP growth did not recover to the 1990 level, which translated into a much lower ODA. Thus, the question is when the economy recovers, will it be possible to fill in the 40 per cent resource-gap needed to address HIV/AIDS.

Those affected are also countries that depend on domestic resources to fund HIV/AIDS. In the case of Botswana, which has one of the highest prevalence rates in the world, 89 per cent of total HIV/AIDS funding is from domestic sources. The economy of Botswana, which is dependent on diamonds and minerals with 40 per cent of its GDP coming from exports, took a sharp downturn during the 2008 global economic crisis with diamond exports falling 89 per cent. This affected HIV/AIDS funding significantly, which in turn impacted a large number of people who were dependant on government financial support for treatment.

Impact on the responses to HIV/AIDS

A March 2009 survey by the World Bank, UNAIDS and WHO in 71 countries covering 3.4 million people on treatment, studied the impact of economic crisis on treatment and care in the immediate future.
and in the next 12 months. The study confirmed that the economic impact will affect treatment - while eight countries have already felt the impact, all the 22 countries that were surveyed expect the crisis to impact their treatment efforts in the next 12 months. Among the areas that could be impacted include scaling-up of treatment.

The impact of the crisis on treatment efforts would be higher if more people are on treatment. For instance, the study shows that more than 60 per cent of people would be affected in some African countries, while countries in Central Asia, where the HIV treatment coverage is low, will have a lower impact.

Treatment interruption will lead to increased mortality and morbidity, higher transmission risks, increased incidence of tuberculosis, and higher burden on hospitals. The Brazil example shows that with more people on treatment, there is a fall in demand for hospital beds and hence saving of resources in hospitals.

Cuts in government services and private sector prevention efforts will lead to a rise in new infections. At present, for every person on treatment, three to five people get infected. It is thus important to invest in prevention, especially among most-at-risk groups. But with a fall in funds, prevention efforts may take a back seat.

Moving forward

The existing funds have to yield better results. Whether it is from GFATM or the World Bank, the “honeymoon period” is over. It should be understood that nobody will give money if it is not made sure that the existing funds are efficiently utilised.

“The three important issues to focus on are: use funds efficiently; show significant results for the money invested; and demonstrate high impact.”

Prof. Dr. Yjandra Yoga Aditama

Prof. Dr. Yjandra Yoga Aditama is the Director General of Disease Control and Environmental Health and Director of Directly Transmitted Diseases Control, Ministry of health, Indonesia. Prior to his present position, he worked with Persahabatan Hospital as Director of Medical Services and Nursing. He has graduated from the University of Indonesia and has a diploma degree in Tuberculosis Control & Epidemiology from the Research Institute of Tuberculosis in Tokyo. He has written more than 170 journal articles and has won several national awards.

Global Economic Crisis: The Situation in Indonesia

There are an estimated 277,000 PLHIV in Indonesia, which has an active programme for prevention, treatment, care and support for PLHIV. There is a widespread fear that the economic crisis could interrupt the efforts due to failure in funding commitments by donors. Among other things, a fall in funding for treatment could lead to an increase in HIV related mortality and morbidity; increase in drug resistance; reduction in prevention of transmission; and increase in the incidence of HIV.
The main challenge in Indonesia is to maintain and expand access to HIV prevention and treatment. For this, there is a need to use existing funds more efficiently and plug the funding gaps immediately. It is imperative to monitor risks of future programme interruptions and develop plans for an uncertain environment, including resource mobilization strategies for longer terms.

This should be done by all stakeholders at the international (including institutions such as WHO, UN-AIDS and GFATM), national (central, provincial and district governments), community (including private entities), and individual levels (people and their families).

**Dr. Ross McLeod**

*Dr Ross McLeod* is an economist with experience in designing, costing, implementing, evaluating and reviewing development and health projects across a wide range of countries in Africa, Asia and the Australia-Pacific. With a Doctorate of Philosophy, his focus is on the union of science and economics. He was involved in the analysis of the socio-economic impacts of the AIDS Epidemic in Asia for the Commission on AIDS in Asia and also is a member of the International and French Associations for Health Economics.

**AIDS in Asia, Sustaining the Response in the Economic Crisis**

**Funding for HIV prevention and care in Asia-Pacific**

Funding for prevention and care has increased from $0.6 billion in 2004 to $0.9 billion in 2007 with India and China accounting for nearly 40 per cent of regional spending. The expenditure per person is the highest in Thailand and Cambodia, while the average regional spending per person is $0.30. Expenditure on prevention is higher than treatment at $0.3 billion.

**Vulnerability to the economic crisis**

The budgets for national programmes in the countries of the region as a percentage of the GDP have been severely affected with falling growth due to the economic crisis. The Asian programmes rely on external financing and the financial burden is the greatest for programmes with higher ART spending.

**Targeting of response**

“Designing programmes to minimize HIV incidence and contain treatment cost is crucial. A focused response can prevent 80 per cent of new infections. A targeted programme can reduce the number of PLHIV by 3.1 million in 2020.”
The inability to achieve behavioral change among vulnerable populations is leading to a rise in the incidence of HIV. Studies show that universal coverage of high risk groups such as men having sex with men (MSM), sex workers and intravenous drug users (IDUs) has the highest impact.

Of the current $0.9 billion spent for AIDS prevention and care in Asia, less than $0.1 billion is targeting the most-at-risk populations (MARPs). Studies suggest that the resources needed for care will be $1 billion more in 2020 for comprehensive intervention, and without increases in the coverage of MARPs the ART need would further increase. Thus it is important to have a targeted response.

**Containing programme cost**

Containing cost is crucial as prevention is a public good. User-fee for care and treatment is not affordable for most people and it is difficult to implement as well. While the first-line treatment is out of the reach of most low-income households, the second-line treatment is almost impossible for them.

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**Caitlin Wiesen**

Caitlin Wiesen is the UNDP Regional HIV Practice Leader and Programme Coordinator for Asia and the Pacific. She has over 20 years of development experience addressing issues of HIV and AIDS, gender, poverty, inequality and exclusion in Asia and Africa.

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**Impact of HIV on Households and Food Security – Findings from household studies in five countries**

A study of the impact of HIV on food security risks among 15,000 HIV-affected households in Thailand, India, Vietnam, Cambodia and China between 2006 and 2008\(^6\) indicates that even in the absence of a crisis, HIV-affected households that are on the threshold of poverty face a more precarious situation than non-HIV households. Typically they experience severe social and economic impacts compared to households that are not HIV-affected.

This is primarily because HIV-affected households experience loss of income due to disease and/or discrimination; family member/s give up the option to work in order to care for someone living with HIV in the household; and the direct cost of medical care is higher among HIV-affected households. In addition, the medical expenses of an HIV-affected poor household often cut into the already inadequate food budget. Malnutrition is particularly risky for PLHIV as deficiencies in micronutrients hasten the progression of the disease and HIV infection increases the body’s need for energy, particularly for those on ART.

\(^6\) Ibid 3
The socio-economic impact and coping strategies of HIV-affected households that push them to draw down on their savings, liquidate essential assets, and pull children from school to care for the sick and dying have severe consequences that make this particular community extremely vulnerable to any external shocks such as food and fuel price increases.

The study shows that the poor HIV-affected households reduced consumption expenditures that they would otherwise have made for essential items by 37 per cent. All households below the wealthiest quintile (80 per cent of households surveyed) would fall below the poverty line as a result of the income and expenditure effects of HIV.

Core findings of the study

Expenditure on food and medical care by HIV-affected households

Across the studies poorer HIV-affected households consistently spent a lower proportion on food and a higher percentage on medical expenses than those not affected. For example, in Thailand, HIV-affected households spent just over 40 per cent of their income on food compared with non-HIV household counterparts who spent over 60 per cent of their income on food. Conversely, HIV-affected households spent a much higher proportion of household income on medical expenses or close to 40 per cent compared with non-HIV households who spent less than 10 per cent. Spending less on food had consequences in terms of both the quality and quantity of food consumed by HIV-affected households.

While HIV-affected households spent more on medical expenses, first line ART treatment was out of reach for many of the poorest households. Even where treatment was provided free of cost, difficulty of access to services created a formidable barrier. Particularly vulnerable are those in rural areas who sometimes have to travel for several hours or take a full day to travel to urban or peri-urban centers for follow up monitoring and testing of CD4 counts. It often required absenting themselves from work leading to further loss of income. It particularly disadvantaged women who found that leaving their families and households for a day to seek treatment was not an option.

Coping strategies among HIV-affected households

The top response of HIV-affected households to coping with increased medical expenses was borrowing from friends and relatives. Many of the HIV-affected households were forced to liquidate assets such as farmland, animals and jewelry to meet healthcare needs. HIV-affected households were found to have larger outstanding loans, and higher dissavings than non-HIV households due to high medical costs, increased absenteeism and loss of work. In Vietnam, HIV-households from the lowest quintile were twice as vulnerable as those from the highest quintile to liquidation of assets. While 40 per cent of the medical needs of the lowest quintile HIV-households were met by liquidating assets, for households from the highest quintile, 82 per cent of medical expenses came from their savings.

Impact of the food support programme

Food support programmes helped HIV-affected households spend less on food, and more on children’s education. The Cambodian experience shows that the food support programme led to better health and hence lower expenditure on medical costs. It also led to a decrease in household expenditure on food. Households accessing food support programmes spent more money on protein-rich food compared to the period when they were not on food support, increasing both the quality and quantity of food for the family. Household savings in food and medical expenses also translated into increased support to children’s education.
Key recommendations

- These 5 country studies show that even in the absence of a crisis poor HIV-affected households are in a far more precarious predicament than their non-HIV affected counterparts. Typically their options for borrowing have been depleted, savings drawn down, essential assets liquidated, and children pulled from school to help with care and income generation. This makes HIV-affected households extremely vulnerable to any external shocks - from economic crises to food and fuel price increases.

“HIV-affected households that are poor are at the risk of being pushed into severe poverty compared to the non-HIV households and hence addressing their needs should be prioritized in stimulus packages and social protection schemes.”

- Programmes focusing on poverty alleviation and social safety nets need to integrate HIV-affected households -- especially women headed households -- within schemes ranging from micro-credit, medical and life insurance, conditional cash transfers and employment guarantee schemes to pension support.

- The access of women, particularly widows, to credit and income generating opportunities needs to be maximized and efforts for the legal empowerment of women need to be intensified. Ensuring the equal right of women to land, property and inheritance is critical as a coping strategy for the multiple social and economic impacts of the epidemic compounded by external shocks and crises.

- Food support programmes can be very effective, not only increasing both the quantity and quality of food consumed by the household but also enabling HIV-affected households to invest in children’s education.

“Ensuring affordable access of HIV infected and affected households to the full continuum of HIV prevention, treatment, care and support services is vital.”
Impact of Economic Crisis on PLHIV Households: Case studies from Surat, India

Nearly 98 per cent of the diamond output from Surat, a city in the western part of India, is exported. Known as the diamond capital of the world, it is among the country’s industrial hubs that were hit hardest by the economic crisis. Nearly half of the 400,000 workers employed in the diamond industry were laid-off towards the latter half of 2008.

Though there has been considerable attention to the impact of the economic crisis on Surat’s diamond industry across the world, a fact that was not sufficiently acknowledged was the condition of people living with HIV in the city. Based on information from people living with HIV in the area, UNDP, in partnership with the local PLHIV networks, undertook a qualitative study to assess the situation and recommend impact mitigation steps in 2009. The study employed in-depth interviews of people living with HIV and their households, key-informant interviews and case studies. As a control group, some non-HIV households were also included in the study. The respondents were chosen using convenience sampling.

Three case studies from this study are presented here.

- Thirty-four-year-old Piyushbhai Sushilkant, whose family had set up the first diamond polishing machine in Surat, is now without a job and a dangerous CD4 level of 15. From about $200 a month before the onset of the crisis, he earns nothing today. Without adequate food and basic nutrition, he is unable to tolerate ART and hence stopped treatment. He is desperately seeking some government or civil society intervention or inclusion in the social protection schemes to tide over the situation. He feels that eventually the industry may return to normalcy, but is unsure if he will be alive to see that.

- Thirty-six-year-old Ushaben’s husband died of HIV-related illnesses a year ago, leaving her and their daughter with HIV. The mother and child eke out a living selling toys in the streets of Surat. From a decent life supported by her husband’s job in the diamond industry, they now barely manage to take home $10 a month, forcing them to survive on one meal a day at the best of times. With both on ART, this situation takes a heavy toll on their health. Unable to tolerate the ARV without sufficient food consumption, both Ushaben and her daughter are on the verge of disruption of ART. A timely cash-transfer or a livelihood programme could have helped them stay afloat until the economy recovers and she finds some employment either in the diamond or the ancillary industry. Ushaben’s case is a clear example of the need for social intervention and food support programmes during economic crisis and external shocks.

- Bharatbhai Tailor has been living with HIV for 10 years and is now on second line ART. He used to earn between $150 and $200 a month before the economic crisis, but is now jobless and desperate. He is on the verge of discontinuing ART, mainly because of lack of proper food and nutrition.
The study from Surat highlights the need to recognize the special vulnerabilities of people living with HIV during socio-economic shocks. Particularly silenced by fear, stigma and various covert and overt social exclusion, their needs should be acknowledged by existing social protection schemes and periodic initiatives mounted by national and local governments.

Shiba Phuralaitpam

Shiba Phuralaitpam is the Regional Coordinator of the Asia Pacific Network of People Living with HIV, based in Bangkok. He has been a known activist for the rights of people living with HIV, particularly for the expansion of universal access of ARV. He is also an active advocate for harm reduction and rights-based responses in the region.

Impact of Economic Crisis on People Living with HIV and their Households

More money is needed to address HIV. The Commission on AIDS in Asia report shows that only 26 per cent of PLHIV in this region are currently getting treatment.

It is very important to look at the developments, such as the overall health infrastructure and women’s empowerment, that the HIV programmes have helped to build, which would be lost if funds for HIV programmes are cut-back or stopped.

Globally, there is a need for worry because funds are not enough. There is a need for all stakeholders to work together for capacity building and to improve the service delivery mechanisms of the health sector. There is not enough money for all this.

The issues of great concern include national and international budget squeeze on funding for HIV/AIDS, lack of real data, job-cuts experienced by PLHIV in many pockets of the world that are mainly dependent on export oriented sectors, excessive external dependence by most countries for funds for ART, cuts in donor and bilateral funding for GFATM, and doubts about the continuation of direct funding by donors/foundations for treatment, prevention, needle exchange and Methadone programmes.

“HIV prevention and care services are still under-funded and there is no room for further cuts. Social safety nets and stimulus packages should integrate HIV prevention and care needs.”

There is a need to take a macro view. If there are cut-backs in HIV funding, treatment gets affected and people living with HIV will get sick; they cannot work and earn or their family. If this happens to the whole community, the entire economy of the country or region is affected.
Discussion

HIV/AIDS funding

Responding to questions, Dr. Debrework Zewdie said the initial activism around HIV/AIDS funding led to its rising from $4 billion in 2004 to $13 billion in 2008. Now, there are a number of new agendas that donor agencies are pushing. There is a need for activism again to show that the result of deserting any of the services that are currently being pursued in HIV programmes is going to be costly. There is thus the need to push for efficiency in the use of resources.

In the beginning, the World Bank used different menus for different countries, but had the same set of programmes in high and low prevalence areas. After the approach of “know your epidemic,” efficiency became extremely important.

Food Security and HIV

In the beginning, food security and nutrition were neglected in all HIV/AIDS programmes, said Dr. Zewdie. But with treatment, there is considerable focus on this. Thus, one of the shifts within the World Bank is to invest more money on food security.

“The HIV/AIDS programmes are not going to solve the fundamental problems of poverty, inequality, and stigma and discrimination, which make people vulnerable in the first place.”

The World Bank is investing much more on food security now than it used to 10 years ago. Mr. Christoph Benn said that food supplements are included in a number of programmes supported by the Global Fund. Though the Global Fund has to play its part, it does not have all the answers. There is a need to collectively respond to the problem of food security. Certainly, there is a need for more money to address all the issues.

Multisectoral responses and social safety nets

There is a noticeable reversal to the old paradigm of looking at HIV/AIDS as only a health problem, which is dangerous, said Dr. Zewdie. World Bank programmes have always had social safety nets, but only now are they being applied to HIV/AIDS. Ms. Caitlin Wiesen stated...

“At the household and community levels, the impacts are severe; people do not distinguish between the need for food, health and education. There is thus a compelling need to make it a multi-sectoral issue and for everyone to work across silos in a much better way.”

The weakest link has been the inability to prioritize households within existing social safety nets.
Concluding Remarks

The general opinion from the floor was that efficiency should be an important aspect of every programme. There is indeed a moral obligation for efficiency. If we are unable to show results, there are going to be challenges in sustaining the investment in HIV, particularly during times of resource constraints.

There are at least two kinds of efficiency that have to be addressed. One of them is management efficiency, in terms of how much money can get through a system to support delivery of services or other kinds of interventions. It is very important to look at the value addition, or the lack of it, and understand how much money gets to where it is meant for. There are very interesting pieces of data that have been shown at other conferences, for example the massive variation in unit cost of providing counseling and testing across different countries because of different management structures. The voluntary counseling and testing centres (VCTCs) that cater to five clients per day as opposed to one that caters to 100 clients a day have radically different unit costs in terms of the cost per person served.

The other issue of efficiency is around the choice of interventions. Part of the message of the Commission on AIDS in Asia report is that too much money is being spent on things for which it is said that not enough is being spent. For instance, a lot of money has been spent on general awareness programmes and no one feels that it is bad, but the question is what kind of impact does it have on reducing new infections? Who are getting infected and what are the most effective ways of protecting them?

In order to sustain treatment funding, there is a need to stop the growth of new infections. That means that there is a need to look at the most efficient and strategic investment options to stop new infections, which in the Asia-Pacific region continues to be primarily among clients of sex workers, MSM, IDU, and women who are involved with those men. Not that the general population should be ignored, but they have to be reached through low-cost ways. There is a need to make sure that anti-stigma and awareness messages get out there for free by using media, entertainment events etc., rather than by funding large information programmes.

According to the World Bank survey, one third of countries account for 61 per cent of the people globally on ARV, and they are expected to be affected by the economic crisis. This is a call for action. The households affected by HIV were already vulnerable before the economic crisis. As seen from the stories from Surat, their vulnerability has been exacerbated by the crisis, and it is important to pay immediate attention to this. There is a need to work together on a cross-MDG and cross-development agenda. This includes fighting poverty and hunger.

There is a need to continue with strategic HIV prevention programmes, but there is also a need to make sure that the broader development and human rights programmes target those with HIV and those who need them most.
References


UNDP is the UN’s global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

Regional HIV & Development Programme for Asia & the Pacific
UNDP Regional Centre in Bangkok
United Nations Service Building, 3rd Floor Rajdamnern Nok Ave.
Bangkok, Thailand

Email: regionalcentrebangkok@undp.org
Tel: +66 (2) 288-2129
Fax: +66 (2) 288-3032
Web: http://regionalcentrebangkok.undp.or.th/