

# Commitment and Finance in Europe and Central Asia

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IAC 2010

# Commitments

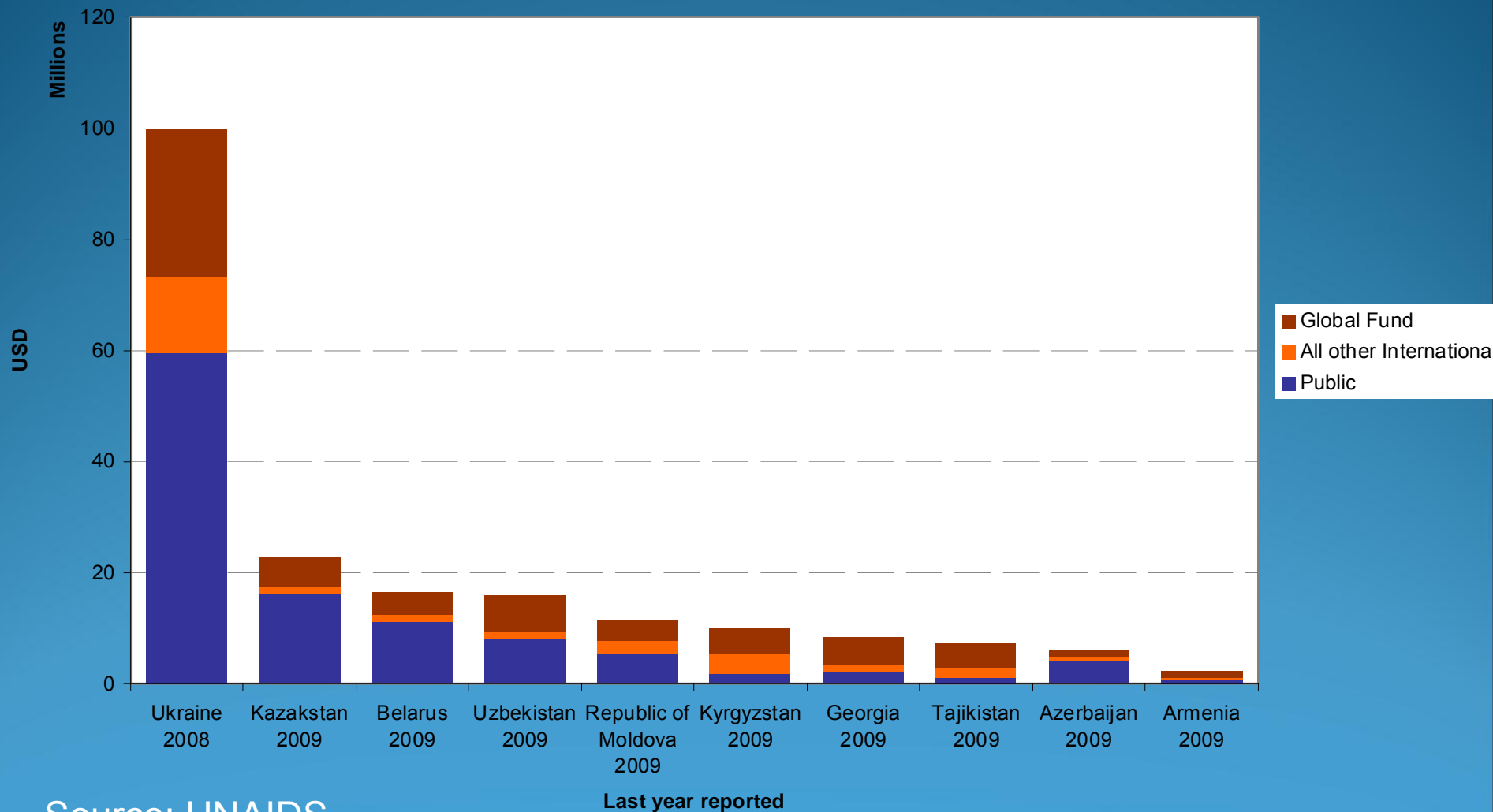
- Alma Ata Declaration (1978)
- UNGASS Declaration(2001, 2006)
- Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (2004)
- Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighboring Countries (2004)
- Bremen Declaration Responsibility and Partnership – Together Against HIV/AIDS (2007)

# Finance

- How much is there?
- Where does it come from?
- Where does it go?
- What does this tell us about commitment?
- A look at 3 sub-regions
  - Eastern Europe and Central Asia
  - Central Europe
  - West Europe
- What's next?

# HIV spending in selected EECA countries

Total HIV spending GR 2010, last year reported - EECA w/o Russia

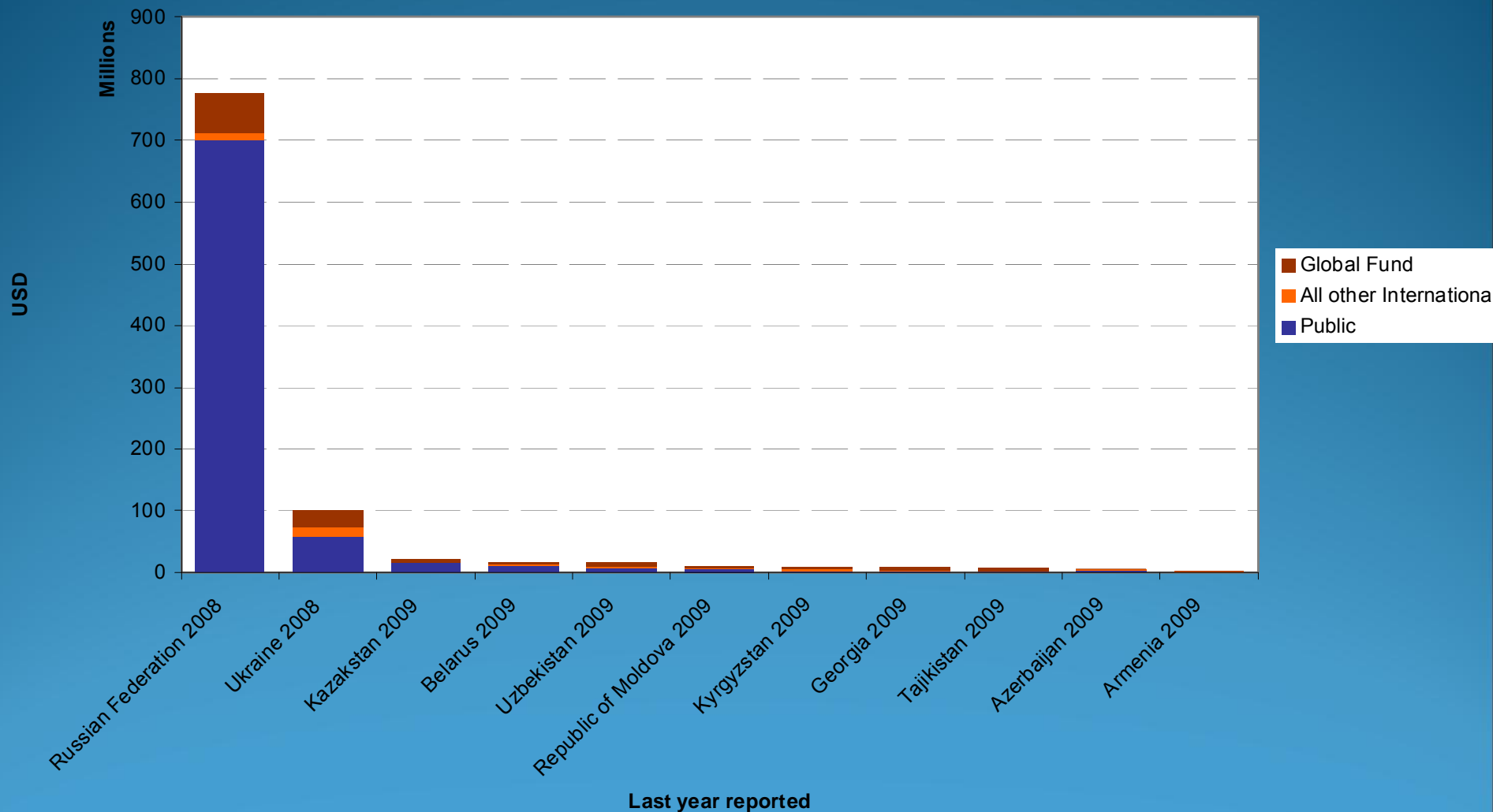


Source: UNAIDS



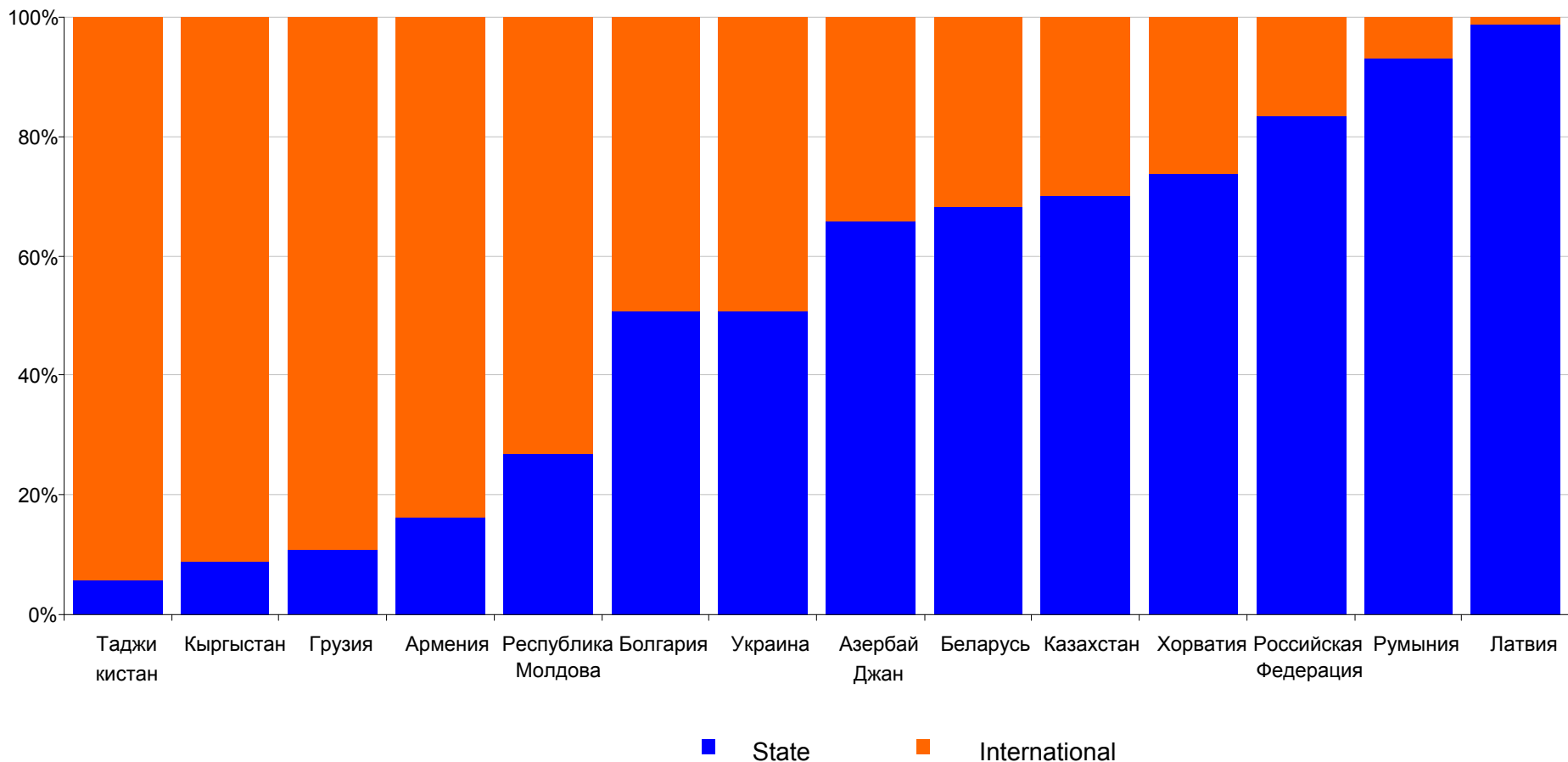
# HIV spending in selected EECA countries including Russia

Total HIV spending GR 2010, last year reported - EECA



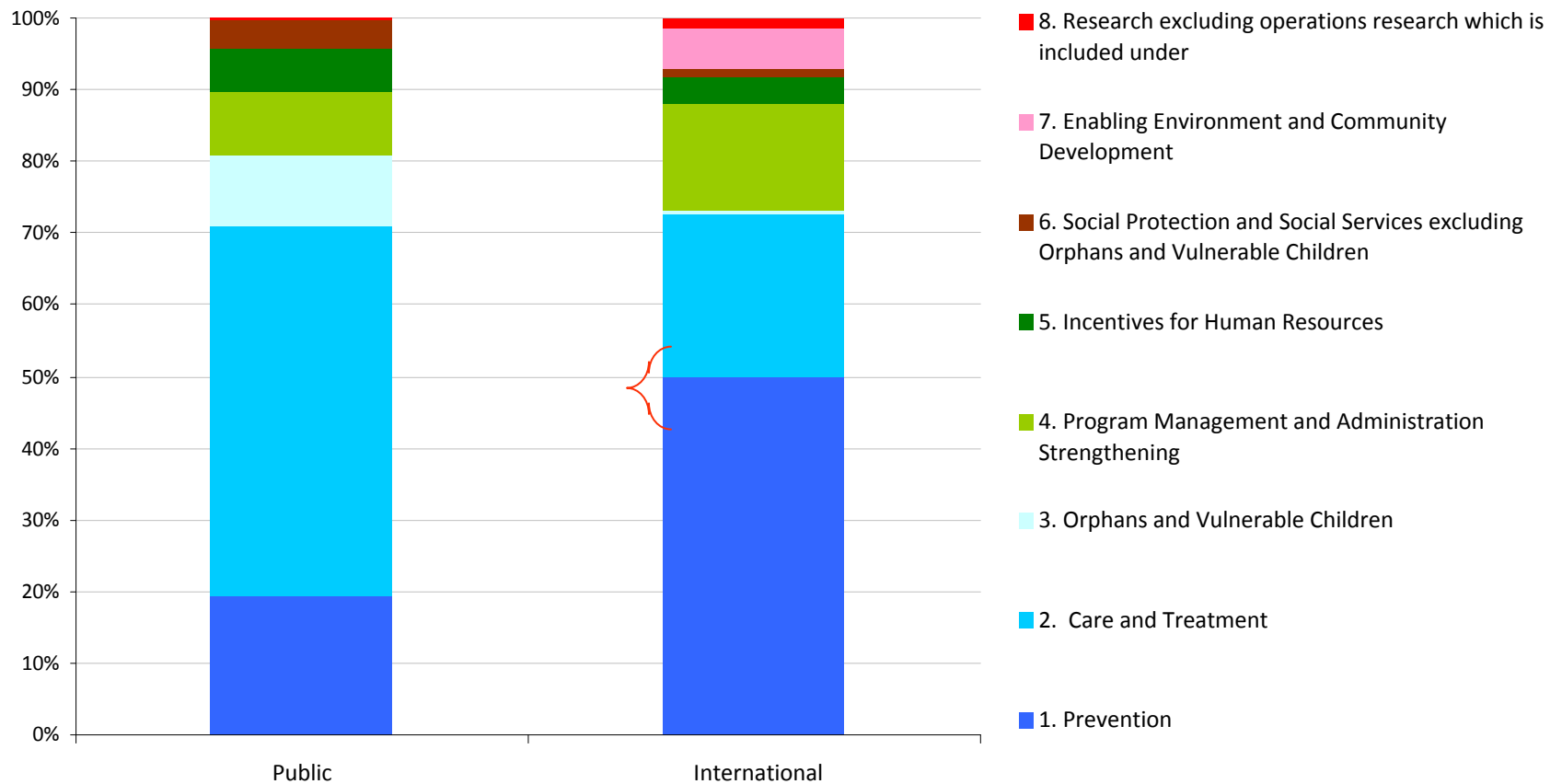
Source: UNAIDS

# HIV spending by source in EECA



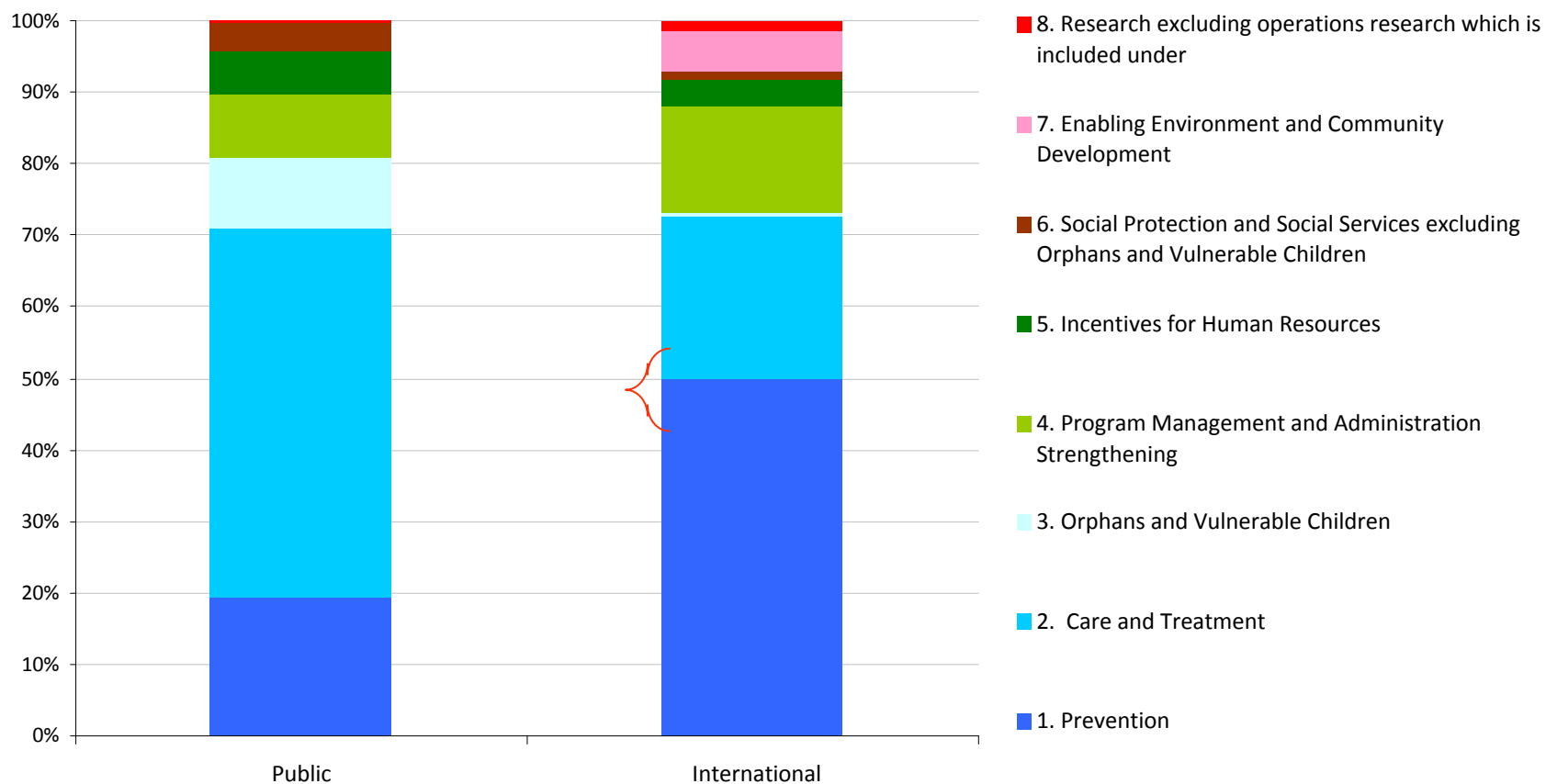
Source: UNAIDS

# HIV spending categories per financing source EECA



Source: UNAIDS

# HIV spending categories per financing source EECA

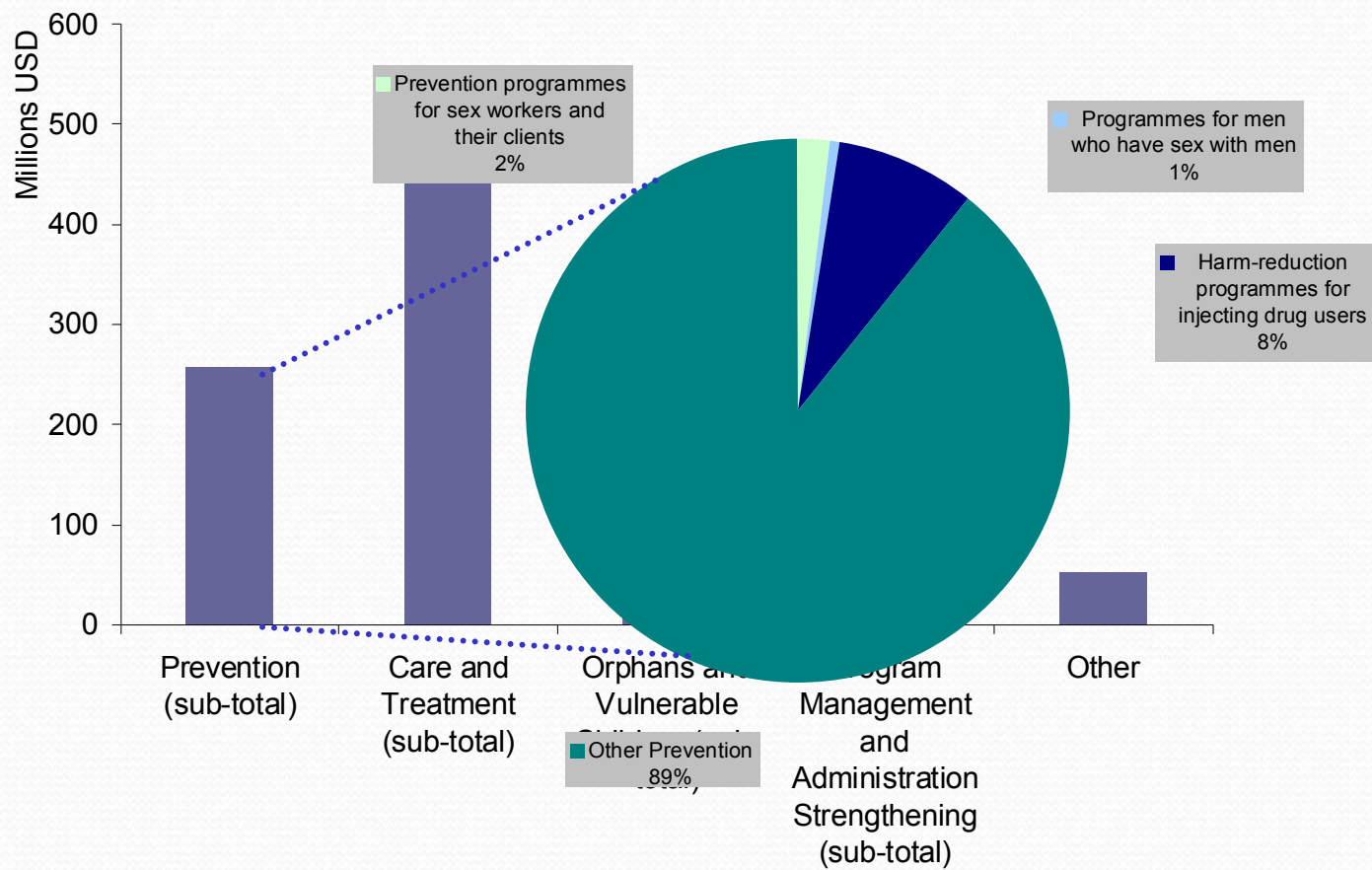


Source: UNAIDS



# Profile of HIV spending

HIV profile of spending in EECA - GR 2010 last year reported



Source: UNAIDS

# Funding source at risk

Currently not eligible:

- Russia

Probably not eligible for round 11:

- Belarus
- Kazakhstan
- Bosnia Herzegovina
- Macedonia



**I Support**

**Keep it GL**o**bal**

# High pharmaceutical prices

| Country             | Payment above global median prices USD (June 2002 – March 2008) |
|---------------------|---|
| Estonia             | 2,344,632   |
| Kazakhstan          | 446,613   |
| Kyrgyzstan          | 38,528  |
| Republic of Moldova | 182,828   |
| Russian Federation  | 19,875,762  |
| Ukraine             | 7,918,321   |
| Total               | 30,918,384  |

Source: Wanning, B. et al. Benchmarking Antiretroviral Prices in Countries of the Former Soviet Union, 2008



# Finance in EECA Key characteristics

- Big increase in funding since UNGASS
- GFATM funds stimulate national funds
- Underinvestment in prevention (especially from national funds)
- Gross underinvestment in programs targeting most-at-risk populations
- Money wasted on high pharmaceutical prices
- Most-at-risk populations and PLHIV may be penalized by GFATM eligibility criteria

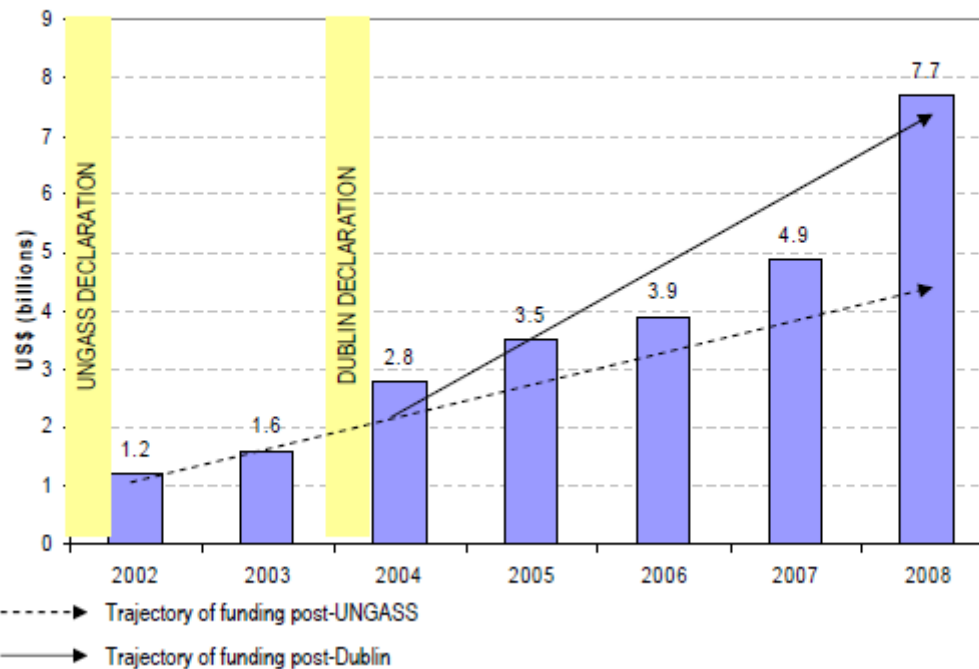
# Key Characteristics of Finance in Central and South East Europe

- Not eligible for GFATM
- Low donor interest
- EC funds not accessible
- Declining support for programs (ie decline in Lithuania; Rx interruption in Romania)
- Perceived “low prevalence” makes HIV a low priority
- High pharmaceutical prices



# Declarations stimulate funding

Figure 6.3: International AIDS assistance: Trends in G8/EC and other donor government assistance: 2002-2008: Disbursements (Data source: Kates et al., 2009)



# European Commission supporting high pharmaceutical prices and profits

- Seizures of medicines bound for Africa and Latin America
- Anti counterfeit laws designed to stop generic imports
- Free Trade Agreements with longer patent terms



# Conclusions

- Strategic and funded advocacy efforts needed
- See opportunity in ‘financial crisis’
  - Targeting MARPs is efficient
  - Contribute less to profits and more to people
- Focus on sustainability
- Keep it Global!
- Keep promises – maintain European belief in health as a right
- Keep Millennium Goals in sight

**BROKEN  
PROMISES  
KILL**

**NO RETREAT  
FUND AIDS**

[www.FundGlobalAIDS.org](http://www.FundGlobalAIDS.org)

Нарушенные  
обещания  
убивают!

**Не отступайте!**  
Финансируйте ответ на СПИД!

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