

Conversation between Anil Soni (Former CEO, Clinton Health Access Initiative) and GiveWell (Elie Hassenfeld) on 10/18/2012

Summary:

GiveWell spoke with Anil Soni to learn about funding opportunities in the area of HIV prevention and treatment. Mr. Soni expressed the view that a pressing need for which individual philanthropists can have disproportionate impact is the poor allocation of existing HIV funding. He discussed some possible methods for improving the allocation of HIV funding. He also commented on other inefficiencies in the field of global health.

Full notes:

This is a set of notes compiled by GiveWell representing the highlights of this conversation in order to give an overview of the major points made by Anil Soni.

Current state of HIV/AIDS control funding

Over the last decade there has been great progress in HIV treatment but very little progress in HIV prevention. The number of people who are treated increased from 200,000 to 8 million in ten years. By way of contrast, the number of new infections per year has decreased from 3 million in 2002 to 2.5-2.7 million today: this is not a large drop. There is a great need for more work on HIV prevention.

One reason new infections have not decreased may be that funding is allocated sub optimally. The amount of spending on HIV treatment and control is \$15-\$17 billion per year. This is an adequate amount of funding to have more impact on both prevention and treatment than has occurred to date. However, the money is being allocated very inefficiently. Antiretroviral therapy is a high impact intervention with room for more funding and only \$1-\$3 billion dollars are being allocated to it. Not enough money is going to:

- preventing and treating HIV in high-risk groups such as sex workers, men who have sex with men and intravenous drug users (relative to the amount of money that goes to helping low risk groups).
- male circumcision, which is a high impact intervention with very little funding.
- taking ART as a prophylaxis
- treatment as prevention, using ART.

Possible approaches to improving HIV/AIDS control

Because the limiting factor in HIV control is inefficient allocation of funding rather than insufficient funding, one of the best uses of donations to improve HIV treatment would

be to fund efforts to influence large funders, such as the Global Fund, to use their HIV money more efficiently. The Global Fund board is currently prioritizing improved allocation of funds as part of its five-year strategy and new funding model. The Gates Foundation is also prioritizing “efficiency and effectiveness” in its grant-making. Still, more investment in this area is justified.

Other approaches to improving the funding situation might include:

- Working with countries so that they can better allocate funding they receive from major funders such as the Global Fund. For example, the Clinton Health Access Initiative worked with the Rwandan government to help them get a comprehensive picture of what HIV interventions are being funded in their country and how they can reallocate HIV resources optimally. One approach to improving allocation of HIV funding would be to sponsor similar projects in other countries. The ELMA Philanthropies and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have some interest in doing so.
- One could try to draw focus to the most cost-effective interventions HIV interventions by running large scale trials and publishing the results in an article or series of articles in the Lancet if it turns out that certain clusters of interventions do much better than others. This might influence funders because they would want to fund interventions with the strongest evidence bases.

General comments on issues in improving global health

A lot of the people involved in the global health community have the ability to deliver goods and have technical expertise, but lack managerial expertise. They don't have the background of private-sector project managers or consultants (e.g., McKinsey).

Rwanda and Ethiopia have seen great strides in global health relative to other countries. This can largely be attributed to the managerial strength of their heads of states, ministers of health and program managers. Increasing talent is a worthy target for external investment to replicate their success in other settings, and to make the most of available funding from other donors.