

### US\$ 22 BILLION NEEDED IN 2008 TO REVERSE SPREAD OF AIDS

#### *New report shows resource needs far higher than funding available*

**Geneva, 21 June 2005** – US\$22 billion will be needed in 2008 to reverse spread of AIDS in the developing world, according to latest estimates. These figures feature in a new report on estimated funding needs produced by the UNAIDS Secretariat, to be released to the UNAIDS Programme Coordinating Board at the end of June.

Building on previous estimates<sup>1</sup>, these figures have been developed using the latest available information and with the invaluable input from a newly established Resource Needs Steering Committee and Technical Working Group which are made up of international economists and AIDS experts from donor and developing countries, civil society, United Nations agencies and other international organizations.

“We have come a long way in mobilizing extra funds for AIDS, moving from millions to billions, but we still fall short of the US\$22 billion needed in 2008,” said Dr Peter Piot, UNAIDS Executive Director. “AIDS poses an exceptional threat to humanity and the response needs to be equally exceptional, recognizing the urgency as well as the need for long term planning and financing.”

The revised estimates indicate funding needs of approximately US\$15 billion in 2006, US\$ 18 billion in 2007 and US\$ 22 billion in 2008 for prevention, treatment and care, support for orphans and vulnerable children, as well as programme costs (such as management of AIDS programmes and building of new hospitals and clinics) and human resource costs (includes training and recruitment of new doctors and nurses).

This is the first time that specific attention is given to resource needs for longer term investments to improve country capacity in the health and social sectors through training of existing staff, recruiting and paying new staff and significant investments for building the necessary infrastructure. These financial requirements for the human resources and programme costs are preliminary, and will be further refined and improved.

Meeting the 2006-2008 resource needs would result in the following achievements:

- **Prevention** - A comprehensive prevention response by 2010, as is required to turn around the AIDS epidemic, based on the current coverage of services and the most recent evidence on actual rates of scaling up interventions.
- **Treatment and care** – 75% of people in need globally (approximately 6.6 million people) will have access to antiretroviral treatment by 2008, based on current coverage rates and rates of growth as seen in 2004.
- **Orphans and vulnerable children** – Increase of support from low levels of coverage to full coverage of all orphans in Sub-Saharan Africa, given that AIDS is responsible for more than 2/3 of children who have lost both parents, as well as AIDS orphans in other low and middle-income countries.
- **Human resources** - Covering the costs of recruiting and training additional doctors,

nurses and community health workers in low-income countries, and two middle-income countries (South Africa and Botswana) and incentives to retain and attract people to the health sector. Future analyses will calculate costs for other health workers, including nurse practitioners, clinical officers and laboratory technicians.

- **Programme costs** – The construction of over 1000 new health centres (to be available by 2010), based on the investments made during 2006-2008. An additional 19, 000 health centres and 800 hospitals would be renovated over the next three years to handle the scaling-up of HIV treatment and care.

According to the latest UNAIDS projections, a total of US\$8.3 billion is estimated to be available from all sources in 2005, rising to US\$ 8.9 billion and US\$10 billion in 2006 and 2007 respectively<sup>2</sup>.

As the response to AIDS is scaled up, funding estimates must be constantly revised and updated. UNAIDS will work with international donors and affected countries to refine the costing estimates, focusing particularly on strengthening health infrastructures.

#### **AIDS Resource needs (US\$ billion)**

	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Prevention</b>	8,4	10,0	11,4
<b>Treatment and care</b>	3,0	4,0	5,3
<b>OVC</b>	1,6	2,1	2,7
<b>Programme costs</b>	1,5	1,4	1,8
<b>Human resources</b>	0,4	0,6	0,9
<b>Total</b>	<b>14,9</b>	<b>18,1</b>	<b>22,1</b>

#### **NOTE TO EDITORS**

<sup>1</sup> UNAIDS has been producing resource needs estimates since 2001. Since that time there has been increased access to relevant data, a continuous improvement in the methodologies and new thinking about what comprises a comprehensive package of interventions to turn back the epidemic. The latest estimates constitute the best available assessment of global needs for AIDS and a rational basis for further discussion about AIDS funding in the international arena. The coverage levels presented in the analysis should not be considered as agreed targets, but the outcomes that could be expected if these resources were spent.

<sup>2</sup> It appears that there is a funding gap between resources available and those needed of at least US \$18 billion from 2005 to 2007. However, this is likely to be a significant underestimate. Determining the gap between resources available and resource needs is not a matter of simple subtraction. The resources available are based on pledges rather than budgets that have been finalized by governments; actual disbursements to countries are generally less than the total commitments; and the resources available are not necessarily being spent on the same sets of interventions that have been included in the resource needs estimations.

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