

Summary of the methodology used to estimate the financial resources required for the global AIDS response

Overview

Since 2001, UNAIDS and partners have projected funding needed for a comprehensive response to the AIDS epidemic and have tracked the HIV-specific resource flows. As part of these continuing efforts to track HIV-expenditures and to project resource needs, UNAIDS has published the latest estimations of required funding for the global AIDS response.

The latest resource needs analysis takes into account important services that have recently been added to the HIV response, such as male circumcision, provider initiated testing and counselling and selected programmes to promote gender equality, as well as health systems strengthening components to facilitate scale-up of services.

The estimates were produced individually for 132 low- and middle-income countries and the inputs have been validated by national experts regarding the unit cost estimates in the top 10 countries with the highest resource needs. Country experts from 13¹ countries, representing more than 55% of overall financial needs of all low- and middle income countries, validated data on unit costs, populations in need and targets for universal access.

The method to produce these estimates was critically reviewed by the Technical Working Group². The consensus reached was that this was the best model available that could be applied to a vast number of countries and still be comparable to the costing of other Millennium Development Goals. The technical working group also met to develop and review the assumptions and data input to the model. A broad advisory board³ was convened and periodically informed about the process and preliminary results of the estimation in order to receive their feedback. This board was made up of international economists and AIDS experts from donor and developing countries, civil society, United Nations agencies and other international organizations.

The estimates take into account data on the status of the global AIDS epidemic as of late 2007 (the most recent available), and incorporate the recent revisions in HIV prevalence estimates from India and several other Asian and sub-Saharan African countries. These estimates also include as baseline recent information on coverage for the services provided available after the previous resource needs estimation developed in 2005.

Methodology

¹ The 13 countries were Brazil, China, Democratic Republic of Congo, Ethiopia, Haiti, India, Kenya, Nigeria, Russian Federation, South Africa, Tanzania, Ukraine, and Zimbabwe. The Latin America countries were Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay. For other countries regional averages of the unit costs, or previously gathered national unit costs, were used in the resource needs estimations.

² Contact UNAIDS for full list of reviewers.

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UNAIDS used a 'unit service' costing model to estimate annual costs for each country programme for 2009 through 2015. Total financial requirements include costs associated with recommended interventions for HIV prevention, treatment, care, support for children orphaned or made vulnerable by AIDS, as well as certain global costs, such as advocacy, technical assistance and coordination.

Financial requirements for each intervention were estimated by computing the number of people in need, the target coverage and the unit cost of the intervention, with amounts expressed as funds needed each year.

Categories of programmatic interventions were reconciled with the most recent UNAIDS guidance, including the UNAIDS HIV Prevention Guidelines and the WHO/UNAIDS Standards for Prevention, Treatment and Care.

In accordance with the UNAIDS prevention guidelines' emphasis on addressing the drivers of the epidemic, the package of HIV prevention services for the first time includes a selected number of services to address gender inequality and violence against women (eg. programmes to promote gender equality, prevent violence against women, and provide comprehensive post-rape services, including post-exposure prophylaxis, or PEP, to women who have been raped), as well as adult male circumcision in countries with generalized epidemics, provider-initiated testing and counselling, and opioid substitution treatment.

Drawing upon recent research showing that participatory interventions on gender make a significant impact on violence and HIV risk behaviours, the estimates focus on the use of existing HIV programmes' infrastructure to explicitly engage individuals and communities in dialogue around power, gender, and gender based violence. The interventions included in the estimates are not exhaustive, but encompass promising approaches that are already being carried out.

This analysis takes into account the speed with which services are brought to scale, with the expectation that pace of scale-up will inevitably differ depending on type of national epidemic. Accordingly, annual coverage levels for universal access were estimated for each of the four types of epidemics in the 132 low- and middle-income countries: low (45 countries), concentrated (42), generalised (37) and hyper-endemic (eight).

The model incorporates new assumptions which reflect the fact that the scaling up of HIV prevention programmes can increase efficiency based on findings from a recent published analysis that indicates that many more people are served for the same amount of resources when facilities operate at large scale.⁴

For purposes of this analysis, UNAIDS has defined *coverage* as the proportion of people needing the service who actually receive it. However, the term 'universal access' does not necessarily imply that a particular intervention is actually delivered to each and every individual who needs it: Similarly, only those who provide voluntary and informed consent will receive most of the prevention services included in this analysis.

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⁴ Additional details regarding the methodology employed by UNAIDS to estimate costs for each scenario is available at: <http://www.unaids.org/en/Coordination/FocusAreas/MobilizationResources.asp>.