



# Financial resources required to achieve universal access to HIV prevention, treatment, care and support

*Description of Interventions/Services Included in the Estimates  
of Resources Needed for HIV and AIDS*

## Methodological Annex - IV



## Annex IV

---

### **Revised Description of Interventions/Services Included in the Estimates of Resources Needed for HIV/AIDS Prevention, Care, Treatment and Mitigation**

#### **I. Prevention Programs**

##### *A. Priority populations*

##### **1. Female sex workers, 2. Male sex workers, 3. MSM**

Behavior change interventions for female and male sex workers and MSM are based on a peer outreach model. These interventions combine one-on-one or small group awareness and counseling services, group education (IEC) and access to commodities and services. Unit costs may include costs for training of peer educators, stipends or transportation allowances for peer educators, paid outreach workers, operation of drop-in centers, condoms, lubricants, STI treatment, IEC activities and special events, program management and M&E.

Costing Guidelines for HIV/AIDS Intervention Strategies, UNAIDS/ADB, February 2004 and Guinness *L et al.* Does scale matter? The cost of HIV-prevention interventions for commercial sex workers in India. *Bull WHO* October 2005. 83; 10: 747-754.

##### **4. Injecting drug users**

Comprehensive programs for harm reduction among injecting drug users include:

1. Risk reduction information, education and counseling through professional educators or peer outreach. Costs of outreach programs include training of peer educators and may include a stipend or transportation allowance.
2. Access to sterile injection equipment through needle and syringe exchange, distribution or vending, and/ or decontamination programs. Costs include the operation of drop-in centers, commodities (syringes, needles, condoms), outreach workers and IEC.
3. Drug substitution treatment. Costs include the operation of drop-in centers, commodities (methadone, buprenorphine or other opioid agonists, condoms), outreach workers and IEC.

##### **5. Workplace**

Workplace programs generally refer to health education provided through peer educators. For larger employers programs may also include the provision of condoms, VCT and STI treatment services either provided on site or through a near by health clinic.

##### **6. School-based education**

The costs of school-based AIDS education are mainly teacher training. The basic model assumes one-third of primary school teachers every two years, and one-eighth of secondary school teachers are trained every two years. Some countries aim to train all existing teachers and make AIDS education a part of the teacher training curriculum. Teacher salaries or school operation

costs are not included. Costs may also include preparation and printing of brochures, posters and other material.

### **7. Out-of-school youth**

Behavior change interventions for out-of-school youth are based on a peer outreach model. These interventions combine one-on-one or small group awareness and counseling services and group education (IEC). Programs may be targeted to youth not attending schools or to all youth. Unit costs may include costs for training of peer educators, stipends or transportation allowances for peer educators, paid outreach workers, IEC activities and special events, program management and M&E.

Terris-Prestholt F *et al.* From Trial Intervention to Scale-Up: Costs of an Adolescent Sexual Health Program in Mwanza, Tanzania. *Sexually Transmitted Diseases* 2006 [October Supplement] 33; 10: S133-139.

### **B. General population**

#### **8. Mass media**

Mass media programs generally include print and radio channels and may also include television, hot lines, theater and special events. Print activities might include regular columns in newspapers, special inserts, brochures and billboards. Radio often includes public service health announcements and may include call-in shows or dramas. Television may include public service spots for which the airtime is free but the costs of production may be high or serial dramas which may be quite costly.

#### **9. Community mobilization**

Community mobilization programs may include a wide variety of activities such as: paid or volunteer community mobilizers who may go door-to-door or organize special community events, church-based programs that include AIDS messages in sermons, church events and youth programs, and efforts to build support for HIV prevention among chiefs, elders and other community leaders. There may be overlap with IE&C if video shows or dramas are used in community events. Costs may include operational costs such as personnel, supplies, rent, equipment maintenance and program management and might also include some capital costs for equipment, vehicles and start-up activities.

Kinsman *et al.* Quantitative process evaluation of a community-based HIV/AIDS behavioural intervention in rural Uganda. *Health Educ Res* 2002; 17:253-265.

Terris-Prestholt *et al.* The Role of Community Acceptance over Time for Costs of HIV and STI Prevention Interventions: Analysis of the Masaka Intervention Trial, Uganda 1996-1999. *Sexually Transmitted Diseases* 2006 [October Supplement]; 33: S111-116.

#### **10. Social marketing**

Social marketing generally refers to social marketing of condoms although some countries use social marketing approaches to support behavior change for youth and/or MSM and others use social marketing approached for VCT. Social marketing costs include salaries for local staff including sales people, production of advertising and promotional materials, condom packaging, market research, free samples, commodities and other operational costs such as transportation, office rent, and office equipment. Where social marketing programs are linked to international social marketing organizations the cost of head office support are usually not included.

Stover J. The Costs of Contraceptive Social Marketing Programs in the Developing World, Futures Group International, 1997.

Stallworthy G, Meekers D. An analysis of unit costs in selected condom social marketing programs 1990-96. *Soc Mar Q* 1996;6:9-16.

### **11. Voluntary counseling and testing (VCT)**

Voluntary Counseling and testing refers to services providing pre-test counseling, testing for HIV infection and post-test counseling for anyone seeking to know their HIV status. In some cases it may also include post-tests clubs that provide on-going group counseling. Counseling and testing may be conducted in stand-alone centers, by mobile vans or in health clinics and hospitals.

Sweat M *et al.* Cost-effectiveness of voluntary HIV-1 counseling and testing in reducing sexual transmission of HIV-1 in Kenya and Tanzania. *The Lancet* July 2000;. 356: 113-121.

### **12. Condom promotion and distribution**

Condom distribution refers to the provision of male and female condoms for protection against transmission of HIV and other sexually transmitted infections and protection against pregnancy. Programs costs include commodities, testing, transportation, warehousing, and distribution and may also include packaging and promotion.

## **C. Health Care**

### **13. STI management**

STI management programs should include not only treatment but also prevention programs such as risk counseling and condom distribution. However, most unit costs reported are for STI treatment alone. These costs are generally derived from special studies since the integration of STI treatment into other health services means that separate costs for STI treatment are not readily available. Costs include operational costs for personnel salaries, drugs, other supplies and laboratory testing as well as an overhead charge for an allocated share of the overall facility costs. The target population is those people with symptomatic STIs.

Terris-Prestholt F *et al.* The Costs of Treating Curable Sexually Transmitted Infections in Low- and Middle-Income Countries: A Systematic Review. *Sexually Transmitted Diseases* 2006 [October Supplement] 33; 10: S153-166

Gilson L *et al.* Cost-effectiveness of improved treatment services for sexually transmitted diseases in preventing HIV-1 infection in Mwanza region, Tanzania. *Lancet* 1997; 250: 1805-9.

### **14. Prevention of mother-to-child transmission (PMTCT)**

Comprehensive PMTCT programs for pregnant women include pre-test counseling, HIV testing, post-test counseling, drug prophylaxis and counseling on infant feeding options. Drug prophylaxis may be a single drug regimen (single dose Nevirapine [SD NVP] or AZT), a combination prophylactic regimen (AZT+SD NVP with or without 7-day postpartum AZT/3TC, AZT+3TC, or AZT+3TC+SD NVP), or a highly active triple drug regimen (AZT + 3TC + NRTI/NNRTI or PI). Programs may provide infant formula for a period of six months or longer.

Desmond C *et al.* The Prevention of Mother-to-Child Transmission: Costing the Service in Four Sites in South Africa. Health Systems Trust; 2004.

### **15. Male circumcision**

The major cost of programs to provide male circumcision will be those associated with the operation itself. These will include personnel time (counselor, surgeon, nurse, anaesthetist), drugs and supplies (antibiotics, sutures, needles, bandages, gloves, antiseptic), and laboratory tests. Costs per procedure should also include an overhead charge for allocation of a share of facility costs. Management of adverse events associated with the procedure should also be included. Programs may also include promotional and training costs.

Kahn J *et al.* Cost-Effectiveness of Male Circumcision for HIV Prevention in a South African Setting. *PLOS Medicine* December 2006; 3: 2349-2358.

### **16. Blood safety**

Blood safety is screening donated blood for HIV. It does not include the costs of running the blood collection and transfusion service, only the incremental costs of the HIV test.

### **17. Injection safety**

The costs of injection safety generally consider only the incremental costs to procure auto-destruct syringes as opposed to re-usable syringes. However, a full injection safety program should include:

1. Behaviour change to achieve safe injection practices and to reduce injection overuse.
2. Provision of equipment and supplies to ensure sufficient access to injection devices and safety boxes in each health care facilities;
3. Sharps waste management within a broader health care waste management plan.

WHO. Managing and injection safety policy. WHO/BCT//03.0X

WHO. Estimating the investments needed for interventions for the safe and appropriate use of injections. A practical guide. Draft 1. May 30 2003.

Dziekan G, Chisholm D, Johns B, Rovira J, Hutin YF. The cost-effectiveness fopolicies for the safe and appropriate use of infection in health care settings *Bull WHO* 2003 **81**;4:277-285.

### **18. Post-exposure prophylaxis (PEP)**

The costs of post-exposure prophylaxis generally include just the drug costs, which are equivalent to a one-month supply of a triple drug combination of anti-retroviral therapy.

.

### **19. Universal Precautions**

Costs for universal precautions are generally just supplies (gloves, masks and gowns) although health worker training may also be included in some programs.

## **II. Support for Orphans and Vulnerable Children**

Support for orphans and other vulnerable children may be provided in several ways. Here we consider two approaches: provision of a full range of essential services through NGOs and community groups, and cash grants to families.

Stover J *et al.* Resource needs to support orphans and vulnerable children in sub-Saharan Africa *Health Policy and Planning* 2007; 22: 21-17

### **20. Education support**

This includes school fees where they exist, funds required for uniforms, books and other supplies, and special fees. Many countries have eliminated school fees and additional advocacy efforts could help to eliminate them in other countries as well, but the extra costs of uniforms, supplies and special assessments can still be substantial.

### **21. Health care support**

The need for health care includes childhood immunizations and vitamin supplements for children under five, routine health care for all and reproductive health services for older children 10-17. In some countries health care is free for all children or for the youngest children. However, patients often have to pay for drugs and supplies. Some have argued that orphan-related programs should advocate for free health care for all children rather than focus on providing funding to pay for care for children. However, in that case additional resources would need to be made available to governments to provide free care to families.

### **22. Family/home support**

Food and clean water are the most basic need for all children. Food supplied from external sources could actually reduce food security in the long run if it disrupts the local market, but food procured locally or produced through community gardens can contribute to local food security. Food may be provided as either bulk grain needing preparation or as cooked meals. This category also includes clothes, shoes, bednets, and economic self-sufficiency programs. The need for bednets will vary depending on local climate and other conditions. In many cases donated clothes and shoes are available at no cost, but reliance on donated goods may not be sustainable as programs scale up considerably. Economic self-sufficiency refers to programs to provide older children and/or their families with economic support such as microfinance loans, skills training, financial grants or seeds.

### **23. Community support**

This includes identification of vulnerable children and funding for community workers who can assess needs, organize support and provide some counseling and individual support. Many community workers will be volunteers but significant funds may still be required for training and transportation.

### **24. Organizational costs**

The overhead costs of administering support programs include fund raising, planning, research, and management. This category applies to the organizational costs of NGOs providing direct support or central administration costs for government run programs. It is usually specified as a percentage of other costs.

**25. Support to families caring for orphans**

Support to families caring for orphans is defined as cash grants given to family to spend as they see fit. The grants are intended to defray some of the costs of caring for orphans. Some grants may be conditioned upon the family meeting certain criteria such as ensuring the child attends school or receives a complete course of immunizations.

### **III. Program Support**

#### **26. Policy**

Policy costs are primarily personnel costs for preparing analyses and presentations, conducting awareness-raising and policy dialogue with opinion leaders, policy makers and stakeholders. Additional costs include office support costs (rent, support personnel, supplied, communications), transportation and materials production associated with consultation with stakeholder, policy drafting workshops, and policy dissemination workshops.

#### **27. Program Management**

Program management costs refer to the operation of the national HIV/AIDS coordinating body, usually a National AIDS Control Council. This item includes all the costs of running the Council (personnel salaries, supplies, communications, transport, rent, meetings) but not pass through funds that go directly to other organizations for the implementation of programs.

#### **28. Research**

Research costs include support for programs that collect primary data (such as national surveys, cohort studies, operations research, clinical trials), as well as data analysis, report writing and dissemination.

#### **29. Monitoring and Evaluation**

Costs for M&E include the salaries of M&E officers, equipment for data processing, communications, and transportation as well as the costs of data collection. Data collection costs include HIV and behavior surveillance as well as the collection and processing of service statistics.

#### **30. Advocacy**

Advocacy costs are similar to those for policy. They include personnel salaries, office support costs, and the preparation and dissemination of advocacy messages.

#### **31. Procurement and Stores**

Logistics system costs include the costs of procurement, transportation, storage, testing and distribution of commodities such as ARV drugs, other essential drugs, test kits, gowns, gloves and masks. The costs of the materials themselves (condoms, ARV drugs, etc.) are not included here but in the unit costs of providing those services.

#### **32. Program-level Human Resources**

Human resource costs refer to the training costs for personnel involved in the HIV/AIDS program. Training may include both pre-service and in-service training for health care workers as well as special training for program staff in areas such as strategic planning, M&E, advocacy, and financial and reporting systems.