



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

UNAIDS Consultation on Global Resource Needs Estimates (GRNE) to achieve Universal Access to HIV and AIDS Services and the Millennium Development Goals, 2009-2015

GRNE Country Data Validation Meeting
1-2 May 2007¹

Methodological Annex - VI

¹ Summary prepared on the basis of UNAIDS staff notes. Staff include Paul De Lay, Jose Antonio Izazola, Carlos Avila, Regina Marilla, Henne Braa, Victoria Bulgari.

Robert Hecht, VP of IAVI, and Paul De Lay, UNAIDS EVA director, served as co-chairs the advisory group meeting. W. McGreevey was facilitator for the TWG meeting.

Documents presented at the meetings are available at www.unaids.org. Note takers supporting the UNAIDS staff have both a taped transcript and detailed notes covering 63 pages in double-spaced typescript that may be consulted for more details (contact marillar@unaids.org).

Annex VI

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1-2 May 2007²

These summary notes cover results of two meetings. In the first meeting, 1-2 May 2007, 21 specialists from major countries in need of financing for HIV/AIDS programs met to review the utility of currently-available models in assessing their resource needs. UNAIDS, WHO and consultants provided technical support for the meeting and its deliberations.

Many of the specialists remained for the Advisory Group Meeting, 3-4 May 2007. They were joined by 22 representatives of donor, NGO, civil society and technical assistance program managers who together constituted a GRNE advisory board. They addressed key issues and next steps in the move to strengthen spending assessments and futures requirements estimates. UNAIDS staff kept detailed discussion notes and a taped transcript; this summary draws on those notes to emphasize main conclusions and essential next steps.

This effort will provide guidance to the UNAIDS Resource Tracking Unit on next steps to help assure that resources can be generated to win the fight against AIDS. The agenda and list of participants appear at the end of this note.

Objectives, country data validation meeting

Since UNGASS 2001 the Joint Program of the United Nations has continuously updated resource needs for the fight against AIDS. Technical staff recently assembled fresh estimates for needed spending in 139 countries for achievement of the MDGs. On 1-2 May, selected countries with the largest projected levels of spending needs came together to review and validate the estimates for their countries.

Meeting composition, 1-2 May 07. Twenty-one specialists representing 12 countries (Brazil, China, Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Nigeria, Russian Federation, South Africa, Tanzania, Ukraine, and Zimbabwe) attended the first two days of meetings. This group represents the countries that will, along with India and Indonesia, which were unable to send specialists to that meeting, will require over half of the needed US\$20 billion of HIV/AIDS needs in 2008.

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Presenting GRNE methods and content. The meeting's key purpose was to present the content and methods of the global resource needs estimate approach and to seek validation or revision of the estimates as necessary from the country specialists. Presentations by Mr John Stover, Dr. Lori Bollinger, Ms. Jantine Jacobi, and Ms. Tessa Tan Torres described methods used and applied in areas of prevention, orphans and vulnerable children, care and treatment, costed strategies developed in more than thirty countries, and incremental program costs for management, infrastructure, staff training, research, monitoring and evaluation. These presentations, available separately at www.unaids.org, occupied much of the first day of work.

In presenting preliminary results of over thirty strategic action plans developed in as many countries, Ms. J. Jacobi noted slow scale-up at about four percent per annum in some cases. She showed that such slow expansion of programs could not reach MDG targets on schedule. The country response in most of the countries studied so far will have to be speeded up to reach those goals. UNAIDS expects that more than 80 countries will have developed costed strategic plans by the end of 2007; in many cases, these plans can serve as a basis for identifying what additional resources need to be mobilized to assure success in reaching MDG goals and universal access.

Limited data so far available suggests that prevention is lagging behind progress on care and treatment in a number of countries with costed plans. So far, plans are uneven in quality in terms of priority setting and in costing. In follow-up to this meeting, UNAIDS will urge countries to update their costing estimates and include all essential interventions.

Speakers noted also the advisability of assuring compatibility between costed strategic plans, the Global Fund assistance programs, PEPFAR assistance plans in the fifteen countries supported by PEPFAR, and the GRNE work ongoing at UNAIDS. Several participants supported the proposition that *no costed strategic plan should go unfunded*.

Compartments of assistance. Some donors ask whether a targeting of international assistance could help limit what may appear to be excessive demands. A review of requirements by sub-groups of countries included in GRNE suggested some alternatives:

- Several of the large countries that require substantial total resources (Brazil, China, Russia, and South Africa are examples) may require only external *technical* assistance as their financing requirements can largely be fulfilled within their own economies;
- The Global Fund to Fight AIDS, TB, and Malaria (GF) could focus its financial assistance on low-income countries that together will need about half of total financing for HIV and AIDS programs needed by all low- and middle-income countries;
- Of the ten countries requiring the most total resources (see Table 1), only four are fully eligible for 'soft loan' subsidized assistance from the World Bank (Democratic Republic of Congo, Ethiopia, Nigeria, and Tanzania), which might usefully concentrate on those and other IDA-eligible countries; and,
- For many countries some out-of-pocket spending for health services and condom distribution will remain a sensible choice.

Besides these country-group departments, participants also discussed the terms under which some interventions, e.g., universal precautions, might be deferred in situations of low HIV prevalence given that risks of infection are tolerably low for health workers. The terms of such deferral continue to be under discussion by technical specialists at WHO and UNAIDS.

Country specialist analyses. Following presentations of methods and approaches used for GRNE, specialists from each of the countries then presented results of work they had completed in the month or so prior to the start of the workshop.³ Country specialists had received details applied by the GRNE model to each of their countries. These details included unit cost, group numbers to be covered, and prospective coverage rates in years 2007, 2008, 2009, 2010, and 2015, for each of nearly 40 interventions. They were asked to review all aspects of the quantitative dimensions of model results for their countries. In the late afternoon, country specialists offered their comments on the model's outputs for each of their countries. They suggested many changes that, in effect, updated information and promised a more accurate validation of resource requirements.

This process of country comments on model outputs continued into the second day as remaining countries offered still more suggestions for adaptation of model parameters to each of their country-specific situations. The principal model development specialists, Mr. Stover and Dr. Bollinger, took careful note of the many useful comments offered and indicated their readiness to introduce changes in the country-specific estimates to attune the model outputs to the new information provided. The country specialists also provided Excel spreadsheets in completed form to indicate on a line-by-line, coefficient-by-coefficient basis, changes they considered essential. The model developers now have those results available and are, as of early June 2007, in the process of incorporating appropriate changes into the new aggregate country data.

Getting to Yes. In a closing session on 2 May 07, the workshop turned to the theme of *Getting to Yes*. UNAIDS proposes to publish country data on future spending needs to fulfil global objectives of universal access to prevention, care and treatment for HIV and AIDS. On current planning country data will appear on the UNAIDS website at the end of September, thus in time to support resource mobilization that may focus as usual on World AIDS Day, 1 December 2007. Country specialists were thus asked to say Yes to these dual objectives; (1) to assure that estimates of spending requirements for future years are as accurate and valid as the specialists can make them, and (2) to agree that the data assembled by UNAIDS as part of the GRNE can be posted as planned on the website.

³ Details of country specialist recommendations and comments appear on pages 12 through 31 of the transcript available through the UNAIDS Resource Tracking Unit (contact marillar@unaids.org).

Agenda

Tuesday 1 May 2007

Review of the objectives and initial introductions (Jose Antonio Izazola, UNAIDS Resource Tracking Unit)

Universal Access: country's target setting process (Jantine Jacobi, UNAIDS)

Resource needs compartmentalization and the Top Ten (W McGreevey, facilitator)

Critical Assumptions: people in need, coverage and costs: Update Part I: Prevention and OVC (John Stover); *Update Part II: Treatment and Care* (Lori Bollinger); *Update Part III: Program Costs* (Tessa Tan Torres)

Country presentations I

Wednesday 2 May 2007

Country presentations II; Country presentations, III

Projected spending needs, 2015: Scaling up and closing the gap

Getting to YES - Conclusions and main agreements

GRNE Country Validation Meeting Participants, 1-2 May 07

NAMES	JOB TITLES	ORGANIZATION
Burgos-Filho, Ruy	Adviser to the Director	National STD and AIDS Programme
Pati-Pascom, Ana Roberta	Adviser to the Monitoring and Evaluation Unit	National STD and AIDS Programme
He, Jinglin	National Programme Officer	UNAIDS China
Wang, Weizhen	Deputy Chief, AIDS Division, Bureau of Disease Control	Ministry of Health, China
Kasongo, Kelon	Directeur du Cabinet Adjoint	Ministre de la Santé
Kuvula, José	Point Focal Programmation	PNMLS
Assefa, Yibeltal		NAC
Lera, Meskele	Head, Disease Prevention and Control Department	NAC/HAPCO
Augustin, Antoine	Directeur	MARCH Foundation
Kamigwi, John	Deputy Director, Strategic Planning	National AIDS Control Council
Munguti, Nzoya		Ministry of Health, Kenya
Atta, Ibrahim	Project Implementation Specialist	National Action Council on AIDS
Ogundipe, Alexander	Director of Policy and Planning	NACA
Korotkova, Anna	Chief of Methodological Center for Quality	Central Public Health Research Institute, Ministry of Health Russian Federation
Blecher, Mark	Director, Social Services	National Treasury
Issa, Beng'i	Director of Finance, Administration and Resource Mobilization	Tanzania Commission for AIDS
Macha, Frederick	M&E Adviser	UNAIDS Tanzania
Ivchuk, Volodymyr	Head, International Programme Management Sector, Department of Infectious and Socially Dangerous Diseases	Ministry of Health of Ukraine
Nitsoy, Anastasiya	Consultant	UNAIDS Ukraine

NAMES	JOB TITLES	ORGANIZATION
Magure, Tapiwa	Executive Director	NAC
Nyahonda, Philip	Resource Tracking Adviser	UNAIDS