



# 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 Advisory Board Meeting**

3-4 May 2007

## **Methodological Annex - VII**

Uniting the world against **AIDS**



## Annex VII

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### 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 Advisory Board Meeting**

3-4 May 2007

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.

**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](http://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.<sup>1</sup> 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

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<sup>1</sup> 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](mailto:marillar@unaids.org)).

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.

### **Advisory Board meeting, 3-4 May 2007.**

Dr. Paul De Lay, Director, EVA/UNAIDS, linked the meeting objectives to prior steps in estimating resources needs for HIV/AIDS interventions. This meeting, fifth in a series that began in 2001, is a step toward routinization of the process. It brings together country specialists, donors, civil society, and the full range of stakeholders concerned to reverse the pandemic.

**Country-generated estimates.** In future this process will build on country-generated estimates that can be aggregated by UNAIDS to yield global requirements. This ‘bottom-up’ approach can in principle provide a more accurate assessment of resources that must be mobilized in future years. The advisory board can help address some key challenges:

- There are new (and sensitive) programmatic interventions, e.g., male circumcision and gender based violence, to be reviewed and costed;
- AIDS resource needs must in future be linked to overall health sector needs and the global health MDGs – HIV as a stand-alone, ‘vertical’ program does not and should not work;
- Transparency in finance and allocation of resources is essential to gain the widespread support from all stakeholders that this effort requires;
- This advisory group can help the UN Joint Program show how far we have come, how much further we must go to reverse the disease; and,
- UNAIDS requires clarity from this GRNE advisory group that can constitute consensus achieved on the validity of the quantitative dimensions of resources needed.

There followed, after this initial statement, personal introductions by the 33 persons present and representing a wide range of stakeholders (see attached list of participants).

Dr. Jose-Antonio Izazola noted that the 2006 to 2008 resource needs estimates included but one scenario whereas two alternatives (80 percent coverage by 2010 and universal access by 2015) remain under consideration. New GRNE will provide for funding essential infrastructure and training for staff expansion. As before, about half of all resources will be needed to support programs in sub-Saharan Africa.

Overall, about a third of financing will have to come from external donors and two-thirds from domestic resources in the low- and middle-income countries. Dr. Izazola reported further that none of the country specialists meeting on the prior two days, 1-2 May 07 voiced a concern that estimated requirements were too low. In reviewing scale-up requirements he emphasized that reaching universal access goals will require a rate of expansion substantially above a simple projection of recent financing growth.

The advisory group then heard and commented on the presentations on the global resource needs estimates (GRNE) by John Stover and Lori Bollinger, costed strategic plans by Jantine Jacobi, potential compartments of country groups by W. McGreevey, and incremental costs of providing for program expansion, management, policy development, advocacy, research, monitoring and

evaluation by Tessa Tan Torres. There were extensive listener comments on virtually all the presentations.<sup>2</sup> These discussions occupied virtually the whole day.

**Adopting recommended changes.** The 3 May 07 meeting closed with a reminder that the GRNE would be revised to incorporate the many suggestions offered, as well as the changes that had been proposed in the 1-2 May 07 meetings by country specialists. Additional interventions, e.g., male circumcision and gender-based violence, are under intensive review with respect to how best to cost and include these areas of program action. Dr. Izazola urged participants to prepare for an active discussion for the next day, 4 May 07, which would seek to resolve any remaining issues.

### **Integrating Advisory Board views**

The morning meeting on 4 May 07 began with a session in which Board members expressed a range of views about audience, content, and process of concluding work on GRNE. A few highlights can be summarized here:

- Too often governments fail to incorporate views of civil society as they prepare estimates of program requirements; the increased emphasis on the need to develop human resources in the new estimating procedure is welcome (Claudia Ahumada);
- Regional target setting and bottom-up, country-set targets are an improvement for this costing exercise; the new estimates can usefully identify compartments of costing and different scenarios; model flexibility is appropriate in the face of a changing epidemic and changing approaches to prevention (K. Marconi and Peter Mamacos);
- The changing requirements for first-line and second-line ART merit careful attention given the resource needs implications; continued focus on technical as opposed to political process issues will be welcome (Jean-Paul Moatti);
- Advocacy is the main use for GRNE; for that purpose a single scenario, one that includes both gender-based violence costs and male circumcision, will best serve the advocacy purpose (Robert Vitillo);
- The focus on monitoring and evaluation is welcome, especially if it can help clarify which prevention interventions yield results; more detailed costing methodology will be essential, as well as an effort to place HIV/AIDS spending within a broader health strengthening context (Mark Blecher);
- Having an aspirational figure helps AIDS advocates in a country like Zimbabwe garner public support, which is essential in light of the fact that only ten percent of those needing ART are now receiving it (Tapiwa Magure); and,
- Several other speakers expressed strong support for the aspirational approach, including Mesekele Lera of Ethiopia, John Kamigwa of Kenya, Paul Zeitz of USA; this theme had also been supported by Brazil, Haiti, and Tanzania in the 1-2 May 07 discussions

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<sup>2</sup> Detailed participant comments on the presentations appear on pages 34 through 52 of the Advisory Group meeting transcript available through UNAIDS Resource Tracking Unit.

The chair, Robert Hecht, took note of these and other comments, and UNAIDS staff confirmed their readiness to adopt the advice offered in these views.

**Gender-based violence.** Claudia Garcia Moreno then presented details on GBV and offered a cogent argument for inclusion of resources in GRNE that would address this issue. Board members noted that available data, organized by Dr. Charlotte Watts in support of the GBV initiative, included unit cost estimates. A search for data on target groups, especially women at risk of violence, and prospective coverage rates, would together provide data needed to integrate this intervention into GRNE. Next steps will include further technical work aimed at including GBV costs in the overall GRNE.

**Group work.** Advisory Board members formed themselves into four groups: (1) National targets, scale-up rates and scenarios; (2) How to include the needs of the civil society; (3) Priority interventions, efficacy, and impact measures; and, (4) Strategies to improve estimates, communicate results, and recommend next steps. Their aim was to refine and specify recommendations for GRNE. The groups met for ninety minutes, and the subsequent session was given to the presentation of their findings.

**Group 1: National targets and scenarios.** Suresh Kumar reported on behalf of this group with these key points: The elements of prevention, care, treatment, OVCs, and program costs are essential scenarios components. Regrettably, universal access may be unrealistic for some countries. Highlighting the MDGs is a sound advocacy strategy, one that can effectively link HIV/AIDS interventions to broader health sector strengthening. Achieving 80 percent coverage for prevention is a reasonable goal even for 2010, but ART and related treatment goals may not be achievable before 2015.

The discussion of these useful points focused *inter alia* on the need for more clarity about the content of each intervention, namely, what is on offer within the terms of specific unit cost for selected services and activities such as peer counselling, teacher training, and the like.

**Group 2: Civil society needs.** Claudia Ahumada summarized key recommendations of this group:

- Consult a wider range of constituencies by achieving better geographical balance;
- Formalize and institutionalize the involvement of civil society in the work of resource tracking and resource needs estimates; and,
- Link the efforts in community mobilization and advocacy more closely to the strengths of civil society groups.

In discussion, a speaker noted that faith-based and community-based interventions merit more direct support. In Africa, for example, forty percent of health care services are delivered by faith-based NGOs. Civil society participants expressed the wish to participate more effectively at country level in policy making for HIV/AIDS programs.

**Group 3: Program costs.** Paul Zeitz offered a compelling presentation available separately (contact [marillar@unaids.org](mailto:marillar@unaids.org)). In the discussion speakers urged UNAIDS to assure that costs attributable to other interventions areas (TB, Hepatitis were examples) not be loaded unfairly on the HIV/AIDS budget plans.

Biomedical and other essential research on improved drugs and microbicides needs to be included in aggregate cost estimates, but many global goods costs may lie beyond the scope of the GRNE exercise. UNAIDS staff also noted an unresolved issue as to whether costs incurred by donors in the donor country for overall management should or should not be counted as contributing to the GRNE estimates.

**Group 4: Strategies and next steps on GRNE.** Jean Paul Moatti reported on this group's recommendations for (1) future improvements, (2) a change in the calendar of future actions, and (3) implications of the changing context, from advocacy to strategic guidance (document available as word presentation). Comments suggested the need to pursue some new approaches:

- Focus attention on costs shared with other programs;
- Match donors more closely with recipient country needs; and,
- Link this exercise more effectively to the budgeting process in each country.

Dr. Moatti urged development of a better economic model to underpin GRNE, since a better model can improve resource allocation. Participants noted in contrast that the simple, three-variable approach of GRNE, with population numbers, coverage rates, and unit costs is agreeably transparent and hence more welcome among country specialists than what seems to them at times to be a 'black box' when more complex models are offered.

Anna Korotkova urged more connection between GRNE and economic models in the country. It would help to have a more comprehensive, rounded picture than an economic model may offer. Strategic approaches work best when they combine solid economic information with understandable modeling approaches.

A speaker noted that GRNE is but one of three legs for the stool that can support accurate assessment of resource flows and requirements. Another leg of the stool is the UNAIDS-sponsored coverage survey that shows how many people receive the elements of service deemed to be part of the essential package, including ART. A third leg of the stool is periodic assessment of the balance between the many interventions required. In a LAC region meeting in Havana, Cuba, three years ago, Dr. Peter Piot underlined the fact that total spending was 'enough' but that key groups, such as MSM, CSW's and IDUs were largely unserved due to misallocation of resources available. Sound programming requires continuous data collection and feedback in all three areas to assure sound deployment of limited resources.

**Closing remarks.** Dr. Izazola summed up findings and remaining tasks for the UNAIDS work on estimates. Staff will be reflecting further on how to address the universal access targets and their relationship to the MDGs. They will be seeking to align objectives outlined by the Advisory Board to other resource tracking efforts.

Strategic planning and the links between GRNE and costed national strategies will play an important role in the future work program. Ongoing work with the estimates from the largest countries included in the 1-2 May 07 meeting, as well as a parallel effort set in motion by Latin American countries, which met in Mexico 28-29 May 07 to review country estimates, will enable UNAIDS to construct a better, country specialist based set of projections in coming months. From these efforts will emerge a 'global price tag' for achieving universal access.

Robert Hecht as co-chair expressed his satisfaction with the working groups' results. There were clear recommendations, wisdom in their content and sound evidence of commitment by all Advisory Board members.

Paul De Lay, co-chair, offered four points in his closing remarks:

1. We will focus on country capacity to do credible plans and unit costs;
2. It is timely and appropriate to engage with the other MDGs in our price tags and to determine how we can mutually go forward;
3. We acknowledge the range and limits of what we can and cannot do with GRNE; it cannot by itself address cost effectiveness and other specialized analyses; and,
4. We particularly welcome the active support of civil society so effectively represented in these two days.

Travel safely and thank you.

Subsequent to the meeting, UNAIDS sent a follow-up note to participants on 5 Jun 2007, summarized here:

1. Estimates from 2009 to 2015 for prevention, treatment and care, as well as for orphans and vulnerable children for 138 low and middle income countries are expected to be completed on or about 18 June 2007;
2. The new estimates will include expenditures for policy and advocacy, male circumcision and programs to reduce violence against women;
3. Scale-up scenarios still in development identify the additional resources needed for achieving universal access before 2015; and,
4. Validated, revised data on unit costs, coverage rates, and target groups emerge from country specialist inputs from twenty key countries that together will need about half the total required resources: Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Democratic Republic of Congo, Ecuador, El Salvador, Honduras, India, Mexico, Panama, Paraguay, Peru, South Africa, Tanzania, Ukraine, Uruguay, and Zimbabwe.

UNAIDS staff remain on track to conclude the GRNE for Universal Access by 2015 aligned with the MDGs, the original goal of this exercise.

# Agenda

## Thursday 3 May 2007

Introductory remarks, Paul de Lay; Objectives, desired outcomes of the meeting and review of the agenda, Robert Hecht, chair

UNAIDS Global Resource Needs Estimation (GRNE) Review of the background, previous and current estimation process; Universal Access: country's target setting process

Resource needs compartmentalization and validation with the top ten countries

Global cost to attain the health related Millennium Development Goals

### **II. Work in progress and preliminary results**

Resource needs model: Parameters, assumptions, areas of uncertainty and main questions

Resource needs estimation methods: Population, coverage and costs

Part I: Program Costs and Health system strengthening, Preliminary results and discussion

Part II: Prevention, preliminary results and discussion

Part III: Orphans and Vulnerable Children

Part IV: Treatment and Care

Overall estimates, pending issues

## Friday 4 May 2007

### **III. Discussion, feedback, recommendations, and agreements**

Constituency reports

Gender based violence and AIDS, Claudia Garcia Moreno

#### **Group Work**

I: outline recommendations on national targets, scale-up rates and scenarios

II: outline recommendations on how to include the needs of the civil society

III: outline recommendations on priority interventions, efficacy, and impact measures

IV: outline strategies to improve estimates, communicate results, and recommend next steps

### **Feedback from the groups and discussion**

Main conclusions and agreements

Final remarks and closure

## GRNE Advisory Group Meeting Participants, 3-4 May 07

NAMES	JOB TITLES	ORGANIZATION
Ahumada, Claudia	Civil Society Representative	Youth Coalition
Angaga, Michael	Regional Coordinator	NAP+
Batista, Sandra	Executive Director	Latin American Harm Reduction Network
Blecher, Mark	Director, Social Services	National Treasury
Castilho, Euclides	Professor	Department of Preventive Medicine, University of Sao Paulo
Garcia-de Leon Moreno, Carlos Nicolás	Latin American CSO representative	
Hecht, Robert - Chairperson	Senior Vice President for Public Policy	International AIDS Vaccine Initiative (IAVI)
Ivchuk, Volodymyr	Head, International Programme Management Sector, Department of Infectious and Socially Dangerous Diseases	Ministry of Health of Ukraine
Issa, Beng'i	Director of Finance, Administration and Resource Mobilization	Tanzania Commission for AIDS
Kasongo, Kelon	Directeur du Cabinet Adjoint	Ministre de la Santé
Korotkova, Anna	Deputy Director in International Affairs, Chief of M&E Center for GFATM projects	Federal Public Health Research Institute
Kumar, Suresh	Director, Finance	National AIDS Control Organization
Lera, Meskele	Head, Disease Prevention and Control Department	NAC/HAPCO
Marconi, Katherine	Director of Strategic Information	Office of the Global AIDS Coordinator
Mamacos, Peter	Global Fund Liaison	Office of the Global AIDS Coordinator
Moatti, Jean-Paul	Professor	INSERM
Montoya, Orlando	CSR, advocacy in MSM for HIV prevention	Oficina Equidad en Guayaquil
Munguti, Nzoya	Ministry of Health	Ministry of Health, Kenya
Nitsoy, Anastasiya	Consultant	UNAIDS Ukraine

<b>NAMES</b>	<b>JOB TITLES</b>	<b>ORGANIZATION</b>
Ong, Rachel	Civil Society Representative	Asia Pacific Network of People Living with HIV/AIDS (APN+)
Vitillo, Robert	Special Advisor for HIV/AIDS (Civil Society Representative)	Caritas Internationalis
Wang, Weizhen	Deputy Chief, AIDS Division, Bureau of Disease Control	Ministry of Health, China
Zeitz, Paul	President and Executive Director	Global AIDS Alliance
Ahrens, Henriette	Senior Programme Funding Officer	UNICEF
Ball, Andrew Lee	Senior Strategy and Operation Adviser, HTM/HIV Unit	WHO
Garcia-Moreno, Claudia	Medical Officer, Gender, Women and Health	WHO
Gilks, Charles	Coordinator, Anti-retoviral Treatment and HIV Care	WHO
Souteyrand, Yves	Acting Coordinator, Strategic Information	WHO
Tan-Torres Edejer, Tessa	Coordinator, CEP	WHO
Avila, Carlos	Resource Needs Adviser, EVA/RTP	UNAIDS
Braa, Hanne Gaup	Intern	UNAIDS
De Lay, Paul	Director, Monitoring and Evaluation	UNAIDS
Ghys, Peter	Manager, Epidemic and Impact Monitoring (EIM)	UNAIDS
Hankins, Catherine	Associate Director, Human Rights, Gender and Best Practice/PEP	UNAIDS
Izazola-Licea, Jose Antonio	Senior Advisor for Resource and Finance Analysis	UNAIDS
Jacobi, Jantine	Senior Adviser towards Universal Access	UNAIDS
Loures, Luis	Associate Director, Global Initiatives Division	UNAIDS