



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

**Resource Needs Estimation Process: background**

**Methodological Annex - X**

Uniting the world against **AIDS**

## Annex X

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### Resource needs estimation process: background information

Estimating Resource Needs for AIDS is being aligned with the timeline and methods to cost other health-related MDGs for a comprehensive response to the epidemic. UNAIDS has conducted five major exercises to estimate the resource requirements from all sources, domestic and international. The first estimates were prepared for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in 2001<sup>1</sup> and it was inspired by the Secretary General's call in Abuja for a 'war chest' of US\$ 7-10 billion to fight AIDS, tuberculosis and malaria.. It involved estimating the cost of HIV prevention and AIDS care needs in 135 low- and middle- income countries<sup>2</sup>.

The second exercise was conducted for the UNAIDS Programme Coordinating Board in November 2002<sup>3</sup>. Recognising that the global response was less than required to meet the UNGASS goals in many countries by 2005, the achievement of programming levels for a comprehensive response was projected up to 2007. In view of plans for treatment scale-up, two programmes important to health worker retention and morale, namely universal precautions and occupational post-exposure prophylaxis were added. The medical injection safety<sup>4</sup> which had not been specifically included as a prevention measure in the 2001 work was also added.

The third estimates were published in July 2004 for the UNAIDS 2004 Report on the Global AIDS Epidemic. That report benefited from an extensive consultation through 9 regional/sub regional workshops with over 155 experts drawn from 78 affected countries. It took into account the fall in treatment costs which the roll out of the 3 by 5 goal of placing 3 million people in need of antiretroviral treatment by the end of 2005 would produce and the streamlined public health model of service delivery for antiretroviral drugs<sup>5</sup>.

Work on a fourth set of estimates, initiated by a working group of the UNAIDS Reference Group on Economics (URGE), was started early in 2005. These estimates were refined for the High-Level Meeting on "The Global Response to AIDS: Making the Money Work – The Three Ones in Action" on 9 March 2005 and published in August 2005<sup>6</sup>. This fourth cycle of estimates indicated global resource requirements amount to 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 (OVC), as well as programme and human resource costs.

Currently, a fifth round of resource needs is placing this new estimation in the broader context of required resources for the achievement of the Millennium Development Goals (MDGs). In fact,

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<sup>1</sup> United Nations. Declaration of Commitment on HIV/AIDS United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001. New York: United Nations, 2001

<sup>2</sup> Schwartlander B, Stover J, Walker N, Bollinger L, Gutierrez J P, McGreevy, et al. Resource Needs for HIV/AIDS. *Science* 2001; 292: 2434-2436.

<sup>3</sup> UNAIDS. Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years. PCB (13)/02.5 Thirteenth meeting, Lisbon, 11-12 December 2002

<sup>4</sup> Schmid GP, Buvé A, Mugenyi P, Garnett GP, Hayes RJ, Williams BG, et al. Transmission of HIV-1 in sub-Saharan Africa and effect of elimination of unsafe injections. *Lancet* 2004; 363: 482-488

<sup>5</sup> Joint United Nations Programme on HIV/AIDS. 2004 Report on the global AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS, July 2004

<sup>6</sup> UNAIDS. Resource needs for an expanded response to AIDS in low and middle- income countries. August 2005.

the estimation process comply with one of the recommended action items of the Program Coordinating Board (PCB): “Work with national governments, international donors, the Global Fund and other stakeholders to facilitate the building and costing national plans, to improve methodology for global resource needs estimates, and to meet global financial resource needs by mobilizing new and additional resources from donor countries and from national budgets and other national sources, as well as strengthening existing financial mechanisms and continuing development of innovative sources of additional funds”.

Since the first report, 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. It incorporates new changes and improvements, among others: inclusion of expenditures for policy and advocacy in alignment with the UNAIDS prevention guidelines; male circumcision, technical assistance, and activities to reduce violence against women.

The new estimates also address the uncertainty of the required scale-up rates to address obstacles for universal access in a longer projections horizon up to the year 2015. Three scenarios are now incorporated trying to capture reality by modeling three options; extrapolate past trends, growth in coverage to universal access by 2015, and setting global targets assuming universal access for all countries and all interventions achieved by 2010 for prevention and 2012 for care and treatment. Epidemiological improvements incorporate longer survival time and assume earlier start of ARV treatment.

Current estimates also include validated/ revised data on unit costs, coverage rates, and target groups which emerge from the inputs of country specialists from twenty key countries that together will need about half of the total resources required by 2015 (top ten countries with the highest needs and 16 Latin American countries): 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.

The new set of estimates also benefit from the work in progress of setting targets, which is based on a global partnership to support scaling-up of national responses and to contribute to the achievements of MDGs. This process is a country-based /-led undertaking and involves all partners within the framework of Three Ones and GTT.

This process is grounded on global commitments; at United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 where 189 Member States adopted the Declaration of Commitment on HIV/AIDS. The Declaration of Commitment reflects global consensus on a comprehensive framework to achieve the Millennium Development Goal of halting and beginning to reverse the HIV/AIDS epidemic by 2015. Recognizing the need for multisectoral action on a range of fronts, the Declaration of Commitment addresses global, regional and country-level responses to prevent new HIV infections, expand health-care access and mitigate the epidemic’s impact.

The estimation process also recognizes the need to accelerate by considering the limited progress on the Declaration of Commitment and determining national, regional and global actions to overcome identified obstacles. The process is based on consultations at country, regional and global level, explores actions to overcome key obstacles. Although it was governments that initially endorsed the Declaration of Commitment, the document’s vision extends far beyond the governmental sector—to private industry and labour groups, faith-based organizations, nongovernmental organizations and other civil-society entities, including organizations of people living with HIV.

The severity of the epidemic, the current coverage and necessary target coverage of people in need of HIV prevention calls for an intensified prevention strategy. Data recently published shows that a strong, global commitment to expanded prevention programs could avert 28 million new HIV infections between 2005 and 2015. This figure is more than half of the new infections that might otherwise occur during that period in 125 low- and middle-income countries. Thus, greater spending on prevention now would not only prevent more than half the new infections that would occur from 2005 to 2015 but would actually produce a net financial saving as future costs for treatment and care are averted.<sup>7</sup>

In the last five years the number of people accessing antiretroviral therapy in low and middle income countries has increased from 240,000 to approximately 2.2 million. As countries continue to roll-out ART and to reach the ambitious targets they have set then we are set to see even further substantial increases in treatment. The current ambitious target setting is aimed to catalyze acceleration of national response, address unmet needs in particular the needs of most-at-risk groups and supports strong advocacy by civil society. The process is taking into account the country realities. At this stage is a development “process” rather than technically guided exercise requiring predictable long-term financing and analysis of the scaled up implementation capacity.

One of the new areas in the process of updating and projecting the RNE figures involves the analysis and compartmentalization of future needs. The compartmentalization should be built upon the recognition of feasible long-term sustainable financial responses to AIDS (particularly in Sub-Saharan Africa); thus, providing options for the allocation of resources. There is also the recognition of the danger of “bilateral funding fatigue” and the fact that treatment-driven funding to developing countries (especially poor countries in Africa) might prove inherently unsustainable.

Estimating resources needed for AIDS represents an ongoing activity aimed to improve the methods and figures by incorporating current and solid data with each cycle in the estimation process. This endeavour entails the development of standard definitions, methods and tools as a common reference for the working groups. The updating process also represents the opportunity to provide coordination, communication and agreement that would support the technical working groups in conducting estimates of HIV and AIDS resource needs.

Though complex, the estimation process is a resource intensive task involving multiple technical groups and experts in the process. Consideration for the political and strategic implications that come from the estimations is also needed, so that the resulting messages are clear and useful to donors, national governments, program managers and civil society. The resource needs project goes beyond the estimation exercise; to ensure a successful process and the delivery of useful products, the project includes the following activities: (1) coordination, (2) consultation, (3) standardization and (4) estimation.

The first steps include working in close coordination with UNAIDS cosponsors and main stakeholders to develop a process of wide and inclusive consultation. The standardization process includes the production and delivery of reference documents and a critical review of the methodology as well as technical review of innovative approaches. These steps are intended to

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<sup>7</sup> John Stover, Stefano Bertozzi, Juan-Pablo Gutierrez, Neff Walker, Karen A. Stanecki, Robert Greener, et al. The Global Impact of Scaling Up HIV/AIDS Prevention Programs in Low- and Middle-Income Countries. *SCIENCE* 2006; 311: 1474-6.

support a solid, scientific sound and widely accepted estimation process that produce new and updated figures.

Four sub-committees have been established dealing with a) routine work, coordination and logistics, b) supervision and guidance, and c) technical work. The roles and responsibilities of the Core Secretariat group (CSG), technical working group (TWG), Advisory Board (AB) and Steering Committee (SC) have been well defined and fully operational.

The Technical Working Group supports the process by reviewing the current modelling approach; assess improved data inputs and strengths the estimates. The TWG makes recommendations on both short-term and longer-term improvements of data, targets, and methodology or other issues relevant for the AIDS resource estimations, to the Steering Committee and the UNAIDS Secretariat.

The Advisory Board acts as a consultative body, which involve an increased number of developing country representatives and a pluralistic body of experts in the process of AIDS resource needs estimation. Given its broad representation, the Advisory Board facilitates the data exchange between countries and the UN system, and between UN agencies. It will also function as an information sharing forum, voicing expectations and opinions, ensuring that the resource needs meets the specific needs of civil society, governments and UNAIDS cosponsors.

The Steering Committee is a supervisory panel and provides overall guidance to the resource needs estimation process, building political consensus on the financial estimates. The Steering Committee makes sure that all the resource needs shareholders have a clear understanding and knowledge of the estimation process. It also ensures that the resource needs estimation process is based on sound scientific methods and principles.

Estimating future resource needs is linked to the generation of strategic information about the two way linkages between the AIDS epidemic and its response in order to provide a document helpful for advocacy, strategic planning and policy dialogue. Global and country resource needs estimates enable countries for the development and implementation of effective policies, strategies and programmes to halt and reverse the spread of the epidemic.