

Second Meeting of the Resource Needs Steering Committee (SC)
17 May 2005
Geneva

Participants:

Laurent Aventin, France
Perna Banati, Global Fund to Fight AIDS, Tuberculosis and Malaria
Christoph Benn, Global Fund to Fight AIDS, Tuberculosis and Malaria
Euclides Castilho, Brazil
Anupong Chitwarakorn, Thailand
Phil Compennolle, Royal Tropical Institute, Netherlands
Achmat Dangor, UNAIDS Secretariat
Paul De Lay, UNAIDS Secretariat (Co-Chair)
Tsetsele Fantan, Botswana
Charles Gilks, WHO
Penelope Kalesha, Zambia
Mohga Kamal-Smith, Civil society (OXFAM)
Wanjiku Kamau, Civil society
Jim Y. Kim, WHO
Thérèse Lethu, Global Business Coalition on HIV/AIDS
Elisabeth Manipoud Figueroa, UNAIDS Secretariat
Katherine Marconi, USA
Peter McDermott, UNICEF
Jean-Paul Moatti, France
Rob Moodie, Victorian Health Promotion Foundation, Australia (Co-Chair)
Carole Presern, UK
Ezio Tavora dos Santos Filho, Civil society (Grupo Pela Vidada)
Paul Zeitz, Civil society (Global AIDS Alliance)

Presenters:

Tessa Tan-Torres Edejer – WHO
Katherine Floyd - WHO
Robert Greener - UNAIDS Secretariat
Juan Pablo Gutierrez - National Institute of Public Health, Mexico
Catherine Hankins - UNAIDS Secretariat
José Antonio Izazola-Licea - UNAIDS Secretariat
Fritz Lherisson - Global Task Team Secretariat
John Stover - Futures Group International
Pascal Zurn - WHO

Discussion:

Agenda item 1: Review of agenda and objectives of meeting

The objective of the meeting was to respond to the findings and recommendations of the recent Technical Working Group meeting held on May 4th 2005 and provide guidance to UNAIDS on how to proceed with the modelling of AIDS resource needs.

Discussion:

Apart from a request to address technical cooperation and acknowledge some early departures, the agenda was accepted.

Agenda item 2: Outcome of first meeting of Resource Needs Technical Working Group

See report Technical Working Group, presentation Paul De Lay

Discussion:

- The report-generated a discussion on the inclusion of additional health system costs in the AIDS resource needs estimation. Though initially the work by the Commission for Macroeconomics and Health (CMH) was recommended as a starting-point, this needs to be analysed in more depth given differences in methodology (CMH produced economic costs not financial costs and the current exercise requires financial costs).
- The following suggestions were made:
 - Careful assessment is required of what can realistically be done within the limited time frame, and what could be included in a longer term process. A dual process is required, with a) more technical guidance on the methodology and approach for a longer term, systematic process for determining resource needs, and b) improved estimation within 45 days, acknowledging subsequent limitations.
 - The SC was asked to recommend what should be included in the resource estimation. Human resources and programme costs were considered crucial.
 - The Steering Committee agreed with the concept that the resource needs estimates for 2006 to 2008 would be “nested” in a longer time frame to 2015, which would recognize the necessary long term investments in capacity and the potential reduction of programmatic constraints.

Agenda item 3: Update on Global Task Team (GTT)

See background papers Working Groups and GTT folder

By the end of the week, three working groups will have met: Programming & Financing, Technical Support and M&E. Their recommendations will be discussed at the GTT on May 19/20. The second meeting of the working groups and the GTT on implementation and institutionalisation of recommendations will take place in New York on June 1-3, when a discussion about continuation will be made. Some of the issues raised are: country ownership and capacity building in country; division of labour and comparative advantage of different players; moving from rhetoric to reality; and accountability.

Discussion:

- The Steering Committee recommended that the work on Resource Needs be presented to the Working Groups and the GTT, while any relevant information from the GTT and working groups (e.g. Programming & Financing) should be fed back to the Resource Needs SC.

Agenda item 4: Prevention

See presentation Catherine Hankins

With regards to the prevention component of the resource estimation, there are three main issues:

- Difficulties at country level in getting the appropriate mix of prevention programmes given data limitations on the efficacy of specific interventions and effect of synergies across interventions ; lack of mechanisms to analyse and use data; and reluctance to prioritise interventions and make difficult choices;
- Implications for the resource needs estimates of programming by epidemic state: low level / concentrated / generalised;
- Comprehensive coverage:
 - o How should this be defined? Suggestions for maximum coverage levels per intervention per category of country were presented.
 - o When should this be reached: by extrapolation of current growth rates or by setting of a target date? Comparisons were shown for PMTCT for current growth versus different target dates.

Discussion:

Categorisation of countries and varying maximum coverage rates:

- The Steering Committee welcomed the categorisations of countries according to the state of the epidemic.
- The SC agreed that a consistent approach should be used to differentiate maximum coverage rates for each intervention per epidemic state.
- The Steering Committee accepted the way in which sensitivity analysis around different maximum coverage rates for interventions would generate different resource needs estimates for “bigger ticket” interventions such as universal precautions, community mobilisation, VCT and workplace programmes).
- Moreover, it was agreed that interventions such as universal precautions and safe medical injections need to be carefully considered because they are not implemented solely to prevent HIV transmission but prevent other health problems as well and are thus part of wider health sector costs.
- A suggestion was made to use country-specific information on relative burden of disease for health care systems to determine the proportion of costs for medical preventive interventions that should be linked to HIV. The appropriateness of such a proxy needs to be assessed.
- The SC suggested that sensitivity analyses reflect the implications of the choices made, as was presented for universal precautions (e.g. “US\$ 2.3 billion is required to provide universal precautions for all countries, US\$ 500 million would be needed if universal precautions were only offered in countries with generalised epidemics, US\$34 million is needed if only countries with prevalence above 5% are included”).
- The SC also pointed out that it was important to be aware of the financial and political implications of maximum coverage rates (e.g. diversion of resources).

Target date for comprehensive response:

- The difficulty of translating current global prevention targets into coverage rates to facilitate the resource needs estimation process was discussed briefly. This is mainly due to limited evidence on effectiveness of several prevention activities.
- The Steering Committee agreed that the modellers would present two options:
 1. Resource needs with country-specific rates of scale up based on observed growth rates, and
 2. Resource needs overriding the model outcomes to achieve a comprehensive response globally by 2010.

Agenda item 5: Treatment and care

See presentation Robert Greener

In the treatment component of the needs assessment, the key issues for discussion were:

- Rate of scale up.
- Assumptions on treatment model (e.g. starting level of coverage, unit costs).
- Incorporation of new estimates and projections of paediatric formulations.

Discussion:

Universal coverage target

The Steering Committee discussed at length the meaning of “universal access” as the target suggested by the Commission for Africa and by the UK for the G8 Summit.

The discussion centred upon the difference between coverage and access, and in particular, what level of coverage can be thought of as representing a situation of universal access, where all those who seek to obtain treatment are able to do so.

There were suggestions of 80% (as used by WHO for their long term projections of treatment need), or 85%, but no final agreement was reached on this point. Members of the Technical Working Group would be solicited for input.

- The SC was informed of the crucial role of current coverage rates for estimating future needs for treatment and care. It is hoped more information on this will be received from the WHO as soon as possible, even if the information is preliminary until end 2005. It is also important that WHO is able to validate the values of other crucial assumptions incorporated in the model, such as the survival benefit of ARVs, and the toxicity and failure rates which determine the proportions needing second line treatment.
- There was a suggestion of delaying the publication of the resource needs estimation until more information was available on current coverage levels and countries had set national targets for scaling-up. However, the SC decided to proceed with the current timing, while also establishing a longer term process for seeking country participation and endorsement of resource need estimates.
- Given the lack of a clear numerical target, the SC agreed that the modellers would present two options:
 1. Resource needs with formulaic country-specific, capacity enhanced rate of scaling up, and

2. Resource needs for reaching the goal of “universal access” by the year 2010, overriding the model outcomes if necessary, consistent with the above estimates for prevention.
- However, it was stressed that the Resource Needs group is not expected to explicitly set targets that are determined through other (political) processes.

Other Issues:

- The need for chronic disease management and the crucial role of the wider health sector for continuation of treatment was stressed. Though information is currently becoming available on start-up costs of treatment (e.g. through review of 3x5 initiative), there is less known about the potential health system needs for treatment. However, it is clear that substantial investments are required, which should be included in the estimation of AIDS resource needs.
- The SC noted some other issues that would require further attention in the longer term:
 - o impact of prevention on need for care and treatment,
 - o impact of treatment on the epidemic, and
 - o trends in second line treatment costs

Agenda item 6: Orphans and vulnerable children

See presentation John Stover and Peter McDermott

The presentation described the package of services included in UNICEF’s estimates of resource needs for 2005-2010. Coverage is assumed to expand to 100% of the population in need by 2010. Currently this estimation is limited to sub-Saharan Africa (where 30% of all orphans are attributed to AIDS) and includes all orphans living in households below the poverty line. This work will be used as the basis for the orphan component in the AIDS resource needs estimation.

Discussion:

Definition of OVC:

- The definition of OVC was debated (e.g. issue of children of single parents), but the presenters stressed that the definition of OVC for the resource estimation (double, near and half of all single orphans) was only a proxy and not intended for programming (where country-specific vulnerability assessments should be used to identify OVC).
- Given the discussion on the definition of OVC to be included in the AIDS resource needs estimation, the Steering Committee decided it would be useful to present the results as the sum of different components (double + near + single orphans).

Other:

- The SC discussed the importance of a relatively large “administration” component because of the need for e.g. birth registration when working with OVC. This component does not overlap with the programme costs elsewhere in the resource needs assessment.

Agenda item 7: Gap analysis

See presentation José Antonio Izazola-Licea, and background paper

The presentation clearly showed how, for various reasons, the financing gap can not be quantified as merely subtracting the “resource needs estimation” from the “resources available projections”, mainly because they use different methodologies to be estimated. Therefore, any financing gap can only be seen a conservative proxy of the gap that needs to be overcome to implement a comprehensive AIDS response. For instance, a gap analysis must also include an “implementation gap” (because nationally identified needs do not always match the internationally determined needs). Moreover, the gap analysis should also acknowledge that not all activities funded by donors (i.e. resources available) are directly available at country level. In the meanwhile, the UNAIDS Global Resource Tracking Consortium, with the subgroup on Resource Availability and Projections, is working on refining the methodology for estimation and projection of resources available and direct comparability on the classifications and methods to the resource needs (e.g. country case studies).

Discussion:

- The SC discussed the difficulty of determining the financing gap and the limited scope for improvement in the short term. Therefore, it was agreed to:
 - o represent the resources currently available (i.e. the latest date possible considering the time lag with which data is delivered by different actors),
 - o not explicitly mention a “financing gap” as a subtraction of resources needed and available.
- However, it was also noted that a scenario describing what could be achieved (or not) based on current pledges, commitments from international donors over the next three years might still be useful.
- The presenter was also asked about the possibility of disaggregating the resource availability estimation by intervention or distinguishing between programme and non-programme commitments. This is not possible currently due to the aggregated way in which the financial information is reported by the funding sources.

Agenda item 9: Second Global Plan to stop TB

See presentation Katherine Floyd

The presenter focused on the overlap between the costing of the Second Global Plan (GP2) and the AIDS resource needs estimation. The deadline for GP2 is September 2005 to be launched in January 2006. The main overlap is in the HIV projections and TB/HIV collaborative activities. A lot of effort has already been made to ensure consistency, such as:

- GP2 will use UNAIDS projections to 2015 of HIV incidence, prevalence, mortality (already provided by Peter Ghys and Karen Stanecki).
- Costing of TB/HIV collaborative activities will use:
 - o UNAIDS projections for 135 countries of numbers of HIV+ people attending client-initiated testing (VCT) and being routinely offered counselling and testing services, numbers of people enrolled on ART (both overall and for TB patients specifically), and unit costs for ART and prevention for people living with HIV.

- More work needs to be done on (not only for TB and AIDS but other priority diseases such as malaria):
 - o content of presented scenarios (e.g. balance between realistic vs. "aspirational"),
 - o methodology/assumptions for assessment of funding availability,
 - o reporting of key figures, e.g. focus on total need, or external financing requirement, or funding gap.

Discussion:

- The SC welcomed the efforts to ensure consistency and stressed the importance of reporting comparable figures (including using the same timeframe 2006-2008).
- The SC pointed out the need to also have a consistent approach to inclusion of broader health system investments (e.g. incorporated in unit costs or costed separately).
- Some members of the SC called for more explicit inclusion of the costs of social mobilisation and advocacy, for which currently proxies are used due to data limitations.

Agenda item 10: Modelling

See presentation Juan Pablo Gutierrez

This presentation discussed the way in which uncertainty can be addressed in the resource needs estimation. Key questions in this respect are:

- selecting the variables that determine uncertainty,
- choice of ranges,
- distribution of probability per country or common pattern.

Discussion:

- The SC recommended this as an area of work for the Technical Working Group.
- The price of second line antiretrovirals was mentioned as one of the main uncertainties, together with the ability to take a sustainable, "system-friendly" approach to scaling up treatment.
- The need to involve countries in the resource needs estimation was stressed by several members of the SC, e.g. with regards to setting of targets for treatment, determining the comprehensive approach and appropriate assumption on the rate of scaling up interventions. Some of this can be addressed in the next series of UNAIDS country workshops.

Agenda item 11: Programme and human resource costs

See presentation Tessa Tan-Torres Edejer and Pascal Zurn

The first presentation discussed the costing of incremental programme costs, i.e. "system" level costs above the point of contact with the patient or members of the target population. While previous resource needs estimations covered this area as a fixed percentage of total costs, the current work seeks to specify and cost specific components (e.g. supervision, management, M&E, operational research). The first output, based on expert opinion mostly, will be available by June 15, 2005. Thereafter

the methodology will be expanded and adapted to be able to provide consistent estimations for the priority diseases.

Discussion:

- The presenter posed three questions to the SC:
 1. Is the new methodology acceptable?
 2. What is the role of the non-governmental sector? What are the associated costs (e.g. regulation)?
 3. What is the cost of technical assistance?
- The SC welcomed the new methodology, both the short-term methodology and the planned additions for the medium/longer term (e.g. HR, infrastructure).
- The SC stressed the role of the non-governmental sector as a provider of services, including technical assistance, monitoring and regulation.

The second presentation focused on the costs of investments in human resources for health to achieve the target coverage by 2008 and 2015. This is based on projections of the numbers of patients, the corresponding workforce needs (patterns of care) and the gap between available human resources. Costs come from education, investment and retention efforts. By June 15, the main costs can be presented for doctors, nurses and pharmacists in sub-Saharan Africa. A fuller analysis will be completed afterwards.

Discussion:

- The Steering Committee approved of this addition to the resource needs estimation, even though the information provided by June 15th would be still incomplete (e.g. not including all HR such as community workers), as long as the limitations were presented in a transparent way.
- A suggestion was made to also use Global Fund proposals for further information on additional human resource requirements for AIDS interventions.

Agenda item 12: Further actions

See presentation Paul De Lay

A timeline was presented aiming at finalisation of the resource needs estimation by mid June 2005. This timeline was discussed by the Steering Committee and adapted accordingly. Some of the dates may be altered based on the availability of specific data and the amount of progress made.

18 to 27 May	The UNAIDS estimation/modelling group will run the models, based on recommendations from both the Resource Needs Technical Working Group (TWG) and the Steering Committee (SC).
27 May	First draft resource needs document distributed to TWG for comments.
3 June	Review of Draft1 by TWG (written).
3-7 June	Revision of resource needs estimation by Modelling Team.
13-16 June	Finalization of Draft3 by Modelling Team.

17 June	Virtual meeting of SC for endorsement of Draft3 (teleconference).
18-20 June	Finalisation resource needs document by UNAIDS
20 June	Preliminary results for GFATM replenishment meeting
27 June	Special meeting in Geneva, linked to UNAIDS PCB, to report on follow-up to 9 March meeting with respect to both resource needs and resource availability.

Longer term plans (facilitated by the UNAIDS Secretariat):

- Follow-up PCB discussion on resource needs
- Longer term process of:
 - o Further improvement of methodology (e.g. addressing uncertainty),
 - o Continuous updating of parameters – with a recognition that resource needs numbers should be updated only every 18- 24 months to avoid confusion,
 - o For both estimation of « resource needs » and « resources available ».
- Increased engagement and participation of developing countries in resource estimations.