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Reference: EMP/AFE/RTN/CA/cn

Ms. Beate Ramme-Fülle
Coordinator
Action against AIDS Germany

5 November 2009

Dear Ms. Ramme-Fülle,

Thank you very much for your continued support for the movement towards universal access and in particular for your interest in the 2009 UNAIDS publication, “What countries need: Investments needed for 2010 targets”. Our Executive-Director has set universal access to HIV prevention, treatment, care and support as the top priority for UNAIDS. I am pleased to provide you with detailed information on how the estimates were produced and the main differences with respect to the 2007 publication (“Financial Resources Required to Achieve Universal Access to HIV Prevention, Care and Support”).

UNAIDS has developed the latest round of the resource needs estimates according to the universal access targets defined by countries. This approach reflects current coverage rates and countries’ capacity to absorb the resources available. It also involves a rate of scale-up that anticipates that countries will attain universal access targets for a comprehensive set of prevention, care, treatment, and support services. The setting of a small set of national targets for moving towards universal access was recommended by a global steering committee made up of representatives from civil society, development partners, UN agencies, academia, the private sector and regional organizations. These national targets are intended to build on, strengthen and expand national strategic plans.

National targets play a critical role in helping to establish country-owned and country-led strategic priorities and in focusing efforts towards universal access, as demonstrated by the experiences of UNICEF and the World Bank, whereas global targets risk failing to create a sense of country ownership. It is important that targets reflect the priority activities of the national programmes and the national context.

National targets also provide a yardstick for monitoring action and results and allow for the review of progress achieved and barriers encountered. This allows for more focused and efficient action on scaling up towards universal access goals that are attainable in a given country, and contributes to the achievement of existing global commitments. As national targets are a reflection of joint partners’ commitment at the country level in terms of quality and coverage, they therefore

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help to advance harmonization and alignment, as well as mutual accountability. These targets also facilitate country-specific advocacy for awareness creation, strategic information and resource mobilization.

The plethora of global targets that already exist has practical implications on countries' monitoring capacity and on the subsequent quality of the data produced. Many countries are overwhelmed by requests for data (particularly from donors) and report difficulties in meeting all of their reporting requirements. It is the experience of UNAIDS that in these cases the data provided can be patchy and of sub-optimal quality. The effect of this "indicator proliferation" has been consistently noted by the UNAIDS Monitoring and Evaluation Reference Group (MERG), which has recommended that no more than 30 indicators be used at the national reporting level.

The country-defined universal access approach assumed different rates of scale-up for each intervention in each country, meaning that each country would attain universal access for specific programmatic interventions at different times. Countries would give priority to the most effective programmatic services, as dictated by data derived from national efforts to "know and act on your epidemic".

Regarding the difference in estimates between the 2007 and 2009 reports, the 2009 report includes updated resource needs estimates that take into account changes in several inputs and other factors, as follows:

- Revised epidemiological estimates are based on the latest global HIV prevalence data from the UNAIDS "AIDS Epidemic Update" and the "2008 Report on the global AIDS epidemic", including adjustments to all of the epidemiological projections.
- The more recent data show that global HIV prevalence is levelling off and the number of new infections each year is beginning to decline, partly as a result of the impact of HIV programmes. Although AIDS remains among the leading causes of death globally and the primary cause of death in Africa.
- The "2007 AIDS Epidemic Update" and the "2007 Financial resources required..." document already included significant declines in the number of people living with HIV, compared to previous estimates. These included marked declines in India, as found in the NFHS-3 survey.
- While there were no changes made to the methodology used, 33 countries provided updated files after the "2007 AIDS Epidemic Update" was completed. Important revisions of estimates, particularly in sub-Saharan Africa, also contributed to the changes to the figures. Of the total difference between in the estimates published in 2006 and 2007, 70% was due to changes in seven countries: Angola, India, Democratic Republic of Congo, Kenya, Mozambique, Nigeria, and Zimbabwe.

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The changes in HIV prevalence had implications on the number of adults and children in need of antiretroviral treatment; on the number of people living with HIV and tuberculosis; the number of women needing services to prevent mother-to-child transmission of HIV; and the number of people with opportunistic infections.

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This contributed to changes the programme support costs incurred during the provision of these services.

The reports also incorporate updates and adjustments in other areas:

- A new definition of “antiretroviral treatment need”, used in the 2007 publication, is also being used in the latest estimates. Evidence regarding survival from time of infection until the point the meeting of antiretroviral treatment eligibility criteria suggests that antiretroviral treatment should be started, on average, eight years after infection. Starting treatment earlier improves survival and quality of life. This new criterion means an increase in the number of people living with HIV who need to be started on treatment, resulting in increased costs. The eligibility criteria will be subject to review by the World Health Organizations and partners during 2009.
- Prices for antiretroviral therapy are updated in each new cycle of estimation using the prices provided for antiretroviral medicines in the AIDS Medicines and Diagnosis Service” (AMDS) database of the World Health Organization (available at www.who.int/hiv/amds).
- Palliative care interventions were revised, as defined by the World Health Organization, and include a diverse set of medications to treat common symptoms of AIDS and the accompanying opportunistic infections. (e.g. opioids for pain relief).
- Programme support costs estimated by the World Health Organization were also adjusted. The annual requirements for the country-defined universal access scenario were previously estimated at US\$ 8.9 billion and are now estimated to be US\$ 3.9 billion in 2015. This represents a relative reduction of 56% for financial needs for programme support costs.

UNAIDS has traditionally produced short-term resource needs estimates. However, for the first time, the 2009 publication presents estimates for a seven-year horizon that corresponds to achievement of the Millennium Development Goals by 2015. The recent global economic downturn and increases in food prices and oil may have an impact on international aid for HIV. This publication presents all of the associated costs for the commitments expressed in the United Nations General Assembly Declaration of Commitment (2001) and the High-Level Political Declaration (2006) to attain universal access to prevention, treatment, care, and support.

The three actions requested in your letter have therefore been addressed, in that:

- The updated resource needs estimates already published are, in fact, based on the best available data and scientific criteria regarding populations in need and access targets for key interventions. The latest estimates are based on the best and most up-to-date information on populations, epidemiological projections and costs available.
- The country-specific information on targets is derived from transparent work with countries. Country-defined targets are available on the UNAIDS website.

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- The 2009 resource needs publication includes information not only on estimates for health system strengthening, but also detailed information on programme costs and cross-cutting activities.

Lastly, let me clarify that estimating the resources needed for AIDS is an ongoing activity and that UNAIDS is always trying to improve its methods and figures by incorporating current and solid data into each stage of the estimation process.

I hope that this has satisfactorily responded to the questions and concerns raised in your letter. Please do not hesitate to contact me if you require any further information.

Yours sincerely,



Carlos Avila
Chief, AIDS Financing and
Economics Division a.i.

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