HIV/AIDS Resource Allocation and the *Goals* Model

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How do the Tools Fit?

- ANC Surveillance Data
- Census/UN Pop Division Estimates
- UNAIDS model epidemic patterns
- Costing and coverage data
- Existing effectiveness data

What is the prevalence of HIV/AIDS?

EPP Model

How will the demography be affected?

Spectrum

What resources are required?

Resource Needs Model

How should we allocate resources?

Goals
Comparison of Resource Needs and Resource Availability

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<thead>
<tr>
<th></th>
<th>Countries</th>
<th>Years 1-2</th>
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<td>Zambia</td>
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</table>
Current Strategic Plans

Goals

Objectives

Activities

Budgets

Budgets are not linked to goals!
• Most countries now have strategic plans, but the costing is done after the plan is developed.
• There is no strategic analysis of funding and goals.
• There is no exploration of the effects of alternate patterns of resource allocation.
• There is little understanding of the cost to achieve specific coverage of key services.
Why Use Goals in Africa?

- To improve resource allocation for a country’s HIV/AIDS programs
  - How much funding will be required to reach the goals of the strategic plan?
  - What goals can be achieved with the available resources?
  - What is the effect of alternate patterns of resource allocation on goals and cost-effectiveness?
How was Goals Developed?

- Reviewed national strategic plans from 20 countries.
- Reviewed and evaluated 241 published and unpublished papers on the impact of HIV/AIDS interventions in developing countries and the costs of interventions.
- Developed the model in Excel (also being made available in Spectrum).
- Used Goals in 13 developing countries (7 in Africa, 4 in Asia, 2 in LAC) (11 of 15 PEPFAR countries have a completed Goals model).
Structure of the **Goals** Model

**Programs**
- Policy
- Interventions
- Prevention
- Care and treatment
- Mitigation
- Program support

**Budget Coverage**
- Improved Policy environment
- Behavior change
  - age at first sex
  - number of partners
  - condom use
  - STI treatment
  - safe injections
- New HIV infections
- Increased care, treatment & mitigation
- Treatment Coverage
Goals is intended to be a tool to assist interactive discussions among all stakeholder.
Disclaimers

- Model output depends critically on assumptions about unit costs and impact
  - Best studies are more likely to be published
  - Poorly implemented programs will not have the same impact as good programs
- Difficult to capture synergies
- Cost-effectiveness is not the only basis for resource allocation decisions
How Has Goals Been Used?

• Estimated UNGASS global resource requirements
• Used to develop 2-7-10 global PEPFAR targets and country targets
• Applied to develop GFATM applications
• Used in the design of strategic plans
• Applied to evaluate progress towards the achievement of strategic plans
How has Goals been Applied? An Example from Kenya
Kenya’s Principle Objectives

- Reducing HIV prevalence in Kenya by 20 to 30 percent among people aged 15 to 24 years by 2005.
- Increasing access to care and support for people infected and affected by HIV/AIDS in Kenya.
- Strengthening response, capacity and coordination at all levels.
Can these Objectives be Achieved with the Available Resources ($710 million over 5 years)?

If not, can they be achieved through a combination of improved allocation and additional resources?
Will $710 million over 5 years produce...

A 25% reduction in HIV prevalence among 15 to 24 years olds by 2005?

Increased access to care and support for people infected and affected.

Strengthened response, capacity and coordination at all levels
NRE expected to reduce HIV prevalence by 14% by 2005

HIV Prevalence (15-24)

Goal: 25% Reduction

No additional resources

With NRE

Uses of the different scenarios

- **Current plan scenario:** How much of an impact will currently planned funding have?
- **Improved allocation scenario:** What can be achieved with currently planned resources but programmed in a more cost-effective manner?
- **Full cost scenario:** What is the full cost of achieving the reduction of prevalence required by the strategic plan?
## GOALS RESULTS


<table>
<thead>
<tr>
<th>Source</th>
<th>Reduction in HIV Prevalence</th>
<th>Recurrent Costs</th>
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</thead>
<tbody>
<tr>
<td>Current Plan Scenario</td>
<td>13.8%</td>
<td>$710 million</td>
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<tr>
<td>Improved Allocation Scenario</td>
<td>+3.2%</td>
<td>$0</td>
</tr>
<tr>
<td>Marginal Resources</td>
<td>+8.0%</td>
<td>$60 million</td>
</tr>
<tr>
<td>Full Cost Scenario</td>
<td>25.0%</td>
<td>$770 million</td>
</tr>
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Conclusions

• A 25% reduction in HIV prevalence among 15-24 year olds remains a feasible target for 2005.

• NACC needs to influence donor & government resources to the most effective interventions.

• Additional resources of approximately US$60 million will be necessary to achieve the prevention target.
Lesotho: Goals and Resource Requirements

Millions $US/yr

- Inventory of available funding
- Initial Budget Estimates
- Budget Allocation Team
- Priority Setting Team

Budget Allocation Team

Priority Setting Team

Initial Budget Estimates

Inventory of available funding
Results from Goals Application in South Africa

- Goals showed little funding for sex workers. As a result, the MTEF recommends increased funding for this area.

- Goals confirmed that government programs are doing virtually nothing with MSMs and IDUs and that very little information is available on these behaviors. Government agrees to research these groups (but no new funding yet).

- Goals showed that condom provision was falling short of need. More funding for condoms is now programmed.

- Goals confirmed previous estimates of the amount needed for PMTCT.

- Goals confirmed that a nationwide ARV program is affordable. Government has agreed in greatly expand access to ARVs.