



Introduction to the Asian HIV/AIDS Resource Needs Estimation and Costing Model (The Asian Model)

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An Overview of the Asian Model



Suggestions by reps
of 19 Asian countries
/ Review by UNAIDS
experts

Asian Model

Asian context

- Asian targets
- new functions
- new interventions
- harmonization with CAA Report

The Resource Needs Model (The Futures Group)

(1) Strong alignment with the Commission on AIDS in Asia Report

Key recommended interventions and targets are included by default

Onsite reference to evidence & recommendations of CAA

Provides justification and credibility

Recommended strategic directions are reflected in costing methodology (e.g. community/peer-based interventions for MARPs)

CAA

(2) Enabling Environment

- ❑ **Considered critical but not included/disaggregated**
 - ❑ *Legal, gender, governance and human rights aspects of HIV responses*
 - ❑ *E.g. Laws related to the use of TRIPS flexibilities, decriminalisation of MSM, IDU harm-reduction activities etc.*

(3) Results-based costing



Intervention	Targets/indicators
Review/develop/amend intellectual property laws to allow the application of TRIPS safeguards and flexibilities	Presence of IP laws that will enable access to affordable generic HIV medicines by 20XX (target year defined by each country)
Review/amend/remove policies and laws that discriminate against vulnerable populations, including women, sex workers, IDUs and MSM	Presence of legislations/policies that de-criminalise sex workers, MSM and harm-reduction activities and that promote and protect the rights of women including their right to property and inheritance by 20XX
Provide affordable legal support for PLHIV and vulnerable groups	% of vulnerable population having access to affordable legal support
Conduct research and/or strengthen surveillance system to collect epidemiological data related to HIV and provide evidence for optimal decision-making and resource prioritisation	Presence of surveillance system and to the monitoring of HIV, AIDS, STIs, TB, malaria, hepatitis, etc.
Monitor human rights violations against people living with HIV and their family members	Presence of human rights violations against people living with HIV and their family members
Implement programmes to reduce stigma and discrimination	Reduction of stigma and discrimination against people living with HIV and their family members
Support the empowerment and capacity building of HIV positive people's networks for their meaningful participation in the response	Presence of positive people's networks organisationally and financially empowered to advocate for their rights and provide services by 20XX
HIV/AIDS training for law enforcement officials and judges	Y% of law enforcement officials and judges trained on HIV by 20XX
Other programmes/interventions defined by the user	Defined by the user

Accountability
Benchmarks

(4) Onsite unit cost calculation function

Calc

- Unit cost calculations can be done onsite**
 - No longer required to use a different tool (e.g. INPUT) for unit cost calculations*
 - Retains records of how the unit cost was calculated*
 - Highly flexible unit cost calculations*

(5) Priority intervention summary



- *Separate chart/graphs only for key priority interventions as per CAA*

Priority Interventions	2008	2009
	US\$	US\$
1. HIV prevention among sex workers	1,798,680.00	2,225,600
2. HIV prevention among men having sex with men	834,200.00	799,640
3. HIV prevention among injecting drug users	2,660,000.00	2,825,000
4. HIV prevention among clients of sex workers	-	
7. Prevention of parent-to-child transmission (PPTCT-Plus)	250,000.00	271,428
Total: Priority Interventions	5,542,880.00	6,121,669
Total: Resource Required	5,542,880.00	6,121,669
Total: Resource Available	1,250,000.00	

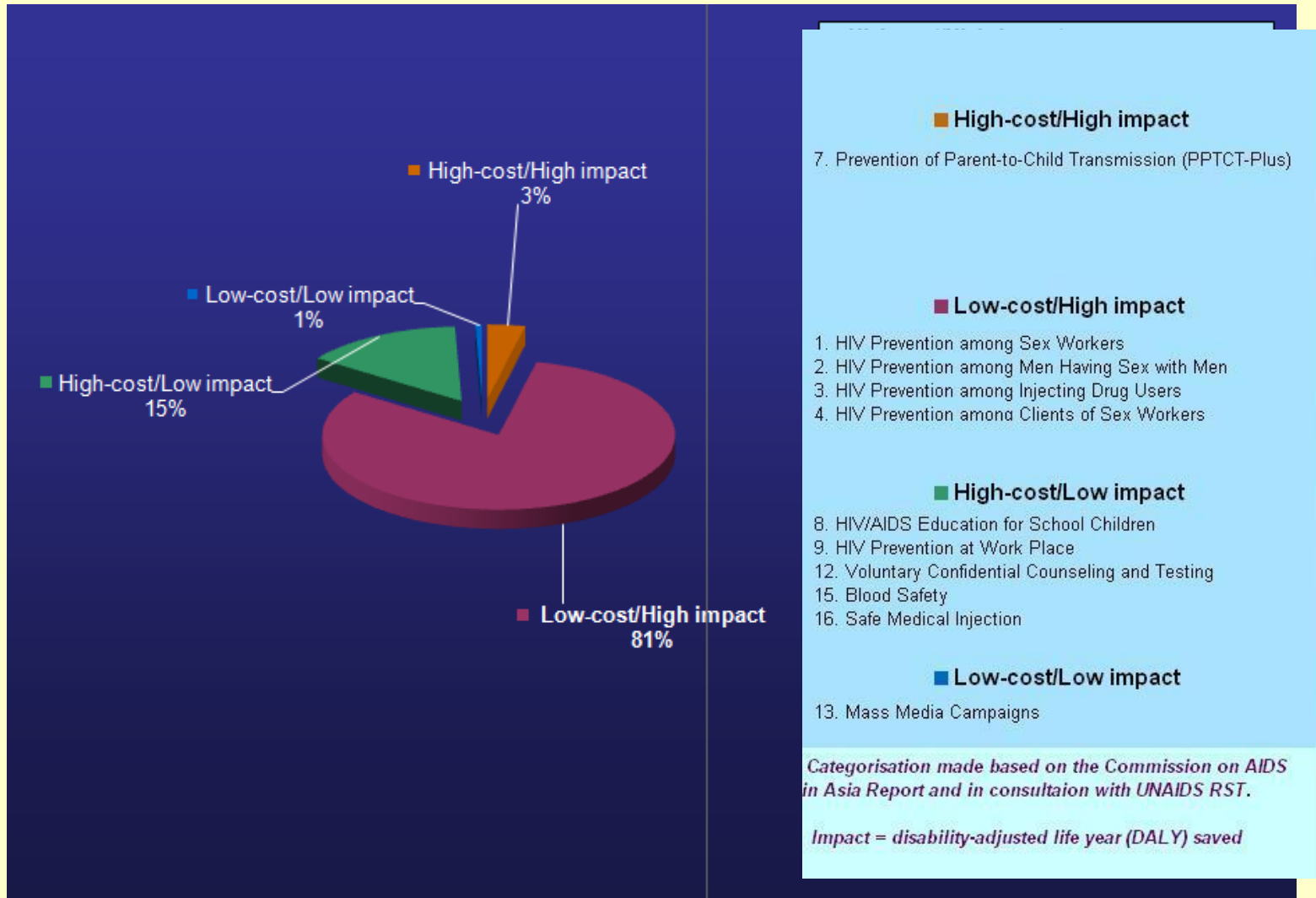
(6) Impact analysis



Impact analysis graph

- Visualisation of interventions according to cost-impact categorisation*
- Impact in terms of DALY saved (DALY=disability-adjusted life years)*

Impact analysis based upon the cost per DALY saved (disability-adjusted life year)



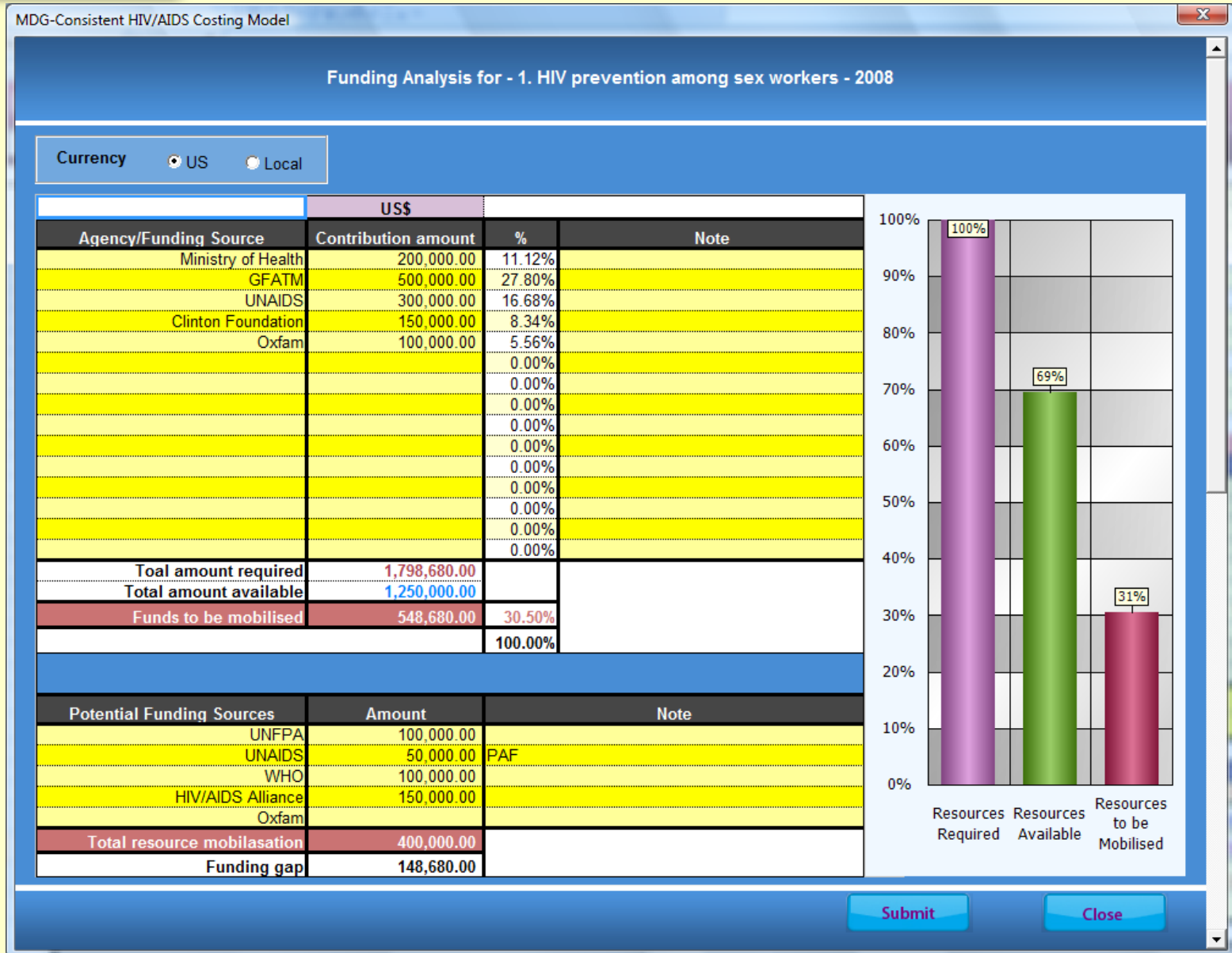
*Only for Prevention / Impact category based upon CAA Report (p91) and inputs from UNAIDS

(7) Funding analysis



Funding

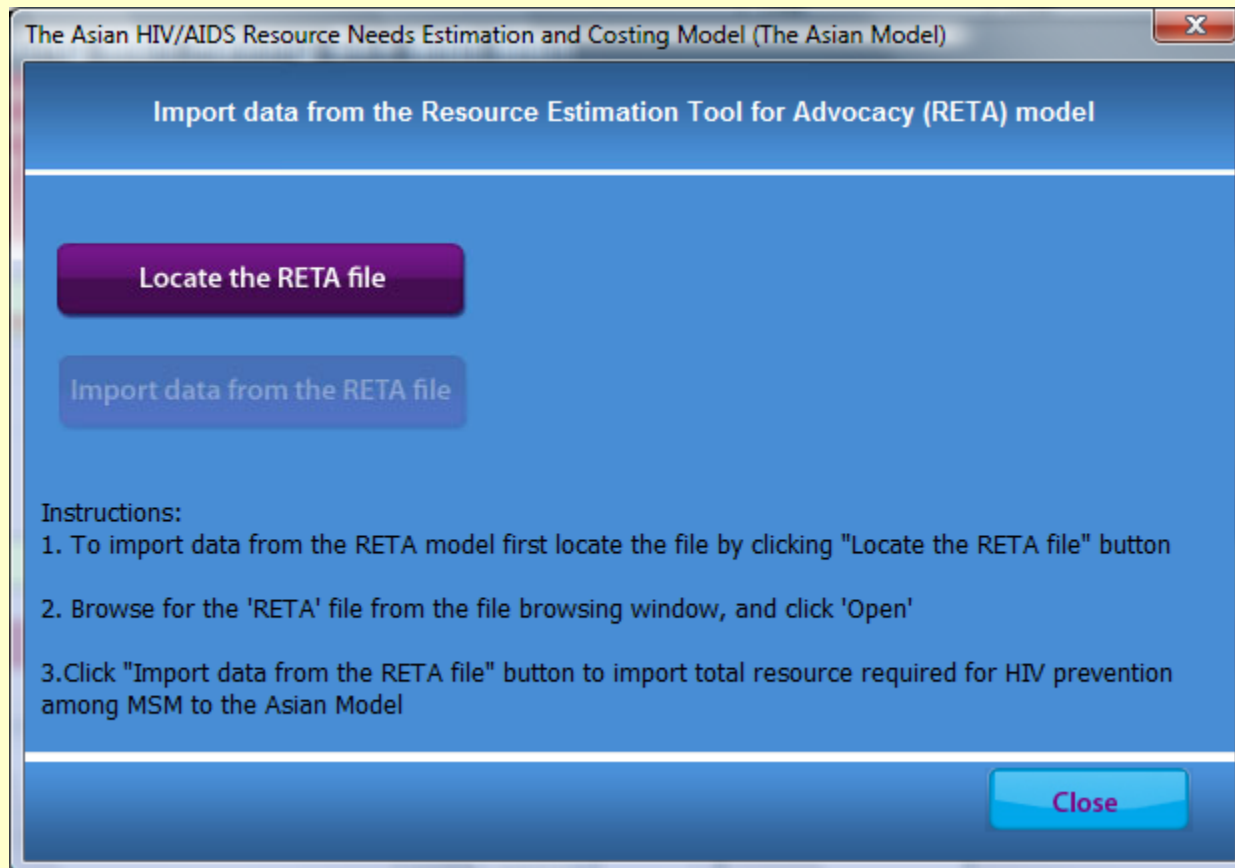
- Who is paying how much for what?*
- What is the resource gap?*
- How to fill the resource gap?*



(8) Integration of community voice

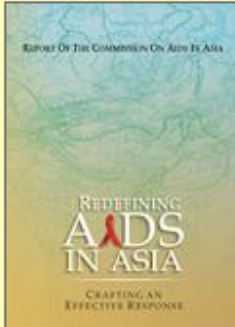


❑ Direct importation of data from the RETA model (by USAID)



Summary

- ***Can be a powerful guiding tool in alignment with the Commission Report***
- ***Enhanced analytic functions to appreciate realistic needs and gaps***
- ***Single tool both for the unit cost and resource needs estimation***
- ***Designed specifically for Asia***



From the Report of the Commission on AIDS in Asia

- **'The Commission recommends that prevention programmes for most-at-risk populations should be implemented through community-based and other civil society organizations' (p. 216)**
- **'In every setting with a flourishing sex trade, achieving and maintaining high levels of condom use in commercial sex will, more than any other intervention, prevent the greatest number of HIV infections in the society as a whole' (p. 42)**
- **'Avoiding HIV infection is seldom the main concern of sex workers or drug injectors, mainly because of the need to deal with daily hardships like police harassment, the threat of violence, and the need for safe shelter and income. - Fostering a sense of respect and trust, or providing safe spaces in otherwise unsafe settings, can make a difference. Drop-in centres, for example, provide temporary havens where people can gather, share their experiences and ideas, gain information and link up to relevant services (whether HIV testing and counseling, treatment for sexually transmitted infections or finding a room to rent)' (p. 116)**
- **'- [A]bout 60 per cent of most-at-risk populations need to adopt safer behaviours if HIV epidemics are to be reversed. Importantly, to achieve that level of behavior change, service coverage has to reach at least 80 per cent.' (p. 4)**

Close

