

## **Summary Note on Expert Consultation on Costing HIV Responses in Asia 27-29 October 2010, Bangkok**

This note is intended as a short summary of the recent consultation to share immediately with partners to indicate meeting outcomes and action points while the extended meeting report is finalized.

### **Background:**

At present various tools are used to derive cost-related information on the HIV response in countries. These include tools to derive unit costs, estimate total resource needs, cost strategic or operational plans, and to optimize resource allocation, track expenditure and estimate cost effectiveness. There is a lack of information or understanding in many countries among national HIV program managers and planners about the respective use, comparability, and compatibility among different tools. Consultants have personal preferences based on familiarity. For The Global Fund, proposals with separate commodity based budgets have to be derived, and there are problems since the Technical Review Panel cannot compare costs across proposals derived through different methods.

The necessity for an experts meeting on costing to address the technical issues was agreed upon at a teleconference among partners in February 2010. The need was reinforced by the fact that the meeting outcomes could support the National HIV Strategic Planning (NSP) process when the majority of countries in Asia-Pacific are developing new NSPs in 2010-2011 that need to be cost-supported. Also, the meeting would support Global Fund (and other) proposal development at a time when resources are expected to decline, so that countries must prioritize and implement the most cost-effective programmes.

### **Objectives of the Expert Consultation:**

The "Expert Consultation on Costing HIV Responses in Asia-Pacific" was held in Bangkok from 27 to 29 October 2010. Thirty-four participants who are costing tool developers and users, planners from various countries in Asia-Pacific, and development partner representatives attended the meeting (*Annex 1: List of Participants*).

### **The meeting objectives were to:**

- assess nine costing tools used in the region based on technical and user criteria;
- develop harmonized guidance for countries on appropriate tools for costing the HIV response depending on purpose, focusing on linkages to NSPs, operational planning, project-level planning, and Global Fund and other donor proposal budgets;
- consider next steps for dissemination of the experts' costing guidance, piloting any new tools, and meeting technical needs; and
- identify organizations that can take forward any further technical development of costing models, and the ensuing technical support and capacity building.

### **Meeting Consensus on Costing:**

From technical review of the costing tools (*Annex 2: Expert Review of Some Commonly Used HIV Costing Tools*) and discussions, the experts came to consensus that **five core elements need to be included in a HIV costing tool:**

1. Calculation of **unit costs for intervention services for the key at-risk populations** in Asia-Pacific, namely injecting drug users, female and male sex workers and their clients, men who have sex with men, and other country-specific at-risk populations, as well as for lower risk populations
2. **Costing of standardized components of service packages for each population that incorporate best-practice recommendations** on required elements for interventions
3. Ability to **incorporate intervention coverage targets** for different at-risk populations to estimate the cost of scaling-up services over a specific time period
4. Ability to make a **financial gap analysis**.
5. Instructions on costing procedures (**user-friendly manuals**)

**Operational Planning was considered to be the key level for costing, because it is done more often, annually or biannually, and longer term NSPs need to be linked to the prioritized activity planning.** If the above elements are included in a core costing application, additional elements such as cost-effectiveness analysis, budgets for proposals, etc. could be available in compatible, linked, extension models, rather than developing one super-model that fulfills all national costing needs. An Excel-based model is the preferred option since national capacity in Excel is good.

**Most significantly, at the meeting the experts concluded that besides the actual costing tool, there are important upstream and downstream issues that need to be addressed to support country costing applications. These include:**

- Standard definitions for costing terms such as budgets versus activity plans, unit costs (per package of services or per individual served), etc.
- Standard categories for cost elements such as commodities, treatment regimens, human resources, training costs, travel, etc.
- Standard operating procedures and guidelines for costing
- Guidance on standard best-practice intervention packages.
- Information on cost effective interventions
- National ownership in the costing process
- Capacity building on the use of costing tools in countries

**The costing experts emphasized that costing cannot be done in isolation. All the costing tools assume a programmatic approach and hence there is a need for linkage with intervention programme experts and implementers to provide guidance on effective standardized packages of services and country-specific unit costs for them.**

This thinking meshes well with the UNAIDS strategy of a prevention revolution with expanded treatment (Treatment 2.0) while promoting Human Rights. Business Plans are being developed of rights-based best practice packages, for which activities need to have costs based on actual programmatic data. Only then can we plan to scale up the HIV response based on funding realities and with the human resources to deliver.

**Action Points:**

The following areas for immediate support by development partners in the area of costing were proposed. Some actions can be undertaken at the global level while others need region-specific input.

- **Guidelines** on cost-related definitions, cost categories and standard operating procedures for national costing needs
- **Costing model development** that incorporates standardized packages of services that can be linked to country-specific unit costs and programme effectiveness
- **Technical Support and Capacity Building** on the commonly used costing tools

**Expert Consultation on Costing HIV Responses in Asia - Pacific  
28-29 October 2010**

**Banglampoo Meeting Room, 6<sup>th</sup> floor  
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## Annex 2: Expert Review of Some Commonly Used HIV Costing Tools

Models	Purposes	Key features	Inputs	Outputs	Limitations
<b>Resource Needs Model</b> <i>(Rachel Sanders)</i>	<ul style="list-style-type: none"> <li>To estimate costs of a comprehensive national response (used in national strategic plans or national programmes)</li> </ul>	<ul style="list-style-type: none"> <li>Used by UNAIDS for Global Resource Needs Estimates since 2001</li> <li>Flexible excel based model</li> <li>Linked with the Goals model to estimate impact of a programme</li> <li>Built in capacity to estimate scale impacts on unit costs for some services</li> </ul>	<ul style="list-style-type: none"> <li>Target population</li> <li>Coverage</li> <li>Cost of intervention per person reached</li> </ul>	<ul style="list-style-type: none"> <li>Resources required by intervention and component</li> <li>Resource gaps</li> </ul>	<ul style="list-style-type: none"> <li>Input information is not centralized (dispersed over many spreadsheets)</li> </ul>
<b>Goals Models</b> <i>(Rachel Sanders)</i>	<ul style="list-style-type: none"> <li>To estimate the cost and impact of a package of interventions on new infections, treatment and mitigation coverage</li> <li>To examine different resource allocation scenarios</li> <li>To align activities and targets with national goals</li> </ul>	<ul style="list-style-type: none"> <li>Relating expenditures to goals for prevention and care</li> <li>Ability to estimate impact.</li> </ul>	<ul style="list-style-type: none"> <li>Budget line items to coverage of services, behavior change and prevention of new infections</li> <li>Coverage the percentage of the population</li> </ul>	<ul style="list-style-type: none"> <li>Impact and cost – effectiveness by intervention</li> </ul>	<ul style="list-style-type: none"> <li>Estimates of new infections come from Spectrum and do not reflect interaction dynamics among at-risk groups.</li> <li>Estimates of behavioral impact related to coverage are not proven in all settings and do not identify necessary quality/dose/frequency standards required to invoke behavior change</li> </ul>
<b>INPUT</b> <i>(Anita Alban)</i>	To provides unit costs for key prevention with emphasis on MARPs and treatment interventions at strategic planning level	<ul style="list-style-type: none"> <li>EXCEL spreadsheets</li> <li>Includes only global recognized best practice interventions</li> </ul>	<ul style="list-style-type: none"> <li>Each programmatic interventions has its own sheet that provides details as well as overview of cost of behaviour change, commodities and services, enabling</li> </ul>	<ul style="list-style-type: none"> <li>Unit costs for key prevention and treatment interventions</li> </ul>	<ul style="list-style-type: none"> <li>INPUT model is not appropriate for operational costing. it has worked with estimated norms: cost of a workshop, cost of new clinic etc.</li> </ul>

Models	Purposes	Key features	Inputs	Outputs	Limitations
			environment, programme management, investments and M&E.		
<b>HUCC model</b> <i>(John Cameron)</i>	To help HIV/AIDS costing practitioners develop unit cost data which, in turn, can be used as input for the calculation of costs for national HIV/AIDS prevention, care, and treatment programmes.	<ul style="list-style-type: none"> <li>• Excel file</li> <li>• WHO cost categories</li> <li>• Could be a companion model for Costab</li> <li>• Calculation of regimes</li> </ul>	<ul style="list-style-type: none"> <li>• Base data input</li> </ul>	<ul style="list-style-type: none"> <li>• Provides a summary of unit costs- before and after apply overheads</li> <li>• Total cost based on user-entry of population targets</li> </ul>	<ul style="list-style-type: none"> <li>• Service packages for prevention for MARPs is not explicitly setup</li> </ul>
<b>Costab model</b> <i>(John Cameron)</i>	To help financial analysts, project economists, and engineers estimate project cost which include interest charges, front-end and commitment fees during project implementation, following ADB's standards.	<ul style="list-style-type: none"> <li>• Database costing tool</li> <li>• Used to analyse, summarize and present project financial and economic costs</li> <li>• A robust model which can be readily altered to suite operators needs</li> </ul>	<ul style="list-style-type: none"> <li>• Develop model structure – components, sub-components, expenditure and procurement accounts</li> <li>• Unit costs and programme targets</li> <li>• Operator training</li> </ul>	<ul style="list-style-type: none"> <li>• Cumulative costs according to investment and operational costing, components e.g. prevention and sub components such as MSM, units</li> <li>• Expenditure Accounts</li> <li>• Cumulative data according to financiers</li> <li>• Procurement methods</li> <li>• Introduce analysis of physical contingencies , price contingencies, local inflation, international inflation, identification of local currency requirements and foreign exchange, identification of taxes on all inputs and economic cost versus financial cost</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to set up</li> <li>• Not particularly user friendly - but ok</li> <li>• Not supported difficulties with latest software</li> <li>• Weak manual</li> </ul>

Models	Purposes	Key features	Inputs	Outputs	Limitations
<b>ABC Model</b> <i>(John Cameron)</i>	To examine the impact of different coverage levels, unit cost reductions and various combinations of strategic plan activities to determine how best to live within overall funding constraints.	<ul style="list-style-type: none"> <li>• Excel based</li> <li>• Logical menu-driven sequence of steps</li> <li>• Level of detail up to the user</li> <li>• Allows mapping of expenditure types to government accounting framework</li> <li>• Supports complete cycle of planning, budgeting, operations and evaluation</li> <li>• Inflation capability at users discretion</li> <li>• Financing gap analysis</li> <li>• Unit cost report</li> <li>• Templates for M&amp;E &amp; training</li> <li>• Coverts results to format suitable for Global Fund Proposals</li> </ul>	<ul style="list-style-type: none"> <li>• Basic data</li> <li>• Targets and coverage levels</li> <li>• Unit cost</li> </ul>	<ul style="list-style-type: none"> <li>• Estimate budget that follows GFATM template</li> </ul>	<ul style="list-style-type: none"> <li>• Too big for Excel</li> <li>• Thorough understanding and training needed to be able to used effectively</li> </ul>
<b>Asian Model</b> <i>(Kazayuki Uji)</i>	To estimate unit costs and total resource needs	<ul style="list-style-type: none"> <li>• Strong alignment with the Commission on AIDS in Asia Report</li> <li>• Onsite unit cost calculation function and resource needs estimations</li> <li>• Enhanced analytical functions</li> <li>• Target-based approach</li> <li>• User friendly</li> <li>• Direct importation of data from RETA model for the MSM community</li> </ul>	<ul style="list-style-type: none"> <li>• Project-level expenses for the unit cost</li> <li>• Unit cost</li> <li>• Population estimates</li> <li>• Specific target</li> </ul>	<ul style="list-style-type: none"> <li>• Unit cost</li> <li>• Resource needs estimations</li> <li>• Resource availability</li> <li>• Resource allocation in terms of expected impact as per Commission on AIDS in Asia</li> </ul>	<ul style="list-style-type: none"> <li>• Simplicity sometimes compromises the accuracy (e.g. Use of average unit cost)</li> <li>• It does not say anything about future course of epidemic</li> </ul>
<b>RETA</b> <i>(Brad Otto)</i>	To assist community advocates and their partners in expanding the evidence base for advocacy for increasing resource allocation to	<ul style="list-style-type: none"> <li>• Different languages</li> <li>• Microsoft Office Excel spreadsheet</li> <li>• specific to men who have sex with men and breaks</li> </ul>	<ul style="list-style-type: none"> <li>• Population size</li> <li>• Population coverage scale up target</li> <li>• Costing information</li> </ul>	<ul style="list-style-type: none"> <li>• Annual cost of comprehensive package of services</li> <li>• Estimated annual funding gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Addresses only one target population - working towards providing similar tools for FSW and IDU but even then, this tool</li> </ul>

Models	Purposes	Key features	Inputs	Outputs	Limitations
	effectively scale up HIV prevention programmes for men who have sex with men	down into sub-populations, addressing prevention and enabling environment	(detailed budget)		cannot estimate total resource needs for the response
<b>Marginal Budgeting for Bottle (MBB) for MDGs (Kway Myint Aung)</b>	To establish evidence based policy, planning, costing and budgeting at country and district level.	<ul style="list-style-type: none"> <li>• Not exclusively for HIV/AIDS but MDG</li> <li>• Selections of languages</li> <li>• Comparison scenarios</li> <li>• Compare group</li> <li>• Default database in absence of local data</li> </ul>	<ul style="list-style-type: none"> <li>• Demographic data</li> <li>• Epidemiology data</li> <li>• Health system</li> <li>• Health intervention</li> <li>• Coverage</li> <li>• Macro economics</li> </ul>	<ul style="list-style-type: none"> <li>• Cost and impacts</li> <li>• Cost gap</li> <li>• Cost breakdown <ul style="list-style-type: none"> <li>- programmes</li> <li>- Funding sources</li> <li>- NSP and etc</li> </ul> </li> <li>• Human resources needs</li> </ul>	<ul style="list-style-type: none"> <li>• Does not address the whole HIV response but only elements that pertain to maternal and child health</li> </ul>

Note: Some of the general limitations of all the costing models are:

- They are highly dependent on validity of data inputs on population sizes and unit costs.
- Inputs for several require data from Spectrum or other epidemic projection models for population size and ART estimates.