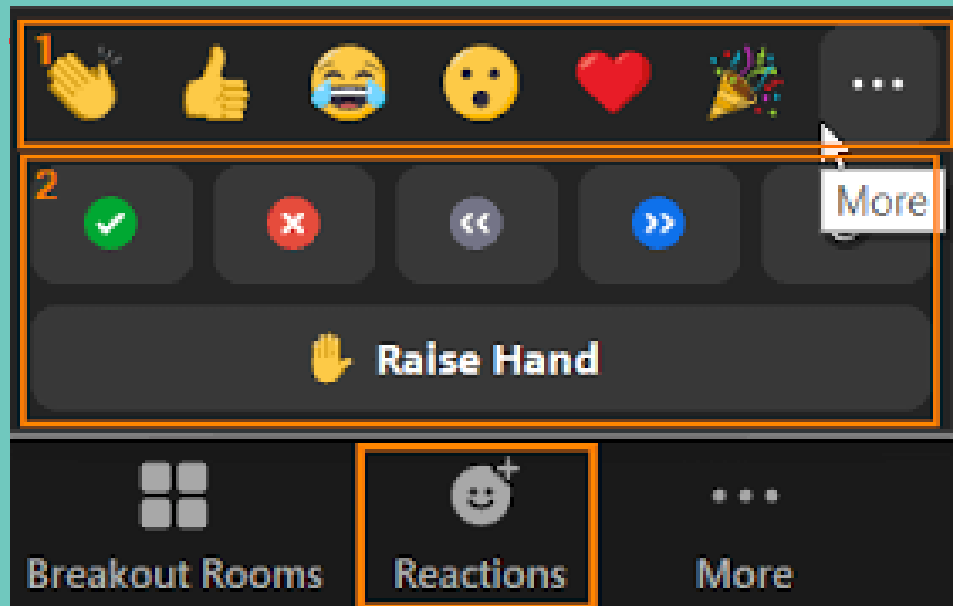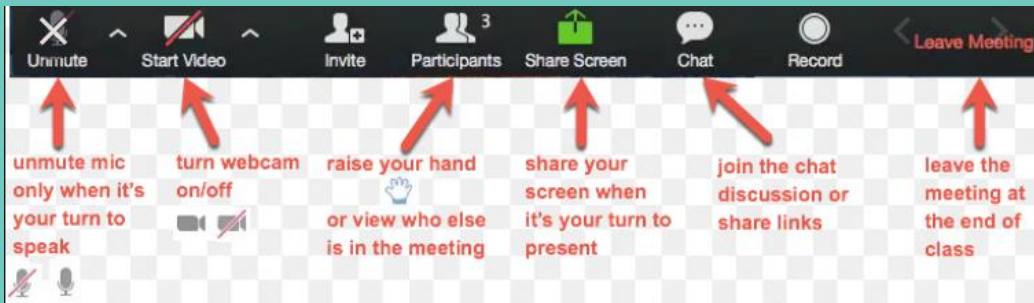# Launching of budgeting and resource planning guidance for implementing virtual interventions as part of HIV responses

26 June 2025

Housekeeping rules

Introduce yourself

✓ Say hi in chat and update your name (name, country and affiliation)

✓ We will record for note keeping and sharing content internally.

✓ Slides will be shared after webinar.

We want to hear from you – but time is limited

✓ Ask questions ask in the Q&A or chat – or raise your hand

✓ Be concise and provide space for others to share and talk

✓ Stay muted and keep videos off unless presenting and speaking

✓ No AI bots for notetaking allowed

We are available for further follow-up

✓ Maggie Barr-Dichiara: barrdichiaram@who.int

✓ Purvi Shah: shahp@unaids.org

Webinar Objectives

- Disseminate the guide to countries and programs

- Support on how to use the guide effectively for future budgeting

- Share examples and case studies for better understanding

World Health Organization

UNAIDS

Overview on the use of Virtual Interventions

Purvi Shah

Regional Consultant
Global HIV, Hepatitis and STI Programme, WHO HQ
Regional Support Team Asia Pacific, UNAIDS

Agenda

- Overview – the journey so far
- Policy and Advocacy updates
- Need for a budgeting guide
- Examples from Asia and Africa

Throwback

- Increase in internet coverage
- Key populations moving virtual
- HIV programmes looking at virtual channels to reach people
- Virtual interventions have potential to reach wide audiences at lower cost, but
  – Will not replace in-person services
  – Will not be appropriate and acceptable for everyone everywhere
- Approaches and services, tailored to setting, context & population
- COVID - 19 boosts use of virtual channels for providing services
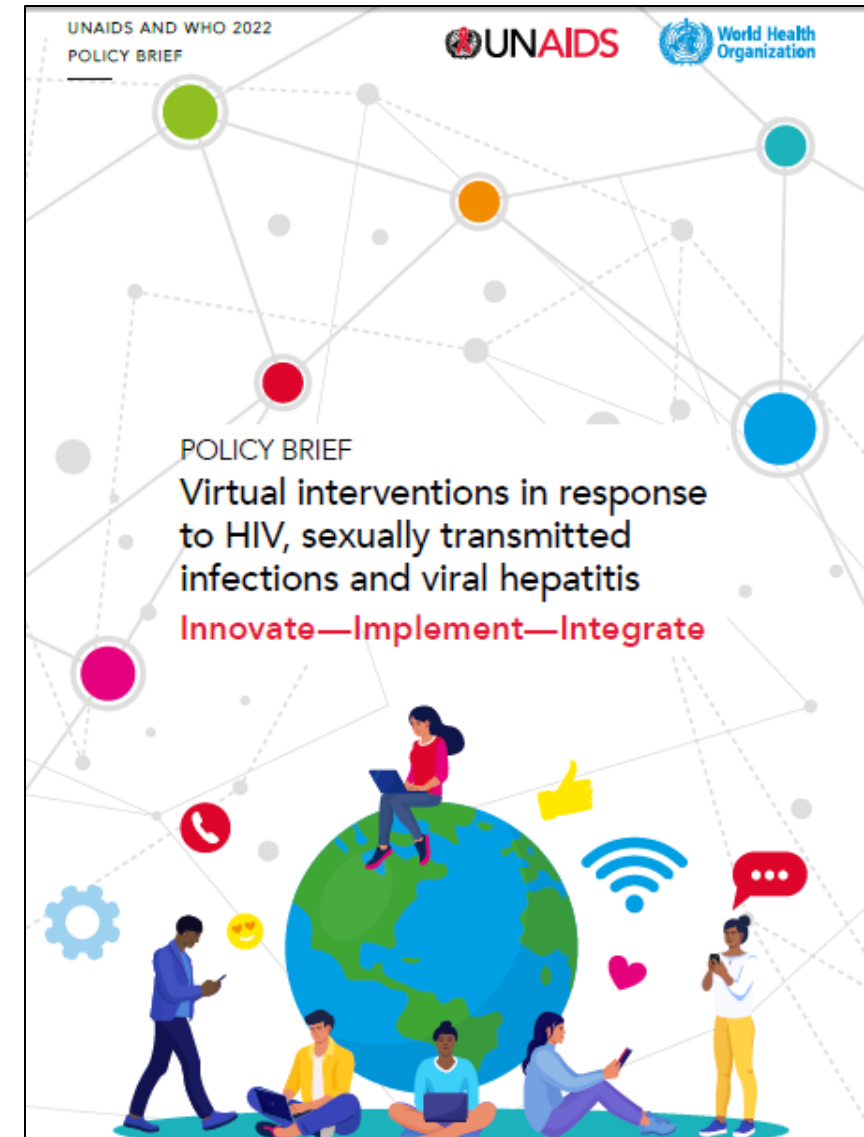- UNAIDS and WHO identifies as an opportunity to produce guidance

What are Virtual Interventions?

- Accessed virtually – no face to face with client
- Two main types
  - Internet Based
    - internet-based outreach
    - social media posts
    - Service delivery platforms such as ordering self test kits or PrEP
  - Phone Based
    - Counseling
    - Telehealth
    - Linkage support

- Artificial Intelligence

- Reduces costs and the burden on health care providers

Policy brief - 2022

- To plan, adapt and implement safe and effective virtual service delivery

- Provide guiding principles and an adaptable framework for virtual interventions

- Enable stakeholders to prioritize approaches and activities based on the country context and needs.

UNAIDS AND WHO 2022 POLICY BRIEF

UNAIDS | World Health Organization

POLICY BRIEF
Virtual interventions in response to HIV, sexually transmitted infections and viral hepatitis
Innovate—Implement—Integrate

World Health Organization

UNAIDS

Need for a budgeting guide

- FHI360 developed a guide in 2022 to support countries
- Demand from countries and community-based organizations
- Diverse examples and relatable
- Detailed case studies and data

Density mapping

Presented at AIDS 2018: http://programme.aids2018.org/Programme/Session/160
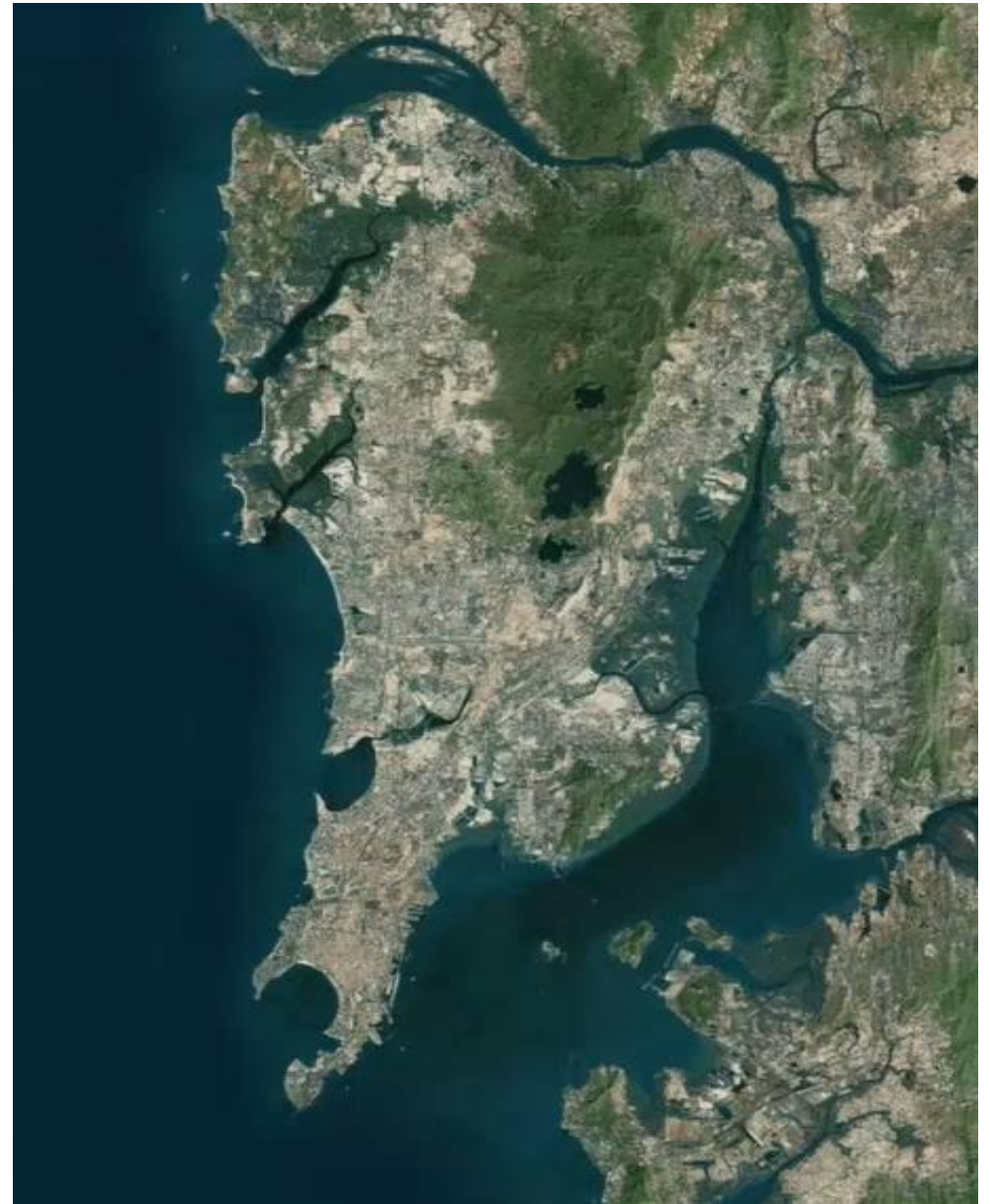
Online platforms

- Influencer videos for their followers
- Demonstrating the ease of using online platforms for accessing services
- Motivational messages
- Interviews, blogs, posts, LIVE sessions
- Micro vs Macro influencers
- Paid vs voluntary influencers

catwomanizer

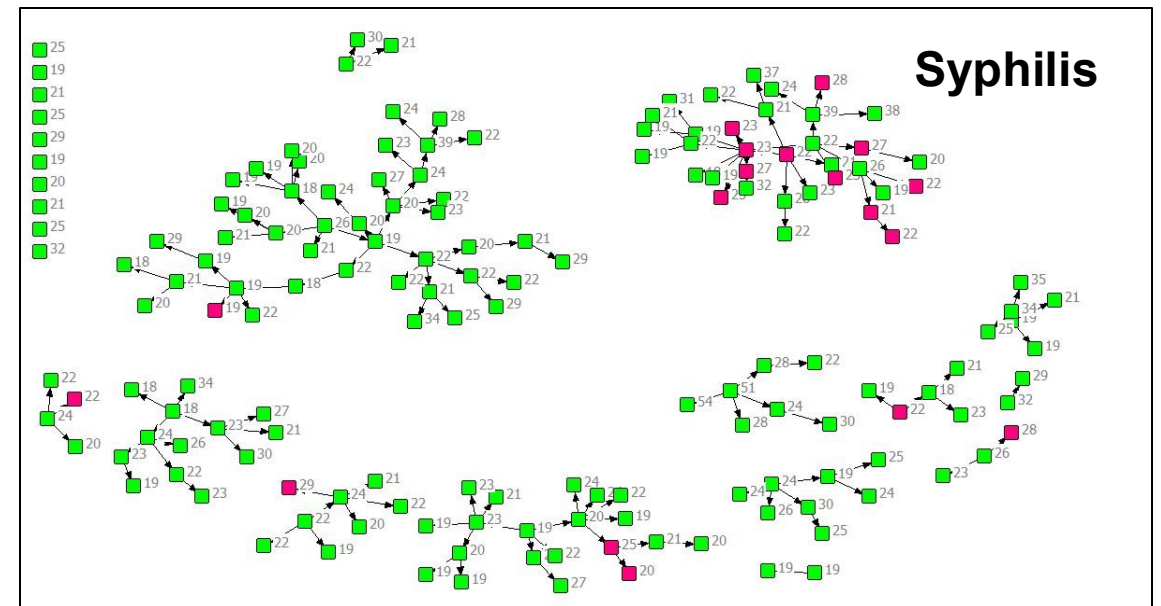Andrea Gunawan uses UpdateStatus.id to book an appointment for HIV testing
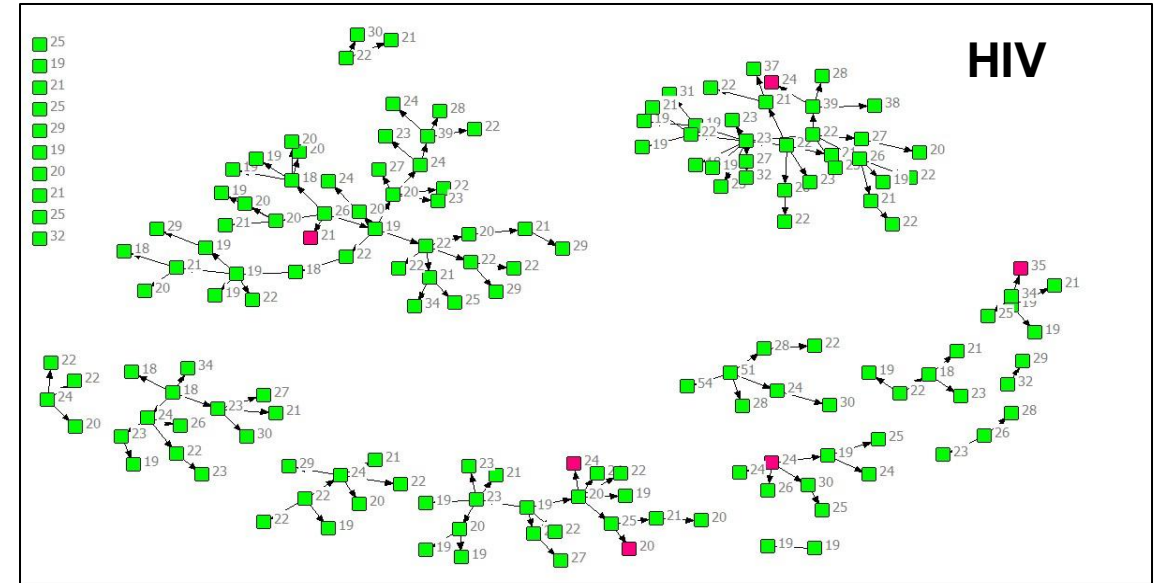
Social Influencer Outreach

Broad outreach through online trend-setters and people with large reach
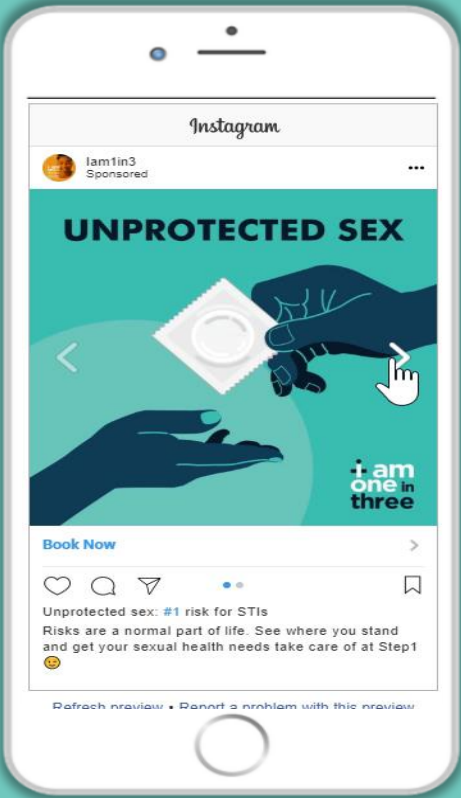
Social Network Based Testing

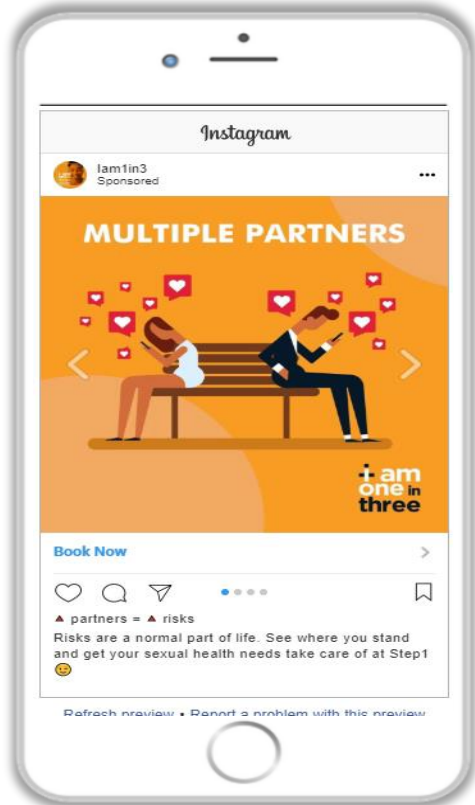Through E coupons and virtual tracking
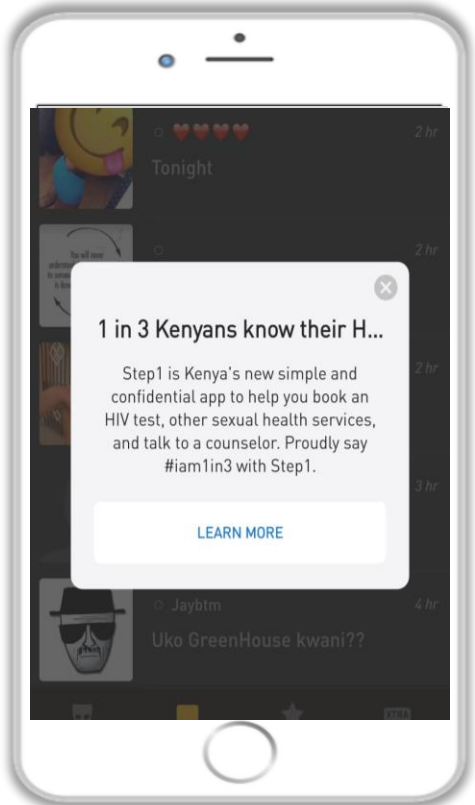
Kenya examples of online ads

FB/IG ad as part of the reveal campaign (theme 1). Highest performing ad (904 game plays; 54 bookings; 3 arrival)

FB/IG ad as part of the reveal campaign (theme 2) focusing on transmission routes.

FB/IG ad as part of the reveal campaign (theme 2) focusing on things that elevate risk.

First Grindr message. 35 game plays; 5 booking; 2 arrival

Client-led risk assessment and appointment booking

Clients can complete themselves, or receive support from program staff to, assess their HIV risk and book HIV services at partner clinics. No passing of paper referral forms between outreach workers, clients, and clinics staff.
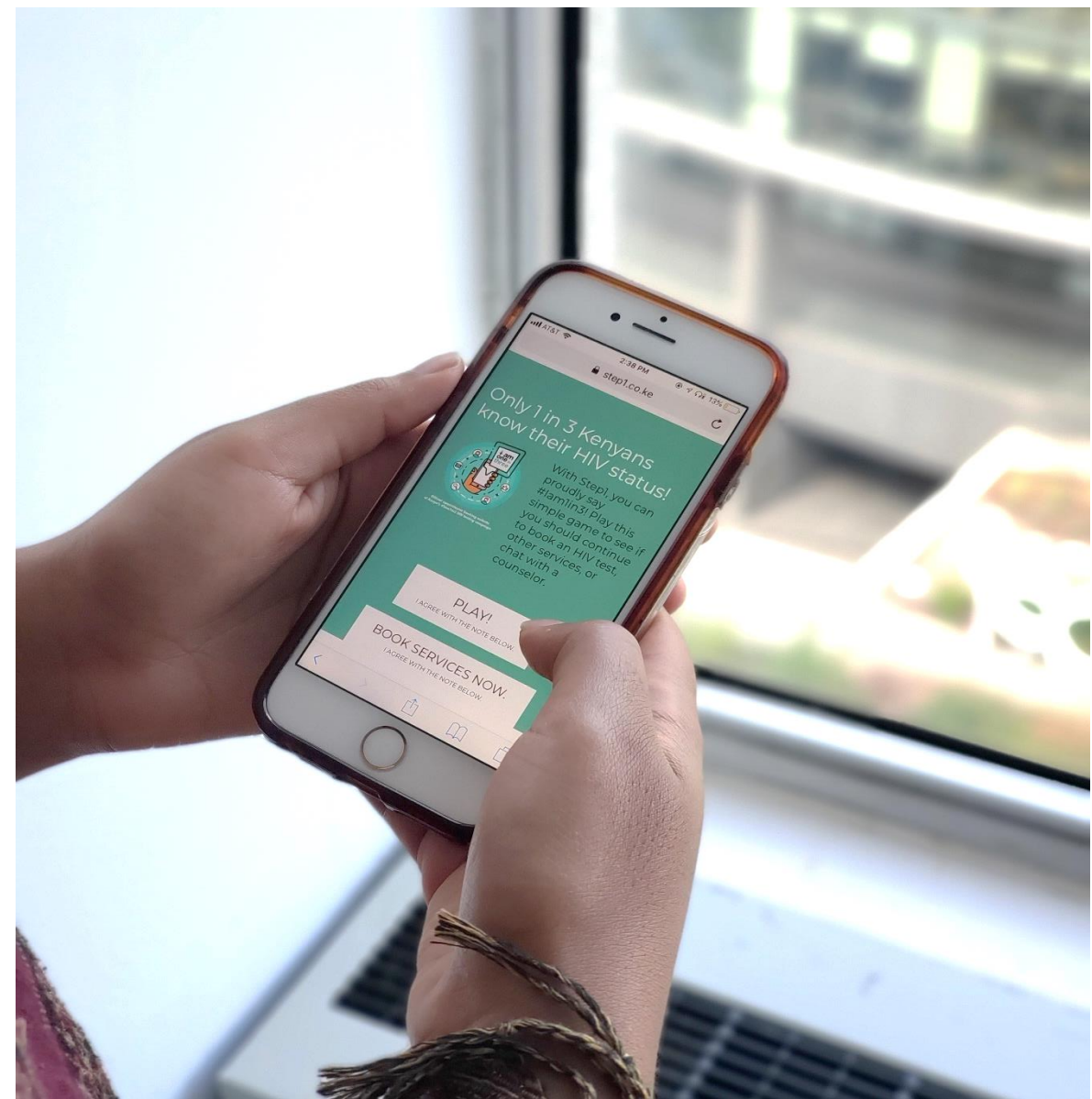
A client completes her own HIV risk assessment on Setp1.co.ke

Tracked referrals

ORA allows a program to use any number of online demand creation campaigns and track their results separately using codes embedded in the links to clients click to arrive on the ORA platform. This also allows for client-led referrals such as for tracked index testing.

Demonstrating partner referral method on HealhConnectJA

Clinic reporting

Allow clinics to view all upcoming appointments, report when clients arrive and services provided – completing the monitoring loop for online HIV outreach.

Clinic staff login view for Health Connect Jamaica

SMS blasts

Draft and send SMS messages certain types/cohorts of clients and estimate the overall cost of sending messages.

NGOUAN ☰ EN 👤 Benjamin Eveslage ...

SMS Bursts

🏠 Home » SMS Bursts

Send SMS messages to certain sets of clients. These are one-way messages with no method of seeing any responses by clients.

Criteria for audience:

Send SMS to clients:

[ART Clients ▾]

[All clinics ▾]

Enter body of the message:

We are offering improved treatment with reduced side-effects for our clients. Discuss this new option with us by booking at ngouan.com or call +255.34.54.65.69

★ Message body length in characters: **160**
★ Approximate number of SMS per client: **1**
★ Number of expected recipients: **1**
★ Rough cost estimate: **0.06**

Estimate is based on USD 0.06 per SMS.
Your country may have a higher cost than this estimate.

☐ I confirm the $0.06 cost estimate, and I approve sending the full SMS blast defined above.

[OK] [Cancel]

Example of SMS blast on Ngouan.com (ORA used in Cote d'Ivoire)

World Health Organization   UNAIDS

Management and data analysis

Easily view live results on four data visualizations, including overall cascade, timeline, comparison cascades and table. Use token tracker codes to filter results by various outreach approaches. Visualize data like number of risk assessments, bookings, arrivals, HIV tests and results, ART linkage, STI test results, and PrEP.

Virtual Case Management

Follow up and tracking individual clients for providing services virtually including home delivery of commodities and medicines

World Health Organization

UNAIDS

Acknowledgments

WHO HQ - Testing Prevention and Populations Unit
UNAIDS RST team
FHI360
Genesis Analytics
All development partners for sharing their examples

Thank you

Budgeting and resource planning guidance for implementing virtual interventions as part of HIV responses

26 June 2025

G:ENESIS
UNLOCKING VALUE

Outline

1. Purpose of the budget guide
2. How the guide was developed
3. Focus of the guide
4. Structure of the guide
5. Using and navigating the guide
6. Acknowledgements

Purpose of the guide

Why another budgeting guide?

→ Need identified by local implementers for **more adaptable guidance** to fit diverse country contexts, specifically in **low-resource settings**

What this guide seeks to do

→ **Enhance local implementers' capacity** for effective budgeting in the realm of virtual interventions

→ **Provide user-friendly,** step-by-step guidance aligned to typical implementation phases

→ **Offer examples of resource inputs** required to implement different types of virtual interventions

→ **Complement** - not replace - the 2022 UNAIDS guide.

Who is it for?

→ **Programme managers and budget officials** in national government, local CBOs and CSOs involved in HIV programming

Budgeting and resource planning guidance for implementing virtual interventions as part of HIV responses

UNAIDS · World Health Organization

How was this guide developed?

Approach

→ Conducted a **rapid landscaping** to identify and understand stakeholders' needs for this guidance document and identify potential case studies.

→ **Researched case studies** to collect detailed information on the implementation approach and resources required for implementation.

→ **Estimated the of costs and resources** consumed to implement interventions.

→ **Developed a generic planning and implementation framework** to guide the step-wise structure of the guide.

Case studies included

Philippines

Kenya

Sri Lanka

Zimbabwe

Data collection

→ Key informant interviews (global and local)

→ Review of budgets and expenditure reports and extraction of data using an Excel-based tool

Focus of the guide

What this guide does and does not do

Focus of the guide

| 1. Identify and list all activities required to implement the intervention | 2. Identify resources required to implement each activity | 3. Quantify resource use (Q) per activity | 4. Value resources (unit price) (P) |

| Completed budget for submission | 7. Estimate total intervention budget (sum of all activity budgets) | 6. Estimate total budget per activity (sum of all resource budget requirements) | 5. Estimate total budget requirement per resource (Q x P) |

Generic ingredients-based approach to budgeting for activities

→ **Focuses on steps 1–3** of the budgeting approach, recognising that resource prices vary by country.

→ **Helps users identify activities and resources** required to implement virtual interventions.

→ **Does not replace the need for a costing tool**; various tools exist for estimating the cost of programme implementation required for programme implementation.

Structure of the guide

Generic planning and implementation framework for virtual HIV intervention (5 phases)

1. Plan & conceptualize
2. Set up & build capacity to implement
3. Demand creation & target population sensitization
4. Service delivery & implementation
5. Monitor & evaluate

Review and adapt

Phases
⌄
Steps
⌄
Activities
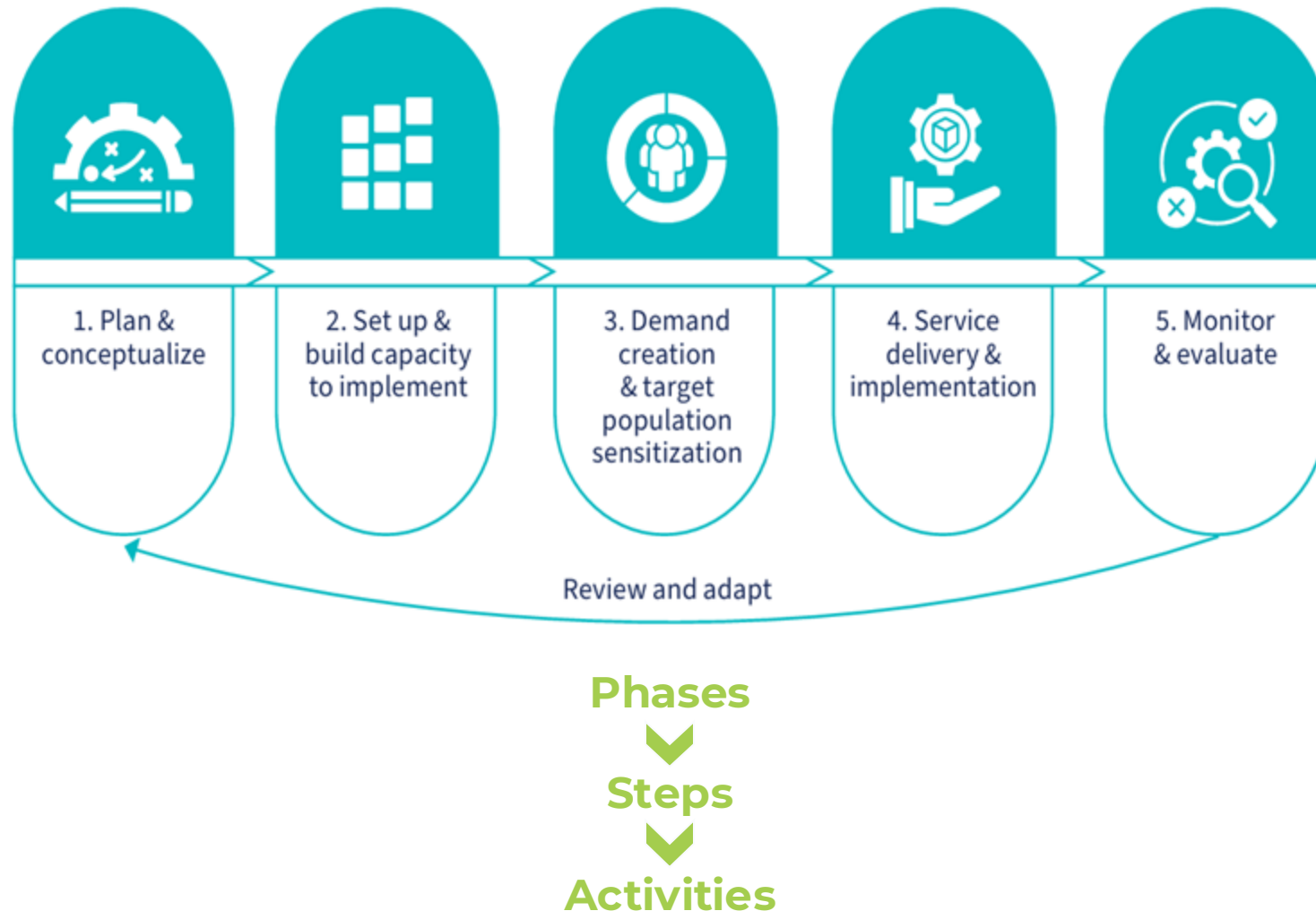
1. **Where are you** in the planning or implementation process.

2. **Which steps and activities** might be applicable when implementing and budgeting for your intervention?

3. **Which country case study** is most relevant to you, given the implementation setting and type of intervention being planned.

4. **Review the relevant case study** to assess if each step is needed, how to implement it, required resources, and costs.

G: | 28

Using and navigating the guide

Phase 3. Demand creation and target population sensitization

Phase

Steps

1. Plan & conceptualize	2. Set up & build capacity to implement	3. Demand creation & target population sensitization	4. Service delivery & implementation	5. Monitor & evaluate
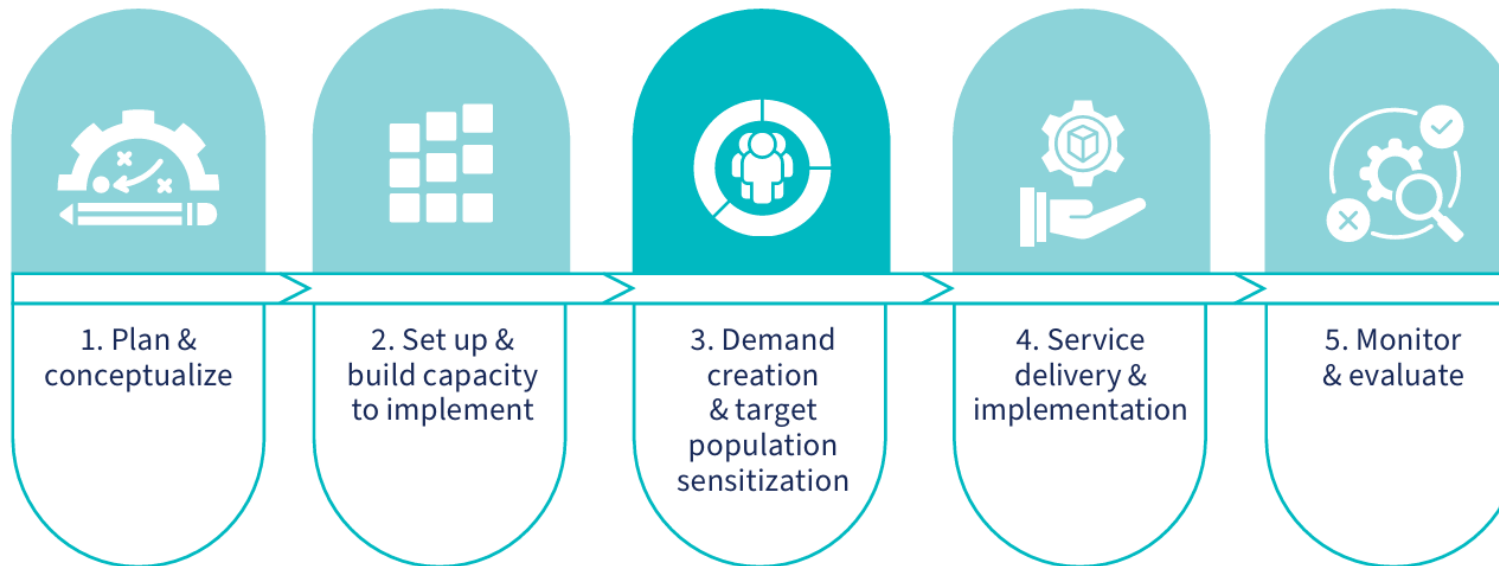
Two main steps make up this phase:

Step 1: Online marketing and demand creation

Step 2: Physical marketing and demand creation

Using and navigating the guide

Phase 3

Step

Activities

Step 1. Summary of activities and resources consumed – Online marketing and demand creation

This step includes all activities related to promoting the virtual programme and services offered and mobilizing clients through virtual or online platforms such as websites, messaging services or social media.

Activities	Resources consumed	Country examples
• Launch the virtual platform (chatbot) • Engage social media influencers • Design and run online media advertisements	• Social media post boosting fees • Purchase of software subscriptions • Payments to influencers • Marketing materials (flyers and digital advertisements)	SelfCare, Philippines HIVST programme, Kenya

Click on the **hyperlinked case study name** to review detailed information in the Annex.

Key questions for consideration under this step

▶ What software and online services are required to conduct online marketing?

▶ Do we need external specialists to design a marketing strategy and materials?

▶ How will we evaluate the effectiveness of the marketing campaign, and what will that cost?

Using and navigating the guide

Information contained in each annex:

→ **Summary of the case study intervention**, including the implementer, location, target audience and funding sources and total cost

→ **Overview** of the implementation approach

→ **Summary table** with steps and activities carried per phase

→ **Detailed cost tables** of resources consumed per activity, by phase, showing funding source, quantity, unit price and utilization.

→ **Once-off (set-up) costs and recurrent costs** are presented separately

Annex 1. SelfCare (LoveYourself), Philippines

In this case study we investigate the overall approach and key steps followed by LoveYourself to design, develop and implement the SelfCare programme in the Philippines and the resources required to do so.

Implementer	LoveYourself
Location	Philippines
Programme/intervention	SelfCare
Implementation timeline	June 2018 – ongoing
Funder(s)	GFATM SKPA grant, LoveYourself
Intervention(s)	HIV self-testing and demand generation through virtual outreach
Target population	Men who have sex with men and transgender people
Virtual platform(s)	Website and social media platforms, including Facebook, Instagram and X (previously Twitter)

Using and navigating the guide

Example of a cost table and data contained in the case study annexures

Recurrent costs

Table A3.4. Phase 2 recurrent costs: KNOW4SURE

Cost group	Budget line item	Funding source	Unit of measure	Quantity	Unit price (US$)	Allocation to intervention (%)	Total cost (US$)	Description/notes
Activity: Ongoing software development and server management (2022 – ongoing)								
Indirect and overheads costs	Website domain	Global Fund	Annum	1	18	100%	18	Annual renewal of domain for KNOW4SURE.lk website
Indirect and overheads costs	Monitoring and maintaining the server	Global Fund	Annum	1	436	100%	436	
Indirect and overheads costs	Credits	Global Fund	Annum	1	24	100%	24	Credits purchased for online platform
Indirect and overhead costs	Meeting	Global Fund	Meeting	1	18	100%	18	Consultative meeting on key population data
Activity total							**497**	

Acknowledgements

We would like to acknowledge and thank the following organizations for their contributions

- WHO
- UNAIDS
- Global Fund
- Sri Lanka National STD/AIDS Control Programme (NSACP)
- FHI360
- PSH Zimbabwe
- Mission for Advocacy and Advisory for Young Generation (MAAYGO), Kenya
- LoveYourself, Philippines
- South-South Learning Network for HIV prevention (SSLN)
- The HIV Coverage, Quality and Impact Network (CQUIN)

Thank You

G:ENESIS
UNLOCKING VALUE

Aligning Resources for Impact:

Leveraging Self Care for Virtual HIV Interventions

Presented by:

Danvic Rosadiño, DIH

Head of Programs and Innovations, LoveYourself, Philippines

Outline of the presentation

- Introduction and context
  - *Knowing the HIV epidemic situation in the Philippines, the needs of our clients and how to reach out to them, providing context on why we improved our services and introducing virtual platforms.*
- Enabling virtual services for all
  - *Knowing their needs, how do we now create the virtual space where the can access services, understanding their diverse backgrounds, needs, and lifestyle.*
- Key takeaways
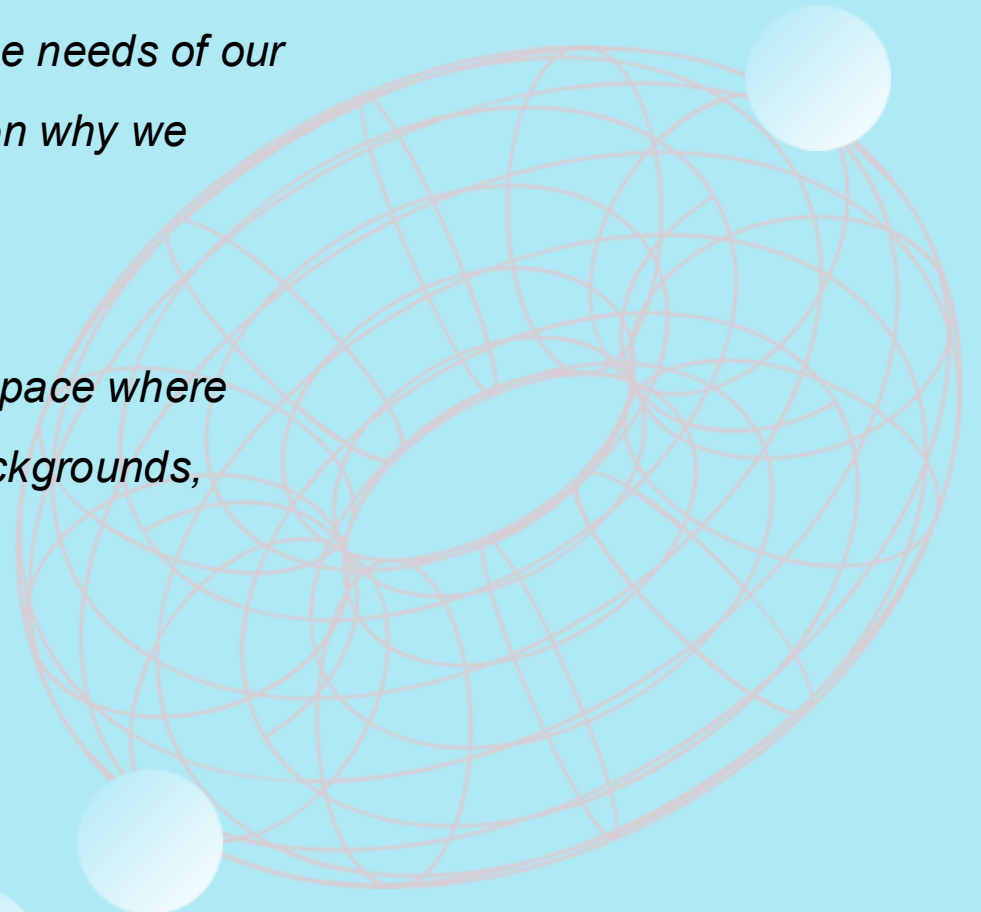
With the projected increase in annual new infections, nearly half of which are among the youth (15-24 years old), the estimated PLHIV in the Philippines could reach 401,700 by 2030

Annual New HIV Infections, 2023-2030
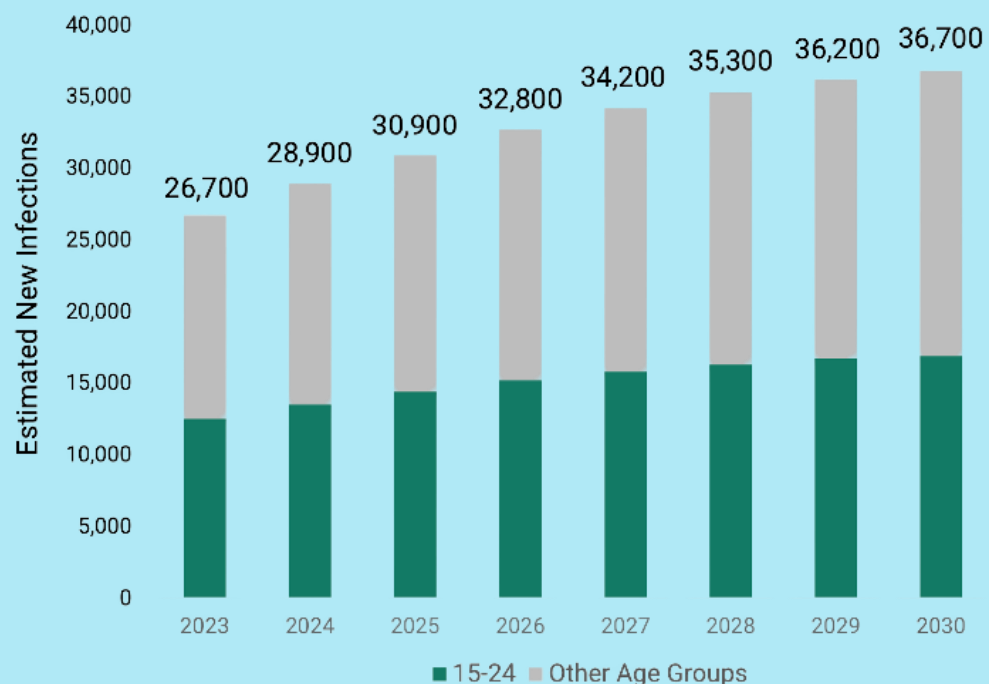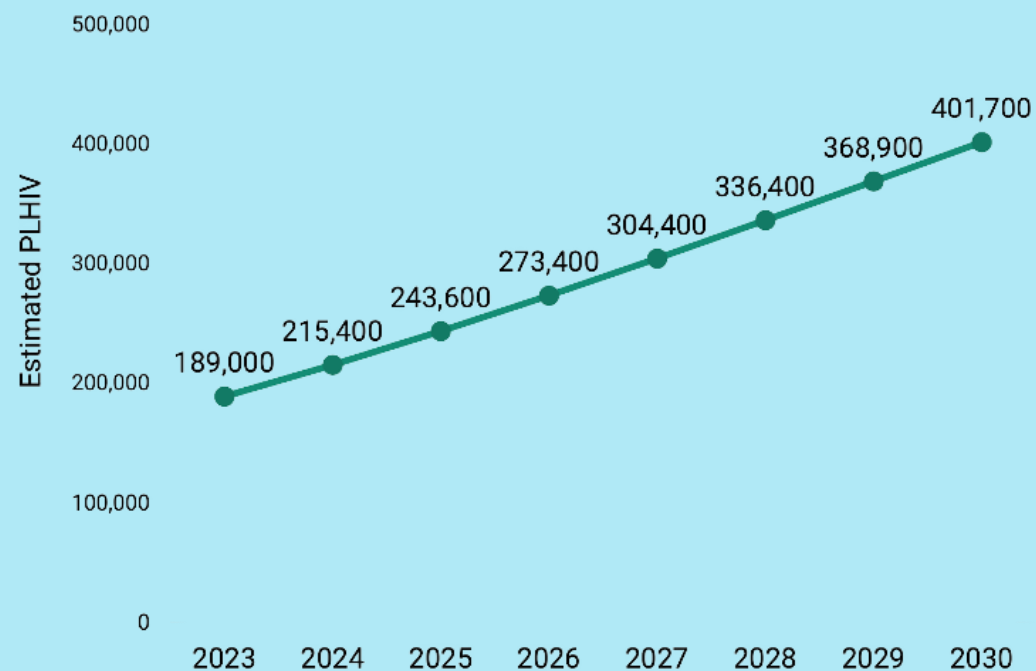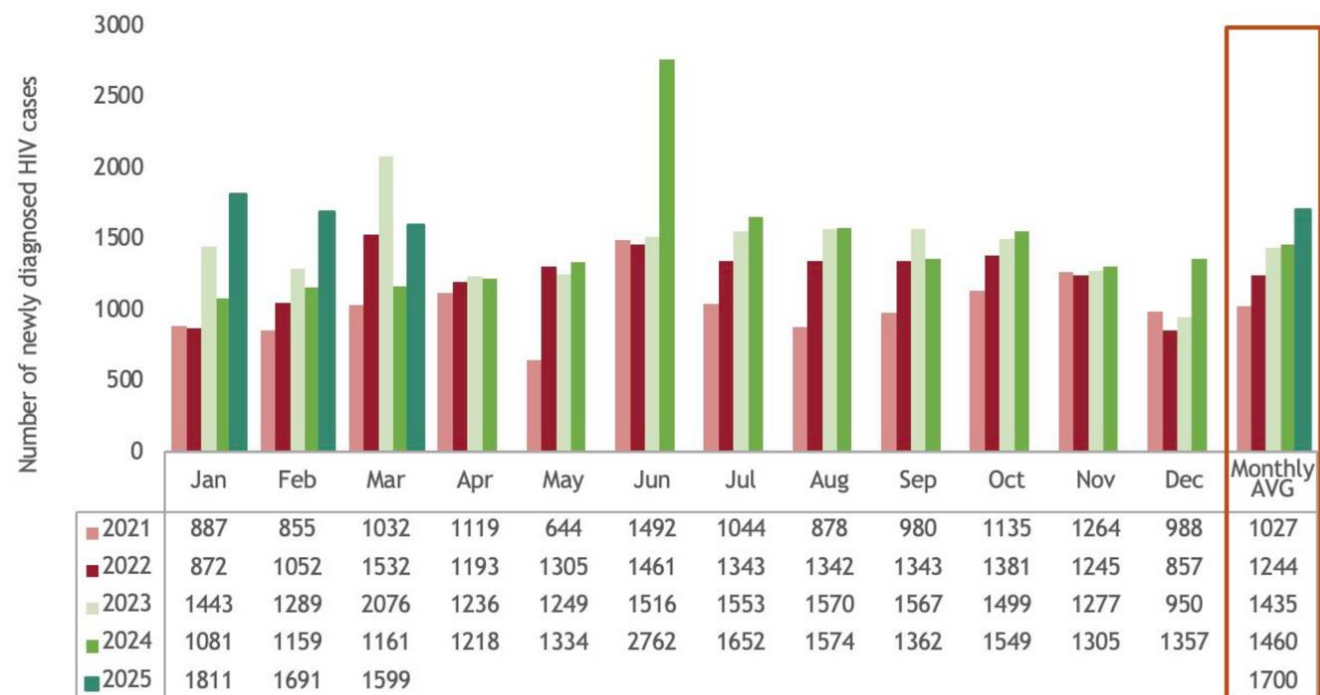
Number of Estimated PLHIV, 2023-2030

Figure 3. Number of monthly newly diagnosed HIV cases, 2021 - Mar 2025

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly AVG
2021	887	855	1032	1119	644	1492	1044	878	980	1135	1264	988	1027
2022	872	1052	1532	1193	1305	1461	1343	1342	1343	1381	1245	857	1244
2023	1443	1289	2076	1236	1249	1516	1553	1570	1567	1499	1277	950	1435
2024	1081	1159	1161	1218	1334	2762	1652	1574	1362	1549	1305	1357	1460
2025	1811	1691	1599										1700

Newly diagnosed cases per day

6 → 21 → 35 → 50
2011   2015   2019   2023

Average Cases per day,
Jan - Mar 2025

57

95-95-95 ACCOMPLISHMENT, as of March 2025

1st 95	2nd 95	3rd 95
Diagnosing 95% of Estimated PLHIV	95% of Diagnosed PLHIV on Treatment	Testing and Suppressing the viral load of 95% of PLHIV on Treatment
55%	66%	40%
N : Number of Diagnosed PLHIV D : Estimated Number of PLHIV	N : Number of PLHIV on ART D : Number of Diagnosed PLHIV	N : Number of VL Supp PLHIV on ART D : Number of PLHIV on ART

Department of Health - Epidemiology Bureau, Philippines (2025). **HIV &AIDS Surveillance of the Philippines (HASP)**. Retrieved from https://bit.ly/HASP2025Q1

MISCONCEPTIONS THAT DOWNPLAY THE NEED TO GET TESTED

"There wasn't really any urgency specific to HIV. It seemed then that it was impossible to happen to us."

"No time to do it."

MORALITY AS A FACTOR NOT TO TEST

"Feeling morally superior to 'other gay men'"

"Idea of being seen to be tested for HIV was embarrassing. My behavior is 'immoral'"

WORRIES IN CONFIDENTIALITY AND PRIVACY

"Others will know if the person is positive or not based on the reaction of the person when he got out. It's just other people give malice to the entire testing concept."

FEAR OF WHAT HAPPENS WHEN ONE TESTS POSITIVE

"I was worried that he would end up being the only person with HIV in his circle of close friends."

"I worry about losing support if I am HIV-positive."

OTHER FACTORS RELATED TO HIV TESTING SERVICES

"There's too many people in the testing center."
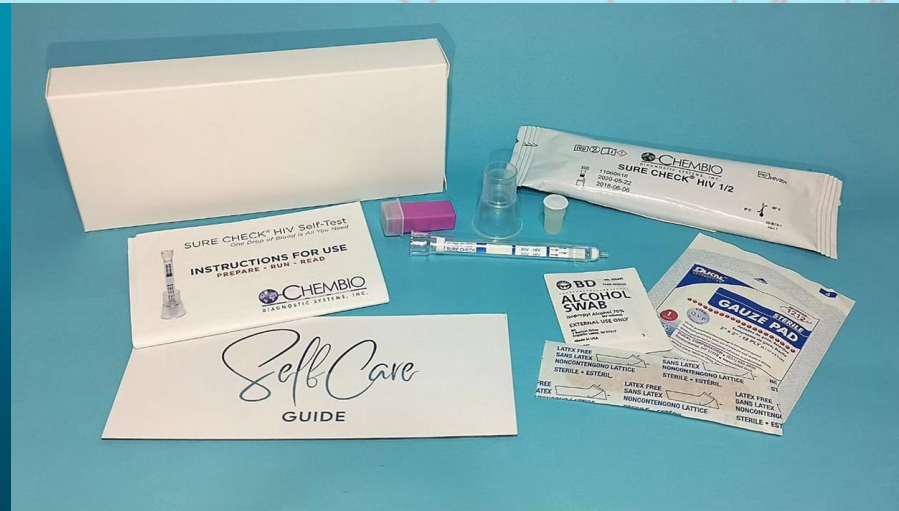
"The testing center is too far away."

"The testing time is too long."

United Nations Development Programme (2017). **Missing in Action: Loss of clients from HIV testing, treatment, care and support services: case studies of gay men and other men who have sex with men in Manila.** Retrieved from https://www.undp.org/philippines/publications.
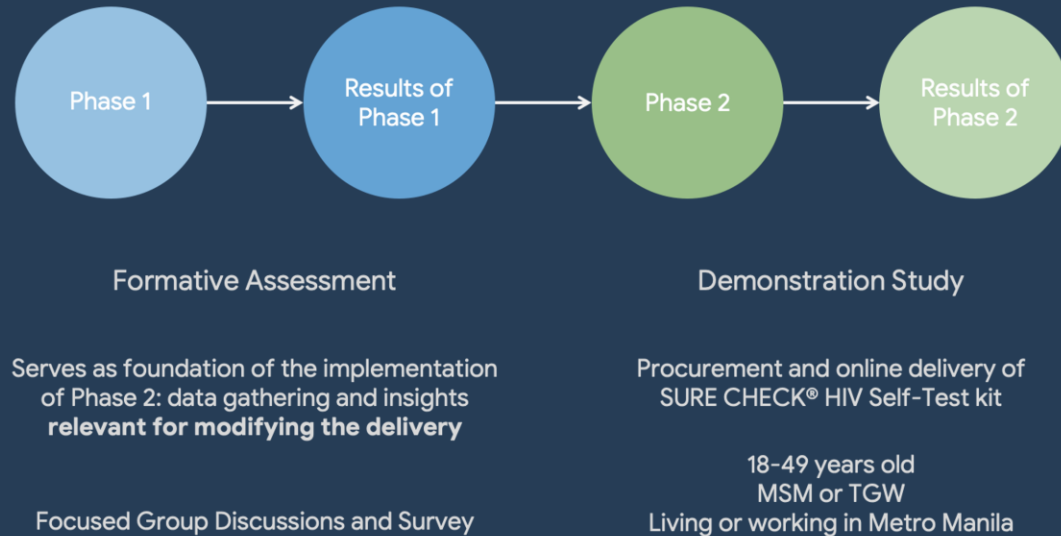
Understanding client needs

- Current interventions work, but we need more
    - *Part of offering differentiated services*
    - *"Different strokes for different folks"*

- Organizational commitment to digitize HIV services – started in 2019
    - *Started with the goal of bringing HIV testing closer to people, rolling-out PrEP in various locations*
    - *Started offering PrEP telemedicine in 2019: involved one doctor and one nurse handling services[1]*
    - *COVID-19 was " a blessing in disguise" – created a strategy to bring services online as part of safety*
    - *SelfCare – our HIV unassisted self-testing service became our first commitment in investing for virtual HIV-related services*

[1] Rosadiño, JD, Gonzales, J, Corciega, JO, Pagtakhan, R, Lagman, C (2020). **The Use of Community-Based Approach and Telemedicine as Alternative Option in Providing HIV Pre-Exposure Prophylaxis in the Philippines**. Retrieved from https://www.aids2020.org/wp-content/uploads/2020/09/AIDS2020_Abstracts.pdf

What we invested in SelfCare

- Determined a secure, user-friendly and scalable virtual platform

- Invested and developed a chatbot integrated to support 24/7 user interaction

- Upskilling and redeployment of existing staff: handling services in the virtual space

- Created new digital-focused roles: demand generation and marketing, logistics, maintenance of the platform

- Maximized resource utilization (by realignment) while improving user experience
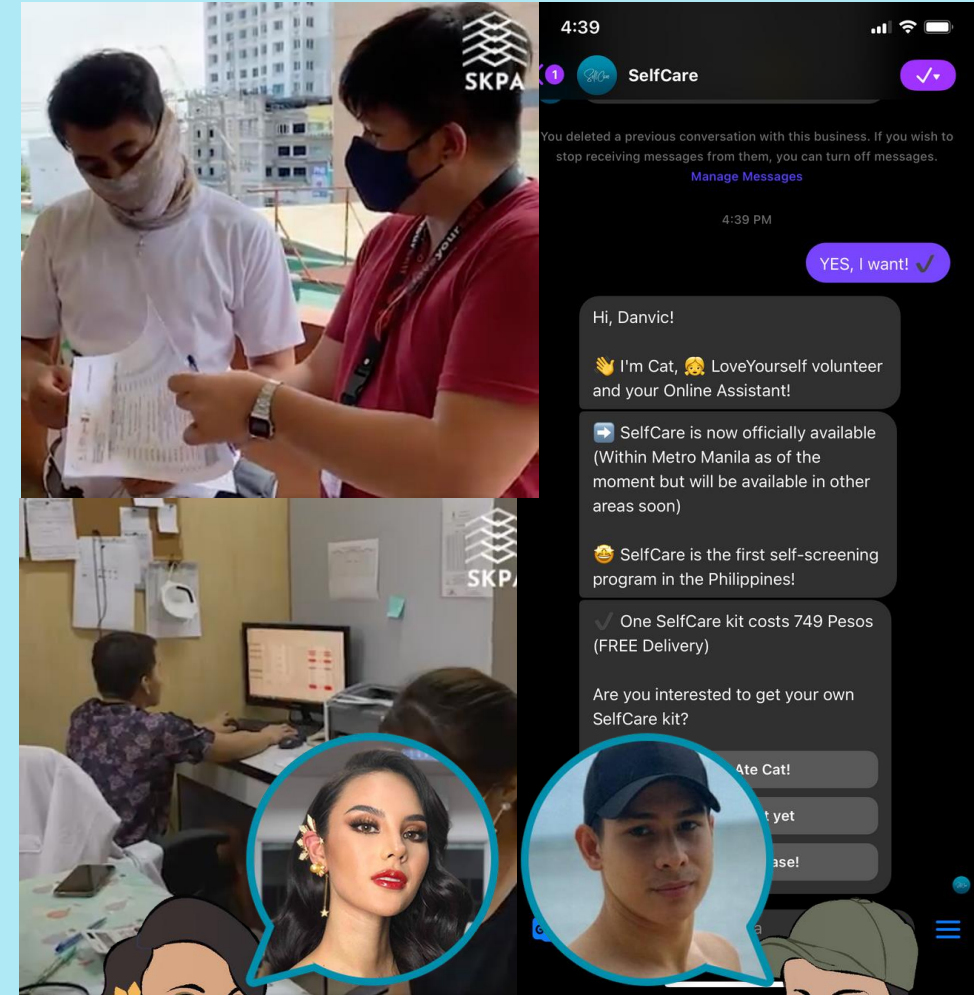
Moving forward from SelfCare: An all-virtual hub

EMBRACE
Empowerment through **M**odern **B**est-practices for **R**eal **A**ccess, **C**are, and **E**ducation

An entirely virtual hub in offering HIV education and testing, STI consultations, access to PrEP and PEP, transgender health and gender-affirming care, and mental health services, **all in one virtual platform**

Integrated LoveYourself's best practices in virtual interventions, experience, and its investments to activate a fully-virtual hub

EMBRACE
VIRTUAL HUB
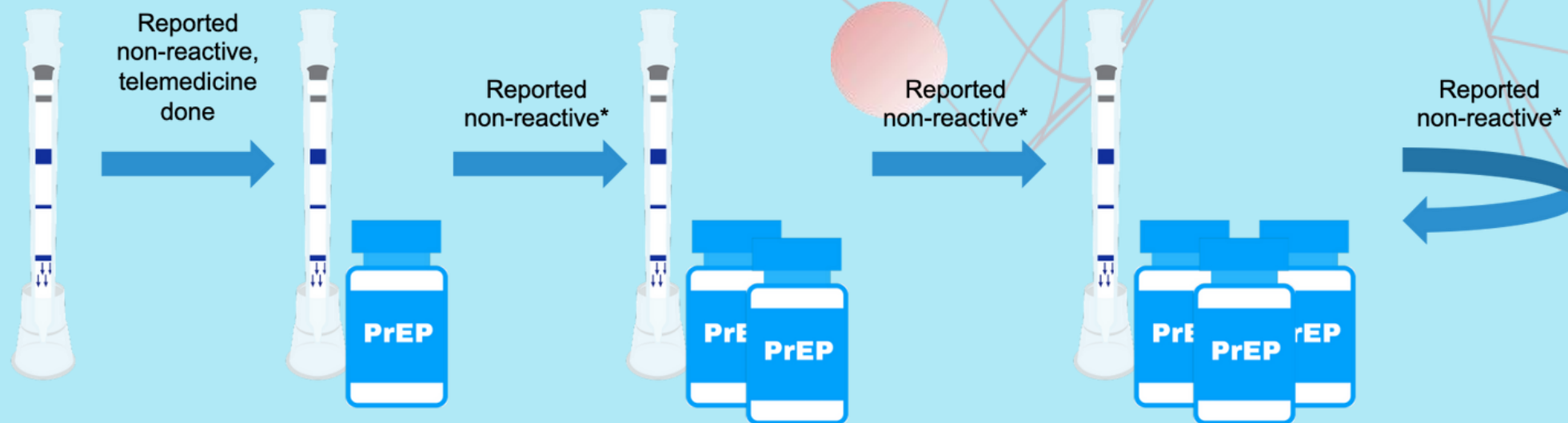
* Telemedicine done as needed

Demedicalized PrEP algorithm
(*with 19,000+ clients enrolled to PrEP*)

Dela Cruz JDM, et al. (2023). **Evidence of peer-led demedicalized delivery of same-day PrEP in various community centers in the Philippines**. Retrieved from https://programme.ias2023.org/Programme/Session/4430

Virtual demand generation and access to HIV self-testing
(*with 35,000+ clients tested per year*)

Briñes RM, et al. (2023). **Increasing access to SelfCare: Employing an online-based demand generation strategy to increase uptake of peer-led unassisted HIV self-testing among key populations in the Philippines**. Retrieved from https://programme.ias2023.org/Abstract/Abstract/?abstractid=4504

All virtual PrEP service
(enrollment and follow-up)
(*with 500+ clients enrolled to virtual PrEP*)

Rosadiño JD, et al. (2023). **e-PrEPPY: Enabling an all-virtual, community-led and demedicalized PrEP service for men who have sex with men (MSM) in the Philippines**. Retrieved from https://programme.ias2023.org/Abstract/Abstract/?abstractid=5947

Key takeaways

- Services developed with the communities (as architects) provide high satisfaction and engagement
- Strategic investments in digital/virtual platforms can be resource-efficient with long-term benefits, and future-proof
- Investments may be overwhelming at start, but it is so much worth it – you gain experience while learning along the way

Thank you very much!

Maraming salamat po!

✉ info@loveyourself.ph

🌐 www.loveyourself.ph

f loveyourself.ph

🐦 @loveyourselfPH

📷 @loveyourselfPH

Virtual Interventions
## for HIV services in Sri Lanka

Ariyaratne Manathunge

National STD/AIDS control programme

Ministry of Health

Background

- Focal point National STD/AIDS control programme, Ministry of Health, Sri Lanka

- Know4Sure.lk initiated in 2019 by Linkage Program (PEPFAR/USAID via FHI 360)

- Focused on key populations, MSM and TGW

- Supported
  1. Online outreach coordinators
  2. Development of SBCC (Social and Behavior Change Communication) material

Integration to National programme in 2020

- Developed of a Strategic Plan on Virtual HIV Services*

- Major upgrade done to know4sure.lk based on the **QuickRes** V7 of FHI 360

- Train both government and NGO HIV service providers on know4sure.lk since 2022
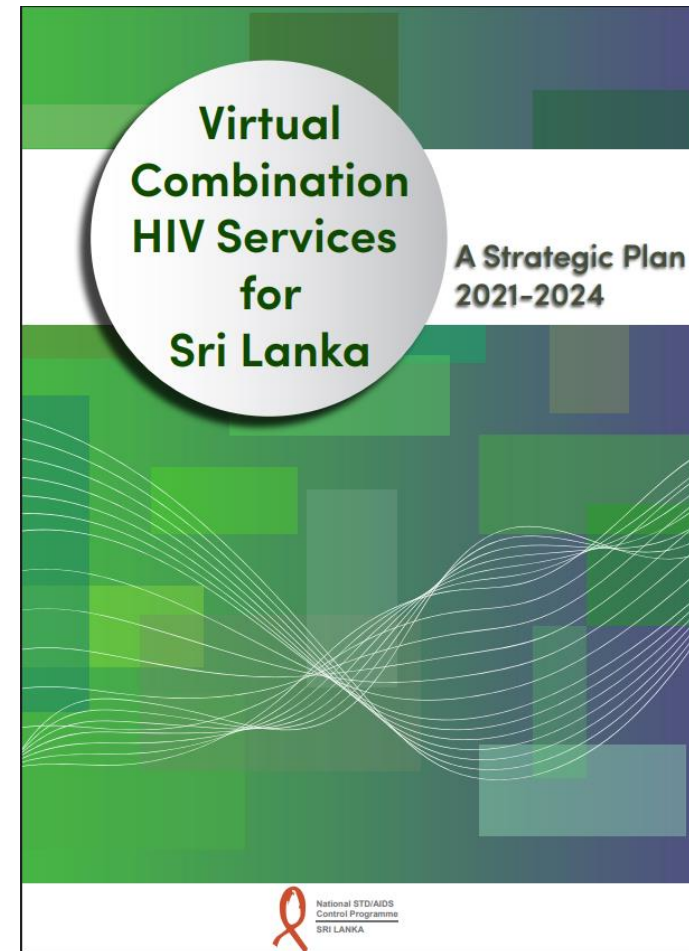
*https://www.aidscontrol.gov.lk/images/publications/stratergies/Virtual_Combination_HIV_Services_lk_en.pdf

Updated knowsure4.lk

https://know4sure.lk
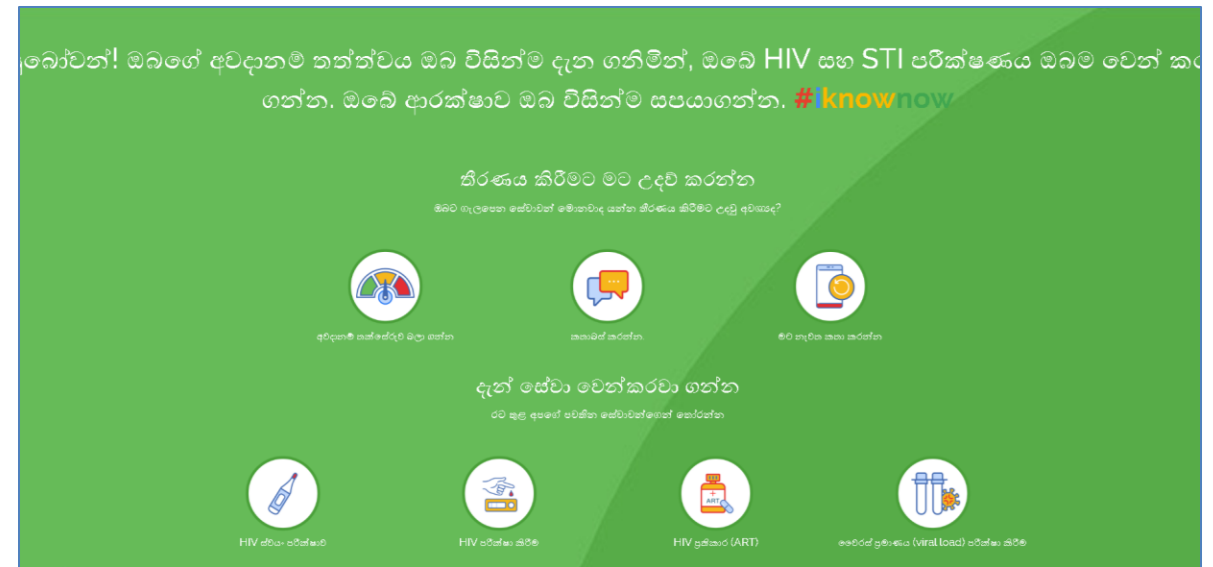
Functions

- HIV Risk Assessment

- Engaging with outreach staff for info.

- Book an appointment

- Providing feedback on services by clients

- Sending of commodities (condoms, lubricants & HIV-ST kits) via currier

Current Virtual intervention Activities

- Maintenance of know4sure.lk website

- Employing 15 Online outreach coordinators

- Engaging KP clients via dating apps

- Online to offline conversion of clients for physical services

Virtual platforms used for virtual interventions-2024

Virtual intervention-2024		
Virtual platform source	**No. cilents**	**%**
WhatsApp	6,046	26%
Facebook	5,326	23%
Grinder	3,632	16%
know4sure.lk	**2,261**	**10%**
Lanka Ads	1,705	7%
SL Ads	1,394	6%
Hela Ads	694	3%
Messenger	546	2%
Spa Lanka Ads	373	2%
Nasty Lanka Ads	324	1%
Instagram	309	1%
Tinder	280	1%
Other	**111**	**0.5%**
Total	**23,001**	**100%**

Estimated budget for virtual services for 2025
(target 12,500 KPs MSM, TGW, FSW)

Activity	No. of units	Unit cost per year (USD)	Total cost (USD)	%
Salaries - Virtual outreach workers	15	3084	46,261	**59%**
know4sure.lk software update, maintenance etc.	1 yr	2000	2,000	**3%**
National Level Training of staff	1 WS	1281	1,500	**2%**
Courier of commodities	6,000	1	6,000	**8%**
Commodities (HIV ST, condoms lubricants)	12,000	2	24,000	**29%**
Total			**78,761**	**100%**

Cost-Effectiveness of Virtual Interventions

- Almost 50% lower cost per client than traditional outreach

- Reinvest the cost for upgrading the platform

- Reduced overheads (logistics, printing, facilities)

- Efficient staff utilization

- Lower cost per testing/KP

Sustainable Transition to National Program

- Gradual Global Fund support reduction

- Full NSACP ownership

- Local IT and staff capacity building

- Use of public health infrastructure for scale-up

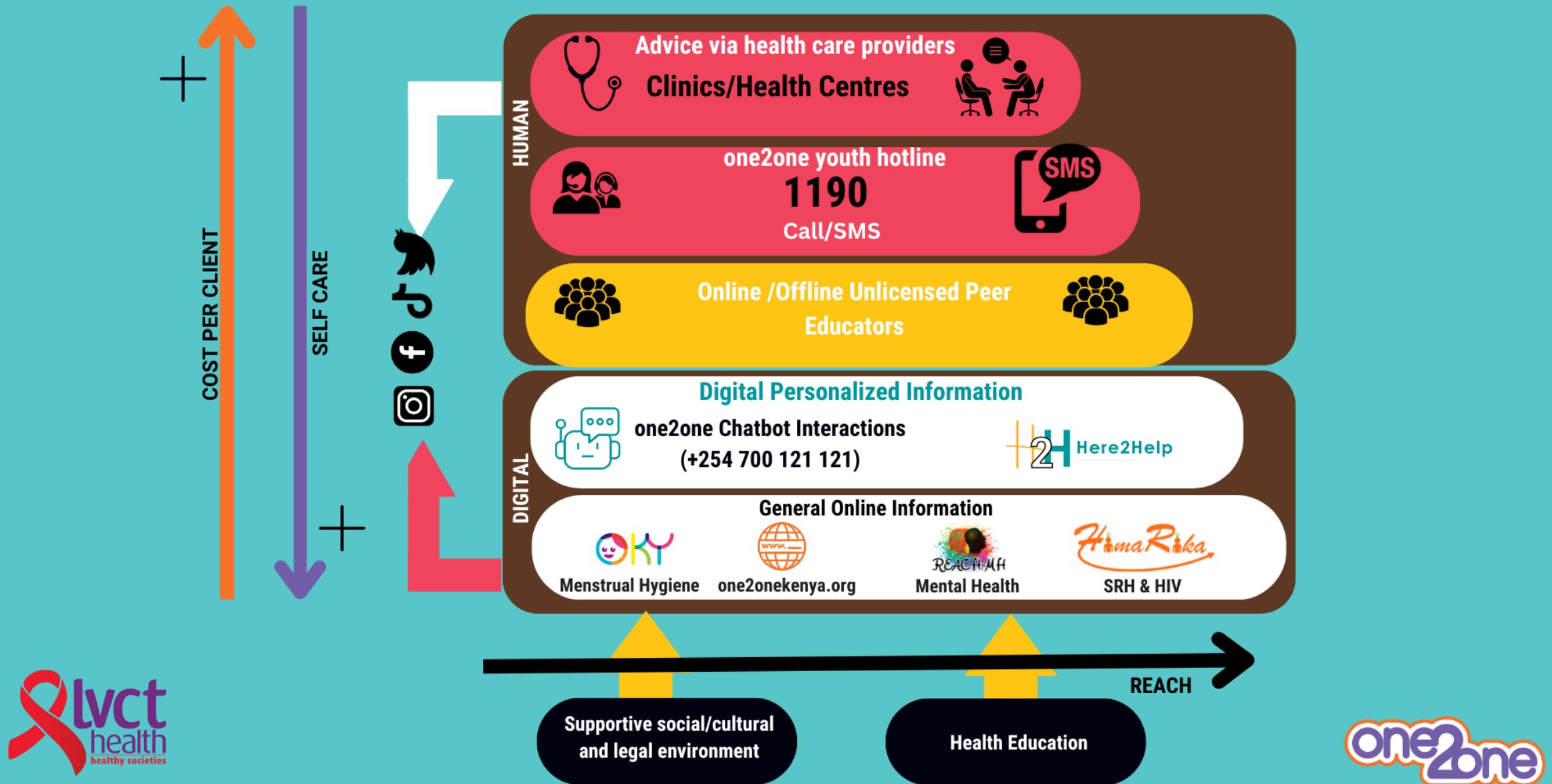# How This Guide Helps Countries Budget for Future Grants

- Share success stories (e.g., Know4Sure.lk)
- Provides framework for costing virtual interventions.
- Offers real-world case studies for adaptable budgeting.
- Smart investments for sustainable HIV response
- Helps prepare strong, funder-aligned grant proposals.
- Promotes sustainability of national virtual programmes.

Q & A

Thank you!