



Satellite Meeting Resource Tracking and Priority Setting.

XV International AIDS Conference
Bangkok. 11 July, 2004.

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**Methodological Approaches - Utility
of National AIDS Accounts**

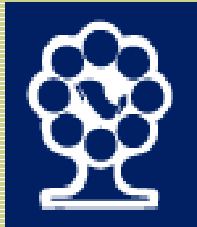
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Objectives of NAA

To describe the financial flows
identifying:

- who pays
- who benefits
- through what mechanisms

(reconstructing transactions from
their sources to the end-up users)

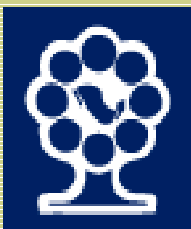




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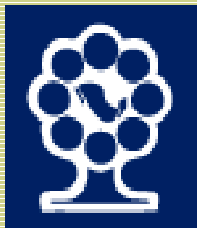


Methods of the NAA

- 
- FUNSA LUD
- Estimation of all resources spent by calendar year in all kinds of activities from all sources
 - Description of sources of funding
 - Domestic and International
 - Public, Private
 - Description of agents or providers of services
 - Description of use of the resources
 - Prevention vs. Care; and non-health
 - Goods and services
 - Beneficiaries or target groups
- 
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- 

Data collection

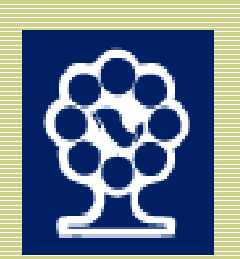
- Expenditures estimated from budgets
- Estimation of the actual costs of providing services and goods
- Classification of expenditures by International Classifications
 - OECD
- Description of flows of financing
 - Differentiation between budgets and executed expenditures
 - Differentiation between donor perspective and actual flow into the country for HIV/AIDS activities
 - Avoid of duplication of expenditures by describing flows



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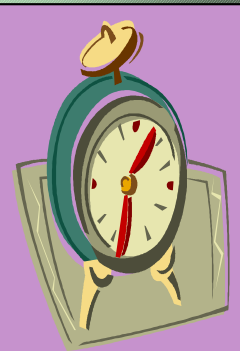
Detail by subprograms



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- Access to ARV
- Vertical Prevention
- Blood Banks
- IDU Prevention

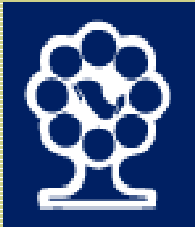


Identification of the expenditure explicitly directed to the most vulnerable populations and the highest risk for HIV

- 
- FUNSA LUD
- MSM
 - CSW (men and women)
 - Social marketing of condoms
 - Inmates
 - Mobile Populations
 - General Population (youngsters, women)
- 
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Categories of Expenditure (examples)

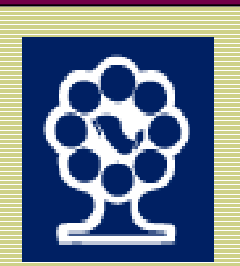
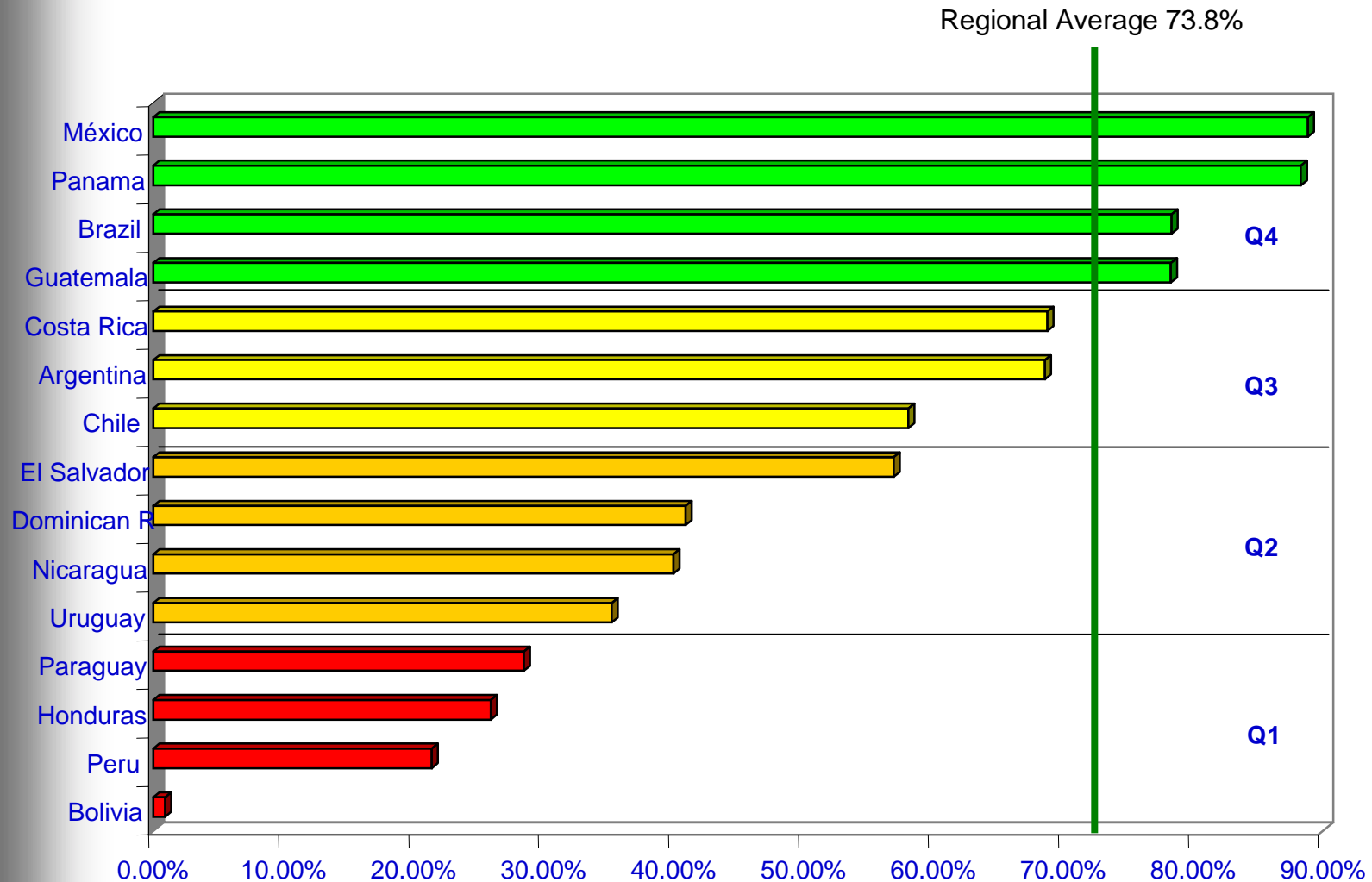
- **Public Health:** Epi Surveillance, IEC
- **Prevention:** Condoms, STI's Tx, MTCT Prevention, Needles, Blood Banks
- **Treatment:** Hospitalary, Ambulatory
- **Support Services:** Diagnostic Tests, Monitoring of ARV therapy –viral load, CD4+ Cell counts.
- **Anti-retrovirals**
- **Other drugs:** Prophylaxis, Treatment of OI



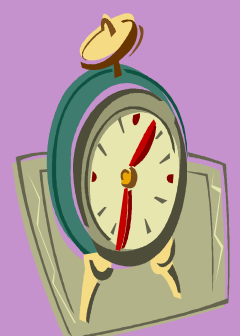
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Public Expenditures in HIV/AIDS as Percentage of National HIV/AIDS Expenditures in LAC



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EXPENDITURE ON HIV/AIDS IN LAC



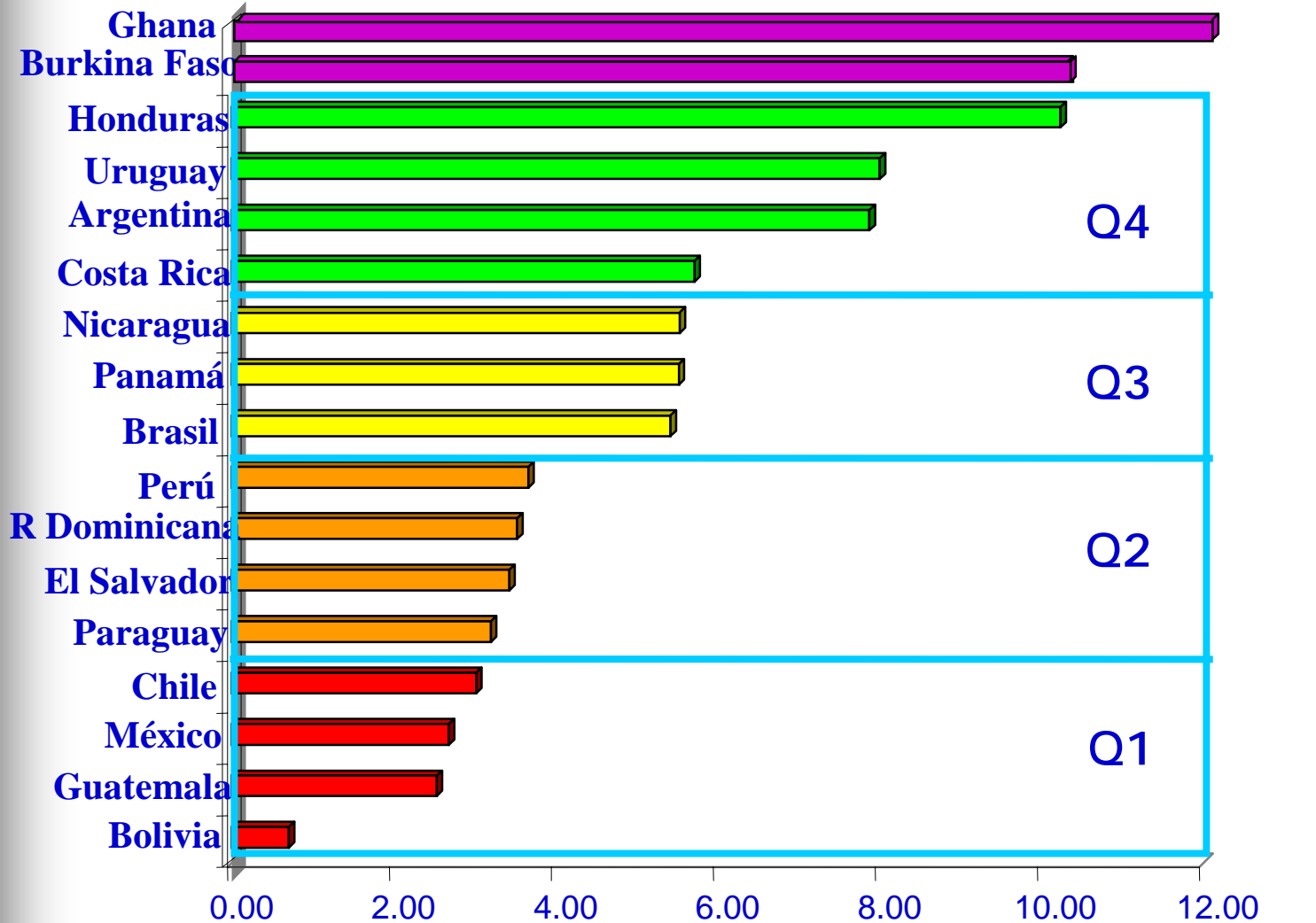
TOTAL EXPENDITURE (Million USD):

US\$1,225.3

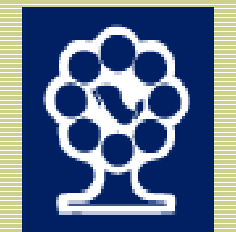
- 
- Public Sources: US\$ 904.6 (73.8%)
 - Private Sources: US\$ 294.3 (24.0%)
 - External Sources: US\$ 26.3 (2.1%)



Total HIV/AIDS Expenditures LAC and Two West African countries. Adjusted by PPP-USD\$, 2002.



Honduras HIV/AIDS Prevalence = 1.79%; Burkina Faso = 4% ; Ghana = 3.4%
 African countries provide very limited coverage of ARV.



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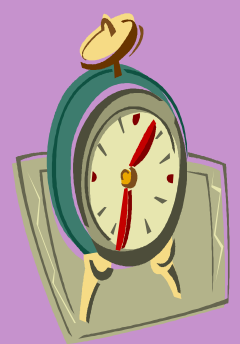
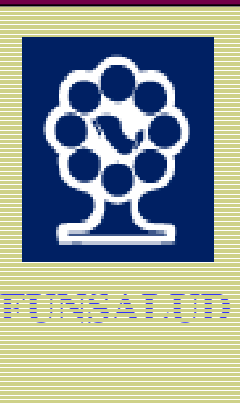


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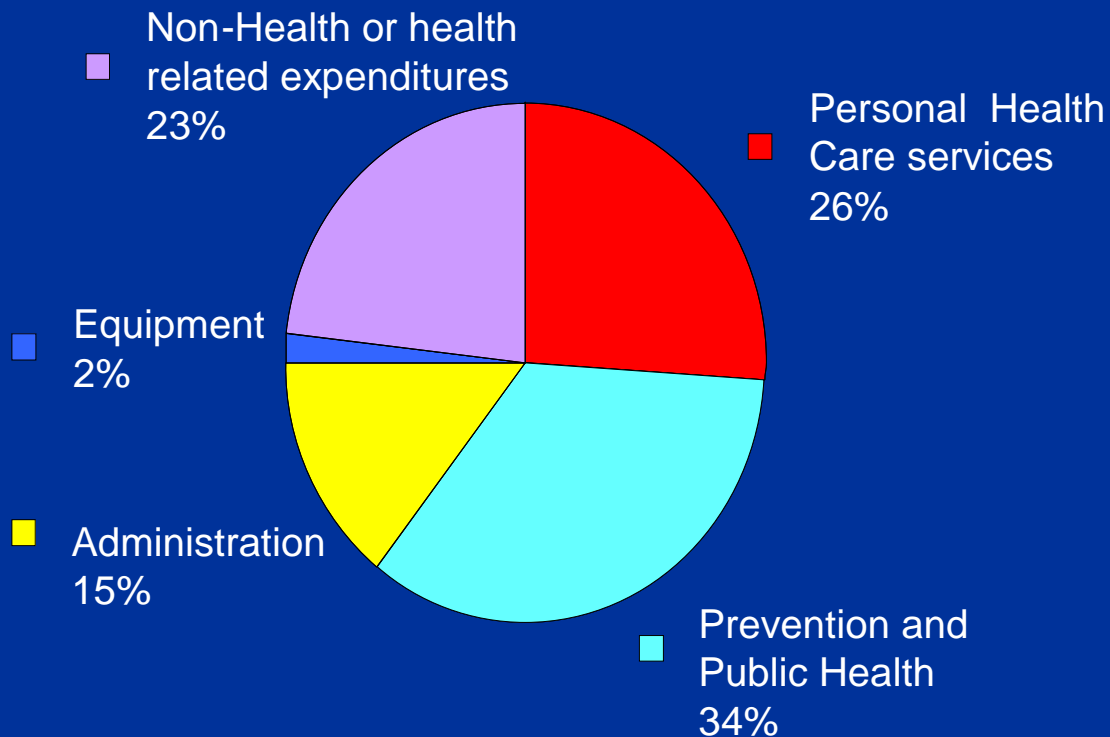


Main Expenditure Items in LAC

- **CARE (70% of total Expenditure)**
 - Total Expenditure on Care US\$ 800,845,217
 - Main Item ARV 65%
 - Expenditure per capita \$1.65
- **PREVENTION (27% of Total Expenditure)**
 - Total Expenditure in Prevention and Public Health US\$ 309,221,436
 - Main Item CONDOMS 58%
 - Total per capita \$0.64
- **NON-HEALTH ACTIVITIES (3%)**
 - Total Non-Health Expenditure US\$37,582,037
 - Main Item TRAINING 72% (e.g. conferences)



Total HIV/AIDS Expenditures by Functions, Burkina Faso, 2003



UNUSIDA



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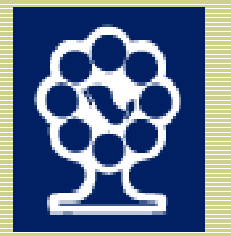
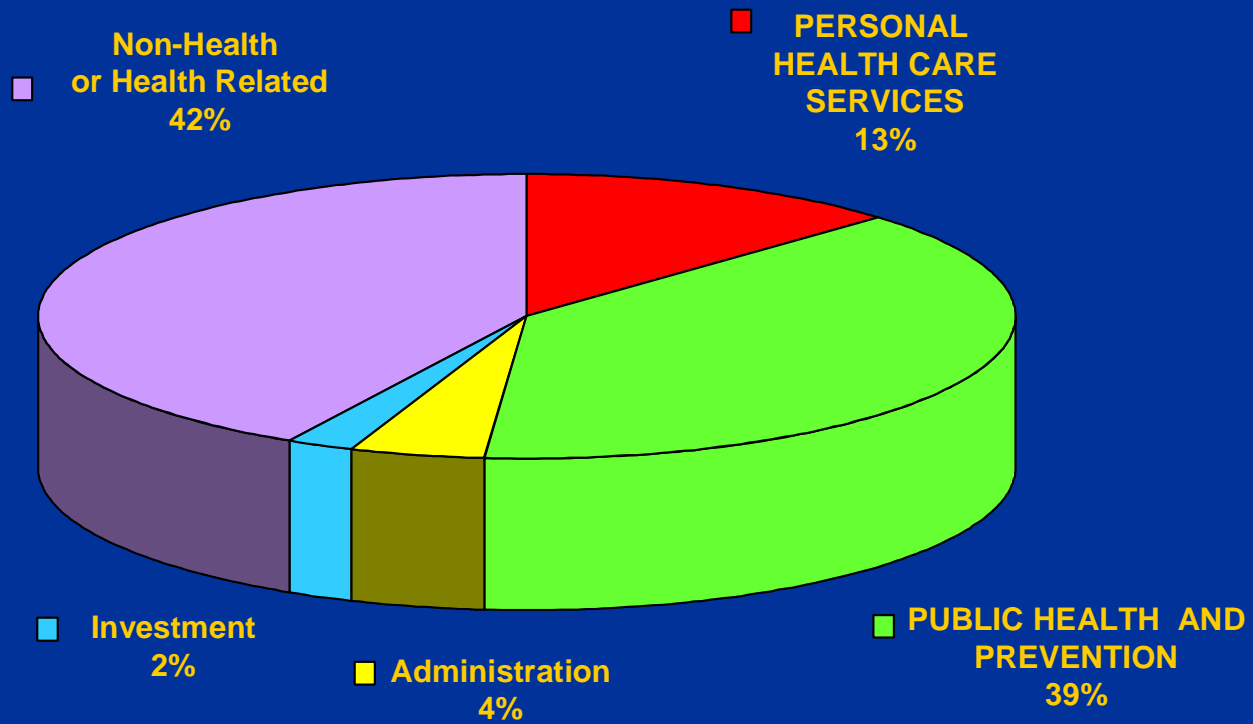


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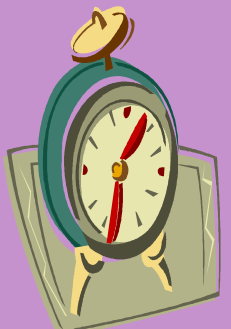
HIV/AIDS Expenditure by Function - Ghana, 2003



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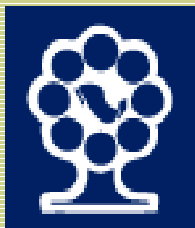
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HIV/AIDS Expenditures by source and by target population, e.g. Belize, 2003.

| Source ► Target Pop'n ▼ | Central Gov't | Other Public Org | Private | Non-for- profit Org. | House- holds | IDA | Ext Private | Total |
|-------------------------------|------------------|------------------------|-------------|----------------------------|-----------------|--------------|-------------|---------------|
| Non Targetted | 15.7% | | | | 5.2% | 5.3% | | 26.2% |
| Scholars | 0.1% | | | | | | | 0.1% |
| Workers | 0.0% | | | | | | | 0.0% |
| MSM | 0.0% | | | | | | | 0.0% |
| M&F CSW | 21.2% | | | | | 0.7% | | 21.9% |
| UDI | 0.0% | | | | | | | 0.0% |
| MTCT | 1.7% | | | | | | | 1.7% |
| Blood Banks | 0.9% | | | | | | | 0.9% |
| Migrants | | | | | | 0.2% | | 0.2% |
| Uniformed Pop'n | 0.1% | | | | | | | 0.1% |
| Inmates | 0.3% | | | | | 0.0% | | 0.3% |
| Pregnant women | 1.2% | | | | | 0.5% | | 1.8% |
| Vulnerable children and youth | | | | | | 6.0% | | 6.0% |
| Health Personnel | 2.1% | | | | | 0.2% | | 2.2% |
| PLWH | 0.4% | | | | | 1.1% | | 1.6% |
| PLWA | 26.3% | 0.0% | 0.0% | | 4.9% | 2.4% | 3.5% | 37.1% |
| TOTAL | 70.0% | 0.0% | 0.0% | 0.0% | 10.1% | 16.4% | 3.5% | 100.0% |



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Expenditure in Functions by Source in 13 LAC countries, 2002.

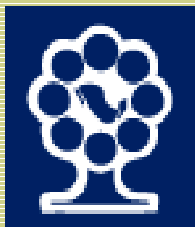
| Percentage of the total expenditure | | | | | |
|-------------------------------------|-----------------|------------------|-----------------|------------------|----------------------|
| SOURCE (% of the Total) | Care (75.2%) | PREV. (18.2%) | ADMN. (4.6%) | INVEST (0.2%) | NON-HEALTH (1.8%) |
| PUBLIC (83.6%) | 70.3 | 8.0 | 4.5 | 0.1 | 0.7 |
| PRIVATE (14.8%) | 4.6 | 9.7 | 0.1 | 0.1 | 0.3 |
| INTERNATIONAL (1.6%) | 0.3 | 0.5 | 0.0 | 0.0 | 0.8 |

Total expenditure = USD\$ 588,550,000

Expenditure in Functions by Source in two West African countries, 2003.

| Percentage of the total expenditure | | | | | |
|-------------------------------------|-----------------|------------------|------------------|-------------------|-----------------------|
| SOURCE (% of the Total) | CARE (17.9%) | PREV. (36.7%) | ADMIN. (9.2%) | INVEST. (1.9%) | NON-HEALTH (33.3%) |
| PUBLIC (33.3%) | 5.2 | 13.2 | 2.9 | 0.0 | 12.0 |
| PRIVATE (10.8%) | 6.8 | 4.0 | 0.0 | 0.0 | 0.0 |
| INTERNATIONAL (55.9%) | 6.9 | 19.5 | 6.3 | 1.9 | 21.3 |

Total expenditure = USD\$ 51,858,000



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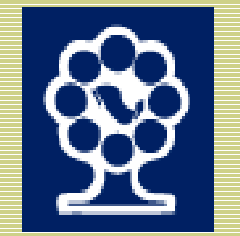


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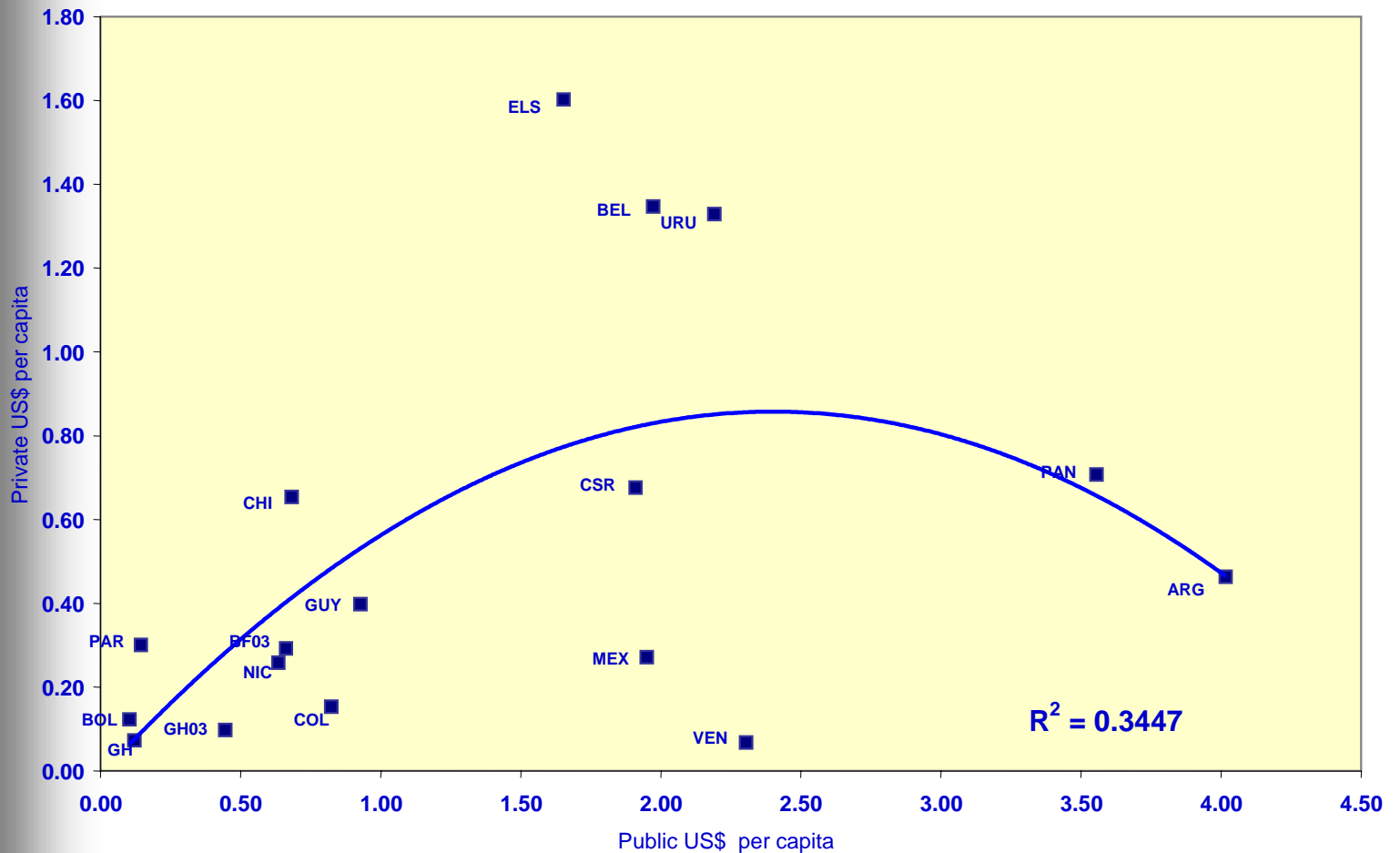
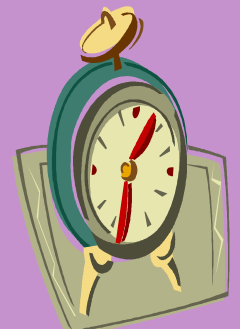




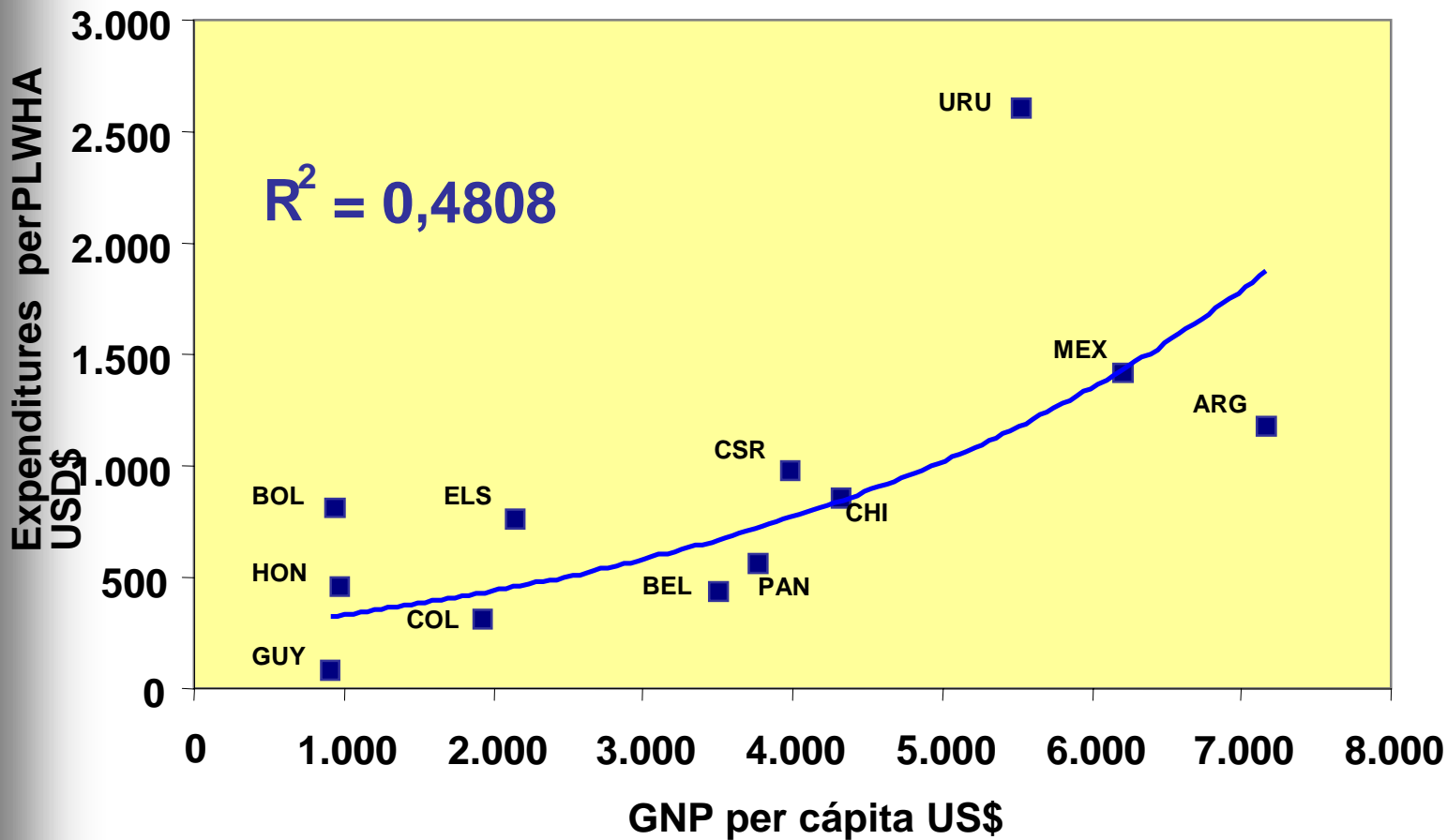
Per capita public and private expenditure in HIV/AIDS, 2002. USD\$



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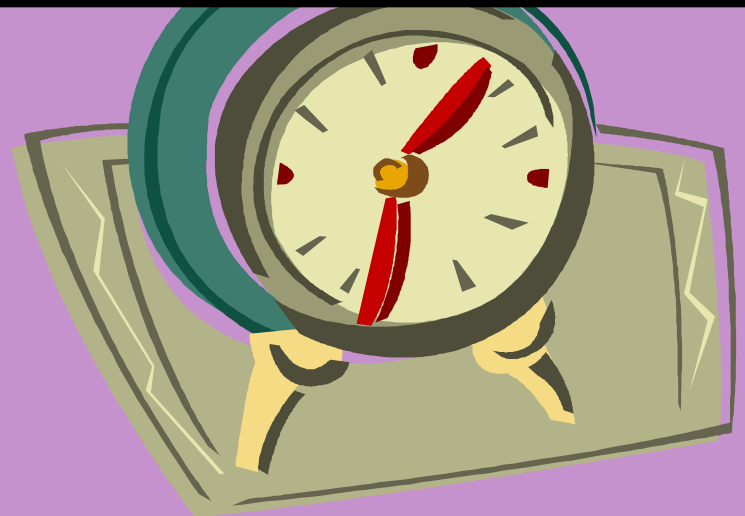
Expenditure per PLWHA versus GDP per capita (US\$) in thirteen selected LAC countries, 2001





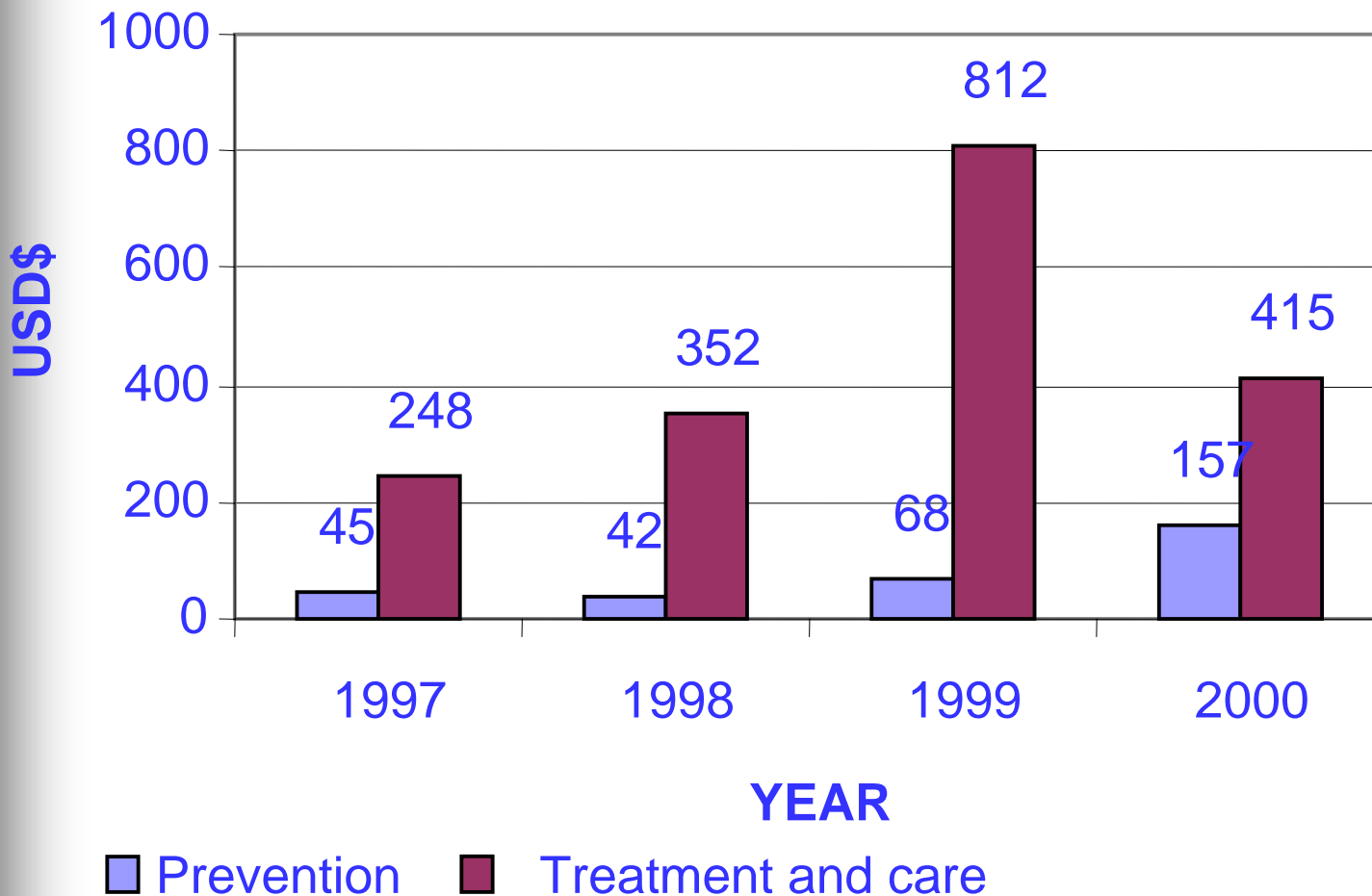
Country examples of the utility of NAA

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Expenditure in Prevention and Care. BRAZIL 1997-2000 (million \$USD)

A saving in care; an increase in prevention

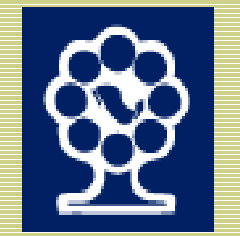
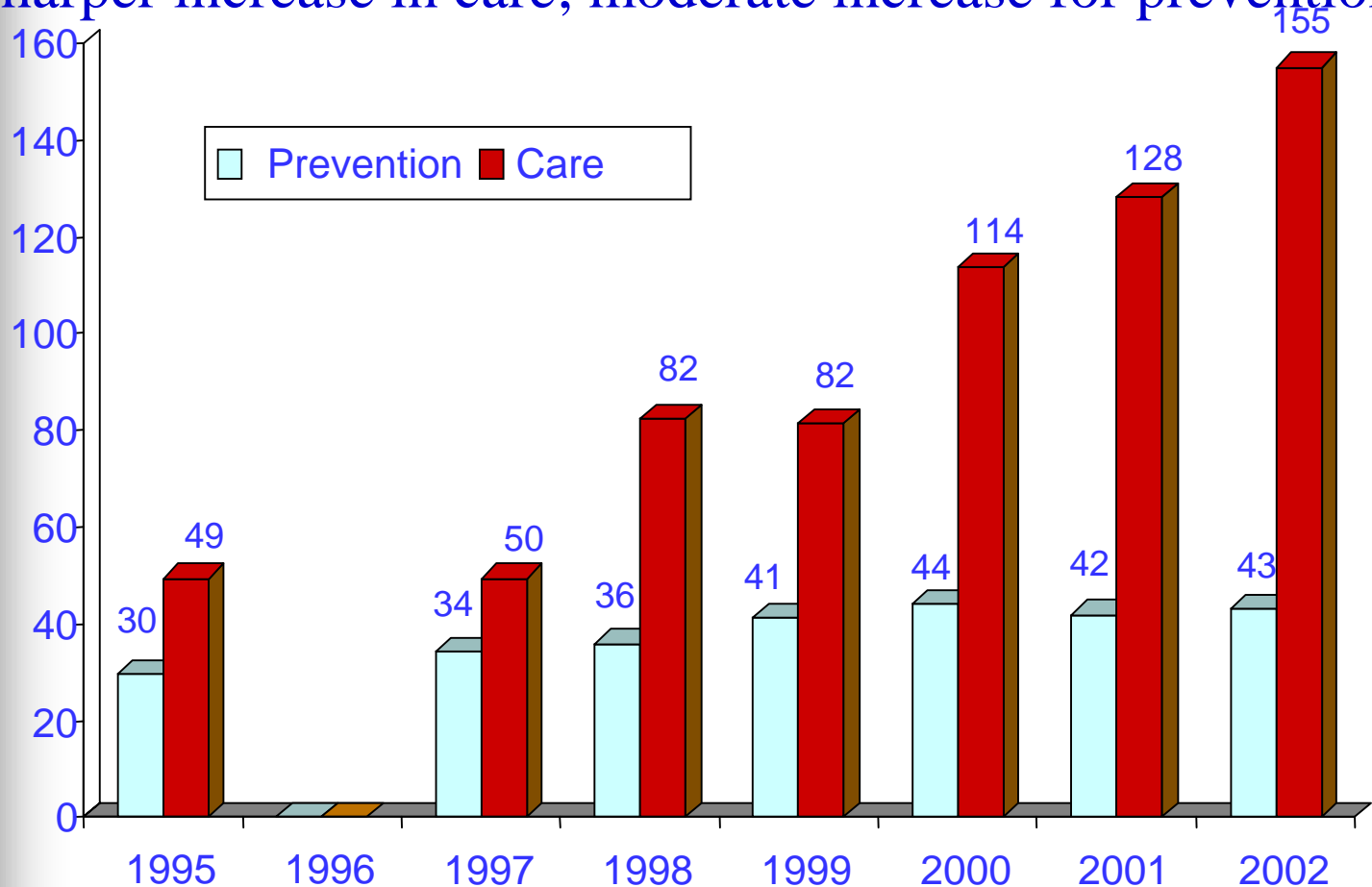


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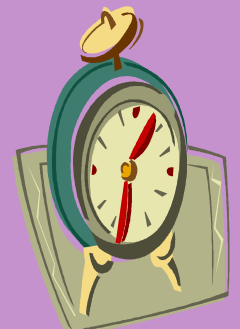


HIV/AIDS Expenditures in prevention and care. MEXICO 1995-2002. (Million USD\$)

Sharper increase in care; moderate increase for prevention.



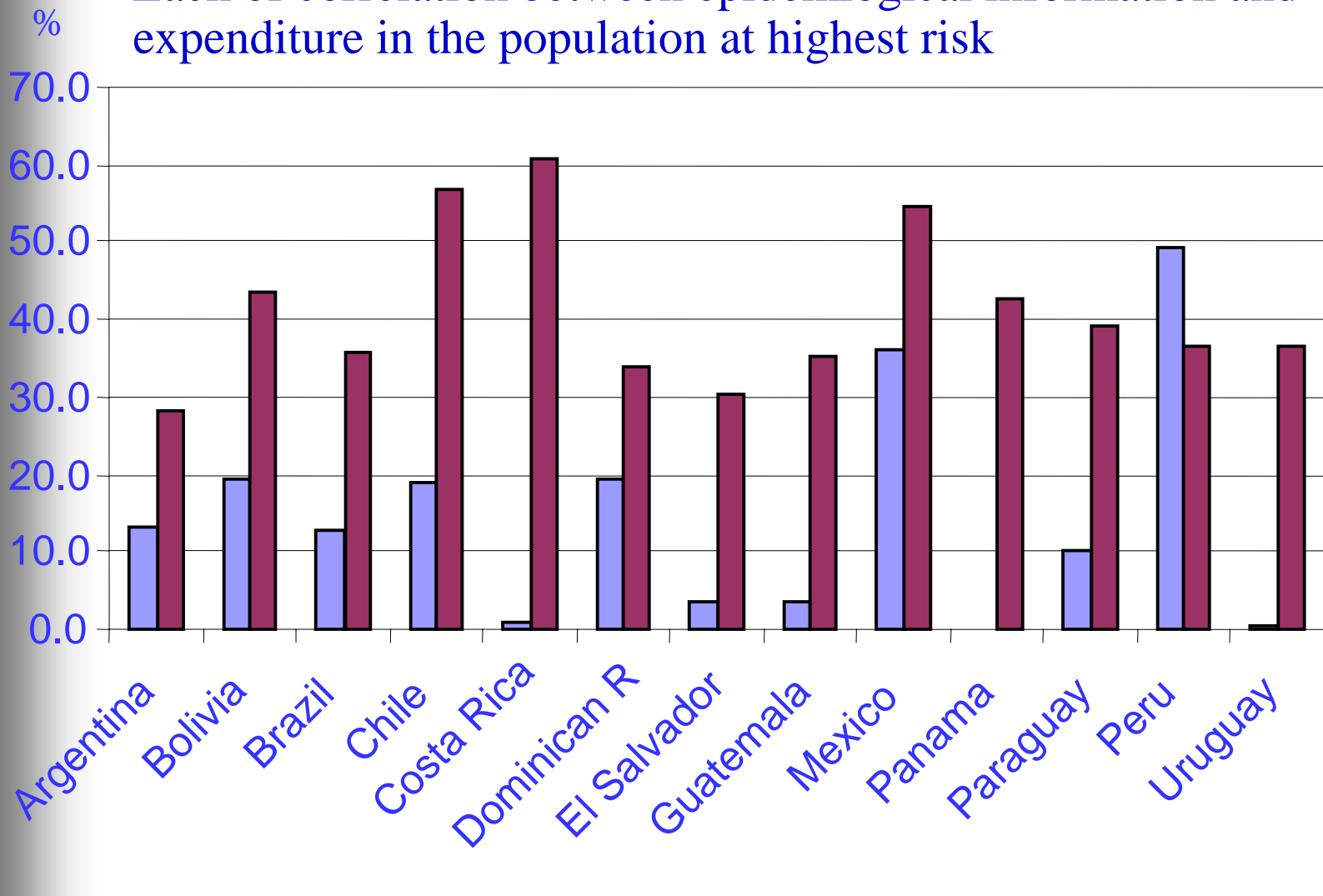
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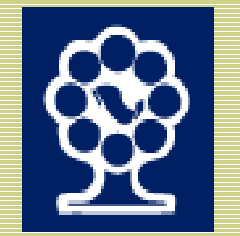


Preventive expenditure on MSM and the percentage of AIDS cases among MSM

Lack of correlation between epidemiological information and expenditure in the population at highest risk



■ Preventive Expenditure on MSM ■ AIDS Cases among MSM



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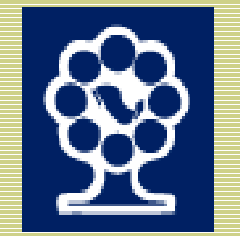
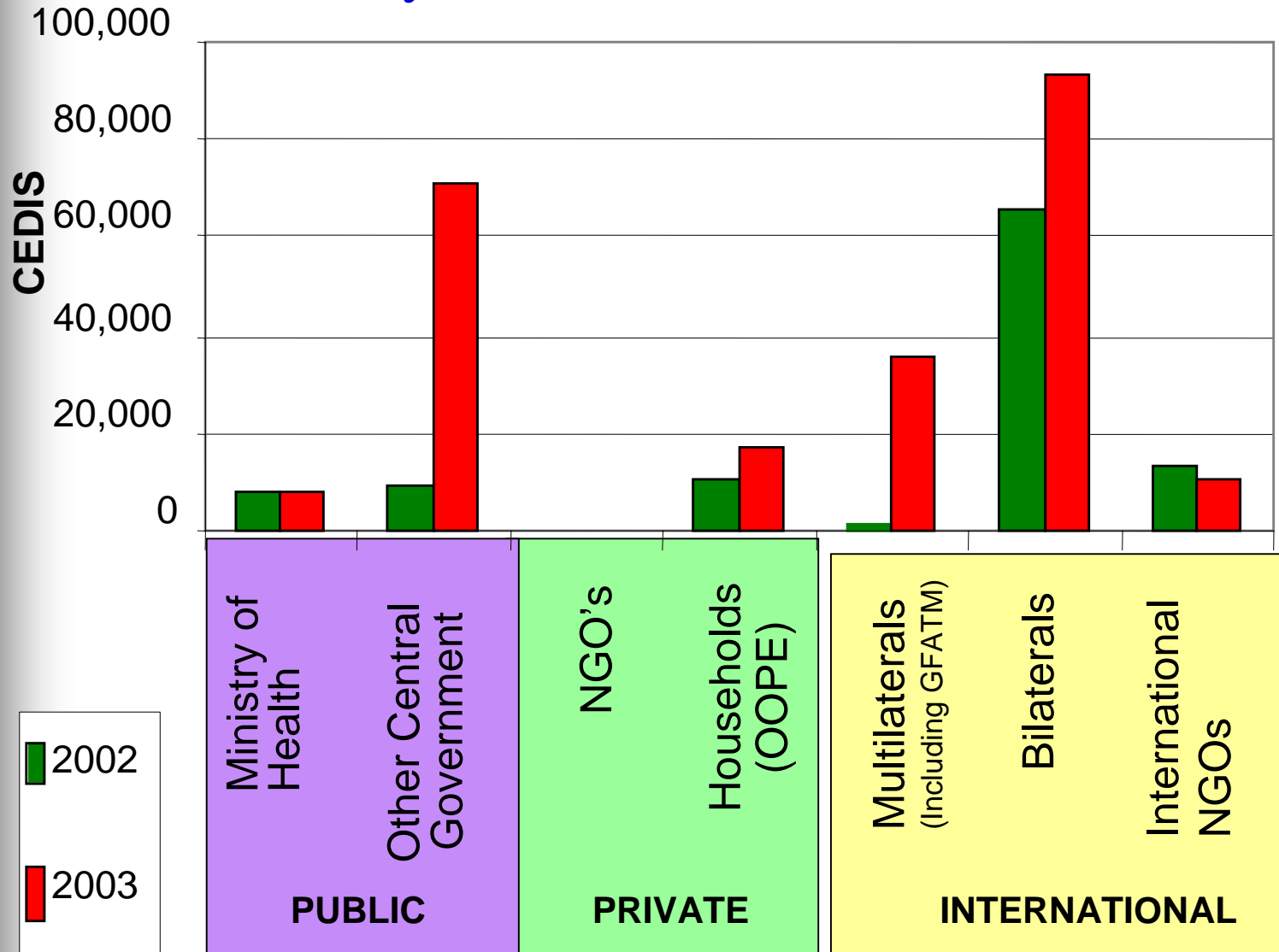


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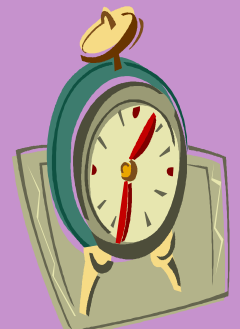


HIV/AIDS Expenditures in Local Currency. Ghana, 2002-2003

Additionality of GFATM

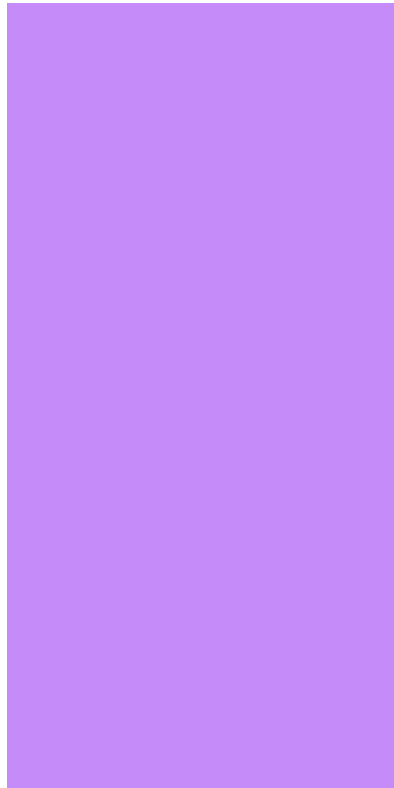


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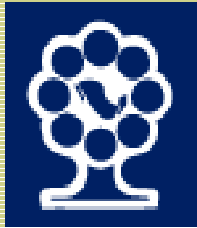


Resources according to source of information

NAA



Level of expenditure according to NAA



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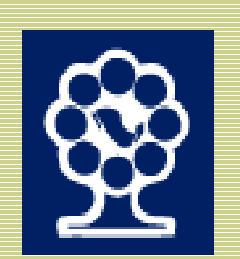


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Resources according to source of information

NSP



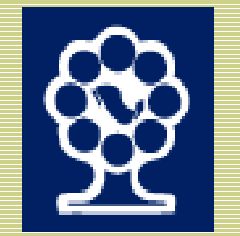
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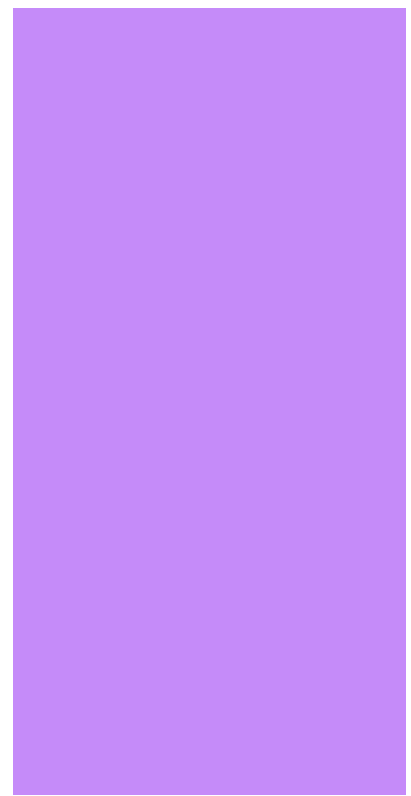
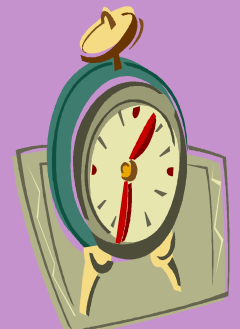
Costing of
National
Strategic Plan



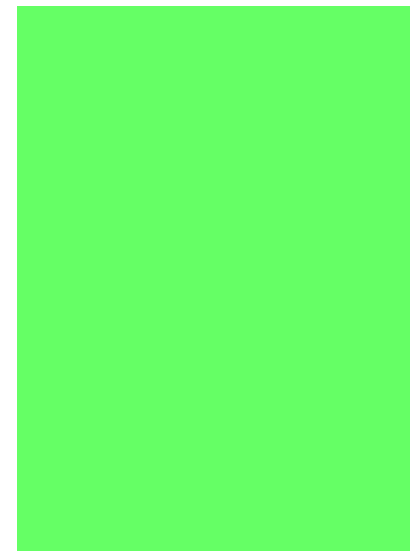
Comparison between level of Resources according to source of information: NAA and NSP



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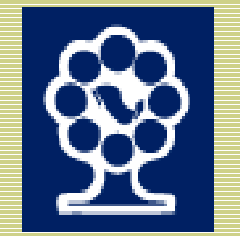


NAA

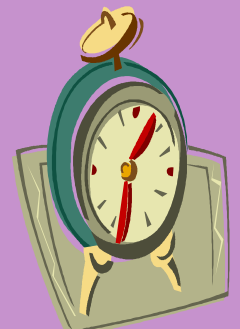


NSP

Comparison of results from NAA and from NSP



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Non essential
expenditure

→ Eliminate expenditure

Irreducible exp.

→ Add to NSP



=



NSP

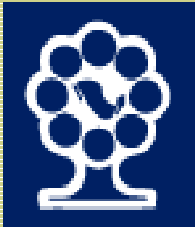
NAA

NEEDS OF NEW
RESOURCES



CHALLENGES

- Need of capacity building /capacity strengthening
 - Continue with capacity building in countries already involved in resource tracking and initiate process in other countries/regions
 - Instead of experts producing hardly-repeatable case studies, promote country officials conduct their own estimates;
 - Transformation into a continuous information system instead of cross-sectional estimates
- Need of sufficient financial resources to conduct projects and training in developing countries



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<http://www.sidalac.org.mx>

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