



# Information gaps in HIV/AIDS resource tracking and priority setting

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# Outline of presentation

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- Brief review of resource tracking approaches
  - Policy questions each answers
  - Methodology digest
  - Identified weaknesses
- Cross-cutting observations
- Future directions
- Concluding remarks

# Resource needs approach

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- What is the total amount of resources required to provide HIV/AIDS-related prevention and care given existing infrastructure?
- Advocacy for resource mobilization
  - Funding decisions on the basis of
    - Burden of disease and financial need calculations
    - Expenditure goals and targets

# Resource needs approach II

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- Estimates based on
  - Population in need of care
  - Coverage of HIV/AIDS services
  - Unit costs
- Identified weakness
  - Existing infrastructure
  - Constant (in)efficiencies
  - No economies of scale
  - No demand-side constraints

# Budget tracking approach

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- Advocacy for resource mobilization
  - Debate among stakeholders (e.g., NGOs and government)
  - Parliamentary requests
- Figures derived from
  - Statistical reporting
  - Commitments

# Budget tracking approach II

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- Identified weakness:
  - Distinguishing HIV/AIDS from STI allocations
  - Capturing HIV/AIDS activities within basic health and reproductive health allocations
  - No information on resource use

# Expenditure tracking approach

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- Domestic policies on resource mobilization and allocation
  - Who finances health services and programs?
  - How much do they spend?
  - Where do their health funds go, i.e., what is the distribution among providers and ultimately among services provided?
    - Hospitals vs. ambulatory care facilities
    - Curative care vs. prevention programs
  - Who benefits from spending on health?
  - Socio-economic groups, gender, geographic distribution

# Expenditure tracking approach II

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- Estimates based on
  - Actual disbursements
  - Allocation factors
- Identified weakness
  - Time lag (t-2)
  - Domestic financial information systems
  - Financial management capacity





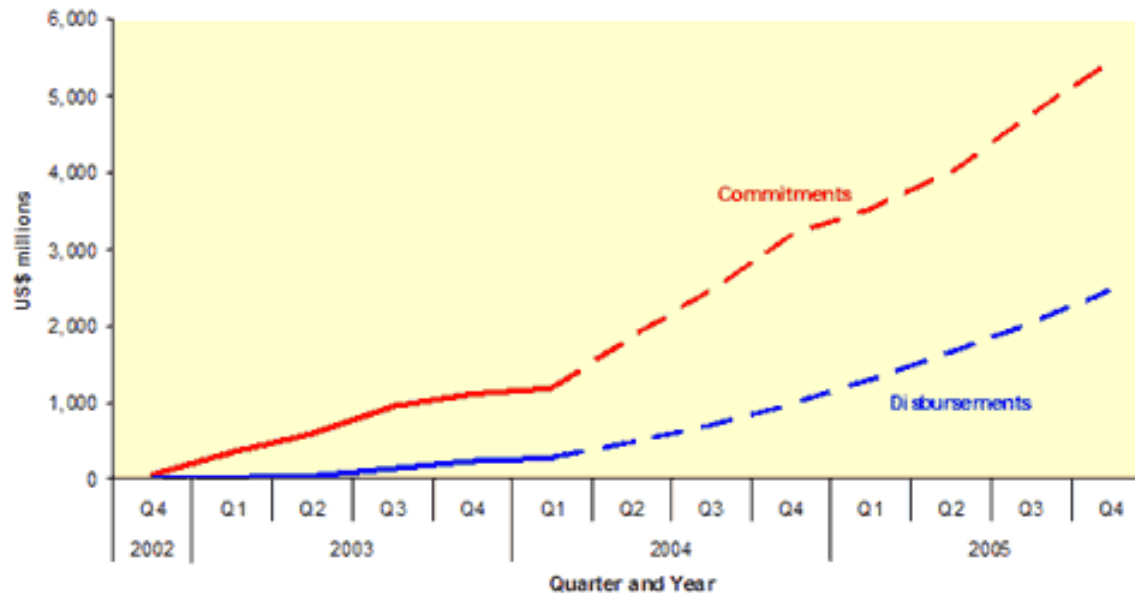
# Cross cutting observations

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# Definitions matter I

## ■ Commitment vs. disbursements, e.g. Global Fund

Actual and Projected Commitments and Disbursements  
Cumulative totals through 2005\*



\* Assumes that Round 5 is approved in 2005 and US\$1 billion for Phase 1 (years 1 & 2), and that renewal requests for Phase 2 (years 3 to 5) are approved when eligible. Incorporates assumptions regarding renewal rates, disbursement rates and other variables.

\* Includes non-US\$ amounts expressed in US\$, using UN operational rates of exchange at 1 July 2004. Prepared 1 July 2004.

# Definitions matter II

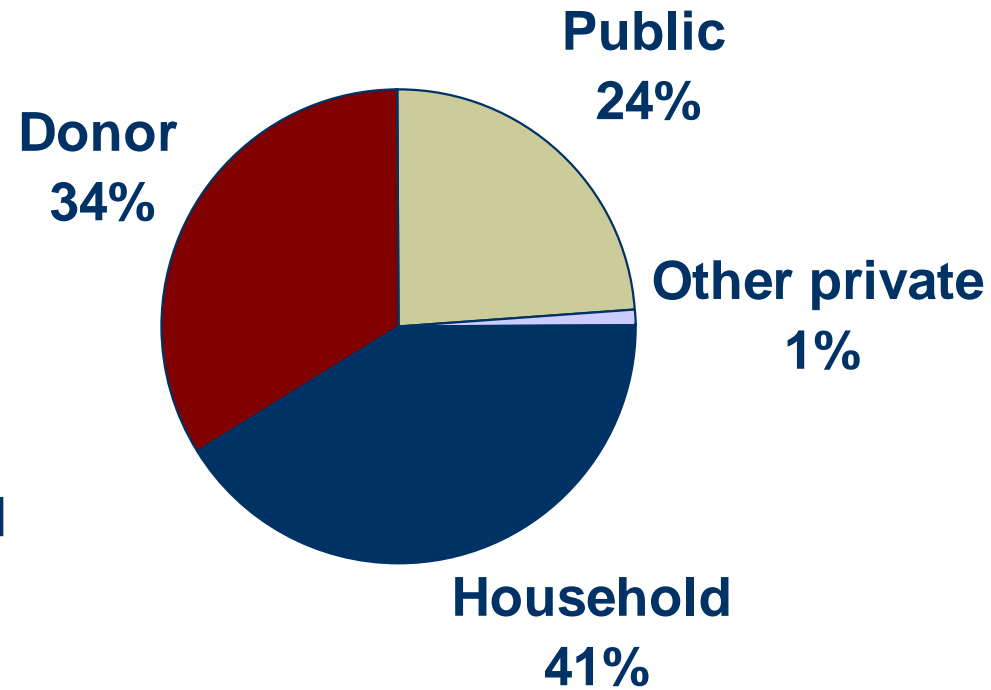
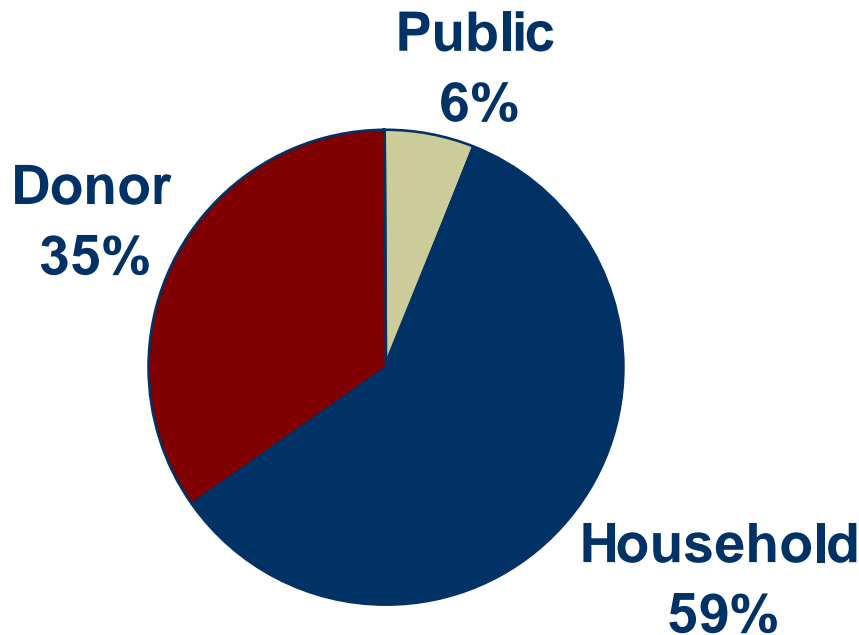
## ■ Disbursements by whom?

Country	DAC	NHA subanalysis	Percentage difference
Kenya	USD 61.3 M	USD 58.6 M	4%
Zambia	USD 43.2 M	USD 35.3 M	18%

Source: Kenya and Zambia NHA reports, 2002; OECD.

# Definitions matter III

## ■ Earmarked vs. total HIV/AIDS spending





# Future directions

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# Filling the gap: Bridging existing efforts

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- Triangulating DAC data with country data
  - Timing of disbursements
  - Definitional differences
- Linking unit cost estimates with per capita expenditures
  - Regional extrapolations
  - Denominator selection

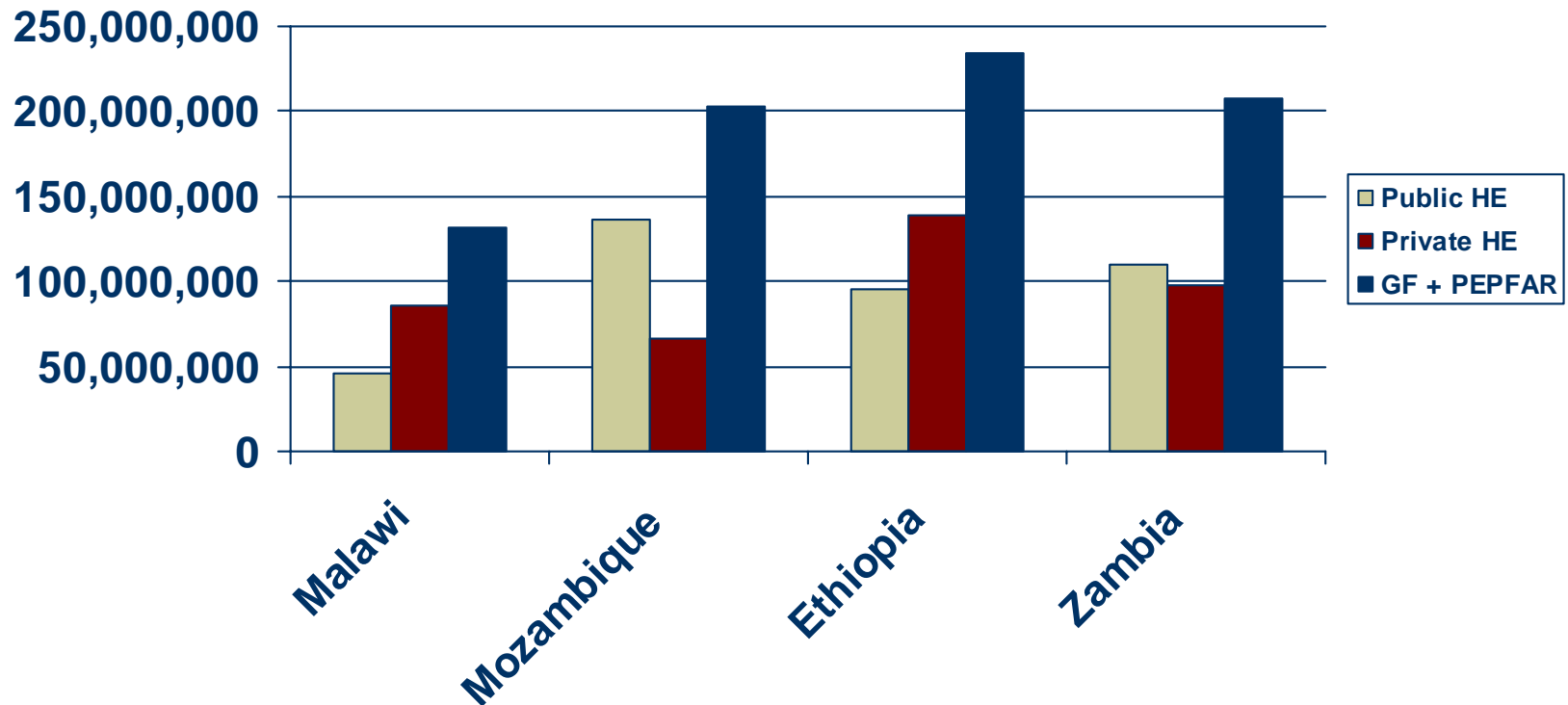
# Filling the gap: Addressing unanswered questions

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- Macroeconomic effect
- Sustainability
- Additionality
- Effectiveness of resource use

# Macroeconomic effect

## Global Fund and PEPFAR funds relative to health expenditures

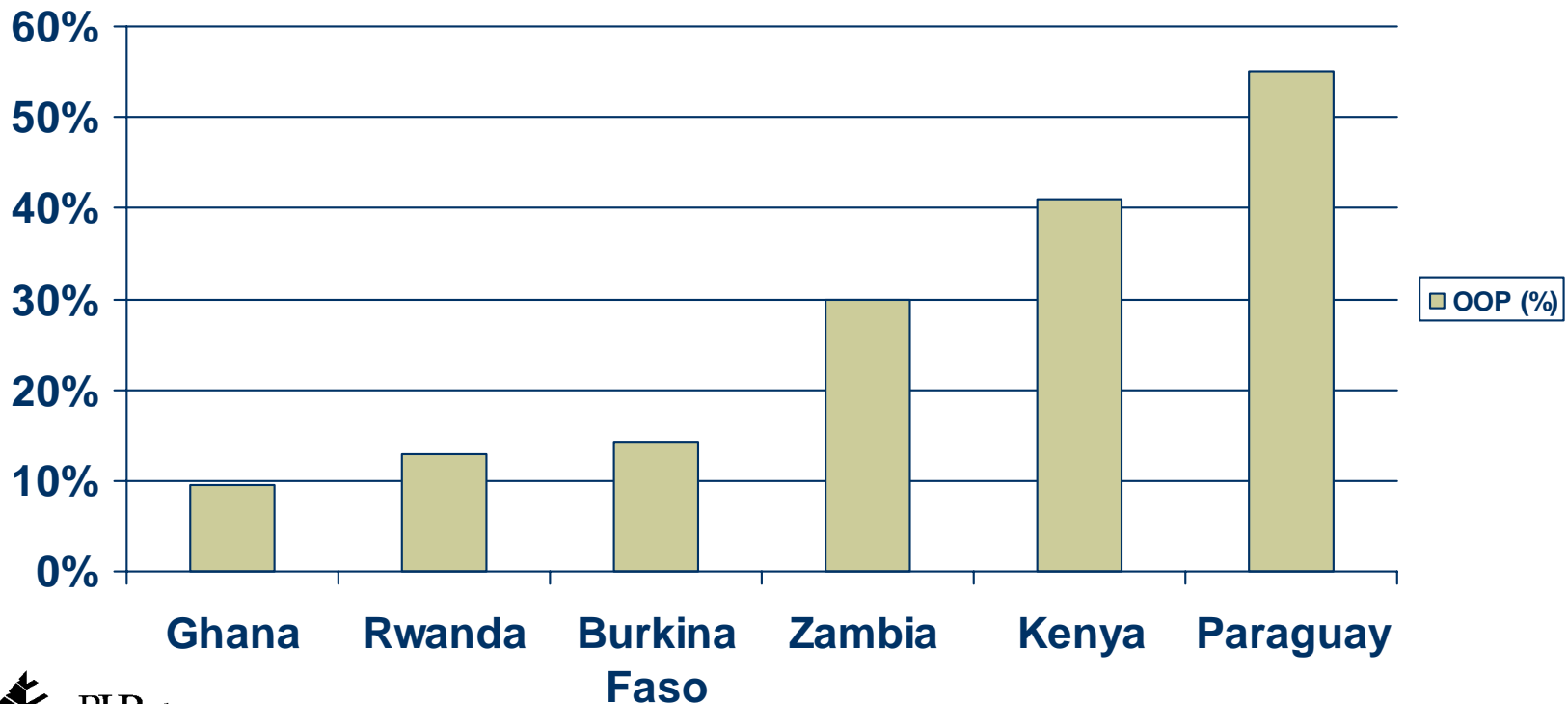




# Sustainability

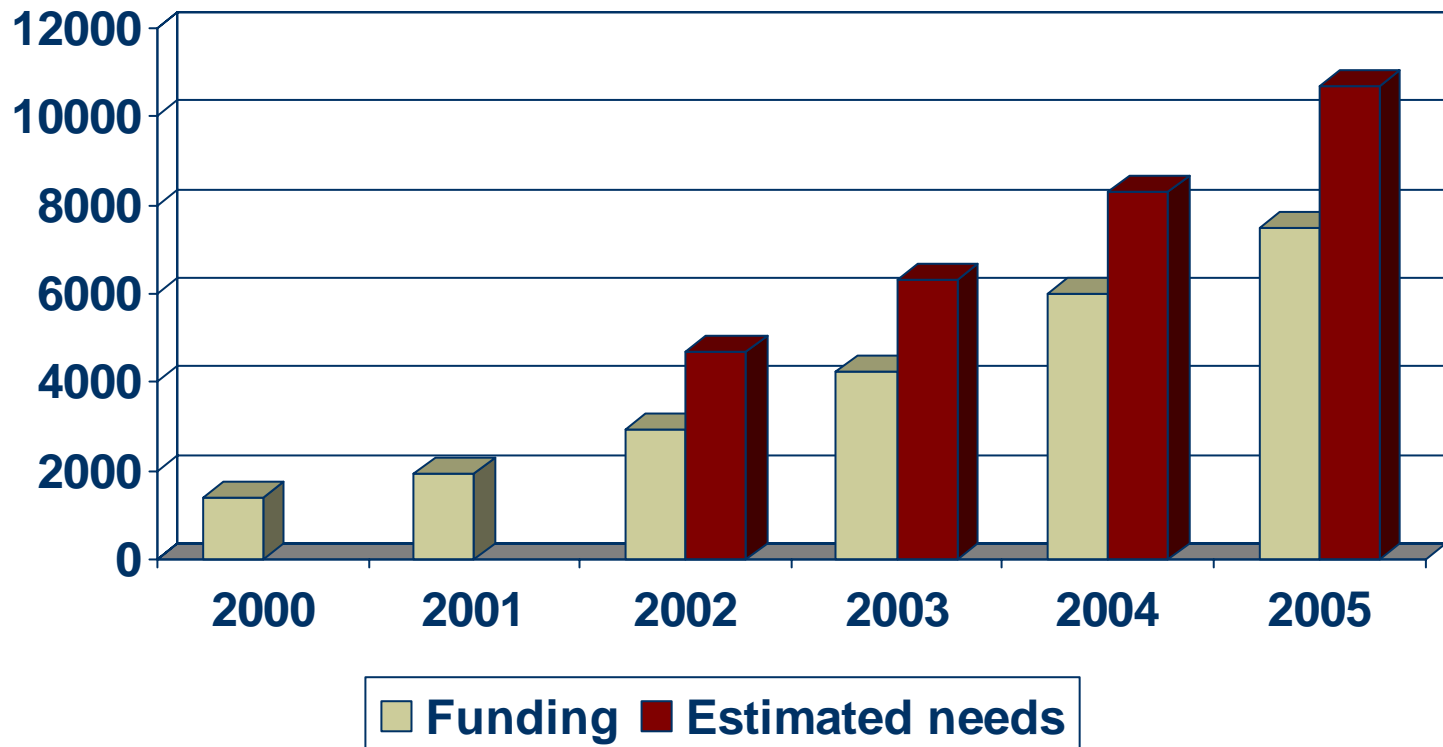
- Over the long term: public? private?

## Share of out-of-pocket expenditures

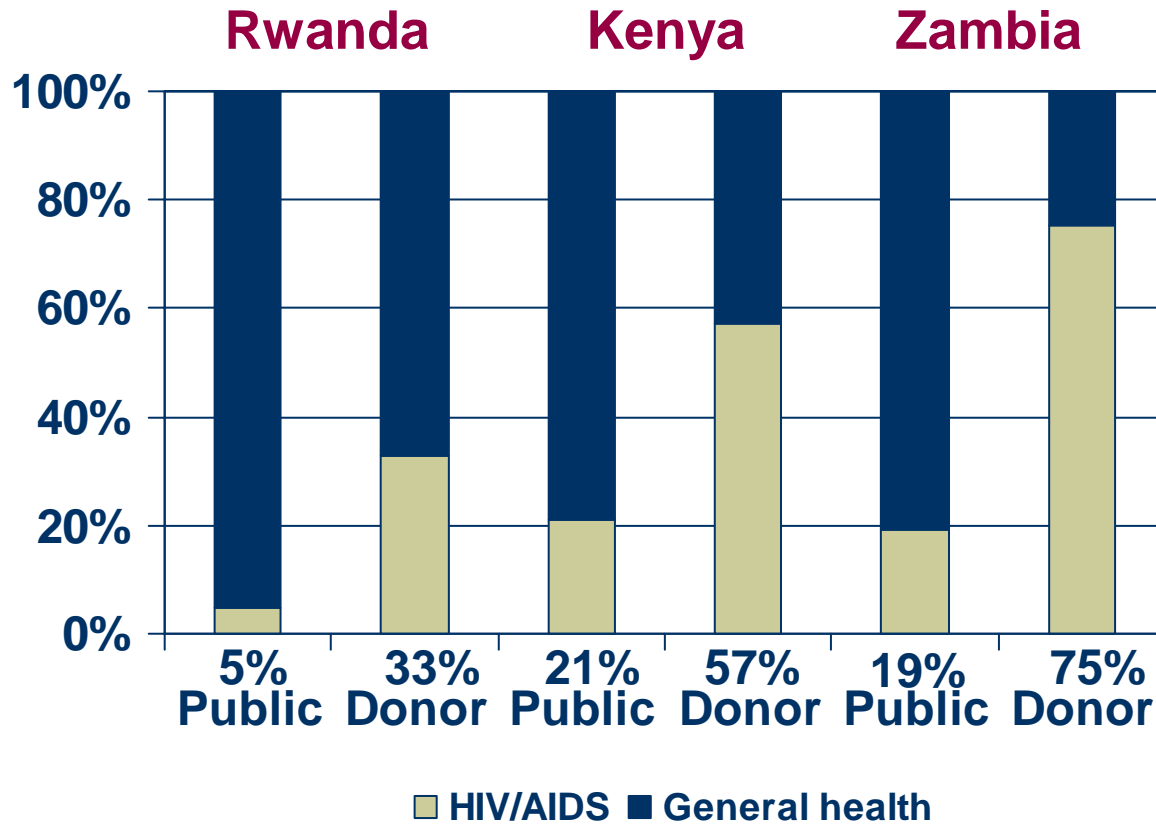


# Effectiveness of resource use

■ Resource mobilization → resource use



# Additionality



# Concluding remarks

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# Challenges ahead

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- Tracking resource use at the country level
  - Earmarked funds for HIV/AIDS
  - Public subsidies through the service delivery network
  - Linking to programmatic indicators
- Building national systems to track performance
- Timeliness trade offs