

Why HIV/AIDS M&E?

“Raise it, spend it,
prove it”

Richard Feachem, frn. Executive Director
Global Fund to Fight AIDS, TB and
Malaria

Why M&E of HIV/AIDS?

Increasing demand for effective M&E of the epidemic and the response due to:

- Rapid expansion of new resources available to respond to the epidemic (GFATM, PEPFAR, WB, public funding, etc.)
- Rapid scale-up of treatment and prevention programs (3x5, Universal Access)
- Global push for improved coordination among donors and among donors and national HIV/AIDS programs – focus on strengthening national capacities

The “Three Ones”

Key Principles



1. One agreed HIV and AIDS **action framework**
2. One national AIDS **coordinating authority**
3. One agreed **monitoring and evaluation framework**

Components of a National M&E System

- Biological and behavioral HIV/AIDS surveillance
- Essential research on HIV/AIDS prevention, treatment and care
- Program activity monitoring and program evaluation
- **Financial monitoring, resource needs estimates**

Financial M&E to monitor program implementation and effectiveness



Allows answering questions addressing:

- **Spending Patterns**

- What are key funding sources (public, private, non-for-profit organizations, donors, etc.) – proportional spending
- How does national level spending compare to spending at the sub-national level?

- **Cost-efficiency**

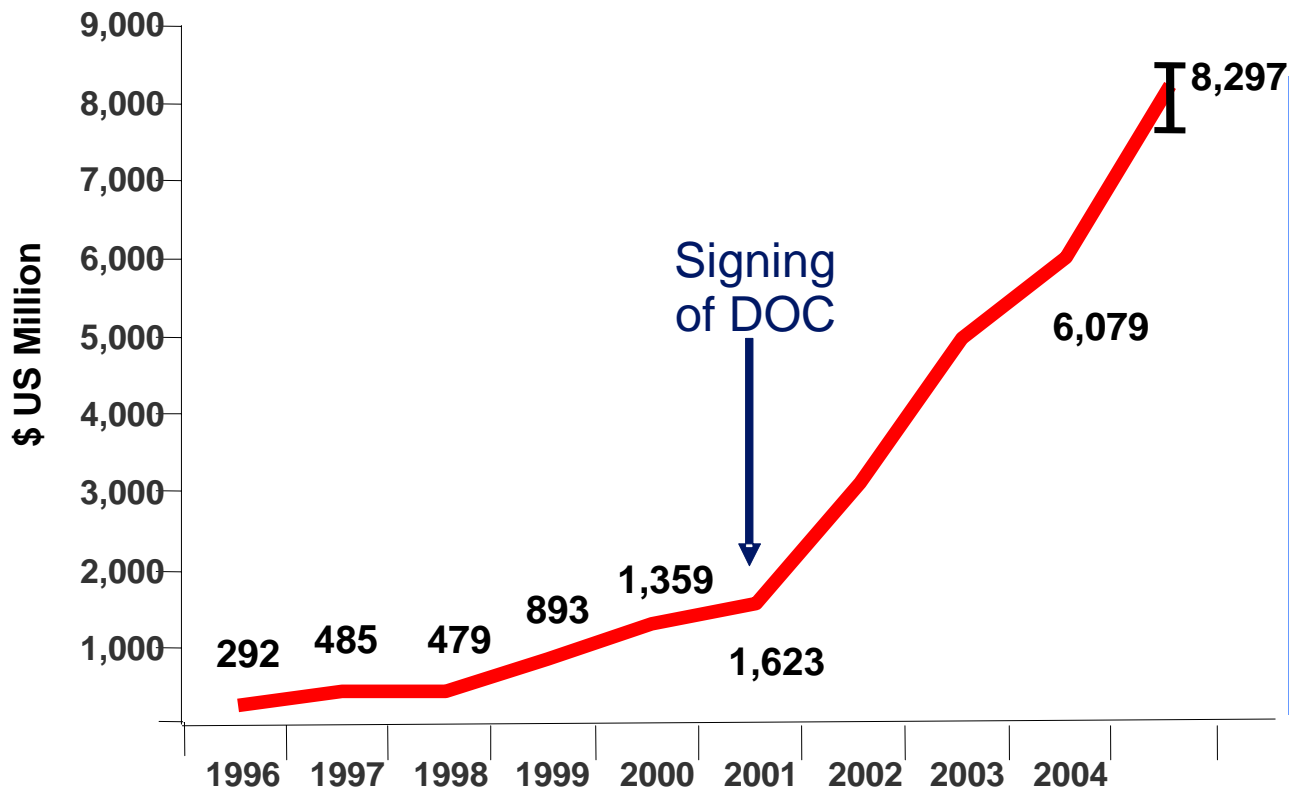
- How are economic inputs into HIV/AIDS programs (funds, expertise, time, etc.) converted into results?
- Do we see economies of scale as service coverage goes up?

- **Equity**

- Are populations in need benefiting?

Financial Resource Tracking in Eastern Europe and Central Asia

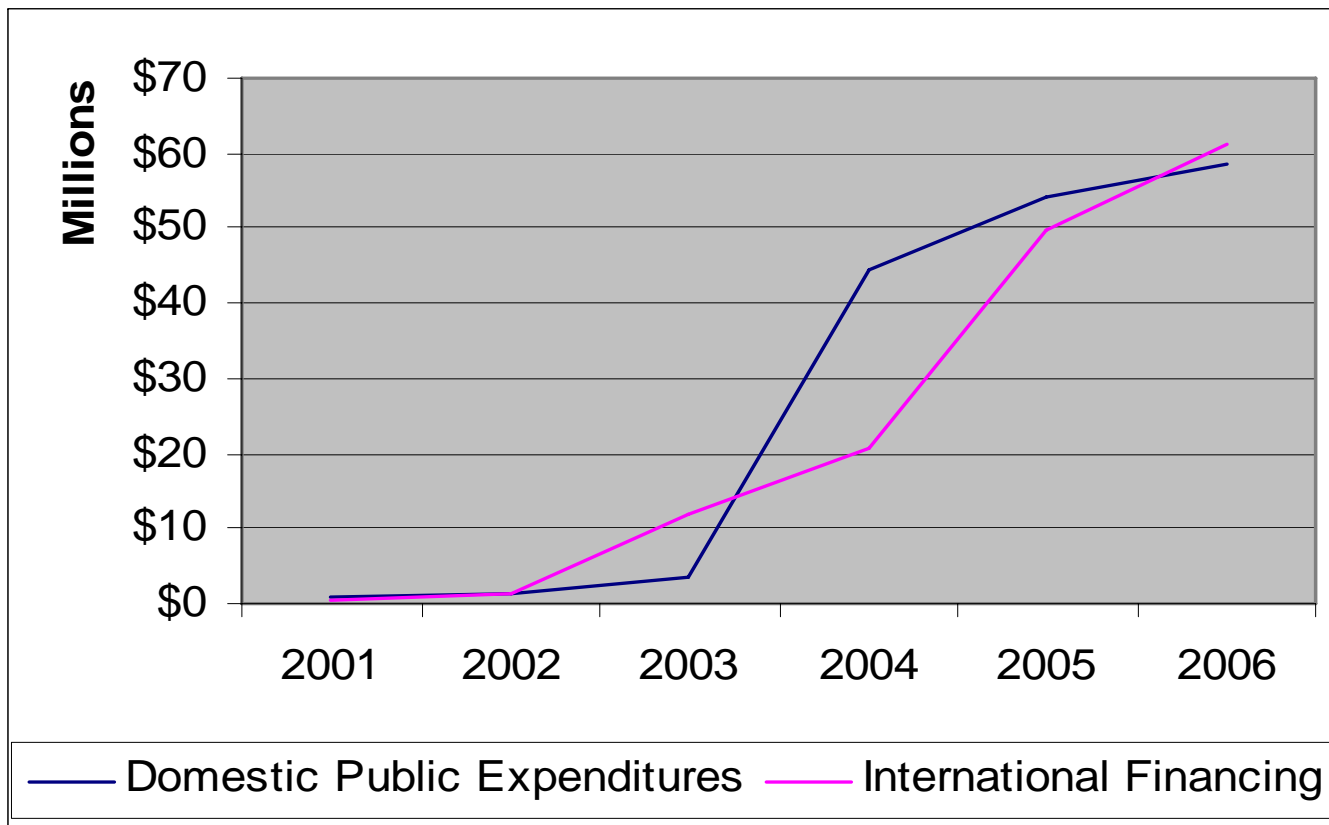
Estimated total annual resources available for AIDS 1996 – 2005



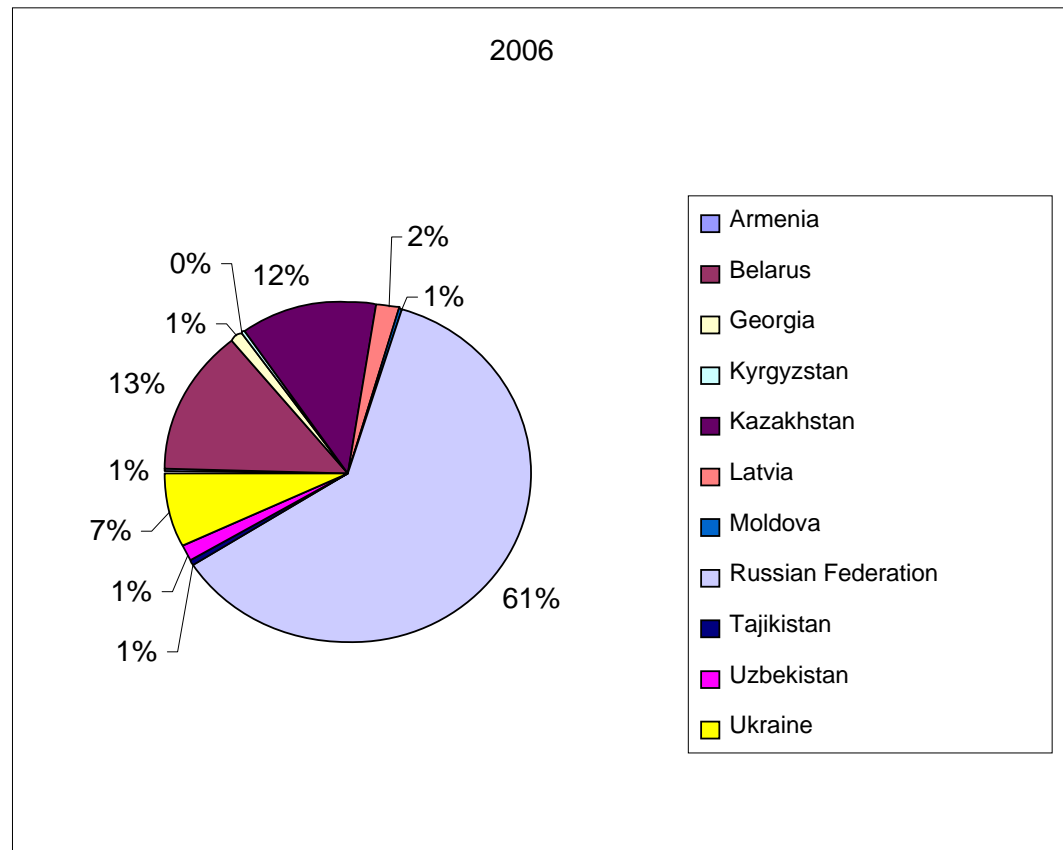
Data includes:

- International donors, domestic spending (including public spending and out-of-pocket expenditures)
- International Foundations and GF included from 2003 onwards, PEPFAR included from 2004 onwards

Trends in domestic and international AIDS funding, 10 CIS countries

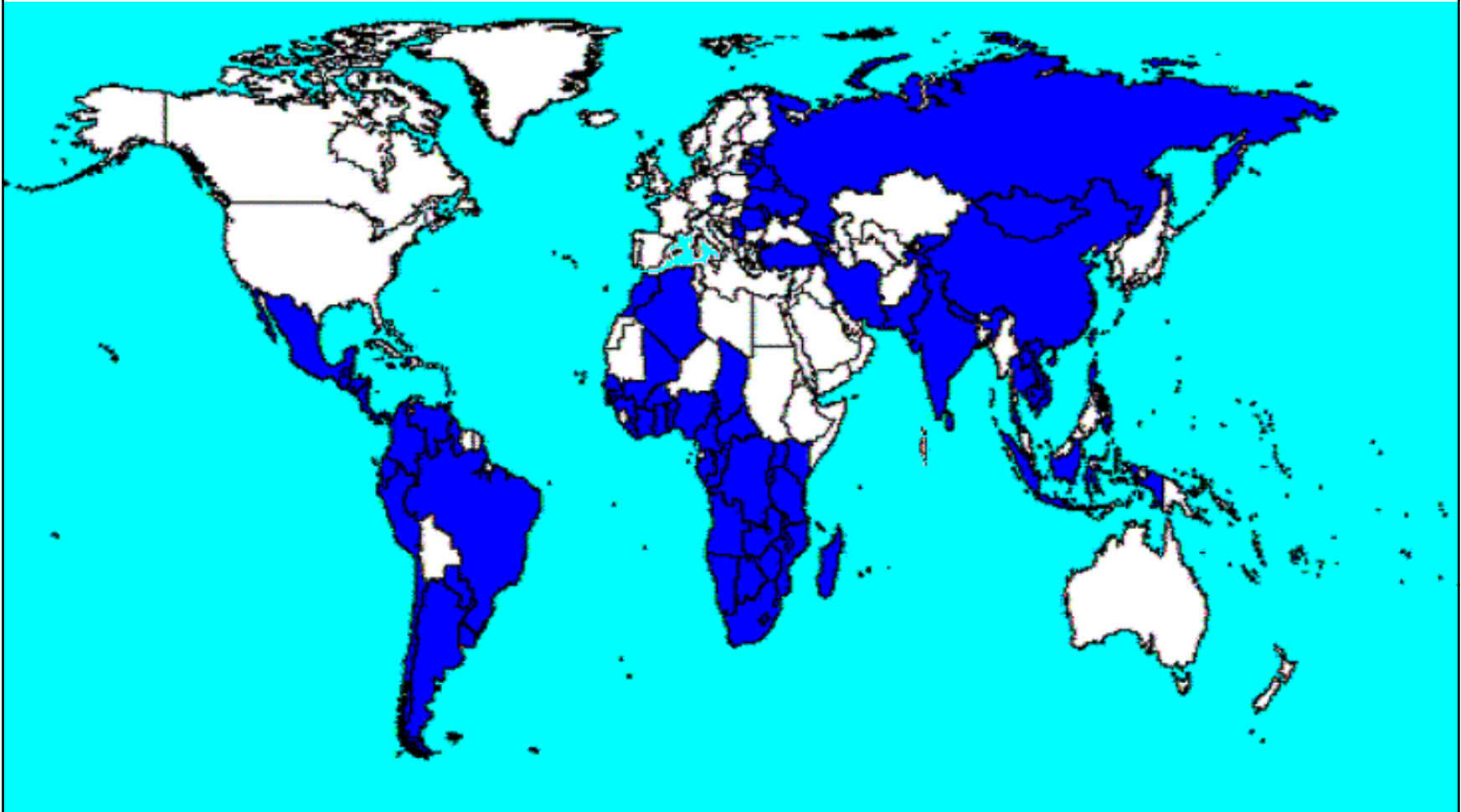


Domestic public expenditures for HIV and AIDS in ten CIS States and Latvia, 2006



Financial Resource Tracking in Selected Countries

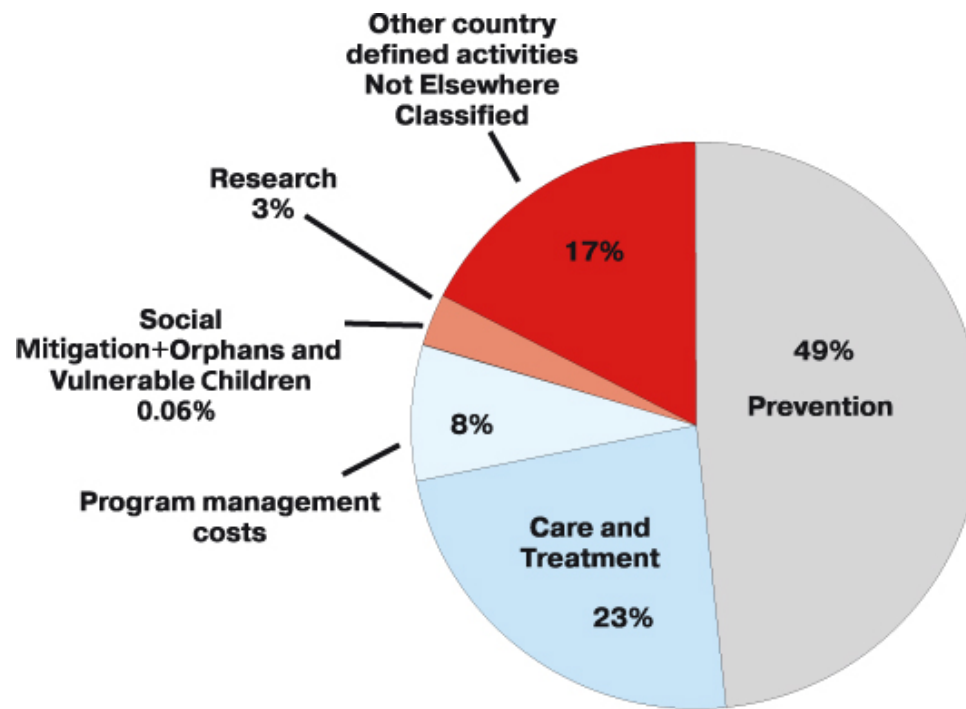
Country reporting on domestic expenditure (DoC review, March 2006)



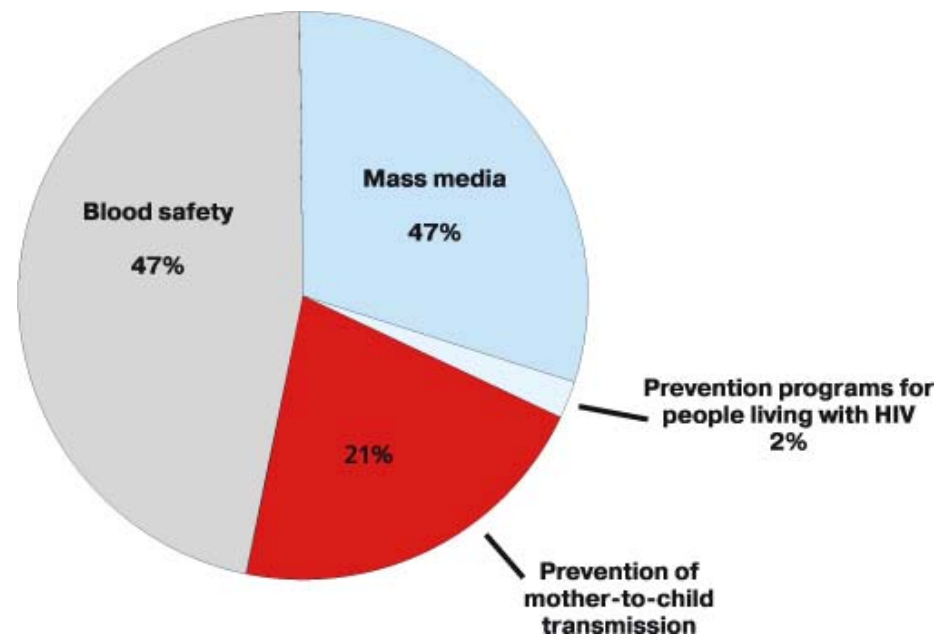
Conducting NASA in the Russian Federation to assess HIV/AIDS Spending, 2004

- Government Funding:
37 million US\$
- Donor Funding:
30 million US\$

Allocations by Functions, 2004



Allocation to Preventive Activities by Function, 2004

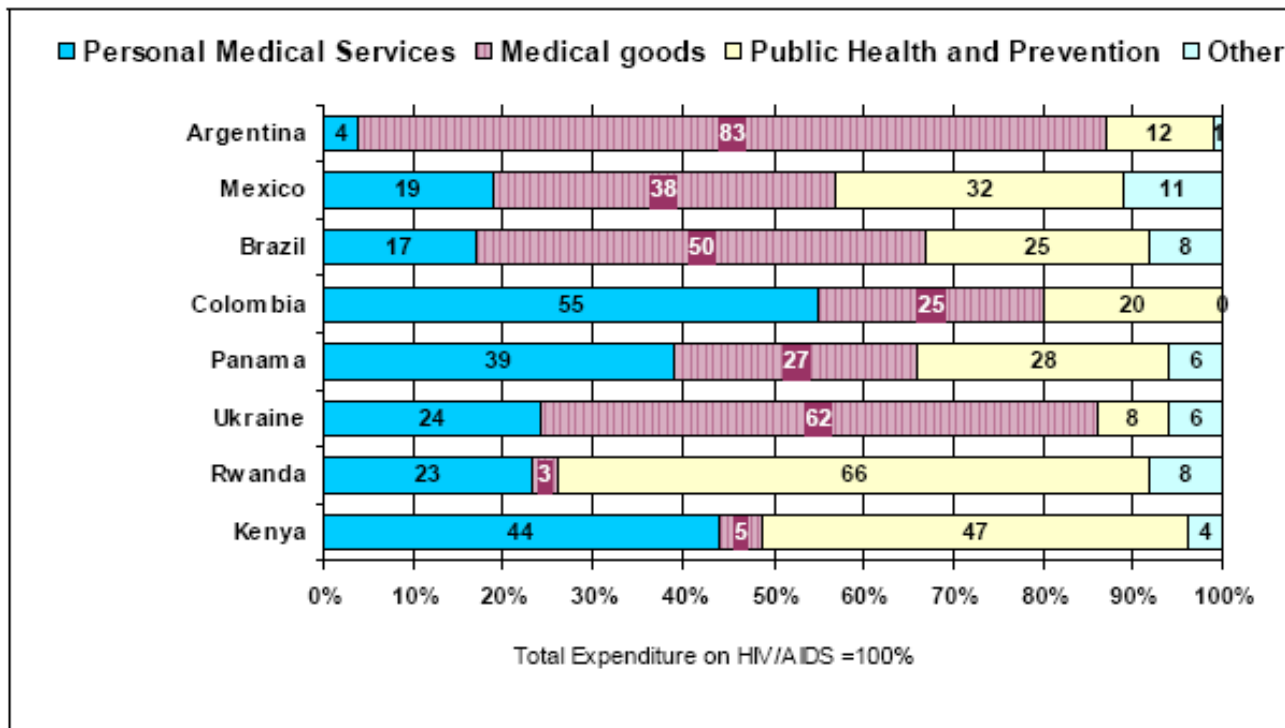


CONCLUSION

- **Low spending:** Only 0.2% of the total Russian health budget was allocated to HIV/AIDS treatment and prevention in 2004.
- **Imbalance in spending for prevention activities:** close to 50% spent on blood safety, one-fifth of the funds aimed at mother-to-child transmission and 30% was spent on mass media activities (almost zero spending on MARPs).
- **Insufficient funding for T&C:** 23 % of public funding allocated to treatment and care (diagnostics, purchasing of test systems, ARV, OI treatment).
- **Major funding gap for social support and mitigation:** 0.06%. No funding allocated for orphans and vulnerable children.

HIV/AIDS NHA Sub-analysis Ukraine, 2004

International Comparison for Expenditures for HIV/AIDS by Functions



* Sources: National Spending for HIV/AIDS 2004, UNAIDS, July 2004, prepublication draft; Rwanda National Health Accounts 2002, Republic of Rwanda MoH, 2005; Kenya National Health Accounts 2001-2002, Republic of Kenya MoH