

How do national programs allocate HIV/AIDS resources?

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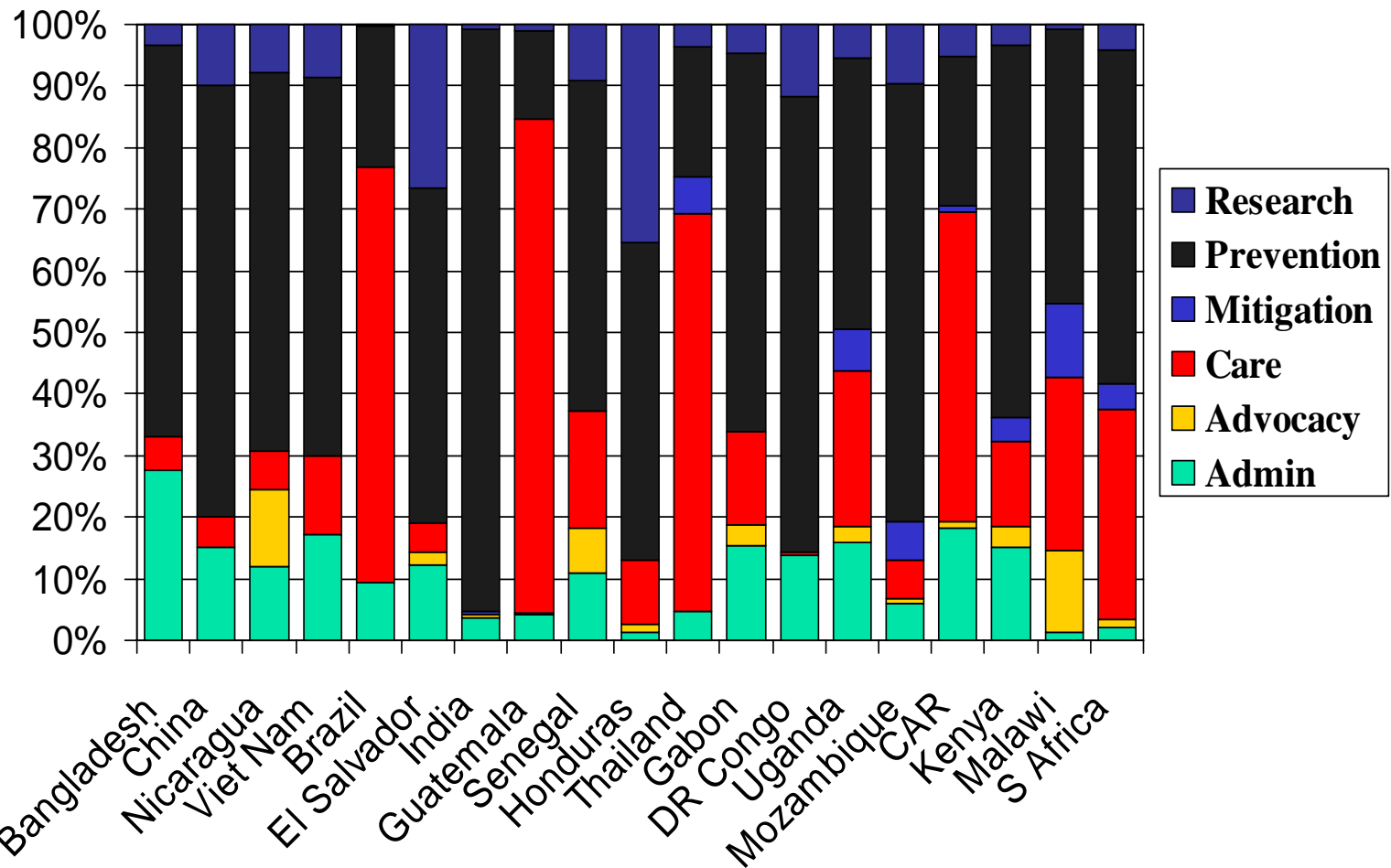
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Key questions

- How do programs determine resources needed?
 - How do national programs allocate available resources?
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Resource Allocation in Strategic Plans



Information base

	Donor-dependent	National funds
Low prevalence	DR Haiti Ghana Honduras Guatemala Senegal	Brazil Mexico
High prevalence	Cambodia Malawi C. d'Ivoire Mozambique DR Congo Uganda Kenya Lesotho	South Africa Thailand

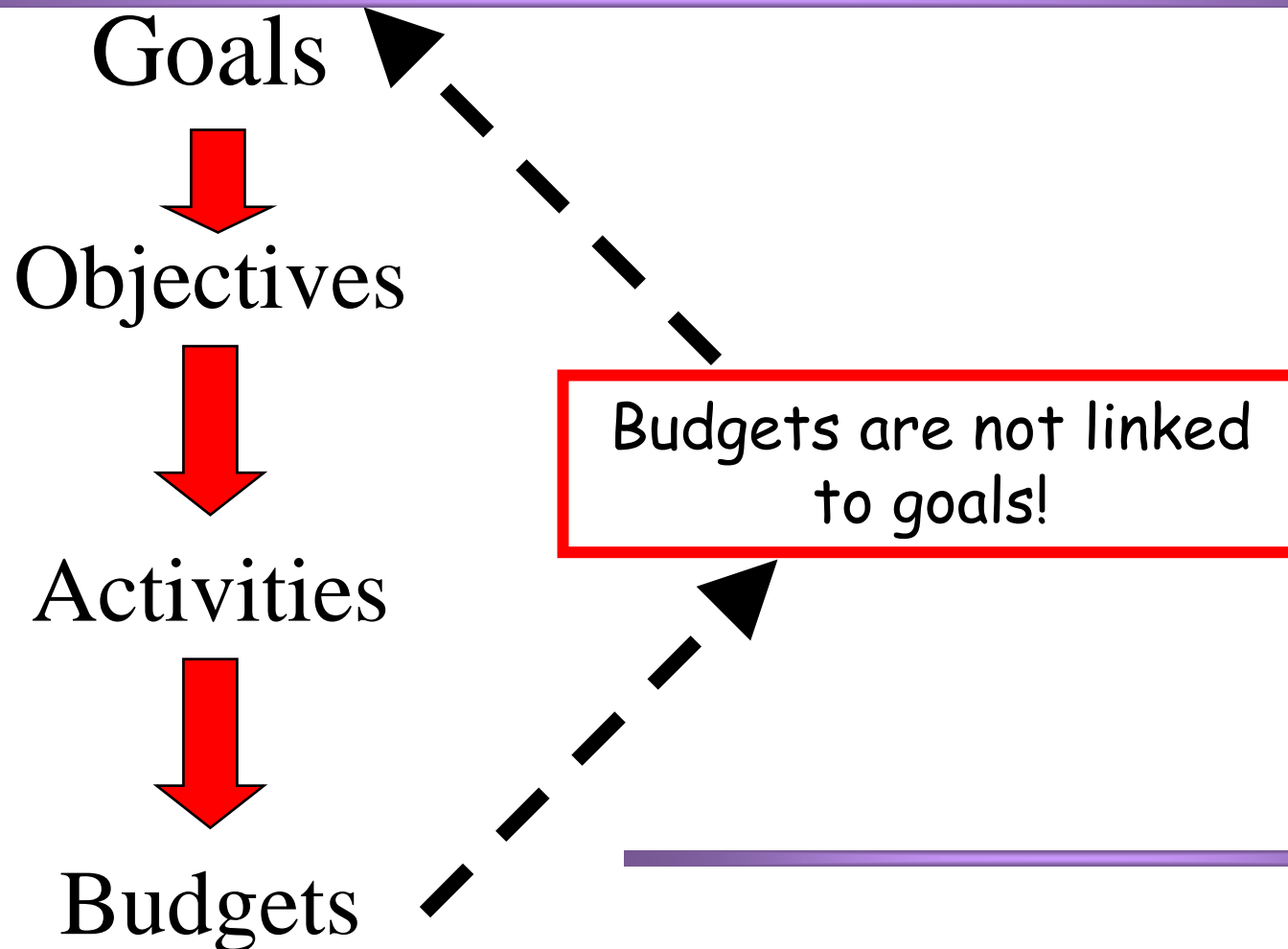
Priority-setting and planning

- Medium Term Plans
 - Listing of activities by sector
 - Strategic Plans
 - Clear statement of goals
 - Major objectives
 - Activities
 - Multi-sectoral participation
 - Indicators
 - UNAIDS guidelines
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Costing

- Budgets submitted by sectors and NGOs
 - Condoms, IE&C, community groups
 - Not linked to resources available
 - Bottom-up budgeting
 - Based on costs of commodities, training, equipment
 - Costing done after the plan is completed
 - Not linked to goals
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Typical Planning Approach



How much do we need?

- What should be done?
 - Advisors, anecdotes, research, interest groups, UNAIDS, donors
 - What is required to achieve our goals?
 - Unknown
 - How much capacity do we have?
 - Unknown
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Resource mobilization

- Donor-dependent countries
 - Strategic plan is key budget document
 - Donor pledging sessions
 - “Every program for itself”
 - Small amount of national funds directly allocated to AIDS activities
 - Existing infrastructure/personnel given new tasks
 - National funds
 - Annual budgetary process is key
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Resource allocation

- Donor-dependent countries
 - Donor decisions on which programs to fund
 - Some with considerable input to donor decisions others with very little
 - Limited ability to fill gaps with national funds
 - National funds
 - Cost-effectiveness
 - Politics
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New approaches

- Global Fund applications require estimate of resource gap and participatory allocation
 - Donor bi-lateral programs affect allocation
 - Some donors support basket funding
 - US favors directed-funding
 - Bush Initiative for PMTCT
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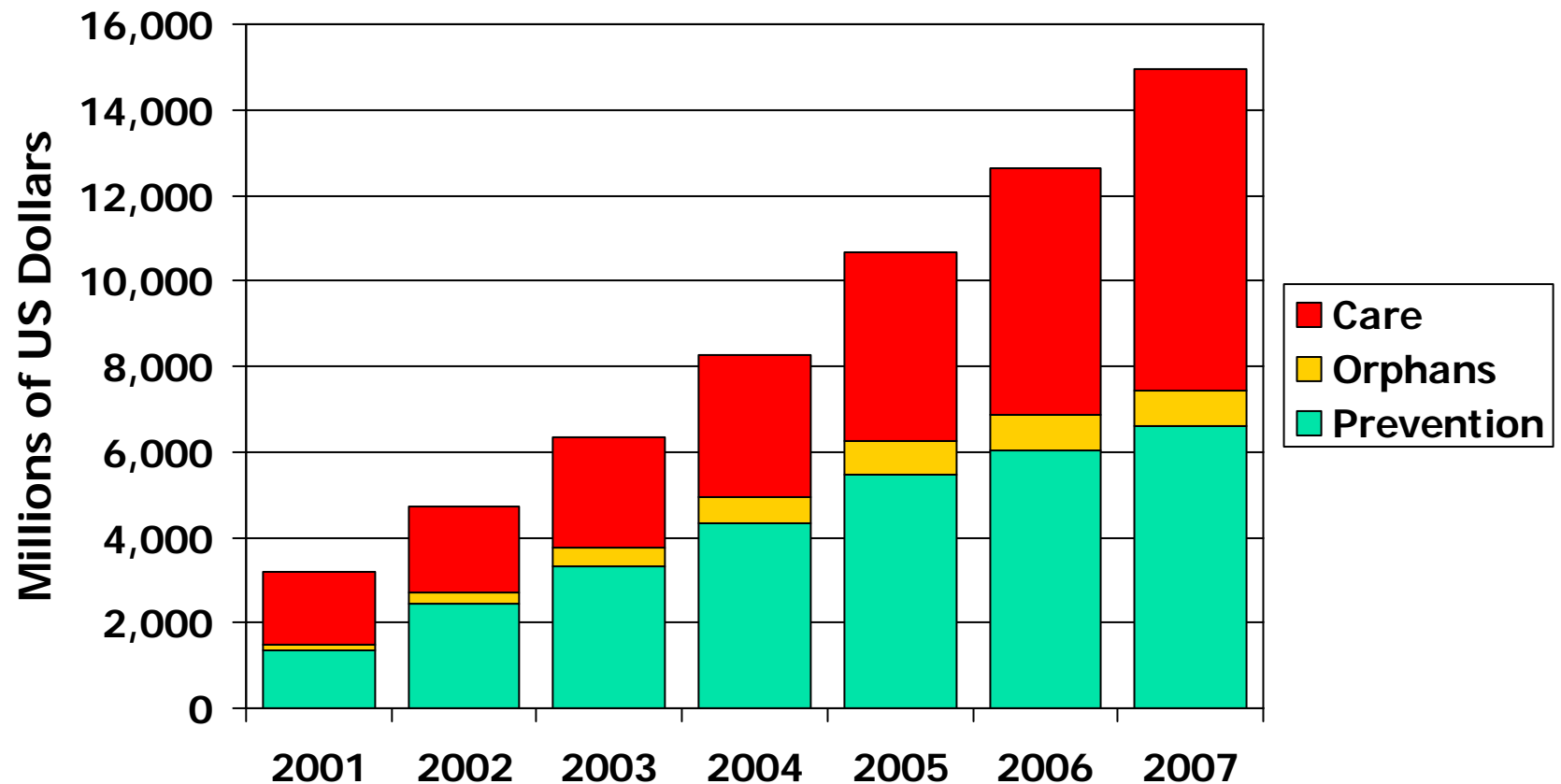
Budgeting and Costing Framework

- Developed by UNAIDS CST/Pretoria
 - Tested in regional workshop for southern Africa (Lusaka, 2002)
 - Bottom-up costing
 - Goal ->Objective ->Strategy ->Activity
 - HR, equipment, training, commodities, drugs, M&E, administration, other
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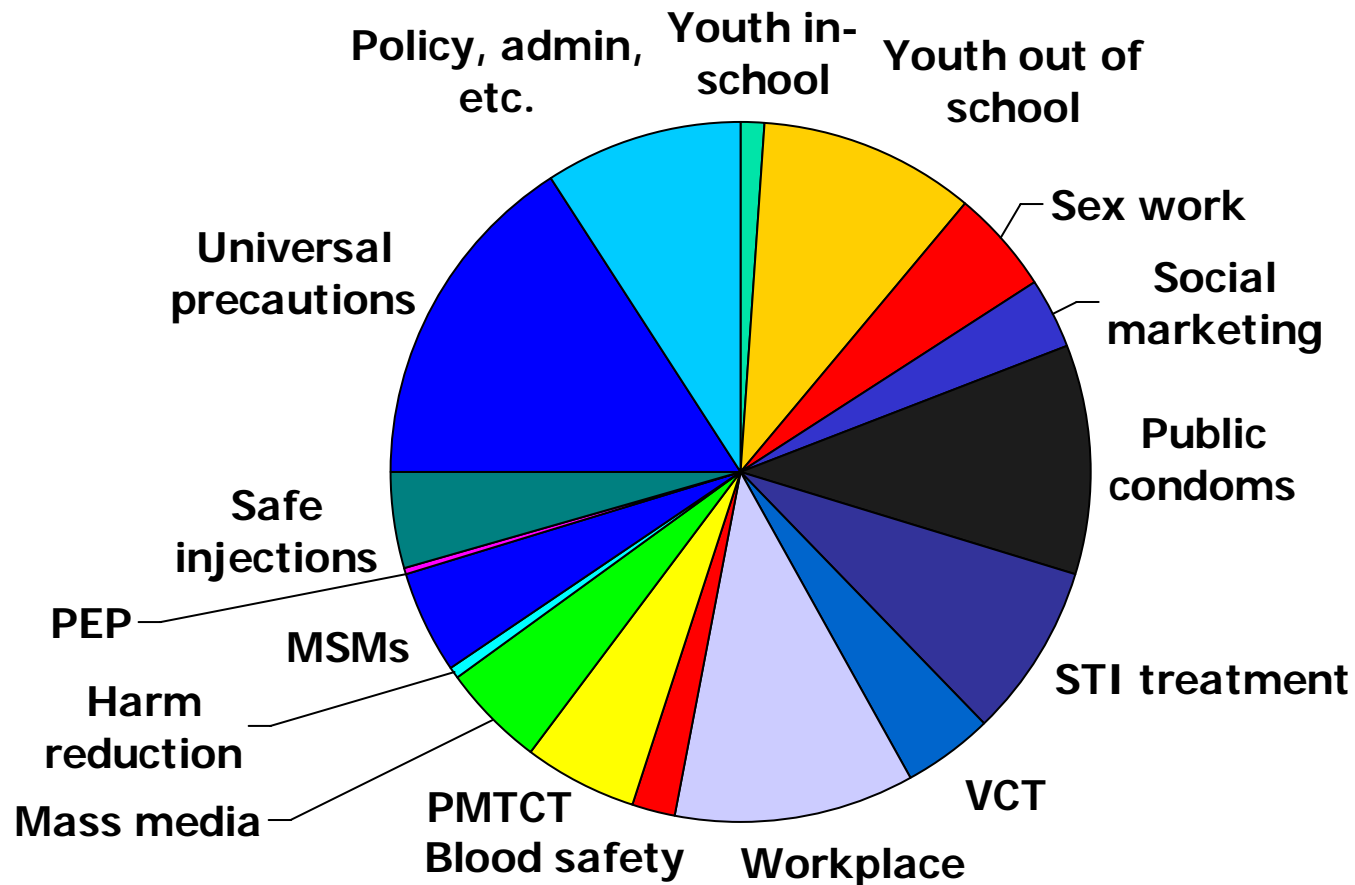
Resource Needs Model

- How much funding is required for a comprehensive program with adequate coverage?
 - Requirements = population in need x coverage x unit cost
 - Applied in 23 countries in Latin America and 29 in Eastern and Central Europe
 - Used to estimate global requirements
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Global Resources Required



Distribution of Prevention Funding Needs



ABC Model

- Estimates optimum allocation of prevention expenditures given assumptions on cost-effectiveness
 - Can illustrate cost of alternative allocations
 - Applied in Honduras
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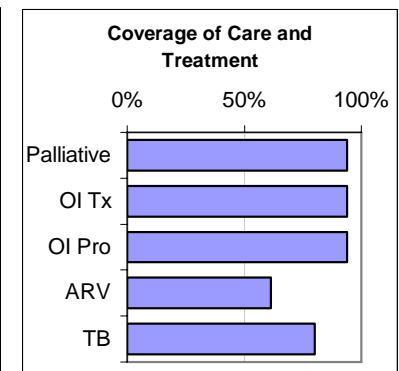
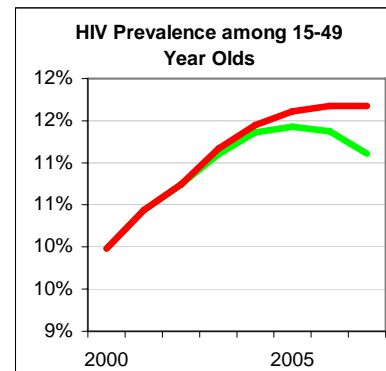
Goals Model

- Estimates funding required to achieve goals
 - Prevalence reductions, care coverage
 - Shows effects of alternative allocations
 - Encourages broad participation
 - Used in Kenya, South Africa, Lesotho, Cambodia
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Resource allocation tool

Resource Allocation	Interactive Budget 2007 (Millions)	Plan Budget (Millions)	Coverage
<i>Budget category to display (A, B, C or D)</i>		A	
<i>Year to display</i>		2007	
Total costs		225.5	
Supportive policy environment	8%	17.00	
Policy	10.00	10.00	89%
Human rights	3.00	3.00	
Stigma		-	
Community mobilization	1.00	1.00	40%
Mass media	3.00	3.00	55%
Behavior change	5%	10.50	
VCT	5.10	5.10	79%
Social marketing	5.40	5.40	80%
Vulnerable populations	2%	5.38	
Sex worker / high risk population	0.30	0.30	77%
MSM	0.70	0.70	80%
Harm reduction for IDUs	0.08	0.08	73%
Youth: in-school	0.30	0.30	74%
Youth: out-of-school	4.00	4.00	71%
Service delivery	9%	21.00	
Blood safety	1.00	1.00	100%
Condoms	7.00	7.00	80%
STI treatment	4.50	4.50	94%
Workplace programs	6.00	6.00	78%
PMTCT	2.50	2.50	90%
Prevalence in final year =		11.11%	
Prevalence reduction in final year =		4.87%	
Incidence in final year =		0.8%	
Prevention cost per infection averted (US\$) =		609	
Infections averted =		146,119	

	Interactive Budget 2007 (Millions)	Plan Budget (Millions)	Coverage
Care and treatment	65%	147.00	
Palliative care	6.00	6.00	94%
Treatment of OIs	80.00	80.00	94%
Prophylaxis of OIs	2.00	2.00	94%
ARV	50.00	50.00	61%
Tuberculosis	9.00	9.00	80%
Mitigation	7%	15.00	
Orphanage care	2.00	2.00	3%
Community support for OVC	5.00	5.00	92%
School support for orphans	8.00	8.00	55%
Program support	4%	9.59	
Management and coordination		0.50	4%
Monitoring and evaluation		0.50	4%
Research		0.10	
Capacity building		8.49	



New infections in developing countries

