

# HIV/AIDS Expenditure Tracking: Linking Two Frameworks to Inform Policy and Programming

## Need for HIV/AIDS Expenditure Data

The amount of resources available to support HIV/AIDS programming has increased greatly because of resource mobilization efforts made by global initiatives, national governments and local organizations. While this growth in funding has allowed significant progress to be made in strengthening HIV/AIDS programming efforts, the influx of funding has presented some challenges. For example it has exposed fragments in the healthcare system and overburdened financial management systems; it has also made budgeting and planning more difficult because of the difficulties in monitoring resources to see how investments are spent and ensure the delivery of well-coordinated and integrated programs and services.

To help policymakers make informed decisions, they require access to data on the financing of HIV/AIDS programs, as well as routine expenditure data to determine if funds are being spent as intended and are in line with national AIDS strategic plans. Further, expenditure data is critical to informing global discussions and decisions about the status of current efforts and estimated future resource needs for HIV/AIDS programs. There are many policy purposes of expenditure data, as well. Expenditure data can be used to:

- Monitoring HIV/AIDS programs to determine if funds are being used as intended
- advocate for funding for specific HIV areas;
- inform gap estimations and resource allocation decisions;
- inform estimation of anticipated HIV resources and costs needed to meet HIV goals; and
- inform legislation on key policy decisions

Therefore, gathering HIV/AIDS financial indicators to track resource use must be an integral component of a monitoring and evaluation strategy.

## Two frameworks to measuring HIV/AIDS expenditures

Given the great need for tracking financial resources for HIV/AIDS, two frameworks have emerged to help countries measure HIV/AIDS expenditures. Both have benefits to helping policymakers make more informed decisions about HIV/AIDS programming: the UNAIDS sponsored National AIDS Spending Assessment (NASA) framework and the WHO-World Bank-USAID-endorsed National Health Accounts (NHA) framework. Together, both frameworks aim to serve the needs of HIV/AIDS and healthcare stakeholders.

### NASA

NASA is a resource-tracking framework that seeks to monitor the annual flow of funds used to finance the response to HIV/AIDS in a given country. NASA calls for a multi-sectoral approach to resource tracking, therefore requiring an assessment of the full continuum of HIV/AIDS activities (health and non-health activities). NASA can be used by all HIV/AIDS stakeholders, as it estimates the total amount of resources (health and non-health) spent on HIV/AIDS. This is important to inform the multisectoral perspective on HIV/AIDS expenditures.

The goals of NASA are to track financial resources expended for HIV activities. This piece of strategic information can be used to inform about the HIV/AIDS resource gap estimation process, to monitor the financial implementation of national strategic plans, to re-allocate funds in the strategic planning cycle, and to facilitate country reporting on the financial indicators used to monitor the progress made towards the goals of the *Declaration of Commitment on HIV/AIDS*<sup>1</sup>.

<sup>1</sup> Adopted at the United Nations General Assembly Special Session on HIV/AIDS. Resolution A/RES/S-26-2.

The execution of NASA country projects can provide:

- A complete account of all HIV/AIDS spending - regardless of source, destination, or purpose of the expenditure
- A rigorous approach to collecting, cataloguing and estimating the flow of resources related to all HIV and AIDS programmatic areas
- A framework of tracking resources consistently over time to analyze trends, resource-mix, and whether or not resources are reaching those most in need.

## NHA

National Health Accounts is a policy framework used to track the flow and amounts of expenditures on overall healthcare. Intended as a routine estimation of a country's spending on health - including private, public, and donor contributions - the NHA framework has been adapted to track expenditures within a particular priority area of health, such as HIV/AIDS, malaria, or reproductive health. Such estimations are called 'subaccounts' and are generally collected in tandem with a general NHA, which captures overall health expenditures.

The subaccount framework focuses on health expenditures; however, the framework can also report on non-health expenditures as addendum items. By distinguishing between health and non-health HIV/AIDS spending, HIV expenditures can be placed within the context of overall healthcare, e.g. to compute percentage of government health spending on HIV/AIDS, percentage of total health expenditures spent on HIV/AIDS, average annual expenditure on health by People Living with HIV/AIDS (PLHIV) versus the general population, etc.

The goals of NHA HIV/AIDS subaccounts are to provide both healthcare and HIV/AIDS stakeholders more specific information on HIV/AIDS spending patterns than is afforded in the general NHA. Further, the subaccounts seek to place HIV/AIDS spending within the context of overall health spending and utilize the

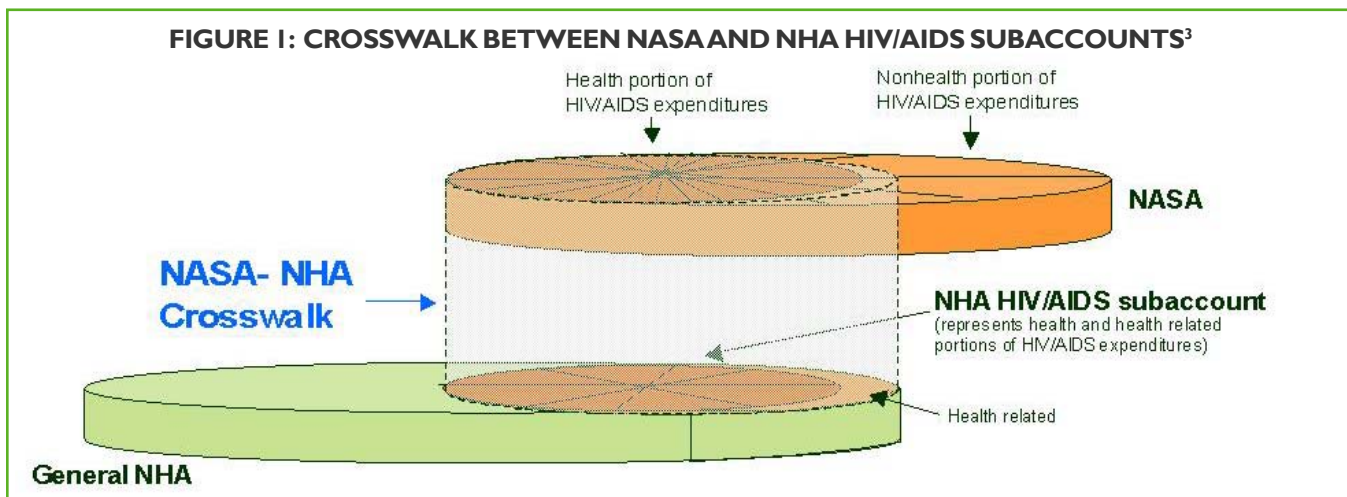
international classification of health accounts as the basis for the reporting and data collection.

## One Coordinated Approach to Resource Tracking, Two Results: Linking NASA and NHA

While each of the frameworks caters to a slightly different group of stakeholders, **both** NASA and NHA aim to:

- Provide a complete account of all HIV/AIDS spending - regardless of source, destination, or purpose of the expenditure
- Be rigorous approaches to collecting, cataloguing and estimating the flow of resources related to all HIV and AIDS programmatic areas allowing cross-country comparisons
- Track resources consistently over time to analyze trends, resource-mix, and whether or not resources are reaching those most in need.
- Address critical policy questions for both national and international stakeholders. For example, both help answer the age-old question "what are we getting for the money?" and determine not only how much is invested, but how funds are invested and whether or not funds are reaching intended targets. Further, both NASA and NHA serve as advocacy and monitoring frameworks, supporting evidenced-based policy processes and provide country comparable data.

There are clear overlaps in the scope of the measurement between the NASA and NHA, illustrated by the below figure. The overlapping cylinder in the middle represents the core health and health-related HIV/AIDS expenditures common to both methodologies. It is possible to "crosswalk" between the overlapping areas, moving from one framework to the other, through the production of what we call equivalency tables, where the framework categories between the NHA and NASA are mapped out and "linked"<sup>2</sup>. In short, the health HIV spending as measured by using NHA is equal to the HIV-health expenditure tracked using NASA.



<sup>2</sup> At the time of production of this brief, the guidelines for "crosswalking" are being developed in a joint initiative between the Joint United Nations Program on HIV/AIDS, USAID through the Health Systems 20/20 Project, and the World Health Organization.

<sup>3</sup> Note, this figure is not intended to reflect the size of non-health versus health portions of HIV/AIDS expenditures, as this will be country dependent.

For example, it is possible to complete a NASA table from an NHA HIV/AIDS subaccounts exercise by mapping and linking classification codes between NASA and NHA frameworks. Both the NASA and NHA frameworks rely on "coding" data to specific categories. So when moving from a NASA data table to a NHA data table, it is possible to translate one NASA code to an NHA code. So in the following example, the cell showing the transfer of funds from Ministry of Finance to Inpatient curative care in the NHA table would translate to Territorial government to Inpatient care in the NASA table. This linking of the areas of overlap is called the "crosswalk".

**FIGURE 2: LINKING NASA TO NHA<sup>4</sup>**

	FS.1.1.1.1 Ministry of Finance	FS.1.1.2 Local Authorities	FS.3. Rest of the world
HC.1.1 Inpatient curative care	W		Z
HC.1.2 Out-patient curative care-VCT		Y	
HC.2.3 VCT Programme	X		

NASA - UNFPA/UNAIDS table	FS.1.1 Territorial government, central	FS.1.2 Territorial government, state/provincial	FS.3. International AIDS
HC.22 Inpatient care	W		Z
HC.12 VCT (incl. programme and personal)	X	Y	

## Encouraging NASA and NHA linkages at the country level

There are benefits to both NASA and NHA HIV/AIDS subaccount exercises, depending on the specific needs and the audience. One is not better than the other, and in fact both frameworks can complement each other and can collectively be used for advocacy and policy decisions. While it is theoretically possible to "crosswalk" between the NASA and NHA tables and vice versa, it is recommended to coordinate simultaneous production of both from the beginning. Coordination can be realized at the country level by bringing both HIV and health stakeholders together for one coordinated resource tracking effort that results in two outputs. Greater coordination prevents duplicative efforts in data collection and resource tracking, helps eliminate production of conflicting estimates and maximizes efficiency for resource tracking.

A coordinated approach happens at each step of the process:

**Planning:** Make links between new and ongoing resource tracking exercises early and involve broad stakeholders in resource tracking effort. For example, the presence of a NHA team in the country of interest provides a valuable opportunity to use these resource-tracking experts for NASA purposes. The NHA team can

be expanded to include technical representatives from HIV/AIDS stakeholder institutions and incorporate the needs of NASA into the data collection process for the NHA HIV/AIDS subaccounts.

**Data collection:** Target health and non-health HIV spending. For example, for an NHA questionnaire that asks HIV/AIDS health questions, add rider questions on non-health expenditures. Similarly, NASA questions should distinguish between health and non-health.

**Data Processing:** use a standard software program where all data (health and non-health HIV/AIDS expenditure data) can be entered. It is useful to design output tables such that the NASA and NHA tables are linked, so when computing one set of tables, the others can be computed automatically.

**Data analysis:** create a clear picture of HIV/AIDS funding flows. One principle to follow is to always check the primary purpose of the reported expenditure and revisit the boundaries of NASA and NHA subaccounts to ensure that expenditures are properly captured.

**Final report:** Include both sets of tables to report on the full breadth of HIV/AIDS expenditure data, and how HIV/AIDS health expenditures compare to overall health spending in the country.

**Dissemination:** Share and discuss findings with all HIV/AIDS and health stakeholders, as the information within the combined report is invaluable to both. These stakeholders include the National AIDS Commission, Ministry of Health, health sector donors, UNAIDS, civil society groups and others.

## Case Study: Linking NASA and NHA in Rwanda<sup>5</sup>

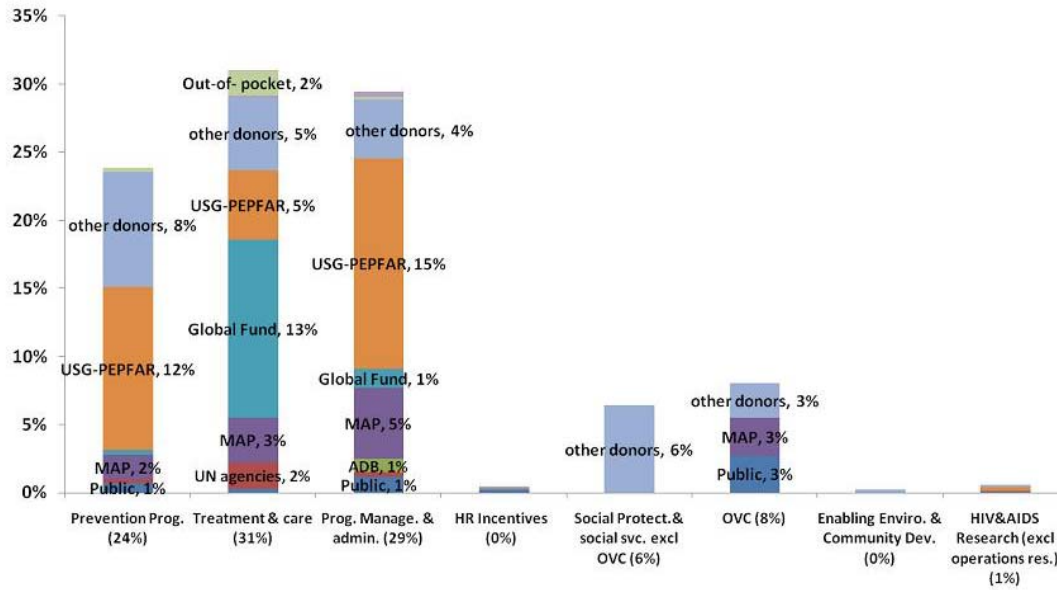
Health Systems 20/20 assisted a team from the National AIDS Control Commission (CNLS) in Rwanda to successfully produce both NHA and NASA to track HIV/AIDS expenditures for 2006. The HIV/AIDS subaccounts in Rwanda were conducted alongside a general NHA by the Ministry of Health. In addition, there was a NASA exercise (executed by the CNLS and UNAIDS-Rwanda) conducted alongside the NHA. Through this collaborative process they were able to distinguish between health and non-health HIV spending for more informed policymaking and donor funding decision-making. In addition, through the NASA, they were also able to acquire relevant information for the CNLS to inform the resource gap estimation process and report to the UN General Assembly Special Session on HIV/AIDS.

To ensure complementarity and harmonization of the findings, the two teams (CNLS and MOH) worked together during data analysis stage. A mapping was undertaken to match NHA spending categories with the NASA codes. NHA values were selected because they capture actual expenditures by provider, while NASA numbers were based on spending declarations by donors. When there was not information collected through NHA questionnaires, for instance for income-generating activities, NASA values were

<sup>4</sup> This schematic is a simplification of the spirit of the crosswalk; however, care should be placed in conducting the specific conversions, as there may be categories that do not match exactly.

<sup>5</sup> The information for this case study was drawn from the Draft United Nation's General Assembly Special Session on HIV/AIDS Country Progress Report, Republic of Rwanda for the period of January 2006 – Dec 2007.

**FIGURE 3: RWANDA NASA/NHA REPORT 2006**



used. Secondary and primary data on HIV expenditure was analyzed and used to populate NHA and NASA tables - providing two outputs from one resource-tracking exercise. This approach saved time and money, produced harmonized results on HIV/AIDS spending, and engaged a broader group of stakeholders.

Findings from Rwanda's joint effort showed that total health spending in Rwanda in 2006 was nearly 169.6 billion RwFr (approximately \$307.3 million). Of this health expenditure, nearly 40.5 billion RwFr (US \$73.4 million), or 24%, was spent on HIV/AIDS. Total HIV/AIDS spending (both health and non-health related) was nearly 48.0 billion RwFr (nearly US \$87.0 million), of which 84% was health and 16% was non-health related HIV/AIDS spending. The figure below plots expenditure by spending categories in 2006, highlighting the percentage contributions by financing source. Global Fund finances the largest share of treatment and care while USG finances the largest share of prevention programs.

In addition, the joint effort produced interesting findings to be considered by the Government of Rwanda<sup>6</sup>:

- HIV prevention program expenditure increased from 10.8 to 11.5 Rwf billions. This is attributable to the commitment of

Government and donors with regard to HIV prevention programs as a means to reduce HIV infection rates.

- There is a decline in spending for care and treatment programs by RWF 2.5 billion. Although the number of patients increased by more than 12,000 from 2005 to 2006, the data shows a significant reduction in prices for ARV and for some tests. This reduction in prices more than compensated the increase in quantities and balanced off the overall increased costs
- Funding for OVC is substantial. The government amounts include an estimated proportion (20%) of the Genocide Survivors Fund (FARG) to support education for OVC in the country, much of which goes for OVC education in terms of school fees.
- Funds for social protection interventions increased. This is attributable to a large increase in funding for income generating activities for PLHIV.

More importantly, the Rwanda experience of a coordinated approach to NASA and NHA offers important lessons to other countries as they embark on tracking resources for HIV/AIDS: 1) coordinate Ministry and NAC resource-tracking efforts from the planning stage so data collection (the most expensive component) can be combined and the tables can be linked; and 2) engage stakeholders throughout the process to ensure that the findings address their questions. The spreadsheet file and final report from Rwanda will be available to facilitate other countries ability to use a coordinated approach

<sup>6</sup>These figures include health and non-health HIV expenditures.

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