



**NATIONAL AIDS SPENDING ASSESSMENT (NASA)**  
**In the Arab Republic of Egypt**  
**LEVEL AND FLOW OF RESOURCES AND EXPENDITURES**  
**TO THE NATIONAL HIV AND AIDS RESPONSE**  
**FOR THE PERIOD: 2007-2008**

**August 2011**



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR  
UNICEF  
WFP  
UNDP  
UNFPA  
UNODC  
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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Drug
ART	Antiretroviral Therapy
ASC	AIDS Spending Category
BP	Beneficiary Population
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control
CSO	Civil Society Organization
CT	Counseling and Testing
DBS	Direct Budget Support
FBO	Faith-Based Organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HER	Health Expenditure Review
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
MOU	Memorandum of Understanding
NAP	National AIDS Programme
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NHA	National Health Accounts
NSP	National Strategic Plan
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
RO	Recipient Organization
SRO	Sub Recipient Organization
STI	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## Executive Summary

The National AIDS Programme of Egypt's Ministry of Health and Population, in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), has conducted a review to assess the volume and Spending Categories in Egypt to respond to HIV and AIDS. An Egyptian team has been formed to undertake this task using a standard methodology that follows the international accounting standards for health and which has been applied in more than fifty countries globally .

Egypt is one of the leading countries applying that methodology in the Middle East and North Africa region.

The study aims to identify the expenditures volume in the Arab Republic of Egypt collected from local financing sources public, private or foreign on HIV and AIDS related activities in Egypt. The study presents the core results collected from 45 institutions involved in combating AIDS in Egypt.

The report aims to display the amount of funding as well as the actual area of expenditure on activities to respond to HIV in Egypt for the years 2007 and 2008. This report does not evaluate whether the amounts were employed efficiently nor effectively. This task could be taken on by the concerned decision-makers through addressing and analyzing the results in a way that serves its vision in responding to HIV and AIDS.

### **The main findings can be summarized as follows:**

Total spending on responding to HIV and AIDS in Egypt has risen by 20% between 2007 and 2008, to stand at 42,086,833 EGP (7,652,151 USD) in 2008, compared to 35,154,654 EGP, (6,391,755 USD) spent in 2007, an increase of 6,932,179 EGP (1,260,396 USD).

Egypt's Ministry of Health and Population National AIDS Program has carried out some activities of which the estimated amount of spending accounted for 27% of the total value of expenditure in 2007, an increase by 37% of the total value of spending on responding to HIV and AIDS in 2008.

The activities targeting the general population accounted for about 46% of the volume of expenditure in Egypt in the year 2007 and decreased to 34% of the total expenditure in 2008. It is estimated that the volume of expenditure on activities that target people living with HIV made up about 23% of the total expenditure during the two years respectively. The estimated volume of expenditure on activities that target the groups most vulnerable to the risks of HIV and AIDS constituted about 6%

of the total expenditure during the years under study

**The most important recommendations can be summarized as follows:**

- Developing an estimated cost to implement the strategic plan to respond to HIV and AIDS in Egypt.
- Developing the institutions' financial management systems and their financial information.
- Integrating the assessment of expenditure within the national monitoring and evaluation systems. Using The study at hand as a baseline to track changes in spending over time in accordance with the priorities identified in the national strategy.
- Reviewing the results of the study and comparing the compatibility of the items and the volume of spending with the priorities as identified in the Strategic Plan.



## **I. Introduction**

### **1.1 General Information about Egypt**

Egypt is located in the northeast corner of the African continent. It is bordered by Libya to the west, Northern Sudan to the south, the Red Sea from the east and the Mediterranean Sea from the north. Egypt is the most densely populated country in the Middle East. The population of Egypt is estimated at 72.2 million (excluding Egyptians living abroad), according to the census results for 2006. By the beginning of 2008, it is estimated that the population had increased to 74.3 million (The Central Agency for Public Mobilization and Statistics, 2008). Up till 2005, the number of refugees hosted by Egypt was 20,604, mostly from Sudan (72%) and Somalia (20%) and the remaining are of 34 different nationalities.

The total area of the country is almost one million square kilometers. The majority of Egyptians live in the Nile Delta or in the narrow Nile Valley, south of Cairo.

The average life expectancy of an individual at birth is 69.9 years. In 2007, the human development index in Egypt was 0.703 and the per capita GDP was USD 5349.

### **1.2 Epidemic Situation of HIV in Egypt**

Egypt has a low HIV prevalence among the general population (below 0.02 %) with concentrated epidemic among men having sex with men (MSM) and injecting drug users (IDUs) in some governorates, as detected by the latest biological/behavioral surveillance survey in 2010. Till the end of 2010, a total of 4,313 HIV cumulative cases were detected in Egypt, of which 3,328 were Egyptians (985 foreigners). Currently, 2,103 Egyptians are known to be living with HIV; among whom, 353 (16.8 %) developed AIDS.

Data regarding detected cases indicates that the population group most affected is adults in the age group 20 – 40 years (54% of all detected cases). The Female to Male Ratio is 3:1 and this probably could be attributed to the fact that more males seek HIV testing.

### **1.3 National Strategic Framework on HIV and AIDS**

The National AIDS Programme was established by a ministerial decree in 1987 in order to coordinate the national response against HIV and AIDS. Since then, the programme has been implementing three-five years national strategic plans for 1995-2000; 2001-2005; and 2006-2010. The current National Strategic Plan was

developed with input from several key government sectors: the Ministry of Interior, the Ministry of Information, the National Council for Youth civil society, people living with HIV as well as other national and international organizations. The National Strategic Plan guides the work of all institutions from government, civil society and others and outlines the priorities of the national response. Those priorities are summarized as follows:

- Prevention of HIV and sexually transmitted infections;
- Care, support and treatment for PLHIV; and reducing stigma and discrimination;
- Strengthening epidemiological surveillance;

Egypt is a signatory to all of the Millennium Development Goals and the Declaration of Commitment on HIV and AIDS. According to these declarations, the National AIDS Programme and a range of national partners run in cooperation with international agencies to promote prevention of HIV: and to increase awareness, and provide services to populations at risk, including counseling and testing in the strictest confidence, and provide care and support for those infected and affected by HIV and AIDS. There are several projects and activities include, but are not limited to specialized centres, fixed and mobile, for Voluntary Counseling and Testing (VCT) in all parts of the country. and he provision of antiretroviral drugs, for free, for people living with HIV who need treatment, as well as HIV peer education programmes for marginalized groups such as street children, refugees, prisoners but also for key populations at higher risk such as injecting drug users, men who have sex with men and sex workers.

## **1.4 Introduction to the AIDS Spending Assessment in Egypt**

Assessing the volume and types of the AIDS response spending is a comprehensive and organized methodology that determines the flow of resources allocated in a country or region. It shows the allocation of resources, starting from its origin to its final destination and the beneficiaries from these resources in addition to identifying the various institutions specialized in responding to AIDS. It also shows the volume and types of the AIDS spending categories, and thus is one of the essential measurements of the national AIDS response. It also provides an analytical reading of the diversification of financial sources and identifying areas of expenditures and this information could be used for a more efficient and equitable future financial alloca-

tion in view of the epidemiological situation and national priorities for the response.

## **1.5 Overall Objective and Purpose of the National AIDS Spending Assessment**

The overall objective of assessing the National AIDS Spending in Egypt is contributing to the promotion, coordination and harmonization of the use of resources in addressing HIV and AIDS within the National Strategy to respond to AIDS in Egypt.

The main specific objectives of this study are as follows:

First: to estimate the overall flow of funding and spending to respond to HIV and AIDS collected from all international and/or local sources of funding for fiscal years 2007 and 2008.

Second: to develop a database for each financial transaction supporting spending on HIV whether on health or non-health.

Third: to determine the flow of expenditure according to the financing sources and functions of each of the agents , the providers of services, targeted beneficiary populations and production factors.

## **1.6 Scope of the Evaluation**

The evaluation focused on tracking spending on HIV in Egypt for the period 2007 and 2008. The data collection process covers domestic and external spending on HIV and AIDS in the Arab Republic of Egypt.

## **1.7 Methodology**

The methodology used to assess the AIDS spending categories in Egypt is a conventional and organized process employed to identify the flow of resources and expenditure items of the national response. This methodology is used to monitor actual expenditure (government, national and international) in the health and non health sectors (such as education - social welfare), which reflects the national response to HIV including provision of care and treatment for people living with HIV. The importance of monitoring what is being spent to respond to HIV and AIDS, stems from the identification of spending categories at the country level (Egypt) in relation

to the Strategic Plan to respond to AIDS. The assessment tool “NASA”, which is used to monitor all expenditure items in Egypt seeks to get acquainted with how much is spent from all sources and help decision makers to get a comprehensive vision to identify the distribution of resources on the main AIDS spending categories, whether they are related to prevention, care, treatment, programme management, research, etc.. .

“NASA”, was developed by the Joint United Nations Programme on HIV and AIDS and it uses a funding tracking system from funding sources to implementers, through monitoring of all financial relations from the source to the beneficiaries. It entails tracking funds from the funding sources to financing agents and from financing agents to providers of services, to monitor the costs that were spent on activities and different interventions and to identify the beneficiaries of each intervention or activity ; bearing in mind. There are some expenses and interventions that do not target a population per se (such as monitoring and evaluation) also the process involves the monitoring of production factors (and they aimed at defining the nature of expenses such as labor, medical supplies, etc..)

The data collection process adopted a top down approach and a bottom up approach. The top down approach tracked funds from its sources through financing agents to implementing agents and this has helped in identifying several entities contributing to the national response. The bottom up approach tackled the actual expenditures through field visits to providers of services and implementers to accurately identify the actual intervention costs, the beneficiary populations and production factors utilized to achieve the intended outcomes for the interventions. This method has helped in identifying actual expenses accurately since most of the funding sources provide an estimated budget instead of actual financial reports. Using both methods was to ensure no duplication of resources accounting and to have a clear mapping of resources.

In cases where no financial reports were available, standards of financial accounting and cost accounting were used to estimate the volume of the actual expenditure in light of available information and conducted personal interviews with officials. Through appropriate methodologies, an estimated figure was proposed for the actual spending volume.

## **1.8 The Stages of Data Collection and Running Process**

### **Preparatory Phase:**

Through coordination between the National AIDS Programme and Joint United Nations Programme on HIV /AIDS, a local team composed of the national programme staff and Egyptian consultants was established to undertake the task of data collection, analyzing and documenting the results of the study by using the research tool, "NASA". During the period from October 18 until October 22, 2009 the Egyptian team has participated in a training workshop on the NASA methodology with other representatives from the Middle East and North Africa region. Training was provided by a team of international experts who developed the methodology and who sits in the UNAIDS Headquarter in Geneva.

### **Developing the data collection tool:**

During the following meetings among the Egyptian team members, a primary data collection tool was developed, which complies with the criteria used in the methodology, "NASA". In addition, an action group was formed from all partners and actors involved in the Egyptian AIDS response. Additionally, contact persons within those agencies were identified. On October 27, 2009, the Egyptian Ministry of Health and Population's National AIDS Programme, in collaboration with the Joint United Nations Programme on HIV/AIDS, have organized a meeting with all actors and institutions engaged in responding to AIDS and providing care for patients to review the mission objectives and expected outcomes.

At the end of the meeting, the data collection tool was distributed after its contents and gist had been explained.

### **Data collection and analysis:**

Over the period of six weeks, until mid-December 2009, communications and interviews were conducted with all partners to obtain the required data. Most data were easy and clear especially from the Egyptian civil society organizations and the programmes implemented by the National AIDS Program. The data were disaggregated in accordance with the rules and standards of the methodology used, "NASA", and all operational data were entered into the system. This was followed by a review process and making sure not to duplicate any of the data that were

entered in the system in preparation for automated analysis of results and producing information. Then expenditures were classified according to the methodology to the eight spending categories. The descriptions of those categories are as follows:

### **AIDS Spending Categories (ASC):**

#### **ASC.01 Prevention:**

Prevention is defined as a comprehensive set of activities or programmes designed to reduce risky behavior. The results of prevention include low HIV incidence and improvements in the quality and safety in health facilities in terms of treatments offered exclusively - or mainly - for people living with HIV. Prevention services include development, dissemination and evaluation of materials that are linguistically suitable and culturally sensitive to support the programme objectives.

#### **ASC.02 Care and Treatment:**

This category includes all expenditures, purchases, referrals, and counseling incurred to facilitate medical facility based or home based care, including transportation costs for people living with HIV.

#### **ASC.03 Orphans and Vulnerable Children (OVC):**

An orphan is defined as a child under eighteen years of age that has lost one or both parents (regardless of financial support and whether this relates to support the National Programme of AIDS or not). It was taken into account that all AIDS spending on improving the livelihood of orphans and other vulnerable children and their families affected by HIV. No double calculation was made for health services for OVC and services provided under "ASC.01 Prevention" category.

#### **ASC.04 Programme Management and Administration:**

Programme expenditures are defined as expenses incurred at the administrative levels outside the scope of the provision of health care. The expenses of the programmes and services such as management of AIDS programmes, monitoring and evaluation, advocacy, lobbying, pre-service training, maintenance of equipment, purchasing new equipment either laboratory equipment or communication equipment. It also includes long-term investment, such as building health facilities, which will benefit the health system as a whole. It is important to note that, for services provision through an already established healthcare facility, only a portion of the service expenses covering the HIV related services is calculated.

#### **ASC.05 Human Resources:**

This category refers to services provided to the workforce like training curricula for healthcare workers and managers of health care facilities, in addition to their salaries and rewards and bonuses linked to quality performance and to work in the field of HIV. They are not limited to employment in the field of HIV in the health system. This category includes the payment of benefits directly to healthcare workers. The aim of this expenditure is to ensure the availability of experienced human resources than those currently available in the health sector. The direct costs associated with human resources, are included in the costs of each of the other expenditure categories.

#### **ASC.06 Social Protection and Social Services:**

Social Protection usually entails efforts exerted by the governmental and non-governmental organizations for the provision of benefits in cash and in-kind to targeted populations distinguished by conditions such as disease, aging, disability, unemployment and social exclusion, etc.. One includes the expenses of services and referrals provided not only for individuals but also for families, as well as expenditures on services provided to these groups.

#### **ASC.07 Enabling Environment:**

It covers creating a supportive and enabling environment for the HIV response. This could be expressed at multiple sectors and levels. This includes advocacy activities pertaining to improve access to legal and human rights supportive services. This helps create a welcoming environment for service provision for people living with HIV.

#### **ASC.08 HIV-Related Research (excluding operations research):**

HIV-related research is defined as research to produce evidence that can be utilized in prevention, and maintenance of individuals' well-being. This category covers researchers and professionals involved in the conception and creation of new evidence, products, processes, methods and in the management of programmes concerned with HIV and AIDS. Managers and administrators should be included in this category since they spend at least 10% of their time supporting research activities. Researchers include graduate students but do not include technicians who are mandated to perform research and development tasks under the supervision of senior researchers. This category does not include operations research done on the health systems, aimed to improve health outcomes, including the evaluation

of projects or programmes. Operational research has an own category: ASC.04.04 (Operational research).

### **1.9 Limitation of Study**

- Delays in providing access to some data from some institutions and some reservation on providing financial information;
- The unwillingness of some entities in providing details of activities and its financial allocations and altering to submitting aggregated non detailed data;
- Different methods of tabulating and recording of expenditures among different institutions.

### **1.10 Report Structure**

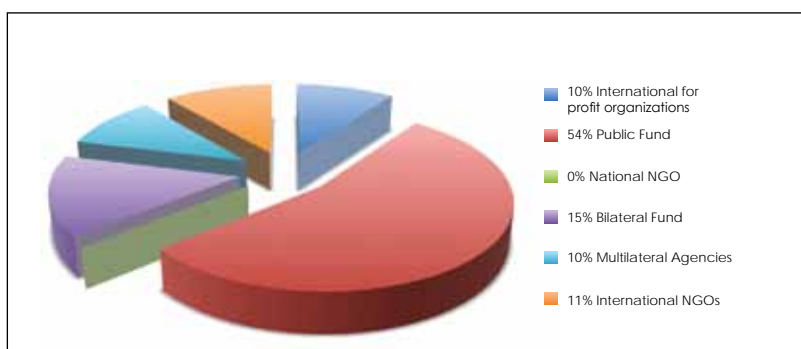
The report is divided into three main chapters. The first chapter contains the definition of the methodology used in the preparation of the report and the executive steps that have been on the ground in order to accomplish that task. The Second Chapter provides an analysis of the data and results of a comparative study between the years 2007 and 2008 and presents a clear analysis of types of activities provided in each of the eight categories covered by the methodology used and the volume of expenditure for each. The report also reviews the target groups of these interventions, and the volume of expenditure for each category based on different sources of funding. Given the limited financial data available to the vast majority of institutions that were interviewed, the production factors were not included in the expenditure in exchange for providing various services to target groups with the activities designed to respond to HIV. The third chapter provides a summary of the findings and recommendations in light of the study findings. The report also contains a series of annexes containing the names of the institutions that were interviewed and a copy of the data collection form.



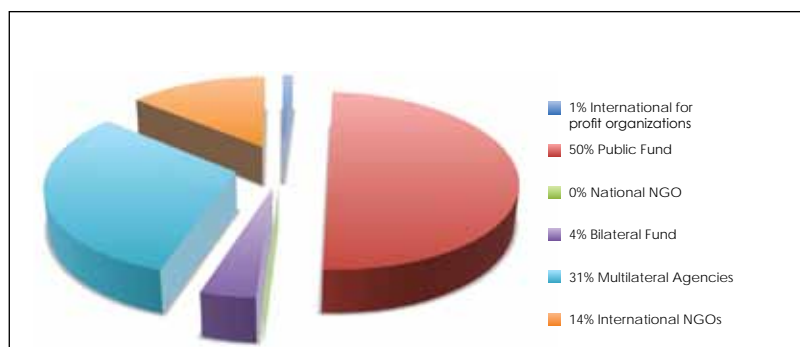
## The Study Results

### 1. Financing Sources (FS)

The initial analysis of the data revealed that the total expenditure in Egypt to respond to HIV and AIDS has increased by 20% between 2007 and 2008, since in 2008 funding amounted to 42,086,833 Egyptian Pounds (EGP) (7,652,151 USD): while in 2007, the amount of funding was 35,154,654 EGP (6,391,755 USD), which shows an increase by 6,932,179 EGP (1,260,396 USD). The variety of financing sources on the various spending categories for the year 2007, as shown in figure (1.1), shows that financing from government sources made up 53% of the total expenditures to respond to HIV and AIDS. This was followed by the volume of financing by direct bilateral contributions signed by foreign governments or their agencies which reached 15%. The funding from multilateral international agencies, which received its funding from various sources such as United Nations Organizations reached a gross amount of 10% of the total expenditure and international NGOs share reached 11% of the total expenditure. It is important to highlight the contributions made by the international profit-making private sector (such as Coca-Cola Company - Shell - OPEC) and their contributions to the total public financing that accounted for about 10% for the year 2007.



In the year 2008, the total government spending made up about 50% of the total financing while the contributions of multilateral international agencies increased to reach 31%. The total financing of international NGOs accounted for 4%, while the proportion of direct bilateral contributions (funded by foreign governments) has decreased to reach only 4%. There has been a decline in the contributions of the international profit-seeking institutions which made up 1% of the total spending on the AIDS response.

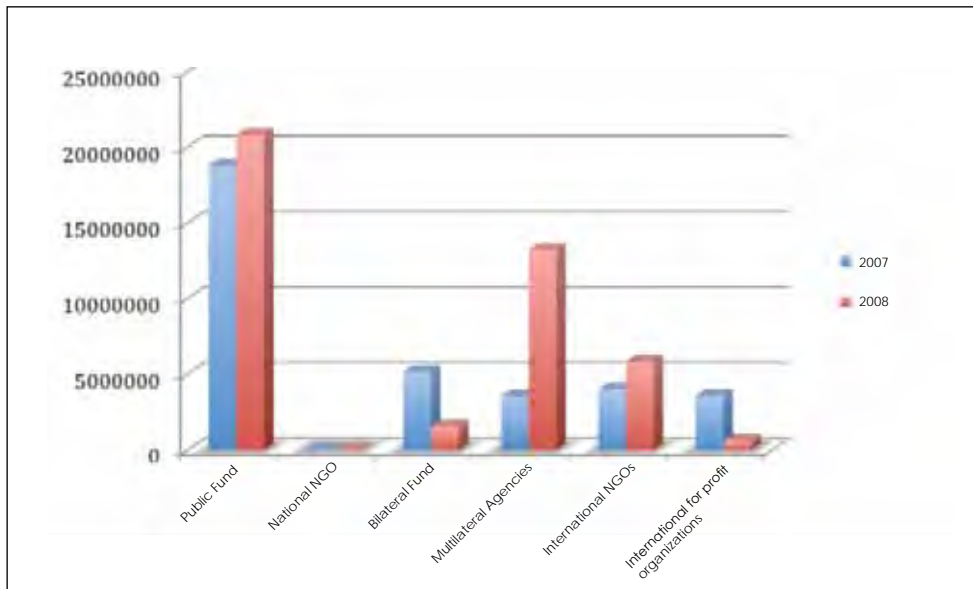


**Table (1): The distribution of the total expenditure on financing sources for the years 2007 and 2008 to combat AIDS**

NASA code of Financing sources (FS)	Sources of finance	2007	2008
	Central government revenues	53.4%	49.5%
FS.01.01.01	Central government revenue	18,789,605	20,831,501
FS.02	Private funds	0.14%	0.08%
FS.02.03	Non-profit-making institutions (other than Social Insurance)	50,697	32,543
FS.03.01	Direct bilateral contributions	14.7%	3.7%
FS.03.01.04	Government of Canada	64,103	-
FS.03.01.11	Government of Italy	368,703	510,766
FS.03.01.19	Government of Sweden	315,860	330,000
FS.03.01.22	Government of the United States of America	4,408,985	710,203
FS.03.02	Multilateral agencies	10.11%	31.45%
FS.03.02.02	European Commission	191,887	513,659
FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria	-	7,362,880
FS.03.02.08	UNAIDS Secretariat	709,076	914,338
FS.03.02.09	UNICEF	1,553,095	765,647
FS.03.02.10	United Nations Development Fund for Women ( UNIFEM)	45,304	127,854
FS.03.02.12	UNESCO	21,368	18,123
FS.03.02.13	UNHCR	108,500	120,000
FS.03.02.16	UN Office on Drugs and Crime	-	148,592
FS.03.02.17	UN Population Fund	772,756	3,128,478
FS.03.02.20	WHO	151,250	135,000
FS.03.03	International non-profit-making organizations and foundations	11.4%	13.8%

FS.03.03.08	Care International	-	3,625
FS.03.03.09	Caritas International	230,001	348,625
FS.03.03.26	The Ford Foundation	1,234,775	3,756,518
FS.03.03.99	Other International non-profit-making organizations and foundations n.e.c.	2,536,485	1,703,047
	International profit-making organizations	10.2%	1.5%
FS.03.04	International profit-making organizations	3,602,204	625,434
	Total in EGP	35,154,654	42,086,833

As shown in the previous table (No. 1) - the central government revenue represents more than 50% of the total amount spent during the years under study. In spite of the fact that there has been an increase of government spending by about 2 million EGP in 2008 compared to 2007, the proportion of government funding has decreased to reach 49.5% of the total expenditure during the year, and this was for the reason that there had been an increase in the volume of spending in general in .2008, especially by international NGOs and multilateral international agencies



Despite the relatively large contribution donated by the international profit-making private sector during the year 2007, which amounted to about 10% of the total expenditure, the proportion has declined in 2008 to be 1.5%. Similarly, the proportion of funding from international direct bilateral contributions dropped from 14.7% in 2007 to 3.7% in 2008. While special funds contribution was maintained (represented by the direct funding of civil society organizations) on the same percentage of the total expenditure, which did not exceed 0.1%. As for the multilateral institutions, as it is shown in drawing number (1-3) its contributions have increased in 2008 to reach 31.5% against 10.1% in 2007. The reasons for this increase is due to the funding available from the Global Fund to Fight AIDS, Tuberculosis and Malaria and to the larger contribution from the United Nations institutions in financing projects to respond to HIV and AIDS. While international NGOs increased its contributions in 2008 to represent 13.8% compared to 2007, which amounted to 11.4% of the total AIDS expenditures.

## 2. AIDS Spending Categories:

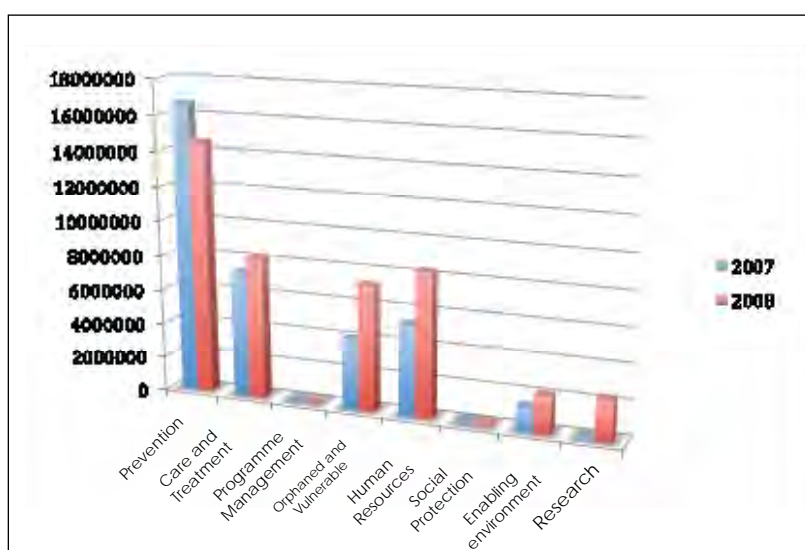
While analyzing data, provided by operating institutions from Egypt, using "NASA" methodology, prevention constituted the largest expenditure percentage for the year 2007. It represents 47.4% of the total expenditure in Egypt and in spite its decline in 2008 to 34.8% of the total expenditure, it is still the largest proportion of expenditure in Egypt on HIV and AIDS related- activities.

The following table illustrates the value of what was spent on each spending category and its proportion to the total value of expenditure for the years 2007 and 2008, respectively.

**Table (2): Value of spending categories to address HIV and AIDS**

Spending Categories	2007		2008	
	EGP	%	EGP	%
Prevention	16,675,949	47.4%	14,625,742	34.8%
Care and Treatment	7,288,267	20.7%	8,206,072	19.5%
Orphaned and Vulnerable Children (OVC)	26,163	0.1%	39,244	0.1%
Programme Management and Administration	4,109,385	11.7%	7,279,520	17.3%
Human Resources	5,317,204	15.1%	8,358,795	19.9%
Social Protection and Social Services excluding OVC	183,652	0.5%	169,658	0.4%
Enabling environment	1,404,784	4.0%	2,156,912	5.1%
HIV-Related Research (excluding operations research )	149,250	0.4%	1,250,890	3.0%
Total	35,154,654	100.0%	42,086,833	100 %

**(Figures 1-4): Aspects of the total expenditure components in Egypt to respond to HIV and AIDS**



As shown (drawings no. 1-4), spending on prevention activities takes the prominence during the years under study, followed by care and treatment equally with human resources expenditure, especially during the year 2008. Additionally, we find significant increase in field research activities in 2008. The increase of spending on programme management and administration and human resources in 2008 could be attributed to the increase in financial allocations by the international multilateral organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. The percentage of spending on orphans and vulnerable children, followed by spending on social protection reached during the years under study 0.1% and 0.4% respectively analysis of the sub-component of each spending category is as follows:

## 2.1 Care and Treatment

As reflected in the overall analysis, the value of what is spent on healthcare and treatment in Egypt for people living with HIV is about 20% of the total value of expenditure during each of the two years. The following table shows the sub-items on the activities and services for the care and treatment spending category during the years 2007 and 2008.

**Table No. (3): spending sub-items on the care and treatment, 2007 & 2008**

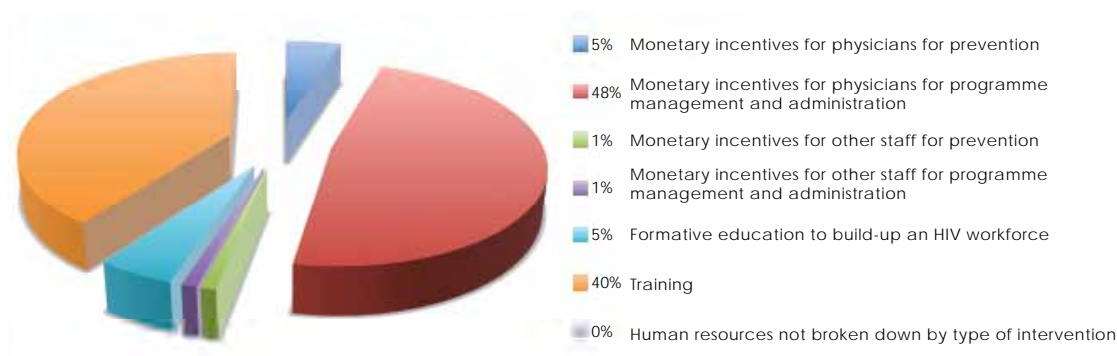
ASCs	Description	2007		2008	
		Amount in EGP	%	Amount in EGP	%
ASC.02.01.03	Antiretroviral therapy	4,529,689	62.2%	2,554,381	31.1%
ASC.02.02.98	Inpatient care services, not broken down by intervention	2,731,900	37.5%	5,553,500	67.7%
ASC.02.01.07	Psychological treatment and support services	18,808	0.3%	87,179	1.1%
ASC.02.01.98	Outpatient care services not broken down by intervention	4,688	0.1%	5,200	0.1%
ASC.02.01.05, ASC.02.01.06 And ASC.02.01.09	Specific HIV –related laboratory monitoring , Dental- programmes for people living with HIV and Home based care	3182	0.0%	5812	0.0%
	Total	7,288,267	100%	8,206,072	100%

The costs of antiretroviral therapy represent the highest proportion of spending on treatment and health care in 2007, a rate of 62% followed by what has been spent on patient care in government hospitals which reached 37.5% of the total expenditure on care and treatment in the same year. The percentage of total expenditure on treatment and health care increased in 2008 by 13% in comparison to spending in 2007. Although spending on antiretroviral therapy rate decreased to 31% in 2008 due to the availability of certain items on the domestic market and reduced prices of some medicines globally, still costs of patient care in public hospitals has increased to 67.7% of the total expenditure.

## 2.2 Human Resources

Figure (2-2) illustrates the percentage of expenditures on human resources in 2007 and it is noted that there is an increase in percentage of human resources expenditures from 15.1% in 2007 to 19.9% in 2008.

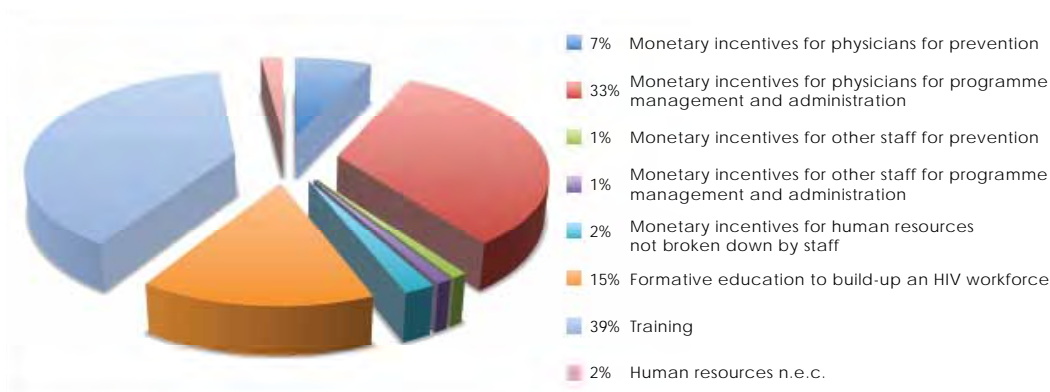
**Figure (1-5) per sub-items of expenditure on human resources for the year 2007**



The financial compensation for physicians for programme management and technical interventions represented 48%, followed by capacity building activities and trainings by 40% of the total expenditure on human resources in 2007. The formative component of education to build a workforce to respond to HIV and AIDS received 5% of the total expenditure during the year 2007.

As shown in figure (1-6), in 2008, the financial incentives for physicians for programme management and technical interventions has declined to 33% compared to the previous year, while ad hoc training expenditures decreased to 39%. In the meanwhile, expenditures on formative education to build HIV and AIDS workforce was increased by 15% of the total expenditure on human resources during that year. The value of spending on financial incentives has been increased in general for human resources, whether for doctors, administrators or technicians.

**Figure (1-6): The spending subcategories on human resources for the year 2008**



## 2.3 Programme Management and Administration

The total expenditures percentage on programme management and administration during the year 2007 was about 11.7% of the total expenditures and increased to 17.3% as a percentage of total spending in 2008. The central laboratory programme management and HIV testing services (especially for those wishing to travel to reside and work outside Egypt), represented 64.6% of the total expenditure of the programme management and administration spending category. Despite the increase in the value of expenditure for this category in 2008, the proportion of spending on the testing services in the central laboratory decreased to 40% of the total expenditure. The increase in expenditures in 2008 is attributed to increased allocations for planning, coordination, management, monitoring and evaluation programmes.



**Table (4) :Programmes management and administration spending category**

ASC	Description	2007		2008	
		Amount in EGP	%	Amount in EGP	%
ASC.04.01	Planning, coordination and programme management	146,803	3.6%	811,229	11.1%
ASC.04.02	administration and transactions Costs associated with managing and disbursing funds	45,515	1.1%	665,317	9.1%
ASC.04.03	Monitoring and evaluation	39,565	1.0%	512,191	7.0%
ASC.04.08	Information technology	28,865	0.7%	210,824	2.9%
ASC.04.10.01	Upgrading laboratory infrastructure and new laboratory equipment	505,460	12.3%	97,207	1.3%
ASC.04.10.98	Upgrading and construction of infrastructure not broken down by intervention	-	0.0%	811,250	11.1%
ASC.04.10.99	Upgrading and construction of infrastructure n.e.c.	120,413	2.9%	321,630	4.4%
ASC.04.11	Mandatory HIV testing (not VCT)	2,655,884	64.6%	2,921,472	40.1%
ASC.04.98	Programme management and administration not broken down by type	19,633	0.5%	400,009	5.5%
ASC.04.99	Programme management and administration n.e.c.	547,247	13.3%	528,391	7.3%
Total		4,109,385	100%	7,279,520	100%

It is noted that, the rate of increase in expenditures on items related to programme management and administration, rose to 77% in 2008 compared to the previous year under study.

## 2.4 Enabling Environment and Research Activities

The expenditures related to creating an enabling environment in 2008 are almost doubled compared to 2007. In spite of the decline in the value of what was spent on advocacy in 2008, interest in the process of institutional building of the NGOs has witnessed significant growth between 2007 and 2008.

**Table No. (5): The sub-items of expenditure to provide enabling environment**

ASC	Description	2007	2008
ASC.07.01	Advocacy	849,536	762,917
ASC.07.02.02	Provision of legal and social services to promote access to prevention, care and treatment	5,500	5,495
ASC.07.02.98	Human rights programmes not broken down by type	146,378	156,228
ASC.07.02.99	Human rights programmes n.e.c.	93,500	112,645
ASC.07.03	AIDS-specific institutional development	309,870	1,119,627
	Total	1,404,784	2,156,912

The year 2008 witnessed a leap of interest in research, since the value of expenditures was multiplied seven times compared to expenditures in 2007. The following table shows the total value of expenditures on the subject of research during the two years under study.

**Table No. (6): Research expenditures**

ASC	Description	2007	2008
ASC.08.04.01	Behavioral research	60,000	0
ASC.08.04.98	Social science research not broken down by type	89,250	1,184,890
ASC.08.99	HIV-related research activities n.e.c.	0	66,000
	Total	149,250	1,250,890

## 2.5 Orphans and Vulnerable Children (OVC) and Social Protection Schemes for PLHIV

Total expenditure on care of vulnerable children and social welfare activities for people living with HIV and AIDS is below 1% of what is spent to respond to HIV in both 2007 and 2008.

**Table No. (7): The expenditure on Orphans and Vulnerable Children (OVC)**

ASC	Description	2007	2008
ASC.03.98	OVC Services not broken down by type	26,163	39,244
Total		26,163	39,244

**Table No. (8): The expenditure on social protection and social services**

ASC	Description	2007	2008
ASC.06.01	Social protection through monetary benefits	56,500	60,000
ASC.06.02	Social protection through in-kind benefits	42,979	32,969
ASC.06.03	Social protection through provision of social services	3,506	51,022
ASC.06.98	Social protection services and social services not broken down by type	38,500	-
ASC.06.99	Social protection services and social services n.e.c.	42,167	25,667
	<b>Total</b>	<b>183,652</b>	<b>169,658</b>

While the record of expenditure on vulnerable children increased slightly during the year 2008 compared to the previous year, we find that the social welfare activities have declined in 2008. All expenditures, whether on childcare activities or social welfare services are performed by the civil society institutions in Egypt.

### **3. Distribution of Spending Categories on Prevention Activities**

Research revealed that, the majority of spending categories have achieved a clear increase in 2008 compared to 2007, but the expenditure on the awareness activities has decreased in 2008 compared to 2007, a decline of 12.3%. The total spending on awareness still represents the largest component of prevention expenditures with a percentage of 47.7% and 34% for 2007 and 2008 respectively.

**Table No. (9): Prevention Expenditures:**

ASC	Description	2007		2008	
		Amount	%	Amount	%
ASC.01.01	Communication for social and behavior change	5,232,264	31.4%	1,938,218	13.3%
ASC.01.02	Community mobilization	50,000	0.3%	1,453,880	9.9%
ASC.01.03	Voluntary counseling and testing (VCT)	1,926,987	11.6%	1,653,859	11.3%
ASC.01.04	Risk-reduction for vulnerable and accessible populations	151,504	0.9%	629,701	4.3%
ASC.01.05	Prevention- youth in school	98,829	0.6%	127,188	0.9%
ASC.01.06	Prevention- youth in school	62,389	0.4%	56,248	0.4%
ASC.01.08	Prevention programmes for sex workers and their clients	178,901	1.1%	107,036	0.7%
ASC.01.09	Programmes for men who have sex with men (MSM)	0	0.0%	373,706	2.6%
ASC.01.10	Harm-reduction programmes for injecting drug users (IDUs)	917,004	5.5%	1,210,294	8.3%
ASC.01.11	Prevention programmes in the workplace	49,500	0.3%	136,957	0.9%
ASC.01.16	Prevention, diagnosis, and treatment of sexually transmitted infections (STI)	1,376,326	8.3%	0	0.0%
ASC.01.17	Prevention of mother-to-child transmission (PMTCT)	11,700	0.1%	53,285	0.4%
ASC.01.19	Blood safety	6,600,000	39.6%	6,875,000	47.0%
ASC.01.98 & ASC.01.99	\prevention activities not broken down by type and Prevention activities not classified elsewhere	20,545	0.1%	10,370	0.1%
	Total	16,675,949	100.0%	14,625,742	100.0%

As shown in the table, the previous spending category on prevention declined from 16.6 million EGP in 2007 to 14.6 million EGP for the year 2008, a decline of 12.3%. The activities related to blood safety has consumed the largest proportion of expenditure on prevention, with a percentage of about 40% in 2007 and 47% for the year 2008. As for the health education and behavior change; it came second in terms of expenditures.

It is worth noting that the increase in spending on outreach activities is attributed to programmes targeting injecting drug users in addition to developing of new programmes addressing other most at risk populations.

#### 4. Distribution of AIDS Spending Categories according to Financing Sources

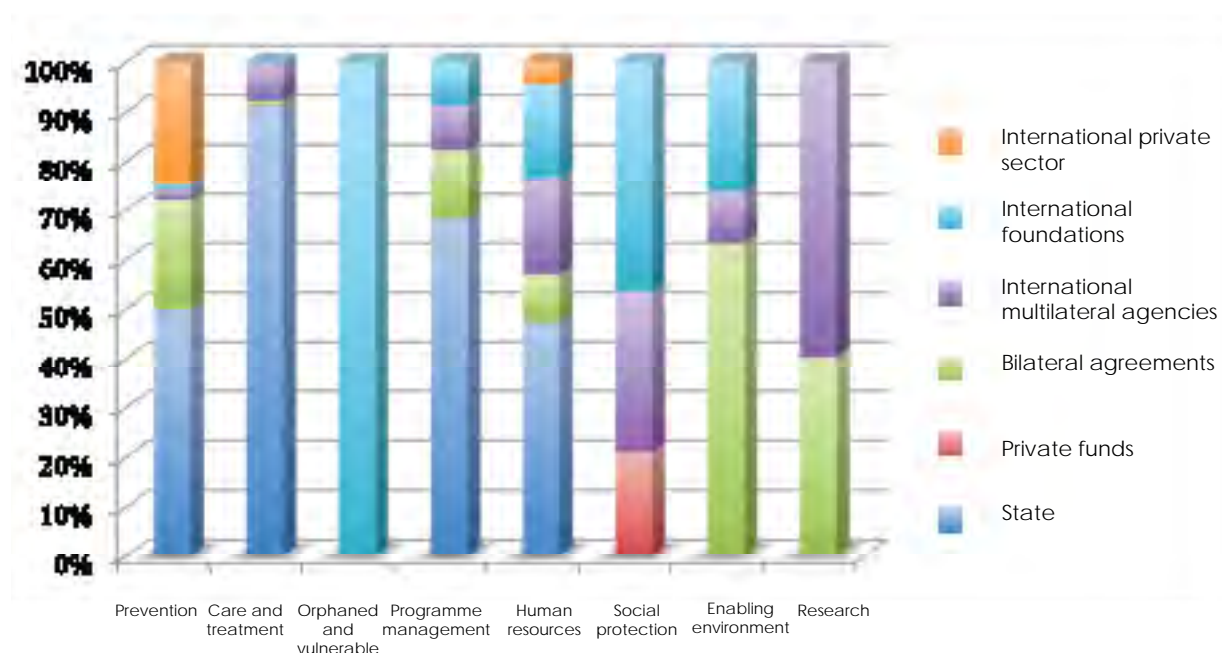
In 2007, Governmental funding to the total HIV response expenditures in Egypt represented 53% of the total expenditure. The focus of government funding was concentrated on four key elements: (1) Prevention - (2) Treatment - (3) Programme Management and Administration - (4) Human Resources), followed by the funding available through direct bilateral agreements which represents 14.7% and focused on the six spending categories as follows.

**Table No. (10): The contributions of various funding sources to the AIDS spending categories**

FS ASCs	State budget	Private funds	Bilateral agreements	International multilateral agencies	International foundations	International private sector	Total	%
Prevention	6,820,000	12,197	3,035,990	1,304,571	2,139,423	3,363,768	16,675,949	47.4%
Care and treatment	6,640,704	-	81,184	541,401	24,978	-	7,288,267	20.7%
Orphaned and vulnerable children	-	-	-	-	26,163	-	26,163	0.1%
Programme management and administration	2,807,701	-	575,676	370,272	355,736	-	4,109,385	11.7%
Human resources	2,521,200	-	514,537	1,041,358	1,001,673	238,436	5,317,204	15.1%
Social protection and social services	-	38,500	-	60,006	85,146	-	183,652	0.5%
Enabling environment	-	-	890,264	146,378	368,142	-	1,404,784	4.0%
Research	-	-	60,000	89,250	-	-	149,250	0.4%
Total	18,789,605	50,697	5,157,651	3,553,236	4,001,261	3,602,204	35,154,654	100.0%
%	53.4%	0.1%	14.7%	10.1%	11.4%	10.2%	100.0%	

As shown in the preceding table, all international agencies, multilateral and international NGOs and the profit- making private sector providers are almost equal in the proportion of their contribution to the total expenditure in Egypt to respond to HIV and AIDS by an approximate of 10% each. Private funds contributed by 0.1% and focused its interest on prevention and social protection activities.

**Figure (1-6): The spending subcategories on human resources for the year 2008**



As shown in the figure (No. 1-4 ), the Egyptian state budget has the highest share in provision of care and treatment with approximately 90% while the contribution of international multilateral agencies covers the rest. On the other hand, government contribution to funding prevention reached 40% while the remaining 60% was financed by private sector, international NGO and bilateral funding agencies. As for funding programme management and administration, government funding covers for approximately 70% and 50% of expenditures on human resources while international NGOs focus on supporting orphans and vulnerable children. Research activities are financed by multilateral organizations and bilateral funding agencies.

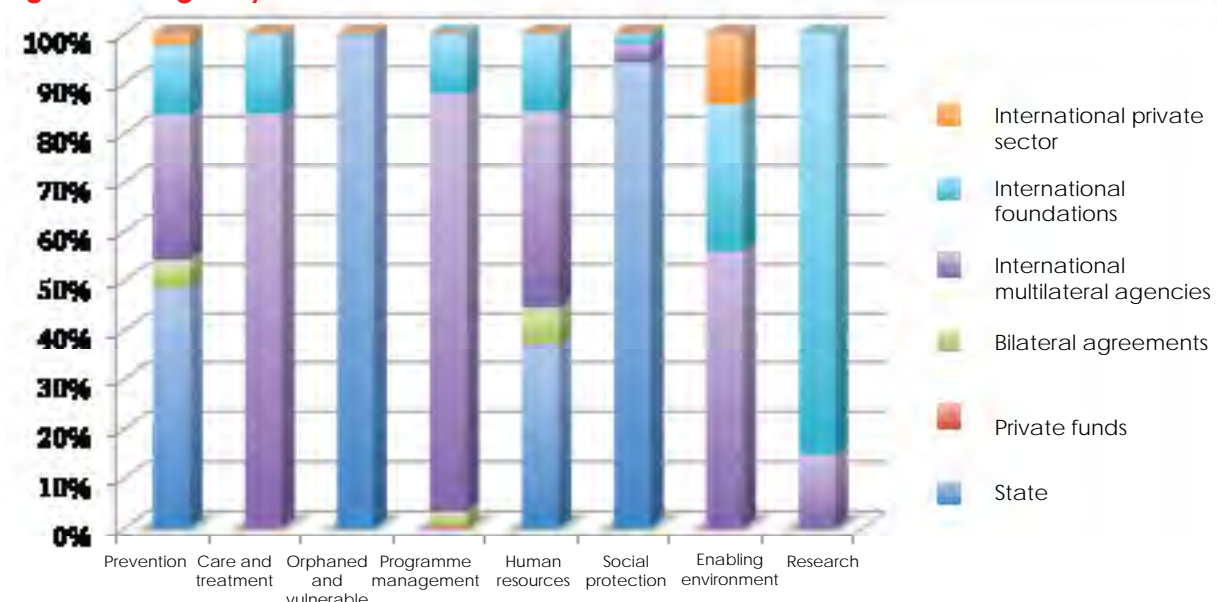
**Table No. (11) Illustration of contributions of various financing sources on AIDS Spending categories for the year 2008**

FS ASCs	State budget	Private funds	Bilateral agreements	International multilateral agencies	International foundations	International private sector	Total	%
Prevention	7,117,000	5,192	798,408	4,332,005	2,052,953	320,184	14,625,742	34.8%
Care and treatment	7,628,580		-	484,801	92,691	-	8,206,072	19.5%
Orphaned and vulnerable children	-		-	-	39,244	-	39,244	0.1%
Programme management and administration	3,321,481	27,351	100,315	3,355,308	475,065	-	7,279,520	17.3%
Human resources	2,764,440		652,246	3,558,963	1,383,146	-	8,358,795	19.9%
Social protection	-		-	111,022	58,636	-	169,658	0.4%
Enabling environment	-		-	1,208,582	643,080	305,250	2,156,912	5.1%
Research	-		-	183,890	1,067,000	-	1,250,890	3.0%
Total	20,831,501	32,543	1,550,969	13,234,571	5,811,815	625,434	42,086,833	100%
%	49.5%	0.1%	3.7%	31.4%	13.8%	1.5%	100.0%	

The Egyptian state budget has contributed by 49.5% of the total amount spent in 2008 and the expenditure focused on the same four items on that was focused upon during the previous year 2007. While the percentage of contributions by multilateral international agencies increased to reach 31% of the total value of expenditure together in order to for both financing sources to represent more than 80% of the total money spent on the AIDS response in Egypt to HIV and AIDS in 2008. Also the international foundations contributed 13.8% of the total expenditure.

As shown in the previous figure available funding from international agencies, multiple parties have contributed in almost all spending categories except the orphans and vulnerable children. Also international foundations contributed in 2008 in all spending categories except care and treatment.

**Figure ( 2-4): The share of financing sources of the total expenditure on the major spending categories during the year 2008**



## 5. Spending Categories from State Budget:

As shown by the results of the study, government spending reached about 50% of what is spent during 2007 and 2008, respectively. The following table illustrates the government's expenditure sources to respond to HIV and AIDS during the years under study.

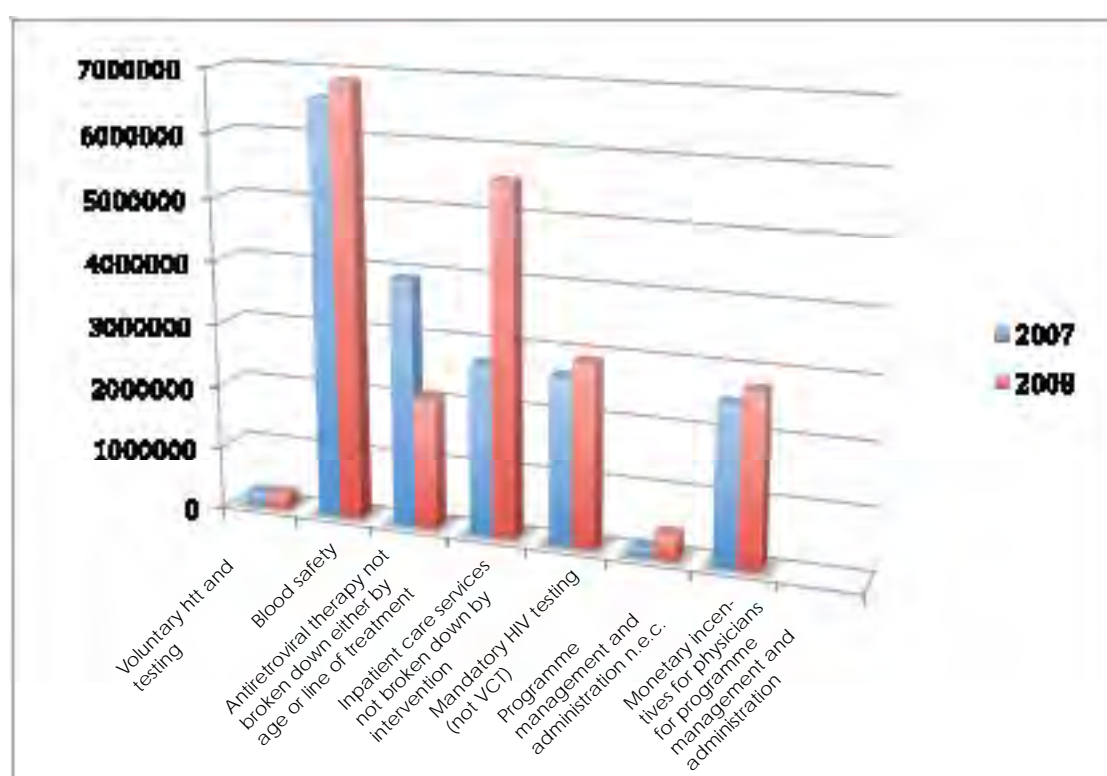
**Table No. (12): The government's spending on various activities to respond to HIV and AIDS**

ASC	Description of ASC	2007		2008	
		Amount (EGP)	%	Amount (EGP)	%
ASC.01.03	Voluntary counseling and testing	220,000	1.17%	242,000	1.16%
ASC.01.19	Blood safety	6,600,000	35.13%	6,875,000	33.00%
ASC.02.01.03.98	Antiretroviral therapy not broken down either by age or line of treatment	3,919,104	20.86%	2,084,580	10.01%
ASC.02.02.98	Inpatient care services not broken down by intervention	2,721,600	14.48%	5,544,000	26.61%
ASC.04.11	Mandatory HIV testing (not VCT)	2,655,884	14.13%	2,921,472	14.02%
ASC.04.99	Programme management and administration n.e.c.	151,817	0.81%	400,009	1.92%
ASC.05.01.01.03	Monetary incentives for physicians for programme management and administration	2,521,200	13.42%	2,764,440	13.27%
	Total	18,789,605		20,831,501	100.00%



As shown in the above figure, blood safety (HIV testing at blood banks) came at the highest value rank among government spending categories, followed by the hospital healthcare services for people living with HIV. The value is equal to the amount spent on incentives and compensations for workers operating programmes and Voluntary Counseling and Testing services (VCTs) during the years 2007 and 2008. And in spite of the increase in government spending in 2008 by about 2 million EGP compared to the year 2007, what was spent on ARVs has declined in 2008. While what was spent on the tests on VCTs is considered to be the least activity in terms of spending from government sources during the two years under study.

**Figure (1-5): The sub-items of expenditure of government funding**



## 6. Financing Agents in relation to Financing Sources

Financing agents (FA) in accordance with the NASA methodology are the actors that contribute to decision-making in the exchange and the expenditure of funds available from different sources. In this part of the report, the basic implementing agencies for HIV related activities and their financing sources are compared to determine the different relative weight of each of the implementing agencies for programmes and interventions aimed at responding to HIV and AIDS.

**Table No. (13): Financing Agents in relationship to financing sources:  
for the year 2007**

FS FA	Government sources	Private funds	Direct bilateral contributions	International multilateral agencies	International foundations	Profit- oriented private sector	Total	%
Ministry of Health	18,789,605	-	1,098,120	682,100	605,000	-	21,174,825	60.2%
Civil society organizations	-	50,697	-	342,829	1,612,500	28,000	2,034,026	5.8%
Multilateral agencies	-	-	420,823	2,528,307	-	259,804	3,208,934	9.1%
International non profit making organizations	-	-	3,638,708	-	1,783,761	-	5,422,469	15.4%
International profit making organizations	-	-	-	-	-	3,314,400	3,314,400	9.4%
Total	18,789,605	50,697	5,157,651	3,553,236	4,001,261	3,602,204	35,154,654	100.0%

As shown in the table above although the government contribution is up to 53% of the total expenditure, the Ministry of Health contributed to decisions in the proportion of 60% of the total expenditure on HIV and AIDS in Egypt in 2007. Followed by associations' and institutions' contributions by 15.4% of the total expenditure and each of the international multilateral agencies and international institutions seeking profit are equal in terms of contributions by 9.5% of the total approximate value of the expenditure.

**Table No. (14) Financing Agents in relationship to financing sources:  
for the year 2008**

FFs FA	Government sources	Private funds	Direct bilateral contributions	International multilateral agencies	International foundations	Profit-oriented private sector	Total	%
Ministry of Health	20,831,501		1,220,969	6,603,128	366,666	0	29,022,264	69.0%
Civil society organizations	0	32,543	0	712,571	3,378,878	0	4,123,992	9.8%
Multilateral agencies	0	0	330,000	4,260,128	7,250	531,173	5,128,551	12.2%
International non profit making organizations	0	0	0	1,658,744	2,059,021	0	3,717,765	8.8%
International profit making organizations	0	0	0			94,261	94,261	0.2%
Total	20,831,501	32,543	1,550,969	13,234,571	5,811,815	625,434	42,086,833	100.0%

In 2008, the Ministry of Health through the National AIDS Programme, contributed to key decisions by almost 70% of the total spent on responding to HIV and AIDS, including its own governmental resources. While the civil society contributions have decreased as a funding agent to approximately 10% in 2008 instead of 15% in the previous year. The preceding tables refers to the amount of diversity enjoyed by all international agencies, multilateral and international NGOs in dealing with different parties and partners in the implementation of HIV and AIDS- related activities.

## 7. Classification of Shares of Funding for Implementing Agencies

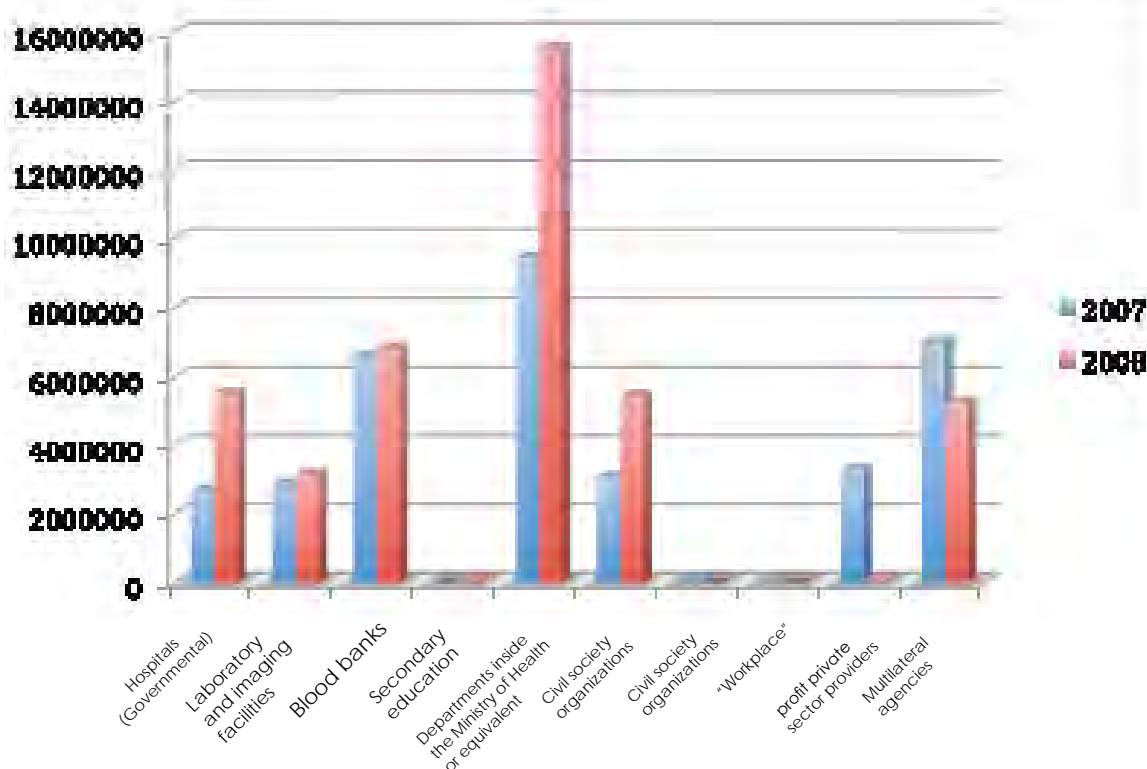
The following table shows the actors/implementers of the HIV and AIDS- related activities and programmes in Egypt as well as the value and the proportion of expenditure during 2007 and 2008.

**Table No. (15): The share of the implementing agencies for activities to respond to HIV and AIDS from the total expenditures**

Implementing agencies	2007		2008	
	Amount (EGP)	%	Amount (EGP)	%
Government hospitals	2,721,600	7.7%	5,544,000	13.2%
Central and hospital labs	2,875,884	8.2%	3,163,472	7.5%
Blood Bank	6,600,000	18.8%	6,875,000	16.3%
Government (public) secondary schools	0	0.0%	94,352	0.2%
National AIDS Programme	9,466,742	26.9%	15,578,854	37.0%
Civil society organizations	3,085,762	8.8%	5,469,948	13.0%
Religious civil society organizations	52,214	0.1%	0	0.0%
Private sector (for staff)	14,400	0.0%	0	0.0%
Private sector (not classified elsewhere)	3,300,000	9.4%	94,261	0.2%
Multilateral organization	7,038,052	20.0%	5,266,946	12.5%
Total	35,154,654	100.0%	42,086,833	100.0%

The National AIDS Programme is considered the biggest actor in the HIV response during the two years under study. Taking into account the fact that the value of expenditure had increased by 6 million EGP in 2008 to reach 37% of the total of what is spent in Egypt compared to 2007, in which the National AIDS Programme spends about 27% of the total spent in Egypt to respond to HIV and AIDS.

**Figure (1-7): The distribution of the value of expenditure on implementing agencies**



## 8. The beneficiary Populations

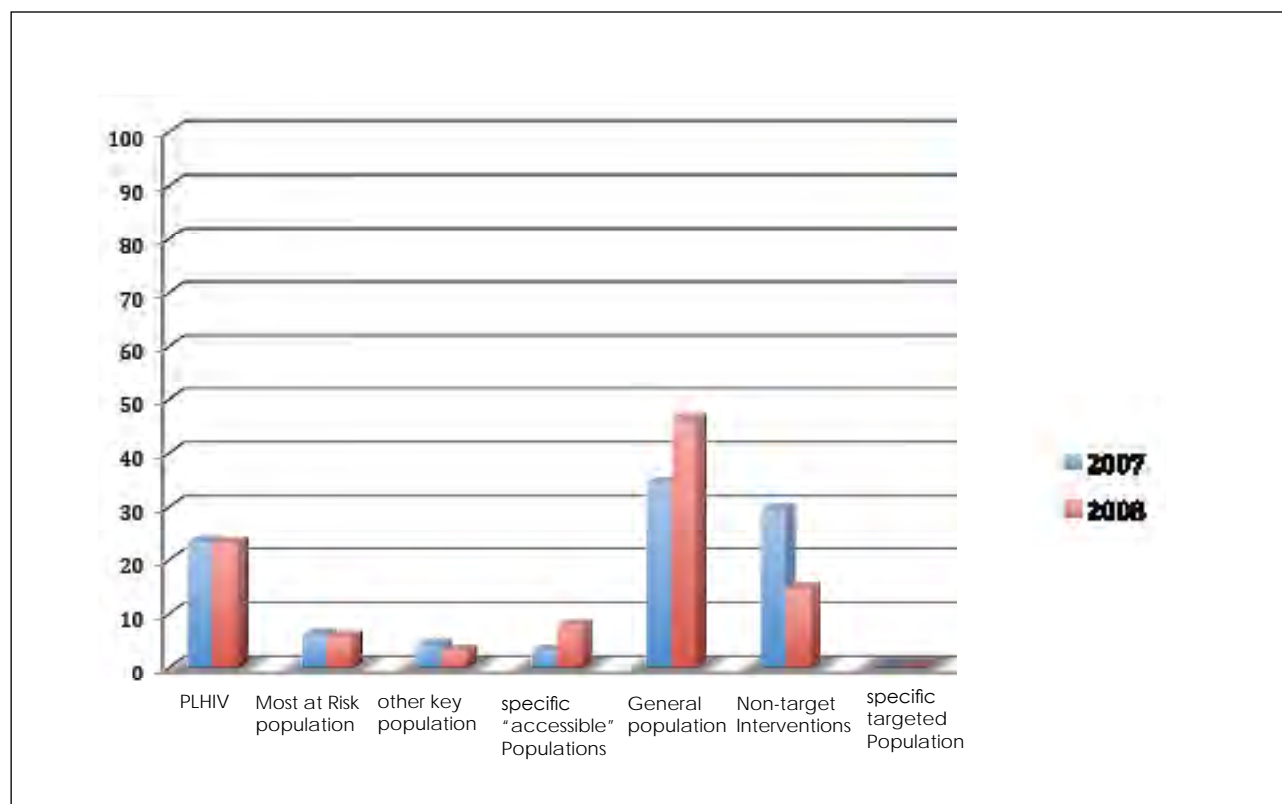
The distribution of the target groups and beneficiary population of the Egyptian HIV response shows that the main focus was on the general population which benefited from 46% of the total amount spent during 2007 and to 34% in 2008, but remained the largest proportion of expenditure also in 2008. In spite of the increase in expenditure in programmes targeting people living with HIV by 2 million EGP in 2008, compared to 2007, the proportion that has been spent of the total expenditure of Egypt has remained the same which is 23% of the total expenditure. Also funds spent targeting specific population groups has decreased, from 7.7% in 2007 to 2.9% in 2008.

The following table shows the distribution of funds in relation to targeted beneficiary populations during the years under study

**Table No. (16): The distribution of funds in relation to targeted beneficiary populations during the years under study.**

Beneficiary groups\ Year	2007		2008	
	Amount (EGP)	%	Amount (EGP)	%
People living with HIV	7,938,039	23.0%	9,785,345	23.25%
Vulnerable populations	1,987,056	5.6%	2,511,638	5.97%
Other key population	1,019,297	2.9%	1,694,341	4.03%
Specific (accessible) populations	2,704,686	7.7%	1,229,369	2.92%
General adult population	16,340,183	46.2%	14,454,932	34.35%
Non -targeted interventions <sup>1</sup>	5,165,393	14.6%	12,402,549	29.47%
Specific targeted population not elsewhere classified	0	0.0%	8,659	0.02%
Total	35,154,654	100.0%	42,086,833	100.00%

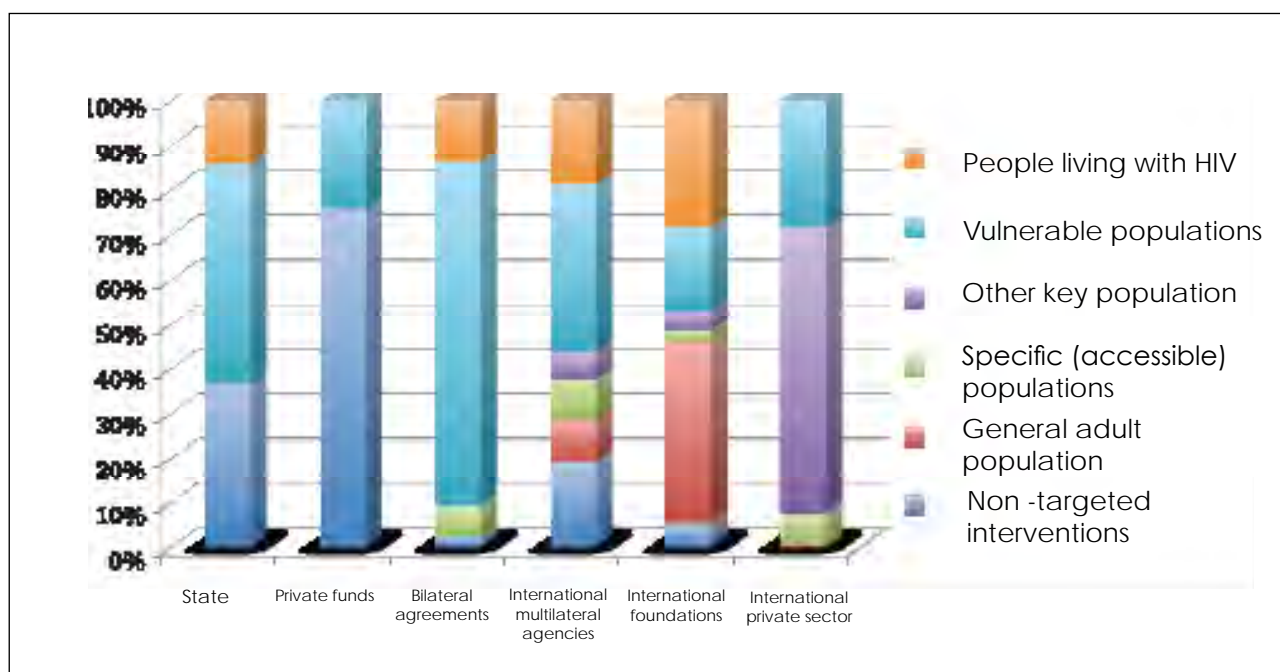
**Figure (1- 8): Comparison of the share of different categories of the total expenditure**



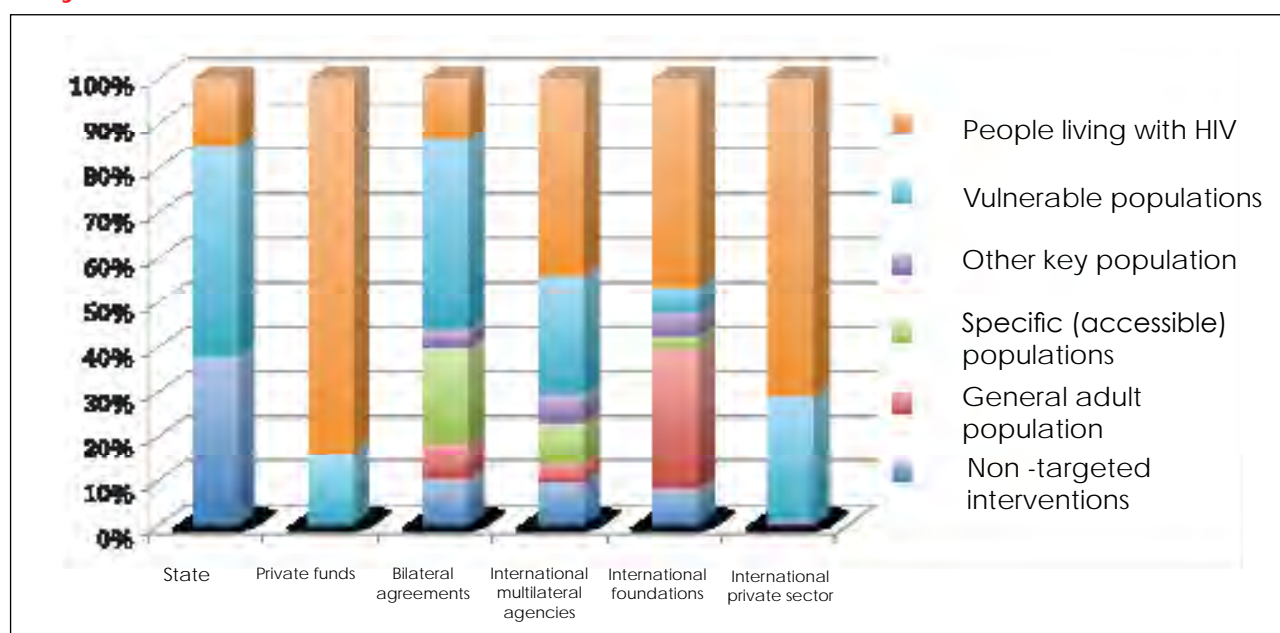
It is noticeable from the previous graph, there is an increase in funding allocated to interventions targeting people living with HIV, and vulnerable populations to reach about 6% of the total expenditure during the year 2008, while the volume of expenditure has increased on the designated segments of most at risk population by about half a million EGP in 2008 compared to the previous year. While the expenditure on non targeted interventions has increased to a reach 29.4% in 2008.

## 8.1 Classification of targeted/intended Beneficiary Population in relation to Financing Sources

**Figure ( 2-8): The financing sources allocations distributed to the beneficiary population for the year 2007**



**Figure ( 3-8): The financing sources allocations distributed to the beneficiary population for the year 2008**



As shown in the above figures (1.12 and 13), government spending is reflected in the interventions category targeting people living with HIV by about 30% of the total state funding during the two years under study. While interventions targeting the general population consumed about 50% of government funding, the rest of government spending was to programmes which are not directed to specific population groups. On the other hand, multilateral international agencies directly contribute to interventions targeting various segments of the population.

## 8.2 Activities that target Most--At-Risk-Population

**Table No. (17): Illustration of the activities targeting most-at-risk-populations**

Description.	2007			2008		
	IDUs	FSWs	MSM	IDUs	FSWs	MSM
Behavioral change-oriented communication (BCC) as part of programmes for injecting drug users	630,484	-	-	571,828	-	-
Behavioral change-communication as part of programmes for men who have sex with men	-	-	-	-	-	341,306
Condom social marketing and male and female condom provision as part of programmes for injecting drug users	53,638	-	-	38,252	-	-
Formative education to build up an AIDS work force	243,221	-	-	614,202	-	-
Human rights programmes not broken down by type	-	146,378	-	-	156,228	-
Programmatic interventions for sex workers and their clients not elsewhere classified	-	134,542	-	-	93,751	-
Programmatic interventions for injecting drug users, not broken down by type	14,088	-	-	21,131	-	-
Other programmatic interventions for injecting drug users (IDUs) not elsewhere classified (n.e.c.)	-	-	-	-	-	32,400
Social protection through in-kind benefits	42,043	-	-	32,514	-	-
STI prevention and treatment as part of programmes interventions for injecting drug users	121,554	-	-	183,136	-	-
STI prevention and treatment as part of programmes for commercial sex workers and their clients	-	44,359	-	-	13,285	-
Training	423,893	35,616	-	225,160	41,941	-
Voluntary counseling and testing (VCT) as part of programmes for injecting drug users	97,240	-	-	146,504	-	-
Total	1,626,161	360,895	-	1,832,727	305,205	373,706



As shown in the previous table, injecting drug users (IDUs) had a greater focus and share of funding, including eight different activities, followed by the female sex workers (FSW) in 2007 and 2008 and include four activities only among the services listed, in accordance with the “NASA” methodology, used in the preparation of the report. Activities targeting men who have sex with men (MSM) started in 2008, with two activities only, as the previous table illustrates.

### **III. Conclusions and Recommendations**

1. Total spending on HIV and AIDS has risen by approximately 20% in 2008, and amounted 42,086,833 EGP (USD 7,652,151) compared to 2007, which amounted 35,154,654 EGP (USD 6,391,755), an increase of 6,932,179 EGP (1,260,396 USD).
2. Despite the changing number of international funding institutions and funding volume during the two years under study, the sources of government spending still represents almost 50% of the total volume of expenditure in Egypt and it is concentrated in allocations to the Ministry of Health and there is not any other government agencies involved in national expenditure in responding to HIV and AIDS.
3. International agencies, multilateral and international NGOs have scaled up their resources contributions to target the most at risk populations.
4. The Egyptian National AIDS Program is implementing activities and programmes reaching 27% of the total value of expenditure in 2007, and increasing to 37% of the total value of AIDS spending in 2008.
5. Activities and programmes related to prevention represent the largest proportion of expenditure for the year 2007, a rate of 47.4% of the total expenditure in Egypt. Despite the decline of the ratio in 2008 to 34.8% of the total expenditure, it is still the largest proportion of AIDS spending in Egypt.

### **Recommendations:**

1. Develop an estimated cost to implement the strategic plan to respond to HIV and AIDS in Egypt: The report submitted has included what has been spent within the Arab Republic of Egypt, both from government funding or foreign on all HIV related-activities. In order to judge the effectiveness and efficiency of what has been spent nationally, the results of this research should be used in light of the priorities reflected in the national strategic plan. The strategic plan should determine the initial value of the funds required to achieve the objectives of the strategic plan so that it can be evaluated and compared with the achievements of spending on AIDS nationally.

2. Development of the financial management systems and financial information of institutions: It is recommended to develop the capacity of institutions involved in the AIDS response to enable them to better develop and harmonize their financial and information technology systems in order to facilitate the process of data collection, reporting and information flow.

3. Integrate the process of assessing national AIDS spending within the monitoring and evaluation systems: The National AIDS Programme manages a national system for monitoring and evaluation within the strategy of responding to HIV and AIDS. Therefore, it is recommended to consider the importance of the inclusion of periodic financial reports from all partners involved so that the National AIDS Programme can update the database that are set up in preparation of this report and in a way that would facilitate issuing of periodical reports on national spending on AIDS in Egypt.

4. It is recommended to periodically conduct a National AIDS Spending Assessment to enable the National AIDS Programme to monitor changes in expenditures patterns, comparatively analyse spending in relation to current national priorities in the HIV response and to further assist with future planning.

## Names of entities interviewed, with their data included in the report:

### 1- Organization and Key Informants

1. Befrienders
2. Bible land
3. Care International
4. Caritas -Egypt
5. Caritas Germany
6. Caritas Refuges
7. National Council for Childhood & Motherhood (NCCM)
8. CIDA
9. CIDA Sweden
10. Coca Cola
11. Communication for Health Living (CHL)
12. corner stone
13. CRS
14. DROSOS
15. Egyptian Aids Society
16. Egyptian Family Planning Association
17. Egyptian Initiative for Personal Rights
18. Egyptian Medical Women Association (EMWA)
19. Egyptian NGO Network Against AIDS( ENNAA)
20. Egyptian Reproductive Health NGO (ESPSRH)
21. Egyptian Society for Reproductive Health
22. El-Shehab Institution
23. EU
24. Freedom
25. Family Health International (FHI)
26. FEDA association NGO (FEDAQena)
27. The Ford Foundation
28. Global Fund to fight AIDS, Tuberculosis and Malaria
29. Gov. Secondary Schools
30. Hope Village
31. Horrya
32. International Labour Organization
33. International Organization for Migration
34. Italian Co-operation
35. Medecins du Monde
36. Medi Art for Development
37. Ministry of Finance (MoF)
38. Ministry of Health (MoH)
39. Misereor
40. MoH Central Laboratories
41. National council for
42. NIKE
43. National AIDS Programme
44. OPEC
45. The Egyptian Society for Population Studies and Reproductive Health (ESPSRH)
46. US Agency For International Development (USAID)United Nations Office For Drugs and Crime (UNODC)
47. United Nations Refugee Agency (UNHCR)
48. Joint United Nations Programme on HIV and AIDS (UNAIDS)
49. United Nations Children's Fund (UNICEF)
50. United Nations Development Programme (UNDP)
51. World Health Organization (WHO)

## Attachments:

### Subsidiary lines of spending on HIV\AIDS prevention:

ASC	Lines of spending on prevention	2007	2008
		Amount in EGP	Amount in EGP
ASC.01.01.01	Health-related communication for social and -behavior change	4,288,618	1,538,104
ASC.01.01.98	Communication for social and behavior change not broken down by type	943,646	400,114
ASC.01.02	Community mobilization	50,000	1,453,880
ASC.01.03	Voluntary counseling and testing (VCT)	1,926,987	1,653,859
ASC.01.04.01	VCT as part of programmes for vulnerable and accessible populations	559	183,406
ASC.01.04.02	Condom social marketing and male and female condom provision as part of programmes for vulnerable and accessible populations	54,387	74,759
ASC.01.04.04	Behavior change communication (BCC) as part of programmes for vulnerable and accessible populations	38,808	293,661
ASC.01.04.98	Programmatic interventions for accessible vulnerable populations not broken down by type	57,750	77,875
ASC.01.05	Prevention- youth in school	98,829	127,188
ASC.01.06	Prevention- youth out –of- school	62,389	56,248
ASC.01.08.03	STI prevention and treatment as part of programmes for sex workers and their clients	44,359	13,285
ASC.01.08.99	Programmatic interventions for sex workers and their clients, n.e.c.	134,542	93,751
ASC.01.09.04	Behavior change communication (BCC) as part of programmes for MSM	-	341,306
ASC.01.09.98	Programmatic interventions for MSM not broken down by type	-	32,400
ASC.01.10.01	Voluntary counseling and testing as part of programmes for injecting drug users	97,240	240,856
ASC.01.10.02	Condom social marketing and male and female condom provision as part of programmes for IDUs	53,638	38,252
ASC.01.10.03	Prevention and treatment of sexually transmitted diseases as part of programmatic interventions for injecting drug users	121,554	183,136
ASC.01.10.04	Behavior change communication (BCC) as part of programmes for IDUs	630,484	726,919
ASC.01.10.98	Programmatic interventions for IDUs not broken down by type	14,088	21,131
ASC.01.11.04	Behavior change communication (BCC) as part of programmes in the workplace	49,500	33,976
ASC.01.11.98	Programmatic interventions in the workplace not broken down by type	-	81,236
ASC.01.11.99	Other programmatic interventions in the workplace n.e.c.	-	21,745
ASC.01.16	Prevention, diagnosis and treatment of sexually transmitted infections (STI)	1,376,326	-
ASC.01.17.01	Pregnant women counseling and testing in prevention of mother-to-child transmission programmes (PMTCT)	-	49,385
ASC.01.17.98	PMTCT not broken down by intervention	11,700	3,900
ASC.01.19	Blood safety	6,600,000	6,875,000
ASC.01.98	Prevention activities not broken down by intervention	-	10,370
ASC.01.99	Prevention activities n.e.c.	20,545	-
<b>Total spending on preventive activities</b>		<b>16,675,949</b>	<b>14,625,742</b>

## Subsidiary lines of spending on HIV and AIDS Human Resources

ASC code	Lines of spending Human resources	2007	2008
		Amount in EGP	Amount in EGP
ASC.05.01.01.01	Monetary incentives for physicians for prevention	258,650	610,900
ASC.05.01.01.03	Monetary incentives for physicians for programme management and administration	2,521,200	2,764,440
ASC.05.01.03.01	Monetary incentives for other staff for prevention	63,268	107,248
ASC.05.01.03.03	Monetary incentives for other staff for programme management and administration	36,000	73,161
ASC.05.01.98	Monetary incentives for human resources not broken down by staff	5,567	172,961
ASC.05.02	Formative education to build-up an HIV workforce	277,512	1,278,592
ASC.05.03	Training	2,148,655	3,176,601
ASC.05.98	Human resources not broken down by type of intervention	-	18,123
ASC.05.99	Human resources n.e.c.	6,352	156,769
Total		5,317,204	8,358,795

## 2- Data collection questionnaire:



### National AIDS Program

In collaboration with UNAIDS

A primary data collection tool for national expenditures

Organization Name: .....

The way the organization intervenes in the fight against AIDS: (Source of Fund – Agent – Provider of the Activity) can choose more than one.

### I -Table one: Monitoring of the sources of funding, its value and what has been spent in the fight against AIDS for the years 2007 – 2008

P	Amount Funder	2007		2008	
		Fund Amount (*)	Expenditure Amount	Fund Amount (*)	Expenditure Amount
1					
2					
3					
4					
5					
	Total				

(\*) Please specify the currency used in the table (EGP – USD – EURO - .....)

### II: Note

In the case of the institution providing financing to another institution to play a part, please start with the table "IV." In the case of institutions that implement activities directly, please complete the table "III". Depending on the type of activities and objectives of the institution can fill the tables III and IV. Please complete the following tables for each organization / source of funding (in the case of multiple funders) the Table III and IV must reflect one organization / one source of funding.

**Name of the first Source of Fund (from table one):**

.....

### III: The main activities and the value of expense during the years 2007 -2008

Activity	2007		2008	
	Expenses	Beneficiary Population	Expenses	Beneficiary Population
Total				

### IV: Value of fund for any sub-grant activities and the names of the recipient institutions:

	Organization Name	2007		2008	
		Fund Amount	Actual Expenditure	Fund Amount	Actual Expenditure
1					
2					
3					
4					
5					
Total					