Republic of Moldova

REPORT ON ANNUAL HIV/AIDS EXPENDITURES IN THE REPUBLIC OF MOLDOVA

2007

The methodology for monitoring and evaluating HIV/AIDS-related expenditures presented in this document was developed under the project "Monitoring Financial Resources for Projects and Programs to Counter the HIV Epidemic in the Republic of Moldova". It helps to ensure effective management of expenditures for HIV/AIDS control programs and activities in the Republic of Moldova and is based on the principles of National Health Accounts (NHA) and on the classifications of the National AIDS Spending Assessment (NASA) developed by UNAIDS.

The project was carried out by the expert group of the Ministry of Health of the Republic of Moldova and the Monitoring and Evaluation Department of the Centre for Health Management under the leadership of Ana Bostan, Department for Monitoring and Evaluation of National Health Programmes.

1. Introduction

Reliable information is one of the most important determinants in the process of development and implementation of efficient and effective strategies. Information represents the reliable base settling a framework which ensures the sound tackling of reality and the development of efficient interventions to prevent the spread of HIV. In the Republic of Moldova still we can't affirm that there is a consolidated M&E System which would satisfy all key information needs but the progress registered by the country recently show clear signs that in the nearest future all relevant data will become available and the decision making process in the national HIV/AIDS response will be an evidence based one.

Alongside with the application of the multisectoral approach to the National AIDS response and scaling up of the activities to other sectors than the health one the data are to be found in numerous governmental and non-governmental entities which implement specific activities in the field of HIV/AIDS. The quality of data varies from organization to organization and from entity to entity and there is a need for assistance and insistence to apply the international standards recommended for the data collection, analysis and interpretation.

By aligning the country processes to the "Three Ones" principle in 20041, the Republic of Moldova has launched the implementation of a one single M&E system for the national HIV/AIDS response. This report is the result of an intersectoral collaboration between public organizations, non - profit organizations, international agencies and donors involved in the national HIV/AIDS response. The development of the report has been coordinated and supervised by the Monitoring and Evaluation Unit of the National Programmes (M&E Unit) established in 2004 within the National Centre of Health Management of the Ministry of Health. Representatives of governmental institutions and non-governmental organizations which are part of the national HIV/AIDS response have been involved in the process of collection, analysis and interpretation of data for the current UNGASS reporting. The current UNGASS report has been discussed and reviewed within the annual planning meeting of the Technical Working Groups of the

National Coordination Council - Country Coordination Mechanism2 and in the NGO Forum in December 2007.

The Republic of Moldova is classified as a concentrated/low prevalence country with an HIV epidemics concentrated in Injecting Drug Users (IDUs) with signs of spread in the general population. According to the results of the HIV prevalence survey conducted in Most at Risk Populations (MARPs) in 20073, the HIV prevalence in Injecting Drug Users (IDUs) reached 21%, in Female Sex Workers (FSWs) - 11% and in Men having Sex with Men (MSM) – about 4.8%. Comparing with the previous reporting period data (2003 - 2004) there is a slight increase of the HIV prevalence registered in 2007 in Most at Risk Populations (MARPs) (see the Overview of the AIDS epidemic). There is a trend of increase of the number of newly HIV reported cases4 in Injecting Drug Users (IDUs), mostly due to the increasing number of newly HIV cases reported in IDUs on the left bank of Dniester River5. Even if in 2007, the number of IDUs that have been reported as new HIV cases (223) was lower that in 2006 (232), it is still premature to affirm that there is a reduction in the new HIV cases reported in IDUs.

The sexual route is the major route of transmission among newly reported HIV cases – 63.2% in 2007. Among those, the rate of women reached 62.2% in 2007. There is also an increase of the number of newly reported HIV cases among blood donations. Thus, in 2007 the number of newly HIV reported cases per 100 000 blood donations reached 59.4 cases compared to 48.9 cases per 100 000 blood donations registered in 2006. In the last 3 years there is an increase of the HIV prevalence in pregnant women (0.23% in 2007 comparing with 0.1% in 2003). In the context of the high economic external migration this phenomenon can become as a determinant in the future evolution of HIV epidemic in the Republic of Moldova.

Based on the existent evidences, the National Programme on Prevention and Control of HIV/AIDS/STIs for 2006-2010 which currently represents the national strategy in the field has developed specific prevention activities targeting Most at Risk Populations (MARPs) such as IDUs, FSWs, MSM covered by harm reduction activities, alongside, activities aimed at prevention of HIV spread in mobile populations such as truck drivers and migrants have also been developed and implemented. During the reporting period specific activities aimed at general population have been developed and implemented based on information delivery, reducing stigma and discrimination and condom

promotion, especially among youth. In 2007, based on the Order of the Ministry of Health Nr. 344 of 05.09.2007 a network of VCT centres has been established which could ensure universal access of the general population to counselling and testing to HIV. To ensure quality of the donated blood the Ministry of Health initiated the development of quality standards for blood safety.

At the beginning of 2007 the Parliament of the Republic of Moldova has approved a new Law on Prevention of HIV/AIDS which has been developed based on the international recommendations of observance of human rights and ensuring universal access.

The overall strategy of the Ministry of Health and Social Protection is based on the National Health Concept Policy. Legal and policy frameworks related to HIV/AIDS in Moldova are generally strong. The exercise recently undertaken by stakeholders in HIV/AIDS within the framework of "Scaling Up the Universal Access to Care, Treatment and Prevention" showed high capacity in Moldova for problem identifying and strategic planning. A new comprehensive Law on HIV/AIDS has been developed and approved in Parliament in 2007, addressing gaps in previous legislation, and strengthening human-rights protections for PLWHA. Moreover, the Mid Term Review (MTR) conducted for the National AIDS Program (NAP) for 2001-2005 showed that the country had achieved impressive results with respect to HIV/AIDS control. The same results have been reported by the mission of the World Bank (WB) recently undertaken to evaluate the HIV/AIDS project financed with its funds in support of NAC 2001-2005.

Currently, the Government of Moldova is contributing less than 16% per year to the national AIDS programme. More alarming, due to contributions coming from external donors such as the World Bank and the Global Fund the Government's current contribution has significantly decreased in the last years. Another major issue is connected to the fact that even with the scare resources available from the Government's budget the distribution of funds is not done based on a prioritization of activities or based on a cost-efficiency analyses of interventions. The National Coordination Council in HIV/AIDS has managed to ensure some financial sustainability of HIV/AIDS interventions by developing a rolling-out from donors strategy and by introducing such activities as VCT and palliative care under the National Health Insurance Plan. Additionally, with support from donors the Ministry of Health is planning to adjust the

National Health Accounts, including National AIDS Spending Accounts into the health system for a better monitoring of expenditures against results.

Currently, the financial inflow into the country showed a high share of international finances coming into HIV/AIDS Programme, the GFTAM only in 2002-2005 has invested around $ 5 mln. This significant increase in funding for HIV/AIDS programs and activities brings with it the need to develop and implement a tool that enables monitoring and evaluation of HIV/AIDS-related expenditures. This tool is intended to help identify the most effective and cost-efficient areas for public investment.

Based on a new project initiated by the WB the Ministry of health of the Republic of Moldova was charged with responsibility to develop a strategy for systematic monitoring of financial resources for HIV/AIDS projects and programs in the Republic of Moldova as well as to start linking those activities to the implementation of the National Health Accounts system in the country.

Several different approaches to monitor, evaluate and account for HIV/AIDS-related expenditures are used at the global level. They include different methods of data collection and analysis. In this document, we present the results of applying these principles of financial M&E to the analysis of HIV/AIDS-related expenditures in the Republic of Moldova.

In cooperation with UNAIDS, the FRIHOID developed a tool to assess HIV/ AIDS-related expenditures using the National AIDS Spending Assessment (NASA) approach (UNAIDS, 2006). Under the project “Monitoring of Financial Resources for Projects and Programs to Counter the HIV Epidemic”, the FRIHOID carried out the first phase of this initiative. NASA is consistent with standardized rules of the System of National Accounts (SNA) used in different sectors of the economy (OECD, 1993) as well with the principles of the National Health Accounts (NHA) (WHO, 2003) and the National AIDS Accounts (NAA). It is used to obtain and analyze data on AIDS-related expenditures in the Republic of Moldova across all key categories: sources of financing; financing agents; service providers; beneficiaries; type of services and production factors. More information on the structure of NASA and its role as a tool for financial monitoring is presented later in this document.

The project team made a special effort to link the tracking of HIV/AIDS expenditures with the estimation of future HIV/AIDS resource requirements in order to ensure effective planning, allocation and distribution of resources between different activities and to allow for better coordination of efforts between different sectors and enhanced evaluation of the future impact of the level and nature of funding on containing the epidemic in the Republic of Moldova.

It is of paramount importance to further enhance these activities to improve data quality and to create sustainable capacity for conducting regular analysis of the resources available and needed as a way of determining existing gaps, to evaluate how the spending of available resources impacts the course of the epidemic, how to re-allocate resources to effectively curb the epidemic and mitigate its impact and to reliably assess what resources are needed for the implementation of a comprehensive National HIV/AIDS Strategy.

The first stage of developing a financial M&E system and estimating HIV/AIDS expenditures in the Republic of Moldova was conducted under the project “Monitoring Financial Resources for Projects and Programs to Counter the HIV Epidemic”.

The goal of this project was to develop a strategy for systematic monitoring of financial resources for HIV/AIDS in the Russian Federation.

The project had the following specific objectives:

1) To develop a strategy for the involvement of the key stakeholders of different sectors and levels into the system of HIV/AIDS expenditures monitoring;
2) To train researchers from key government institutions to create capacity to collect and analyze data on HIV/AIDS prevention, care and treatment using the NASA approach;
3) To analyze relevant structures of HIV/AIDS-related services and organizations at the federal level;
4) To develop a methodology of monitoring and evaluation of HIV/AIDS expenditures in the Russian Federation;

5) To receive data on HIV/AIDS treatment and prevention expenditures from organizations providing funding and HIV/AIDS services on the federal level in 2004.

The Targeted AIDS Control Programs comprise different sets of activities (functions) that make comparisons and further analysis difficult. Thus, a unified form was developed including all the activities funded by those programs and corresponding to the NASA functional classification (UNAIDS, 2005):

Section 1. Prevention Activities

- Information for general awareness;
- Prevention activities for vulnerable groups;
- Voluntary counseling and testing;
- Improving management of STI among vulnerable groups;
- Prevention of mother-to-child transmission;
- Blood safety;
- Post-exposure prophylaxis;
- Universal precautions.

Section 2. Improving Epidemiological Surveillance; Legal Support; Monitoring and Evaluation of HIV/AIDS Programs and Activities

- Epidemiological surveillance;
- Development of a unified informational system on HIV/AIDS epidemiological surveillance in the Russian Federation;
- Development and dissemination of guidelines and regulations on HIV prevention, diagnostics and treatment;
- Monitoring and evaluation of HIV/AIDS programs and activities.

Section 3. Treatment and Care Services

- Provider initiated testing;
- Antiretroviral therapy;

- Prophylaxis and treatment of opportunistic infections;
- Clinical laboratory;
- Palliative care.

Section 4. Social Services

- Human rights;
- Psychological support;
- Social services.

Section 5. Orphans and Vulnerable Children

- Maintenance and support to children born to HIV-positive mothers, orphans, HIV-positive orphans and disabled children.

Section 6. Strengthening Financial and Technical Capacity of Provider Institutions

- Capital formation for provider institutions including AIDS-Centers;
- Upgrading laboratory infrastructure. Section 7. HIV/AIDS-related research
- Sociological research;
- Epidemiological research;
- Biomedical research;
- Behavioral research;
- Clinical research;
- Vaccine-related research.

Eighty percent of the classifications used in this unified form correspond to those of NASA and could therefore be used for data collection. It misses information on the HIV/AIDS budget share, additional remuneration to medical personnel; social support and household expenditures. It is planned to develop a detailed methodology for

obtaining these data during the forthcoming extension of the NASA project in the Russian Federation.

The report on the implementation of the NAP was used as main financial data source. It contains data on regional expenditures broken down by main financing sources: federal and regional budgets, extra-budgetary and other sources. This data was disaggregated by main NASA categories.

2. Financial Resource Tracking as an Integral Part of the Unified National System of HIV/AIDS Monitoring and Evaluation

The past several years have seen some dramatic changes in the global strategy for countering the HIV/AIDS epidemic. In the last decade, annual funding for the response to AIDS in low- and middle-income countries increased 28-fold, from USD 300 million to USD 8.3 billion (UNAIDS, 2006). These increases are impressive, but they also make more evident the need for global strategies and improved coordination to ensure proper use of funding.

On 25 April 2004, the participants of a high-level global donors meeting hosted by the World Bank achieved consensus on a unified response to HIV/AIDS and adopted the so-called "Three Ones Principles" as an overarching framework for improved coordination at the national level. These principles are (UNAIDS 2004):

- One agreed upon HIV/AIDS action framework that provides the basis for coordinating the work of all partners
- One national AIDS coordinating authority, with a broad multi-sector mandate
- One agreed upon country-level monitoring and evaluation (M&E) system

In this context, HIV/AIDS M&E is recognized as an essential management tool for government institutions charged with coordinating the national response. It enhances the capacities of national governments to provide overall coordination and tighter management and control of relevant activities carried out on the ground.

More specifically, a unified M&E system provides the following advantages:

- It permits better data correlation and sharing due to standardized indicators and sampling methodologies
- It provides reliable and useful data to many constituents (managers, researchers, donors), eliminating the need to repeat baseline surveys or evaluation studies
- It ensures that donor-funded M&E efforts address national needs, not those of specific international donors or organizations

– It encourages coordination and communication between different groups involved in the national response to HIV/AIDS

A comprehensive national HIV/AIDS M&E system consists of the following components:

1. An overall M&E system comprising a governing flowchart and database, which describes precisely how data are collected and flow;
2. Surveillance comprising epidemiological, behavioral and social impact surveillance;
3. Essential research complementing surveillance data, including epidemiological, evaluation, and behavioral and social impact research;
4. Program/project monitoring involving the regular assessment of key elements (inputs, activities, results) of individual projects and programs, as well as of the overall national response to HIV/AIDS; and
5. Financial M&E aimed at tracking sources and uses of funds, and the extent to which available public, donor, and private sector funding allocations are attributable to the achievement of overall programmatic goals and targets as defined in national policy and strategy documents.

At the time of the development of this first National Programs on Prevention and Control of TB and HIV/AIDS/STIs (1996-2000), the capacity of the Government to plan a monitoring and evaluation component for the National Programme was limited, thus the indicators stipulated in the National Programme do not longer satisfy the country needs. In addition the Government has committed itself to the monitoring of the Millennium Development Goals (MDGs) and the Declaration of Commitment (DoC), resulting from the United Nations Generally Assembly Special Session on HIV/AIDS (UNGASS).

In order to increase the country capacity in monitoring and evaluation of activities related to Prevention and Control of TB/HIV/AIDS/STIs, the Government of Moldova:

– had established a fruitful collaboration with international organizations representatives (the GFATM, the World Bank , UNAIDS and AIHA (USAID project))

- had endorsed the concept of a Comprehensive National Monitoring and Evaluation system (M&E) and recognized its advantages and importance over separate systems addressing the monitoring needs of each major initiative,
- had established a multi-stakeholder technical M&E working group (TWG) within the framework of the One National Authority, Country Coordination Mechanism for HIV/AIDS/STIs.
- had identified the Scientific and Practical Center of Public Health and Sanitary Management (SPCPHSM) of the Ministry of Health to be in charge of the national M&E system.

The Country Coordination Mechanism of the National TB and HIV/AIDS/STI Prophylaxis and Control Programs (hereinafter CCM) was approved through the Government Decision nr.825, from the 3rd of August 2005. It represents the successor of the CCM for monitoring the TB/AIDS programme, financed by the Global Fund to fight AIDS, TB and Malaria and the World Bank, created in March 2002.

The CCM plays a leading role in coordinating and implementing the country's multisectoral response to the epidemics since its establishment in 2002 and currently counts 22 members: 9 from governmental constituency, 5 – nongovernmental sector, including people living with HIV, 8 – donor, multilateral and bilateral development agencies.

The CCM aims to contribute to the effective implementation of the National Program for Prevention of HIV/AIDS and the National Program on TB Control, acting as a nexus point for coordinating and overseeing donor financing in support of the national commitment and priorities to fight HIV/AIDS/STIs and TB.

CCM has assumed oversight responsibilities for programs funded by the World Bank, the Global Fund, USAID, Swedish governments, and UN agencies ensuring harmonized approach towards achieving the national program goals and Moldova's health-related MDGs. The CCM is an integral part of the "Three Ones" system in the country serving as the national HIV/AIDS and TB coordinating body. The CCM members meet at least 4 times a year (or more frequently if needed).

The CCM's structure is organized on three levels:

- decisional (22 representatives),

- coordination (CCM Secretariat)
- operational (10 technical working groups).

The technical working groups (5 active in HIV/AIDS field, 4 in TB field and 1 mixed monitoring and evaluation TB/AIDS) are responsible to assess the needs in their specific areas, to identify solutions, to develop drafts of the national documents, strategies and policies. The technical working groups are widely represented, including nongovernment sector, governmental and international ones, as well as representatives from different regions of the country, including Transnistria.

The Secretariat of the CCM (supported financially by World Bank and UNAIDS) is responsible for the coordination and information activities, as well as facilitating the nation wide consultancy processes, and CCM meetings: information on the CCM processes and news is mostly shared through email, via a daily online newspaper to every CCM member. CCM members are always asked to distribute the materials to their constituencies. There is also a printed quaterly newspaper "CCM Informational Bulletin" distributed to a large range of beneficiaries.

UNAIDS office is providing information related to Global Fund processes via the online daily news distributed through email to a wide range of stakeholders. In the course of grant implementation the CCM has been contributing to the efficient implementation of the grant in different ways: from timely addressing the implementation constraints, considering and endorsing proposals for utilization of program savings realized due to efficient procurement processes to harmonizing coordination with partners.

On January 1, 2004, within the Scientific and Practical Centre of Public Health and Sanitary Management, as a sub-division of the Medical Statistics, Monitoring and Evaluation Direction was established the Division of Monitoring and Evaluation of National Health Programs (M&E Unit). Following the approval of the recommendations of the Washington Conference organized by the UNAIDS and the main donors in HIV/AIDS from April 25, 2004, regarding the necessity to implement "The Three Ones" Principle, the established M&E Unit was named as responsible for:

- Coordination of program monitoring and evaluation activities related to TB/HIV/AIDS/STIs.

- Organization of the collection of data (Key Performance Indicators) from national and local stakeholders participating in the TB/HIV/STI programs.
- Liaison with implementing agencies and partners required behavioral surveys.
- Management of the database of Key Performance Indicators.
- Preparation of reporting instruments for all stakeholders.
- Definition of security levels for users of the system.
- Analysis of the monitoring and evaluation data, using local and external assistance

In the same year, the Division of Monitoring and Evaluation of National Health Programs began to implement a project for designing of the M&E System for the National Programs on Prevention and Control of TB and HIV/AIDS/STIs, known as SYMETA (System for Monitoring and Evaluation of TB/AIDS), with UNAIDS/Global Fund/WB/AIHA funds.

The issue of connectivity between the different levels and institutions involved in the collection of data is critical for the design and implementation of the M&E system. Thus, one of the main objectives of this project consists in building the infrastructure for monitoring and evaluation of TB and HIV/AIDS/STIs situation in the Republic of Moldova. It is important to mention that the flow of information in the system had been separated due to the reporting and collection differences that exist between the national TB and the HIV/AIDS/STIs programs.

Elaboration of the TB monitoring software was realized during the 2004-2005 years thanks to financial support of AIHA (USAID project) and this software was implemented from the beginning of 2006 year in the following institutions:

- Scientific and Practical Center of Public Health and Sanitary Management (SPCPHSM)
- National TB Centre
- TB Labs
- District level health care institutions

The HIV/AIDS/STIs monitoring software is under development now thanks to financial support of the World Bank and UNAIDS and according to the plan, the implementation

of it should occur by the beginning of 2008, comprising in the M&E system the following institutions:

- Scientific and Practical Center of Public Health and Sanitary Management (SPCPHSM)
- AIDS Center of the National Scientific-Practical Center of Preventive Medicine (NSPCPM)
- Republican Dermato-Venerological Dispenser (DDVR)
- AIDS Labs
- District level health care institutions
- District level Centres for Preventive Medicine.

Another objective consists in equipment of the institutions involved in the collection, processing and reporting of data regarding to TB and HIV/AIDS/STIs situation in the Republic of Moldova. Since 2004 the capacity of the M&E Unit has been reinforced thanks to the financial support of the UNAIDS fund that purchase two laptops, which allowed for on-site displays and field visits throughout the country. Additionally a set of Wi-Fi equipment with 20 workstations has been purchased for the M&E training room to assure high-speed access to the internet and training capabilities. Also UNAIDS funds covered high-speed internet connection to ensure fast transfer of data. The Global Fund and World Bank covered in 2004 year the purchasing of technical equipment for:

- Division of Monitoring and Evaluation of National Health Programs (M&E Unit)
- National TB Centre
- AIDS Center of the National Scientific-Practical Center of Preventive Medicine
- Republican Dermato-Venerological Dispenser (DDVR)
- AIDS Labs
- TB Labs
- Informatics and health statistics divisions of district level health care institutions.

In 2005 year the UNAIDS offered the financial and technical assistance for elaboration of the Monitoring and Evaluation of the National Program on Prevention and Control of HIV/AIDS Operations Manual and Second Generation Sentinel Surveillance Plan that were elaborated in broad consultation with the main stakeholders.

The third objective of the project consist in strengthening the capacity of the staff involved in the collection, processing and reporting of data regarding to TB and HIV/AIDS/STIs. Regarding to this, in 2005 year with the financial support of UNAIDS had been conducted a CRIS training course for the M&E unit staff and for representatives of institutions involved in HI/AIDS/STIs data collection and reporting (AIDS Center, DDVR, NGOs). During the 2005-2006 years, were carried out activities focused on the improvement of skills of the staff employed in the divisions of informatics and health statistics of district level health care institutions – training of the first level operators regarding to entry data and processing of paper data forms. These activities were organized mainly with the technical and financial support of the World Bank, Global Fund and AIHA (USAID project). In 2006, also with the support of AIHA were organized training courses for the health staff (TB specialists) focused mostly on the collection and codification of health information with regard to TB data.

In 2006 the Government of Moldova had approved by a decision of the government of the Republic of Moldova the third National Programs on Prevention and Control of TB and HIV/AIDS/STIs for 2006 – 2010 years, based on a thorough Situational and Response Analysis. These National Programs represent the basic strategic framework for reducing the spread of TB and HIV/AIDS/STIs at the present in Moldova and highlights steps and activities to be undertaken in the next five years to respond in a more effective and targeted manner to the epidemic.

Goals and Objectives of the Country National Program on Prevention and Control of HIV/AIDS/STIs

The third National Program on Prevention and Control of HIV/AIDS/STIs is launched in 2006 with the following major objectives:

- Succession and sustainability in planning and implementation of activities and interventions;
- Joining efforts, involvement, interaction and coordination of the activities of state institutions, local public authorities, individual persons, including people living with HIV/AIDS, NGOs and international organizations as partners in the implementation of activities to fight HIV/AIDS/STIs in the Republic of Moldova;
- Attracting and making rational use of budgetary financial resources, from grants, communication projects, raising awareness and behavioral change; prevention

work among the general population and target groups, expansion and provision of medical assistance, treatment, care and support for people living with HIV/AIDS;

- Improving the epidemiological situation, prevention of HIV/AIDS/STIs, reducing the incidence of HIV among youth and the negative consequences on the individual, community and society, creating favorable conditions for the improvement of the quality of life, according to Objective 6 of the Millennium Development Goals;
- Development of a guaranteed social protection system and provision of access to medical services of people living with HIV.

Major strategies of the National Programs on Prevention and Control of HIV/AIDS/STIs are:

- Development, consolidation and ensuring the functioning of a unique national interdepartmental, multisectoral system to coordinate activities of state and non-governmental institutions in control and prevention of HIV/AIDS and STIs.
- Capacity building and expanding of IEC activities for the general public, youth and vulnerable groups in HIV/AIDS/STI prevention.
- Capacity consolidation and development of an epidemiological surveillance system of HIV/AIDS/STI infection with second generation elements (behavioral surveillance).
- Expansion of HIV/AIDS/STI prevention activities among vulnerable groups which aim at consolidating NGO and state efforts.
- Infrastructure development and development of medical assistance capacities, social and palliative care of people living with HIV/AIDS, members of their families and children affected by HIV/AIDS.
- Extending coverage activities for voluntary counseling and testing services in state medical institutions and their development within the framework of friendly youth health services.
- Capacity building of prevention of HIV/AIDS and STI transmission from mother to child.
- Integrating the provision of blood transfusions, medical interventions and other kinds and prevention of nosocomial spread on HIV/AIDS infection and syphilis.

– Complementing and expanding activities of prevention, diagnosis, treatment and care for people with mixed HIV/TB infection, including penitentiaries.

The system of HIV/AIDS financial monitoring and evaluation currently under development in the Republic of Moldova is based on the NASA methodology (UNAIDS, 2006). NASA is consistent with and based on standardized and globally recognized statistical and accounting methods, definitions and regulations such as the System of National Accounts (SNA), National Health Accounts (NHA), National AIDS Accounts (NAA) and the principles of public financing. In the Republic of Moldova, NASA has been adapted to the existing system of national HIV/AIDS control, to current legislation and regulations and to public statistical and accounting reporting rules and practices.

The algorithm and the informational system of financial M&E have been revised to describe financial flows and expenditures using the same categories that are globally applied to assess spending. At the same time, NASA distinguishes itself from other methodologies in terms of data collection, accounting for current and capital expenditures, classifications and definitions of functions. The system developed in the Republic of Moldova has been made compatible with the HIV/AIDS resource needs assessments on the global and country levels. The use of the NASA classifications allows comprehensive data collection on available and required resources for HIV/AIDS in accordance with the recommendations of the UNAIDS Global Resource Tracking Consortium to unify the variety of tools used both inside and outside the health sector.

In accordance with the NHA main framework and templates, the M&E system includes monitoring of all expenditures related to mitigating social consequences of the epidemic, education, employment and addressing legal issues as well as expenditures of other sectors listed in the document “Resource Needs for An Expanded Response to AIDS in Low and Middle Income Countries”, approved by the UNAIDS Program Coordination Board (UNAIDS, 2005).

3. Description of the National System for Monitoring and Evaluation of TB/HIV/AIDS /STIs (SYMETA)

The national M&E system is Government-based and Government-led. The Government is overall responsible for the national response to the TB and HIV/AIDS epidemic, and is able to measure progress made, ensure accountability and identify the most effective approaches. SYMETA is based on a multi-sectoral approach, and obtains input from all government sectors, as well as civil society organizations and the private sector, to ensure that the country can report on internationally agreed goals and targets, such as the MDGs and the targets spelled out in the DoC.

SYMETA is a joint system, agreed upon by all major stakeholders. By determining reporting needs and through a process of consensus, a set of commonly agreed upon indicators were adopted and data are collected accordingly. The work undertaken by UNAIDS and WHO, being leading UN agencies in the field of M&E, guided the development of the national set of indicators.

The national M&E system was designed as a comprehensive system - it does not only collect data on the epidemiological situation, but also programmatic and financial data. At a later stage a research data base will be included into the M&E system. A local company had been contracted for the development of technical specifications of the research data base. The technical specifications for the research database had been finalized and made open to the public.

An incremental approach was applied to set-up the M&E system, to allow the timely collection of baseline data and also to ensure a systematic approach. For this purpose, the System for Monitoring and Evaluation of the TB/HIV/AIDS/STIs (SYMETA) was created to collect information on indicators, resources, and scientific research to support the activities and outcomes of the initiatives taken by the Government of the RM to fight these diseases. SYMETA allows program managers and researchers to link resources and inputs with outcomes and the impact of the National Programme on Prevention and Control of TB/HIV/AIDS/STIs. The flow of data into the system is designed in such a way as to increase the utilization of existing systems, thus minimizing the needs to re-input data, thereby reducing transaction costs and the streamlining business process.

The M&E Unit is located at the Centre for Public Health and Sanitary Management, which is also responsible for the function of the system. The M&E Unit was staffed with five professionals except for operators. Terms of reference for each of them have been developed. The Centre for Public Health and Sanitary Management co-financed the project by offering office spaces and office furniture, communication means, a large training room and monthly coverage of electricity and heating expenses. A website was developed and made functional to ensure free access to information of epidemiological nature, recent development and other relevant news. An approach, based on the existing connectivity, had been developed and puted into the Monitoring and Evaluation Guidelines in order to assure the sustainability of the service when funding is over.

Actually, a full design of the system had been conceived with a set of indicators agreed upon by all major stakeholders; else technical description for each of the indicators was developed with detailed explanation as to flow of information based on newly developed reporting forms. According to the plan the implementation of the designed system should occur in 2008 if additional financial resources would be made available for capacity building and additional procurement of equipment to assure timely reporting of data from the primary level M&E Units.

Design of information flows

The flow of data in the system has been designed to maximize the utilization of existing systems and to minimize the need to re-input data, thereby reducing transaction costs and streamlining business process. The flow of information in the system has been separated to account for the reporting and collection differences that exist between the national TB program and the AIDS program. The system is designed to capture and store information from the main sources required for an integrated M&E system. The sources of information include:

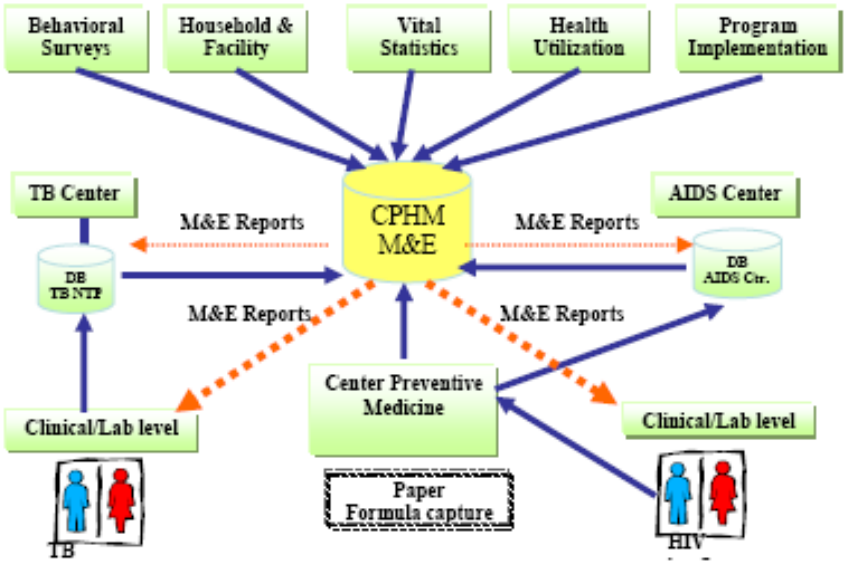
- Utilization statistics from health care providers, including TB dispensaries, dermato-veneralogical centers and other physicians such as antenatal clinics.
- Results from epidemiological surveillance systems
- Laboratory results
- Results from Behavioral survey surveillance instruments

- Results from specific surveys oriented to check quality, access and productivity of facilities, laboratories, blood banks and other key actors in the system
- Vital statistics regarding number of deaths and births

It is important to highlight the importance of the data collection under the surveillance systems for TB and HIV/AIDS. The design is based on a practical approach, given the current conditions and the institutional capacity in Moldova at the present time. Under the system, all data are stored in a common database placed at the Center for Public Health Management.

The CPHM consolidate data from all of these sources in a common structure and facilitate access and analysis of this information in accordance with the system's design.

The following graph displays the simple, schematic representation of the data flows.



4. Health Financing Information

Like many other economies in transition, Moldova is sharing the constraints of mobilizing the necessary revenues for the budget, as well as facing the hard choice of cutting down on public expenditure. Public services have crushed as a result of the decline in available resources. At the same time there was an increase in the demand placed on the public sector to provide basic social services and security. The situation of health care, in particular, has deteriorated dramatically to the point where basic medicine, heating and hot water is lacking in many hospitals. Nevertheless, with regards to TB and HIV/AIDS, activities set under the framework of the National Program are being approved by the Government and there is direct financing of the Programs from the government budget.

The methodologies of the TB/ HIV/AIDS National Spending Assessments recommended for monitoring the disbursed resources for TB/HIV/AIDS are not applicable for the Republic of Moldova due to the absence of the National Health Accounts system. The existing system of evidence for the financial flows in the Republic of Moldova makes impossible to accurately break down the public expenditures for TB/HIV/AIDS by strategies and types of activities within the national response to TB and HIV/AIDS. The budget for the NAP, includes contributions from state and local public authorities, international organizations, NGOs, donations from private institutions, individuals and private sector companies.

The expenditure for National Programs on Prevention and Control of TB and HIV/AIDS/STIs has included:

- Annual expenditures of national funds directed for TB and HIV/AIDS/ TB Prevention and Control activities
- Annual expenditures of national funds of AIDS Centre
- Annual expenditures of national funds of the National Centre for Blood Transfusion to ensure the security of the blood transfusion through the HIV/AIDS testing
- Annual expenditures of national funds of the Republican Dermato-Venereological Dispensary – the only that provides specific antiretroviral treatment to the HIV/AIDS infected patients

- Annual expenditures of national funds for HIV/AIDS of the Medical Service of the Department of Penitentiary Institutions of the Ministry of Justice, which provides specific antiretroviral treatment to the HIV/AIDS infected prison inmates
- Annual expenditures of national funds of the National Coordination Council for carrying out activities coordinated by the National Program on Prevention and Control of HIV/AIDS and STIs
- Annual expenditures of national funds of the Scientific and Practical Centre of Public Health and Health Management to carry out the activities of the National Health Programs Monitoring and Evaluation Unit
- Annual expenditures of national funds of the National TB Centre

The information regarding to public and external expenditure for National Programs on Prevention and Control of TB/HIV/AIDS/STIs is available at the present, anyway this information is not collected and reported periodically, but only in case of the Ministry of Health or Government requests.

The considerable increase of financial resources of international origin, which have entered the country in the period of the 2003-2005 years at the request of the Government, under the form of donation or grants, has facilitated the reorientation of public money to other crucial areas of public health. This could explain the decrease of public spending for HIV/AIDS in the Republic of Moldova in the 2003-2005 period of time. The progress achieved in the implementation of the National Program for HIV/AIDS Prevention and Control for the years of 2001-2005 was possible due to the financial support of the international donors (Global Fund to Fight AIDS, Tuberculosis and Malaria, UN Agencies, Sida Sweden, Red Cross in the Republic of Moldova). Assessment of domestic contributions have been restricted to resources from the government budget line titled "centralized allocations for the prevention and control of HIV/AIDS/STIs". After adjusting for possible duplication, annual expenditures for each year were aggregated and converted to USD equivalents using the exchange rate of the National Bank of Moldova. In 2004, the spending for HIV/AIDS calculated in US dollars has shown a slight decrease compared to the previous year by about 12.5 per cent. The expenditures of national funds in US dollar equivalent has increased by 2.8 per cent in 2004 versus 2003. Differences in spending are actually greater, as a result of changes in the exchange rate for US dollars. Assuming continuous economic growth, the

Government of the Republic of Moldova will take over a larger share of national expenditures for HIV/AIDS in the future.

Resource requirements for achievement of the MDG's 6 Goal

The objectives and strategies specified in the National Programs of TB/HIV/AIDS Control and Prevention for 2006 – 2010 are consistent and will allow achieving the goals from the Health Section, Goal 6 of the United Nations Plan, Millennium Development Goals, to which Republic of Moldova subscribed and are in accordance with the implementation of the Economic Growth and Poverty Reduction Strategy for 2004 – 2006.

Assessment of needs for achievement of the MDG's 6 Goal is done separately for HIV/AIDS, TB, and general expenditures on health care. Successful fighting against the most dangerous infection diseases could not be limited to only two isolated segments of the system and achieved without system-wide availability of skilled and well-paid personnel, good medical equipment and necessary medicines. Costing of specific HIV/AIDS-related interventions is based on the budget estimates provided in the NPPC.

In order to estimate resource requirements beyond the program's horizon, i.e., after 2010, all costs have been divided into related and non-related to the number of HIV-infected. For the costs related to the number HIV-infected an assumption of linear time trend has been applied; non-related costs are assumed to stay at 2010 level (adjusting for inflation and depreciation of fixed capital). For the specific TB-related costs, NPTCP estimates are used. After 2010 these costs are also assumed to be constant in real terms at 2010 level. MTEF plans for a significant increase in funding for the health care system. Such increase could be seen as necessary for implementation of the MDG agenda. After 2010, it is assumed in this paper that health expenditures would grow with the annual rate of 6% in real terms1; while capital expenditures would grow with two times higher rate. Full set of calculations and assumptions is provided in the Table below that provides summary costs for the achievement of the MDG's 6 Goal

[1] I.e., in line with GDP in scenario I.

Resources needed for achievement of the MDG's 6 Goal, % GDP

	Scenario I			Scenario II		
	2007	2010	2015	2007	2010	2015
Government budget health expenditures – total	**5.4**	**5.4**	**5.5**	**5.5**	**5.8**	**6.5**
Recurrent	**4.9**	**4.9**	**4.8**	**5.0**	**5.2**	**5.7**
Capital	**0.5**	**0.5**	**0.7**	**0.5**	**0.6**	**0.8**
Expenditures on fighting HIV/AIDS	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**
Expenditures on fighting TB	**0.2**	**0.1**	**0.1**	**0.2**	**0.1**	**0.1**

NASA Categories: Financing Sources

HIV/AIDS-related expenditures are recorded, monitored and evaluated based on the following parameters: (UNAIDS, 2006):

1) financing sources;
2) financing agents;
3) types of services (functions, related to the HIV/AIDS response);
4) service providers;
5) production factors (budget lines/expenditure lines);
6) beneficiaries.

The activities and services related to the HIV/AIDS response are recorded, monitored and evaluated within the framework of the following programmatic areas (UNAIDS, 2006):

1) prevention;
2) treatment and care;
3) orphans and vulnerable children;
4) AIDS program development;
5) human resources management;
6) social mitigation;
7) community development and enhanced environment; 8)HIV/AIDS-related research.

The financing sources in the Republic of Moldova are characterized by the following multi-tier structure corresponding to the administrative arrangements in the country:

Public level:

- Budget funding

- LPA budget
- Territorial or municipal budget

– Extra-budgetary funding
  - Social insurance fund
  - Pension fund
  - Compulsory health insurance fund

Non-public level:

– Non-governmental organizations
– Private insurance companies
– Private enterprises
– International donor-organizations
– Out-of-pocket funds (household expenditures)

The legislation of the Republic of Moldova defines financing sources for health care services provided specifically for treating the so-called socially significant diseases (e. g. tuberculosis, STIs, HIV, hepatitis, etc.).

In accordance with current legislation that defines the formation and execution of the compulsory health insurance budget, governmental and municipal health funds could address the following HIV/AIDS-related interventions:

– activities to develop and implement targeted programs
– personnel training
– research
– developing the material and technical capacity of health facilities
– subsidizing specific areas to provide equitable levels of health care for people living with HIV
– support to medical institutions that provide services for people with socially significant diseases

People with socially significant diseases receive health care in specialized public health institutions under the State Guarantee Program that stipulates the provision of free medical assistance to Moldova citizens.

The types and the volume of medical care and social support for PLHIV are stipulated by the MoH and other stakeholder ministries and line ministries.

In accordance with the NASA classifications, financing sources for HIV/AIDS programs and activities in the Republic of Moldova could be presented as follows:

Public funds:

National level:

- Ministry of Finance;
- Line ministries;
- Compulsory Health Insurance.

Regional level:

- Ministry of Finance;
- Regional Administration;

Municipal level:

- Ministry of Finance;
- Territorial Fund of Compulsory Health Insurance;
- Social Insurance Fund;
- Fund for Social Support;
- Other Public extra-budgetary funds

Private funds:

- Private sector enterprises;
- private insurance;
- Households;
- Non-profit non-governmental organizations;
- Charitable organizations;
- Other.

International funds:

- Direct bilateral international organizations;
- Multilateral international organizations

The legislation of the Republic of Moldova defines financing sources for health care services provided specifically for treating the so-called socially significant diseases (e. g. tuberculosis, STIs, HIV, hepatitis, etc.).

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- activities to develop and implement targeted programs
- personnel training
- research
- developing the material and technical capacity of health facilities
- subsidizing specific areas to provide equitable levels of health care for people living with HIV

Funding agents are organizations that pool the resources collected from different financial sources and distribute these resources to purchase services. The key funding agents for HIV/AIDS resources in the Republic of Moldova are the following:

Public sector:

National level:

- Ministry of Health;
- Ministry of Social Protection
- Ministry of Defense;
- Ministry of Justice;
- Ministry of Interior;
- Ministry of Education;
- National HIV/AIDS Coordination Council.

Regional level:

- Ministry of Health;
- Ministry of Social Protection
- Ministry of Education;
- Regional HIV/AIDS Coordination Council;

– Other agents of the public regional level.

Municipal level:

– Ministry of Health;
– Ministry of Social Protection
– Ministry of Education;
– Regional HIV/AIDS Coordination Council
– Ministry of Social Protection:
– Compulsory Social, Medical and Pension Insurance Funds.
– Private Sector:
– Voluntary insurance companies;
– Households;
– Non-profit organizations;
– Charitable organizations.

International organizations:

– Bilateral organizations;
– Multilateral organizations;
– International charitable organizations;
– International profit organizations.

Other financing agents

The system of monitoring HIV/AIDS-related expenditures includes a variety of organizations involved in the national response to HIV/AIDS. The key stakeholders, whose activities are analyzed and whose expenditures are included in the system of HIV/AIDS financial monitoring, are the following:

– Organizations that finance HIV/AIDS-related activities
– Organizations that coordinate, control and support HIV/AIDS programs at all levels
– Organizations that provide services and goods targeted to control the epidemic

<u>HIV/AIDS service providers include those both within and outside the public health system:</u>

– The mass media;
– Educational institutions;
– Scientific and research institutions;

- Services of social protection and employment;
- Governmental Councils on HIV/AIDS (National HIV/AIDS Coordination Council);
- Financial institutions and insurance companies;
- Public non-profit organizations;
- Trade, industrial and construction organizations;

Public health sector institutions:

- Hospitals;
- Out-patient clinics;
- Prevention institutions;
- Retail trade institutions.

Other service providers.

5. Function/services related to HIV/AIDS

In accordance with the NASA functional classification, the list of HIV/AIDS-related functions (services) is represented by the following programmatic areas:

Prevention Services

- HIV-related information, communication and education
- Voluntary testing and counseling
- Prevention programs for vulnerable groups
- Prevention programs for PLHIV
- Condom social marketing
- Public and commercial sector condom provision
- STI prevention programs
- Prevention of mother-to-child HIV transmission
- Blood safety programs
- Post-exposure prophylaxis
- Universal precautions

Treatment and Care Services

- Out-patient care
- Antiretroviral therapy
- Prophylaxis of opportunistic infections
- Nutritional support related to antiretroviral therapy
- Diagnostic studies
- Laboratory research
- Post HIV test counseling
- Clinical monitoring
- Patient transportation and ambulance services
- Palliative care
- In-patient care
- Opportunistic infection treatment

Social and Health Services for Orphans and Vulnerable Children

- Education
- Health care support
- Family/home support
- Community support
- Organization costs

HIV/AIDS Administration and Program Management

- Program management and coordination
- Advocacy
- Monitoring and Evaluation
- Training
- Logistics and supply, including transportation
- Epidemiological surveillance
- ARV drug resistance surveillance
- Capital formations for institutions

Developing Human Capacity

- Monetary incentives to doctors
- Monetary incentives to nurses
- Monetary incentives to other staff
- Education and training of HIV/AIDS workforce

Mitigating Social Consequences

- Legal services
- Monetary benefits
- In-kind benefits
- Social services

Community Development Services to Reduce Vulnerability

- Institutional development
- Community mobilization
- HIV/AIDS-related Research

The analysis of funds flow for HIV/AIDS in the Republic of Moldova identified the following areas for resource allocation:

1. Earmarked funds.

– Funds allocated for HIV programs and activities in the Republic of Moldova (targeted programs, international loans, international projects, funds of non-governmental organizations and other)

– Funds allocated to specialized health institutions focused on HIV/AIDS treatment and prevention (AIDS-Centers)

– Household funds for HIV/AIDS-related activities, funds of social care authorities and of non-profit organizations for support and treatment of people living with HIV

2. Non-earmarked funds.

Funds allocated to institutions and line ministries that are not earmarked for certain HIV/AIDS programs but for the whole sector (health, education, etc.)

6. Indicator for Financial Monitoring

A system of national accounts and a set of financial indicators reflect the key components of the national HIV/AIDS strategy measure the outcomes of the national efforts to respond to HIV/AIDS and allow conducting a reliable analysis of statistical data. These indicators allow comparing HIV/AIDS-related funding within the country across regions and industries as well as over the course of time. Financial indicators were selected based on data availability and the capacity to measure the expenditures of the national HIV/AIDS control program, HIV/AIDS expenditures of the health sector and other sectors involved in HIV prevention and to compare available and required resources within Russia as well as with other countries.

The framework of the National Health Accounts and NASA indicators (UNAIDS, 2006) could be used for monitoring HIV/AIDS-related expenditures in the Republic of Moldova. These indicators present the funds flow by main NHA dimensions - financing sources, financing agents, service providers, functions, production factors and beneficiaries. The use of these indicators allows measuring and evaluating of the national inputs to the response to the epidemic, the effectiveness of these inputs and the national commitment to funding HIV/AIDS programs in the country.

The key indicators of monitoring and evaluation of HIV/AIDS expenditures are the following:

1) HIV/AIDS expenditures as a percentage of GDP;
2) HIV/AIDS expenditures as a percentage of overall health funding;
3) Public HIV/AIDS expenditures vs. private out-of-pocket expenditures;
4) Public HIV/AIDS funds vs. HIV/AIDS donor funding;
5) Per capita expenditures on HIV/AIDS;
6) Expenditures per one person living with HIV;
7) Share of HIV/AIDS expenditures by functions;
8) Expenditures on HIV/AIDS treatment vs. HIV/AIDS prevention;
9) Public expenditures for primary care vs. hospital-based health care;
10) Share of expenditures by beneficiary groups;
11) Household HIV/AIDS expenditures as percentage of general health household expenditures.

The present list is not and should not to be considered exhaustive. Some of the indicators listed here are indispensable whereas some could be used to replace others. Which indicators are selected depends on the development priorities, the level of social and economic development and the financial structure of the state, as well as on how necessary it is to take specific decisions. Also, it is important to take into consideration that the cost of obtaining the data for each indicator decreases significantly when this work is done systematically.

6. Social Impact Analysis

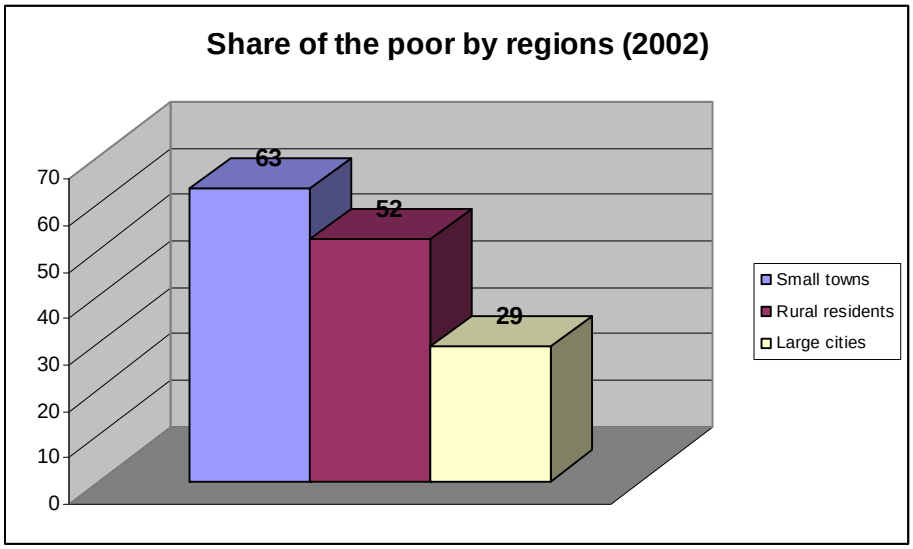
Until recently, the low and middle income countries had extended life expectancy significantly, however, since the '90s the average life expectancy has declined.
The living in abject poverty will become increasingly subject to the danger of "escapism from reality" in the form of drug abuse, which in turn will enlarge the most vulnerable groups to HIV/AIDS.

Poverty

GDP in 2005 represented only 40% of that of 1990 and if maintaining the current rhythm of growth, then Moldova would need another 10 years to attain the 1990 level. Poverty risks by location widened by the year of 2002. In the latter years, the residents of Chisinau and Balts have achieved an improved standard of living, therefore they are less likely to be poor compared to the rest of the population if compared to the situation of the 1997 year. On the other hand, the poverty risks increased substantially for the children and people in households with many children, and for people in households whose head is engaged in agriculture especially as hired labor. Maintaining a continuous and sustainable growth is essential to fighting poverty. If the consumption structure will be held more or less unchanged, then even if the GDP growth will be held at the level of 8%, within the next ears still one out of five Moldovans will be living in poverty. At the same time, if any shock would occur, such as the financial crisis in Russia in the 1997-1998 years, then the poverty will increase sharply, by at least 25%2. Although a substantial segment of the population is vulnerable and likely to fall into poverty in case of such a crisis, there is still about one fourth of the population that stayed poor throughout the entire period, both during recession and recovery. This group is unequally represented by households with many children and whose head of the family has less than college education. This goes hand in hand with the thesis that poorer households are less likely to seek healthcare or invest in education. Same time in small towns is noticed the larges share of poor population (63%).

[2] World Bank Poverty Report, 2002

Figure 1



But given the fact that the majority of the population lives in the rural area, rural poverty predominates and it represents 68% of all of the Moldova's poor or 1.2 million of people. For these people the Government transfers became the second major source of subsistence.

The majority of the population is still below the poverty line. In this context drug and sex markets may only flourish. Local methods of drug distribution may also have contributed to the transmission of the HIV virus. These include the purchases of already filled syringes and "frontloading".

Many citizens left for neighboring countries in search for employment. In 1996, 14 153 migrants returned to Moldova, while 30 627 left the country. That ration changed to 1 515 immigrants against 6 318 emmigrants in 1999. Poverty aggravates the situation. The low level of minimum wages leaves a large gap between the survival level and the minimum wage level. Poverty and the search of income increased the internal and external migration. Same time, the high degree of mobility of the population is maintained for the group which can have serious implications in the spread of HIV. Unofficially, by the year of 2005, about 600 000 persons are abroad in search for better employment opportunities given the situation in which the income disparities are growing rapidly within the country and wages account for about 40% to the aggregate income of the population3.

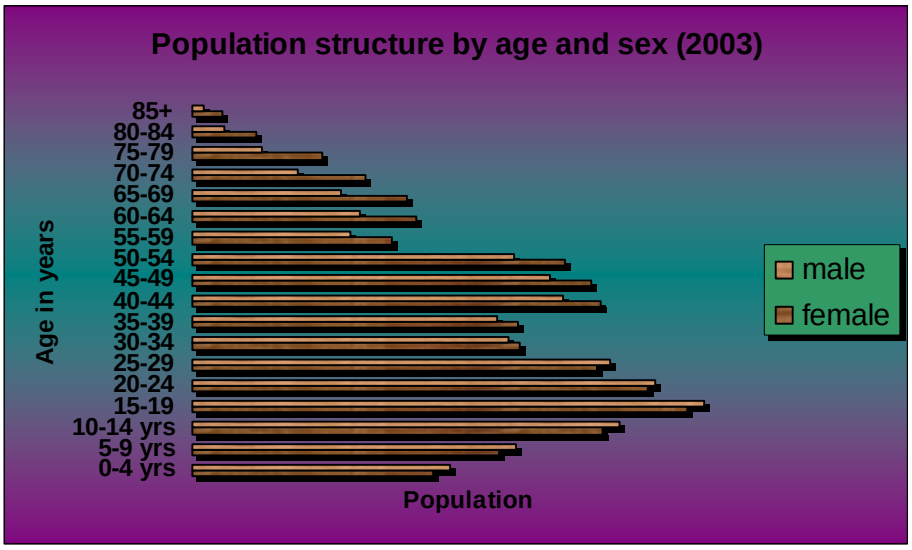
[3] Valentina Teosa "The impact of HIV/AIDS on the social and labour sphere in Moldova", report presented at

Furthermore, the decreasing levels of educational attainment reflected in the lower literacy rates, decreased school attendance due to various factors, but mostly to the financial incapacity, the qualitative decrease of the teaching personnel aggravates the situation.

Households

HIV/AIDS primarily affects young adults, and the number of infected women is increasing, which implies that the epidemic is altering the demographic and household structures. Normally, the national populations can be graphically represented as it follows:

Figure 2



The impact of HIV/AIDS on women and girls is specifically harsh. Most women face economic, legal, cultural and social disadvantages, specific to low and middle income societies. This, in turn increases their vulnerability to the epidemic's impact. Under the traditions of Moldova's society and family customs, women are the carers and guardians of the family life. Most often women are the ones who take care of any ill family member. Therefore when a member of the family is HIV infected, women are usually the ones who leave aside other functions to take care of the ill person. If a woman gets HIV infected and discloses her HIV status, then she may be stigmatized and rejected by her family. On the other hand, if the head of the family becomes ill, then women usually add up on their responsibilities to cope with the newly created situation. AIDS causes loss in income and production if looked at on the level of a household. Same time if the

infected family member is also the only breadwinner then the situation becomes even more severe. Also AIDS causes the household's expenditures to increase sharply as a result of medical and related costs as well as funeral and memorial costs. This in turn causes the family income flows to take another direction: instead of being used to by food or other normally purchased economic goods, they are used to purchase medicines or medical services. Taking into consideration the existing inflation and the fact that it affects mostly the food products, then it may be concluded that in such situations poor families are hit the hardest. Due to the financial insecurity created once a family member falls ill, food insecurity spreads, as people become more skeptical of the next day, therefore review their consumption basket, very much limiting it. Same time people living with AIDS need more calories than uninfected individuals and the dilemma of efficient income allocation stands. Lost income also decreases the number of the economically active members per household, not only due to the illness of one family member but also due to the fact that some other family member has to give up work as to care for the ill. This in turn forces the household consumption per capita to decrease. Subsequently the probability that a family member will be forced to migrate in search for better incomes to save the family increases drastically. Subsequent the results of the questionnaire, all of the questioned persons had to change the structure of their consumption shifting from food products and clothing to food products and medicines.

As well, the large majority of the respondents indicated that they had either to sell some of their belongings as to obtain cash or to lend from relatives and friends. Also, the bias towards the HIV infected is strong, given the fact that almost all of the respondents did not inform their employers on their HIV status and for all of them the access to healthcare services has either been limited or they hesitate to contact a doctor, but when absolutely needed.

If to take it to a community level, then these changes that occur on the household level will turn into decreased volume of the available labor force, increased poverty rates and losses of skilled labor, wither due to illness or to migration.

The elders and children

The situation of the elder population is especially precautionary. In 2005 Moldova had over 488.9 thousand persons over the age of 60, out of which 61% were women and two

thirds of them lived in the rural areas4. The majority of these persons are pensioners dependent both on their pensions and their families (children, younger relatives). If in the period between the 1995-1998 years the number of the pensioners was more or less constant, then beginning with 1999 significant changes took place. Out of the total number of pensioners 73.5% are persons retired due to age. The average pension that they receive was of 337.0 lei in 2004, and if discounted to the consumer price index, then the real pension received amounted 300.9 lei. The real pension covers the minimum of existence (established at 576.9 lei for 2004) by 52%. What happens to the remaining of incomes needed? The elder population may count only on two solutions: support of their families or employment. Almost 21% of the pensioners are working, either employed – almost 24%, or self-employed – 73% (that is somehow making their own money, but not being contracted: either selling things in markets, or providing services). Also, 90% of the pensioners are declared as having bad health conditions, out of which 75% have chronic diseases. On the other hand the average life expectation for people over 60 is 17.5 years for women and 14.1 years for men. Such situation implies additional expenses for medical care: medicines and medical services. The state has managed so far to ensure at least one meal per day, by opening social dining halls: a total of 73 in the entire republic, in 2004. The total number of pensioners – beneficiaries of such services has tripled from 1999 to 20045. But as recently noticed, these dining halls are not efficient in providing quality meals to the beneficiaries. The state, as well has established compensations to the payments made for services (water, gas, electricity), but as the number of the pensioners increases, the volume of the compensation per pensioner has decreased. In conclusion – the elder population is highly dependent on their families. Given that HIV/AIDS affects mostly the working young adults, many elders remain with no other support than the state. And once HIV/AIDS spreads it requires more state budget transfers, therefore the money that could have reached the elder as social transfers will be used to alleviate the HIV/AIDS situation.

Children also represent one of the most affected social group. In the year of 2004, one out of four children was born outside a family (out of which 66.9% in the rural areas). The average birth rate for 2004 was registered at 10.8% (the highest birth rate in Causeni – 12.5% and the lowest in Ocnita – 9%). Also the number of household with one child represented 50% of the total number of households (out of which 70.9% living in urban areas), 34% - with two children, and 8.9% with three or more children (the majority

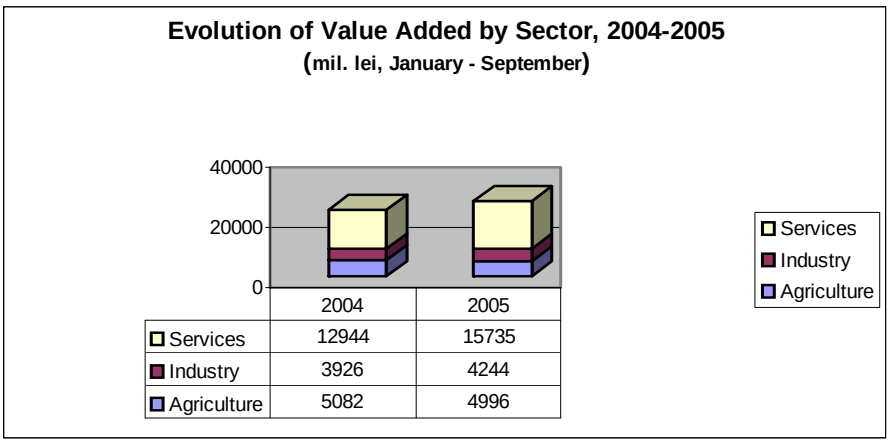
[4]Department of Statistics and Sociology
[5] Department of Statistics and Sociology

living in rural areas). Also the average age of the head of the family was established to be under 44 years of age for families with two parents, and just under 25 years of age for single parent families.

Economic impact

The GDP growth for the first nine months of the 2005-year was registered at 28712 million lei, i.e. 8.4% higher than the same period of the 2004-year (compared in constant prices). This growth was due mostly to the increase in the value added created, 7.7% higher in 2005 than in 2004 (including an increase of 9.9% in agriculture, 4.5% in industry, 8.1% in services and 6.6% in construction).

Figure 3



	2004	2005
Services	12944	15735
Industry	3926	4244
Agriculture	5082	4996

Source: Department of Statistics and Sociology

The structure of GDP continued to follow the trend created in the previous years, therefore 54.9% of the GDP was created in services, 14.8% in industry and 17.4% in agriculture. Net exports represented minus 33.7% of GDP.

In January-November 2005, inflation was of 8.5%. During the same period of time the budget incomes accrued to 7268.7 million lei, that is 103.8% if compared to the forecasted figures. Budget expenditures represented only 83.6% of the projected ones6.

Foreign debt of the Republic of Moldova by the end of September 2005 was of 1938.36 million USD, short-term debt representing 36.3% of the total debt, or 2.3% higher than the end of 2004. Governmental and monetary authority debts decreased in the third trimester of 2005 with 1% and 9.1% respectively if compared to the end of the second

[6] National Bank of Moldova data

trimester of 20057. Still government detains the major share of foreign debt but maintaining a decreasing trend.

At the present moment, GDP maintains its increasing trend started in the year of 2000, GDP per capita is an increasing figure as well, rising from 354.1 USD in 2000, to 721.1 USD in 2004 and to 811.5 USD in the year of 2005.

On the other hand, the population size has been steadily decreasing from 3643.5 thousand persons in 2000, to 3606.8 thousand persons in 2004 and to 3386 thousand persons in 2005.

On one hand it may seem that the increase in both aggregate and per capita figures is due to the general economic growth, and on the other hand some of that growth is due to the diminishing size of the population. Still, given the fact that only 0.06% of the total population is registered with HIV/AIDS, the direct macroeconomic impact of the HIV/AIDS infections cannot be assessed. Nevertheless it should be stressed the fact that HIV/AIDS is a long-wave event that will take many years to work through the society and affect the macroeconomic results. Moreover, the problems with the data collection, as well as the fact that there might exist more HIV infections than officially registered, or that may indicate that the data is not complex, as well as problems with the data interpretation when estimating the impact of any epidemic are encountered.

Unemployment and increased poverty have caused the expansion of shadow economies, including those associated with crime, sex work, trafficking and drug use. The effects of HIV/AIDS on the underground economy though difficult to asses are amplified if compared to the legal economy. This sector has a rigid labor demand and labor supply, and represents an important source of existence and sustenance for many families. According to some statistics, the informal economy reaches as much as 40% of GDP, while unofficial statistics increase it up to 80%. The loss of individuals due to AIDS is quite pronounced as these people are hard to replace.

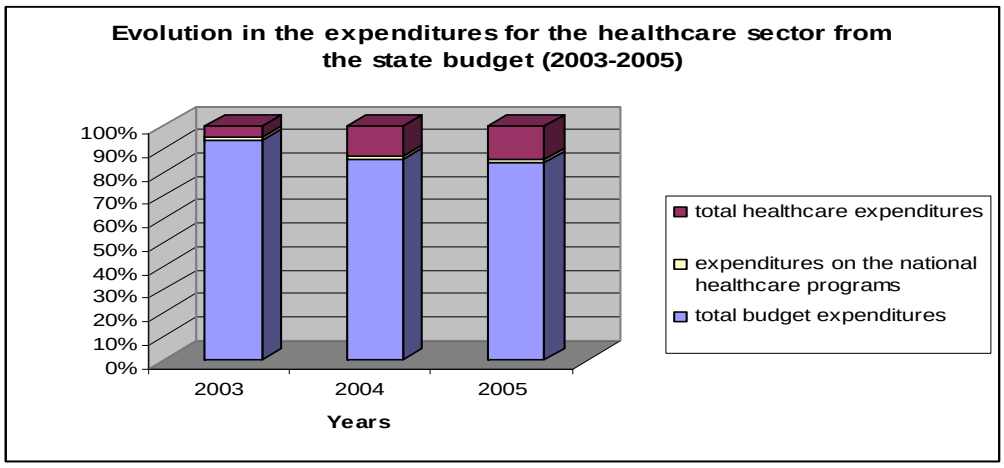
State budget

In the latest years, the incomes to the state budget have increased from 3999600 thousand lei in 2003, to 5647000 thousand lei in 2004 and to 7473200 thousand lei in 2005. But if compared to the level of the year 1989 the actual level represents only 40% of the 1989-year level. The incomes to the state budget out of income taxes although increased in nominal value from 163050 thousand lei in 2003 to 277250 thousand lei in

[7] National Bank of Moldova data

2005, as share of the total current incomes to the state budget it is registered a slight decrease from 4.33% in 2003 to 3.98% in 2005.

Figure 4



The expenditures for the healthcare sector have increased both in nominal values and as shares of the total volume of budget expenditures. Experience from other countries shows that HIV/AIDS treatment and prevention measures impose a fiscal burden on the budget, and should impinge upon budgetary expenditures for other healthcare programs. The allocations for the special national healthcare programs have decreased in relative values (from 1.77% of the total expenditures on healthcare in 2003, to 1.37% in 2004, and to 1.52% in 2005 respectively). Still the nominal figures keep increasing from 72658 thousand lei in 2003 to 117741.8 thousand lei in 2005. Nevertheless, very little information exists on the impact of government activities.

Agriculture

Most affected by the spread of HIV/AIDS and therefore by the loss in labor force is the agriculture. Given the fact that the Republic of Moldova remains to be an agricultural-industrial country, agriculture accounts for the largest share of GDP, but as we can see it has been decreasing in the past years: 18% in 2004 and 17.4% in 20058. The agricultural production is increasing still from 10354 million lei in 2003, to 11819 million lei in 2004 and to 11937 million lei in 20059, but the figures are given in current prices. Agricultural production requires first of all labor force. In the latest couple of years, many rural areas have remained solely with the elder and the children, while the grown-ups are abroad working. Migration plus the spread of HIV/AIDS will lead to the deficit

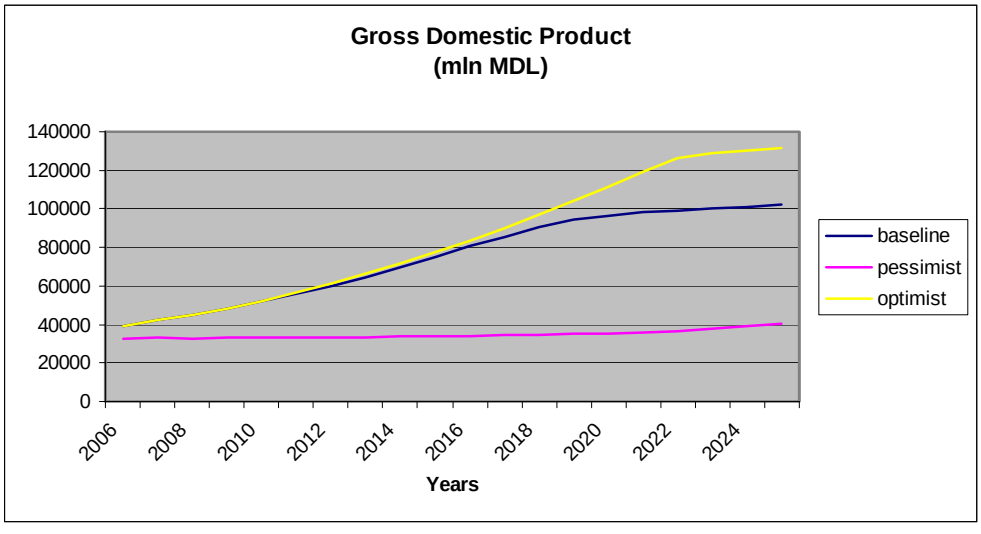
[8] National Bank of Moldova data
[9] National Bank of Moldova data

of labor force in agriculture, and Moldova will be forced to further increase its imports of food products. In the year of 2005, the imports of food products increased by 50.6% already, accruing a total of 65.75 million US dollars10. On the other hand, HIV/AIDS has been officially registered mostly in urban areas, due to the targeted groups, i.e. the location of the vulnerable groups. But that gives no guarantee of the impossibility for an extensive progression of the epidemic.

Scenario outcomes

In the case that there are no big changes in the actual situation and the government does not address the situation with more attention, or under the baseline scenario, by the year of 2025, 0.7% of the population would be infected with HIV/AIDS and this is already a number that cannot be neglected. This is the situation in which the government more or less maintains the same share of public expenditures on health. The economy will tend to develop in the positive way, infrastructure will be improved, and population will still have confidence in the state structures, while the local environment will better. All these factors will lead to the aimed sustainable growth of an average 6% annual growth, which will still be less than the case in which the HIV/AIDS situation is addressed, along with the migration issue. By the year of 2025, GDP would rise by almost 177%.

Figure 5

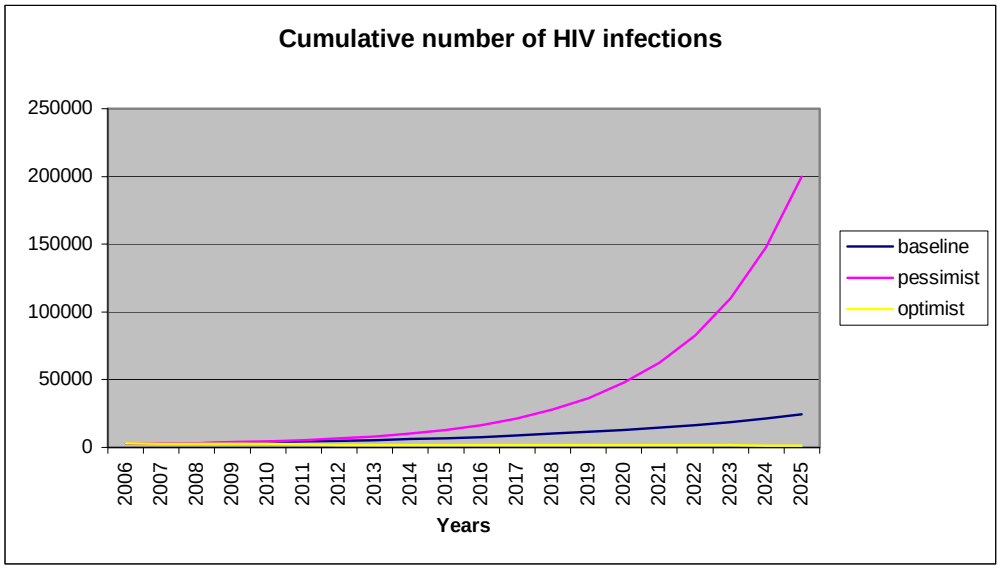


Under the pessimistic scenario, the situation worsens, direct investments as well as foreign direct investments decrease, the economic growth cannot keep up with the

[10] National Bank of Moldova data

demands of the economy as a whole and with the demands of the population, while most of the economic gains disappear. The share of public expenditures on health tends to decrease, especially for the funds to address certain issues. The number of HIV/AIDS infections increases rapidly, and by the year of 2025 it comprises almost 6% of the population. Its macroeconomic impact cannot be neglected anymore. The large infected population affects imminently the labor resources and the employment in the economy, and therefore production as a whole. Due to the decreased production in the economy, the income levels in the economy decrease. The domestic investments ability decreases sharply. People start consuming what they have saved. On the other hand, the rapidly increasing number of the HIV/AIDS infected persons requires more social protection; therefore an increasingly larger burden is put on the state budget, which looses incomes from the lost income taxes and increases expenditures as transfers to the HIV/AIDS infected persons. Adding to this, the increasing number of elder left without their carer as well as the increasing number of orphaned children due to the AIDS deceased parents, will, as well, require more transfers from the state budget. By the year of 2025, GDP would have increased by only 11%.

Figure 6

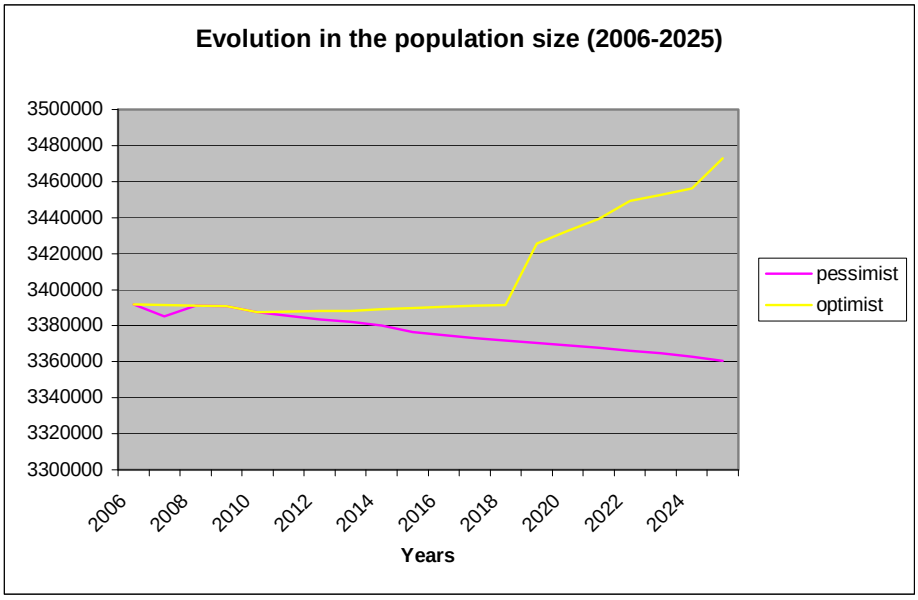


Under the optimistic scenario, GDP growth exceeds the population growth and the per capita income continues to increase. Massive investments are made into the economy due to the facilitation of domestic investments. Government expenditures on the prevention of HIV/AIDS increase so that the population is fully informed. Intensive and extensive outreach activities are carried out, especially in the rural areas. Though transfers from abroad are having their own positive results on the economic growth of

the country, it has its negative effects as well. Government policy is designed to control and stop the labor force migration phenomenon as well as to stimulate the return of the migrated people. The economy creates favorable conditions for the young to stay within the country. People are motivated to work within the country. Social policy of the government creates conditions to increase the birthrate and the number of children in a family so as to fight the ageing population phenomenon. Therefore besides the capital injections in the economy, there is as well an increase in the available labor resources. Due to the accrued multiplier effect, GDP would have increased by the year of 2025 by almost 250%. Under this scenario, the rate of HIV infections will tend to decrease from one year to the other, and by the year of 2025, 0.4% of the population will be infected. Still the decreasing probability of infections and the sane informational system as well as preventive measures will work their way through and will prevent the further spread of the infections.

Under the two opposite scenarios, the population size appears to be a variable dependent on both the extent of the epidemic and therefore the increased death rates and on the social and economic development of the country. Under the pessimistic scenario there will be a disproportional increase in the number of the elder population while the population size will be largely reduced. Under the optimistic scenario with the efficient implementation of the above mentioned policies, the population size will tend to increase, while the young population will tend to increase as well.

Figure 7



As most of the UNAIDS studies show, in the CIS countries almost 80% of infections are concentrated among the most economically productive population. The age structure of people living with HIV/AIDS and of those who died of AIDS show that the economy loses not only the most productive members of its labor force but also those with long-standing experience and skills that are hard to replace. Adding to this (1) the fact that the labor mobility within Moldova is very low, long term engagements with one company or one enterprise is a living standard and (2) the migration of the most economically productive population, labor market faces a difficult situation of employees' substitution.

Conclusions

HIV/AIDS at the moment has a generally small, almost undetectable, impact on output and population relative to other factors. HIV/AIDS although, if not addressed, will influence the decrease in economic growth through the decrease in human capital. As already seen, HIV/AIDS strikes mainly at adults of working age, which will eventually lead to a general decrease in productivity and output. There is beyond any reasonable doubt a correlation between the health of the population and the economic growth. The Republic of Moldova is characterized by a relative high unemployment rate, therefore sick workers are usually easy to be replaced. As seen, HIV/AIDS currently strikes at vulnerable groups, while highly skilled and educated workers HIV positive are very seldom cases, if any. In conclusion – HIV strikes the poor.

On the microeconomic level, HIV/AIDS strikes most of all the households that have HIV positive members. Discrimination persists at all levels of social interactions, including when providing medical assistance. The state does provide incomes in terms of pensions, but they are so small (less than 5 US dollars sometimes), that would cover with difficulty the expenditures for a couple of days. The extra costs associated with healthcare have been financed either by selling their belongings or by loans taken from friends and families. Most of the HIV infected persons continue to work, but withholding the information on their HIV status from their employer. Subsequently the effect on households living with HIV infected is substantial.

7. Data Collection Methodology

One of the main challenges of monitoring HIV/AIDS expenditures is incomplete statistical reporting. The reporting system currently used in the Republic of Moldova differs from the NHA and NASA formats which creates difficulties in attributing expenditures to classification categories. For example, the existing system of statistical reporting does not include the functional classifications of the National Health Accounts (OECD, 2001). The development of new statistical forms to collect financial and economic data from public institutions is therefore required. However, HIV/AIDS resources, spent and planned, for budget-funded organizations within the health system can be monitored and evaluated using the existing regular reporting system capturing financial and economic data from all service providers and regular reporting on key epidemiological indicators.

A distinguishing characteristic of comprehensive resource tracking related to HIV/AIDS control is the involvement of institutions outside the health sector that provide mostly preventive services. However, as traditionally the expenditures incurred by these sectors are not directly associated with HIV/AIDS, there is currently no specific expenditures line for HIV/AIDS in the reporting system of these organizations. Therefore, attribution of expenditures in the required format should be based on certain attribution tools and judgment of experts responsible for data collection.

Primary and Secondary Data Sources

Taking into consideration the administrative arrangements of the Republic of Moldova and the decentralized financing system, data collection should start at the regional level and be supported by national level data. Both primary and secondary data sources should be used. The legislation, normative and regulatory acts, statistical and financial reporting are the major secondary data sources for health and other sectors.

Conducting a provider survey is one way to obtain data that is lacking in the standard financial reporting and to estimate the coefficients to attribute general expenditures of the organization to HIV/AIDS and to different functions. Allocative coefficients could be used for the duration of several years which would make these studies less costly.

Allocative coefficients could be estimated just for a representative sample of regions and organizations taking into consideration the sheer size of the Republic of Moldova and of some of its regions. The selected sample can be studied more than once; re-sampling should take place with a certain frequency depending on the socioeconomic situation and the spending patterns in the sampled regions.

Methodology to Estimate Allocative Coefficients and their Compatibility with the HIV/AIDS Financial Monitoring and Evaluation System

This methodology allows for the collection of data on HIV/AIDS expenditures for both health and other sector institutions, including public sector, private business and non-profit organizations. It allows for the disaggregation of provider expenditures by HIV/AIDS functions, financing agents, funding sources for HIV/AIDS treatment and prevention, target groups to identify the categories of beneficiaries that receive funding and the amount of financial resources provided. Within this study, an analysis of HIV/AIDS expenditures in the Republic of Moldova has been conducted in accordance with the NASA classification categories presented by UNAIDS in its Guidelines on National AIDS Spending Assessment (UNAIDS, 2006).

The methodology of attributing HIV/AIDS expenditures by function was developed by the experts of the Center for Health Management at the Imperial College, London (Atun et al., 2003). It is based on the UNAIDS Costing Guidelines for HIV Prevention Strategies (UNAIDS, 2000). This methodology was first piloted within the framework of the DfID-funded program “Knowledge for Action” in the Republic of Moldova.

The methodology explicitly allocates inputs of an individual provider by functions, main financing sources and beneficiaries to estimate allocative coefficients that allow attributing general expenditures of providers to HIV/AIDS and disaggregating provider expenditures by main classification categories at regional and Republic of Moldova levels. These coefficients are applied to the regional and/or Republic of Moldova aggregated totals. The allocative coefficients estimated for each classification category could be applied to standard financial reporting data of different sectors in each region and to organizations at the Republic of Moldova level. This allows presenting a comprehensive picture of national HIV/AIDS spending. The estimated allocative coefficients could be applied to the standard financial reporting of organizations. Computer software allows converting routine reporting data into the format required.

This procedure can be applied by experts of any organization that is part of the national information system on HIV/AIDS financial monitoring. Information on those financing organizations that collect relevant data in other reporting formats can also be entered into the system.

To obtain country and region-based estimates of totals, coefficients or weights, a representative sample is needed of regional and Republic of Moldova organizations representing each provider sub-category outlined in the UNAIDS Guidelines on National AIDS Spending Assessment (UNAIDS, 2006). The suggested methodology for selecting representative regions and organizations (providers) is presented later in this document. The weights obtained during the study of sample organisations are applied to all regional institutions within a given provider category and aggregated to regional totals of different sectors involved. Further, the data of representative regions are extrapolated and/or aggregated to the national level supported by HIV/AIDS-related data from Republic of Moldova organizations.

For the health sector, the identification of the facility group sample was based on the weights of services volume of each facility group within out-patient or in-patient facilities. That was followed by the identification of certain sample facilities within each group based on the weights of each group within the total number of outpatient or in-patient facilities of the region.

Capacity weight of each provider group within the overall volume of health care providers in a sample region can be calculated using the following formula: If the total service volume of all providers per shift is 100% where the weight of each provider group is X%, X is the total service volume of the provider group multiplied by 100% and divided by the total capacity of all institutions (Atun, 2005).

The size weight of each provider group (X) in the total number of institutions could be calculated through the following formula: X is the number of institutions in the group multiplied by 100% and divided by the total number of institutions (Atun, 2005).

For other sectors, the sampling approach could be the same. For example, for the education sector, the sample would include educational institutions; for the penitentiary system, penal institutions. However, in practice the involvement in the resource tracking exercise significantly depends on the political will of sector leaders and their commitment to the goals of HIV/AIDS expenditures monitoring.

The methodology of determining coefficients at the regional level generated the following estimates for each provider group (Atun, 2003):

- Coefficient of HIV/AIDS-related expenditures out of total organizational expenditures
- Coefficient of each HIV/AIDS-related function within the total HIV/AIDS-related activities
- Coefficient of each financing agent is funding of HIV/AIDS-related provider subcategory and function

To monitor HIV/AIDS expenditures, the estimated coefficients are applied to each provider group and then to the regional and local totals.

At the moment of reporting the methodology and the tools proposed for monitoring the financial flows spent on HIV/AIDS as recommended by National AIDS Spending Assessments (NASA), Aids sub-account of the National Health Accounts (NHA) and the Resource Flows (RF) Survey are not applicable for the Republic of Moldova due to the lack of applicability of any recommended tools and due to the inexistence of the National health Accounts in the health system in Moldova.

Amount of national funds disbursed by Government for HIV/AIDS 2003-2004

The methodologies of the HIV/AIDS National Spending Assessments (National Accounts for HIV/AIDS in the context of National Health Accounts and stand alone National Accounts for HIV/AIDS) recommended for monitoring the disbursed resources for HIV/AIDS in low and middle income countries and are not applicable for the Republic of Moldova due to the absence of the National Health Accounts system. The existing system of evidence for the financial flows in the Republic of Moldova makes impossible to accurately break down the public expenditures for HIV/AIDS by strategies and types of activities within the national response to HIV/AIDS.

Considering the above-mentioned, in order to assess the value of the UNGASS current indicator GE-1, the M&E Unit has pursued to collecting the data from multiple sources. Both national and local institutions - that carry out activities directly linked to the prevention and treatment of the HIV/AIDS, as well as to other coordinating, monitoring

and evaluation activities in the area – have been selected. The leaders of the given institutions have been requested to calculate retrospectively the spending of public money aimed at HIV/AIDS that their institutions registered, noting in detail the origin of the financial resources (ex: National Health Insurance Company, State Budget, Local Budget, Global Budget of the institution etc.).

The resources used to calculate UNGASS current indicator GE-1 for the years of 2003, 2004 and 2005 have been as follows:

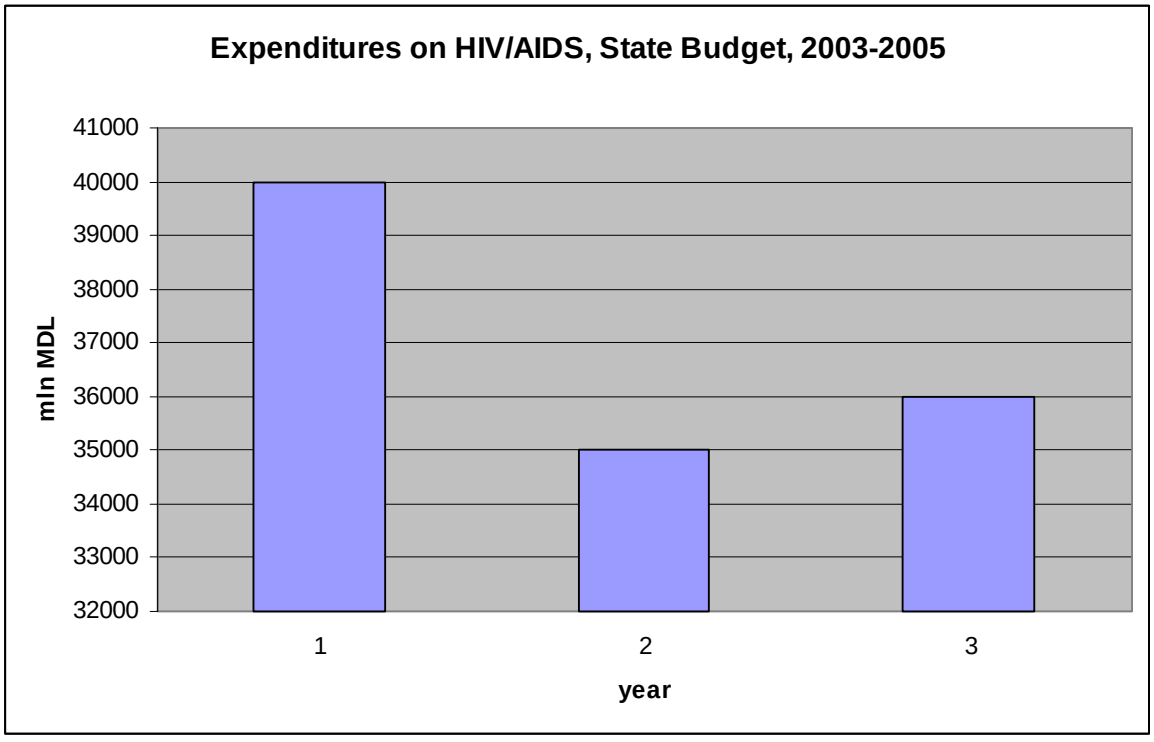
- The annual reports on the implementation of the state budget under the chapter "centralized allocations for the prevention and control of HIV/AIDS, and sexually transmitted infections" (available only for the years of 2003 and 2004, while the year of 2005 such a report will be available by the end of the first half of the 2006 year),
- Annual expenditures of national funds strictly directed for HIV/AIDS of the Ministry of Health and Social Protection (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds of AIDS Centre (for the years 2003, 2004, and 2005),
- Annual expenditures of national funds of the National Centre for Blood Transfusion to ensure the security of the blood transfusion through the HIV/AIDS testing (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds for HIV/AIDS of the MPHI Republican Dermato-Venereological Dispensary, which comprises a section for infection diseases – the only of such kind in the Republic of Moldova that provides specific antiretroviral treatment to the HIV/AIDS infected patients (for the years of 2003, 2004, and 2005),
- Annual expenditures of national funds for HIV/AIDS of the Medical Service of the Department of Penitentiary Institutions of the Ministry of Justice, which provides specific antiretroviral treatment to the HIV/AIDS infected prison inmates (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds of the National Coordination Council for carrying out activities coordinated by the National Program on Prevention and Control of HIV/AIDS and STIs (for the years of 2003, 2004, and 2005),
- Annual expenditures of national funds of the Scientific and Practical Centre of Public Health and Health Management to carry out the activities of the National Health Programs Monitoring and Evaluation Unit, HIV/AIDS compartment (for the years 2004 and 2005),

An analysis of received data was performed to avoid the duplication of expenditures, taking into consideration the fact that certain expenditures were reflected in both the reports of the health care institutions and the reports of the central authorities, especially when the financial resources originated from the State Budget or the National Health Insurance Company. Following the exclusion of any possible calculus duplication, the annual expenditures of national funds for each year was aggregated. The aggregated amount was divided by the average US dollar exchange rate, provided by the National Bank of Moldova.

The evolution in time of expenditures of national funds for HIV/AIDS in the Republic of Moldova for the 2003-2005 period of time, expressed in US dollars is captured by the figure.

Expenditures of national funds for HIV/AIDS, Republic of Moldova, 2003-2005

Source: Monitoring and Evaluation Unit of National Health Programs, Scientific and Practical Centre of Public Health and Health Management, Ministry of Health and Social Protection, Republic of Moldova



In 2004 the expenditures of national funds for HIV/AIDS evaluated in US dollars has decreased compared to the year of 2003 by 12.5%. In 2005, compared to the year of

2004, the expenditures of national funds expressed in US dollars has increased by 2.8%. The fluctuations in the evolution of spending for HIV/AIDS expressed in MDL are greater, due to the fluctuations in the US dollar exchange rates that differ from one year to another. The public spending for the HIV/AIDS expressed in MDL for the 2004 year has decreased by 18.2% if compared to the year of 2003, and increased by 8% in 2005 if compared to the year of 2004.

Using the above-described methodology to assess the UNGASS current GE-1 indicator on expenditures of national funds for HIV/AIDS in the context of the reality of the Republic of Moldova, the value of the GE-1 indicator for the 2003, 2004 and 2005 year could be reported. Amongst the limits for this methodology the following ones can be mentioned:

- Although data has been collected from all the institutions that had activities directly linked to the prevention and treatment of HIV/AIDS, as well as related to coordinating, monitoring and evaluation activities, still it is considered that public spending for HIV/AIDS that is carried out by other institutions as well; institutions that have no directly linked activities to HIV/AIDS, but their current activity includes services aimed at the prevention and non-specific treatment of all citizens and PLWHA inclusive.
- The assessment of all the expenditures of the subdivisions, which offer services strictly related to HIV/AIDS could not be made for the interviewed institutions during the collection of data for this indicator, due to the retrospective collection of data in the majority of cases.

In conclusion, the data for the UNGASS current GE-1 indicator presented by the Republic of Moldova is estimative and allows an analysis of tendencies, but does not include all the expenditures of national funds for HIV/AIDS disbursed in the Republic of Moldova in the 2003-2005 period of time.

The Republic of Moldova is a low-income country. The considerable increase of financial resources of international origin, which have entered the country in the period of the 2003-2005 years at the request of the Government, under the form of humanitarian aid or grants, has facilitated the reorientation of public money to other crucial areas of public health. This could explain the decrease of public spending for HIV/AIDS in the Republic of Moldova in the 2003-2005 period of time. The progress achieved in the implementation of the National Program for HIV/AIDS Prevention and Control for the years of 2001-2005 was possible due to the financial support of the

international donors (Global Fund to Fight AIDS, Tuberculosis and Malaria, UN Agencies, Sida Sweden, Red Cross in the Republic of Moldova). In the future, together with the continuous economic growth the Government of the Republic of Moldova will undertake a larger share of the expenditures of national funds for HIV/AIDS. A similar situation has occurred in the case of Immunoprophylaxy at the beginning of independence when it was supported mostly by financial resources from abroad, but now the main financial support has domestic origins.

Amount of national funds disbursed by Government for HIV/AIDS 2006-2007

In order to ensure a proper reporting of the Indicator on AIDS Spending for 2006 and 2007 the data have been collected from a various range of sources in accordance with the recommendations of the AIDS Spending Categories by Financing Sources11. In accordance with the recommendations for the study there have been selected organizations of the national and local level which have implemented or disbursed funds directly linked to prevention and treatment of HIV/AIDS, as well as financed activities on coordination, monitoring and evaluation in the filed of HIV/AIDS. The organizations from the list have been asked to provide information on the source of financial allocations spent on HIV/AIDS and the destination of disbursement in accordance with the NASA matrix.

As such, for the purpose of the study and for the calculation of the AIDS spending for 2006 and 2007 the data on annual expenditures with a specific destination for HIV/AIDS prevention and treatment of the following institutions from the health system have been taken into account:

- National Scientific and Practical Centre for Preventive Medicine which is the highly hierarchic structure for the National AIDS centre and regional HIV/AIDS testing laboratories
- National Centre for Blood Transfusion which ensures the blood safety by testing the collected blood samples to HIV/AIDS
- National Dermatovenereal Dispensary for the Infectious Diseases Section that provides ARV treatment to patients with HIV and AIDS
- National Narcological Dispensary for the activities on Harm Reduction for IDUs, including the methadone substitution programme

[11] The flows have been calculated based on the recommendations of the regional workshop „National AIDS Spending Assessments - NASA”organized by UNAIDS in December 2007 in Bucharest, Romania for the countries of Eastern Europe and Central Asia

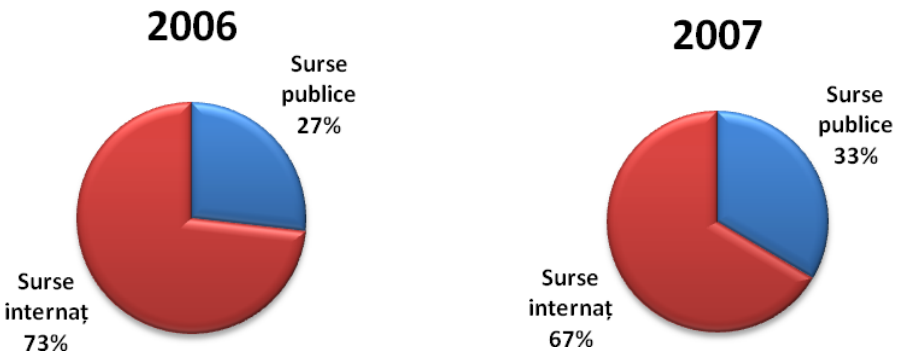
- National Institute of Research in the filed of health of mothers and children for PMTCT
- State budget allocation for the "Public Health Services" programmes for prevention of HIV/AIDS and STIs and for implementation of the National programme on Prevention and Control of HIV/AIDS/STIs 2006-2010
- National Centre for Health Management for the activities of the Monitoring and Evaluation Unit for the National Programmes, HIV/AIDS department
- National Coordination Council for the implementation of coordination activity for the National Programme on Prevention and Control of HIV/AIDS/STIs.

Additionally information on the financial flows has been submitted by the international bilateral and multilateral organizations which implement activities on the territory of the Republic of Moldova.

- USAID – provides financial assistance for the implementation of the project "Prevention of HIV/AIDS and viral hepatitis B and C in the Republic of Moldova" for the implementation of services for voluntary counselling and testing in HIV/AIDS and for communication programmes aimed at behaviour change and enhacing blood transfusion security
- UNICEF – for the "Most at Risk Adolescent" project aimed at prevention of HIV among adolescents, especially for the most at risk, as well as PMTCT
- UNAIDS – technical assistance for capacity building of the Three One's and capacity building of the National league of PLHA
- UNFPA – technical assistance for the implementation of IEC activities aimed at behaviour change for prevention of HIV
- PCU – "TB/AIDS" Programme financed by IDA/WB and GFTAM implemented by the Ministry of Health to ensure reaching the objectives of the Millennium Development Goals and ensuring universal access to prevention, care and treatment as specified in the National Programme on Prevention and Control of HIV/AIDS/STIs 2006-2010.
- AFEW – for the implementation of the projects financed under SIDA Sweden grant aimed at implementation of communication campaigns in preventing the spread of HIV/AIDS
- WHO – technical assistance in the filed of AIDS control and development of ARV treatment protocols

- UNDP – for the project "Prevention of HIV/AIDS/STIs in the armed forces in Moldova"
- Caritas Luxembourg – for activities aimed at prevention of HIV/AIDS/STIs mainly in the penitentiary sector
- Red Cross Moldova – for the implementation of activities in youth and harm reduction
- Soros Foundation Moldova – for policy development and implementation of activities aimed at building the capacity of the NGO sector

Share of financial inflows by the financing source, 2007



Based on the received questionnaires an analyses of the data has been undertaken in order to reduce overlapping. The public health institutions reported on the data for each year separately (2006-2007), and budget lines specifying the source of financing (state budget or international donations). The international bilateral and multilateral organizations which are represented on the territory of the Republic of Moldova have been classified for sources of financing but as financial agents as well.

In order to exclude possible doubling and overlapping of resources the expenditures for each year separately have been cumulated in accordance with financial resources disaggregated in accordance with the cost categories.

The evolution in time of costs for HIV/AIDS in the Republic of Moldova for 2006 and 2007 is represented in Matrix I and Matrix II and have been expressed in USD at the exchange rate of the National Bank of Moldova12 which represent 13,1 MDL for $ 1 USD in 2006 and 12,5 MDL for $1 USD for 2007.

[12] www.bnm.md

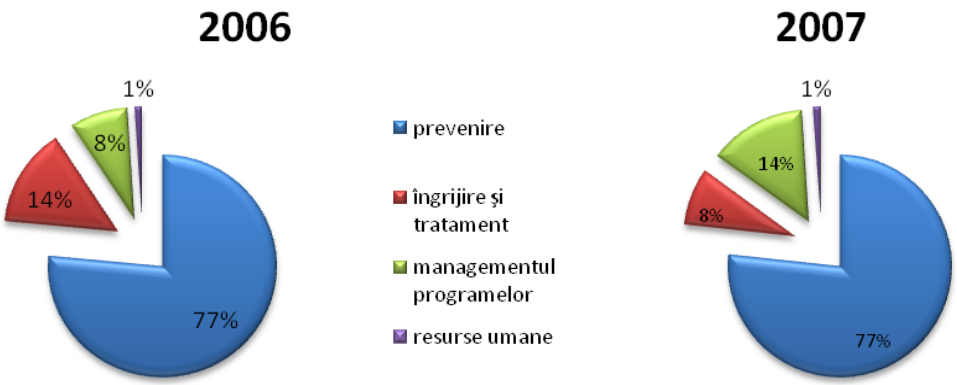
Thus, for 2006 the disbursements for HIV/AIDS reached 80,5 mln MDL or $ 6 145 038 USD at the rate of exchange of which the financial resources from the state budget constituted 26,8 mln MDL or $ 2 045 801 USD (33,2%). The international resources for the same period reached the value of 53,8 mln MDL or $ 4 106 870 USD (66,8%).

The public sources are concentrated at the national level since the money is part of the public consolidated budget of the health protection system which is financed from two sources: a). state budget core resources and state budget resources with specialdestination and b). resources of the National Health Insurance Funds.

Out of the total budget 9,5% come to HIV/AIDS from bilateral agencies and 90,5% from multilateral agencies. The highest share coming from multilateral and international resources belong to the World Bank Grant with 48,4%, the second biggest donor is the GFTAM with 29,3% followed by UN Agencies with a share of 7,4% and 5,4% are shared by other international agencies.

The analyses of the cost categories for the year 2006 showed that 76,9% out of the total budgets spend on AIDS were registered in Prevention. For Treatment and Prevention budget category there were spend 13,9%, for Programme Management and Administration Strengthening category there were spent 8,2% and for the Incentives for Human Resources only 1%.

Share of funds by category of spending, 2007



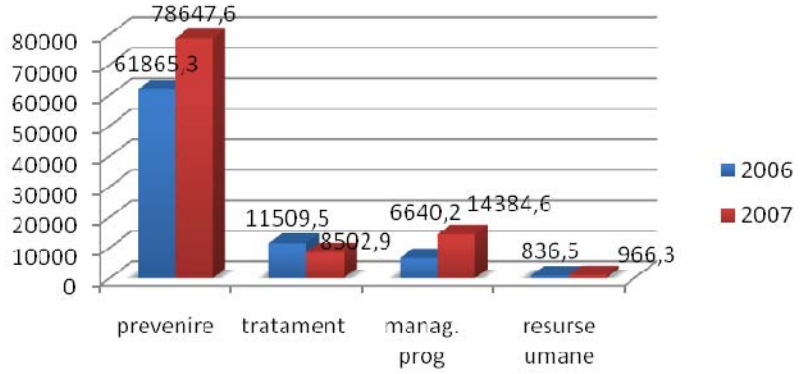
The comparative analyses for 2007 shows a clear increase in budgets spend on HIV/AIDS by 21,5 mln MDL ($ 1720000 USD) on all budget categories compared to 2006, this is specifically important taking into consideration the difference of the exchange rate for 2007. The increase in budgets spent is mostly registered due to increased budgets coming from international resources as the state budget allocation did not show a significant increase (27,0 mln MDL in 2007 compared to 26,8 MDL in 2006). For 2007 the total budgets spend on AIDS reached 102 mln MDL ($8 160 000USD) of which the public resources coming from the state budget scored for 26,5% and the international resources scored for 73,5%.

The analyses of the international resources show that 26,0% in the total share of budgets spend belong to bilateral donors and 74% to multilateral agencies. In 2007 the highest share coming from multilateral and international resources belong to the World Bank Grant with 28,6%, the second biggest donor is still the GFTAM grant with 23,4% followed by UN Agencies with a share of 15% and 7% are shared by other international agencies.

The analyses of the cost categories for the year 2007 showed that 77,1% out of the total budgets spend on AIDS were registered in Prevention. For Treatment and Prevention budget category there were spend 7,8%, for Programme Management and Administration Strengthening category there were spent 14,1% and for the Incentives for Human Resources still 1%.

In 2007 for the first time there were registered some progress on budgets spend on AIDS coming from the private sector. The Mobile Phone Provider ORANGE has organized a national campaign on fundraising for HIV/AIDS which resulted in an amount of $14000USD that have been allocated for the procurement of medical equipment for the ARV Treatment Section placed at the National Dermatoveneral Dispenser.

Expenditures by categories, comparative analyses 2006-2007, thous MDL



For the reporting period of 2006-2007 the methodology of completing the NASA Matrix has been used to report on Indicator 1 AIDS Spending. Nevertheless, the limitations for this indicator are the same as for the previous periods:

- Though a significant progress has been registered with collecting of data from the greatest majority of organizations and institutions that are running prevention activities in HIV/AIDS, including coordination, monitoring and evaluation still the general understanding is that there are organizations and institutions spending budgets on HIV/AIDS that do not report their budgets into the matrix since their activities are not reported for activities directly targeting general population or PLHA
- In the case of state institutions subject to review for the calculation of Indicator 1 the calculation of all costs of the subdivisions, specifically the maintenance costs could not have been reported as the maintenance costs form an the integral budget of the institutions and separation of costs was not possible
- Not all international and organizations and institutions have reported disaggregated data. Difficulties were identified when reporting on specific activities due to the lack of the National Health Accounts, which imposed some limitations for the classification of all budget categories.

In conclusion, the data collected for the Indicator 1 for the Republic of Moldova would allow for comparative analyses of trends in time for the costs in HIV/AIDS based on

budget categories covered financially. Still, in 2007 the data are much more comprehensive that the data presented for the last reporting period.

One major progress reported by the subjects to interview when applying the proposed NASA methodology is that implementing of NASA would improve planning capacities and would increase efficiency of spending resources for the activities in HIV/AIDS.

Average Exchange Rate for the year 2006(local currency to USD)	1 USD = 13,1 MDL	TOTAL (Local Currency)	Public Sources						International Sources						Private Sources (optional for UNGASS reporting)		
									International Sub-Total	Bilaterals	Multilaterals						
AIDS Spending Categories			Public Sub-Total	Central / National	Sub-National	Dev. Bank Reimbursable (e.g. Loans)	All Other Public	Social Security (Publicly Managed)			UN Agencies	Global Fund	Dev. Bank Non-Reimburseable (e.g. Grants)	All Other International	Private Sub-Total	Corporations	Consumer / Out-of-pocket
TOTAL (Local Currency)		80851491	27111116	27111116	0	0	0	0	53740375	5070000	3982360	15746541	26033735	2907739	0	0	0
1. Prevention (sub-total)		61865289	25713619	25713619	0	0	0	0	36151670	4459000	3780293	10322368	15185631	2404378	0	0	0
1.1 Communication for social and behavioral Change (previously called "Mass Media")		3895082	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	3895082	1261000	94325	138813	Not applicable	2400944	0	Not applicable	Not applicable
1.2 Community mobilization		14569	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	14569	Not applicable	11135	Not applicable	Not applicable	3434	0	Not applicable	Not applicable
1.3 Voluntary counselling and testing		2726050	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	2726050	1521000	Not applicable	870538	334512	Not applicable	0	Not applicable	Not applicable
1.4 Programs for vulnerable and special populations		3282771	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	3282771	Not applicable	2836433	446338	Not applicable	Not applicable	0	Not applicable	Not applicable
1.5. Youth in school		1146721	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	1146721	Not applicable	838400	Not applicable	308321	Not applicable	0	Not applicable	Not applicable
1.6 Youth out of school		132311	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	132311	Not applicable	Not applicable	Not applicable	132311	Not applicable	0	Not applicable	Not applicable
1.7 Prevention programs for PLHA		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable
1.8 Programs for sex workers and their clients		2046583	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	2046583	Not applicable	Not applicable	Not applicable	2046583	Not applicable	0	Not applicable	Not applicable
1.9 Programs for MSM		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable
1.10 Harm reduction programs for IDUs		6247678	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	6247678	Not applicable	Not applicable	Not applicable	6247678	Not applicable	0	Not applicable	Not applicable
1.11 Workplace activities		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable
1.12 Condom social marketing		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable
1.13 Public and commercial sector condom provision		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable

1.14 Female condom	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.15 Microbicides	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.16 Improving management of STIs	**26040970**	**25710037**	25710037	Not applicable	Not applicable	Not applicable	Not applicable	**330933**	Not applicable	Not applicable	330933	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.17 Prevention of mother-to-child transmission	**2187372**	**3004**	3004	Not applicable	Not applicable	Not applicable	Not applicable	**2184368**	Not applicable	Not applicable	1752382	431986	Not applicable	**0**	Not applicable	Not applicable
1.18 Blood safety	**7002483**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**7002483**	1066000	Not applicable	252243	5684240	Not applicable	**0**	Not applicable	Not applicable
1.19 Post-exposure prophylaxis	**18802**	**578**	578	Not applicable	Not applicable	Not applicable	Not applicable	**18224**	Not applicable	Not applicable	18224	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.20 Safe medical injections	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.21 Male Circumsicion	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.22 Universal precautions	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.99 Others / Not-elsewhere classified	**7123897**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**7123897**	611000	Not applicable	6512897	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2. Care and Treatment (sub-total)	**11509545**	**1345347**	**1345347**	**0**	**0**	**0**	**0**	**10164198**	**0**	**0**	**862261**	**9288896**	**13041**	**0**	**0**	**0**
2.1 Outpatient care	**0**	**0**	0	0	0	0	0	**0**	0	0	0	0	0	**0**	0	0
2.1.1 Provider initiated testing	**924808**	**901300**	901300	Not applicable	Not applicable	Not applicable	Not applicable	**23508**	Not applicable	Not applicable	23508	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.2 Opportunistic infection (OI) prophylaxis	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.3 Antiretroviral therapy	**8128105**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**8128105**	Not applicable	Not applicable	Not applicable	8128105	Not applicable	**0**	Not applicable	Not applicable
2.1.4 Nutritional support associated to ARV therapy	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.5 Specific HIV laboratory monitoring	**455000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**455000**	Not applicable	Not applicable	455000	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.6 Dental care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.7 Psychological treatment and support services	**16566**	**16566**	16566	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.8 Palliative care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.9 Home-based care	**1083501**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**1083501**	Not applicable	Not applicable	Not applicable	1083501	Not applicable	**0**	Not applicable	Not applicable
2.1.10 Alternative and informal care and treatment services	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.2 In-patient care	**324278**	**324278**	324278	0	0	0	0	**0**	0	0	0	0	0	**0**	0	0
2.2.1 Opportunistic infection (OI) treatment	**367325**	**103203**	103203	Not applicable	Not applicable	Not applicable	Not applicable	**264122**	Not applicable	Not applicable	179157	77290	7675	**0**	Not applicable	Not applicable

2.99 Others / Not-elsewhere classified	**209962**	**0**						**209962**			204596		5366	**0**		
3. Orphans and Vulnerable Children * (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
3.1 Education	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.2 Basic health care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.3 Family/home support	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.4 Community support	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.5 Administrative costs	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.6 Institutional Care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.9 Others / Not-elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4. Program Management and Administration Strengthening (sub-total)	**6640184**	**3000**	**3000**	**0**	**0**	**0**	**0**	**6637184**	**611000**	**61864**	**4113544**	**1559208**	**291568**	**0**	**0**	**0**
4.1 Programme Planning, coordination and programme management	**771629**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**771629**	Not applicable	Not applicable	Not applicable	771629	Not applicable	**0**	Not applicable	Not applicable
4.2 Programme Administration and Transaction costs associated with managing and disbursing funds	**160108**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**160108**	Not applicable	Not applicable	Not applicable	Not applicable	160108	**0**	Not applicable	Not applicable
4.3 Monitoring and evaluation	**146374**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**146374**	Not applicable	25742	Not applicable	68232	52400	**0**	Not applicable	Not applicable
4.4 Operations research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.5 Sero-surveillance	**26200**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**26200**	Not applicable	Not applicable	Not applicable	Not applicable	26200	**0**	Not applicable	Not applicable
4.6 HIV drug-resistance surveillance	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.7 Drug supply systems	**11122**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**11122**	Not applicable	11122	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.8 Information technology	**52400**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**52400**	Not applicable	Not applicable	Not applicable	Not applicable	52400	**0**	Not applicable	Not applicable
4.9 Supervision of personnel	**25000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**25000**	Not applicable	25000	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.10 Upgrading laboratory infrastructure	**5447351**	**3000**	3000	Not applicable	Not applicable	Not applicable	Not applicable	**5444351**	611000	Not applicable	4113544	719347	460	**0**	Not applicable	Not applicable
4.11 Construction of new health centres	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable

4.99 Others / Not-elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5. Incentives for Human Resources (sub-total)	**836473**	**49150**	**49150**	**0**	**0**	**0**	**0**	**787323**	**0**	**140203**	**448368**	**0**	**198752**	**0**	**0**	**0**
5.1 Monetary incentive for physicians	**11740**	**11740**	11740	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.2 Monetary incentive for nurses	**17040**	**17040**	17040	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.3 Monetary incentive for other staff	**20370**	**20370**	20370	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.4 Formative education and build-up of an AIDS workforce	**517912**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**517912**	Not applicable	140203	364899	Not applicable	12810	**0**	Not applicable	Not applicable
5.5 Training	**180888**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**180888**	Not applicable	Not applicable	Not applicable	Not applicable	180888	**0**	Not applicable	Not applicable
5.9 Others / Not elsewhere classified	**88523**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**88523**	Not applicable	Not applicable	83469	Not applicable	5054	**0**	Not applicable	Not applicable
6. Social Protection and Social Services excluding Orphans and Vulnerable Children (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6.1 Monetary benefits	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.2 In-kind benefits	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.3 Social services	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.4 Income generation	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7. Enabling Environment and Community Development (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7.1 Advocacy and strategic communication	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.2 Human rights	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.3 AIDS-specific institutional development	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.4 AIDS-specific programs involving women	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable

8. Research excluding operations research which is included under (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8.1 Biomedical research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.2 Clinical research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.3 Epidemiological research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.4 Social science research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.5 Behavioural research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.6 Research in economics	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.7 Research capacity strengthening	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.8 Vaccine-related research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable

* The term vulnerable children in this context refers to children whose parent is too ill to take care of them but do not qualify for social support as orphan.

Average Exchange Rate for the year 2007 (local currency to USD)	1 USD = 12,5 MDL	TOTAL (Local Currency)	Public Sources						International Sources							Private Sources (optional for UNGASS reporting)		
AIDS Spending Categories			Public Sub-Total	Central / National	Sub-National	Dev. Bank Reimbursable (e.g. Loans)	All Other Public	Social Security (Publicly Managed)	International Sub-Total	Bilaterals	Multilaterals					Private Sub-Total	Corporations	Consumer / Out-of-pocket
											UN Agencies	Global Fund	Dev. Bank Non-Reimburseable (e.g. Grants)	All Other International				
TOTAL (Local Currency)		102504353	27519758	27519758	0	0	0	0	74809595	19440000	11217708	17506588	21398125	5247174	175000	175000	0	
1. Prevention (sub-total)		78647623	25800676	25800676	0	0	0	0	52846947	16524000	9675071	12273863	10871524	3502489	0	0	0	
1.1 Communication for social and behavioral Change (previously called "Mass Media")		11287300	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	11287300	6420000	202933	573497	697913	3392957	0	Not applicable	Not applicable	
1.2 Community mobilization		974375	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	974375	Not applicable	974375	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.3 Voluntary counselling and testing		4062639	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	4062639	3684000	Not applicable	378639	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.4 Programs for vulnerable and special populations		7276995	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	7276995	Not applicable	6797763	478632	Not applicable	600	0	Not applicable	Not applicable	
1.5. Youth in school		558870	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	558870	Not applicable	Not applicable	Not applicable	449938	108932	0	Not applicable	Not applicable	
1.6 Youth out of school		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.7 Prevention programs for PLHA		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.8 Programs for sex workers and their clients		2291612	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	2291612	Not applicable	Not applicable	Not applicable	2291612	Not applicable	0	Not applicable	Not applicable	
1.9 Programs for MSM		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.10 Harm reduction programs for IDUs		1852612	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	1852612	Not applicable	Not applicable	Not applicable	1852612	Not applicable	0	Not applicable	Not applicable	
1.11 Workplace activities		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.12 Condom social marketing		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	
1.13 Public and commercial sector condom provision		0	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	0	Not applicable	Not applicable	

1.14 Female condom	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.15 Microbicides	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.16 Improving management of STIs	**25800000**	**25800000**	25800000	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.17 Prevention of mother-to-child transmission	**2888402**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**2888402**	Not applicable	1700000	396427	791975	Not applicable	**0**	Not applicable	Not applicable
1.18 Blood safety	**10440183**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**10440183**	3696000	Not applicable	1956709	4787474	Not applicable	**0**	Not applicable	Not applicable
1.19 Post-exposure prophylaxis	**52407**	**676**	676	Not applicable	Not applicable	Not applicable	Not applicable	**51731**	Not applicable	Not applicable	51731	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.20 Safe medical injections	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.21 Male Circumsicion	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.22 Universal precautions	**104000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**104000**	Not applicable	Not applicable	104000	Not applicable	Not applicable	**0**	Not applicable	Not applicable
1.99 Others / Not-elsewhere classified	**11058228**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**11058228**	2724000	Not applicable	8334228	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2. Care and Treatment (sub-total)	**8502878**	**1601904**	**1601904**	**0**	**0**	**0**	**0**	**6900974**	**0**	**0**	**2808291**	**4084575**	**8108**	**0**	**0**	**0**
2.1 Outpatient care	**0**	**0**	0	0	0	0	0	**0**	0	0	0	0	0	**0**	0	0
2.1.1 Provider initiated testing	**968495**	**943600**	943600	Not applicable	Not applicable	Not applicable	Not applicable	**24895**	Not applicable	Not applicable	24895	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.2 Opportunistic infection (OI) prophylaxis	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.3 Antiretroviral therapy	**5698069**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**5698069**	Not applicable	Not applicable	2331344	3366725	Not applicable	**0**	Not applicable	Not applicable
2.1.4 Nutritional support associated to ARV therapy	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.5 Specific HIV laboratory monitoring	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.6 Dental care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.7 Psychological treatment and support services	**22300**	**22300**	22300	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.8 Palliative care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.1.9 Home-based care	**490562**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**490562**	Not applicable	Not applicable	Not applicable	490562	Not applicable	**0**	Not applicable	Not applicable
2.1.10 Alternative and informal care and treatment services	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
2.2 In-patient care	**543919**	**543919**	543919	0	0	0	0	**0**	0	0	0	0	0	**0**	0	0

2.2.1 Opportunistic infection (OI) treatment	**327481**	**92085**	92085	Not applicable	Not applicable	Not applicable	Not applicable	**235396**	Not applicable	Not applicable	Not applicable	227288	8108	**0**	Not applicable	Not applicable
2.99 Others / Not-elsewhere classified	**452052**	**0**						**452052**			452052			**0**		
3. Orphans and Vulnerable Children * (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
3.1 Education	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.2 Basic health care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.3 Family/home support	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.4 Community support	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.5 Administrative costs	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.6 Institutional Care	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
3.9 Others / Not-elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4. Program Management and Administration Strengthening (sub-total)	**14384550**	**30218**	**30218**	**0**	**0**	**0**	**0**	**14179332**	**2916000**	**1101642**	**2014912**	**6442026**	**1704752**	**175000**	**175000**	**0**
4.1 Programme Planning, coordination and programme management	**1541757**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**1541757**	Not applicable	Not applicable	Not applicable	429425	1112332	**0**	Not applicable	Not applicable
4.2 Programme Administration and Transaction costs associated with managing and disbursing funds	**773138**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**773138**	Not applicable	549500	Not applicable	Not applicable	223638	**0**	Not applicable	Not applicable
4.3 Monitoring and evaluation	**3768014**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**3768014**	Not applicable	383938	Not applicable	3334076	50000	**0**	Not applicable	Not applicable
4.4 Operations research	**363333**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**363333**	Not applicable	125000	Not applicable	Not applicable	238333	**0**	Not applicable	Not applicable
4.5 Sero-surveillance	**25000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**25000**	Not applicable	Not applicable	Not applicable	Not applicable	25000	**0**	Not applicable	Not applicable
4.6 HIV drug-resistance surveillance	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.7 Drug supply systems	**18204**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**18204**	Not applicable	18204	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.8 Information technology	**50000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**50000**	Not applicable	Not applicable	Not applicable	Not applicable	50000	**0**	Not applicable	Not applicable
4.9 Supervision of personnel	**25000**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**25000**	Not applicable	25000	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.10 Upgrading laboratory	**7820104**	**30218**	30218	Not applicable	Not applicable	Not applicable	Not applicable	**7614886**	2916000	Not applicable	2014912	2678525	5449	**175000**	175000	Not applicable

infrastructure															
4.11 Construction of new health centres	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
4.99 Others / Not-elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5. Incentives for Human Resources (sub-total)	**966268**	**86960**	**86960**	**0**	**0**	**0**	**0**	**879308**	**0**	**440995**	**409522**	**0**	**28791**	**0**	**0**	**0**
5.1 Monetary incentive for physicians	**25220**	**25220**	25220	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.2 Monetary incentive for nurses	**30650**	**30650**	30650	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.3 Monetary incentive for other staff	**31090**	**31090**	31090	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.4 Formative education and build-up of an AIDS workforce	**368374**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**368374**	Not applicable	47007	321367	Not applicable	Not applicable	**0**	Not applicable	Not applicable
5.5 Training	**416579**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**416579**	Not applicable	393988	Not applicable	Not applicable	22591	**0**	Not applicable	Not applicable
5.9 Others / Not elsewhere classified	**94355**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**94355**	Not applicable	Not applicable	88155	Not applicable	6200	**0**	Not applicable	Not applicable
6. Social Protection and Social Services excluding Orphans and Vulnerable Children (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6.1 Monetary benefits	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.2 In-kind benefits	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.3 Social services	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.4 Income generation	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
6.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7. Enabling Environment and Community Development (sub-total)	**3034**	**0**	**0**	**0**	**0**	**0**	**0**	**3034**	**0**	**0**	**0**	**0**	**3034**	**0**	**0**	**0**
7.1 Advocacy and strategic communication	**3034**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**3034**	Not applicable	Not applicable	Not applicable	Not applicable	3034	**0**	Not applicable	Not applicable
7.2 Human rights	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.3 AIDS-specific institutional development	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
7.4 AIDS-specific	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable

programs involving women																
7.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8. Research excluding operations research which is included under (sub-total)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8.1 Biomedical research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.2 Clinical research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.3 Epidemiological research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.4 Social science research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.5 Behavioural research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.6 Research in economics	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.7 Research capacity strengthening	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.8 Vaccine-related research	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable
8.9 Others / Not elsewhere classified	**0**	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	**0**	Not applicable	Not applicable

* The term vulnerable children in this context refers to children whose parent is too ill to take care of them but do not qualify for social support as orphan.