

Indicator 8.1: HIV/AIDS spending for 2018

To ensure proper reporting for the 8.1 indicator (HIV spending) for 2018, data have been collected from various sources in accordance with the recommendations of the guide “*Domestic and international AIDS spending by categories and financing sources*” (Reference).

Hence, there have been selected organizations from national and local levels that implemented and disbursed funds as per the HIV spending categories indicated in the template on reporting on HIV expenditures. Organizations were asked to provide information on financial allocations spent and destination of disbursement according to the NASA matrix.

Thus, for calculation of expenses in the field of HIV/AIDS for 2018, data on annual expenditures with special destination for HIV/AIDS have been taken into consideration from the following institutions within the health system:

- Ministry of Health, for state budget allocations and funds for Mandatory Health Insurance, for “Public Health Services” Program, for Prevention of HIV/AIDS and STI, and for implementation of the National Program for Prevention and Control of HIV/AIDS and STI 2016-2020;
- National Public Health Agency responsible for HIV/AIDS epidemiological surveillance and prophylaxis activities;
- Medical –Sanitary Public Institution Hospital of Dermatology and Communicable Diseases, the highest as hierarchy institution responsible for HIV response, specific responsibilities relate to HIV surveillance, HIV/AIDS diagnosis and laboratory, pre-ART surveillance, ARV treatment management and ARV treatment provision, as well as STI case management;
- National Blood Transfusion center responsible for Blood Safety;
- National Narcology Dispensary for the activities on Harm Reduction in IDUs, including the methadone substitution program;
- National Institute of Research in the field of Mothers’ and Children’s health, for PMTCT;
- Educational institutions, subordinated to the Ministry of Health, for expenditures in training, refresher training and specialization for pedagogical workers.
- Medical –Sanitary Public Institutions of the republican, municipal and rayon levels.

Information on financial flows was requested from municipal and district councils, line Ministries (Ministry of Justice; Ministry of Defense; Ministry of Education, Culture, and Research) and international organizations implementing their activities in the Republic of Moldova (UNAIDS, World Health Organization, the principal recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF, UNFPA, UNODC, SOROS) and NGO (Positive Initiative, League of People living with HIV, Union for HIV prevention and Harm Reduction, GenderDoc-M).

Public Health Institutions reported according to budget lines, specifying the spending category and the source of financing. Bilateral or multilateral international organizations were classified according to the criteria of source of financing, but also as financial agents.

The content of the received questionnaires was verified to exclude the double counting of resources. In order to exclude possible overlapping of resources, the expenditures have been cumulated in accordance with the disaggregation by cost categories. Expenditures for the national HIV response in the Republic of Moldova (in national currency) for 2014, 2015, 2016, 2017 and 2018 are presented in the Matrix for 2014, Matrix for 2015, Matrix for 2016, Matrix for 2017 and 2018 respectively.

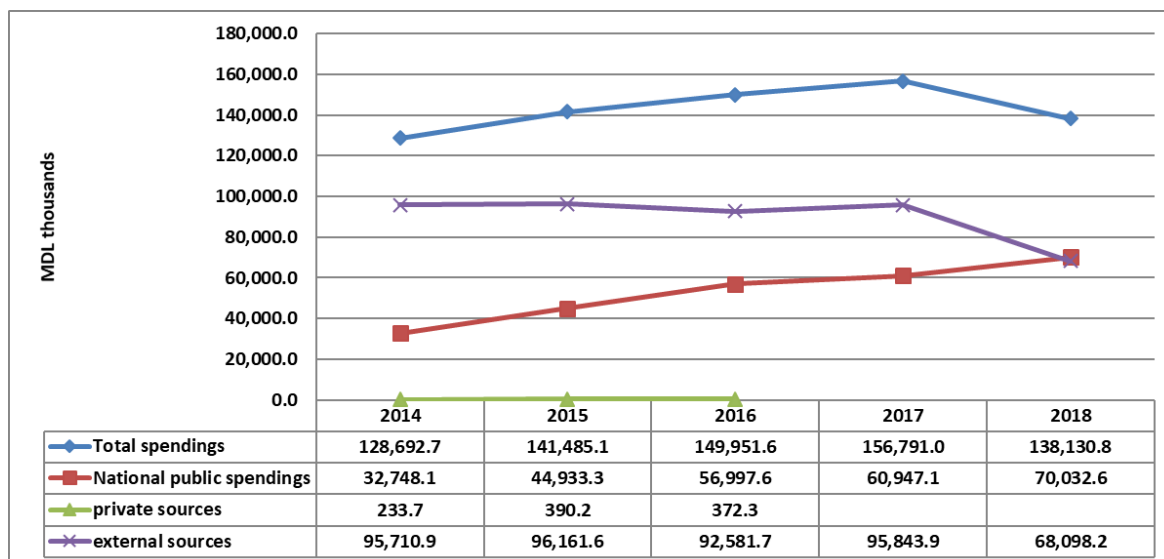


Figure 1. Structure of expenditures for the national HIV response by sources of financing, Republic of Moldova, 2014, 2015, 2016, 2017 and 2018.

The expenditures for the HIV response in 2018 decreased with about MDL 18,7 mln. (- 18,7%) compared to the volume of expenditures from 2017 and reached the total amount of about MDL 138,1 mln. or USD 8,220,554. From those expenditures, the public financial resources constituted MDL 70,0 mln. or USD 4,167,839 (50,7%). International resources for this year constituted MDL 68,1 mln or USD 4,052,715 (49,3%). (Figure 1. and Figure2.).

The decrease of resources for the national HIV response in 2018 is due to the decrease of international financial resources of about 28,9%. The decrease was from MDL 95,8 mln in 2017 to MDL 68,1 mln in 2018.

In the same time, it is necessary to note public financial resources increased in 2018 compared to 2017, the increase rate is 14,9% or from MDL 61,0 mln to about MDL 70 mln in one year.

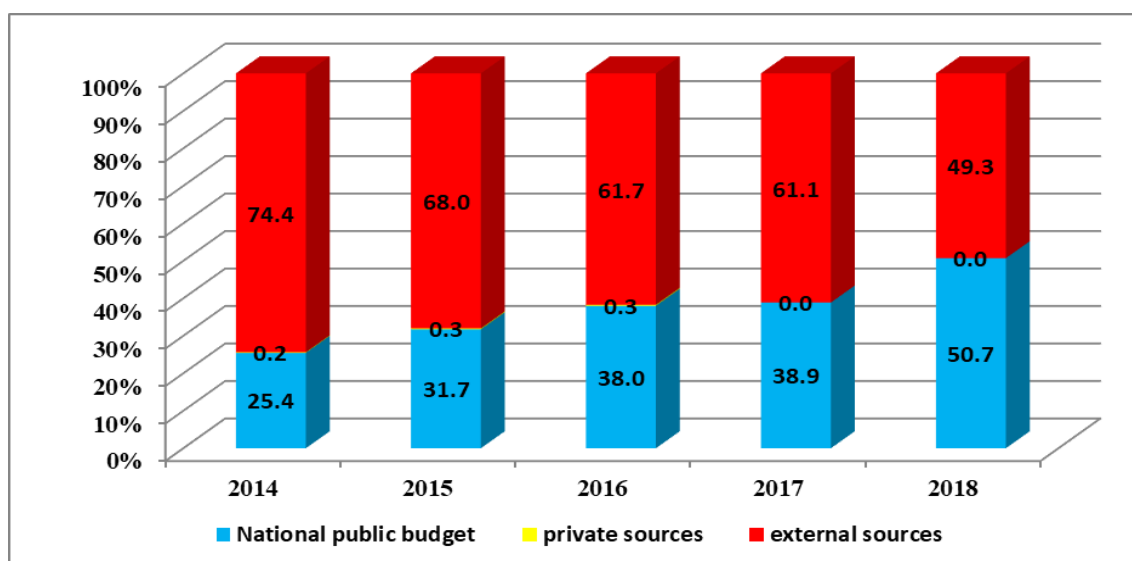


Figure 2. Structure of expenditures for the national HIV response by sources of financing, %, Republic of Moldova: 2014, 2015, 2016, 2017 and 2018.

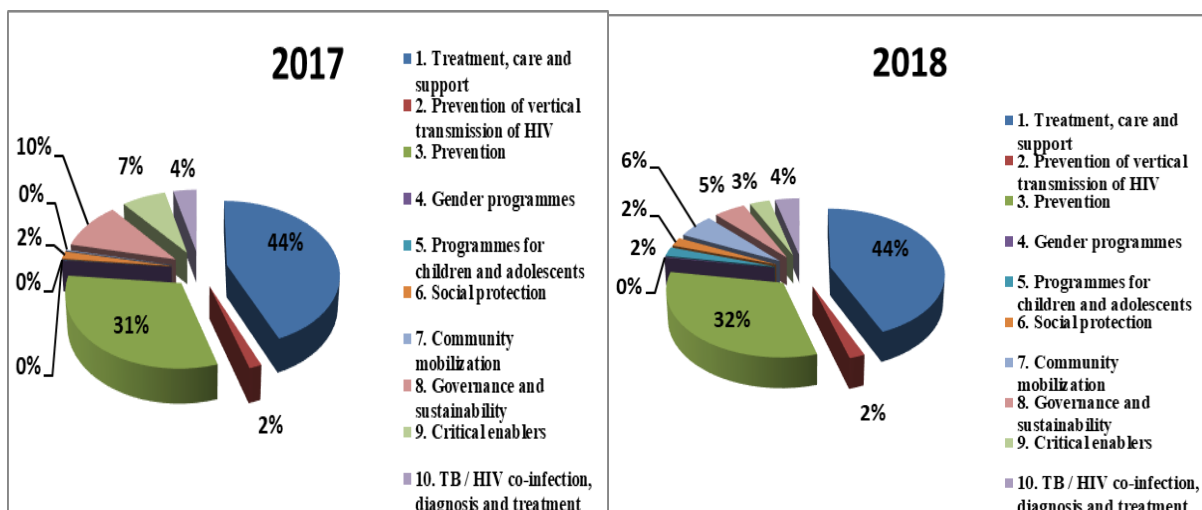


Figure 3. Structure of expenditures for the national HIV response, by spending category, Republic of Moldova, 2017 and 2018

Classified by spending category of expenditures for the national response to HIV (Figure 3.) in the framework of the national response to HIV in 2018, 44% went to *Treatment, support and Care*. For the spending category *HIV Prevention* financial resources of about 32% have been allocated, *Governance and sustainability* - 5%, *Critical enablers* – 3% allocated, *TB/HIV co-infection, diagnostic and treatment* – 4%, category *Prevention of mother to child transmission, programmes for youth and adolescents and social protection, community mobilization* – about 2% each.

Limitations of the method used to generate this indicator are as follows, some are valid also for prior reporting periods:

- Though significant progress has been registered in data collection from the greatest majority of organizations and institutions, involved in various aspects of the national HIV response, including coordination, monitoring and evaluation, there are still entities with budgets committed and spent for HIV/AIDS that do not report their expenditures and are not reflected in the matrix, due to the fact that activities are not targeting general population, or PLHIV, or MARPs as such and are more tangential to the response, hence not fitting comfortably in the pre-set spending categories.
- In the case of public institutions funded by the State budget, tracking all indirect costs of the subdivisions, specifically the maintenance and utilities costs associated to activities in the framework of the national HIV response, has not been possible as the maintenance costs per institution form the integral budget and cannot be disaggregated.
- Some international institutions are reported the data without the desired desegregations.

In conclusion, the data collected for the Indicator “HIV/AIDS Spending” for the Republic of Moldova allow the comparative analyses of trends over time in costs of activities in HIV/AIDS, based on budget categories covered.