Summary National HIV and AIDS Spending Assessment DRAFT

An Assessment of HIV and AIDS Financing Flows and Expenditure 2002 - 2009 In Trinidad and Tobago.

Andrew Fearon, Aparna Kollipara & Karen Pratt

Andy.fearon.nacc@gmail.com or aparnakollipara@gmail.com
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1. Executive Summary

i. Overview

National AIDS Spending Assessments (NASA) are designed to help answer the key question of whether there are sufficient resources being expended by the Government, Private and International sectors in the response to HIV/AIDS.

It attempts to track resource flows in various sectors and improve the evidence base for decision making, document resource gaps and channel money to priority areas.

With the economic crisis and the reduction in resources the need for policy makers to determine where HIV resources have been spent has never been more important.

Civil society organisations can also use the information to advocate for resources and track commitments by government and international agencies.

As a critical intention in this NASA study, tracking trends in expenditure in HIV & AIDS performance can be benchmarked against the priorities and objectives as set out in the current National Strategic Plan and facilitate better understanding of needs and identify gaps in programmes.

Finally, the vital information can guide the future direction and strategic objectives and ensure that sufficient HIV resources are mobilized and that their utilization is based on greater efficiency.
## NASA Key Achievements

The Key Achievements accomplished by the programme since its inception in 2002 include:

<table>
<thead>
<tr>
<th>NASA Governance</th>
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<tbody>
<tr>
<td>HIV expenditure and resource flows have been monitored from 2002, trends in expenditure tracked which has facilitated greater has coordination amongst many sectors.</td>
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<table>
<thead>
<tr>
<th>NASA Human Resources</th>
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<tbody>
<tr>
<td>Expertise in the NASA methodology exists within the National AIDS Coordinating Committee, training in the product has been made to civil society representatives and technical assistance has been provided to neighbouring countries within the region.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NASA Data Collection</th>
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<tbody>
<tr>
<td>Although challenges still exist with data collection there is now a greater understanding of the purpose of NASA which will facilitate the mainstreaming of financial data collection, reporting and future use in policy and programmatic decision making and development.</td>
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<table>
<thead>
<tr>
<th>NASA Data Management and Quality</th>
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<tbody>
<tr>
<td>The NASA project has provided a challenge to the accepted thinking of financial accounting that capturing only ‘how much’ was spent on HIV &amp; AIDS was sufficient. Instead, questions of ‘what was spent’, ‘where it was spent’ and ‘who the expenditure was targeted at’ are also being answered.</td>
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<tr>
<th>NASA Dissemination and Use</th>
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<tbody>
<tr>
<td>The tracking of expenditure and the monitoring of trends has produced a stronger evidence base for policy decision and for future strategic plans to be grounded in concrete financial data.</td>
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</table>
### Executive Summary

#### iii. NASA Key Challenges

Significant challenges that have been identified which affect the performance of the project are as follows:

<table>
<thead>
<tr>
<th>NASA Governance</th>
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<tr>
<td>There is poor understanding of how NASA can be used to inform policy not just from the government sector but also from donors and civil society organisations.</td>
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<table>
<thead>
<tr>
<th>NASA Human Resources</th>
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<tbody>
<tr>
<td>There is a lack of capacity to collect, analyze and report on HIV financial and financial management information. Not only is this reflected in Trinidad &amp; Tobago but appears a region wide problem.</td>
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<table>
<thead>
<tr>
<th>NASA Data Collection</th>
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<tr>
<td>In addition where data is available agencies are often reluctant to share the information</td>
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<table>
<thead>
<tr>
<th>NASA Data Management and Quality</th>
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<tbody>
<tr>
<td>NASA is not integrated within the health strategic information systems nor linked to overall public development programme.</td>
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<table>
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<tr>
<th>NASA Dissemination and Use</th>
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<tbody>
<tr>
<td>Minimal dissemination of the reports and minor use of financial information for decision making. The results indicate that NASA has not been used by decision makers to monitor and adjust progress against the benchmarks set in the NSP.</td>
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</table>
Executive Summary

iv. NASA Key Recommendations

The following are critical recommendations to enhance and strengthen the NASA project in Trinidad and Tobago.

**NASA Governance**
The government should develop a mandate to ensure that agencies have a responsibility to provide financial reports on HIV & AIDS activities, develop robust financial management systems and improve strategic information for decision making.

**NASA Human Resources**
Additional support for resources could be achieved through the promotion of how NASA can contribute to policy development and policy decisions.

**NASA Data Collection**
Financial information on HIV needs to be mainstreamed into the health system through the additional investment in electronic based accounting systems that can provide financial and management accounting information.

**NASA Data Management and Quality**
NASA needs to be integrated into the existing health financial information system and even used as a pilot for the introduction of National Health Accounts.

**NASA Dissemination and Use**
A communication strategy needs to be established for dissemination of the reports to all users through workshops, websites and other communication channels.
2. Background to the National Strategic Plan

1. Introduction

   a. In 2003, the Government of the Republic of Trinidad and Tobago embarked on the development of a strategic framework - The National HIV and AIDS Strategic Plan (NSP) 2004 - 2008. The rationale for an expanded national response was based on the recognition of a number of factors; the limitations of previous strategies that were centered, in large part on a health response; the complexities of the factors driving the epidemic; the potential devastating impact on national developmental goals; and the success of countries which have incorporated a broader-based, multi-sectored approach into addressing the epidemic.

   b. The NACC and its secretariat were established to empower and guide all sectors to participate in the response to the HIV and AIDS epidemic; act as a catalyst of change; and facilitate and coordinate the national programme guided by the National Strategic Plan.

2. National Strategic Plan (NSP)

   a. The NSP sets the strategic direction of the national response and the framework for the coordination of activities to reduce the incidence of HIV and mitigate the negative effects of the epidemic. There are five priority areas of the NSP:

   1. Prevention;
   2. Treatment, Care and Support for people living with HIV;
   3. Advocacy and Human Rights;
   4. Surveillance and Research
   5. Programme Management, Coordination and Evaluation.
Summary - Status of the Epidemic

1. Status:

a. The national response to HIV is at a critical juncture. Almost twenty-seven years have elapsed since the first case of AIDS was diagnosed in Trinidad in 1983 and 6 years after the national multi-sectoral response commenced, the number of HIV positive cases is estimated to have reached 21,636, with 6,646 people accessing treatment. In 2009, following the success of Anti-retroviral medications the deaths attributed to AIDS was 114 against a cumulative total of 3,892 since 1983. Despite the progress there remains a steady rate of newly diagnosed infections, at approximately 1,400 each year since 2004.

Source: Ministry of Health HIV/AIDS Coordinating Unit
Summary - Status of the Epidemic

2. Status:

a. There are gaps however, in the available epidemiological data, as the surveillance system focuses on coverage of the public sector only. It is widely assumed that the actual numbers of HIV cases are significantly higher than is actually reported in the above tables. Some of the reasons why this could be the case have been identified as:

b. Stigma and Discrimination remains pervasive.

c. Absence of reporting services provided in the private sector.

d. Lack of adequate systems to ensure confidentiality.

e. Most at risk populations remain cautious about being identified. (UNGASS Country reports 2008 and 2010).

f. People are living longer with HIV & AIDS, and

g. Newly diagnosed infections remain constant (HIV Estimates 2009)
1. Summary Expenditure

a. Overall there has been an increase in expenditure between 2002 to 2009, rising from TT$25.2m in 2002 to TT$98.95m in 2009 and totalling TT$560m overall.

b. There was a significant increase in expenditure from 2007 ($76.6m) to 2008 ($121.74m); however, there was a decline in expenditure in 2009 ($98.95m).

c. This decline can be attributed to the impact of the global economic crisis on the national HIV and AIDS budget allocations.

d. Despite the recession, the expenditure on Treatment, Care and Support expenditure increased to a period high of $49.9m in 2009. Within Treatment, Care and Support there have been two periods whereby there has been a substantial increase in costs. The first period occurred between 2002 and 2003, where the impact can be seen in terms of cost of the free ARV medication to PLWA. Secondly, between 2005 and 2006 there was a major increase in expenditure, mainly due to the higher costs of medication which is associated with the increasing requirement to procure second line ARV therapy.

e. There has been increasing emphasis on Prevention up until 2008 when expenditure began to decline sharply from $41.7M in 2008 to $27.1m in 2009. The expenditure profile indicates that a treatment only response is emerging.

f. Management costs began to decline from 2007 partly as a result of the completion of donor funded projects and also as a result of recruitment freezes within the government sector.

g. The economic impact has resulted in significant reductions in expenditure on advocacy & research from 2008.
2. **Financial Sources for the NSP**

   a. There has been significant volatility with financial sources especially since 2008 when those sectors that could reduce costs, through postponement or deferment of projects did so.

   b. Nevertheless, during the period the vast majority of the funding for HIV and AIDS has been sourced from Government, with the main expenditure being made by the Health Sector.

   c. The economic crisis and the reduction in available resources has resulted in the contributions to the national response by the international donor communities becoming an increasing source of funding from 2008.

   d. Expenditure by the NACC has declined rapidly from 2008 partly as a result of the EU programme coming to an end and significant reductions in expenditure on programmes associated with raising awareness of HIV and sponsorship of Civil Society programmes.

   e. As with the NACC expenditure by other government sectors began to decrease rapidly from 2008.

   f. The exception is with the health sector where expenditure has remained strong and continues to increase, principle because, despite the recession expenditure is not able to be cut back and the cohort of PLWHA and needing ARV medication is increasing.
3. **Budget per the NSP V Actual Expenditure**

a. There appears to be little correlation between the targeted expenditure figures as set out in the NSP and the actual expenditures made over the period of the study.

b. The NSP was originally established for the period up to 2008 and was extended until September 2009, although without any additional resources being identified.

c. As the majority of the consumption in terms of resources is through ARV’s the majority of the expenditure has been to the benefit of the target population of PLWHA.

d. Although there is a general lack of data on the extent of the prevalence of HIV within the most at risk populations greater efficiency may have been gained if more resources were targeted at this group.

e. On average only 6.84% of total expenditure has been targeted towards most at risk populations a situation which is to be addressed in the draft NSP 2011-2016.

4. Budget per the NSP V Actual Expenditure

a. Key Findings: Financial Management
   a. It is important to view the expenditure trends year to year. For Surveillance and Research, which achieved expenditure of 100% against its NSP target, the bulk of the spending only occurred in years 2007 and 2008.
   b. Within the priority area of Advocacy and Human Rights, expenditure exceeded the NSP target by TT1.86m - indicating a lack of ambition within the objectives of the NSP for this priority area.
   c. There are a number of strategies that are highlighted, whereby performance against these areas has been particularly weak. Whilst none of the expenditure targets within the priority area of Treatment Care & Support were achieved the worst performing area was associated with ‘expansion and upgrade of existing facilities,’ which achieved only 9% of its NSP target.
   b. Secondly, within Surveillance & Research very little emphasis was placed on research within the most at risk populations (aside from 2008, where 77.75% of the funding went towards MARPs), Trinidad and Tobago is therefore poorly positioned as programming on HIV and AIDS moves to an evidenced basis.
   c. Successes have primarily been with prevention. Expenditure in this area has surpassed the NSP target, which has aided high levels of knowledge in over 90% of the population aged 15-49, regarding ways to curb the transmission of HIV.
   d. Treatment care & support success includes an increase in expenditure on ARVs between the period of over 821% from 2002-2009 and which has partly led to a reduction in inpatient costs. Secondly, the Prevention to Mother Child Transmission Programme has been an overwhelming success, with over 90% coverage in the public sector and a significant reduction in newly diagnosed cases of HIV in infants being identified.
5. Cost Benefit Analysis

a. There has been a substantial investment made into responding to the HIV epidemic, totaling TT$560m since 2002. The vast majority of the investment, at over 80% has been made from government sources but there have also been significant contributions from the international donor community as well as the private sector. 45% of the resources have been targeted towards treatment care and support which have totaled TT$240m since 2002 followed by prevention at TT$191 which represents 36% of the expenditure. The remaining investment costs have been targeted towards Advocacy, Surveillance and Research and Coordination costs.

b. With regard to the benefits, although these are less easily quantified, the National HIV Strategic Plan 2004-2008 estimated that investment in the national response would reduce the number of new infections by 3,864 which would then enable each person to contribute 10 additional productive years to the nation. This, together with cost of care averted, would provide an economic benefit equivalent to TT$1,707m.
6. Implications for Development - Expenditure Compared to Changes in GDP

a. The NSP indicates that the impact of HIV and AIDS lies in its ability to undermine economic growth through its effect on human, physical, and social capital. Without a national response to the epidemic, the Gross National Product (GNP) of Trinidad and Tobago will be at least 4.2% lower in 2005 than it would have been in the absence of HIV and AIDS.

<table>
<thead>
<tr>
<th>Year</th>
<th>02 %</th>
<th>03 %</th>
<th>04 %</th>
<th>05 %</th>
<th>06 %</th>
<th>07 %</th>
<th>08 %</th>
<th>09 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP[^1]</td>
<td>+7.9</td>
<td>+14.4</td>
<td>+7.8</td>
<td>+6.1</td>
<td>+12.2</td>
<td>+5.5</td>
<td>+3.5</td>
<td>-3.0</td>
</tr>
<tr>
<td>Total Expenditure on HIV (TT$ 25.2m base year)</td>
<td>+41.3</td>
<td>+41.6</td>
<td>+11.7</td>
<td>+52.8</td>
<td>-10.9</td>
<td>+39.8</td>
<td>-8.7</td>
<td></td>
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b. There has been a considerable increase in the rate of growth in HIV and AIDS expenditure and has substantially exceeded the rate of growth of GDP for every year until 2007.

c. In 2004 the rate of growth in expenditure exceeded the growth rate of GDP by as much as five times. However, in 2007 GDP increased by 5.5% whilst the total HIV and AIDS expenditure declined 10.9% from the previous year.

d. In 2009 the recession negatively impacted the country’s response to the HIV and AIDS epidemic with expenditure falling dramatically. It appears that when times are good expenditure rises exponentially but cannot be cut back as fast when times are bad.
5. Prevention

1. Key Achievements - Prevention

   a. Increased awareness of the modes of transmission in 77% of the general population.
   
   b. 52 separate faith-based and civil society organisations have been funded to develop education and counseling programmes to the community setting.
   
   c. HIV programmes have been expanded into the workplace including government ministries and the private sector.
   
   d. The prevention of Mother to child transmission programme has had 97% of mothers in the public sector tested for HIV. The provision of free anti-retroviral medication prophylaxis has reduced the number of HIV-exposed infants testing positive to 7% from 11% in 2002.

   ![Testing among ANC Attendees in Trinidad and Tobago 2000-2008](chart)

   **Testing among ANC Attendees in Trinidad and Tobago 2000 - 2008**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>% HIV tested</td>
<td>16.0%</td>
<td>57.5%</td>
<td>73.7%</td>
<td>91.5%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

   Source: Ministry of Health HIV/AIDS Coordinating Unit
1. Prevention Expenditure

a. Total expenditure on prevention rose to $34m in 2006 from $10.2 in 2002, and declined to $24.3m in 2009.

b. The majority of the expenditure was targeted towards awareness among the General Population,’ which totalled $79.1m over the period. Key campaigns included the ‘What’s Your Position’ (WYP) and +/- DO the Test.

c. Expenditure targeted towards MARPs has recorded significant variations between years, with 2006 is the highest year of expenditure.

d. In comparison to prevention expenditure within the general population expenditure targeted towards most at risk populations is low and has limped along since 2007.

e. Many projects implemented targeted at most at risk populations are undertaken by civil society where access to resources is challenging because of bureaucratic approval processes.

f. Expenditure on PMTCT and VCT has demonstrated that increasing resources since 2002 has emphasised an increasing priority in this area.
2. Prevention Budget per the NSP V Actual Expenditure

a. Although total expenditure for the period exceeds the NSP Target by 20% there are poorly performing areas where there is a clear disconnect between financial planning and actual programme execution. Critically, despite improvement in the latter years in HIV testing the VCT programme reached only 8.9% of the NSP Target.

b. Given that the budgets in the NSP were developed from the priorities as identified in the NSP it appears that the NSP has not been the guiding document that it was hoped to be. A key gap is the question of how to bring financial analysis into programmatic planning. This is further demonstrated with

c. expenditure targeted towards the general population exceeding the NSP budget by 619%.

d. The only area to benefit from weak overall planning is expenditure targeted towards most at risk populations which, although this is low in comparison to targeting towards the general population has actually exceeded the NSP budget by over 50%

e. Although the original NSP was for only 5 years the actual expenditure being reported covers the period 2002-2009 some three years longer than was originally planned.
3. Prevention Financial Sources

a. There has been considerable volatility in financial sources especially in the latter years of the response and when the economic recession began to have an impact.

b. The sources of funding for prevention of the National Response in Trinidad & Tobago are overwhelmingly from the Government purse, representing on average 84% of the total funding. The largest contribution of funding of $68.2m has been being made from the Health Sector followed closely behind by the NACC with $64.2m. Prevention by the Other Government Sector which includes expenditure by the THA and key government ministries expanded rapidly from 2006.

c. The economic recession, which commenced in 2008 had a significant impact on prevention expenditure which further augmented the general downward trend which started in 2006.

d. The importance of international donors to the national prevention response has expanded significantly from 2007 with momentum continuing in 2008. In 2009, a critical threshold was reached with donor funding exceeding the individual contributions from the various government sectors and critically, the only funding source which is opposite to the general downward trend. As the global economic crisis continues into 2010 it appears that donor funding will play an increasing central source of funding to the national response to HIV.
1. Key Achievements Treatment, Care & Support

a. 6,646 people are currently accessing treatment in 7 sites; 53% requiring anti-retroviral medication. Prevalence of HIV is estimated to be currently at 1.5% and is expected to increase to 2% by 2015 partly as a result of improvements in treatment and the continued number of approximately 1,400 new infections per year. With regard to paediatric care, there are currently 205 children accessing treatment in five sites in Trinidad & Tobago.

b. There is an increased core of health personnel who have received training in the care of people living with HIV. This amounted to 558 attendees receiving HIV training at the Trinidad & Tobago Health Training Centre in 2009.

c. Civil society provides care for people living with AIDS through social and peer group support.

Source: Tobago Health Promotion Clinic
1. **Treatment Expenditure**

   a. Total expenditure on priority area two of the NSP - Treatment, Care & Support rose from $12.56m in 2002 to $49.3 in 2009.

   b. Between 2002 and 2003 there was a 60% increase in expenditure, primarily due to a change in priorities by the Ministry of Health. During this period there was:

   c. an increase in expenditure of over 821% on ARVs.

   d. an increase in expenditure of 281% on outpatient care.

   d. According to the Draft NSP 2011-2016 the cost of ART is not sustainable if the number of newly HIV infected people is not considerably reduced.

   e. Critical concerns that can increase the future costs associated with HIV are that the number of adults on second line ARV medication increased from 0 cases in 2003 to 404 cases or 11.8% of all cases in 2009.

   f. The proportion of adults and children known to be defaulting ARV treatment 12 months after the initiation of ART was 73% in 2008 and 77% in 2009.
2. Treatment Budget per the NSP

a. As in the case with prevention NASA is demonstrating clear differences between financial planning in terms of budgets and actual programme execution.

b. There has been a significant underperformance in expenditure when compared to the performance objectives set out in the NSP, with total expenditure being TT$239.78m against a target of TT$369.62m. The NSP identified specific targets for the areas indicated below.

c. Performances against these specific NSP targets has been very low, with the highest performing category being ARV medication, which reached 72.7% of the NSP target.

d. Expenditure on Facilities Expansion and Laboratory Support reached less than 15% of the budgetary target.
3. **Treatment Financial Sources**

a. The sources of funding for Treatment Care & Support of the National Response in Trinidad & Tobago are overwhelmingly from the Government purse, representing on average 93% of the total funding.

b. Despite the economic recession and the pressure placed upon government funding the total cost of treatment continues to raise with the pace quickening from 2007.

c. As highlighted in the Draft NSP 2011-2016 there continue to be far too many persons being newly HIV infected every year.

d. This does not include the estimated 13,000 persons already HIV infected who are unaware of their status.

d. Despite the increase in expenditure on treatment there is a significant cohort of people in need of ARV medication and not receiving it and a considerable group of PLWHA not adhering to all aspects of the treatment regime. If we assume that one quarter of the 20,000 persons estimated to be living with HIV in Trinidad and Tobago were in need of ART, then 5,000 people would be accessing ARV treatment. (Draft NSP 2011-1016)

e. Although over 96% of ANC attendees have been HIV tested the proportion of HIV positive ANC attendees receiving ARV medication, and adhering to all components of ARV prophylaxis remains at 71.2% in 2009.
7. Advocacy & Human Rights

1. Key Achievements Advocacy & Human Rights

   a. About 80% of the population reported an accepting attitude toward a person living with HIV although this drops to 56% on the question of sharing a meal. 37% of the population indicated that they would keep it secret if they, or a family member had HIV. (KAPB 2007).

   b. A legislative review on the laws of Trinidad and Tobago and how they impact people living with HIV has been undertaken which has increased awareness surrounding the issues of stigma and discrimination. A draft national policy on HIV has been prepared.

   c. The Human Rights Desk, designed to enable people living with HIV to highlight and investigate cases of HIV discrimination, has been in operation and a total of 80 complaints have been investigated since November 2006.

![Attitudes Towards PLHIV (KAPB 2007)]
1. Advocacy & Human Rights Expenditure

a. Although total expenditure on Advocacy & Human Rights appears relatively low, it has exceeded the overall target by 158% of the NSP target.

b. 60% of the expenditure has been targeted towards capacity building, with expenditure being made on “Advocacy & Communications’ and ‘Organisation and Empowerment” primarily within the Civil Society Sector.

c. There was a sharp increase in expenditure from 2006 on the Work Place which coincides with the support received from the ILO with funding support from the USDoL in the development of the National Workplace Policy on HIV and AIDS.

d. The groups targeted by the expenditure on Advocacy & Human Rights has seen a shift in priorities from 2004 and onwards from PLWHA to the general population.

e. A significant element of the work in this area has been at little or no additional cost including the development work on the National HIV Policy and preliminary drafts of the HIV legislation.
8. Surveillance & Research

1. Key Achievement Surveillance & Research

   a. A computer based HIV & AIDS surveillance system CELLMA was pilot tested in 8 HIV treatments and surveillance sites utilising funding through the World Bank. The sites included, amongst others the Medical Research Foundation, San Fernando General Hospital, Trinidad & Tobago Public Health Laboratory, National Surveillance Unit.

   b. There has been a number of research projects that have helped produce evidence for decision making which includes the national Knowledge, Attitudes, Practices and Behaviour Survey 2007, together with the study on the Management of Sexual Relationships of Young Women in Trinidad, 2009.

   c. In addition to research there has been a number of evaluation studies of educational material and campaigns, as well as focus group testing that facilitates the continued improvement of the material.
# Surveillance & Research Expenditure

a. Expenditure on Surveillance and Research totals TT$29.05m over the period 2002-2009.

b. Not included in the table is the capital costs associated with the CELLMA project which totalled TT$21.27m over two years.

c. Research projects undertaken during the period are within the thematic areas of knowledge attitudes, practices and behaviour survey; MSM in Trinidad & Tobago; quality of life study for PLWHA; and assessment of information, education and communication activities for HIV prevention.

d. In order to mount a successful and sustainable national response to the HIV epidemic there is need for evidence informed policy, planning and programmes. Steps have been taken to strengthen the surveillance and information systems, however much remains to be done. There is HIV and AIDS case reporting and HIV confirmatory testing laboratory surveillance as well as data systems for the prevention of mother to child transmission (PMTCT) and voluntary counselling and testing (VCT) programmes.

e. The NACC has developed a national monitoring and evaluation (M&E) framework. However, there is need for technical assistance to create a national M&E Plan. This will facilitate measuring program performance and inform expansion of services. (Draft NSP 2011-2016)
1. **Surveillance & Research Budget per the NSP V Actual Expenditure**
   
a. Overall expenditure within this priority has exceeded the NSP budget by $2.95m principally as a result of the costs associated with the roll out of the CELLMA system.

b. Expenditure on Research projects has underperformed against the NSP target despite there being critical information gaps especially in relation to population sizes of MARPS and the extent of the epidemic in these populations.

c. In part because research projects are expensive to implement expenditure has swung dramatically between the period and has declined significantly from 2007.

d. The international donor sector has played a significant role as the principle financial source behind research projects which has totalled TT$5.57m over the period 2002-2009.

e. The economic crisis has had a major impact on research projects with reduced funding from 2008 onwards.
9. Programme Management, Coordination & Evaluation

1. Key Achievements Programme Management, Coordination and Evaluation

   a. A coordinated multi-sectoral response has been managed which has included effective participation from numerous stakeholders. These include the government sector, civil society organisations and the private sector all of which are actively involved in responding to the epidemic. In addition, the media at intervals, has been a key partner in the response highlighting issues relating to prevention, treatment and discrimination and how this impacts people living with and affected by HIV & AIDS.

   b. There are five HIV Coordinators in Line Ministries so far. It is to be noted that Cabinet has approved the employment of HIV Coordinators in all Government Ministries and departments.

   c. Monitoring and Evaluation indicators have been harmonized across reporting mechanisms and the country has produced biennial national monitoring reports on the status of the epidemic.

   d. Expenditure on HIV has been tracked by financial source, provider activity and beneficiary population facilitating strategic decision-making.

   e. Total expenditure on priority area five rose from $0.54m in 2002 to over $25m in 2008 before starting to reduce in 2009.

   f. There were significant increase from 2003 partly as a result creation of the National AIDS Coordinating Committee, and from 2007, when the positions of HIV Coordinators within Government Ministries commenced.

   g. Expenditure on M&E and building capacity at the national level indicates that this has not been a priority.
1. Gaps / Challenges and Recommendations

a. In this section of the Report, tables will be presented indicating the gaps and the challenges that have been identified after 6 years of coordinating the delivery of HIV and AIDS services together with the recommendations that will improve and develop the national response to HIV & AIDS.

b. The gaps / challenges and the recommendations have been identified and developed through a consultative process with stakeholders over the course of the last 12 months. These consultations and their subsequent recommendations have been identified in a number of reports, which include: the biennial national report to the United Nations Special Session General Assembly on HIV and AIDS, March 2010; the Review and the Development of the National Strategic Plan for HIV and AIDS 2011-2015 (still in progress); the Assessment of HIV and AIDS Financing Flows and Expenditures 2002-2009 (Draft)

c. The format of the following section will be to follow the following thematic areas:

   a. NASA Governance
   b. NASA Human Resources
   c. NASA Data Collection
   d. NASA Data Management and Data Quality
   e. NASA Dissemination and Use
### c. NASA Governance

| Gaps / Challenges                                                                 | Recommendations                                                                 |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---|
| There is lack of ownership at the country level: There is a concept that NASA is a product which belongs to the NACC and therefore has little relevance to the other sectors implementing HIV & AIDS Programmes | The government should develop a mandate for agencies to participate in the NASA exercise which would facilitate the collection of data. |
| NASA requires data input from numerous sectors and entities and requires cooperation between agencies | International partners should commit to promoting financial information as a component within strategic information systems, for example PANCAP and CRSF |
| There is poor understanding of how NASA can be used to inform policy              | Civil Societies need to use NASA information to ensure commitments are being kept and advocacy |
10. Managing the Finances Challenges and Recommendations continued

c. NASA Human Resources

<table>
<thead>
<tr>
<th>Gaps / Challenges</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a lack of capacity to collect, analyze and report on HIV financial and financial management information. Not only is this reflected in Trinidad &amp; Tobago but appears a region wide problem.</td>
<td>Going forward, given the uncertainty regarding the NACC the responsibility to conduct HIV financial studies could rest with the MoF.</td>
</tr>
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<td></td>
<td>The government could advocate for more training from the development agencies especially UNPAID. There has been some NASA training in the region.</td>
</tr>
<tr>
<td>Financing NASA studies is time consuming and expensive especially if consultants are used. Secondly, it is challenging to advocate for more resources in financial systems and supporting environments during periods of resource scarcity.</td>
<td>Additional support could be achieved through the promotion of how NASA can contribute to policy development and policy decisions.</td>
</tr>
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## c. NASA Data Collection

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Data is not readily available.</td>
<td>Financial information on HIV needs to be mainstreamed into the health system through the additional investment in electronic based accounting systems that can provide financial and management accounting information.</td>
</tr>
<tr>
<td>Within many sectors agencies are not able to produce meaningful financial information on what resources have been directed towards HIV &amp; AIDS. His is critical in the health sector in the identification of activity based costs between inpatient, outpatient care and support services.</td>
<td></td>
</tr>
<tr>
<td>In addition where data is available agencies are often reluctant to share the information</td>
<td>There is a need for increased training on the need for HIV financial information.</td>
</tr>
<tr>
<td>Private sector expenditure both from households and private financing sources is difficult to obtain</td>
<td>Periodic household expenditure tracking surveys should be implemented to capture private expenditure on HIV &amp; AIDS.</td>
</tr>
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</table>
### c. NASA Data Management & Quality

<table>
<thead>
<tr>
<th>Gaps / Challenges</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASA is not integrated within the health strategic information systems nor linked to overall public development programme.</td>
<td>NASA needs to be integrated into the existing health financial information system and even used as a pilot for the introduction of National Health Accounts.</td>
</tr>
<tr>
<td>Users of the information have challenges in accessing financial information especially historical data.</td>
<td>Develop a procedure manual that would explain to users how the information has been compiled and guide users through the changes in NASA methodology during the period of the study. This would facilitate mainstreaming and sustaining the capturing of HIV &amp; AIDS financial information.</td>
</tr>
<tr>
<td>Problems with time lags in NASA reporting. The usefulness of NASA is reduced if there is a long time lags between the actual expenditure being made and when it is reported.</td>
<td>Additional investments in electronic based accounting systems need to be made and reliance on paper based accounting ledgers needs to be phased out.</td>
</tr>
</tbody>
</table>
### NASA Dissemination and Use

<table>
<thead>
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<tbody>
<tr>
<td>NASA has tended to focus on the production of matrices rather than meaningful information for decision making</td>
<td>With greater training and awareness policy makers can concentrate on a core set of indicators that can be produced on a regular basis that will facilitate decision making rather than the periodic production of the entire set of matrices which can disorientate users.</td>
</tr>
<tr>
<td>Minimal use of NASA for decision making. The results indicate that NASA has not been used by decision makers to monitor and adjust progress against the benchmarks set in the NSP.</td>
<td>A communication strategy needs to be established for dissemination of the reports to all users through workshops, websites and other communication channels.</td>
</tr>
<tr>
<td>NASA reports are not being disseminated to HIV &amp; AIDS implementers. Although, the NASA reports are produced and have been published on the UNAIDS website there has been little emphasis of driving users to the site.</td>
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</tr>
</tbody>
</table>
11. Managing the Finances Next Steps

1. Next Steps

   a. There is a clear need for the National Aids Spending Assessment project to continue and in the current economic climate the need to track resource flows and direct expenditure at those areas most in need becomes paramount.

   b. This can only be achieved if users of the information see a clear link between financial data and using the information to better inform decision making for policy and programme decisions.

   c. The immediate next steps until March 2011 to sustain the NASA project will be:

      a. Disseminate the report to all stakeholders who are involved in the national response to HIV & AIDS and share the critical findings especially at the political level.

      b. Explain and facilitate the advantages of the report for decision making especially at the donor, governmental and civil society sectors.

      c. AS the national HIV & AIDS project has been successfully integrated into various implementing ministries advocate for another agency to take on the responsibility to undertake the assessment and integrate this into existing financial reporting mechanisms. The Ministry of Finance or Ministry of Health being likely candidates.
12. Acknowledgments

1. Acknowledgments

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