National Committee on AIDS

UNAIDS

MONGOLIA

NATIONAL AIDS SPENDING ASSESSMENT (2008-2009)

March 2010

Contents

1. Introduction

1. In recognition of the severity of the HIV/AIDS pandemic, international organizations, policymakers, and donors have made bold declarations and set targets for curbing the spread of HIV/AIDS, mitigating its impact, and extending treatment access. For example, the Millennium Development Goals (MDGs), defined by the international community to serve as a framework for measuring country development progress, aim to halt and reverse the spread of HIV/AIDS by the year 2015. In addition, in 2001, 189 nations adopted *the Declaration of Commitment on HIV/*AIDS at the first-ever United Nations General Assembly Special Session (UNGASS) on HIV/AIDS; this Declaration covers 10 priorities, from prevention to treatment to funding, and was designed as a blueprint to meet the HIV/AIDS MDGs.

2. In its effort to monitor and evaluate the response to the AIDS pandemic and achieve the financing goals set out in the 2001 UNGASS Declaration, UNAIDS seeks to track the flow of financial resources from funding source to actual expenditure. This data is then used to measure national commitment and action, which is an important component of the UNGASS Declaration. In that respect, UNAIDS supports the implementation of a National HIV/AIDS Spending Assessment (NASA), which is a comprehensive and systematic methodology used to determine the flow of resources intended to combat HIV/AIDS in low- and middle-income countries.

3. Taking the importance of NASA, the National Committee on AIDS (NCA) of Mongolia decided to implement methodology for systematic monitoring of HIV/AIDS financial flows at national level using the National AIDS Spending Assessment methodology (NASA).

4. This report with recently developed Mongolian framework for National AIDS Spending Assessment methodology is the first endeavor to measure expenditures for HIV/AIDS on comprehensive basis. Firstly, mapping of stakeholders who combats with HIV/AIDS had been completed then spending on HIV/AIDS for 2008, 2009 had been collected through primary and secondary data collection by approaching mapped stakeholders and also data triangulation, validation had place. Finally matrices have been compiled:

a. Financing Sources (FS)
b. Financing agents (FA)
c. Providers (PS)
d. Production factor (PF)
e. AIDS spending categories (ACS)
f. Beneficiary population (BP)

5. The report organized by following structure. This introductory section is followed by defining objectives of assessment then continued by overview of the HIV/AIDS situation in Mongolia. Section 4 discusses NASA methodology in brief, which contains definition of NASA expenditures, boundary of NASA and financial flows and classification schemes with NASA tables. Section 5 covers limitation of assessment and followed by NASA finding for 2008 and 2009 and results included on Section 6.

2. Objectives

6. The objective of the NASA was to develop NASA framework taking peculiarities of Mongolia, track and estimate HIV/AIDS spending from 2008 to 2009 and to assure smooth adaptation and institutionalization of NASA using existing monitoring and evaluation mechanisms.

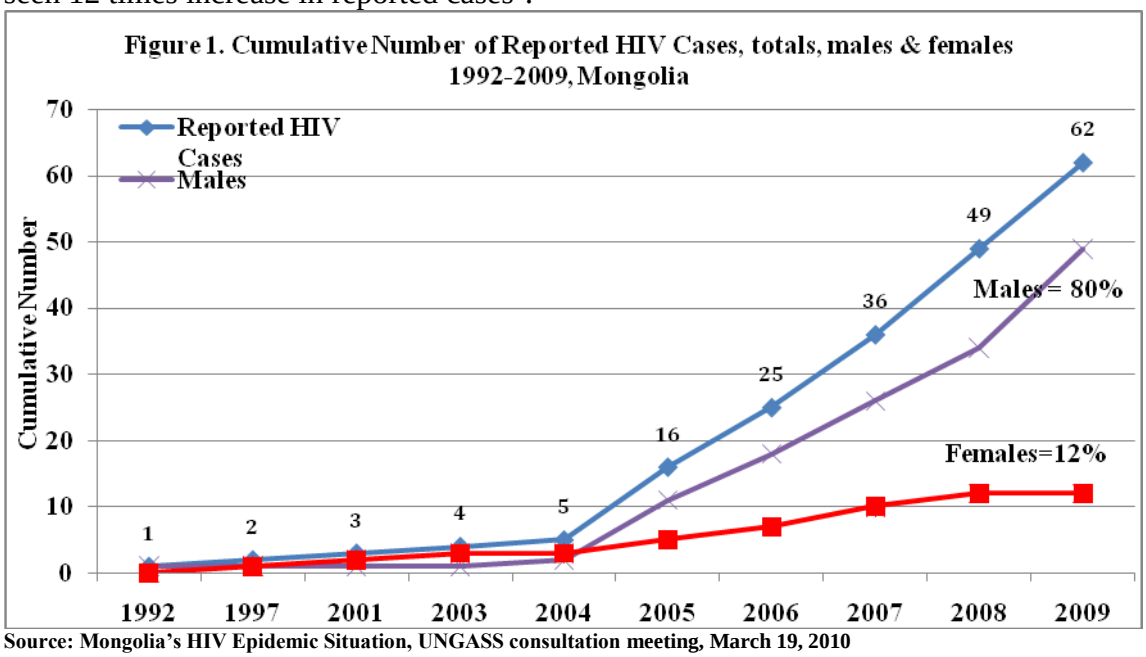
7. Specific objectives were:

- Analyze the structure of HIV/AIDS–related services and organizations in the public and private sector, including bi- and multilateral donor organizations active in the country;
- Develop a data collection plan for the national level and all regions and departments - identify stakeholders/entities among financing sources, financing agents, and users/providers in the public and private sectors;
- Develop a plan and conduct training for national level NASA technical team;
- Validate, enter and analyze financial data for national and regional/district level data;
- Present and disseminate achieved results including full set of NASA matrixes;

3. Overview of the HIV/AIDS situation

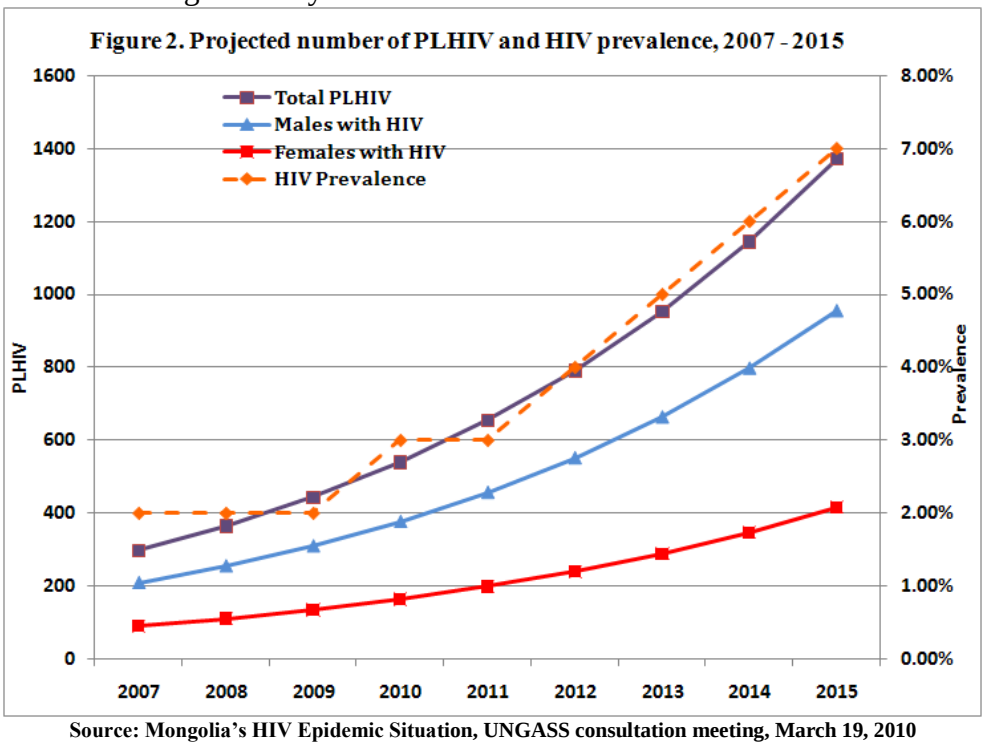
3.1 Disease prevalence

8. Mongolia has remained a low prevalence country, with a total of 63 cumulative cases and an estimated adult prevalence of less than 0.02% (2009), however, for last 5 years has seen 12 times increase in reported cases[1].



Source: Mongolia's HIV Epidemic Situation, UNGASS consultation meeting, March 19, 2010

9. And projection shows, number of people living with HIV surpassed 400 in 2009, and in overall has increasing tendency.



Source: Mongolia's HIV Epidemic Situation, UNGASS consultation meeting, March 19, 2010

[1] UNGASS country report Mongolia, 2010

10. To tackle with HIV/AIDS pandemic Mongolia has developed National Strategy Plans for HIV/AIDS/STI in 2003 and revised in 2004 and 2006. However, National Strategic Plan 2006-2010 was revised due to the recognition that it was not prioritized and did not have a costed action plan[2]. Therefore, government of Mongolia refined approved National Strategy Plan for 2010-2015 on February 17, 2010, which is much comprehensive and has sectorwide approach.

3.2 National Strategy Plan for 2010-2015

11. The goal of National Strategy Plan for 2010-2015 is **to maintain the current low HIV-prevalence rates of below 5% inmost-at-risk-populations in Mongolia by preventing the transmission among these key populations and prevent HIV from spreading into other groups of the general population; and to mitigate the impact of HIV and AIDS on persons infected and affected, as well as on society as a whole.**

12. And it has 7 objectives:

1. To reduce HIV vulnerability among most-at-risk populations - with a special focus on female sex workers (SWs), MSM, and IDUs - by scaling up coverage of high-quality, key HIV prevention programmes and services
2. To reduce HIV vulnerability among the general population by raising awareness and promoting prevention behaviors with a special focus on reducing HIV risks among potential bridge populations and vulnerable groups
3. To improve the quality of life of PLHIV in Mongolia by strengthening (self) empowerment, and improving the quality and accessibility of health and social services - including care, support and treatment, with meaningful involvement of PLHIV
4. To strengthen the organization, management, quality of and access to core HIV and STI, hepatitis B and C, blood safety, TB and reproductive health-care services at all levels in the Health sector
5. To establish and strengthen a supportive legislative and public policy environment for HIV and STI prevention and control, with adequate and sustainable resources available
6. To strengthen the institutional capacity of coordinating bodies and implementing institutions to implement a well-coordinated multisectoral response at national and local levels
7. To promote availability and utilization of strategic information including case reporting system, sentinel HIV, STI and behavioral surveillance, operational research and M&E data for an evidence-informed national response to HIV and STIs

13. Expected outcome under objective **5C** is the annual increase of the government (central and provincial) funding by 3%[3] for HIV and STI programmes and NASA will monitor achievement.

[2] Comprehensive Review of the National Response to HIV and STIs in Mongolia, 2008

[3] Result of year 2009 will be baseline. Target for year 2010 is to increase the baseline data by 3%, in year 2011 by 6%, in year 2012 by 9%, in year 2013 by 10%, in year 2014 by 12%, in year 2015 by 15%.

4. Methodology[4]

4.1 NASA framework for Mongolia

14. The conceptual framework for Mongolian NASA based on "National AIDS Spending Assessment (NASA) – Notebook 2009" with slight modifications and addendum, in order to keep consistency with Mongolian National Health Accounts framework.

15. **NASA is the systematic, periodic, multi-vectorial and exhaustive tracking of the actual spending that, coming from international, public and private sectors, comprises the national response to HIV and AIDS.** The resource tracking methods are aimed to follow the money from the source up to the beneficiaries receiving goods and services.

16. **NASA tracks all the spending based on a rigorous classification of the actors as well as the purposes of all expenditures conforming the multisectorial response to HIV and AIDS; a complete accounting of all spending, regardless of the origin, destination, or object of the expenditure; a rigorous approach to collecting, cataloguing, and estimating the flows of money related to all HIV and AIDS programmatic areas from prevention and care to social mitigation; and a structure of tracking resources intended for the continuous analysis of their interaction.**

4.2 Determining HIV/AIDS expenditure

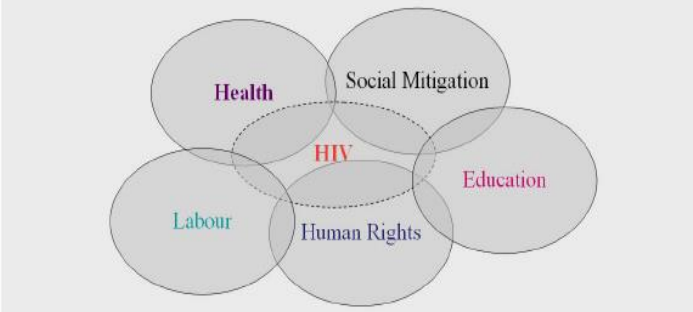
17. For determining expenditure boundaries, some key terms related to expenditure are defined as follows:

- **HIV/AIDS expenditure** refers to *spending on the continuum of HIV/AIDS-related activities, namely those that are 1) intended primarily to have an impact on the health and social (e.g., economic, legal, and education) wellbeing of PLWA and 2) intended to prevent the spread of HIV (e.g., condom distribution programs for the general population, with the primary purpose of HIV prevention – not, for example, for family planning).*

4.3 Boundary of NASA

18. NASA is not limited to health expenditures. NASA follows the basic framework and templates of the National Health Accounts, but embrace the tracking of social mitigation, education, labour, justice and other sectors' expenditures[5] as shown in figure 3.

Figure.3 Mapping of NASA



Source:"Guide to produce National AIDS spending Assessment", UNAIDS, 2009

[4] This part was taken from Mongolian framework for National AIDS/HIV Spending Assessment

[5] "Resource Needs for an Expanded Response to AIDS in Low and Middle Income Countries" approved by the UNAIDS Program Coordinating Board, 2005

4.4 Financial flows and classification scheme of NASA

19. Financial flows and expenditures related to the National Response to HIV are organized according to three dimensions: finance, provision, and consumption. The classification of the three dimensions and six categories comprise the framework of the NASA system. These dimensions have shown in Table 1.

Table 1. NASA classifications

Financing	
1. Financing sources (FS)	Entities that provide money to financing agents
2. Financing agents (FA)	Entities that pool financial resources to finance service provision programmes and also make programmatic decisions (purchaser-agent)
Provision of HIV services	
3. Providers(PS)	Entities that engage in the production, provision and delivery of HIV services.
4. Production factors (PF)	Resources used for the production of ASC.
Use	
5. AIDS spending categories (ASC)	HIV-related interventions and activities.
6. Beneficiary segments of the population (BP)	Populations intended to benefit from specific activities.

4.5 NASA tables

20. NASA tables aim to capture the financing, production, and consumption dimensions of health care spending by revealing the flow of funds between the categories of these dimensions. In addition to these tables, a NASA report should also include summary tables, auxiliary tables (indicating any further analysis), and a listing of policy indicators (e.g., percentage of gross domestic product consumed by the HIV/AIDS national response).

5. Mapping of stakeholders, data collection method and limitations

5.1 Mapping of stakeholders, data collection method

21. Firstly, mapping of stakeholders who combats with HIV/AIDS had been completed during a series of technical meetings of working group.

22. Secondly, primary and secondary data collection methods were implied for collecting expenditure datas on HIV/AIDS/STD, HIV/AIDS/STD morbidity cases.

23. Three types of questionnaires which differ by financers/financing agents, public and private health care providers were developed and sent to 169 entities at nationwide and response rate was 42%. The database was prepared on EXCEL and data entry and cleaning was made.

24. Portfolio of Minister of Health, various costing estimates of primary, secondary, tertiary level health care facilities were reviewed and had been used for compilation HIV-related interventions and activities.

25. In addition, HIV/AIDS/STD morbidity cases, blood bank datas were approached through primary and secondary data sources.

5.2 Limitations

26. Actual expenditures were collected to the extent possible, but due to time constraints, the information presented in this report has some limitations. Specifically, the following are the data limitations:

27. The data collection process was carried out during the months of January, February which were not ideal. Thus the actual time available to capture data was not adequate for the timelines set. It leaded for public sources of 2009 to use not planned expenditures.

28. Only two ministries were interviewed based on the size of their HIV/AIDS progams, the National AIDS Committee were asked for expenditure on public funds. The team attempted to focus its resources given the time constraints.

29. Expenditures that could not be definitively classified were recorded under programme management.

30. Responses from private sector on sent questionnaires were insufficient to use, however only private sector expenditure on HIV/AIDS captured in this report was broadcasting fee on TV and condom distribution by one private provider. Private and out of pocket (OOP) spending is only very minimal.

31. In order to capture data on resources used for the production of ASC, it would take time to fully disaggregate expenditures. Therefore, given the short timeframe of the study public funds were estimated by wages, administrative services, other drugs and pharmaceuticals (excluding antiretrovirals), services not broken down by type, and current expenditures not broken down by type.

32. Data provided by some respondents is not disaggregated

33. Data estimations were made for some spending items, especially domestic spending in public facilities

34. Not all stakeholders were approached (spending of AIDS sub-committees was not included due to time constraints).

6. Results

35. The output of the assessment is a set of pivot tables that are crossed between the sources of funding, programming agents, implementing agencies and the category they fund or the beneficiary that gets the fund. Table below shows variation of NASA matrices developed during the assessment.

Table 2. Mongolian NASA matrices for 2008-2009

NASA matrices	Financing sources (FS)	Financing agents (FA)	Providers (PS)	Production factors (PF)	AIDS spending categories (ASC)	Beneficiary segments of the population (BP)
Financing sources (FS)		x	x	x	x	
Financing agents (FA)	x		x	x	x	
Providers(PS)	x	x				
Production factors (PF)	x	x				
AIDS spending categories (ASC)	x	x				
Beneficiary segments of the population (BP)						

36. The NASA is also meant to provide information for policy makers. As such the basic matrices are the best sources for them to mine for specific information.

37. All the figures mentioned in this section are in million Tugrug (MNT)[6] unless specified.

38. The findings below would take these matrices and present some basic information on funding flows. Also the reader must keep in mind that unless reported to the NASA team, the expenditure would not be present in these findings.

6.1 Total AIDS Spending by Source

39. The total amount spent on HIV/AIDS, STI activities was 12,133 million MNT for period 2008-2009. Funding increased slightly over the two-year period from 5,258 million MNT in 2008 to 6,875 million MNT in 2009. Figure 4 shows the breakdown in spending by source. Overall, international donors provide 68% of AIDS spending, 30% comes from public sources and rest goes to private sector. Due to lack of information of private sector spending, including out of pocket and household payment on HIV/AIDS, STI, and also time constrain of assessment itself it wasn't possible to compile private spending data. However, private sector spent at least 2% on prevention and programme management.

40. Total public spending declined from 1,857 million MNT to 1,693 million MNT or decreased by 9%. The driving factor of decrease was halt of Healthy Mongolian campaign programme in 2008 but procurement of goods still had a place in 2009. Although in absolute numbers it may seem low, government spending on the national response is almost 30% of all

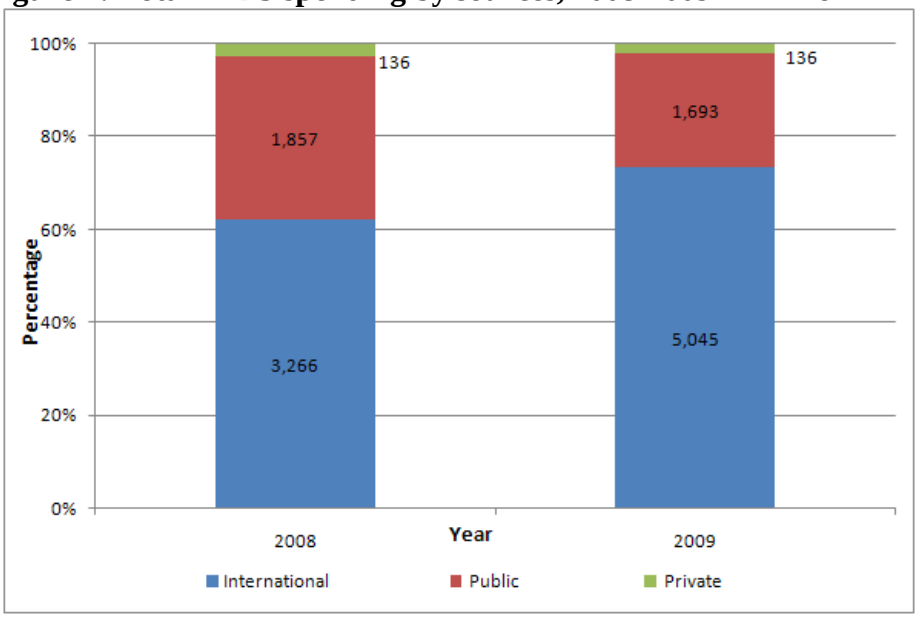
[6] Tugrug Mongolian national currency, 1 USD = 1166 MNT in 2008, 1 USD = 1439 MNT in 2009

sources, which can be considered quite high for a low epidemic country with limited resources and capacity for HIV. This is most likely due to the fact that a big portion of these funds are going to interventions for the long standing STI epidemic, which has had more time to be integrated into the country's disease priorities and become part of the public health spending. Obtaining funding for HIV/AIDS amongst the more prevalent disease priorities is a challenge in Mongolia.

41. The role of international development partners has been critical in Mongolia's multi-sectoral response. Not only do they provide key technical and financial support, they play a large role in implementation of national programs and delivery of HIV/AIDS, STI preventive and treatment, care and support services.

42. Financially, Mongolia also relies heavily on international development partners for funds on the multi-sectoral response. In 2008 and 2009 international donors contributed 68% of the 8,311 thousand MNT spent on HIV/AIDS, STI prevention. The main contributing development partners in the response include the United Nations Organizations, international development banks, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), bi-laterial agencies such as GTZ, and international NGO's such as World Vision.

Figure 4: Total AIDS spending by sources, 2008-2009 in million MNT



43. The biggest "contributor" among external agencies is the Global Fund. Presently, Mongolia is a recipient of Global Fund Round 5 (*Expanding Targeted national HIV/AIDS Prevention)* and Round 7 *(Maintaining low prevalence in Mongolia through scaling up universal access for HIV/AIDS prevention, treatment, care and support for most at risk populations and strengthening the health sector)*. Global Fund expenditures were on the following service delivery areas (SDAs): condom distribution (in support of 100% CUP), behavior change communication (BCC) and outreach, counseling and testing, partnership development, STI diagnosis and treatment, institutional strengthening and capacity building, blood safety, antiretroviral therapy (ART) and monitoring, among others.

44. The expenditures of NGOs are usually sourced from development partners and international NGOs. Notably, a lot of AIDS-related activities are being carried out by NGOs. Presently, there are about three NGOs (Together, Youth Health, and Sports Center for Youth Health) working on MSM. On the other hand, the National AIDS Foundation (NAF), a sub-recipient of Global Fund, provides prevention activities targeting sex workers, men having

sex with men (MSM), and mobile population. The NAF also gives sub-grants to other NGOS and capacity-building activities for the network NGOs.

45. The UN agencies funded activities on condom social marketing, planning and coordination, information technology, monitoring and evaluation, and capacity-development activities, among others. The UN Joint Program has four strategic priorities: (1) strategic planning, governance and financial management, (2) scaled up targeted prevention interventions, (3) scaling up treatment, care and support, and (4) monitoring and evaluation, knowledge and accountability. While UNFPA focuses on sexual and reproductive health, UNICEF provides support for VCCT and PMTCT, life skills-based training, etc. The WHO supports second generation surveillance, 100% condom promotion, etc.

46. Various bilateral agencies contributed funds for VCT and other prevention activities, information technology, monetary incentives for human resources. GTZ is provided funds to support the national response to STI and HIV prevention and is an important partner for UNFPA and national counterpart organizations.

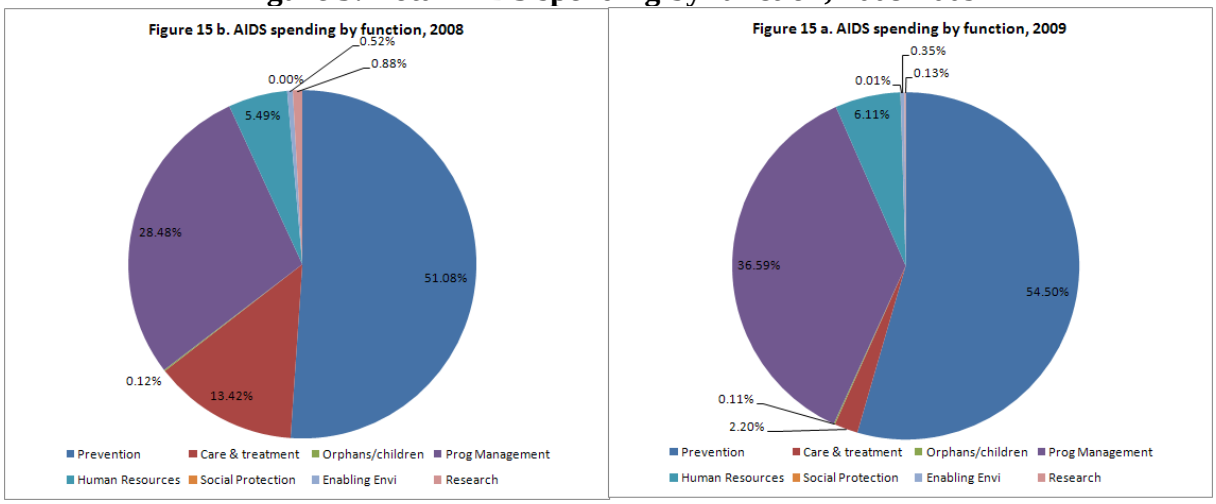
47. Other international and multilateral sources spend on prevention activities and program management and administration costs. Marie Stopes International (MSI) and World Vision are the INGOs with on-going activities.

6.2 AIDS Spending by Function

48. Looking at combined spending sources, distribution across all function categories has remained fairly consistent in the last two years. Approximately 53% of funds went to prevention activities, followed by program management and administration (33%), and care and treatment activities (7%). The prevention activities undertaken during the period includes the following: treatment and diagnosis of sexually-transmitted infections (STI), prevention programs for men who have sex with men (MSM), programs for sex workers, blood safety, voluntary counseling and testing, among others.

49. Program management costs comprise of planning and coordination, monitoring and evaluation, upgrading of facilities, information technology, among others. In terms of treatment and care, funds were spent on anti-retroviral drugs, medicines for opportunistic infections, among others. Capacity-building activities, advocacy programs, and some research studies were also conducted during the period 2008-2009.

Figure 5: Total AIDS spending by function, 2008-2009



50. Figure 5 illustrates the distribution of public spending by function category. More than 80% of funds were spent on prevention, which is to be expected considering the dynamics of the Mongolia's HIV situation. Thirty percent of expenditure was on prevention and control of STIs, with another 60% spent on unspecified prevention activities. Approximately 17% of public spending was dedicated to program management and administration strengthening in particular for planning and coordination which manifested in some of the progress described earlier, including the comprehensive NSP 2009 – 2015. Again more than half of management and planning expenditure was categorized as unspecified. More analysis is needed to better understand where funding is going and whether it is effective. The NCA secretariat's capacity to mobilize resources and ensure public funds are addressing the priorities in the NSP and helping to meet program goals needs to be strengthened.

51. Figure 6 describes the distribution of funding by functional category for international spending in 2008 and 2009. Close to one third of donor funds were dedicated to prevention activities, which seems low considering the predominant intervention strategy for Mongolia's national response lies under the umbrella of prevention. This maybe due to the fact that public monies were mainly dedicated to prevention (81%), but put together prevention funds are still low comprising a total of 53% of all spending. The second largest spending category is program management and administrative strengthening (37%). Most of this money is sourced from GFATM with more than half categorized as unspecified activities under program management and administration. Considering the dire need for targeted STI and HIV prevention, an evaluation of spending priorities is necessary to ensure they are aligned with the priorities described in the National Strategic Plan 2009 – 2015. Spending on human resources is also quite low considering that prevention services and treatment for the high number of STIs requires intense human capacity, and no national public spending is dedicated to human resources. In addition certain areas important to strong national response that are currently quite weak such as monitoring and evaluation are partly due to low human resources. Low funding of research is another area of weakness, especially in light of the lack of understanding of many of the emerging vulnerable groups. Operations research and program evaluation are virtually non-existents but imperative to determine if prevention efforts are reach the right people and making an impact. The pattern of spending underscores an aforementioned weakness in Mongolia's national response – the lack of monitoring and analysis of resource needs versus pledged funds versus spending. The dependency on GFATM as primary donor has the limitation that GFATM is not a technical support agency and cannot determine hands on the adequacy of funding areas in the national response. Even though funding is performance based, most indicators are program outputs and program specific outcomes, hence not revealing progress made for the actual HIV and STI situation until several years later which can be too late. This is where other development partners can play an active role and provide technical guidance and support to ensure funding is channeled to areas of need. Some newly instituted changes include a dual track funding for the round 9, with two Principle Recipients, the MoH for government and the National AIDS Foundation for civil society. This will create a balance in the grants management for the multi-sectoral response. The Country Coordinating Mechanism (CCM) has also recently engaged a more diverse membership that includes civil society, ensuring a balanced view of internal grants application approval and implementation. In addition the new NSP 2009 – 2015 has listed clearly defined strategic direction, objectives and priority activities that were based on recommendations from an internationally commissioned evaluation of the national response[7].

[7] Comprehensive Review of the National Response to HIV and STIs in Mongolia. 2008

Figure 5. Public AIDS spending by function for period 2008-2009

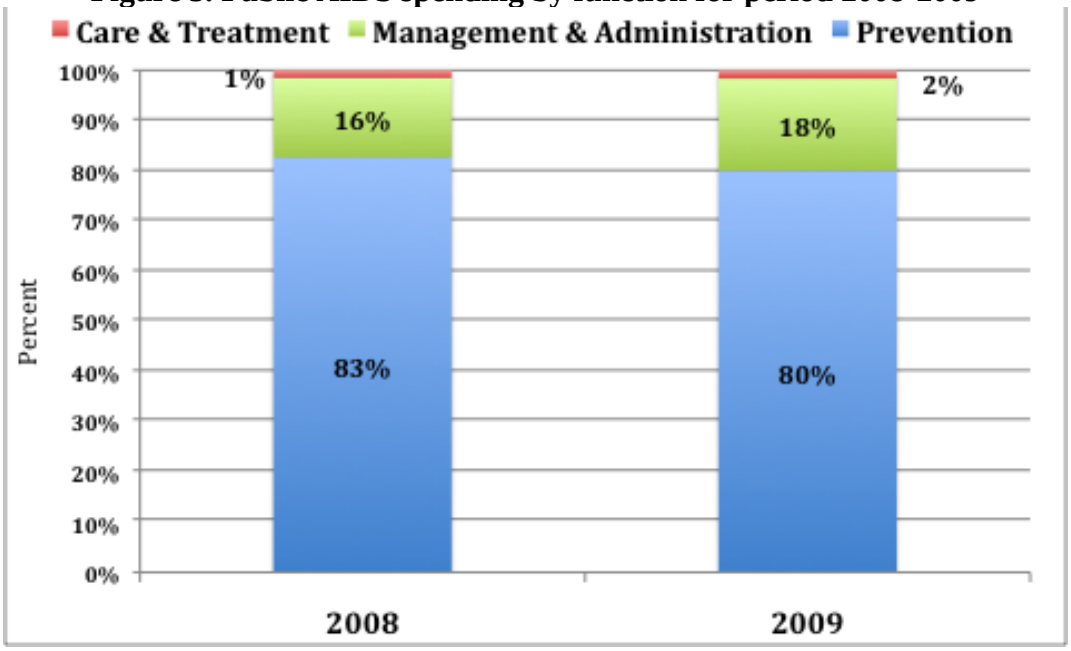
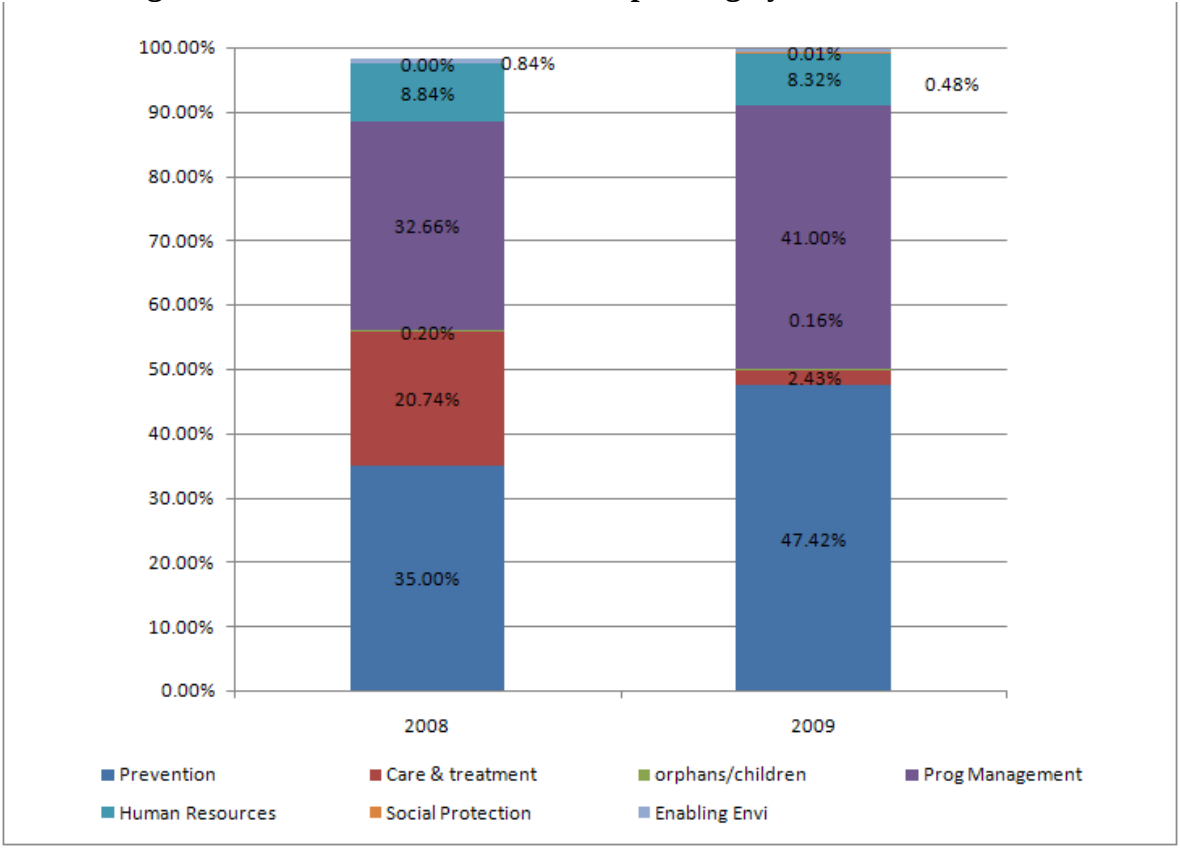


Figure 6. International Public AIDS spending by function, 2008-2009



6.3 Allocation of funds

52. In terms of roles and responsibilities, the MOH provides overall policy and program directions. The Department of Health (DOH), on the other hand, is the implementing agency for health promotion, the licensing and accreditation of health centers and health management through its health statistics department and health management unit.

53. The delivery of services is carried out by the NCCD and other public health facilities. The management and administrative costs of the NCCD is supported by the Government/MOH while the procurement of commodities and other operational costs are supported externally (Global Fund). NCCD has an AIDS & STI Department, which is charged with surveillance of HIV and STIs at the national level and implementation of the National AIDS Program. The central laboratory of NCCD is the national reference laboratory and is supposed to perform HIV confirmatory testing of all laboratory tests carried out in Aimag General Hospitals. Notably, most of the AIDS-related spending incurred by the NCCD and other health facilities was on STI diagnosis and treatment because of the high prevalence of STI (gonorrhea, syphilis), followed by VCT.

54. On the other hand, the expenditures incurred by the NCA are mainly on program management and administration costs in coordinating the country's multi-sectoral response to HIV and AIDS.

55. ***Global Fund to Fight AIDS, Tuberculosis, and Malaria*** - GFATM is by far the largest provider of HIV/AIDS, STI funds, contributing 74% of donor funding in 2009, an increase from 64% in 2008. Their main role is to provide funding for HIV and related activities through grants. Three rounds of grants have been approved thus for HIV activities, with round 2 providing 2.99 million USD, round 5 providing 4.3 million, and round 6, providing for phase 2.9 million. Most recently round 9 was approved and is in the process of grant negotiations. The Project Coordination Unit (PCU) within the Ministry of Health is the program and financial arm of GFATM funded activities. The majority of funding has been dedicated to prevention activities with the second largest spending on program management and administration, including monitoring and evaluation. Most importantly, GFATM is the only donor providing funding for ART and OI drugs in Mongolia.

56. ***United Nations Organizations*** – The UN is the overall the second largest donor spending a total of 1,163 million MNT over the past two years. However, while GFATM increased its funding over the last two years, the UN has decreased its spending from 649.5 million MNT in 2008 to 514.1 million MNT in 2009 Most of the funds in 2008 were donated for program management and administrative strengthening. In 2009, human resources was the main areas of spending.

57. The UN provides technical and programmatic support as well. The main UN partners in the response are WHO, UNAIDS, and UNICEF, WHO supports the 100% CUP, operational research, the periodic SGS surveys and provides general technical support on the health sector response. UNAIDS coordinates the international multi-sectoral response, provides advocacy and resource generation, strengthens the monitoring and evaluation system, as well as general technical support. UNICEF supports the VCT services and site expansion, guidance on PMTCT, and youth and educational activities, including support to OVC. UNFPA also plays a major role with reproductive health and outreach to female sex workers. UNESCO and ILO provide support from the regional offices, in areas of education and workplace initiatives, respetively.

58. ***Other international development partners*** - All other international partners account for 14% (2008) and 13% (2009) of spending in the national response. These include the German bilateral donor agency GTZ who provided close to 1 million USD over between 2008 and 2009 for several STI and HIV prevention activities. In particular they have partnered with UNFPA to support linking of STI and HIV services to the wider sexual and reproductive health services in order to reach a broader population group. In addition, they have also supported programs to improve STI and HIV diagnosis, pre and post-test counseling, and STI treatment for pregnant mothers and their partners in antenatal care clinics.

59. The Asian Development Bank (ADB) has provided support of HIV/AIDS/STI education projects focusing on cross-border risk factors particularly for workers of infrastructure and mining development projects. ADB has also been providing technical assistance to the Government for awareness and prevention of HIV/AIDS and human trafficking that may be associated with road construction and increased cross-border movement of the population via technical assistance of the Regional Road Development Project.[8]

60. It can be observed that generally, the public and international resources complement each other especially since prevention for MARPs and treatment and care costs are shouldered by international resources (through Global Fund) while STI diagnosis and management, programs for youth and general population are being carried out by the government and its public facilities (district hospitals). Further, it should be noted that there was private sector spending through mass media during the World AIDS Day celebration. However, the exact cost of this was not captured in the report.

6.4 Policy and Program Implications

61. The NASA results highlight the following concerns:

a) There is a need to mobilize resources to finance current and future AIDS interventions. In order to realize the goals and objectives of the National Strategic Plan for AIDS (2010-2015), it is imperative that investments on HIV and AIDS prevention and control be secured. Public-private partnerships may have to be forged so that current resources and activities can be supplemented.

   Coordinating with big private corporations (multi-national companies) and encouraging them to include HIV/AIDS orientation/education in the workplace may be a good start. In the Philippines, the Philippine Business for Social Progress (PBSP), a network of business companies, was tapped as partner in pursuing programs geared towards the attainment of the Millennium Development Goals (MDGs). The Pilipinas Shell Foundation in particular was tagged as the 'Business Champion for Health'. Presently, the Pilipinas Shell Foundation is a recipient of Global Fund for the Malaria project.

   Based on the Costed Plan for 2009-2010, total funding requirement for 2010 is about US$ 5.4 million. However, based on 2009 spending is only US$4.9 million. Clearly this illustrates a potential funding gap.

b) Current resources, on the other hand, need to be utilized effectively and efficiently given the uncertainty of funds coming from external sources. Limited resources should be used to finance priority activities that will result in greater impact and halt and reverse the spread of HIV. The right mix of interventions will have to be determined

[8] The Regional Road Development Project has been implemented since 2005 to construct a connecting road between Choyr and the border with the People's Republic of China at Zamyn-Uud, linking Mongolia to the People's Republic of China and the Russian Federation.

and good practices will have to be replicated. Moreover, interventions will have to be implemented at least possible cost to maximize available funds.

Further, it is important to analyze the current situation, understand the risk factors and the trend of the epidemic to allow for possible adjustments in the AIDS interventions as well as funding decisions. HIV prevalence of at-risk population is important but it is also essential to determine its size for prioritization. Geographic prioritization of interventions may be undertaken and identifying the new sources of infections.

Recent findings have shown that prevention focused on at-risk populations has more impact and is more cost-effective. In addition, according to A. Reddy (UNAIDS) reaching 80 percent of MARPs coverage can turn around the epidemic.

Table 3. Cost of intervention

	Cost of Interventions	
Effect	**Low-cost, High-impact (prevention among most-at-risk populations)**	**High-cost, High-impact** (antiretroviral treatment and prevention of mother-to-child transmission)
	Low-cost, Low-impact (general awareness programmes through mass media and other channels)	**High-cost, Low-impact** (health systems strengthening through universal precautions and injection safety)

Source: Redefining AIDS in Asia 2008,

62. Further, UNAIDS (A. Reddy) suggests the following elements of country-specific effective interventions:

(1) targeted at the strategic at-risk populations in strategic locations;
(2) based on the source of most new infections;
(3) effectiveness based on standardized packages (behavior change and communication, prevention commodities, prevention treatment, monitoring and evaluation, peer outreach)
(4) high coverage

63. In terms of program implementation, activities that may or cannot be carried out by the government network may have to be supported by NGOs. It was noted that policy limitations (prostitution still remains illegal) make it difficult to reach certain populations such as sex workers. It is in this light that the role of NGOs in the overall implementation of the AIDS program may be of help to reach these marginalized and unreachable target populations. Specialized and sensitive interventions (outreach, peer education, etc.) may be best carried out by NGOs rather than by government. (Refer to Annex II for supplemental prevention recommendations from the *AIDS Commission*)

c) Work towards sustainability of initiatives

Critical activities, programs and projects need to be sustained and agreed to by major stakeholders. At present, more investments are needed so that programs will be able cover all target groups especially the most-at-risk populations (sex workers, injecting drug users, and men having sex with men). Special attention may have to be given also to migrant workers. Moreover, the Government should be prepared to absorb the financial responsibility of providing prevention and treatment services in the event that external resources dwindle in the future. The results of the NASA, the Costed Plan and the current

epidemiological profile are powerful advocacy tools to justify increase in budget for health or HIV and AIDS programs. It is therefore crucial that these reports be disseminated and presented to relevant government ministries (finance or budget). The NGOs should also be aware of these findings so that they can help the government in mobilizing resources and implementing 'sensitive' interventions. It can be noted that in some countries, the global economic crisis has adversely affected donor resources. Governments are now competing for global resources and the recent devastating effects of natural calamities may also imply re-allocation of donor resources to calamity-stricken areas.

6.5 Institutionalization of NASA

64. As the international response to AIDS continues to scale-up, it becomes crucial to monitor in detail how funds are spent at the national level and where the funds originate. In addition, when aggregated across multiple countries, the data helps the international community evaluate the status of the global response. At the country level, NASA data helps national-level decision-makers monitor the scope and effectiveness of their programs. From a monitoring and evaluation (M&E) perspective, the NASA provides indicators on the financing of AIDS which can be used for annual estimates of financing sources and functions (compare past and future needs), and Monitoring of Declaration of Commitment (UNGASS). The result of the NASA is an essential input in the planning cycle and programming of future activities. It validates what was originally planned and how much was actually spent. Further, it helps in gap analysis between what was actually spent (available resources) and how much is needed. These reasons warrant the institutionalization of NASA.

65. There is however, a need to improve data collection. Currently, data collection process is at a developmental stage since it is the first attempt at getting actual expenditure data on HIV and AIDS. Spending information collected remains aggregated (major spending categories only). Estimations were made for some of the key spending items (STI treatment services). Nevertheless, the NASA exercise is an evolving process of continuous improvement, specifically in terms of data accuracy and completeness. Having an "imperfect" but logical and transparent estimation is a better starting point than not having data at all.

66. In order to improve data collection, regular consultation with major stakeholders is essential. In addition, the conduct of orientation workshops may also help providers and implementing agencies clearly understand the importance of the NASA exercise and the various spending categories.

67. It is strongly recommended that the M&E system of Mongolia be strengthened and that NASA be mainstreamed in the M&E system of the country. A multi-sectoral M&E working group may be initially formed. Aside from collecting program indicators, the M&E system may also include expenditure data. This may be lodged either in the National AIDS Committee Secretariat or the Department of Health. Another option that may also be explored is creating a NASA sub-account under the National Health Accounts. This means including collection of non-health expenditures.

68. The sub-national AIDS committees may also be capacitated to undertake the collection of spending data at the ground. The role in the overall M&E system of the sub-national AIDS committees may have to be clearly defined to ensure delineation of responsibilities.

69. In Thailand the collection of AIDS-related expenditures is subsumed under their National Health Accounts. In the Philippines, on the other hand, it is under the Philippine National

AIDS Council (PNAC) and collected separately from the national health accounts. The decision on where to lodge the data collection and how it will be managed may largely depend on who is mandated to monitor the national AIDS response and who has the capacity to effectively collect and analyze data.

7. Conclusion

70. Mongolia for the first time produced NASA which covers period 2008-2009 along with Mongolian framework for National AIDS Spending Assessment methodology. All matrices stated in NASA framework were compiled except matrices by Beneficiary Population.

71. Mongolia's total spending for HIV/AIDS was MNT 5,258.49 million in 2008 and it increased to MNT 6,874.64 million MNT in 2009 due to increase of GFATM funds. In overall, 70% of funds come from international sources and this trend same for developing countries.

72. Most of the resources went to prevention interventions (54%), followed by program management and administration (33%), care and treatment activities (7%) and human resource (5.8%). The prevention activities undertaken during the period includes the following: treatment and diagnosis of sexually-transmitted infections (STI), prevention programs for men who have sex with men (MSM), programs for sex workers, blood safety, voluntary counseling and testing, among others.

73. There is a need to mobilize resources to finance current and future AIDS interventions. In order to realize the goals and objectives of the National Strategic Plan for AIDS (2010-2015), it is imperative that investments on HIV and AIDS prevention and control be secured. Based on the Costed Plan for 2009-2010, total funding requirement for 2010 is about US$ 5.4 million. However, based on 2009 spending is only US$4.9 million. Clearly this illustrates a potential funding gap which needed to covered.

74. Current resources, on the other hand, need to be utilized effectively and efficiently given the uncertainty of funds coming from external sources. Limited resources should be used to finance priority activities that will result in greater impact and halt and reverse the spread of HIV. The right mix of interventions will have to be determined and good practices will have to be replicated. Moreover, interventions will have to be implemented at least possible cost to maximize available funds.

75. Institutionalization of NASA is the most crucial and for doing so there should be a clear and comprehensive plan to implement. It is strongly recommended that the M&E system of Mongolia be strengthened and that NASA be mainstreamed in the M&E system of the country. A multi-sectoral M&E working group may be initially formed. Aside from collecting program indicators, the M&E system may also include expenditure data. This may be lodged either in the National AIDS Committee Secretariat or the Department of Health. Another option that may also be explored is creating a NASA sub-account under the National Health Accounts. This means including collection of non-health expenditures.

ANNEX

AIDS Commission prevention recommendations:

- Prioritize the most effective interventions
  - Prevention coverage must reach 80% to reverse the trend of the epidemic
- Focus on high impact interventions to reverse the epidemic and lessen impacts
  - High-impact prevention should receive at least 40% funding - $ 0.30 per capita
- Leverage other resources to address other drivers and impediments
- Increase local investments in responses
  - Return on investment is high
- Remove road blocks to service access (enabling environment) – integrate additional 10% of funding into prevention

Technical Notes on Data Collection and Data Estimation

1. It should be noted that STI prevalence in Mongolia is relatively high. The most common STI are: gonorrhea, syphilis and trichonomiasis. The estimation of Expenditure on STI and AIDS from public facilities was estimated using STI morbidity rates, estimated drugs and supplies, and proportionate amount of salaries/time spent by staff on STI treatment, management and diagnosis. It also includes estimated expenses on utilities/overhead costs for STI treatment services.

2. Data collection process include sending questionnaires to the government agencies, public facilities, donor agencies, and NGOs.

Table 4.

Entity	Number	Responded
Ministries	19	7
aimag	22	13
UB's DoH	1	1
District hospitals	9	4
Maternal hospitals	3	2
NGOs	100	35
Donor agencies	15	9
Total	**169**	**71**
Response rate		**42%**

3. One of the main sub-recipients of Global Fund is the National AIDS Foundation. Detailed expenditures from 21 sub-recipients were also collected for cross-validation (top-down and bottom-up validation) and data verification was also conducted.

4. Obstacles encountered:
   - Data coverage and quality from the organization was diverse because of varying level of understanding on NASA
   - Due to limited time, the NASA team was not able to consult people living with HIV
5. Lessons learned from the process:
   - More time is needed for data collection and processing to achieve completeness
   - More orientation is needed for respondents
   - Harmonization with timing of other reports
   - Explore harmonization with National Health Account as sub-account

NASA tables

Table 5. FS x FA table; Financing Sources by Financing Agents, 2008 /in thousands, MNT/

FS x FA table; Financing Sources by Financing Agents, 2008		FA.01	FA.02	FA.03	**Grand total**
		Public sector	Private sector	International purchasing organizations	
FS.01	Public Funds	1,856,543	-	-	**1,856,543**
FS.02	Private Funds	135,200	996	-	**136,196**
FS.03	International Funds	551,769	454,434	2,259,552	**3,265,775**
Grand total		**2,543,511**	**455,430**	**3,041,519**	**5,258,494**

Table 6. FS x FA table; Financing Sources by Financing Agents, 2009 /in thousands, MNT/

FS x FA table; Financing Sources by Financing Agents, 2009		FA.01	FA.02	FA.03	**Grand total**
		Public sector	Private sector	International purchasing organizations	
FS.01	Public Funds	1,682,629	-	10,196	**1,692,825**
FS.02	Private Funds	135,200	1,200	-	**136,400**
FS.03	International Funds	218,481	728,836	4,098,094	**5,045,411**
Grand total		**2,036,310**	**730,036**	**4,108,290**	**6,874,636**

Table 7.FSxPS table; Financing sources by Providers, 2008, /in thousands, MNT/

FSxPS table; Financing sources by Providers, 2008		PS.01	PS.02	PS.03	**Grand total**
		Public sector providers	Private sector providers	Bilateral and multilateral entities – in country offices	
FS.01	Public Funds	1,856,543	-	-	**1,856,543**
FS.02	Private Funds	-	136,196	-	**136,196**
FS.03	International Funds	1,620,882	1,141,079	503,794	**3,265,755**
Grand total		**3,477,425**	**1,277,275**	**503,794**	**5,258,494**

Table 8.FSxPS table; Financing sources by Providers, 2009, /in thousands, MNT/

FSxPS table; Financing sources by Providers, 2008		PS.01	PS.02	PS.03	**Grand total**
		Public sector providers	Private sector providers	Bilateral and multilateral entities – in country offices	
FS.01	Public Funds	1,692,825	-	-	**1,692,825**
FS.02	Private Funds	-	136,400	-	**136,400**
FS.03	International Funds	2,015,108	1,780,104	1,250,199	**5,045,411**
Grand total		**3,707,933**	**1,916,504**	**1,250,199**	**6,874,636**

Table 9.FSxPF table; Financing Sources by Resources costs, 2008, /in thousands, MNT/

Table x.FSxPF table; Financing Sources by Resources costs, 2008		PF.01	PF.02	**Grand total**
		Current expenditures	Capital expenditures	
FS.01	Public Funds	1,822,443	34,100	**1,856,543**
FS.02	Private Funds	136,196	-	**136,196**
FS.03	International Funds	2,808,539	457,216	**3,265,755**
Grand total		**4,767,177**	**491,316**	**5,258,494**

Table 10.FSxPF table; Financing Sources by Resources costs, 2009, /in thousands, MNT/

Table x.FSxPF table; Financing Sources by Resources costs, 2008		PF.01	PF.02	**Grand total**
		Current expenditures	Capital expenditures	
FS.01	Public Funds	1,683,816	9,009	**1,692,825**
FS.02	Private Funds	135,200	1,200	**136,400**
FS.03	International Funds	4,615,713	429,698	**5,045,411**
Grand total		**6,434,729**	**439,907**	**6,874,636**

Table 11. FS x ASC table; Financing Sources by AIDS Spending Category, 2008 /in thousands, MNT/

FS x ASC table; Financing Sources by AIDS Spending Category,2008		ASC.01 Prevention	ASC.02 Care and treatment	ASC.03 Orphans and vulnerable children (OVC)	ASC.04 Programme management and administration	ASC.05 Human resources	ASC.06 Social protection and social services (excluding OVC)	ASC.07 Enabling environment	ASC.08 HIV and AIDS-related research (excluding operations research)	Grand total
FS.01	Public Funds	1,532,630	28,065	-	295,848	-	-	-	-	1,856,543
FS.02	Private Funds	996	-	-	135,200	-	-	-	-	136,196
FS.03	International Funds	1,152,865	677,455	6,372	1,066,504	288,840	-	27,365	46,354	3,265,755
Grand total		2,686,491	705,520	6,372	1,497,552	288,840	-	27,365	46,354	**5,258,494**

Table 12. FS x ASC table; Financing Sources by AIDS Spending Category, 2009 /in thousands, MNT/

FS x ASC table; Financing Sources by AIDS Spending Category,2009		ASC.01 Prevention	ASC.02 Care and treatment	ASC.03 Orphans and vulnerable children (OVC)	ASC.04 Programme management and administration	ASC.05 Human resources	ASC.06 Social protection and social services (excluding OVC)	ASC.07 Enabling environment	ASC.08 HIV and AIDS-related research (excluding operations research)	Grand total
FS.01	Public Funds	1,354,439	28,376	0	310,010	0	0	0	0	**1,692,825**
FS.02	Private Funds	-	-	-	136,400	-	-	-	-	**136,400**
FS.03	International Funds	2,392,467	122,778	7,903	2,068,850	419,845	650	24,195	8,723	**5,045,411**
Grand total		**3,746,906**	**151,154**	**7,903**	**2,515,260**	**419,845**	**650**	**24,195**	**8,723**	**6,874,636**

Table 13.FAxPS table; Financing agents by Providers, 2008, /in thousands, MNT/

FAxPS table; Financing agents by Providers, 2008		PS.01	PS.02	PS.03	PS.04	PS.99	**Grand total**
		Public sector providers	Private sector providers	Bilateral and multilateral entities – in country offices	Rest-of-the world providers (services received outside the country)	Providers n.e.c.	
FA.01	Public sector	2,312,830	210,293	-	20,388	-	2,543,511
FA.02	Private sector	-	440,693	-	14,737	-	455,430
FA.03	International purchasing organizations	1,164,594	626,289	459,060	9,608	-	2,259,552
Grand total		3,477,425	1,277,275	459,060	44,734	0	**5,258,494**

Table 14.FAxPS table; Financing agents by Providers, 2008, /in thousands, MNT/

FAxPS table; Financing agents by Providers, 2008		PS.01	PS.02	PS.03	PS.04	PS.99	**Grand total**
		Public sector providers	Private sector providers	Bilateral and multilateral entities – in country offices	Rest-of-the world providers (services received outside the country)	Providers n.e.c.	
FA.01	Public sector	1,901,110	135,200	-	-	-	2,036,310
FA.02	Private sector	6,063	698,787	-	-	25,187	730,036
FA.03	International purchasing organizations	1,800,760	1,082,518	885,775	-	339,237	4,108,290
Grand total		3,707,933	1,916,504	885,775	-	364,423	**6,874,636**

Table 15.FAxPF table; Financing agents by Resources costs, 2008, /in thousands, MNT/

FAxPF table; Financing agents by Resource costs, 2008		PF.01	PF.02	PF.98	Grand total
		Current expenditures	Capital expenditures	Production factors not broken down by type	
FA.01	Public sector	2,397,218	146,294	-	2,543,511
FA.02	Private sector	315,709	139,722	-	455,430
FA.03	International purchasing organizations	2,054,251	80,429	124,872	2,259,552
Grand total		4,767,177	366,444	124,872	**5,258,494**

Table 16.FAxPF table; Financing agents by Resources costs, 2009, /in thousands, MNT/

FAxPF table; Financing agents by Resource costs, 2008		PF.01	PF.02	PF.98	Grand total
		Current expenditures	Capital expenditures	Production factors not broken down by type	
FA.01	Public sector	2,015,547	12,860	7,903	2,036,310
FA.02	Private sector	617,722	112,314	-	730,036
FA.03	International purchasing organizations	3,801,461	140,393	166,436	4,108,290
Grand total		6,434,729	265,567	174,340	**6,874,636**

Table 17. FA x ASC table; Financing Agents by AIDS Spending Category, 2008 /in thousands, MNT/

FA x ASC table; Financing Agents by AIDS Spending Category,2008		ASC.01 Prevention	ASC.02 Care and treatment	ASC.03 Orphans and vulnerable children (OVC)	ASC.04 Programme management and administration	ASC.05 Human resources	ASC.06 Social protection and social services (excluding OVC)	ASC.07 Enabling environment	ASC.08 HIV and AIDS-related research (excluding operations research)	**Grand total**
FA.01	Public sector	1,725,912	82,778	-	568,551	122,016	-	-	44,255	2,543,511
FA.02	Private sector	58,427	-	-	367,437	29,567	-	-	-	455,430
FA.03	International purchasing organizations	902,153	622,742	6,372	561,564	137,257	-	27,365	2,099	2,259,552
Grand total		2,686,491	705,520	6,372	1,497,552	288,840	-	27,365	46,354	**5,258,494**

Table 18. FA x ASC table; Financing Agents by AIDS Spending Category, 2009 /in thousands, MNT/

FA x ASC table; Financing Agents by AIDS Spending Category,2009		ASC.01 Prevention	ASC.02 Care and treatment	ASC.03 Orphans and vulnerable children (OVC)	ASC.04 Programme management and administration	ASC.05 Human resources	ASC.06 Social protection and social services (excluding OVC)	ASC.07 Enabling environment	ASC.08 HIV and AIDS-related research (excluding operations research)	**Grand total**
FA.01	Public sector	1,358,845	151,154	7,903	464,891	53,517	-	-	-	2,036,310
FA.02	Private sector	177,961	-	-	552,075	-	-	-	-	730,036
FA.03	International purchasing organizations	2,210,100	-	-	1,498,293	366,328	650	24,195	8,723	4,108,290
Grand total		3,746,906	151,154	7,903	2,515,260	419,845	650	24,195	8,723	**6,874,636**

An order of Deputy Premier of Mongolia

Date: 14 Dec, 2009 No94 Ulaanbaatar

About National AIDS Spending Assessment

To order based on official request letter dated 04 June 2009 which from UNAIDS Mongolia to Government of Mongolia to prepare progress report for declaration for commitment on HIV/AIDS by United Nationals General Assembly:

1. According to attachment number 1; approve members of Administrative committee of National AIDS Spending Assessment (NASA), according to attachment number 2; approve members of Technical Advisory Group, according to attachment number 3; approve members of data collection team, and according to attachment number 4, 5, 6; approve working procedure and ToR of the data collection team.
2. Assign to Ms. T. Khadkhuu a chair of administrative committee of NASA, provide supervision and coordination of NASA assessment.

DEPUTY PREMIER OF MONGOLIA (Signature/Stamp) M. ENKHBOLD

ATTACHMENT No1, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

(Stamp)

Administrative Committee of National AIDS Spending Assessment

Chair:	
T. Khadkhuu	Head of National AIDS Committee
Secretary:	
R. Molor	Coordinator, Country Coordinating Mechanism of Global Fund Project Mongolia
Members:	
N. Tumendemberel	Head, Dept. Finance and Investment, Ministry of Health
B. Khurelbaatar	Head, Dept. Financial Support Policy and Cooperation, Ministry of Finance
Ts. Sodnompil	Head, Dept. Health, Government Implementing Agency
A.Amarbal	A. Head, Section for Demographic and Houses Census, National Statistical Office
Z. Jadamba	Deputy Director, Red Cross Mongolia
R. Wiwat	WHO Representative Mongolia
D. Altanchimeg	UNAIDS Focal Point, Mongolia
I. Mohan C. Narula	Senior Health and Technical Advisor, Health Sector, Strategic Master Plan Development Initiative and SWAPs, Ministry of Health, Mongolia
D. Byambasuren	Executive Director, Mongolian Private Health Organization's United Society

ATTACHMENT No2, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

Technical Advisory Group of National AIDS Spending Assessment

Chair:	
Ch. Bataa	Senior Officer, National AIDS Committee
Secretary:	
T. Ariuntuya	Assistant Officer, NASA
Members:	
Kh. Ulzii-Orshikh	Specialist, Dept. Strategic Planning and Policy, Ministry of Health
P. Oyuntsetseg	Specialist, Dept. Public Health Policy Regulation, Ministry of Health
D. Nyamkhorol	Chair, Section of Statistics and Information, Health Department, Government Implementing Agency
T. Unurtsetseg	Specialist, Section of Statistics and Information, Health Department, Government Implementing Agency
O. Idshinrenjin	Specialist, Development Policy and Strategic Planning Section, National Development and Innovation Committee
T. Alimaa	Deputy Director, Blood Transfusion Center
A.Enkhjargal	Specialist, Health Sector, Strategic Master Plan Development Initiative
U. Anar	Specialist, Health Sector, Strategic Master Plan Development Initiative
B.Tsevelmaa	Specialist, HIV/AIDS Response Program for Mining Sector supported by ADB
D. Bolorchimeg	Program Coordinating Unit, Global Fund Program
R. Erdenetungalag	Coordinator, HIV/AIDS Project, UNV
B.Chuluunzagd	National Consultant of NASA

ATTACHMENT No3, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

Data Collection Team of National AIDS Spending Assessment

Chair: T. Unurtsetseg	Specialist, Section of Statistics and Information, Health Department, Government Implementing Agency

Members:

Data Collection from Government Organizations

B.Munkhtsetseg	Specialist, Dept. Finance and Investment, Ministry of Health
A.Shinekhuu	Economist, National Communicable Diseases' Center
B.Unurjargal	Assistant, NASA

Data Collection from Non-governmental Organizations

P. Bolormaa	Executive Director, Public Health Professionals' Association
D. Mungunnavch	Program Officer, Red Cross Mongolia
A.Enkhbayar	Assistant, NASA

Data Collection from International Donors, Private Sector and Clients

R. Erdenetungalag	Coordinator, HIV/AIDS Project, UNV
D. Bolorshimeg	Program Coordinating Unit, Global Fund Program
L. Turmaa	Secretary, Country Coordinating Mechanism
Ch. Nanjidsambuu	Economist
T. Ariuntuya	Assistant, NASA

ATTACHMENT No4, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

Terms of Reference of the Administrative Committee

on National AIDS Spending Assessment

Administrative Committee responsible to:

Provide support for active participation of responsible partners in the NASA process; Provide general supervision and coordination for NASA process;

Monitor Technical Advisory Team work;

Develop a recommendation in institutionalization of NASA for Government and National AIDS Committee level;

One. Duty of the Chair, Administrative Committee

1.1 Coordinate supervision of National AIDS Spending Assessment Process.
1.2 Develop report of the NASA and disseminate assessment report due to deadline to all relevant stakeholders.
1.3 To present report finding of NASA to National AIDS Committee and Government Meeting to get direction when it is required.
1.4 Conduct Administrative Committee meeting and provide monitoring for implementation of the meeting results.
1.5 To monitor activities of Technical Advisory Team.

Two. Duty of the Secretary

2.1 To develop agenda and date of the Administrative Committee Meeting and deliver announcement of the meeting to members.
2.2 To take minutes of the Administrative Committee Meeting, follow documentation of the meeting results, deliver meeting minutes within 3 days to responsible members and organizations.
2.3 To monitor implementation of the meeting results and decision of Administrative Committee.
2.4 To provide coordination and coherence between Administrative Committee and Technical Advisory Team.

Three. Duty of the Members

3.1 To express ideas and suggestion behalf of their representing organizations during Administrative Committee Meeting.

3.2 To provide guidance to members of the Technical Advisory Team,

3.3 To monitor and provide support to members of the Technical Advisory Team.

3.4 To support for development of the NASA report.

ATTACHMENT No5, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

(Stamp)

Terms of Reference of the Technical Advisory Team

of National AIDS Spending Assessment

Technical Advisory Team responsible to:

To develop workplan of National AIDS Spending Assessment;

To coordinate implementation of the NASA;

To develop assessment report in according to planned term and international standard;

To provide support in preparation stage of the assessment;

To provide technical assistance in assessment process, reporting and recommendation for data collection team;

To support in activities of Administrative Committee of NASA.

One. Duty of the Chair and Secretary

1.1 To organize and provide reporting of the approved activity plans according to Administrative Committee guidance;
1.2 To conduct meeting among Technical Advisory Team members.

Two. Duty of the Members

2.1 To learn NASA methodology; develop questionnaires for data collection from source, agent and recipients due to deadline, monitor and supervise data collection process according to international standardized indicators.

2.2 To support in international and national consultancy process.

2.3 To provide team work environment.

2.4 To implement given duties in a high professional level.

ATTACHMENT No6, 94th ORDER

OF DEPUTY PREMIER OF MONGOLIA by 2009

(Stamp)

Terms of Reference of the Data Collection Team

of National AIDS Spending Assessment

Data Collection Team responsible to:

To collect data from agents, sources, and recipients who implement HIV/AIDS Response activities in the frame of workplan schedule of NASA;

To support Technical Advisory Team and Administrative Committee in completion of NASA.

One. Duty of the Data Collection Team

1.1 Under direction and supervision of NASA Administrative Committee and Technical Advisory Team, to organize data collection process and provide reporting.
1.2 Provide coherence between Technical Advisory team and data collection team; organize data collection team meeting.

Two. Duty of the Members

2.1 To learn NASA methodology; to collect data from source, agent and recipients due to deadline and international standard.

2.2 To support in international and national consultancy process.

2.3 To provide team work environment.

2.4 To implement given duties in a high professional level.

Questionnaires used for data collection

Questionnaire for Public Facilities

Full name of participant _____ Occupation _____ Telephone _____ E-mail _____@_____ Date : _____	Name of researcher : _____ Name of data cleaner : _____ Name of data enterer : _____

Code	Questions	Go to
100	Name of organisation : _____	
101	Name of aimag/district: _____	
102	Founded year : _____	
103	Has your organization accredited? 1-Yes 2-No	
200	Has your organization provided any HIV counseling, testing and diagnosis; delivering any treatment, care and diagnostic to STIs? Does your entity provide or organize any of HIV, STI related activities including all prevention programmes, interventions and or HIV, STI related research programmes? 1-Yes 2-No →	900
201	If yes, Please describe the activities: _____ _____ _____ _____ _____	
202	What percentage of the activities does your hospital intend for HIV counseling, testing and diagnosis; and for delivering any treatment, care and diagnostic to STIs; and for provide HIV, STI related activities including all prevention programmes, interventions and or HIV, STI related research programmes? _____%	

203 Please detail the percentage above by each HIV/STIs related activity. For example: The activities went to HIV/STIs diagnosis (40%), care and treatment to STIs (40%), prevention programme(10%) and conseiling (10%) etc.

№	Activities		Percentage
1	Conseiling		
2	Diagnosis		
3	STIs treatments	Ambulatory	
		Hospital	
4	HIV care and treatment		
5	Administration/management		
6	Research		
7	Training		
8	Other_____		

300 What HIV/STIs related services does your hospital provide? What unit cost for it? How many people have received these services?

Year	Activities	Unit cost	Quantity of service delivered to patients	Amount

301 In 2008-2009, did your hospital buy any capital?

1-Yes
2-No → 303

302 If yes, please list the capitals which were purchased.

Year	Type of capitals	Quantity	Unit cost	Amount	Function

303 In 2008-2009, were your hospital upgraded/bought any equipments/capitals (building, vehicles) by own capital?

1-Yes
2-No → 305

304 If yes, how much price of upgrading/renovation were did to what department?

Year	Upgrading/renovation	Amount
Total amount		

305	Has your organization bought any of drugs, reagents materials, medical and surgical supplies, condoms and lubricants? 1-Yes 2-No →	400
306	If yes, please specify what types of drugs, reagents materials, medical and surgical supplies, condoms and lubricants were purchased.	

Year	Drugs and other goods	Quantity

400	Has your organization got any additional revenue, subsidy or any financial and non financial endowment in 2008-2009? 1-Yes 2-No →	500
401	If yes, please fill the table.	

Year	Financing sources	Type of funding /Financial and non financial/	Funds transferred			Funds spent			Dedication	Beneficiary population	Comment
			Quantity	Unit cost	amount	Quantity	Unit cost	amount			

500 How many human resources are there in your hospital?

Human resources	Working time		Number of workers	
			2008	2009
Managers	Full time			
	Part time			
Physicians	Full time			
	Part time			
Nurses and same level health workers	Full time			
	Part time			
Other staff	Full time			
	Part time			

501 Specially for HIV/STIs services.

Human resources	Working time		Number of workers		Mean per wage /incentive	
			2008	2009	2008	2009
Physicians	Full time					
	Part time					
Nurses	Full time					
	Part time					
Other staff	Full time					
	Part time					

600 What cost of condoms and lubricants were distributed free in 2008-2009?

Year	Goods	Quantity	Unit cost	Amount
2008	Condoms			
	Lubricants			
2009	Condoms			
	Lubricants			

601 How much price of HIV/STIs related drugs were distributed free in 2008-2009?

Year	**Hospital**				**Ambulatory**			
	Type of drugs	Quantity	Unit cost	Amount	Type of drugs	Quantity	Unit cost	Amount

602	What HIV/STIs related reagent materials and medical and surgical supplies were distributed free for patient in 2008-2009 Year Type of goods Quantity Unit cost Amount 603 How much expenditures had your organization spent for universal precaution such as gloves, masks, and gowns by health care personnel to avoid HIV infection through contaminated blood? 900 Please enclose the actual budget for 2008 and 2009 **Thanks for your participation!**	

Questionnaire for Private Facilities

Full name of participant _____ Occupation _____ Téléphone _____ E-mail _____@_____ Date : _____	Name of researcher : _____ Name of data cleaner : _____ Name of dara enterer : _____

Code	Questions	Go to
100	Name of organisation : _____	
101	Name of the aimag/district: _____	
102	Founded year : _____	
103	Has your organization accredited? 1--. Yes 2--. No	
104	Type of property : 1--. Mongolian civil 2--. Jointly civil 3--. 100% foreiger 4--. Parastatal 5--. Regional 6--. Other _____	
200	Type of organization : 1--. Hospital 2--. Ambulatory 3--. Laboratory and imaging facility 4--. Pharmacy and medical goods 5--. Family group practice 6--. Dental office 7--. Traditional medicine 8--. Hospice 9--. Other _____	

201 Has your organization provided any HIV counseling, testing and diagnosis; delivering any treatment, care and diagnostic to STIs? Does your entity provide or organize any of HIV, STI related activities including all prevention programmes, interventions and or HIV, STI related research programmes?

1-Yes
2-No → 900

202 If yes, Please describe the activities:

_____

_____

_____

203 What percentage of the activities does your hospital intend for HIV counseling, testing and diagnosis; and for delivering any treatment, care and diagnostic to STIs; and for provide HIV, STI related activities including all prevention programmes, interventions and or HIV, STI related research programmes?

_____%

204 Please detail the percentage above by each HIV/STIs related activity. For example: The activities went to HIV/STIs diagnosis (40%), care and treatment to STIs (40%) and prevention programme(20%) etc.

№	Activities	Percentage

300 What HIV/STIs related activities does your hospital provide? What unit cost for it? How many people have received these services in 2008 and in 2009?

Year	Activities	Unit cost	Quantity of service delivered to patients	Amount

301 In 2008-2009, did your hospital buy any capitals such as vehicle, equipments etc ?

1-Yes
2-No → 303

302 If yes, please list the capitals which were purchased.

Year	Type of capitals	Quantity	Unit cost	Amount	Function

303 In 2008-2009, were your hospital upgraded/bought any equipments/capitals (building, vehicles) by own capital?

1-Yes
2-No → 400

304 If yes, how much price of upgrading/renovation was did to what department?

Year	Upgrading/renovation	Amount
Total amount		

400 Has your organization got any additional revenue, subsidy or any financial and non financial endowments in 2008-2009?

1-Yes
2-No → 402

401 If yes, please fill the table.

Year	Financing sources	Type of funding /Financial and non financial/	Funds transferred			Funds spent			Dedication	Beneficiary population	Comment
			Quantity	Unit cost	amount	Quantity	Unit cost	amount			

402 Does your organization receive any allocations from health insurance funds for care and treatment of STI?

1-Yes

2-No → 900

403 If yes, please fill the table below.

Year	Number of patients	Unit cost	Amount

500 How many human resources are there in your hospital?

Human resources	Working time		Number of workers	
			2008	2009
Managers	Full time			
	Part time			
Physicians	Full time			
	Part time			
Nurses and same level health workers	Full time			
	Part time			
Other staffs	Full time			
	Part time			

501 Specially for HIV/STIs services.

Human resources	Working time		Number of workers		Mean per wage /incentive	
			2008	2009	2008	2009
Physicians	Full time					
	Part time					
Nurses	Full time					
	Part time					
Other staffs	Full time					
	Part time					

600 How much condoms and lubricants were sold in 2008-2009?

Year	Goods	Quantity	Unit cost	Amount
2008	Condoms			
	Lubricants			
2009	Condoms			
	Lubricants			

601 What cost of condoms and lubricants were distributed free in 2008-2009?

Year	Goods	Quantity	Unit cost	Amount

2008	Condoms			
	Lubricants			
2009	Condoms			
	Lubricants			

602 How many STIs related drugs, were sold in 2008-2009?

Year	Drugs	Unit cost	Amount

603 How much reagents materials and other related materials were sold which used to HIV/STIs diagnosis and treatment in 2008-2009?

Year	Reagent materials	Quantity	Unit cost	Amount	Function

604 How much expenditures were spent for universal precaution such as gloves, masks, and gowns by health care personnel to avoid HIV infection through contaminated blood?

900 Please enclose the actual budget for 2008 and 2009

Thanks for your participation!

Questionnaire for international donors

Objectives of the form:

To identify the origin of the funds used or managed by the institution during the year under study.
To identify the recipients of those funds.

Year of the expenditure estimate

Indicate what currency will be used throughout the form with an "X":	Local Currency	US$ Exchange rate in Year of Assessment	Other (specify)

Name of the Institution:

1. Person to Contact (Name and Title):

2. Address:	**3. E-mail:**
4. Phone:	**5. Fax:**

If your institution is a SOURCE please jump to table 8, and following sections.If your institution is an AGENT please complete table 7 and 7a, and following sections.

7. Origin of the funds transferred: List the institutions from which your agency received funds during the year under study

Origins of the funds (Name of the Institution and Person to Contact)	Funds received	
7.1 Institution: _____ Contact : _____	₮	$
7.2 Institution: _____ Contact : _____		
7.3 Institution: _____ Contact : _____		
7.4 Institution: _____ Contact : _____		
7.5 Institution: _____ Contact : _____		
7.6 Institution: _____ Contact : _____		
TOTAL:		

7a. Origins of non financial resources: List the institutions from which your agency received non financial resources, during the year under study.				
Origins of the non financial resources (Name of the Institution and Person to Contact)	Type of Goods donated	Quantity Received	Monetary Value in Year Assessment	
			₮	$
7.6 Institution**:** _____ Contact:_____				
7.7 Institution**:** _____ Contact:_____				
7.8 Institution**:** _____ Contact:_____				
7.9 Institution**:** _____ Contact:_____				
		TOTAL:		

8. Destination of the funds/ Санхүүжилт хуваарилсан байгууллага: I. List the institutions to which funds were transferred during the year under study II. Quantify the transferred funds III. Quantify the transferred funds reported as spent during the period under study. If no information is available regarding the amount spent, state "No Data" in the cell		
Destination of the funds (Name of the Institution and Person to Contact)	Funds transferred	Funds spent
8.1 Institution :_____ Contact: _____		
8.2 Institution :_____ Contact: _____		
8.3 Institution :_____ Contact: _____		
8.4 Institution :_____ Contact: _____		
TOTAL:		

8a. Recipients of non financial resources: List the institutions to which your agency donated non financial resources, during the year under study.			
Recipients of the non financial resources (Name of the Institution and Person to Contact)	Type of Goods donated	Quantity Received	Monetary Value in Year Assessment
8.6 Institution: _____ Contact:_____			
8.7 Institution: _____ Contact:_____			
8.8 Institution: _____ Contact:_____			
8.9 Institution: _____ Contact:_____			
TOTAL:			

Additional Qualitative Information

a. Please describe how institutions apply and access funds from your institution. Please describe the funding flow mechanisms.

b. What are the conditionalities that your institution insists upon in transferring funds to organizations?

c. What are the reporting requirements for organizations receiving funds from your institution?

d. What are the key difficulties faced by recipient organizations in efficiently spending the funds transferred to them by your institution?

e. What are the key causes of bottlenecks in the funding mechanisms?

f. What are the other issues/ challenges related to funding for HIV/AIDS services?

g. Any other comments, suggestions etc?

11.Surveyor:	12.Date:

Questionnaire for NGOs/Providers

Objectives of the form:

I. To identify the origin of the funds spent by the provider in the year understudy
II. To identify in which NASA Functions/ activities the funds were spent
III. To identify the NASA Beneficiary Populations for each NASA Function
IV. To identify the NASA Production Factors for each Function/ activity

Year of the expenditure estimate: _____			
Indicate what currency will be used throughout the form with an "X":	Local Currency	US$ Exchange rate in Year of Assessment	Other (specify):
Name of the Provider:			
1. Person to Contact (Name and Title)			
2. Address:		**3. E-mail:**	
4. Phone:		**5. Fax:**	

7. Origin of the funds received: List the institutions from which your agency received funds during the year under study

Origins of the funds (Name of the Institution and Person to Contact)	Funds received	
	₮	$
7.1 Institution: _____ Contact: _____		
7.2 Institution: _____ Contact: _____		
7.3 Institution: _____ Contact: _____		
TOTAL:		

7a. Origins of non financial resources: List the institutions from which your agency received non financial resources, during the year under study.				
Origins of the non financial resources (Name of the Institution and Person to Contact)	Type of Goods donated	Quantity Received	Monetary value in Year Assessment	
			₮	$
7.6 Institution: _____ Contact :_____				
7.7 Institution: _____ Contact :_____				
7.8 Institution: _____ Contact :_____				
TOTAL:				

8. Destination of the funds: Identify and quantify the NASA Functions in which the funds were spent Identify and quantify the NASA Beneficiary Population(s) of each Function Use NASA notebook to classifand Functions and Beneficiarand Populations, using the name and code as theand figure in the notebook for their identification.

8.1 Expenditure of the funds received from "7.1"	**Amount spent**	**Code**
8.1.1 Function		
8.1.1.1 Beneficiary Population		
8.1.1.2 Beneficiary Population		
Total spent on the Function		
8.1.2 Function		
8.1.2.1 Beneficiary Population		
8.1.2.2 Beneficiary Population		
Total spent on the Function/		
8.1.3 Function		
8.1.3.1 Beneficiary Population		
8.1.3.2 Beneficiary Population		
Total spent on the Function		
Total Expenditure from the amount from '7.1'		
Total unspent from the amount from '7.1'		

8.1.a If funds were unspent from '7.1' what were the key reasons for under-spending?

_____
_____

.2	Destination of the funds received from "7.2"	Amount spent /	Code
8.2.1	Function		
	8.2.1.1 Beneficiary Population:		
	8.2.1.2 Beneficiary Population		
	Total spent on the Function/		
8.2.2	Function		
	8.2.2.1 Beneficiary Population		
	8.2.2.2 Beneficiary Population		
	Total spent on the Function		
8.2.3	Function		
	8.2.3.1 Beneficiary Population		
	8.2.3.2 Beneficiary Population/		
	Total spent on the Function		
	Total Expenditure from the amount from '7.2'		
	Total unspent from the amount from '7.2'		

8.2.a If funds were unspent from '7.2' what were the key reasons for under-spending?/

8.3	Destination of the funds received from "7.3	Amount spent	Code
8.3.1	Function		
	8.3.1.1 Beneficiary Population		
	8.3.1.2 Beneficiary Population		
	Total spent on the Function		
8.3.2	Function		
	8.3.2.1 Beneficiary Population		
	8.3.2.2 Beneficiary Population		
	Total spent on the Function		

8.3.3 Function		
8.3.3.1 Beneficiary Population		
8.3.3.2 Beneficiary Population		
Total spent on the Function		
Total Expenditure from the amount from '7.3'		
Total unspent from the amount from '7.3'		

8.3.a If funds were unspent from '7.3' what were the key reasons for under-spending?

_____
_____

Additional Qualitative Information Required

1. What are the major difficulties you face with regard to securing funding? / Төлөвлөсөн үйл ажиллагаанд санхүүжилт олоход танд ямар бэрхшээл тулгардаг вэ?
   _____
   _____
2. What are the major difficulties you face with regard to spending and reporting on funds?
   _____
   _____
3. What are the key bottlenecks to spending?
   _____
   _____
4. Are the funds you receive adequate to run your HIV/AIDS programmes? Explain your answer.
   _____
   _____
5. With regard to donor funds that you receive, what conditions (directions) are given for you to spend the donor money?
   _____
   _____
6. What are your thoughts regarding the reporting requirements for donor funds?
   _____
   _____
7. If you also receive government funding, are these funds more accessible than donor funds and if so, why?

   What are your key challenges in implementing HIV/AIDS services?

   _____
   _____
8. How could these be addressed or reduced?
   _____
   _____

Interviewer	Date