

National AIDS Spending Assessment (NASA), 2007-2009

Objective

The objective of the NASA report is to track HIV/AIDS spending from 2007 to 2009 from various sources of financing covering both public and external funds. The aim of this initiative is to inform policy-makers, program managers, and the donor community on the magnitude and profile of HIV/AIDS expenditures in the country and guide them in their planning and decision-making activities.

Data Collection method and limitations

Primary data collection was undertaken by requesting member-organizations of the Philippine National AIDS Council to fill up the NASA funding matrix which served as data collection tool. Development partners, other non-government organizations (NGOs) and selected LGUs were also requested to provide spending data.

It should be noted, however, that there are data limitations. These include: no disaggregated spending data, use of budget data rather than actual expenditures, very few submissions from local government units (LGUs), limited non-government organization (NGO) spending data (only known NGOs and Manila-based), unaccounted spending items (from LGUs, social hygiene clinics, treatment hubs), estimated spending of other LGUs, among others.

Total AIDS Spending by Source

Table 1 shows an increasing trend in overall spending for AIDS from 2007 to 2009. The trend in domestic spending appears to be erratic but it should be noted that there was an incremental increase in the budget of the Department of Health from 2007-2009. It can also be observed that there was a steady increase in external funding as well as private sector spending.

Table 1: Total AIDS Spending by Source, 2007-2009 (in Philippine Pesos)

	2007	2008	2009	Average	Percent
Domestic	74,652,759.47	74,612,234.32	81,000,235.17	76,755,093.14	20%
	\$1,617,667.34	\$1,677,637.00	\$1,700,356.76	\$1,665,220.37	
External	148,104,049.31	217,890,256.22	417,459,517.25	261,151,314.40	67%
	\$3,209,299.77	\$4,899,206.65	\$8,763,309.29	\$5,623,938.57	
Private	36,769,843.42	51,469,162.31	66,551,275.66	51,596,770.17	13%
	\$796,773.96	\$1,157,270.94	\$1,397,044.24	\$1,117,029.71	
Total	259,526,652.19	343,971,652.85	565,011,028.07	389,503,177.70	100%
	\$5,623,741.07	\$7,734,114.59	\$11,860,710.29	\$8,406,188.65	

Table 1 and Figure 1 show that the bulk of spending is from external sources. During the period 2007 to 2009, about 67 percent of the country’s total resources spent on AIDS came from external sources, while 20 percent came from domestic sources. Among the external sources, the biggest contribution in 2007 came from the bilateral funds, specifically the German Development Bank (Kfw) (about Php 88 million). In 2008 and 2009, Global Fund contributed the most (Php128 million in 2008, and Php318 million in 2009). Other external contributors include UN agencies (including WHO), United States Agency for International Development (USAID), Asian Development Bank (ADB), World Bank, European Commission (EC), among others. Domestic resources on the other hand include spending by the Department of Health (DOH), the Philippine National AIDS Council Secretariat (PNAC-SEC), Department of Social Welfare and Development (DSWD), the Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment (DOLE), Department of Interior and Local Government (DILG), San Lazaro Hospital, local government units, among others.

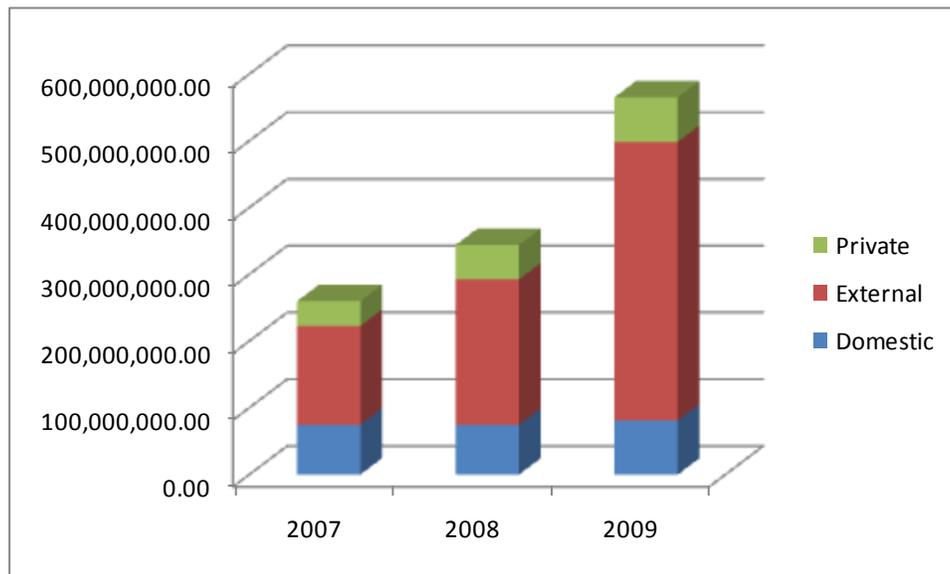


Figure 1 AIDS Spending by Source 2007 to 2009 (in Philippine Pesos)

The expenditures of non-government organizations (NGOs) are usually sourced from development partners and international NGOs. Notably, a lot of AIDS-related activities (especially those targeting the most at risk populations) are being carried out by NGOs. These NGOs include: AIDS Society of the Philippines (ASP), TLF-SHARE Collective, Tropical Disease Foundation, Lunduyan, Positive Action Foundation Phils., Inc., Action for Health Care Initiatives (ACHIEVE), Philippine NGO Council (PNGOC), Health Action Information Network (HAIN), Women’s Health Care Foundation, among others.

Private spending in this report includes corporate contributions (e.g. Levis) and internally generated funds from civil society group as in the case of the DKT Philippines. It should be noted that DKT Philippines has been implementing the contraceptive social marketing program for several years now and it includes public and commercial provision of condom promotion.

AIDS Spending by Function

For the period 2007-2009, most of the resources went to prevention interventions (65%), followed by program management and administration (19%), and care and treatment activities (7%).

Total Spending by Function

	2007	2008	2009	Average	Percent
Prevention	213,763,568.84	204,080,032.35	315,683,264.93	244,509,002.61	63%
	\$4,632,090.58	\$4,588,687.30	\$6,626,822.42	\$5,282,533.43	
Care and Tx	6,987,177.90	30,182,055.06	49,412,597.28	28,860,613.90	7%
	\$151,406.72	\$678,635.78	\$1,037,269.14	\$622,437.21	
OVC	-	5,492,613.10	1,714,939.20	2,402,517.97	1%
	\$0.00	\$123,500.00	\$36,000.00	\$53,166.67	
Prog Management	21,811,742.87	59,316,112.61	144,475,735.23	75,201,205.45	19%
	\$472,643.53	\$1,333,707.61	\$3,032,834.32	\$1,613,061.82	
Human Resources	9,286,312.54	24,603,103.48	28,157,913.96	20,682,446.90	5%
	\$201,227.18	\$553,194.49	\$591,090.87	\$448,504.18	
Social Protection	79,991.10	2,094,360.00	1,713,940.02	1,296,097.25	0.3%
	\$1,733.35	\$47,091.15	\$35,979.03	\$28,267.84	
Enabling Envi	2,612,487.63	7,309,718.80	14,575,578.67	8,165,929.41	2%
	\$56,610.58	\$164,357.16	\$305,970.52	\$175,646.08	
Research	4,985,371.32	10,893,657.45	9,277,058.78	8,385,364.21	2%
	\$108,029.13	\$244,941.10	\$194,744.00	\$182,571.41	
TOTAL	259,526,652.19	343,971,652.85	565,011,028.07	389,503,177.70	100%
	\$5,623,741.07	\$7,734,114.59	\$11,860,710.29	\$8,406,188.65	

Table 2: Total Spending by Activity, 2007-2009 (in Philippine Pesos)

Table 2 shows the annual breakdown of expenditures by activity or function. Prevention programs in the country include: communication for behavior change, condom social marketing, counseling and testing, improving management of STIs, interventions for vulnerable population, programs for most at risk populations (MARPs) (men having sex with men, sex workers, injecting drug users), among others. Resources were also spent on program management and administration. Activities to strengthen health systems generally fall under program management and administration. These include: planning and policy development, monitoring and evaluation, infrastructure upgrading, drug supply systems, among others. Care and

treatment expenditures on the other hand cover anti-retroviral therapy, treatment of opportunistic infections and prophylaxis, HIV-related laboratory monitoring, among others. For the period 2007 to 2009, the country also spent for enabling environment activities (advocacy communications), human resources (training), social services, and research studies.

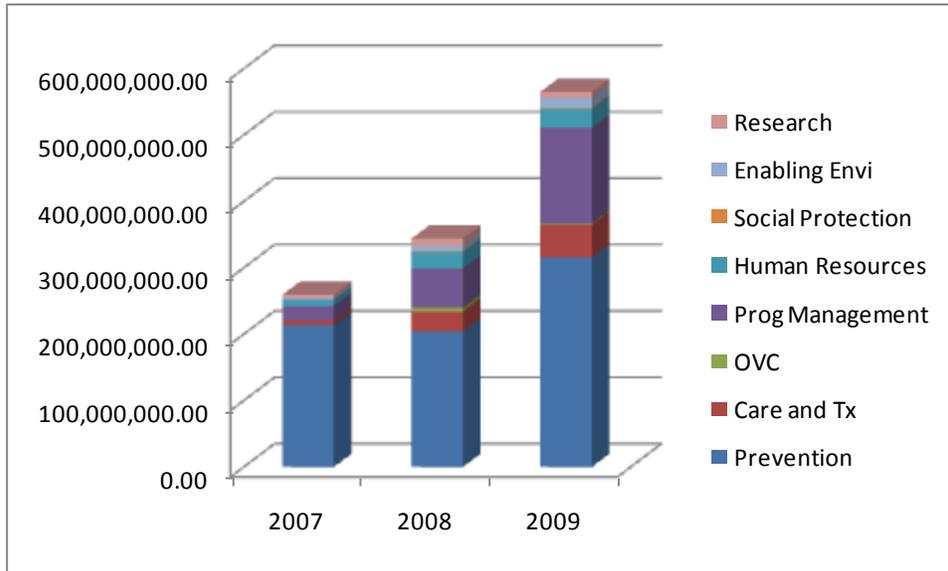


Figure 2 AIDS Spending by Function, 2007-2009

Supplemental comparative tables on an annual basis and breakdown of some spending categories (External and Domestic spending from 2007 to 2009, Breakdown of Total Program Management Costs from 2007 to 2009, Breakdown of Total Prevention Expenditures by Source from 2007 to 2009) are included in the Annex. Historical AIDS spending from 2000 to 2009 is also in the Annex.

Support from the Country’s Development Partners

Key support from the country’s development partners range from service delivery interventions to technical assistance. Bilateral agencies (USAID, EC) generally supported activities on prevention (communication and behavior change, programs for MARPs, STI management), surveillance, monitoring and evaluation, training, and advocacy. The German Development Bank (Kfw) has been supporting the contraceptive social marketing program for several years and it has finally ended in 2008.

Global Fund (GF) assistance is geared towards service delivery. Specifically, GF provided support to programs for MARPs namely: men having sex with men (MSM), female sex workers (FSW), and injecting drug users (IDUs). Notably, these are interventions that government cannot provide because of policy limitations (prostitution and substance abuse are illegal). Hence, activities for MARPs are usually carried out by NGOs. In addition, GF also supported blood safety, anti-retroviral therapy (ART), prophylaxis, and treatment of OIs. Notably, assistance from Global Fund Round 3 through the *Accelerating STI and HIV prevention and care through intensified delivery of services to vulnerable groups and people living with HIV in strategic areas in the Philippines* project ended in 2009. Meanwhile, the Round 5 project *Upscaling the national response to HIV/AIDS through the delivery of services and information to populations at risk and people living with HIV/AIDS* will end in 2010 and the Round 6 project *Scaling Up HIV Prevention, Treatment, Care and Support Through Enhanced Voluntary Counseling and Testing and Improved Blood Safety Strategies* is on-going and will be completed in 2012.

On the other hand, the UN's most recent joint program *Promoting Leadership and Mitigating the Negative Impacts of AIDS* supported MSM, social services, enabling environment for local policy makers, research, and migrant workers. Other multilateral agencies (WHO, ADB and WB) supported various forms of technical assistance while Packard International provided support to prevention activities.

Table 3 Support from Development Partners (based on 2009)

	Bilateral	Global Fund	UN Agencies	Other Int'l.
Prevention	/	/	/	/
Care and Tx		/		
OVC			/	
Prog Management	/	/	/	
Human Resources	/	/		
Social Protection			/	
Enabling Envi	/		/	
Research		/	/	

AIDS Spending by Source and Function

Table 4 shows that on the average about 60 percent of total external resources were spent on prevention activities, about 20 percent was spent on program management and administration costs, seven percent on human resources (capacity-building), and five percent for treatment and care. Although it appears that there was no expenditure for orphans and vulnerable (OVC) in 2007, it should be noted that UNICEF provided funds for activities under prevention of mother to child transmission (PMTCT) and care and treatment services.

The general increase in spending from 2008 to 2009 was a result of the huge expenditures for blood safety, prevention programs for MARPs and treatment services from Global Fund. Although Global Fund Round 6 started in late 2007, major activities took off in 2009. On the other hand, the decrease in prevention spending from 2007 to 2008 can be traced to the completion of the contraceptive social marketing project funded by the German Development Bank (Kfw). It should be noted however, that the expenditures from this project (being implemented by DKT Phils.) may have included promotion of condoms both for HIV prevention and family planning.

Table 4 External Source by Function

	2007	2008	2009	Average	Percent
Prevention	127,687,866.12 \$2,766,896.93	114,393,231.44 \$2,572,102.54	229,623,827.75 \$4,820,262.90	157,234,975.11 \$3,386,420.79	60%
Care and Tx	431,148.90 \$9,342.66	14,131,282.91 \$317,738.28	27,175,809.28 \$570,474.53	13,912,747.03 \$299,185.16	5%
OVC	0.00 \$0.00	5,492,613.10 \$123,500.00	1,714,939.20 \$36,000.00	2,402,517.43 \$53,166.67	1%
Prog Management	6,693,053.80 \$145,033.28	43,338,860.04 \$974,463.18	108,908,949.67 \$2,286,216.44	52,980,287.84 \$1,135,237.63	20%
Human Resources	5,997,621.54 \$129,963.80	22,802,971.53 \$512,718.98	27,449,963.88 \$576,229.58	18,750,185.65 \$406,304.12	7%
Social Protection	0.00 \$0.00	0.00 \$0.00	1,449,990.02 \$30,438.19	483,330.01 \$10,146.06	0.2%
Enabling Envi	2,308,987.63 \$50,033.97	6,837,639.75 \$153,742.58	11,858,978.67 \$248,943.65	7,001,868.68 \$150,906.73	3%
Research	4,985,371.32 \$108,029.13	10,893,657.45 \$244,941.10	9,277,058.78 \$194,744.00	8,385,362.52 \$182,571.41	3%
TOTAL	148,104,049.31 \$3,209,299.77	217,890,256.22 \$4,899,206.65	417,459,517.25 \$8,763,309.29	261,151,274.26 \$5,623,938.57	100%

The breakdown of domestic spending by function is shown in Table 5. It shows that on the average, almost half of domestic sources are spent on prevention activities (47.5%) and about 20 percent was spent on program management and administration costs. Table 5 reveals that the decline in prevention spending from 2007 to 2008 was consistent with the project

completion of the contraceptive social marketing being implemented by DKT Philippines. Notably, this project had local counterpart funds from the DOH (mainly tax payments).

The expenditures incurred by National AIDS/STD Prevention and Control Program (NASPCP) of the DOH significantly increased from Php 7 million in 2007, to Php 46 million in 2008, and to Php 50 million in 2009. Specifically, the NASPCP spent for capacity development activities on STI management and voluntary counseling and testing (VCT), treatment services (procurement of medicines and drugs), policy formulation, among others. It should be noted that the NASPCP complements the activities of Global Fund especially with regard to treatment and care. Hence the relatively high domestic spending on treatment and care at 20 percent. The budget of the PNAC Secretariat on the other hand was spent largely on program management and administration costs. Local government spending was mostly on prevention activities, social protection, advocacy, and program management.

On orphans and vulnerable children (OVC), it should be noted that expenditures may have been incurred but these were included in other spending categories. Services for children such as pediatric care are included in treatment services. On the other hand, other forms of assistance may have been included in social protection.

Although no research was funded from public sources for the period 2007 to 2009, it should be noted that expenditures for the conduct of the Integrated HIV Behavioral and Serologic Surveillance (IHBS) and Estimation of Adults living with HIV were incurred in 2007 and 2009. These expenditures are reflected in the Program Management and Administration category specifically under 'serological surveillance'. Further, it should be noted that the DOH supported a research study on drug users. However, spending for this could not be accurately determined. In addition, the National Demographic and Health Survey in 2008 included a section on HIV and AIDS.

Table 5 Domestic Source by Function

Domestic Sources by Function

	2007	2008	2009	Average	Percent
Prevention	49,756,050.30	39,593,117.60	20,016,111.60	36,455,093.17	47.50%
	\$1,078,174.98	\$890,241.12	\$420,178.17	\$796,198.09	
Care and Tx	6,556,029.00	16,050,772.15	22,236,788.00	14,947,863.05	19.47%
	\$142,064.06	\$360,897.50	\$466,794.61	\$323,252.06	
OVC	-	-	-	-	0.00%
Prog Management	15,118,689.07	15,977,252.57	35,566,785.57	22,220,909.07	28.95%
	\$327,610.25	\$359,244.44	\$746,617.89	\$477,824.19	
Human Resources	2,838,500.00	891,932.00	200,000.00	1,310,144.00	1.71%
	\$61,508.09	\$20,054.86	\$4,198.40	\$28,587.12	
Social Protection	79,991.10	2,094,360.00	263,950.00	812,767.03	1.06%
	\$1,733.35	\$47,091.15	\$5,540.84	\$18,121.78	
Enabling Envi	303,500.00	4,800.00	2,716,600.00	1,008,300.00	1.31%
	\$6,576.61	\$107.93	\$57,026.86	\$21,237.13	
Research	-	-	-	-	0.00%
TOTAL	74,652,759.47	74,612,234.32	81,000,235.17	76,755,076.32	100.00%
	\$1,617,667.34	\$1,677,637.00	\$1,700,356.76	\$1,665,220.37	

Policy and Program Implications

The NASA assessment results point to the following concerns:

- a) There is a need to intensify current initiatives and mobilize resources to finance current and future AIDS interventions. The increasing trend in budget/spending from the Department of Health (DOH) is commendable and this needs to be maintained. Further, this should encourage other relevant government agencies/units to put in more resources for the prevention and control of HIV and AIDS. Local initiatives (e.g. Zamboanga, Davao) need to be replicated in other areas.

Given the increasing number of new AIDS cases, the government should also be prepared to absorb the responsibility of providing treatment services for persons with HIV. This calls for a clear ART financing policy and the implementation of the Philippine Health Insurance Corp (Philhealth)'s AIDS benefit package to augment out of pocket expenses.

- b) There is a need to use available resources efficiently and effectively given the uncertainty of funds coming from external sources. Operational efficiency will have to be improved and interventions will have to be prioritized (allocative efficiency) towards most at risk populations (MARPs) and vulnerable groups. Based on the AIDS Commission Report, there is much to be gained if interventions are targeted towards sex workers, men having sex with men, and injecting drug users. Migrant workers, the youth and the workplace may have to be given attention as well based on the profile of new HIV cases.

- While spending for MARPs is largely provided by development partners, policy concerns over the mandate of government to implement programs targeting the MARPs should also be addressed. The promotion of condom as a preventive intervention is 'limited' because of fear of backlash from the Catholic Church. In addition, prostitution and use of illegal substance are criminal offence. Hence, providing services for most at risk groups (sex workers, injecting drug users) may be difficult.
- c) The minimal spending for research (by public sector) may mean that it is of low priority but the importance of research should not be overlooked considering that researches can provide better choice of policy options as well as provide alternatives to improve/formulate policy, programs or projects.

Annex

Unaccounted Expenditure Items and Other Technical Notes

1. Blood safety. There is difficulty in disaggregating domestic expenditures for blood safety specifically for AIDS given that other tests for blood safety are also being undertaken. Blood safety in this report refers only to the assistance provided by Global Fund.
2. LGUs are spending for STI management and AIDS-related activities. These expenditure items include: program management and administrative costs, procurement of medicines and supplies, operation of social hygiene clinics, IEC. There are about 23 LGUs sites that are implementing HIV and AIDS programs (surveillance sites). But due to low response rate from selected LGUs (only four responded out of 23 LGUs), geographical and time constraints, there is difficulty in collecting spending information from all LGUs. The four cities that provided spending data are: Zamboanga City, Davao City, Pasay City and Makati City.

Estimation of expenditures of 19 other LGUs (cities) was done to represent the AIDS-related activities being undertaken in these areas which are also 'surveillance sites'. Based on the four LGUs that provided spending information, the lowest average annual spending was P203,552.67. This figure was used to project the annual spending of 19 other LGUs. This brings an additional annual expenditure of P3,867,500.67 at sub-national levels. Further, it was assumed that about 19 percent of this total is allocated for STI treatment and ten percent was allocated for program management.

It should be noted that there are about 40 Local AIDS Councils in the country, but not all the expenditures of these are included.

3. Treatment expenditures of other health facilities are not captured in this report. There are now 13 treatment hubs (regional medical centers) developed through the Global Fund. In addition, this report does not cover the expenses of two other major treatment hospitals namely: Philippine General Hospital, and Research Institute for Tropical Medicines.

In addition, the possible expenditures of local/public health facilities on VCT and STI diagnosis and treatment are not included in this report due to time and geographical constraints and the lack of mechanism to get this information.

4. Voluntary counseling and testing in this report covers only the expenditures incurred by the Department of Health and Global Fund supported activities (capacity-building, social marketing, infrastructure). It should be noted that there are now more VCT centers all over the country.
5. Universal precautions and safe medical injections are being adhered to in health facilities as part of standards and not just for AIDS prevention. Hence, these are not accounted as part of AIDS prevention program.
6. Male circumcision. This is not yet being advocated in the country as an AIDS prevention program. However, being a Catholic country, most Filipino males are circumcised.
7. Private expenditures. These items refer to funds sourced from private companies (Levis) and internally-generated funds of some NGOs (as in the case for DKT Phils.). Out of pocket spending is not included in this report.
8. Only the spending data of major non-government organizations (NGOs) based in Metro Manila are reflected in the report. AIDS-related spending of other local NGOs is not captured in this report.
9. Global Fund Round 6 expenditures for 2008 include fourth quarter spending of 2007. On the other hand, 2009 expenditure is only up to end of November.
10. The total prevention expenditure for MARPs under Global Fund Round 5 was divided equally among sex workers and their clients, MSM and IDUs due to lack of breakdown.
11. There are activities (in the form of technical assistance) being carried out by some government agencies but the actual expenditures incurred are not reflected in the report because of difficulty in 'valuating' the amount of time spent for providing technical assistance (e.g. Department of Labor and Employment, National Economic and Development Authority).

Methodological Concerns:

1. There may be a need to measure the actual expenditures for service delivery inasmuch as expenditures for most categories may be high on personnel services but not necessarily on provision of services.
2. There is overlap between Safe Medical Injections and Universal Precautions categories. Both are part of standard precautionary measures in Philippine hospital setting. Further some activities for Care and Treatment, Orphans and Vulnerable Children, and Social Protection overlap. These activities include: nutritional care, pediatric care, social services.
3. Provider initiated testing and counseling (PITC) based on experience in the Philippines, is usually offered for inpatients (not outpatient care). In addition, anti-retroviral therapy, in some instances is inpatient care (not just outpatient).
4. Patient tracking is categorized under Program Management and Administration but this is essentially a function of hospital care/service and may be considered in the Care and Treatment category.

List of agencies/organizations that provided expenditure data

A. National Agencies:

- 1) Department of Health (DOH) – NASPCP
- 2) Department of Health (DOH) – Philippine National AIDS Council (PNAC) Secretariat
- 3) Department of Health (DOH) – National Epidemiology Center (NEC)
- 4) San Lazaro Hospital (SLH)
- 5) Occupational Safety and Health Center-Department of Labor and Employment (OSHC–DOLE)
- 6) Department of Interior and Local Government
- 7) Center for Health Development VII (CHD-7)

B. Local Government Units (LGUs):

- 1) Davao City
- 2) Makati City

- 3) Aklan province
- 4) Pasay City
- 5) Zamboanga City
- 6) City of Manila

C. Non-government organizations (NGOs):

- 1) Tropical Disease Foundation (TDF)
- 2) DKT Philippines
- 3) AIDS Society of the Philippines (ASP)
- 4) Action for Health Initiatives (ACHIEVE)
- 5) Women's Health Care Foundation
- 6) Philippine NGO Council

D. Development Partners:

- 1) Asian Development Bank (ADB)
- 2) United States Agency for International Development (USAID)
- 3) UN agencies (UNICEF, UNAIDS, UNFPA, UNDP)
- 5) World Health Organization (WHO)
- 6) Global Fund Round 3 and Round 5 (through Tropical Disease Foundation); Global Fund Round 6 (through the Department of Health)
- 7) European Commission (EC)
- 8) World Bank
- 9) JICA

SUPPLEMENTAL TABLES

Total Spending External vs Domestic

	2007		2008		2009	
	External	Domestic	External	Domestic	External	Domestic
Prevention	127,687,866.12	49,756,050.30	114,393,231.44	39,593,117.60	229,623,827.75	20,016,111.60
	\$2,766,896.93	\$1,078,174.98	\$2,572,102.54	\$890,241.12	\$4,820,262.90	\$420,178.17
Care and Tx	431,148.90	6,556,029.00	14,131,282.91	16,050,772.15	27,175,809.28	22,236,788.00
	\$9,342.66	\$142,064.06	\$317,738.28	\$360,897.50	\$570,474.53	\$466,794.61
OVC	0.00	-	5,492,613.10	-	1,714,939.20	-
	\$0.00	\$0.00	\$123,500.00	\$0.00	\$36,000.00	\$0.00
Prog Management	6,693,053.80	15,118,689.07	43,338,860.04	15,977,252.57	108,908,949.67	35,566,785.57
	\$145,033.28	\$327,610.25	\$974,463.18	\$359,244.44	\$2,286,216.44	\$746,617.89
Human Resources	5,997,621.54	2,838,500.00	22,802,971.53	891,932.00	27,449,963.88	200,000.00
	\$129,963.80	\$61,508.09	\$512,718.98	\$20,054.86	\$576,229.58	\$4,198.40
Social Protection	0.00	79,991.10	0.00	2,094,360.00	1,449,990.02	263,950.00
	\$0.00	\$1,733.35	\$0.00	\$47,091.15	\$30,438.19	\$5,540.84
Enabling Envi	2,308,987.63	303,500.00	6,837,639.75	4,800.00	11,858,978.67	2,716,600.00
	\$50,033.97	\$6,576.61	\$153,742.58	\$107.93	\$248,943.65	\$57,026.86
Research	4,985,371.32	-	10,893,657.45	-	9,277,058.78	-
	\$108,029.13	\$0.00	\$244,941.10	\$0.00	\$194,744.00	\$0.00
TOTAL	148,104,049.31	74,652,759.47	217,890,256.22	74,612,234.32	417,459,517.25	81,000,235.17
	\$3,209,299.77	\$1,617,667.34	\$4,899,206.65	\$1,677,637.00	\$8,763,309.29	\$1,700,356.76

Total Program Management Costs (in Php)

	2007	2008	2009
Planning, coordination, and program management	1,040,916.58	12,549,987.75	30,033,171.71
Administration and transaction costs associated with managing funds	2,237,808.00	0.00	8,574,885.60
Monitoring and Evaluation	847,534.40	527,450.93	5,936,111.79
Operations Research (research and development)	0.00	1,193,289.10	34,946,986.27
Serological surveillance	2,159,708.90	11,788,245.15	10,734,173.10
HIV-drug resistance surveillance	0.00	0.00	4,200,000.00
Drug supply systems	106,197.00	0.00	65,097.00
Information technology	0.00	0.00	0.00
Patient tracking	0.00	0.00	0.00
Upgrading and construction of infrastructure	1,770,693.48	2,960,079.50	6,047,153.28
Mandatory HIV testing (not VCT)	0.00	0.00	0.00
Program management and admin not broken down by type	11,843,212.07	27,698,888.37	42,582,513.45
Program management and administration not elsewhere classified	1,805,672.45	2,598,171.82	1,355,643.04
TOTAL	21,811,742.87	59,316,112.61	144,475,735.23

Total Prevention Expenditures (in Php)

	2007		2008		2009	
	External	Domestic	External	Domestic	External	Domestic
Communication for social and behavioral change	709,430.00	53,000.00	4,831,058.72	38,000.00	3,610,445.84	58,000.00
Community mobilization		69,397.00	4,904,286.33	0.00	583,841.28	86,397.00
Voluntary counselling and testing	112,643.16	1,040,000.00	4,238,532.12	11,315.00	7,887,249.28	54,690.00
Risk-reduction for vulnerable and accessible populations	5,569,062.31		8,208,516.18	0.00	9,217,370.17	100,000.00
Prevention - youth in school	1,696,230.59	66,397.00		0.00	0.00	116,797.00
Prevention - youth out of school				0.00	0.00	0.00
Prevention of HIV transmission aimed at PLHIV			0.00	0.00	0.00	0.00
Prevention programs for sex workers and their clients	1,744,236.82	34,098.00	8,413,088.18	0.00	10,596,497.90	34,098.00
Programs for men who have sex with men (MSM)	1,172,497.94	58,000.00	5,808,516.18	0.00	12,526,224.49	58,000.00
Harm reduction programs for injecting drug users (IDUs)	1,126,561.82		8,985,748.25	0.00	3,817,878.03	0.00
Prevention programs in the workplace	1,446,676.66	320,727.50	4,346,207.35	56,077.00	0.00	157,481.00
Condom social marketing	88,476,673.53	38,800,397.00	0.00	0.00	0.00	0.00
Public and commercial sector male condom provision	211,268.00	25,500.00	3,655,471.89	0.00	0.00	0.00
Public and commercial sector female condom provision			0.00	0.00	0.00	0.00
Microbicides				0.00	0.00	0.00
Prevention, diagnosis, and treatment of sexually-transmitted infections (STIs)	20,963.00	7,361,130.60	7,907,603.00	3,538,665.60	20,244,946.39	17,543,680.60
Prevention of mother-to-child transmission	398,537.58		185,154.43	0.00	1,780,620.42	0.00
Male circumcision				0.00	0.00	0.00
Blood safety			10,677,633.20	0.00	109,771,903.24	0.00
Safe medical injections				0.00	0.00	0.00
Universal precautions		10,000.00		15,000.00	0.00	25,000.00
Post-exposure prophylaxis		23,263.20		0.00	0.00	0.00
Prevention activities not broken down by intervention	25,003,084.71	1,894,140.00	39,765,871.87	35,929,560.00	49,586,850.72	1,781,968.00
Prevention activities not elsewhere classified			2,465,543.74	0.00	0.00	0.00
TOTAL	127,687,866.12	49,756,050.30	114,393,231.44	39,588,617.60	229,623,827.75	20,016,111.60

Treatment and Care Breakdown (in PhP)

	2007		2008		2009	
	External	Domestic	External	Domestic	External	Domestic
Outpatient						
Provider initiated testing and counselling (PITC)	0	40,000	0	0	0	40,000
Opportunistic infections outpatient prophylaxis and treatment	2,034	2,717,953	517,293	2,717,953	5,939,628	2,989,748
Anti-retroviral therapy	242,318	0	3,594,864	0	8,752,512	0
Nutritional support associated with ARV therapy	0	0	0	0	0	0
Specific HIV-related laboratory monitoring	5,521	3,500,000	565,917	0	5,169,008	0
Dental programs for persons living with HIV	0	180,000	0	0	0	0
Psychological treatment and support services	0	0	0	0	0	0
Outpatient palliative care	157,320	0	0	0	0	0
Home-based care	0	0	0	0	0	0
Traditional medicine and informal care and treatment	0	0	0	0	0	0
Outpatient services not disaggregated by intervention	0	50,000	0	1,207,363	0	0
Outpatient services not elsewhere classified	0	0	0	0	0	0
Inpatient						
Inpatient treatment of opportunistic infections	0	0	0	0		0
Inpatient palliative care	0	0	0	0		0
Inpatient services not disaggregated by intervention	0	0	0	0		0
Inpatient services not elsewhere classified	0	0	0	0		0
Patient transport and emergency rescue	0	0	0	0		0
Care and treatment services not broken down by intervention	23,956	68,076	9,453,208	12,125,456	2,751,002	13,207,040
Care and treatment services not elsewhere classified	0	0	0	0	4,563,659	0
TOTAL	431,149	6,556,029	14,131,283	16,050,772	27,175,809	16,236,788

Historical Spending 2000-2009

(in thousands)

Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Domestic (in US\$)	29,286 663	31,955 627	39,625 768	35,850 661	33,308 594	71,300 1,294	136,643 2,663	74,653 1,618	74,612 1,678	81,000 1,700
External (in US\$)	158,672 3,591	461,963 9,060	231,500 4,486	230,162 4,247	125,005 2,231	305,576 5,547	257,765 5,023	148,104 3,209	217,890 4,899	417,460 8,763
Private (in US\$)	- -	- -	- -	- -	- -	66,813 1,213	44,902 875	36,770 797	51,469 1,157	66,551 1,397
Total (in US\$)	187,958 4,253	493,918 9,687	271,125 5,254	266,012 4,908	158,313 2,826	443,690 8,055	439,310 8,561	259,527 5,624	343,972 7,734	565,011 11,861
exchange	44.19	50.99	51.60	54.20	56.03	55.0855	51.3143	46.1484	44.4746	47.6372

(in thousands)

Function	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Prevention (in US\$)	146,061 3,305	188,919 3,705	177,473 3,439	212,394 3,919	98,622 1,760	235,929 4,283	295,108 5,751	213,764 4,632	204,080 4,589	315,683 6,627
Treatment (in US\$)	1,637 37	1,841 36	2,779 54	3,024 56	3,763 67	30,398 552	6,324 123	6,987 151	30,182 679	49,413 1,037
OVC (in US\$)	- -	- -	- -	- -	- -	1,000 18	1,160 23	- -	5,493 124	1,715 36
Prog Supp (in US\$)	40,260 911	303,158 5,945	90,873 1,761	50,594 933	55,928 998	120,467 2,187	94,283 1,837	21,812 473	59,316 1,334	144,476 3,033
HR (in US\$)	- -	- -	- -	- -	- -	30,019 545	19,189 374	9,286 201	24,603 553	28,158 591
Social Prot (in US\$)	n/a -	n/a -	n/a -	n/a -	n/a -	- -	- -	80 2	2,094 47	1,714 36
Enabling E (in US\$)	n/a -	n/a -	n/a -	n/a -	n/a -	19,521 354	18,358 358	2,612 57	7,310 164	14,576 306
Research (in US\$)	n/a -	n/a -	n/a -	n/a -	n/a -	6,356 115	4,888 95	4,985 108	10,894 245	9,277 195
Total (in US\$)	187,958 4,253	493,918 9,687	271,125 5,254	266,012 4,908	158,313 2,826	443,690 8,055	439,310 8,561	259,527 5,624	343,972 7,734	565,011 11,861
exchange	44.19	50.99	51.6	54.2	56.03	55.0855	51.3143	46.1484	44.4746	47.6372

