# Understanding Namibia's HIV/AIDS Financing Landscape:

## What did we learn from the 2014/15 Health Accounts?

## Introduction

Given the large burden of disease that HIV/AIDS places on the population of Namibia, the 2014/15 Health Accounts of Namibia[1] took a close look at the country's HIV/AIDS spending. It mapped HIV/AIDS spending using the UNAIDS National AIDS Spending Assessment (NASA) categories and to the extent possible tracked non-health HIV/AIDS-related spending. This brief is a summary of the insights obtained from the exercise; it also provides the basic HIV/AIDS spending tables that show the magnitude and flow of HIV/AIDS-related resources drawn from the Health Accounts exercise.

## How Much Was Spent on HIV/AIDS?

This section discusses health spending on HIV/AIDS health goods and services only. HIV/AIDS remains the leading cause of premature death in Namibia and has had a major impact on the life expectancy of Namibians. As a result, substantial health spending goes to managing the disease.

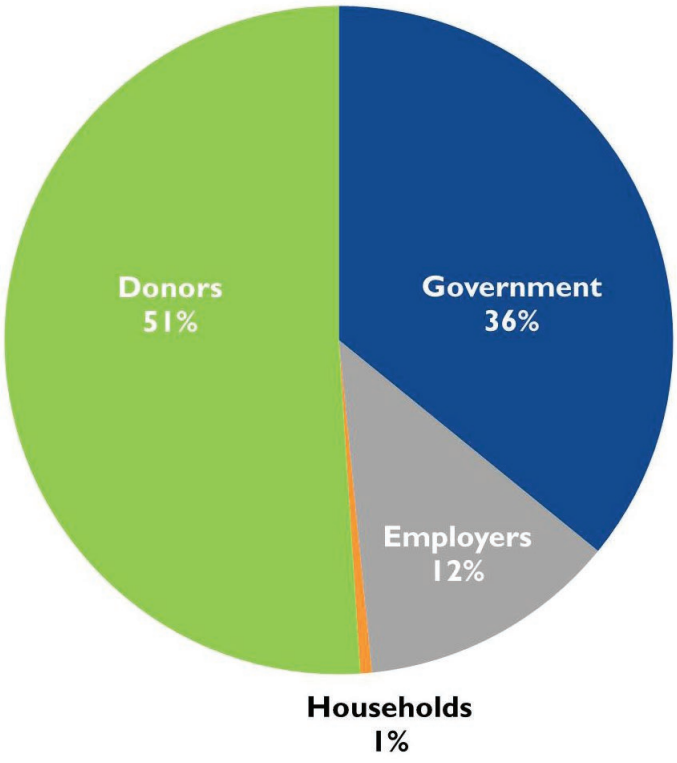
According to the NASA classification, total current[2] spending for HIV/AIDS in 2014/15 was N$1,311,608,917 (USD144,450,321[3]). An additional N$66,716,980 (USD7,347,685) was spent on capital investments for HIV/AIDS.

[1]Namibia Ministry of Health and Social Services. September 2017. *Namibia 2014/15 Health Accounts Report.* Windhoek, Namibia.
[2]Total current spending on HIV/AIDS includes spending on HIV/AIDS non-health items (e.g., orphans and vulnerable children) and spending on HIV/AIDS co-infections.
[3]Exchange rate (N$/US$1): N$9.08

## Who Is Providing the Funds for HIV/AIDS?

Even though Namibia has been experiencing significant withdrawal of donor funds as the country transitions into upper middle-income status, donors still provide the greatest portion of funding for HIV/AIDS (51 percent) (Figure 1). Government spending follows at 36 percent of HIV/AIDS funding. The contribution of household spending remains very low at only 1 percent of HIV/AIDS spending, which means that people living with HIV/AIDS have protection from financial risk when seeking care.

**Figure 1. HIV Spending by Source of Financing**

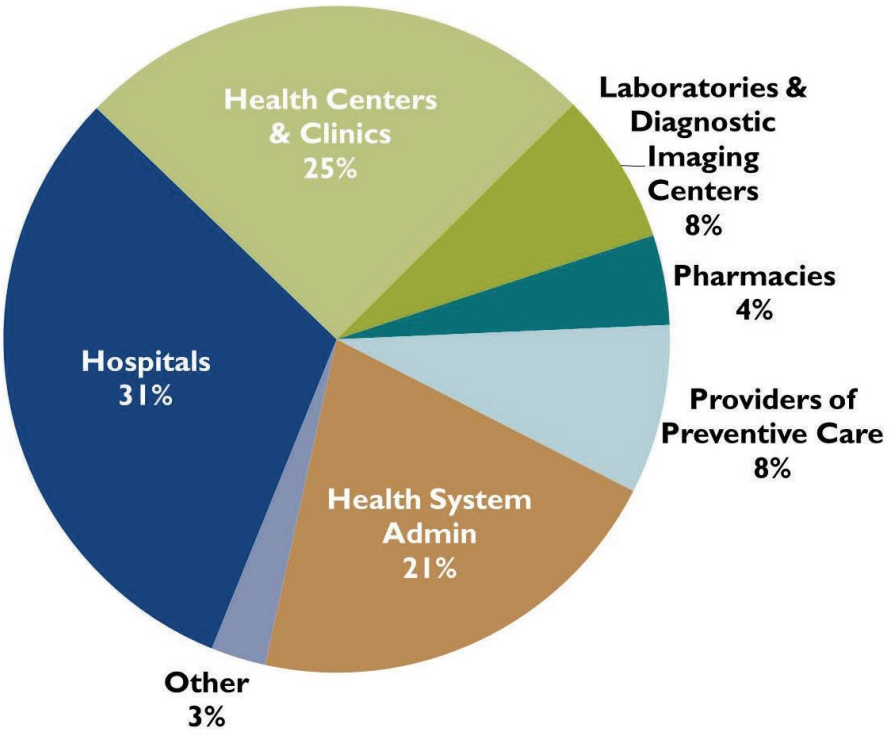


## Where Are HIV/AIDS Services Being Delivered?

Roughly one-third (31 percent) of HIV/AIDS health spending happens at the hospital level, while 25 percent happens in health centers and clinics (Figure 2). The provision of HIV/AIDS services at the secondary or tertiary (hospital) level is more expensive than service provision at primary health facilities, particularly for HIV/AIDS services. To achieve greater efficiencies in service delivery, and improve accessibility of the services, provision of HIV/AIDS services should be moved from hospitals to health centers and clinics.

Providers of preventive care consumed 8 percent of HIV/AIDS health spending. Approximately 8 percent was spent on laboratories and diagnostic imaging centers and 4 percent on pharmacies. Spending on administration amounted to 21 percent of total HIV/AIDS health spending.

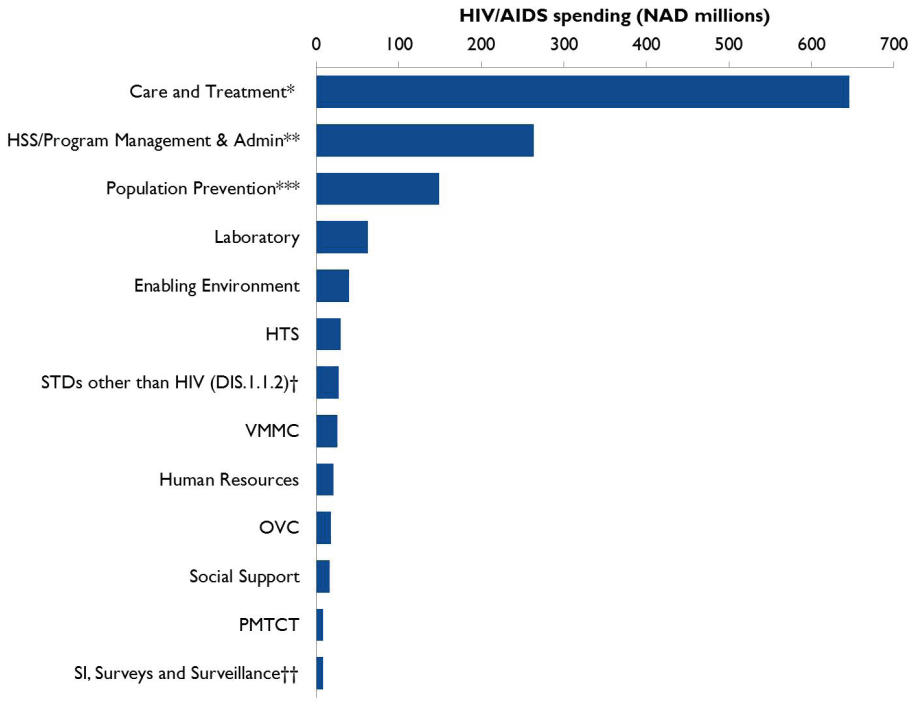
**Figure 2. HIV/AIDS Spending by Provider**



## What Types of HIV/AIDS Health Goods and Services Are Purchased?

In terms of the NASA AIDS spending categories, Namibia spends the majority of its HIV/AIDS funding on care and treatment (49 percent) (Figure 3). The second largest portion of spending is on management and administration at 20 percent, and 16 percent of HIV/AIDS spending is used for prevention. The human resources category amounts to only 2 percent of HIV/AIDS spending; it only includes training costs and human resource expenditures that cannot be directly allocated specifically to any of the other categories.

**Figure 3. HIV/AIDS Spending by AIDS Spending Categories**




*Care and treatment excludes laboratory costs (which are reported as a separate line in the table).

**Program management and administration includes: surveillance, drug supply systems, operations research, monitoring and evaluation, etc.

***Excludes separately reported prevention items: prevention of mother-to-child transmission (PMTCT), HIV testing services (HTS), voluntary medical male circumcision (VMMC).

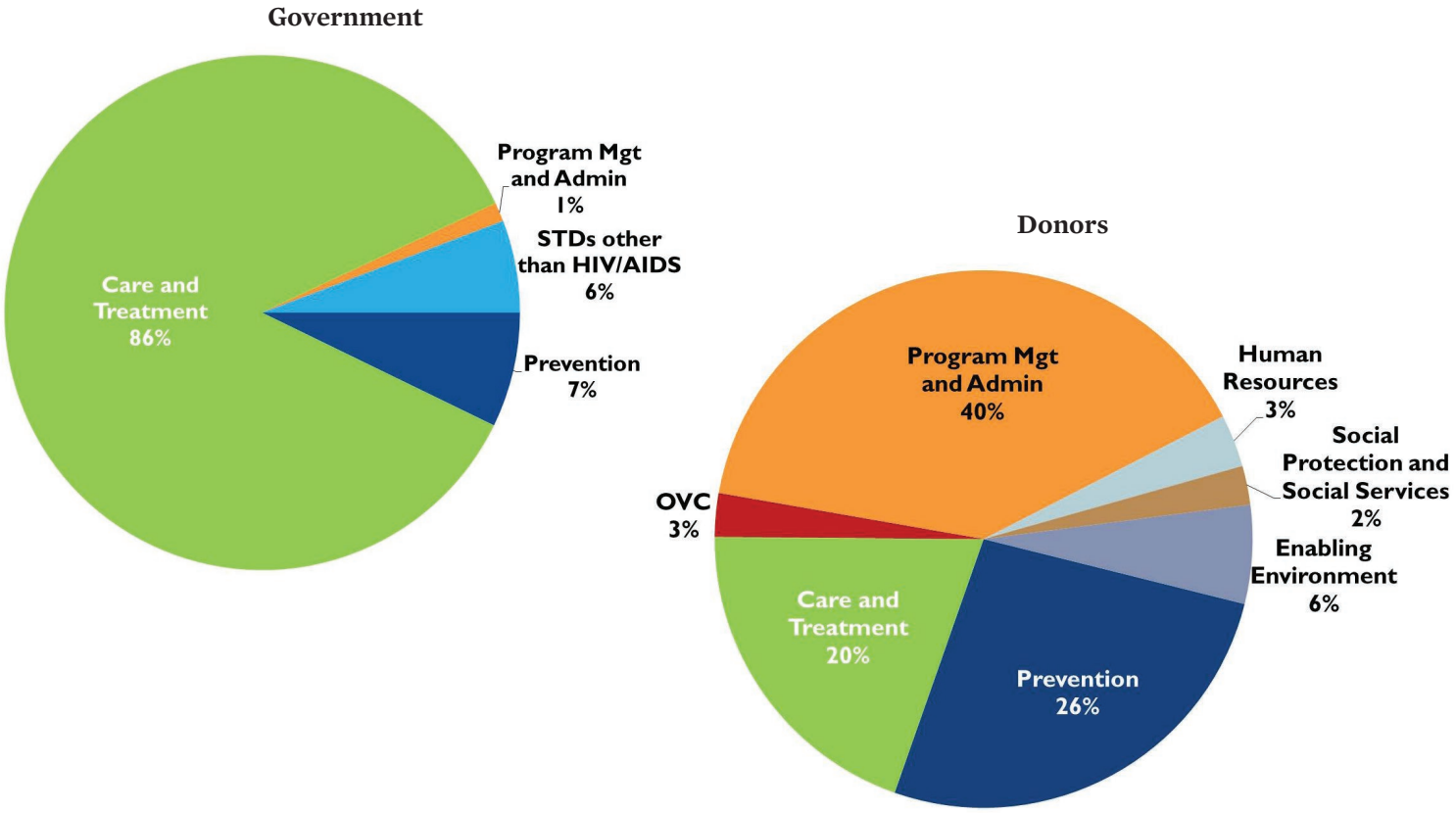
† The NASA total only includes spending on HIV/AIDS, whereas Health Accounts HIV/AIDS spending totals include co-infections (like TB, sexually transmitted diseases (STDs), and other opportunistic infections). Therefore, to compare the figures, the spending on these co-infections (DIS.1.1.2) will need to be added to the NASA total.

††Includes serological-surveillance and HIV drug-resistance surveillance.

## Is the Funding of HIV/AIDS Services Sustainable?

With donor resources for HIV/AIDS decreasing and the government being committed to making up most of these decreases, it is important to understand how both government and donor funding is spent in order to assess which program areas are likely to be impacted. As shown in Figure 4, the Government of Namibia has made a concerted effort to take over the procurement of antiretroviral drugs and integrate the provision of HIV/AIDS services; it now is the predominant funder of care and treatment interventions at 86 percent of the government spending on HIV/AIDS. The remaining government funding is spent on prevention (7 percent), HIV/AIDS co-infections (6 percent), and management and administration (1 percent). The category consuming the largest portion of donor funding is management and administration, at 40 percent of donor funding for HIV/AIDS. Management and administration includes surveillance, drug supply systems, operations research, and monitoring and evaluation. Spending is almost equally spread between the prevention (26 percent) and care and treatment (20 percent) categories. Smaller investments are in fostering an enabling environment for HIV/AIDS (6 percent), care and support of orphans and vulnerable children (OVC) (3 percent), human resources training and investments (3 percent), and social protection (2 percent).

**Figure 4. HIV/AIDS Spending by AIDS Spending Categories for Government and Donors**



## Items to Note in Comparing the Health Accounts Figures with this Brief

If readers wish to compare the results of Namibia's 2014/15 Health Accounts and the figures in this brief, they need to understand the key differences between this NASA analysis and the full Health Accounts report:

- **Magnitude of HIV/AIDS spending:** This NASA report includes health care-related spending (HCR) in the total reported HIV/AIDS spending. HCR includes expenditures on items like OVC (the Health Accounts total expenditures exclude this spending).
- **Exclusion of HIV/AIDS co-infections:** The NASA total only includes spending on HIV/AIDS, whereas the Health Accounts figures for HIV/AIDS spending include co-infections (like TB, STDs, and other opportunistic infections). Therefore, to compare the figures, the spending on these co-infections (DIS.1.1.2) will need to be added to the NASA total.
- **Exclusion of pre-service education and training of health personnel:** There might be a formal training component missing from the NASA spending (e.g., capital health care-related (HKR) spending). Capturing HKR spending by disease was not possible in the current round of Health Accounts and is something to be incorporated into the next round.
- **Cross-walk:** The NASA and Health Accounts methodologies each have their own codes for classifying an expenditure. See Table 1 for a cross-walk that compares the classification of various expenditures in the two methodologies.

**Table 1. Cross-walk between NASA and Health Accounts Classifications**

| NASA's AIDS Spending Category (AC) | Health Accounts Health Care Function (HC) |
|---|---|
| **AC.1 Prevention** | **HC.6 Preventive Care**<br>Excludes some prevention components mapped to: AC.2 Care and Treatment, AC.4 Program Management and Administration, AC.5 Human Resources, AC.7 Enabling Environment, and AC.9 Other (non-HIV).<br>Includes HCR.2 Health Promotion with Multi-sectoral Approach. |
| **AC.2 Care and Treatment** | **HC.1 Curative Care + HC.4 Ancillary Services + HC.5 Medical Goods**<br>Excludes some components mapped to spending on opportunistic infections, AC.1 Prevention, AC.3 OVC, AC.4 Program Management and Administration, AC.5 Human Resources, and AC.9 Other (non-HIV/AIDS). |
| **AC.3 OVC** | **HCR.1 Long-term Care (social)**<br>Excludes some OVC spending mapped to HC.1.3.1 Outpatient Curative Care.<br>Includes OVC components of HCR.1 Long-term Care (social). |
| **AC.4 Program Management and Administration** | **HC.7 Governance, and Health System Financing Administration**<br>Includes some components mapped to AC.1 Prevention, AC.2 Care and Treatment, and AC.5 Human Resources |
| **AC.5 Human Resources** | **FP – Factors of Provision**<br>Human Resources is classified separately in the Factors of Provision classification. At the function level, human resources spending is distributed across services provided and is not separated out. |
| **AC.6 Social Protection and Social Services (excludes OVC)** | **HCR.1 – Long-term Care (social)**<br>Excludes any component of long-term care provided to OVCs. |
| **AC.7 Enabling Environment** | **HC.6 Preventive Care or HCR.3 Stigma Reduction Program**<br>All reported spending on Enabling Environment is mapped to prevention spending. In addition, the HCR components are mapped to HCR.3 Stigma Reduction Program. |
| **AC.8 HIV-related Research (excludes operations research)** | **HK – Capital Investments** |

## HIV/AIDS Statistical Tables

The statistical tables provided in this section summarize HIV/AIDS data through a series of two dimensional tables. Each table cross-tabulates spending for two classifications. The tables focus on recurring spending; in addition, spending on capital investments is included at the bottom of each table.

1. Source (FS.RI) x HIV/AIDS Spending Category (AC)
2. Financing Agent (FA) x HIV/AIDS Spending Category (AC)
3. Health care provider (HP) x HIV/AIDS Spending Category (AC)

## Source (FS.RI) x HIV/AIDS Spending Category (AC)

| | | Institutional units providing revenues to financing schemes | FS.RI.1.1 | FS.RI.1.2 | FS.RI.1.3 | FS.RI.1.5 | | | | | All FS.RI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | FS.RI.1.5.1 | FS.RI.1.5.2 | FS.RI.1.5.3 | FS.RI.1.5.nec | |
| AIDS Spending Category | | *Namibian dollar (NAD), Million* | Government | Corporations | Households | Rest of the world | Bilateral donors | Multilateral donors | Private donors | Unspecified rest of the world (n.e.c.) | |
| **AC.1** | | **Prevention** | **33.94** | **0.11** | | **177.21** | **160.06** | **17.15** | | | **211.25** |
| | AC.1.1 | Communication for social and behaviour change | **9.97** | | | **0.13** | | 0.13 | | | **10.09** |
| | AC.1.2 | Community mobilization | | | | **47.89** | 47.89 | | | | **47.89** |
| | AC.1.3 | Voluntary counselling and testing (VCT) | **0.76** | | | **28.36** | 24.63 | 3.73 | | | **29.12** |
| | AC.1.4 | Risk-reduction for vulnerable and accessible populations | | | | **4.13** | | 4.13 | | | **4.13** |
| | AC.1.5 | Prevention – youth in school | | | | **0.25** | | 0.25 | | | **0.25** |
| | AC.1.6 | Prevention – youth out-of-school | | | | **2.90** | 2.84 | 0.06 | | | **2.90** |
| | AC.1.7 | Prevention of HIV transmission aimed at people living with HIV (PLHIV) | | | | **4.55** | 2.74 | 1.81 | | | **4.55** |
| | AC.1.8 | Prevention programmes for sex workers and their clients | | | | **7.12** | 7.12 | | | | **7.12** |
| | AC.1.9 | Programmes for men who have sex with men (MSM) | | | | **2.80** | 2.80 | | | | **2.80** |
| | AC.1.11 | Prevention programmes in the workplace | | | | **2.67** | | 2.67 | | | **2.67** |
| | AC.1.13 | Public and commercial sector male condom provision | | | | **5.22** | 4.32 | 0.90 | | | **5.22** |
| | AC.1.17 | Prevention of mother-to-child transmission (PMTCT) | | | | **8.17** | 7.84 | 0.32 | | | **8.17** |
| | AC.1.18 | Male circumcision | | | | **25.33** | 23.09 | 2.24 | | | **25.33** |
| | AC.1.19 | Blood safety | | | | **1.47** | 1.47 | | | | **1.47** |
| | AC.1.22 | Post-exposure prophylaxis (PEP) | | | | **0.01** | 0.01 | | | | **0.01** |
| | AC.1.98 | Prevention activities not broken down by intervention | | | | **35.30** | 35.30 | | | | **35.30** |
| | AC.1.99 | Prevention activities n.e.c. | | | | **0.09** | | 0.09 | | | **0.09** |
| | AC.1.nec | Other Prevention | **23.21** | **0.11** | **0.00** | **0.83** | | 0.83 | | | **24.15** |
| **AC.2** | | **Care and treatment** | **403.72** | **164.48** | **7.25** | **132.29** | **78.57** | **49.24** | | **4.49** | **707.74** |
| | AC.2.1 | Outpatient care | **159.21** | **50.21** | **3.32** | **130.89** | 78.57 | 47.83 | | 4.49 | **343.62** |
| | AC.2.2 | Inpatient care | **177.28** | **39.16** | **1.68** | | | | | | **218.12** |
| | AC.2.nec | Other Care and treatment | **67.23** | **75.10** | **2.25** | **1.40** | | 1.40 | | | **145.99** |
| **AC.3** | | **Orphans and vulnerable children (OVC)** | | | | **17.46** | **14.88** | **2.58** | | | **17.46** |
| | AC.3.3 | OVC Family/home support | | | | **17.46** | 14.88 | 2.58 | | | **17.46** |
| **AC.4** | | **Programme management and administration** | **5.55** | | | **265.77** | **118.86** | **146.91** | | | **271.32** |
| | AC.4.1 | Planning, coordination, and programme management | **4.34** | | | **112.38** | 58.13 | 54.25 | | | **116.72** |
| | AC.4.2 | Administration and transaction costs associated with managing and disbursing funds | **1.09** | | | **32.70** | 32.70 | | | | **33.78** |
| | AC.4.3 | Monitoring and evaluation | **0.12** | | | **102.59** | 11.01 | 91.58 | | | **102.71** |
| | AC.4.4 | Operations research | | | | **4.90** | 4.90 | | | | **4.90** |
| | AC.4.5 | Serological-surveillance (serosurveillance) | | | | **6.19** | 6.18 | 0.00 | | | **6.19** |
| | AC.4.6 | HIV drug-resistance surveillance | | | | **1.67** | 0.69 | 0.98 | | | **1.67** |
| | AC.4.7 | Drug supply systems | | | | **3.93** | 3.83 | 0.10 | | | **3.93** |
| | AC.4.99 | Programme management and administration n.e.c | | | | **1.42** | 1.42 | | | | **1.42** |
| **AC.5** | | **Human resources** | | | | **21.16** | **9.56** | **11.60** | | | **21.16** |
| | AC.5.3 | Training | | | | **11.60** | | 11.60 | | | **11.60** |
| | AC.5.98 | Human resources not broken down by type | | | | **9.56** | 9.56 | | | | **9.56** |
| **AC.6** | | **Social Protection and Social Services** | | | | **15.67** | **15.20** | **0.47** | | | **15.67** |
| **AC.7** | | **Enabling environment** | | | | **39.70** | **35.37** | | **4.33** | | **39.70** |
| | AC.7.1 | Advocacy | | | | **35.37** | 35.37 | | | | **35.37** |
| | AC.7.5 | Programmes to reduce Gender Based Violence | | | | **4.33** | | | 4.33 | | **4.33** |
| **All AC** | | | **443.20** | **164.58** | **7.25** | **669.26** | **432.50** | **227.94** | **4.33** | **4.49** | **1,284.30** |
| **HK.1** | | **Gross capital formation** | **10.75** | | | **55.97** | | | | | **66.72** |
| | HK.1.1 | Gross fixed capital formation | **10.75** | | | **55.47** | | | | | **66.22** |
| | | HK.1.1.1 Infrastructure | | | | **3.89** | | | | | **3.89** |
| | | HK.1.1.2 Machinery and equipment | **10.75** | | | **43.23** | | | | | **53.98** |
| | | HK.1.1.3 Intellectual property products | | | | **8.35** | | | | | **8.35** |
| | HK.1.nec | Unspecified gross capital formation (n.e.c.) | | | | **0.50** | | | | | **0.50** |
| **DIS.1.1.2** | | **STDs other than HIV/AIDS** | **27.31** | | | | | | | | **27.31** |

## Financing Agent (FA) x HIV/AIDS Spending Category (AC)

| AIDS Spending Category | | Financing agents (used for HF.RI.1) | FA.1 | FA.2 | FA.3 | FA.4 | FA.5 | FA.6 | All FA |
|---|---|---|---|---|---|---|---|---|---|
| | | *Namibian dollar (NAD), Million* | General government | Insurance corporations | Corporations (Other than insurance corporations) (part of HF.RI.1.2) | Non-profit institutions serving households (NPISH) | Households | Rest of the world | |
| **AC.1** | | **Prevention** | **43.55** | **0.11** | | **167.60** | | | **211.26** |
| | AC.1.1 | Communication for social and behaviour change | **10.09** | | | | | | **10.09** |
| | AC.1.2 | Community mobilization | | | | **47.89** | | | **47.89** |
| | AC.1.3 | Voluntary counselling and testing (VCT) | **3.42** | | | **25.70** | | | **29.12** |
| | AC.1.4 | Risk-reduction for vulnerable and accessible populations | **0.11** | | | **4.01** | | | **4.13** |
| | AC.1.5 | Prevention – youth in school | | | | **0.25** | | | **0.25** |
| | AC.1.6 | Prevention – youth out-of-school | | | | **2.90** | | | **2.90** |
| | AC.1.7 | Prevention of HIV transmission aimed at people living with HIV (PLHIV) | **0.83** | | | **3.72** | | | **4.55** |
| | AC.1.8 | Prevention programmes for sex workers and their clients | | | | **7.12** | | | **7.12** |
| | AC.1.9 | Programmes for men who have sex with men (MSM) | | | | **2.80** | | | **2.80** |
| | AC.1.11 | Prevention programmes in the workplace | **2.67** | | | | | | **2.67** |
| | AC.1.13 | Public and commercial sector male condom provision | **0.90** | | | **4.32** | | | **5.22** |
| | AC.1.17 | Prevention of mother-to-child transmission (PMTCT) | | | | **8.17** | | | **8.17** |
| | AC.1.18 | Male circumcision | **2.23** | | | **23.10** | | | **25.33** |
| | AC.1.19 | Blood safety | | | | **1.47** | | | **1.47** |
| | AC.1.22 | Post-exposure prophylaxis (PEP) | | | | **0.01** | | | **0.01** |
| | AC.1.98 | Prevention activities not broken down by intervention | | | | **35.30** | | | **35.30** |
| | AC.1.99 | Prevention activities n.e.c. | **0.09** | | | | | | **0.09** |
| | AC.1.nec | Other Prevention | **23.21** | **0.11** | | **0.83** | | | **24.15** |
| **AC.2** | | **Care and treatment** | **330.51** | **289.78** | **1.83** | **83.06** | **2.56** | | **707.74** |
| | AC.2.1 | Outpatient care | **177.13** | **79.67** | **1.83** | **83.06** | **1.94** | | **343.62** |
| | AC.2.2 | Inpatient care | **151.98** | **65.52** | | | **0.62** | | **218.12** |
| | AC.2.nec | Other Care and treatment | **1.40** | **144.59** | | | | | **145.99** |
| **AC.3** | | **Orphans and vulnerable children (OVC)** | **2.02** | | | **15.44** | | | **17.46** |
| | AC.3.3 | OVC Family/home support | **2.02** | | | **15.44** | | | **17.46** |
| **AC.4** | | **Programme management and administration** | **129.32** | | | **141.05** | | **0.95** | **271.32** |
| | AC.4.1 | Planning, coordination, and programme management | **36.41** | | | **80.31** | | | **116.72** |
| | AC.4.2 | Administration and transaction costs associated with managing and disbursing funds | **1.09** | | | **32.70** | | | **33.78** |
| | AC.4.3 | Monitoring and evaluation | **90.74** | | | **11.01** | | **0.95** | **102.71** |
| | AC.4.4 | Operations research | | | | **4.90** | | | **4.90** |
| | AC.4.5 | Serological-surveillance (serosurveillance) | | | | **6.19** | | | **6.19** |
| | AC.4.6 | HIV drug-resistance surveillance | **0.98** | | | **0.69** | | | **1.67** |
| | AC.4.7 | Drug supply systems | **0.10** | | | **3.83** | | | **3.93** |
| | AC.4.99 | Programme management and administration n.e.c | | | | **1.42** | | | **1.42** |
| **AC.5** | | **Human resources** | **9.75** | | | **11.40** | | | **21.16** |
| | AC.5.3 | Training | **9.75** | | | **1.84** | | | **11.60** |
| | AC.5.98 | Human resources not broken down by type | | | | **9.56** | | | **9.56** |
| **AC.6** | | **Social Protection and Social Services** | **0.80** | | | **14.87** | | | **15.67** |
| **AC.7** | | **Enabling environment** | | | | **39.70** | | | **39.70** |
| | AC.7.1 | Advocacy | | | | **35.37** | | | **35.37** |
| | AC.7.5 | Programmes to reduce Gender Based Violence | | | | **4.33** | | | **4.33** |
| **All AC** | | | **515.95** | **289.89** | **1.83** | **473.12** | **2.56** | **0.95** | **1,284.30** |
| **HK.1** | | **Gross capital formation** | **41.07** | | | **25.64** | | | **66.72** |
| | HK.1.1 | Gross fixed capital formation | **41.07** | | | **25.14** | | | **66.22** |
| | | HK.1.1.1 Infrastructure | | | | **3.89** | | | **3.89** |
| | | HK.1.1.2 Machinery and equipment | **39.39** | | | **14.59** | | | **53.98** |
| | | HK.1.1.3 Intellectual property products | **1.69** | | | **6.66** | | | **8.35** |
| | HK.1.nec | Unspecified gross capital formation (n.e.c.) | | | | **0.50** | | | **0.50** |
| **DIS.1.1.2** | | **STDs other than HIV/AIDS** | **27.31** | | | | | | **27.31** |

## Health care provider (HP) x HIV/AIDS Spending Category (AC)

| | Health care providers | HP.1 | HP.3 | | | | HP.4 | | | HP.5 | HP.6 | HP.7 | HP.8 | HP.ne | All HP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HP.3.3 | HP.3.4 | HP.3.5 | | HP.4.2 | HP.4.9 | | | | | | |
| AIDS Spending Category | *Namibian dollar (NAD), Million* | Hospitals | Providers of ambulatory health care | Other health care practitioners | Ambulatory health care centres | Providers of home health care services | Providers of ancillary services | Medical and diagnostic laboratories | Other providers of ancillary services | Retailers and Other providers of medical goods | Providers of preventive care | Providers of health care system administration and financing | Rest of economy | Other health care providers (n.e.c.) | |
| **AC.1** | **Prevention** | **33.39** | **36.73** | **0.17** | **30.96** | **5.61** | **0.00** | **0.00** | | | **85.88** | **49.35** | **5.86** | **0.05** | **211.26** |
| AC.1.1 | Communication for social and behaviour change | | | | | | | | | | **10.09** | | | | **10.09** |
| AC.1.2 | Community mobilization | | | | | | | | | | | **47.89** | | | **47.89** |
| AC.1.3 | Voluntary counselling and testing (VCT) | **10.46** | **2.43** | 0.11 | 2.09 | 0.23 | | | | | **9.00** | **1.38** | **5.86** | | **29.12** |
| AC.1.4 | Risk-reduction for vulnerable and accessible populations | | | | | | | | | | **4.13** | | | | **4.13** |
| AC.1.5 | Prevention – youth in school | | | | | | | | | | **0.25** | | | | **0.25** |
| AC.1.6 | Prevention – youth out-of-school | | | | | | | | | | **2.90** | | | | **2.90** |
| AC.1.7 | Prevention of HIV transmission aimed at people living with HIV (PLHIV) | | **2.74** | | | 2.74 | | | | | **1.81** | | | | **4.55** |
| AC.1.8 | Prevention programmes for sex workers and their clients | **0.98** | **2.59** | | 2.59 | | | | | | **3.56** | | | | **7.12** |
| AC.1.9 | Programmes for men who have sex with men (MSM) | **0.18** | **1.06** | | 1.06 | | | | | | **1.56** | | | | **2.80** |
| AC.1.11 | Prevention programmes in the workplace | | **0.03** | | 0.03 | | | | | | **2.64** | | | | **2.67** |
| AC.1.13 | Public and commercial sector male condom provision | | | | | | | | | | **5.22** | | | | **5.22** |
| AC.1.17 | Prevention of mother-to-child transmission (PMTCT) | **2.20** | **4.61** | | 1.98 | 2.63 | | | | | **1.27** | **0.08** | | | **8.17** |
| AC.1.18 | Male circumcision | **6.50** | **10.03** | | 10.03 | | | | | | **8.80** | | | | **25.33** |
| AC.1.19 | Blood safety | **0.71** | | | | | | | | | **0.76** | | | | **1.47** |
| AC.1.22 | Post-exposure prophylaxis (PEP) | **0.01** | | | | | | | | | **0.00** | | | | **0.01** |
| AC.1.98 | Prevention activities not broken down by intervention | **2.19** | **1.07** | | 1.07 | | | | | | **32.04** | | | | **35.30** |
| AC.1.99 | Prevention activities n.e.c. | | | | | | | | | | **0.09** | | | | **0.09** |
| AC.1.nec | Other Prevention | **10.15** | **12.18** | 0.05 | 12.12 | | **0.00** | 0.00 | | | **1.77** | | | **0.05** | **24.15** |
| **AC.2** | **Care and treatment** | **349.41** | **189.44** | **66.79** | **95.72** | **26.93** | **96.90** | **62.04** | **34.85** | **57.15** | **2.19** | | **3.24** | **9.42** | **707.74** |
| AC.2.1 | Outpatient care | **133.31** | **187.09** | 66.32 | 93.85 | 26.93 | **9.63** | 9.63 | | **0.00** | **2.19** | | **3.24** | **8.16** | **343.62** |
| AC.2.2 | Inpatient care | **214.62** | **1.87** | | 1.87 | | **0.38** | 0.38 | | | | | | **1.26** | **218.12** |
| AC.2.nec | Other Care and treatment | **1.48** | **0.48** | 0.48 | | | **86.88** | 52.03 | 34.85 | **57.15** | | | | | **145.99** |
| **AC.3** | **Orphans and vulnerable children (OVC)** | | **1.38** | | **0.04** | **1.34** | | | | | | | **16.08** | | **17.46** |
| AC.3.3 | OVC Family/home support | | **1.38** | | 0.04 | 1.34 | | | | | | | **16.08** | | **17.46** |
| **AC.4** | **Programme management and administration** | | **83.16** | | **83.16** | | | | | | **9.56** | **178.60** | | | **271.32** |
| AC.4.1 | Planning, coordination, and programme management | | **0.06** | | 0.06 | | | | | | **2.57** | **114.09** | | | **116.72** |
| AC.4.2 | Administration and transaction costs associated with managing and disbursing funds | | | | | | | | | | | **33.78** | | | **33.78** |
| AC.4.3 | Monitoring and evaluation | | **81.68** | | 81.68 | | | | | | **0.12** | **20.91** | | | **102.71** |
| AC.4.4 | Operations research | | | | | | | | | | | **4.90** | | | **4.90** |
| AC.4.5 | Serological-surveillance (serosurveillance) | | **0.00** | | 0.00 | | | | | | **6.18** | | | | **6.19** |
| AC.4.6 | HIV drug-resistance surveillance | | | | | | | | | | **0.69** | **0.98** | | | **1.67** |
| AC.4.7 | Drug supply systems | | | | | | | | | | | **3.93** | | | **3.93** |
| AC.4.99 | Programme management and administration n.e.c | | **1.42** | | 1.42 | | | | | | | | | | **1.42** |
| **AC.6** | **Social Protection and Social Services** | | **15.34** | | | **15.34** | | | | | | | **0.33** | | **15.67** |
| **AC.5** | **Human resources** | **0.01** | **4.26** | | **2.67** | **1.59** | | | | | **5.76** | **11.10** | **0.03** | | **21.16** |
| AC.5.3 | Training | **0.01** | **4.26** | | 2.67 | 1.59 | | | | | **5.76** | **1.54** | **0.03** | | **11.60** |
| AC.5.98 | Human resources not broken down by type | | | | | | | | | | | **9.56** | | | **9.56** |
| **AC.7** | **Enabling environment** | | | | | | | | | | **4.33** | **35.37** | | | **39.70** |
| AC.7.1 | Advocacy | | | | | | | | | | | **35.37** | | | **35.37** |
| AC.7.5 | Programmes to reduce Gender Based Violence | | | | | | | | | | **4.33** | | | | **4.33** |
| **All AC** | | **382.81** | **330.31** | **66.96** | **212.54** | **50.80** | **96.90** | **62.04** | **34.85** | **57.15** | **107.72** | **274.42** | **25.54** | **9.47** | **1,284.30** |
| **HK.1** | **Gross capital formation** | **21.28** | **9.18** | | | | | | | | **1.29** | **26.47** | **7.02** | **1.49** | **66.72** |
| HK.1.1 | Gross fixed capital formation | **21.07** | **9.10** | | | | | | | | **1.09** | **26.47** | **7.02** | **1.49** | **66.22** |
| | HK.1.1.1 Infrastructure | **1.40** | **2.25** | | | | | | | | **0.04** | **0.21** | **0.00** | | **3.89** |
| | HK.1.1.2 Machinery and equipment | **19.67** | **6.85** | | | | | | | | **1.05** | **26.06** | **0.35** | | **53.98** |
| | HK.1.1.3 Intellectual property products | | | | | | | | | | | **0.20** | **6.66** | **1.49** | **8.35** |
| HK.1.nec | Unspecified gross capital formation (n.e.c.) | **0.21** | **0.08** | | | | | | | | **0.20** | | | | **0.50** |
| **DIS.1.1.2** | **STDs other than HIV/AIDS** | **24.93** | **2.38** | | **2.38** | | | | | | | | | | **27.31** |

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