

BUDGET ANALYSIS FOR THE ENGAGEMENT OF THE KPS IN THE DECISION-MAKING PROCESSES PROJECT

Methodology

Analytical Report on Budget Analysis of state spending on key affected populations present all efforts, including existing and planned services, allocated funding and other government commitments, supportive policy environment that the country proposes to ensure service availability for certain groups, in our case, it is proposed to analyze situation of covered needs for the group of MSM and trans* people.

As per the recommendation of the Global Fund to fight HIV/AIDS, TB and Malaria in order to ensure medical and social service availability for Key Affected populations it is important to review not only HIV Program but also the Transition plan of Armenia as the mechanism by which the country moves towards fully funding and implementing its health programs independent from external donors¹. Each country probably will have its own plan, timeline and process to ensure the sustainability of services and access to healthcare to all who are in need. Therefore, it can be assumed that while sustainability is an end goal of a transition, which describes how effective (impactful) the country program is, the transition itself is a process, which should lead to such a program design through domestic funding that will ensure availability of both medical and social support².

In this methodology, it is proposed to conduct a programmatic and financial assessment of the National NIV Program and transition plan to analyze existing state expenditure and identify the funding gaps in the state budget for health and social services for MSM and trans* people. The analysis of the transition related needs from both a programmatic and financial perspective will assist to identify key gaps in programming that can be planned for areas where technical assistance may be required.

The findings from the Report on Budget Analysis on state spending and engagement of the KPs to the decision-making processes should assist in the development of the inclusive country-led Advocacy roadmap addressing key bottlenecks and leverage opportunities towards a successful transition to domestic funding and ensuring the availability of the HIV services for MSM and Trans* people groups. The Advocacy roadmap should include critical issues for the successful transition that should be addressed, such Roadmap may include capacity building and support for the representatives of the key and vulnerable populations (specifically MSM and trans* people), interventions that respond to human rights and gender-related barriers and vulnerabilities to health, social determinants and procurement and supply chain management issues that are essential for ensuring strong national unified systems.

Process of the programmatic and financial assessment of National NIV Program in Armenia

1. Identify and collect a set of strategic and programmatic documents that describes a list of commitments of activities committed or ensure by the government of Armenia for the MSM or trans*people groups.

¹ 35th Board Meeting. The Global Fund Strategy 2017-2022: Investing to end epidemics. 2019: <https://www.aidsdatahub.org/sites/default/files/resource/global-fund-strategy-2017-2022-investing-end-epidemics.pdf>

² WHO. Global Spending on Health: A World in Transition (2019): <https://apps.who.int/iris/bitstream/handle/10665/330357/WHO-HIS-HGF-HF-WorkingPaper-19.4-eng.pdf?ua=1>

List of documents (attached):

- National HIV Program for 2017-2020;
 - National AIDS Program Report, 2019;
 - GF Funding Request Concept package, 2018;
 - Transition Plan on TB and HIV, Armenia;
 - IBBS for Armenia, 2018.
2. Identify existing Government commitments within the HIV program for key affected populations, including Transitional Plan with a particular focus on MSM and Trans* people. Please, note that those government commitments usually start with the promise to "improve", "increase", "ensure".
3. To some extent, the transition process should address challenges, which exist in all domains of the national healthcare system, especially that of financing, and as result should lead to sustainability, health improvement of the population, risk protection and improved efficiency – in total to a positive impact on the HIV epidemic. This analysis is proposed to focus on six areas that are classically presented as health system building blocks that considered to reflect all elements of the healthcare system. Those six blocks are³:
- **Service delivery:** reflects the immediate outputs of the health system for MSM and trans* people, including guidelines on HIV testing, care and support services, social determinants of health, availability (place, staff and equipment), standards of care and distribution of care.
 - **Health workforce:** spending on the development of human resources in HIV to
 - work with representatives of MSM and trans* people, trainings (e.g. for urologists, gynecologists, endocrinologists and other related specialists) and capacity building efforts.
 - **Medical products, vaccines and technologies:** reflects the immediate outputs of the health system for MSM and trans* people, for example: access to essential medicines/technologies (availability of hormone therapy in case of trans* people and PrEP for MSM) as part of the fulfillment of the right to health, recognized in the constitution or national legislation.
 - **Financing:** state and local budget spending for activities for MSM and trans* people: as a result, the financing system is often divided conceptually into three inter-related functions (i) revenue collection, (ii) fund pooling, and (iii) purchasing/provision of services. Normally in EECA countries which are middle or low-income countries, it is proposed to analyze a planned budget however, this important indicator of government and stakeholder's commitment, can differ significantly from the funds that are eventually released to departments and the subsequent expenditures. It should be noted, that in these countries, information on government health expenditures channeled through the ministry of health is usually available through the ministry of finance or regional authorities in decentralized systems.
 - **Information:** provide the basis for the overall policy and regulation, particularly includes data/information on MSM and trans* people groups – any activities focused on researches and surveys, calculation of HIV cascades, IBBS for the KAPs.

³ Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies: WHO, 2010: https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf?ua=1

- **Leadership and governance:** provide the basis for the overall policy and regulation, in particular: existing “formal procedures” such as laws and guidelines/regulations (e.g. protocols and regulation on transition for trans* people), instructions, protocols focused particularly on MSM and trans* people groups. In addition to the existence of rules, this block may also include four other broad categories: ownership arrangements, decentralization, stakeholder participation (inclusion of representatives of the KAP into CCM), and contextual factors that are contrasted with governance performance.



These six health system blocks do not consider actions that influence peoples’ behaviors, both in promoting and protecting the health and the use of health-care services. The framework does not address the underlying social and economic determinants of health, such as gender inequities or education, and also does not deal with the substantial and dynamic links and interactions that exist across each component. On the other hand, focusing on these separate components helps put boundaries around this complex construct and permits the identification of indicators and measurement strategies for monitoring progress.

4. After all government commitments are grouped by six health systems building blocks that will allow to see if it was possible to collect commitments to address comprehensive set of actions by the Government and identify the existing gaps in National HIV Program for the group of MSM and Trans* people.

To prepare better visualization for commitments that were identified during this analysis and their tracking it is proposed to project each government commitment as following:

- **Commitment stated in documents:** please, provide the exact wording of the commitment, in other words, what exactly government is promising to accomplish: increase and/or allocate funding, develop and/or adopt legislation, increase administrative bonuses or propose any decreasing in tax payments for NGOs, etc.
- **Timeline:** when the government commits is planned to be fulfilled.
- **Indicator:** how is proposed to measure achievement of the commitment (in order to challenge the formulation of the indicators, it is advised to found some ideas at

“Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies”⁴).

- **Baseline:** please, indicate what baseline is mentioned in the relevant documents for each indicator. One should be able to assess the difference between actions of “improving”, “increasing”, “decreasing” and similar wording that be present in the baseline and ideal situation that is foreseen for particular commitment. Please, note, that such actions, such as “adopt legislation” might not have a clear baseline and in this case, it should be assumed legislation was not yet developed and/or some updates were needed (or specific content of it).
- **Target:** this scale should show what goal is proposed for each commitment and one should be able to measure whether a certain action was undertaken (e.g. "Yes", "No", "Partially"). In case of commitments that foreseen action of "increasing" such targets should have exact figures or percentages for such increasing per year.
- **Verification:** this scale should indicate where and how one may obtain information about the indicator.
- **Responsible agency:** please, name all responsible ministries or agencies for the commitment.
- **Comments:** any comments or recommendations noted during the analysis.

	Commitment	Timeline	Indicator	Baseline	Target	Verification	Responsible agency	Comments
Health system building block	#1							
	#2							
	#1+n							

Outline of the Analytical Report

Title

Acknowledgments

Table of Content

List of Abbreviations

1. Summary of the Analytical Report (up to 2 pages).
2. Literature review (up to 5 pages).
 - International guidelines, best practices and recommendations for state budget analysis.
 - HIV country context: epidemiology, size estimation studies for key populations in particular at MSM and Trans* people.
 - Key challenges for service delivery for key populations: services availability and delivery, standards and funds allocation, including Global Fund support and transition to domestic funding.
3. Methodology (up to 2 pages):
 - The goal and purpose of the analysis.
 - Methodology description: tools and process, list of documents used for the analysis, limitations and challenges if any.

⁴ Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies: WHO, 2010: https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf?ua=1

4. Analysis
 - Fill the table proposed for the analysis of the Government commitments and organize all commitments according to appropriate health system building blocks.
5. Recommendations: based on the fulfilment of the Government commitments.
6. Conclusions (up to 1.5 pages)
 - How this Report will be used by the representatives of KAP's in the decision-making process.
 - Recommendations for the development of the Advocacy roadmap.
7. Annexes