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The Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo outlines specific funding targets to be met to achieve the ICPD population and development objectives. The Declaration of Commitment on HIV/AIDS adopted at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS urges the international community to supplement the efforts of developing countries through increased international development assistance, particularly for those countries most affected by HIV/AIDS. The project on Financial Resource Flows for Population and AIDS Activities aims at monitoring expenditures and future commitments for population and AIDS programmes in response to the ICPD and the UNGASS on HIV/AIDS.

The Resource Flows Project is a joint collaboration between the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Netherlands Interdisciplinary Demographic Institute (NIDI).

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The purpose of the UNFPA/UNAIDS/NIDI Resource Flows Newsletter is to inform donor and developing country governments, public and private organisations, research institutes, universities and civil society about resource tracking for population and AIDS activities in general and the role of the Resource Flows (RF) project in particular.

UNAIDS Country Response Information System



The Country Response Information System (CRIS) is a database application designed to assist national governments and UNAIDS Monitoring and Evaluation (M&E) Officers in their analysis of indicators and other data. Countries can use the tool to input their own data once they have collected it. The application consists of indicator, project, and research modules.

The first module released contained the indicators for measuring the targets agreed upon at the UNGASS on HIV/AIDS in 2001. One of these indicators has been developed to measure 'Government funding for HIV/AIDS'.

At present, there are two methodologies used to thoroughly monitor HIV/AIDS resources in low- and middle-income countries which are collectively termed as HIV/AIDS National Spending Assessments (NSAs):

1. National AIDS Accounts in the context of National Health Accounts.
2. Stand alone National AIDS Accounts.

Other approaches, such as HIV/AIDS-budget analysis and surveys on financial resource flows have contributed to analysis of HIV/AIDS resource tracking. The resource tracking in the CRIS Project module augments these methodologies for obtaining financial information.

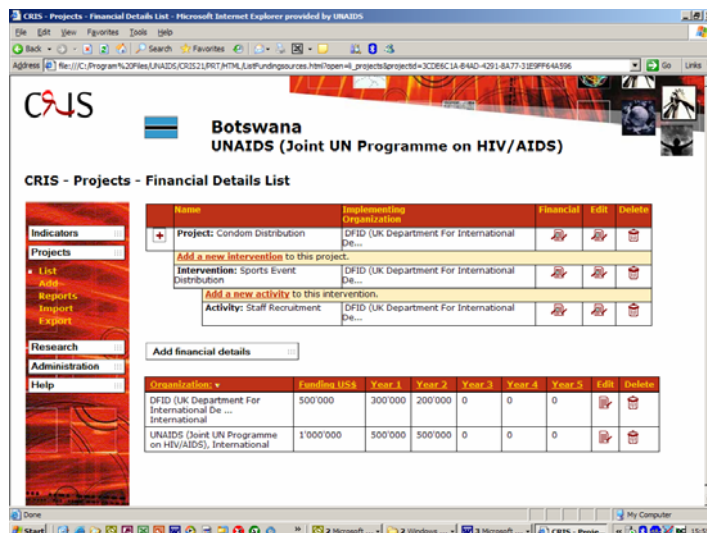


Figure 1: Screenshot of the CRIS application

As the application has become more widely used, there has been increased interest, especially by donors, in more rigorous resource tracking that is harmonized with current resource tracking efforts. The terms and categories in the application now reflect more closely resource tracking concepts. Since project data were being collected for M&E purposes, enhancing financial reporting encouraged its use for donor reporting also.



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The US government has funded some of these enhancements to support its President Bush's Emergency Plan for AIDS Relief (PEPFAR) for financial reporting and programme indicators, in particular. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and other indicator sets were added to assist M&E Officers with management of indicator reporting in-country. CRIS 2.1, the current production release, was released in April 2005. A version 2.2 prototype with the above mentioned enhancements is being tested now. With ability to track the flow of project financial information, the application will be better suited to complementing others sources of financial data such as National Spending Assessments.

By the end of 2005, CRIS will be operational in over 100 countries and will be used to systematically gather and update this wide range of data and make it continuously available to all partners. The system essentially provides a structure for countries to collect information relative to the epidemic, the response and the impact, including:

- Epidemiological information;
- Strategic planning, costing and coordination capacities;
- Budget allocations to AIDS programming and other resource flows;
- Project implementation rates.

There are still issues to be resolved. Vocabularies and taxonomies for financial data remain to be harmonized. Transactional data may not be able to be easily accommodated in a project-based system.

The current CRIS version is available from local UNAIDS offices. For more information please contact the CRIS Unit at CRIS@UNAIDS.ORG.

What Drives Donor Funding for Population Assistance Programmes?

What determines the levels of donor government funding for population assistance programmes? And why do disbursements generally lag behind the good intentions? These questions are central to policy makers within government and multilateral agencies in both the developing and developed world.

The intentions of 179 governments attending the International Conference on Population and Development (ICPD) held in Cairo in 1994 were quite clear.

Up to the year 2003, the promises made have not been lived up to. This forces one to think about the question: what explains the gap between stated ambitions and actual contributions? NIDI examined the driving forces behind the funds provided by donors.

As basis for the research, data from the Resource Flows database on expenditures reported by 21 OECD/DAC countries for the period from 1996 to 2002 were used. The expenditure data allow for the distinction between unearmarked general contributions and specific earmarked project/programme expenditures.

Countries have very different preferences towards their development assistance: both in their interest in population and AIDS activities and in their specialisation of development assistance in general.



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Figure 2 clearly shows the different preferences of the donor countries. The United States, for instance, is relatively specialized in population assistance, contrary to countries such as France or Japan who are less set on financing population assistance programmes.

Secondly, smaller countries, measured by GDP, have a preference to donate funds via intermediate organizations like the UN or IPPF, whereas larger countries tend to finance specific projects. A possible reason for this is the fact that there can be substantial economies of scale in making aid work.

Thirdly, the occurrence of an international population conference, in this data set tested by the so-called 'The Hague Forum' (ICPD+5) in 1999, has no influence in the longer run on the donor funding for population and AIDS activities.

Please check the Resource Flows Project website at www.resourceflows.org for the complete text of this article in PDF format.

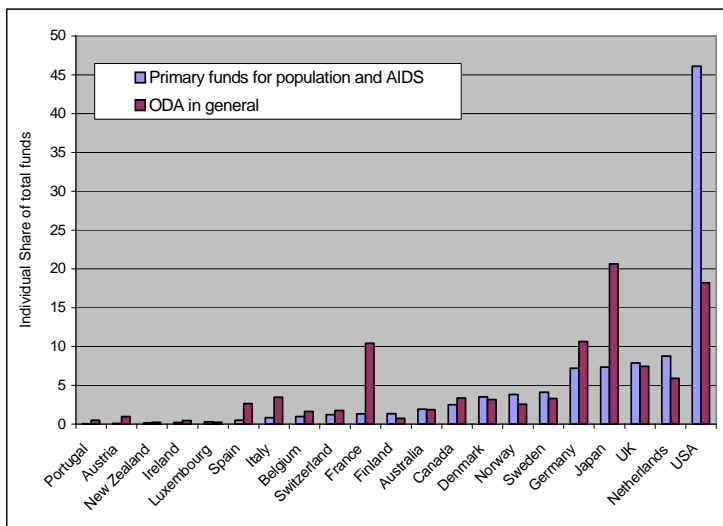


Figure 2: Individual share of the total funds provided by 21 OECD/DAC countries and preferences within ODA expenditures (1996 to 2002)

The question is, of course, what lies behind these donation patterns. To explain differences in donor behaviour between countries, both economic indicators, like Gross Domestic Product (GDP) and the level of income inequality, and the size of government were used.

The first and most interesting finding is that economic factors appear to be the main driving forces behind population assistance. Although other factors can play a role, in general a country's level of income, measured by GDP, influences donations to population and AIDS on a one-to-one basis: a one percent increase in GDP results in a one percent increase in population assistance.

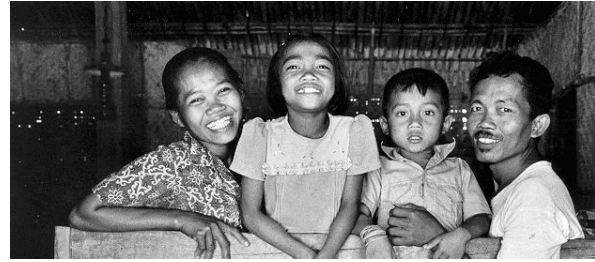
Reproductive Health Accounts - Update

In a collaborative effort, NIDI and the Centre of Multi-disciplinary Development Research (CMDR, Dharwad, Karnataka) are currently implementing a Reproductive Health Account (RHA) in India as part of the Resource Flows project. This RHA is a disease-specific health account at State level for the State of Karnataka. The case study will track the financial resource flows for reproductive health services between the different actors in the State's health system.

Its aim is to enhance the (reproductive) health accounting instrument and help increase the efficiency, effectiveness and equity of the health sector. This will contribute to improving the reproductive health status of the population of Karnataka.



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Figure 3: Location of Karnataka State in India

Though health is a state subject in India, the policy framework relating to the sector is predominantly set by the central government. The National Population Policy (NPP) is, therefore, the major framework for reproductive health strategies in Karnataka. It addresses a broad range of reproductive health related goals and includes, amongst others, targets for:

- Containment of the spread of AIDS
- Reduction of maternal mortality
- Access to information and services for a variety of contraceptive methods
- Provision of basic reproductive health services
- Supplies and infrastructure, and
- Deliveries by trained persons.

The Karnataka RHA will be able to reveal to what extent resource mobilisation, allocation and utilisation converge with these goals. It will also show the role of the public sector in reproductive health service delivery vis-à-vis that of the private sector. In addition, it will be able to identify the share of households in financing health care, and differentiate their contribution by socio-economic status. In this respect, the household expenditure survey conducted within the framework of the RHA will provide important information. This survey was concluded in July 2005, whereas surveys for health care providers, non-governmental organisations involved in reproductive health and employers are still on-going.

The household survey covered 2,502 households, distributed over 1,750 rural and 752 urban households. They included 592 women who were pregnant during the reference period of the health account and were liable to make costs for pre- or post-natal care and for delivery care.

First tentative results of the household survey revealed the importance of the private sector in the household transactions for maternal health care.

For instance, of all costs of medical goods and charges for consultancy, treatment and diagnosis incurred during antenatal checkups, 93 percent was paid to private providers and only 7 percent to public providers.



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The survey also showed that spending on HIV testing during pregnancy is significant, as compared to expenditures on antenatal care. The per capita costs of HIV testing amount to nearly one third of all per capita costs on antenatal care. Another finding is that transportation to health facilities accounts for a significant share of household expenditures on reproductive health. Of all costs related to antenatal care, 16 percent was spent on transport by various means.

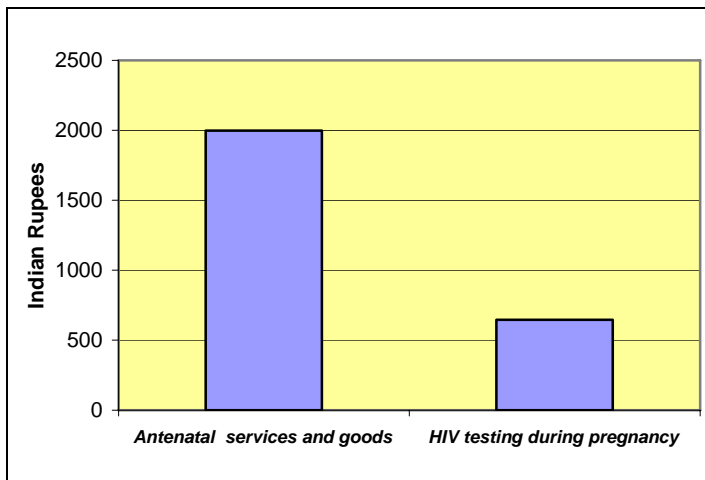


Figure 4: Per capita costs on antenatal care and HIV testing during pregnancy, Karnataka State, India (2005)

The RHA study in Karnataka will result in a report that addresses the basic question about who pays, how much and for what reproductive health services. Another envisaged activity in the completion phase of the project will be an international workshop focusing on comparison of experiences in reproductive health accounting in India and Africa and on new methodological developments related to RHAs. The experience of the Karnataka study will also serve as input into the Guidelines to Producing Reproductive Health Accounts that WHO, PHR^{plus} and NIDI are currently developing.

Newsbrief: HIV rates rise in Chinese Women

China is planning to increase its focus on women in the fight against HIV/AIDS, due to a sharp rise in the rate of female infection, state media has reported. In the 1990s the male to female ratio of HIV/AIDS infection was 5:1, but the figure is now closer to 2:1. In some areas the ratio is now 1:1, state media has reported. Health minister Gao Qiang blamed the increasing numbers on a lack of knowledge about the disease, especially among women in poor rural areas. UNAIDS says that up to 10 million Chinese people could be infected by 2010 without more aggressive prevention measures.

Source: BBC News, published: 11 July 2005.

Expenditures on Female Genital Mutilation-Related Activities

Within the framework of the UNFPA/UNAIDS/NIDI Resource Flows surveys on donor assistance and domestic expenditures for population and AIDS in developing countries/countries in transition, aspects related to Female Genital Mutilation (FGM) have also been studied. Since the information collected has not been published to date, the most important results will be presented in this article.

The ICPD called for an end to FGM, the partial or total removal of external female genitalia, a practice that has severe health and psychological consequences. FGM remains a sensitive and delicate issue, particularly where the practice is deeply rooted in the culture of the community.



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According to the Resource Flows data, donor and domestic funding for activities aiming at eradicating this Harmful Traditional Practice (HTP) has increased during the period 1996-2003. For 1996 respondents reported expenses in the amount of USD 1 million whereas in 2003 almost USD 3.5 million was spent on such initiatives.

It is interesting to note that almost all funds originated from donors. Over the period 1996 to 1999, no domestic expenditures at all were reported. In 2001, 22% of the overall expenditures were made by developing countries; in 2003 this share decreased to 13%. For 2000 and 2002 no data are available because no domestic survey was conducted.

Donor assistance in this field was provided by different sources. The governments of OECD/DAC countries gave more than one third of the total donor funds (36%) that were made available during the period 1996-2003. The UN system financed almost one out of four projects related to FGM (23%). The remaining funds originated with international NGOs, foundations and development banks. The most recent data for 2003 reveal that FGM is above all an issue of concern for OECD/DAC members. In that year, more than 80% of all donor funds were offered by this group.

All domestic funds were generated by national NGOs based in developing countries. The governments of the surveyed countries did not report any contribution.

Projects funded by international donors and national NGOs in developing countries aimed, above all, at:

- Increasing the awareness against HTP
- Developing advocacy strategies against HTP
- Promoting the rights of women and girls through the elimination and prevention of FGM
- Strengthening services and institutional capacities (for example, provision of hotline counselling services)
- Conducting follow-up activities to base line surveys on HTP
- Reforming the legislation on FGM
- Pursuing research on FGM
- Identifying, promoting and adopting alternative rites of passage to replace FGM
- Testing the replication of the TOSTAN* model to end FGM.

* The most successful solution for elimination of FGM is the model used by the TOSTAN project. Founded in 1991, TOSTAN uses a three-pronged approach utilizing basically the same method used to bring an end to footbinding in China in less than one generation. It cannot be imposed or legislated. It involves education and training programmes, and an understanding of the problems and risks involved without judgement, harsh propaganda, and demands. The most important aspect is that those who are doing it must make the decision.

The Resource Flows Newsletter is published three times per year. The next issue will be launched in November 2005. All newsletters will be posted on the Resource Flows website (www.resourceflows.org). If you have any comments or suggestions, please e-mail us at resflows@nidi.nl.