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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 Sessions (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.

National AIDS Spending Assessment (NASA)



National AIDS Spending Assessment (NASA) is the term currently used for country resource-tracking activities. These are aimed to reconstruct all the financial transactions related to the national response to the AIDS epidemic. The main objective is to determine what is actually disbursed or spent. To this end the resource tracking process follows the money from its origin (i.e. source) down to the final destination (i.e. the beneficiaries receiving goods and services). The NASA framework calls for the inclusion of activities happening in the education, social development, and welfare sectors, as well as other activities which are clearly beyond any conceptualization of the healthcare service delivery system. NASAs' major attributes include: policy relevance, consistency and comparability.

The estimation of the financing of HIV and AIDS activities in low- and middle-income countries supports the UNAIDS "Three Ones" principle. Delivering strategic information for the management of the national response to HIV coordinated by a single National AIDS Authority provides crucial input for the framework of action and is part of a single Monitoring and Evaluation framework.

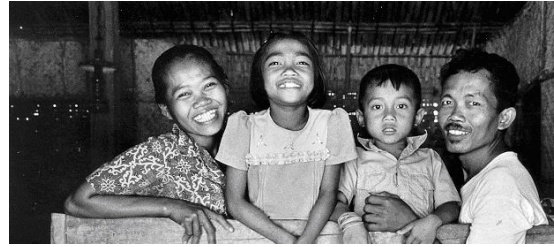
In addition to establishing a continuous information system of the financing of HIV and AIDS, NASA is a tool to facilitate a standardized method of reporting on the monitoring indicators to assess progress towards achieving the targets of the *Declaration of Commitment* adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

Analysis of countries' financial absorptive capacities, structural bottlenecks, as well as issues about equity and efficiency of resource allocation is essential for an expanded response to AIDS. Nevertheless, NASA is primarily a tool to be used by national authorities; it provides information vital in support of policy formulation.

With the purpose of facilitating the undertaking of NASAs, a strategy to strengthen national and regional capacities has been adopted.



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This endeavour includes the delivery of a standard Notebook as a reference document and training of trainers for building competence and capacity to enable regional/country training workshops to be held. The Notebook¹ is intended to support those who conduct the NASA exercise in countries to assess HIV and AIDS spending.

Workshops to grow human-resource capacity at country level follow a regional arrangement, which takes into account the uneven development of HIV and AIDS spending assessments and tools to date. Workshops help train national counterparts who, as part of their everyday activities within their *National AIDS Coordinating Authority* develop and conduct a continuous information system to track the use of financial resources applied to HIV and AIDS purposes, to diminish the spread of HIV and alleviate the social and financial consequences of HIV and AIDS. During the last quarter of 2005 several regional NASA-Workshops were conducted in Geneva, Moscow, Cape Town, Accra, Bangkok, Dakar, Jakarta, New Delhi, and Gaborone training professionals from more than 35 countries.

It is hoped that a process of continued harmonization to link the exercises of resource tracking (i.e. recent past expenditures) with future resource needs and, potentially with at least some elements of the *National Strategic Framework*, will help inform future developments in the responses to HIV and AIDS.

¹ **National AIDS Spending Assessment:** A notebook on methods, definitions and procedures for the measurement of HIV and AIDS financing flows and expenditures at country level, UNAIDS 2005. Evaluation Department (EXO/EVA)/Resource Tracking and Projections unit (RTP): rfddata@unaids.org

Newsbrief: Important girl deficit in India

In parts of India the number of male births outnumbers the female births. According to the results of a study by researchers from St. Michael's Hospital at the University of Toronto in Canada and Postgraduate Institute of Medical Research in Chandigarh in India, in 2001 only 933 girls were born in India for every 1,000 boys. In most countries the number of women slightly outnumbers the men.

The difference in India is caused by prenatal selection and abortion. The sex of the previous child seems to play an important role in the unbalanced ratio as the sex ratio is unequal only if the preceding child is a girl.

The researchers estimated that prenatal selection and selective abortion was causing a loss off about 500,000 girls a year. The researchers said the 'girl deficit' was more common among educated women but that there are no significant differences between religions.

The Indian Medical Association has however said that misuse of diagnostic tests on the sex of the child was banned by the Indian government in 1994, and prenatal selection since then has decreased.

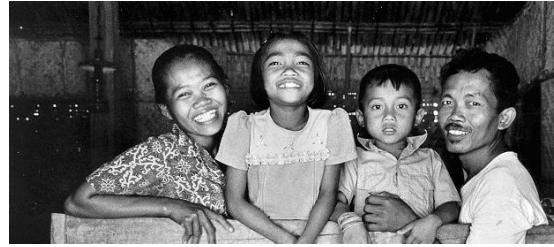
The underlying cause of this female foeticide is mainly socio-economic and lies in the traditional practice to pay a dowry for daughters. Although illegal, still many parents hold to this custom, which makes having daughters costly while boys are considered an economic asset.

The partnership between the Indian government and Plan International (with funding from the Edward Greene Charity) led to the production of a Bollywood style soap opera entitled 'Atmajaa' (Born from the Soul). This series in 13 parts aims to highlight the problems and attempts to influence opinion.

Source: BBC News, published: 9, 11 and 22 January 2006



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Out-of-pocket expenditure study on Reproductive Health and HIV/AIDS

How can public spending on HIV/AIDS and reproductive health (RH) fit with private spending in order to prevent poverty, increase the health status and improve equity and equality related to gender and life-course stages? This type of policy questions denote the growing need for and interest in information on health accounting and out-of-pocket expenditure surveys on HIV/AIDS and RH.

Although there are indications that health spendings by households account for a substantial part of total financial resource flows on population and AIDS activities, to date only little information is available on household spending levels, trends and patterns pertaining to HIV/AIDS and RH health care services. Generalized household surveys, such as the Demographic Health Surveys or the Living Standard Measurement Surveys, usually do not measure these specific health expenses.

Within the framework of RH and HIV/AIDS accounting² specialised household expenditure surveys are being developed, tested and executed. However, the need for extended implementation of studies and further development of specific survey instruments for this type of out-of-pocket expenditures is evident. Therefore, under the aegis of the RF Project, NIDI and the Centre for Research on Environment, Health and Population Activities in Nepal (CREHPA) are currently implementing an out-of-pocket expenditure study

on HIV/AIDS and RH in the urban areas of Nepal. Besides assessing levels of individual and household spending, equity of household expenditures on HIV/AIDS and RH services will be examined across gender and life-course stages. Furthermore, household spending will be directly related to wealth status, costs of public and private health service provision, and general health expenditure.

At present, survey instruments are being pilot tested. The first results are expected in spring 2006.

Population and AIDS activities in health sector-wide approaches: a method for estimating category expenses in pooled funds

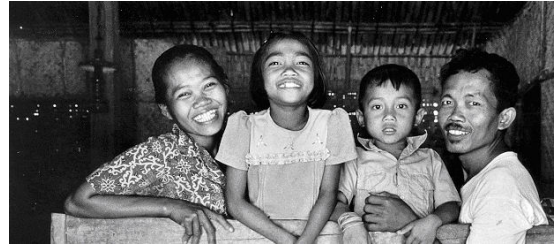
With the emerging trend of programmatic and horizontal approaches in development, resource tracking has encountered a new challenge. The growing number of health sector-wide approaches (SWAp) in developing countries since the mid-90s has been creating increasing strains on donors and national authorities to account for and justify expenditures on separate categories in health.

The RF project of UNFPA/UNAIDS/NIDI has been sharing this concern, because pooled (or basket) funding arrangements in SWAps veil the direct accounting systems on population and AIDS activities, which were the cornerstone of vertical funding mechanisms and isolated projects and programs.

² SIDALAC, PHRP/Ins, and NIDI are currently involved in RH and HIV/AIDS accounting-related activities.



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In response to this shortcoming in resource tracking an estimation method was developed by the RF team. The method attributes financial contributions to pooled funds by individual partners to the four costed-population package categories (CPP) mentioned in the Program of Action agreed upon at the International Conference on Population and Development in Cairo (1994): family planning, basic reproductive health services, STI and HIV/AIDS activities, and basic research and data collection.

In the absence of complete and accurate data on financial flows at country level, the method uses more robust aggregated domestic expenditure data on the four CPP categories for the region in which the country under study is located. These data are derived from the RF database.

In addition, minimally the following year-based data are required at national level: total health expenditure, total expenditure for one of the CPP categories, total pooled funds for the health sector and the share per contributing partner (donor or government) to the pooled mechanism. For a detailed description of the method we refer to the paper by de Bruijn and Horstman (2005) that can be downloaded from the RF website (www.resourceflows.org).

The method was applied to Ghana. Ghana was selected because of its advanced health SWAp as compared to most other countries. Another reason was the availability of recent data on donor contributions to the health SWAp, the total health pooled fund (31 million US\$ in 2002 and 48 million US\$ in 2003 (EC 2003)) and abundant information on HIV/AIDS expenditures. Table 1 and 2 and Figure 1 show the outcomes of the estimation method.

Table 1 provides estimated expenditures on CPP categories in the health pooled fund in Ghana.

Table 1: Estimated expenditures on population and AIDS activities per ICPD category for health pooled fund (SWAp), Ghana 2002-2003 (million US\$)

	2002	2003
Family Planning	1,5	4,4
Reproductive Health	0,4	1,2
STI, HIV/AIDS	3,0	9,1
Basic Research	0,4	1,3

Table 2 presents average annual total contributions to population and AIDS in the pooled health fund for selected donors (i.e. the Danish International Development Agency (Danida), the UK Department for International Development (DFID), and the Netherlands (NL) for the period 1997-2002.

Table 2: Donor contributions to health pooled fund for selected donors, 1997-2002 (x 1,000 US\$)

	Period	Total contribution to health sector	Total contribution to pooled health fund	Average annual contribution to pooled health fund	Average annual contribution to population & AIDS in pooled health fund
DANIDA	1998-2002	26,471	17,735	3,547	1,307
DFID	1997-2001	57,034	35,361	7,072	2,605
NL*	1999-2002	42,627	27,495	6,874	2,532

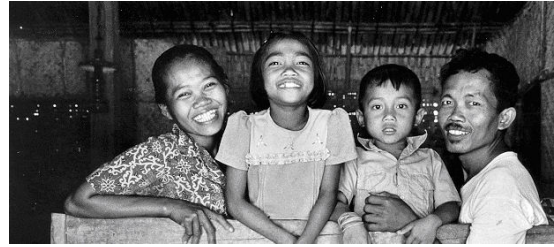
* In the absence of a SWAp ratio of NL the ratio was assumed to be similar to that of DANIDA and DFID. The average ratio was applied.

Sources:

1997/8-2001/2 WHO Country Cooperation Strategy: Ghana 2002-2005; WHO Regional Office for Africa, Brazzaville. 2002-2006 EC (2003) Guidelines for European Commission Support to Sector Programmes, Annexes. Version 1.0.



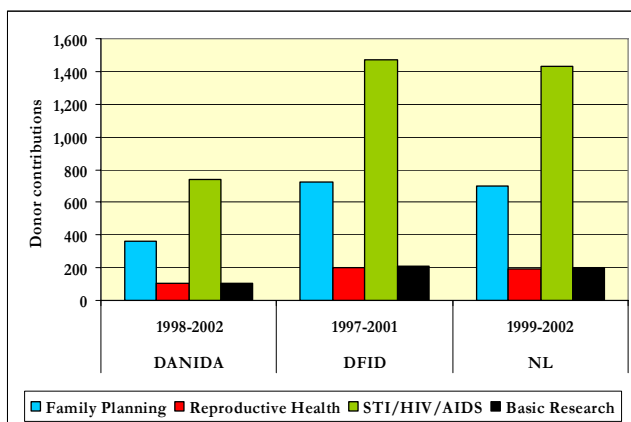
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Figure 1 gives the distribution of costs for each of the CPP categories for the same period.

Figure 1: Donor contributions to health pooled fund for selected donors by ICPD coded package categories, 1997-2002 ($\times 1,000$ US\$)



While applying the suggested method to extract partner contributions to the four CPP categories from pooled funds, the following strengths and weaknesses can be observed:

Strengths

In the absence of adequate accounting mechanisms, the adopted approach is the best available option to arrive at a plausible distribution of donor and national government funds across CPP categories. The method provides a very rough indication for attribution of funds, which, however, may be sufficient for the accounting requirements of donors and developing country/country in transition governments.

Weaknesses

The two major drawbacks of the method are the strong underlying assumptions and the effort involved. In particular, the assumption that regional distribution of expenditures across CPP categories can be applied to individual countries may not always stand up to scrutiny. The second point relates to the need to extensively study and rely on divergent and scattered secondary information that adequately addresses data requirements and the complexity of the specific SWAp context. Due to the high level of specificity, little gains can be made in streamlining the application of the method to different countries. A notable problem is the incomparability of data because of the varying levels of incorporation of private expenditures.

With the expanding implementation of National Health Accounts, AIDS Accounts and Reproductive Health Accounts in developing countries and countries in transition the method will gain in strength and accuracy. Health specific national accounts will make the method redundant as more accurate and complete country-specific information on population and AIDS will become available.

The Resource Flows Newsletter is published three times per year. The next issue will be launched in March 2006. 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.