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**Restricted Data on Development
Assistance:
The Case of Healthcare Interventions in
Armenia and Kyrgyzstan**

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Executive Summary

The transparency of development assistance is essential to its effectiveness and sustainability. Access to data contributes to better coordination of development programmes, whereas limited information exchange may result in the duplication of efforts. The outcomes of mis-coordination are clearly illustrated by one case of the measles in a little girl in Banda Aceh (Indonesia) after the 2005 tsunami, which doctors identified as unusual. This outcome was further explained by her thrice-repeated vaccination by three different organizations that produced the measles symptoms (El Paris, 2005 in Chandy and Kharas, 2011, pp.741-742). Limited information exchange additionally jeopardizes the sustainability of development programmes. Hence, effective coordination of development programmes by national governments requires awareness of donor activities. It also implies the capacity to evaluate past and present development programmes to target development assistance to areas not covered by other donors. An overview of development assistance in two post-Soviet countries suggests very limited data on development assistance, which jeopardizes its coordination and sustainability.

Introduction

The transparency of development assistance is essential for its sustainability and effectiveness. The United Nations Millennium Development Goals, adopted for the period of 2000-2015, defined development data as a 'public good' (the United Nations, 2015, p.13). Hence, donors, recipient countries and citizens are entitled to freely access data on development assistance. The following United Nations Sustainable Development Goals (2015-2030) highlight the importance of development data for systematic assessment of agenda implementation (the United Nations, 2015a, p.27). Like the Millennium Development Goals, Sustainable Development Goals aim to eradicate poverty and hunger. To this end, the strategy defines 17 goals and 169 indicators, including equal access to education, health care, water, sanitation and other areas (the United Nations, 2015a, pp.2-12). Evaluation of each indicator and development assistance outcome requires access to comprehensive and valid data. Aid transparency is essential for progress assessment, identifying issues and lessons learned for further interventions. It also contributes to the effective use of development resources.

Many international instruments emphasize aid transparency as being key to its effectiveness and harmonization. The Paris Declaration on Aid Effectiveness (2005) called for harmonization of development assistance. More specifically, it defined donor commitments to provide 'timely, transparent and comprehensive information on aid flows' (p.6-8). Regular information exchange between donors and recipient countries contributes to the targeted and more effective use of resources. According to the Accra Agenda for Action (2008) and the Busan Partnership for Effective Development Cooperation (2012), the transparency of information concerning the amount of development assistance and its results increases mutual accountability among donors and recipient countries (pp.19-20; 1). For this purpose, the Busan Partnership called for

defining joint standards on electronic publication of development cooperation data by 2015 (pp.1-2). These international instruments have increased acknowledgement of both the need for development assistance data transparency and demand for it. As a result, several databases have been established to estimate the volume, area and period of official development assistance. However, none of these databases provides complete and comprehensive data on development assistance.

This study illustrates issues concerning access to official development assistance and its transparency using the example of healthcare interventions in two post-Soviet countries, namely, Armenia and Kyrgyzstan. Post-Soviet countries are relatively recent recipients of development assistance in comparison to South American and African countries. The earliest development assistance to the region dates back to the early or mid-1990s. This study focuses on development programmes targeting tuberculosis and HIV/AIDS for the period of 2005-2015. Interviewing state and donor representatives responsible for implementing programmes in the early 1990s and 2000s is not feasible due to high staff rotation. This time selection ensures access to relevant partners and suggests better access to data. However, neither the donors nor the national governments of the two countries have full information on the tuberculosis and HIV/AIDS projects implemented for the selected time period. The databases established as a result of international calls for increased development aid transparency provide very limited information.

What is available?

Three databases provide open access to development assistance; however, none of them enables the evaluation of development assistance effectiveness and harmonization.

The first database is the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System, which is useful for identifying the main donors in relevant areas, such as for total health care, basic health or infectious diseases. For post-Soviet countries, the information is available for the period of 1995-2015. Selecting the recipient country (in this study, Armenia or Kyrgyzstan) produces a list of donors and disbursements per year. In a few cases, the database provides relevant project titles. For the majority, however, it defines disbursements per activity (medical services, personnel development, etc.) and not per project (e.g., primary healthcare reform).

The database provides a valid estimate of donor activities and their costs, but its use for evaluating development assistance programmes is problematic. Hence, projects are often composed of multiple activities, whereas grouping disbursements by activity without project titles is misleading. Besides, the regularity or duration of an activity is not clear. Evaluation of development assistance effectiveness, efficiency and sustainability requires elaboration of objectives, implementation period and results. All of these data could theoretically be obtained from development partners if the project titles were available for each activity, but in practice, project titles are indicated for few activities in the database.

The second database, AidData, provides more detailed information on activities with further reference to donor ID. The database largely builds on information from the

OECD Creditor reporting system, but it additionally indicates Donor ID per activity. Certainly, Donor IDs are useful for tracking project names on relevant donor websites, such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Furthermore, there are a number of discrepancies in terms of years and Donor IDs given on AidData and donor websites. In general, AidData, like previous databases, provides no information on projects behind the activities, so its use in development assistance evaluation is also limited.

In contrast to the previous two databases, the third database, Open Aid Data, provides basic information on development assistance. It indicates donors, project titles and disbursement years. This information enables further groupings by projects to estimate the overall costs and duration. However, project titles are available for approximately half of the activities. Another half, like previous databases, indicates no link to the relevant project. Therefore, its use in development assistance evaluation is also restricted. Furthermore, information on the website is outdated, with the most recent data for development assistance concerning health care available for 2013.

In general, all three databases are incomplete. In addition to omitting project titles, the databases have no information on activities of donors, including Doctors without Borders (MSF) and the International Committee of the Red Cross (ICRC). These donors are among the key organizations providing access to health care. Their omission gives rise to questions about the validity of existing databases when evaluating development assistance.

Aid transparency on donor websites is another issue in addition to incomprehensive databases. Accessing the list of projects implemented in selected (and other) countries on the website of donor countries/organizations is challenging. Most donors, such as MSF and the ICRC, provide a general overview or global assistance report on various countries in an aggregated form (e.g., global reports). However, finding further information on project objectives and activities is challenging. In some cases, data accessibility depends on the compassion of the relevant person working for the organization. General statements of international instruments do not facilitate the process. Therefore, three donors provide the most complete disclosure of development assistance. They are the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United States Agency for International Development (USAID); and the World Bank. The websites of these organizations contain reports, evaluations and other project documentation. While data on recent projects is often not available, in comparison to other donors, these three donors provide more complete access to development assistance.

Another finding of this study is the lack of information on healthcare projects (development assistance in general) implemented in the two countries. Hence, neither donors nor state institutions have the list of projects implemented for the selected time period or factsheets about those projects. The question of data on previously implemented projects is not even asked. Thus, despite over twenty-five years of development assistance to Armenia and Kyrgyzstan, no list of development assistance has been compiled. In 2016, the Ministry of Health of Kyrgyzstan expressed interest in collecting data and launched a donor-mapping initiative that was supported by the World Health Organization. The initiative covered 2015-2016 and aimed to identify gap areas in donor funding. There is no information on similar activity in Armenia.

Why is this a problem?

First, the lack of comprehensive data on development assistance to health care increases the likelihood of project duplication by decreasing harmonization of development aid. Donors and recipient governments certainly have official interaction platforms, such as joint and individual meetings, to discuss ongoing issues and potential areas for collaboration, but these meetings primarily aim to discuss pertinent issues and further plans for collaboration. The lack of a complete factsheet and databases, together with high staff rotation, suggest limited institutional memory. As a result, the likelihood of effort duplication by overcrowding certain areas while abandoning others increases. A comprehensive database/factsheet would effectively illustrate the area covered by existing donors and reveal the areas where contributions are needed.

Second, the lack of a database negatively influences the assessment and improvement of development assistance to the region. The absence of information on development assistance for the activities implemented over 25 years presents challenges in regard to evaluating development programmes in the two countries. Hence, questions such as ‘What are the positive implications of development assistance?’ and ‘What are the potential ways for its improvement?’ remain. There are very few academic studies on healthcare interventions in the region (e.g., Shigaeva 2011; Ulikpan et al 2014; Ulikpan et al 2014a), which is further complicated by restricted data. The majority of studies evaluating development assistance in both countries and the post-Soviet region in general are conducted by donors. These evaluation reports are available on some relevant donor websites, whereas brief information about the outcomes is circulated on the websites of ministries of health or mass media of the recipient countries. In general, outreach on development assistance outcomes to the public is rather limited. The limited outreach also contributes to the general questions among the population, such as ‘What do development partners do?’ and ‘Is development assistance useful to the public?’ The lack of data challenges the evaluation of donor efforts in general. Thus, individual assessments are produced by relevant organizations. The overall picture of activities, outcomes and achievements as well as the lessons learned for over 25 years is missing.

Policy Implications

A major recommendation would be to start implementing the responsibilities acknowledged in international instruments. Thus far, the implications of these instruments to the two post-Soviet countries, and perhaps the region in general, remain restricted. The first step for donors would be to improve access to project documentation on their websites. The OECD Creditor Reporting System, as the most complete source of development assistance data, would further benefit from including project names for relevant activities. Furthermore, given the restricted resources of the recipient countries, requirements for data collection from the ministries is rather unfeasible. This task is feasible if implemented jointly with donor support. Joint efforts of donors and ministries would be beneficial to both parties by increasing aid harmonization, transparency and effectiveness. A database on previously and currently implemented development assistance would ensure institutional memory of both parties. It would also contribute to research and evaluation of development assistance to estimate its contribution and lessons learned for further improvements.

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