

OECD 2006

**Analysis of aid for Basic Social Services,
1995-2004**

Main conclusions

- ⇒ The goals targeted by the 20/20 Initiative on Basic Social Services (BSS) were largely repackaged and reconfirmed into the Millennium Development Goals.
- ⇒ Bilateral ODA commitments to BSS more than doubled between 1995 and 2004: from USD 3.2 billion in 1995-96 to **USD 7.1 billion in 2003-04** (constant 2004 prices).
- ⇒ The upward trend in aid to BSS is also visible if measured as a share of total aid: the share of aid to BSS in total bilateral sector allocable ODA reached 18 percent in 2002 and currently averages at **16 percent**. If contributions to multilateral organisations are taken into account, the share approaches **20 percent**.
- ⇒ Main recipients of aid for BSS over 2002-2004 in terms of commitments were India (USD 602 million per year in average), Bangladesh (USD 387 million) and Nigeria (USD 378 million). On a per capita basis, India and Bangladesh end up into respectively the 109th and 78th positions. Benin and Zambia are examples of LDCs with a population of more than six million people that are among the top ten recipient of aid to BSS per capita.

www.oecd.org/dac/stats/crs/bss

Context

This report examines data on aid for Basic Social Services (BSS) over the past decade 1995-2004. It is based on the internationally agreed definition of aid to BSS, and on donors' reporting on Official Development Assistance (ODA) commitments and disbursements to the Creditor Reporting System (CRS) Aid Activity Database.

The report has been prepared by the Secretariat of the Development Assistance Committee (DAC) in collaboration with the UNICEF Innocenti Research Centre. It contributes to a wider DAC/UNICEF joint study on **International support for realising children's rights through basic social services and other aid activities**, and was presented at the **UN-WIDER Conference on Aid** on 16-17 June 2006 in Helsinki. The study will be completed as a UNICEF Innocenti Working Paper.

The report is structured as follows. Section 1 recalls the history of the BSS concept. Section 2 contains an analysis of aid for BSS over 1995-2004. The Annex provides clarification on the BSS definition and the methodology used in producing statistics.

The DAC online site dedicates a web page to aid to BSS at www.oecd.org/dac/stats/crs/bss.

I. Origin of the Basic Social Services concept

The concept of BSS was put forward by UNDP, UNESCO, UNFPA, UNICEF and WHO at the time of the World Summit on Social Development (WSSD) in Copenhagen in May 1995.¹ Based on global estimates for resource requirement to achieve the goals of Education for All, Population and Development, and the estimates for packages of essential health services², these agencies approximated the global resource gap for achieving universal access to basic social services to be at \$30-40 billion annually during the 1990s. The agencies further proposed – as a guiding principle - that developing countries strive to allocate 20 percent of public expenditures in support of these services, appropriately balanced to maximize synergy, and that the donor community in return would meet the funding gap, which, it was argued could be met by devoting 20 percent of each donor's aid budget to BSS, along with a steady progress towards the 0.7 percent ODA goal^{3 4}.

This so-called 20/20 Initiative made it into the final declaration of the WSSD and international meetings co-funded by the Governments of Netherlands and Norway were held in Oslo (1996) and Hanoi (1998). Efforts were made to estimate levels of spending by a number of developing and donor governments on BSS (including with the involvement of the OECD), although the main principle was to establish partnerships around the provision of basic social services.

The member states of the DAC agreed to revise the DAC CRS sector classification to allow the separate identification of aid to BSS. The OECD DAC prepared a first analysis of member states' support for BSS for the 2000 Geneva Summit which took mid-decade stock of progress on the agenda of the WSSD. The analysis indicated that donors were allocating on average 14 percent of 'sector allocable' ODA to BSS⁵. Review by UNDP and UNICEF for the 1998 Hanoi conference on the 20/20 initiative had shown that developing countries on average allocated the same level of public spending to these services.

¹ The World Bank joined in a subsequent revision prepared for the WSSD+10 in Geneva 2005.

² World Bank, 1993.

³ The origin and basis for the initiative is elaborated in Parker and Jespersen (1994).

⁴ The date by which universal access should be achieved is somewhat obscure. The WSC goals were set for 2000 but the Population and Development resource needs were extended into 2015.

⁵ See Annex (Agreed Methods) for clarification on sector allocable aid.

From the outset, the 20/20 initiative was met with widespread scepticism. Most notably the initiative was seen as focusing too much on resources and ignoring the importance of a strong institutional context (governance, sector reform, efficiency and effectiveness). It was in turn countered by arguments that effectiveness, efficiency and synergy were integral to the proposed approach, which furthermore should be seen as a necessary but not sufficient part within a greater context (20 per cent for BSS and 80 per cent for the rest). It is also important to note that the sponsoring agencies and the initiative were fully cognisant of the need for continuous reform in the social sectors, the importance of support functions such as teacher training or training of medical staff – but also identified a need to firstly ensure that needs and rights of children were given due attention in the development debate, and secondly to ensure adequate financial support for children in the present – here and now – while comprehensive reforms and sector development and management were underway.

The concept of BSS pertains to the provision of services in education, health including nutrition, reproductive health and clean water supply and sanitation – at the primary or basic level. Within a broader supportive environment, these services are necessary to advance the survival, protection and development of children as exemplified in the Convention on the Rights of the Child. BSS thus constitute a significant part of any assessment of aid in support of children's rights. However, the 20/20 Initiative and the BSS concept are not directly linked to the Convention on the Rights of the Child. The focus of the BSS concept was indeed on supporting public services that directly advance good health and good education for all. It did not include what is commonly understood as social safety nets/protection/welfare systems, which are necessary to protect children from harm and abuse, nor - and intentionally - did it include humanitarian assistance. As per the Convention on the Rights of the Child, children have the right to services and protection by the State also in these areas. Thus to assess ODA in support of the realisation of children's rights, it will be necessary to consider reporting under other aid categories. This part is not covered in this report, but is included in the complete DAC/UNICEF study (see forthcoming UNICEF Innocenti working paper).

II. Aid to Basic Social Services

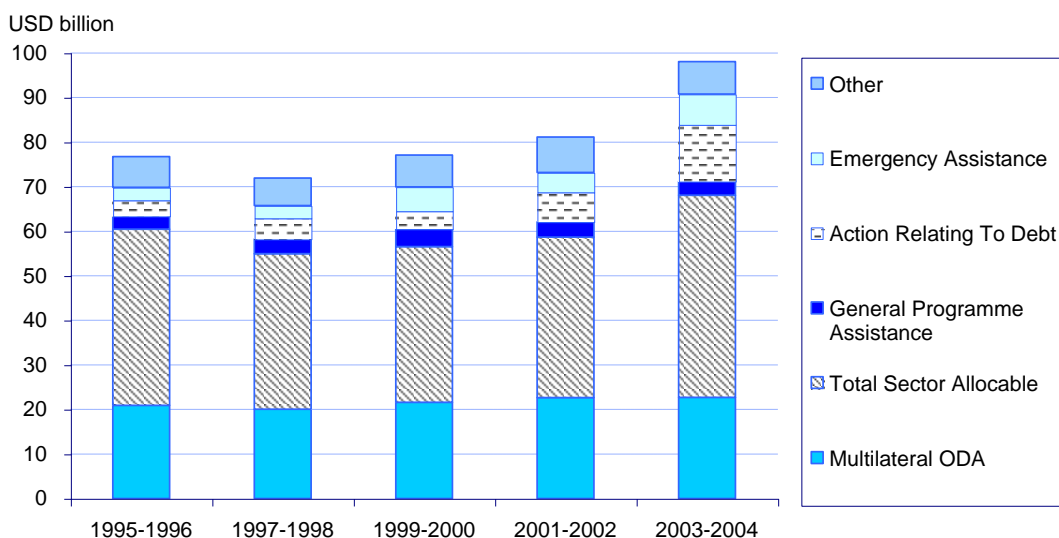
II.1. Trends in ODA and aid to basic social services

The subsequent analysis of data takes as its starting point 1995 – year of the WSSD whose final declaration made reference to the 20/20 initiative for universal access to basic social services. The statistical methodology and definition used in measuring aid to BSS is explained in Annex.

Trends in total ODA

Chart 1 illustrates the trend in total ODA commitments in 1995-2004. Total ODA has increased steadily from 1997 onwards in real terms and since 2001 also in terms of % of GNI. The Monterrey Conference on Financing for Development in 2002 led to further increases in ODA. Sector-allocable aid increased from an average of USD 36 billion in 2001-02 to USD 45 billion in 2003-04 (constant 2004 prices). Debt relief almost doubled during the same period (from USD 7 billion to USD 13 billion). The data do not show significant increases in general budget support (included in category general programme assistance) despite such intentions stated by many bilateral donors. Multilateral aid (i.e. DAC members' contributions to the core budgets of multilateral organisations) increased only slightly over the period.

Chart 1. Trends in bilateral and multilateral ODA in 1995-2004, 2-year average commitments, constant 2004 prices [Source: OECD DAC.]



Sector-allocable aid can be further broken down into four main categories: social infrastructure and services, economic infrastructure and services, production and multisector aid. Aid to “social infrastructure and services” has been increasing throughout the last decade (Chart 2) and most of the rise in 2003-04 was attributed to this category. Aid to education has remained relatively stable over the years, whereas health and population/reproductive health sectors have attracted more funding, in particular to fight HIV and AIDS. The largest increases have nevertheless taken place in the government and civil society sector in the fields of security and peace building and support to general government administration (Chart 3). The trend in aid to economic infrastructure and services (not shown) has been downward except in 2004 reflecting the start-up in the reconstruction of Iraq.

Chart 2. Bilateral ODA to social infrastructure and services 1995-2004, commitments, constant 2004 prices [Source: OECD DAC.]

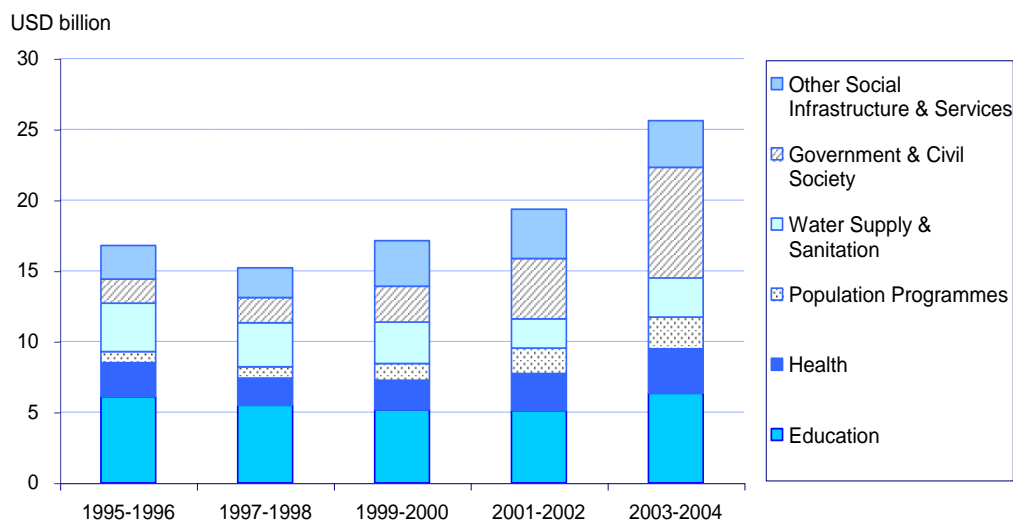
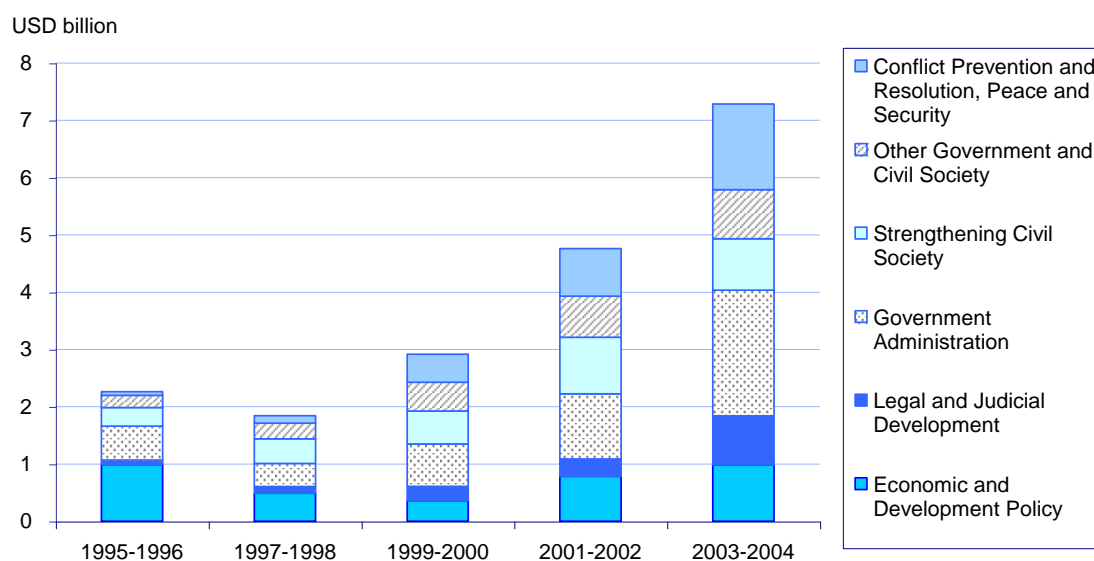
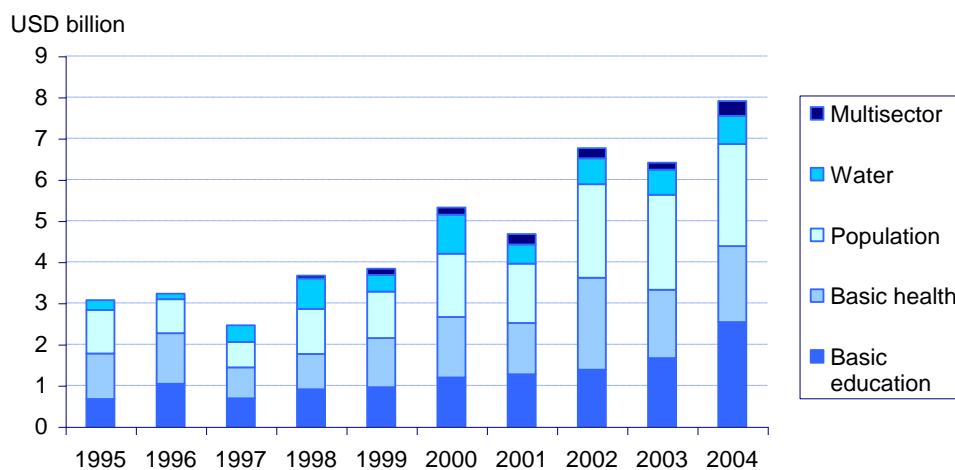


Chart 3. Bilateral ODA to “government and civil society” sector 1995-2004, commitments, constant 2004 prices [Source: OECD DAC.]



Basic social services sectors have benefited from the overall increase in sector allocable aid. Bilateral ODA commitments to BSS more than doubled between 1995 and 2004 (from USD 3.2 billion in 1995-96 to USD 7.1 billion in 2003-04) (Chart 4). There was steady growth up until 2000, followed by a major increase in 2002 in aid to basic health and population/reproductive health, and in 2004 in aid to basic education. The former is partly explained by the creation of the GFATM with initial commitments from donors amounting to USD 700 million in 2002.⁶ The latter may reflect the revitalisation of the goals of Education for All in Dakar (April 2000) and the Fast Track Initiative Catalytic Fund.

Chart 4. Bilateral ODA to BSS in 1995-2004, breakdown by sub-sector, commitments, constant 2004 prices [Source: OECD DAC.]



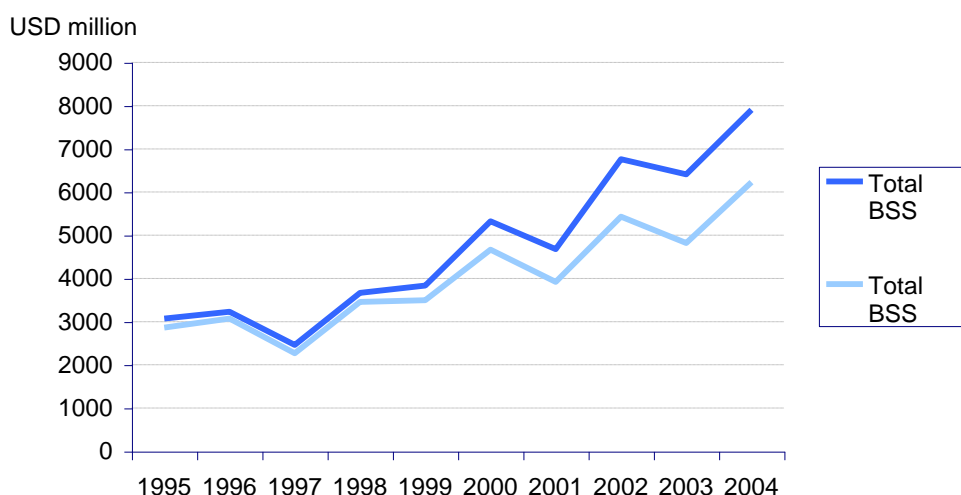
⁶ From 2003 onwards contributions to GFATM have been recorded as multilateral aid.

The trend in aid to BSS sub-sectors is increasing across all DAC donors. Detailed analysis of the data shows however that the “jumps” are due to relatively few large commitments and consequently benefit a limited number of recipient countries.

- **Increase in aid to basic education in 2004 can be clearly linked to primary education sector development programmes in three recipient countries:** Commitments to the Primary Education Development Programme in Bangladesh from Canada, Norway, Netherlands, Sweden and the United Kingdom amounted to over USD 300 million in 2004. Commitments to Education for All Programme in Nepal (Denmark, Finland, Japan, Norway, UK) exceeded USD 100 million and the Education Sector Development Programme in Tanzania (Canada, Finland, Ireland) USD 60 million. **In 2004, other commitments larger than USD 20 million included** the UK assistance to Universal Elementary Education in India and Dutch support to Education Sector Strategy Development in Bolivia and Basic Education Development Project in Yemen. The United States also increased its aid to basic education, in particular in Afghanistan, Iraq, Egypt and Pakistan.
- **The increase in aid to basic health and population/reproductive health sectors is primarily explained by HIV/AIDS control programmes.** HIV/AIDS control represented 7% of aid to BSS in 1995-96 and 24% in 2003-04. The data are strongly influenced by the United States which has accounted for two-thirds of DAC members’ bilateral aid to HIV/AIDS control in recent years. **The largest commitments in basic health were for sector programmes** [(e.g. Basket Fund for Health Sector Strategic Plan and District Health Services in Tanzania (Denmark); Basic health sector programme in Uganda (Denmark, Sweden)] but also wider initiatives such as the Global Alliance for Vaccines and Immunisation - GAVI (Norway, United States) or the WHO-UNICEF Infectious Disease control programme in Sub-Saharan Africa (Canada). Examples of large infrastructure projects in basic health were the construction of a diarrhoeal research and control centre in India and a medical research institute for control of infectious and parasitic diseases in Kenya (Japan).
- **ODA to basic drinking water supply and basic sanitation has remained stable** with new commitments of about USD 500 million per year. This is contrary to the trend in ODA for water supply and sanitation in general which has been decreasing since the middle of the 1990s.
- **Relatively small amounts are reported as multisector aid to BSS.**

Taking into account the fact that estimates for required donor support in funding universal access to BSS did not include costings for treatment and care of HIV/AIDS, chart 5 shows the trend excluding HIV/AIDS control, still increasing but more modestly.

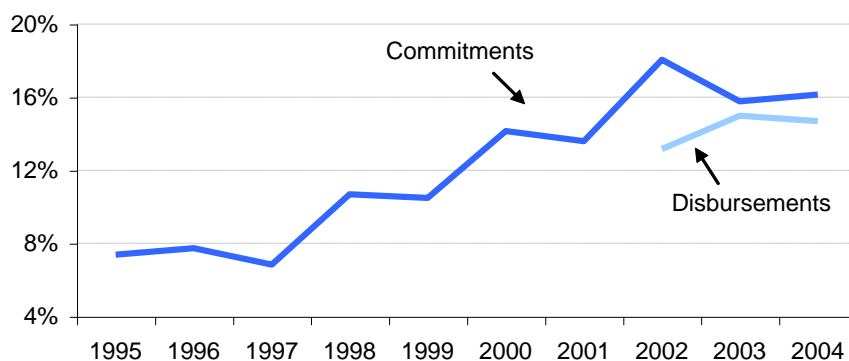
Chart 5. Bilateral ODA to BSS in 1995-2004 excluding HIV/AIDS control, commitments, constant 2004 prices [Source: OECD DAC.]



Examination of data on aid to BSS by donor confirms the upward trend in aid to BSS which is also visible if measured against the proposed target of 20 percent as Chart 6 illustrates. The share of aid to BSS in total bilateral sector allocable ODA reached 18 percent in 2002 and currently averages at 16 percent. If contributions to multilateral organisations are taken into account, the share approaches 20 percent. (See Annex for an explanation on the statistical methodology.)

It is interesting to note that although “basic social services” and the 20/20 initiative had lost key champions by 2000 the upward trend in aid to BSS continued. Much of this is explained by the repackaging and reconfirmation of many of the goals targeted by the initiative into the goals of the Millennium Declaration of the Millennium Summit in New York, September 2000⁷. The Millennium Declaration also stressed human rights as the overriding principle for development, acknowledging the need for special attention to meeting the rights of vulnerable groups.

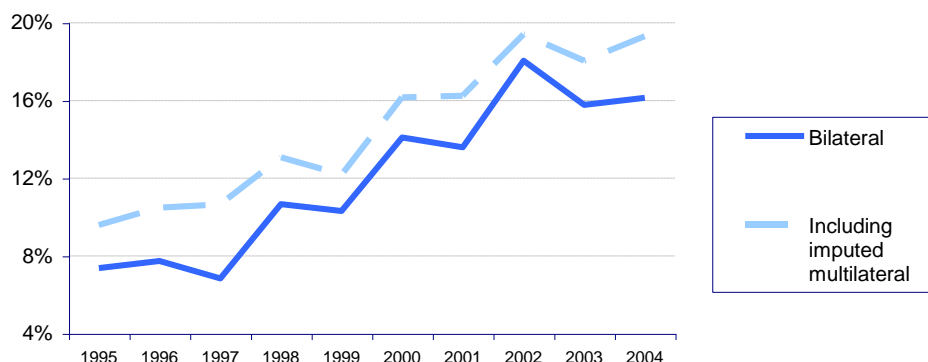
Chart 6. Share of aid to BSS in bilateral sector-allocable aid, 1995-2004, commitments and disbursements⁸, constant 2004 prices [Source: OECD DAC.]



⁷ The Millennium Declaration and the MDGs omit the reproductive health goals set at the 1994 Cairo conference and reaffirmed at the Beijing Conference on Women and Development.

⁸ Disbursement data prior to 2002 are not sufficiently complete to permit analysis at a total DAC level.

Chart 7. Share of aid to BSS 1995-2004:
Bilateral aid and total aid (including imputed amounts for multilaterals)
 constant 2004 prices [Source: OECD DAC.]



II.2. Changes in modalities for supporting BSS

The data on aid to BSS presented above relate to projects and programmes that have BSS as their main purpose. Aid to BSS channelled through sector programmes, sector budget support or pooled funding is captured only to the extent these entirely focus on basic services (such as the Education Sector Development Programme in Bangladesh) or if the donor reports the commitments at a component level which is, however, usually not the case. Sector programmes reported at a more general level (such as the Health Sector Strategic Plan in Mozambique) are not captured.

The obvious question that arises is how large a share of aid to education, health and water is delivered in form of sector wide approaches. Such contributions are separately identified in the CRS through a “sector programme flag”.⁹

As part of a general review of reporting on sector programmes in the CRS, DAC members were requested to verify whether they had made such commitments in the sectors of education, health and water supply and sanitation in 1995-2004. The Secretariat provided each member with a list of possible sector programmes, resulting from a text search on words such as “sector reform”, “sector support”, “swap”, “pooled fund” or “budget support”. Descriptions of all activities larger than USD 10 million were also reviewed. Members were then asked to go through the list, indicate the activities which were indeed sector programmes (as defined in the Directives) and the amount estimated to be spent on BSS.

Table 1 below presents the results of the review¹⁰, eighteen members (in bold) have responded.

⁹ Sector programme aid is defined to comprise “contributions to carry out wide-ranging development plans in a defined sector such as agriculture, education, transportation, etc.” The Directives further specify that “assistance is made available “in cash” or “in kind”, with or without restriction on the specific use of the funds, but on the condition that the recipient executes a development plan in favour of the sector concerned.” Sector budget support is not defined as such in the current Directives, but falls under the definition of sector programme aid.

¹⁰ Data for years 1995-99 are not shown as only a few members reported sector programmes for those years.

Table 1. Sector programmes in education, health and water in 2000-04, commitments,
USD million, constant 2004 prices [Source: OECD DAC]

Note: Figures in bold have been confirmed by members.

	2000	2001	2002	2003	2004
Australia	-	-	-	-	-
Austria	-	-	3.8*	0.7*	2.0*
Belgium	-	9.1	26.1	8.9	22.8
Canada	-	-	-	70.2	130.8
Denmark	61.9	-	131.8	78.5	382.0
Finland	-	-	-	44.6	35.2
France	-	-	-	10.1*	33.7*
Germany	n.a.	n.a.	n.a.	n.a.	n.a.
Greece	-	-	-	1.1	-
Ireland	-	-	-	21.8	26.0
Italy	-	-	10.2	-	-
Japan	-	-	-	-	7.7
Luxembourg	-	-	-	-	-
Netherlands	74.0	27.2	351.5	80.8	287.6
New Zealand	-	-	-	7.7	16.3
Norway	-	27.5	33.7	160.3	56.2
Portugal	-	1.9	2.9	0.9	4.1
Spain	-	-	-	4.2	-
Sweden	25.0	-	46.1	222.4	50.0
Switzerland	-	-	-	52.8*	1.6
United Kingdom	-	-	-	829.6	385.7
United States	-	-	420.2	82.5	650.1
EC	569.9	396.0	229.4	471.5	300.5
Total DAC	730.8	461.8	1255.7	2148.6	2392.4
<i>Memo: Total DAC members' aid to education, health, water</i>	<i>12421.0</i>	<i>11257.1</i>	<i>13184.2</i>	<i>15089.3</i>	<i>17721.0</i>

* Data remain to be corrected. For France, only the French Development Agency (Afd) provided corrected data.

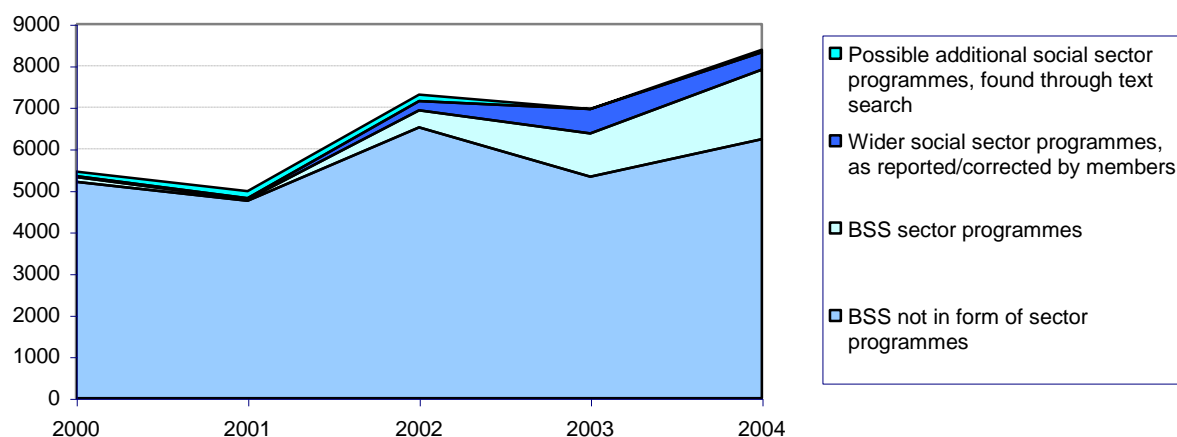
The table shows that during the last five years aid extended in form of sector programmes has been increasing, but it remains a small minority of total aid to education, health and water supply and sanitation. Furthermore, the bulk of sector programmes in these sectors has been reported as BSS and is thus captured in standard statistics on aid to BSS as chart 8 illustrates.¹¹ Sector programmes represented 16% of the allocations to BSS in 2003 and 21% in 2004.

As regards wider social sector programmes, members were generally not able to estimate the amount allocated to BSS. Chart 8 therefore shows their total amount. Finally, data on "possible social sector programmes" for members that have not responded to the Secretariat are included to indicate the upper limit of aid to BSS.

¹¹ About three-quarters of the total amount of sector programmes in education and health in 2000-04 were classified under purpose codes 112xx and 122xx respectively; 60% of the total of sector programmes in water supply and sanitation were classified under code 14030.

It is possible to conclude at this stage that, over the period 1995-2004, standard statistics capture the quasi totality of DAC members' bilateral aid to BSS.

Chart 8. Bilateral aid to BSS in 2000-04 and wider social sector programmes (education, health, water supply and sanitation), USD million, constant 2004 prices



II.3 Distribution of ODA for BSS on recipient countries

The CRS provides also the tools for analysing the recipient breakdown of aid to BSS. Table 2 below presents the list of top ten recipients of (bilateral and multilateral) aid to BSS over the last three years. Main recipients of aid for BSS over this period in terms of commitments were India (USD 602 million), Bangladesh (USD 387 million) and Nigeria (USD 378 million). On a per capita basis (Table 3), aid to BSS is highest in the countries with small population such as Guyana (the first recipient with a 47.3 USD per capita aid to BSS) but also in Benin and Zambia which both have over 6 million inhabitants. India and Bangladesh arrive respectively in only 109th and 78th positions. The regional breakdown shown in Chart 9 highlights the focus of aid to BSS on South of Sahara and Asia. Chart 10 presents the distribution by income group, and confirms targeting of aid to BSS to Least Developed Countries (LDCs).

Table 2. Main donors and recipients of aid to BSS, average commitments 2002-04, USD million

	United States	IDA	United Kingdom	GFATM	EC	Germany	Japan	Netherlands	Other donors	Total
India	53	216	202	15	1	29	7	28	51	602
Bangladesh	31	58	74	8	40	3	3	42	128	387
Nigeria	66	86	104	23	52	2	3	0	43	378
Tanzania	38	33	0	15	25	17	9	45	118	301
Irak	184	0	0	0	10	1	0	0	31	227
Uganda	70	0	5	45	1	11	2	4	74	212
Kenya	58	17	30	17	1	7	6	1	56	193
South Africa	50	0	34	20	42	4	10	4	22	187
Zambia	49	14	16	38	5	9	9	10	33	183
Pakistan	45	26	6	6	8	6	4	0	69	171
Other recipients	1,838	479	330	512	490	348	317	219	1,936	6,468
Total	2,482	929	801	699	676	437	371	353	2,561	9,308

Table 3. Top ten recipients, per capita aid commitments to BSS
 (Note: recipients of less than 500,000 inhabitants have been excluded from the top ten)

<i>Aid to Basic Social Services, average commitments 2002-2004</i>			
	<i>Aid to BSS, Total Million USD</i>	<i>Aid to BSS, USD per capita</i>	<i>Aid to BSS in % of Total Aid to recipient</i>
1 Guyana	36.4	47.3	8.9%
2 Namibia	48.0	23.8	11.1%
3 Palestinian Adm. Areas	77.1	22.9	4.1%
4 Timor-Leste	19.8	22.5	3.3%
5 Djibouti	13.5	19.1	5.9%
6 Zambia	182.6	17.6	6.8%
7 Benin	99.9	14.9	8.1%
8 Swaziland	15.1	13.7	13.7%
9 Bhutan	11.7	13.4	5.1%
10 Lesotho	23.9	13.3	9.4%
<i>Others</i>	<i>8779.8</i>	<i>1.8</i>	<i>3.2%</i>
TOTAL	9,307.6	1.9	3.4%

Chart 9. Breakdown by region, commitments 2002-04

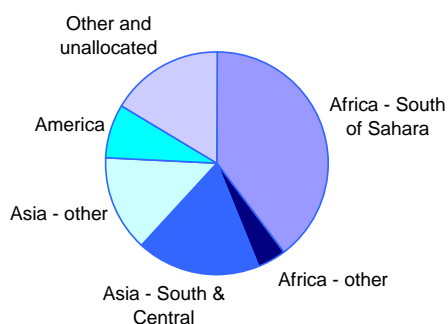
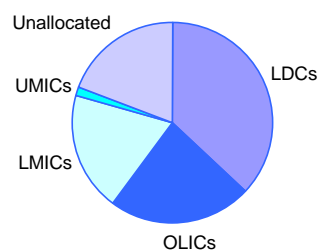


Chart 10. Breakdown by income group, commitments 2002-04



ANNEX
DAC STATISTICAL DEFINITION OF AID TO BASIC SOCIAL SERVICES (BSS):

**Clarifications on the coverage and the methods used in calculating
the share of aid to BSS in total aid**

a) Agreed methods

DAC statistics on aid to BSS are collected applying the “**sectoral approach**”. DAC members are requested to assign for each aid activity a sector of destination, and within that sector a detailed purpose code, which identifies “the specific area of the recipient’s economic or social structure which the transfer is intended to foster”. A selection of purpose codes, given below in Table A1, defines “aid to basic social services”. This operational definition of BSS was agreed by the DAC Working Party on Statistics (WP-STAT) at its meeting on 14-15 June 1999.

The WP-STAT also agreed that measuring the share of aid to BSS in total aid should **use bilateral sector allocable ODA as the basis of reference**. As only a proportion of aid can be allocated to sectors, the denominator for measuring progress against sectoral targets should comprise only the aid that can be so apportioned. (Otherwise there is an implicit assumption that none of the aid unallocable by sector benefits basic social services.) This approach also allows excluding from the denominator a number of unpredictable items not entirely under the control of the aid administration (e.g. refugee costs in the donor country, emergency aid, debt reorganisation) which could obscure analysis and, in particular, inter-country and inter-temporal comparisons of aid to BSS. Originally developed for the purposes of monitoring the 20/20 Initiative, the method is currently used for monitoring the Millennium Development Goal 8 (Develop a global partnership for development), Indicator 34¹.

Sectoral statistics are traditionally compiled on **commitment basis**. While commitments reflect changes in donor policies faster than disbursements, they can be lumpy. For this reason data are usually presented as two-year averages. Thanks to improvements in members’ reporting on disbursement data in the CRS, it has become possible to start monitoring the extent to which commitments (in a specific sector) result in disbursements. From 2002 onwards standard statistics on aid to BSS can be compiled on both commitment and disbursement bases.

Standard statistics on aid to BSS **exclude (core-funded) multilateral aid**². This is mainly because data obtained from multilateral organisations have not been sufficiently complete and detailed to calculate the share of aid to BSS in their total outflows. Section c) reviews progress in data collection from the multilaterals. While data are still missing for a number of UN agencies, the coverage is significant enough (85% in 2004) to envisage including multilateral aid in the analysis. Section c) uses data for the World Bank as an example to demonstrate how multilateral aid to BSS can be imputed to bilateral donors and Table A9 (section d) provides an illustration of the overall picture including imputed multilateral aid.

Table A2 shows data on aid to BSS in 1995-2004 by donor. Table A3 transforms the data into 2-year average commitments and shows disbursement data for the last three years.

¹ Proportion of total bilateral sector-allocable ODA of OECD/DAC donors to basic social services.

² Aid *channelled through* multilateral organisations (also called “non-core” or “extra-budgetary” funding) is included.

Table A1. DAC definition of aid to Basic Social Services: selected CRS purpose codes

N.B. The definition covers, although does not specifically mention, institutional capacity building, education and training in BSS sub-sectors. (This follows from the principles of sector coding which identify the sectors ultimately assisted rather than the intermediate method of delivery. E.g., training of primary school teachers is covered by the sector code “primary education”).

PURPOSE CODE	DESCRIPTION	Clarifications / Additional notes on coverage
112..	BASIC EDUCATION	
11220	Primary education	Formal and non-formal primary education for children; all elementary and first cycle systematic instruction; provision of learning materials.
11230	Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adults education); literacy and numeracy training.
11240	Early childhood education	Formal and non-formal pre-school education.
122..	BASIC HEALTH	
12220	Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care.
12230	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialised hospitals and clinics (12191).
12240	Basic nutrition	Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security.
12250	Infectious disease control	Immunisation; prevention and control of malaria, tuberculosis, diarrheal diseases, vector-borne diseases (e.g. river blindness and guinea worm), etc.
12261	Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns.
12281	Health personnel development	Training of health staff for basic health care services.
130..	POPULATION POLICIES/PROGRAMMES AND REPRODUCTIVE HEALTH	
13010	Population policy and administrative management	Population/development policies; census work, vital registration; migration data; demographic research/analysis; reproductive health research; unspecified population activities.
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
13040	STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.

140..	WATER SUPPLY AND SANITATION	
14030	Basic drinking water supply and basic sanitation*	Water supply and sanitation through low-cost technologies such as handpumps, spring catchment, gravity-fed systems, rain water collection, storage tanks, small distribution systems; latrines, small-bore sewers, on-site disposal (septic tanks).
160..	OTHER SOCIAL INFRASTRUCTURE AND SERVICES	
16050	Multisector aid for basic social services	Basic social services are defined to include basic education, basic health, basic nutrition, population/reproductive health and basic drinking water supply and basic sanitation.

* To assist in distinguishing between “basic drinking water supply and basic sanitation” on the one hand and “water supply and sanitation – large systems” on the other, the Reporting Directives give further guidance as follows: “Large systems provide water and sanitation to a community through a network to which individual households are connected. Basic systems are generally served between several households. Water supply and sanitation in urban areas usually necessitates a network installation. To classify such projects consider the per capita cost of services. The per capita cost of water supply and sanitation through large systems is several times higher than that of basic services.”

Table A2. Bilateral ODA commitments to BSS in 1995-2004 by donor, USD million

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Australia	109	62	76	111	175	181	129	63	194	99
Austria	2	9	7	16	13	5	5	9	19	30
Belgium	27	34	35	35	38	58	70	151	88	96
Canada	89	48	27	47	66	127	112	197	357	398
Denmark	66	140	29	34	3	71	29	50	112	308
Finland	16	9	10	13	17	17	26	37	30	54
France	..	..	..	9	53	148	210	258	284	384
Germany	634	440	471	505	247	268	232	364	382	608
Greece	3	3	4	5	1	2	5	2	43	41
Ireland	0	0			0	17	24	71	66	93
Italy	17	34	10	22	57	42	18	78	120	73
Japan	181	311	355	468	359	678	290	277	351	485
Luxembourg			14	16	10	16	16	25	11	31
Netherlands	121	196	138	222	181	229	360	443	204	410
New Zealand	1			6	6	4	5	7	16	21
Norway	53	70	49	35	163	49	71	181	197	141
Portugal	1	9	3	1	4	4	4	5	4	5
Spain	42	45	75	79	110	116	80	103	132	132
Sweden	160	82	95	118	69	90	66	114	189	150
Switzerland	18	21	38	40	51	91	84	103	48	60
United Kingdom	125	443	102	512	435	797	414	844	588	1180
United States	1086	841	551	734	1041	1254	1439	2192	2404	3100
Total	2751	2797	2090	3027	3101	4264	3688	5573	5841	7901

Source: CRS; shaded fields from DAC5 (Basic education + Basic health + Population) supplemented by CRS codes 14030 – Basic drinking water supply and basic sanitation and 16050 – Multisector aid for BSS.

Table A3. Bilateral ODA to BSS in 1995-2004 by donor,
USD million

	COMMITMENTS					DISBURSEMENTS		
	95/96	97/98	99/00	01/02	03/04	2002	2003	2004
Australia	85	93	178	96	146	105	96	113
Austria	6	11	9	7	25	5	9	15
Belgium	30	35	48	110	92	85	48	101
Canada	69	37	97	154	378	94	159	285
Denmark	103	32	37	39	210	0	48	82
Finland	13	12	17	31	42	18	31	0
France	..	..	100	234	334	38	42	48
Germany	537	488	258	298	495	192	334	366
Greece	3	4	2	3	42	2	43	41
Ireland	0	..	8	48	80	71	66	93
Italy	25	16	50	48	97	12	75	57
Japan	246	411	518	284	418	229	367	447
Luxembourg	..	15	13	20	21	0	0	31
Netherlands	158	180	205	402	307	291	285	314
New Zealand	1	6	5	6	18	9	10	20
Norway	62	42	106	126	169	116	178	170
Portugal	5	2	4	5	5	5	4	5
Spain	43	77	113	91	132	125	158	139
Sweden	121	106	80	90	170	71	135	205
Switzerland	19	39	71	93	54	72	51	57
United Kingdom	284	307	616	629	884	396	441	660
United States	963	642	1148	1816	2752	1451	2204	2358
Total	2775	2557	3682	4631	6871	3387	4785	5608

Table A4 presents the share of aid to BSS in bilateral sector allocable aid.

Table A4. Share of aid to BSS in bilateral sector allocable aid, 1995-2004
percentage

	COMMITMENTS					DISBURSEMENTS		
	95/96	97/98	99/00	01/02	03/04	2002	2003	2004
Australia	10	18	24	17	16	19	17	18
Austria	2	7	7	4	13	2	6	9
Belgium	9	12	15	20	15	19	17	20
Canada	9	7	17	24	29	18	22	30
Denmark	13	7	6	8	24	..	12	17
Finland	9	8	13	15	15	10	16	0
France	..	0	4	11	10	2	2	2
Germany	10	13	9	11	13	8	10	10
Greece	19	13	2	4	21	2	23	19
Ireland	0	..	10	33	29	40	25	33
Italy	7	7	17	13	18	11	21	14
Japan	2	4	5	4	5	4	5	5
Luxembourg	..	27	20	29	21	..	..	33
Netherlands	12	16	23	28	18	28	23	22
New Zealand	2	9	8	11	19	12	14	23
Norway	11	11	17	15	18	17	20	16
Portugal	7	3	3	3	3	3	3	4
Spain	6	13	17	12	14	16	17	14
Sweden	14	14	15	13	16	11	16	20
Switzerland	6	12	16	19	8	14	9	8
United Kingdom	24	22	25	31	32	28	26	31
United States	25	17	18	27	19	19	26	20
Total	8	9	12	16	16	13	15	15

b) *Limitations of the agreed method*

The sectoral approach described above identifies activities which have BSS as their main purpose³. It fails to capture aid to BSS delivered within wider sector programmes. Aid to BSS through NGOs may also be excluded, since this is not always sector coded in as much detail as project and programme aid. Multisector BSS programmes are identifiable through purpose code 16050 from 1999 onwards.

Before deciding to measure aid to BSS using the sectoral approach, the WP-STAT had considered various options (identifying BSS relevant activities through a marker or secondary purpose codes; calculating BSS spending with the help of coefficients based on sample data examined by sector experts). Members noted that in theory it was possible to conceive a reporting system to request information on estimated spending on BSS within each aid activity. All members agreed, however, that such a system would not work in practice and that statistical reporting requirements should, if anything, be simplified. Furthermore, trends and orders of magnitude were considered to be far more important than precise shares.

The WP-STAT concluded therefore that no mechanism would be put in place to identify BSS components of wider programmes in regular statistical reporting to the DAC. By contrast, members were encouraged to provide any supplementary data on aid to BSS they might have⁴ (including explanations on the methodology used) to the Secretariat for its use when making detailed analyses of aid to BSS.

c) *Multilateral ODA to Basic Social Services*

One of the recommendations arising from WP-STAT discussions on aid to BSS was that the DAC should collect data on aid activities financed from the regular budgets of multilateral organisations on the same basis as it does for bilateral donors. This would make it possible to measure multilateral aid to BSS using the definition in Table A1 above and incorporate multilateral aid to BSS in analyses of DAC members' performance in this area, when needed.

At present, sufficiently detailed data are received from the European Commission, the World Bank group, the regional development banks, IFAD, the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM), and a number of UN agencies (UNAIDS, UNFPA, UNICEF) which together account for approximately 85% of multilateral ODA. Sectoral data are missing for UNDP, UNHCR, UNWRA and UNTA.

Despite progress in data collection from the multilaterals the statistics still need further improvement before publishing reliable figures for total aid to BSS. However, the coverage is significant enough to envisage including estimates of multilateral aid in the analysis. This section explains therefore how multilateral aid to BSS can be imputed to bilateral donors.

³ In DAC reporting (as well as in most Members' internal reporting systems), each activity can be assigned only one sector/purpose code. For activities cutting across several sectors, either a multisector code or the code corresponding to the largest component of the activity is used.

⁴ Some overestimation can also occur when projects deal primarily with BSS but also contain components from other areas.

Example: Aid to BSS by the World Bank

Table A5 below shows total concessional lending to BSS by the World Bank in 1995-2004. The aggregates have been derived from the data on individual projects reported to the CRS and thus exclude aid to BSS delivered within sector programmes. The data show that IDA directs an average of 9-15% of its lending to BSS. The share rises to 12-23% if the code for “water supply-large systems” is taken into account.⁵

Table A6 presents members’ contributions to IDA in 1995-2004 (columns on the left) and, applying the BSS percentage for each year to each member, gives the amount of aid to BSS through IDA that can be imputed to each member (columns on the right).

Table A5. ODA to Basic Social Services by IDA 1995-2004,
USD million

	95/96	97/98	99/00	01/02	03/04
Basic education	413	154	126	212	717
Basic health	130	239	133	109	119
Population/reproductive health	109	302	190	246	289
Water supply	146	163	133	244	646
Total BSS	798	858	581	810	1771
As % of concessional lending (sector allocable)	15.1	15.3	12.3	16.3	23.1
Total BSS excl. water supply-large systems	652	704	449	567	1125
As % of concessional lending (sector allocable)	12.4	12.5	9.5	11.4	14.6
<i>Memo: total concessional lending (sector allocable)</i>	<i>5280</i>	<i>5626</i>	<i>4725</i>	<i>4975</i>	<i>7681</i>

⁵ The World Bank’s own estimates of its lending for BSS in the late 1990s included all water sector activities. The WP-STAT reports consequently use the higher percentages.

Table A6. DAC countries' ODA to Basic Social Services through IDA 1995-2004
Imputed amounts - USD million

Contributions from DAC countries to IDA <i>USD million</i>						Contributions imputed to DAC countries for aid to BSS through IDA <i>USD million</i>					
	95/96	97/98	99/00	01/02	03/04	Country's contribution to IDA multiplied by	95/96 15.1%	97/98 15.3%	99/00 12.3%	01/02 16.3%	03/04 23.1%
Australia	88.2	73.5	73.5	68.5	87.7	Australia	13.3	11.2	9.0	11.2	20.2
Austria	29.1	46.8	12.8	25.5	44.4	Austria	4.4	7.1	1.6	4.2	10.2
Belgium	155.8	52.8	48.2	50.5	46.1	Belgium	23.6	8.1	5.9	8.2	10.6
Canada	100.6	214.3	136.2	64.4	170.6	Canada	15.2	32.7	16.8	10.5	39.3
Denmark	74.9	42.9	72.1	50.2	63.5	Denmark	11.3	6.5	8.9	8.2	14.6
Finland	33.6	11.8	13.4	30.9	38.4	Finland	5.1	1.8	1.6	5.0	8.9
France	476.5	257.6	231.4	237.7	343.3	France	72.1	39.3	28.5	38.7	79.1
Germany	949.0	343.2	400.1	195.1	819.4	Germany	143.5	52.4	49.2	31.8	188.9
Greece	3.2	2.5	1.0	4.2	4.3	Greece	0.5	0.4	0.1	0.7	1.0
Ireland	6.9	7.1	7.5	7.9	13.6	Ireland	1.0	1.1	0.9	1.3	3.1
Italy	211.1	247.8	148.5	183.3	0.8	Italy	31.9	37.8	18.3	29.9	0.2
Japan	946.7	1005.0	650.3	827.1	738.5	Japan	143.2	153.3	80.0	134.7	170.3
Luxembourg	4.4	4.4	4.2	3.9	6.2	Luxembourg	0.7	0.7	0.5	0.6	1.4
Netherlands	256.7	205.9	221.6	95.4	260.1	Netherlands	38.8	31.4	27.3	15.5	60.0
New Zealand	4.3	9.8	6.3	4.7	7.6	New Zealand	0.7	1.5	0.8	0.8	1.7
Norway	81.7	65.5	42.0	76.5	109.8	Norway	12.4	10.0	5.2	12.5	25.3
Portugal	3.3	7.0	6.5	3.5	11.4	Portugal	0.5	1.1	0.8	0.6	2.6
Spain	62.4	45.9	48.1	77.4	121.3	Spain	9.4	7.0	5.9	12.6	28.0
Sweden	126.2	125.5	126.9	179.5	12.3	Sweden	19.1	19.1	15.6	29.2	2.8
Switzerland	130.6	106.0	87.5	44.0	140.8	Switzerland	19.7	16.2	10.8	7.2	32.5
United Kingdom	323.4	365.8	129.0	212.9	474.4	United Kingdom	48.9	55.8	15.9	34.7	109.4
United States	629.0	867.3	785.6	963.3	876.1	United States	95.1	132.3	96.7	156.9	202.0
Total DAC	4697.8	4108.3	3252.9	3406.3	4390.7	Total DAC	710.4	626.7	400.3	554.9	1012.3

Regional development banks

The share of aid to BSS in the concessional lending of the African Development Fund (AfDF), Asian Development Fund (AsDF) and the Special Fund of the Inter-American Development Bank (IDBSF) can be calculated in the same way (Table A7) to obtain the imputed amounts of aid to BSS "through the regional development banks" for each member. A specific difficulty with data for regional banks is that project descriptions available in the CRS do not always permit a distinction to be made between basic and other services, especially in the case of the AfDF.

United Nations

DAC statistics on multilateral ODA to the United Nations relate to donors' contributions to the regular budgets of the UN organisations and specialised agencies (called "core funding"). Financing of specific projects executed by them ("non-core funding", also called "extra-budgetary funding") is classified as bilateral if the recipient country is specified. Non-core funding in support of global programmes is classified as multilateral, since the donor does not know where the funds will finally be used⁶. In order to avoid double-counting, therefore, multilateral ODA to basic social services by the UN organisations and specialised agencies should only include activities financed from their regular budgets.

The UN agencies that can be expected to have significant contributions to basic social services, and the contributions to which are fully reportable as ODA, are the UNDP, UNICEF, UNFPA and UNAIDS.

The **UNDP**, which accounts for 10 % of total UN outflows, does not provide activity-level data to the CRS. Discussions with officials in the UNDP headquarters have indicated that data on the sectoral and geographical distribution of UNDP outflows are available and that activities financed from core

⁶ In DAC statistics, a contribution is defined as multilateral if: (a) it is extended to a multilateral recipient institution, or (b) it is a fund managed autonomously by a multilateral agency, **and** in either case, the agency pools amounts received so that they lose their identity and become an integral part of its financial assets.

resources can be extracted from their internal ATLAS system. No such data have yet been received, but the DAC Secretariat is continuing to encourage the relevant UN authorities to provide them. Pending progress, aid to BSS through the UNDP has to be estimated. The percentage of 16.5 given in Table A7 originates from an internal UNDP study in 1998 which estimated that “on average, 16-17% of UNDP’s annual aid allocations were invested in projects with a BSS orientation”.

Data for **UNICEF** for 1995-1998 are likewise based on its internal estimates. From 2000 onwards UNICEF has reported project-level data to the CRS so the percentage can be calculated.

By their mandate, all **UNFPA** and **UNAIDS** activities are targeted to the population/reproductive health sector. Consequently, all of their expenditure is counted as aid to BSS. Both organisations provide activity data to the CRS.

The UN activities in the field of BSS are of course not limited to those of UNDP, UNICEF, UNFPA and UNAIDS. For example, WHO’s research for world-wide malaria control or ILO’s adult literacy programmes fall under the definition of basic social services. However, as these activities represent a very small share of total UN assistance to basic social services, data collection is not “cost-effective”, at least before sufficient data are received from the larger agencies.

The European Commission

The European Commission has reported complete sectoral data (i.e. including activities of the European Development Fund (EDF), activities financed through the Commission budget and by the European Investment Bank) since 2003. For the years before, the data are partial for EC budget.

Table A7. Share of ODA to Basic Social Services by multilateral organisations 1995-2004
Percentages

	95/96	97/98	99/00	01/02	03/04
European Commission					
EC - Budget	18.6	24.4	20.6	13.8	18.1
EC - EDF	11.7	8.2	11.7	17.4	13.0
IDA	15.1	15.3	12.3	16.3	23.1
Regional banks					
African Dev. Fund	18.2	12.6	9.7	13.6	16.6
Asian Dev. Fund	19.2	18.4	4.3	15.3	12.2
IDB Special Fund	11.7	6.3	15.9	3.9	1.3
UN agencies					
UNAIDS				100.0	100.0
UNDP	16.5	16.5	16.5	16.5	16.5
UNFPA	100.0	100.0	100.0	100.0	100.0
UNICEF	75.0	75.0	95.9	88.8	82.2
GFATM				100.0	99.8

Table A8. DAC countries' ODA to BSS through multilateral organisations 1995-2004
Imputed amounts - USD million

	95/96	97/98	99/00	01/02	03/04
Australia	21	17	17	21	25
Austria	25	36	24	21	46
Belgium	62	54	52	53	87
Canada	44	68	37	72	83
Denmark	115	103	98	94	133
Finland	40	43	38	44	50
France	236	215	189	244	462
Germany	444	366	313	258	551
Greece	12	21	18	16	23
Ireland	10	13	14	20	34
Italy	144	173	151	154	202
Japan	258	283	240	339	369
Luxembourg	4	5	4	4	8
Netherlands	157	164	178	196	307
New Zealand	2	4	3	3	7
Norway	87	85	76	105	190
Portugal	10	15	13	15	23
Spain	62	78	64	72	158
Sweden	101	102	93	121	154
Switzerland	47	47	37	38	75
United Kingdom	218	268	222	296	461
United States	212	255	238	481	774
Total	2311	2414	2120	2668	4221

d) Total aid to BSS

Table A9 below sums up the various elements of data required for a comprehensive analysis of aid to basic social services. It is recalled that the totals represent the best estimates as (1) BSS components of sector programmes, multisector aid or NGO activities cannot be identified, and (2) data on multilateral aid to BSS are incomplete for some UN agencies.

Table A9. DAC countries' ODA to Basic Social Services, average 2003-04

	Amounts, constant 2004 prices, USD million			Shares in total aid, %	
	Bilateral	Imputed multilateral	Total	Bilateral	Total
Australia	163	27	191	16	17
Austria	26	49	75	12	15
Belgium	98	90	188	15	17
Canada	397	88	485	29	30
Denmark	217	140	357	23	26
Finland	44	53	96	15	20
France	351	479	829	10	14
Germany	516	571	1087	13	16
Greece	45	25	70	21	19
Ireland	84	36	119	29	28
Italy	104	212	316	19	18
Japan	428	380	808	5	9
Luxembourg	22	9	30	20	21
Netherlands	318	321	639	18	23
New Zealand	19	7	27	19	22
Norway	180	197	377	18	27
Portugal	5	24	29	3	9
Spain	142	168	309	14	17
Sweden	180	160	340	16	22
Switzerland	56	78	134	8	14
United Kingdom	927	491	1418	31	27
United States	2784	780	3564	19	22
Total	7105	4384	11489	16	19