



Check Against Delivery

Statement by

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on the

**Report of the Secretary-General on the Flow of Financial Resources for Assisting
in the Implementation of the Programme of Action of the International
Conference on Population and Development
(E/CN.9/2006/5)**

39th Session of the Commission on Population and Development

New York

3 April 2006

Mr. Chairman,
Distinguished Delegates,

I am pleased to introduce the Report of the Secretary-General on *The Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development* (E/CN.9/2006/5). The document responds to a request by the Commission on Population and Development (E/1995/27) for an annual report on financial flows to assist the implementation of the ICPD Programme of Action.

Mr. Chairman, as you know, the United Nations Population Fund (UNFPA) has been given the lead role in monitoring progress towards achieving ICPD goals in the area of resource mobilization. Each year, UNFPA collects data and reports on levels of international population assistance and domestic financial resource flows for population activities. To do this, the Fund works in close collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) and UNAIDS. UNFPA relies on the cooperation of donor countries and organizations as well as developing countries and UNFPA Country Offices to obtain data. We are very grateful for your continued cooperation in this endeavour.

The present report analyzes international and domestic financial resource flows that are part of the “costed population package” as described in paragraph 13.14 of the ICPD Programme of Action. It includes funding in the following initially established four categories: family planning services; basic reproductive health services; sexually transmitted diseases (STDs)/HIV/AIDS activities; and basic research, data and population and development policy analysis.

The ICPD Programme of Action estimated that the cost of implementing the population and reproductive health package in developing countries and countries with economies in transition would be US \$18.5 billion annually by the year 2005. Approximately two thirds of the cost is expected to come from developing countries and one third, or \$6.1 billion, from the international donor community.

Mr. Chairman, we have recorded a positive increase in funding for population activities. Provisional 2004 data show that donor funding stood at almost \$5.3 billion and domestic expenditures amounted to \$14.5 billion. Together, donor funding and domestic expenditures for population activities yielded a global estimate of \$19.8 billion. Estimates for 2005 show that donor funding increased to \$6.1 billion and domestic resources stood at \$14.9 billion for a total of \$21 billion.

However, even if our estimates prove correct and we meet the goals, we will definitely not meet our needs. The reason for this is that the targets were fixed based on experiences as of 1993. Since that time, both costs and needs have skyrocketed. The population and health situation in the world is very different today. Costs have risen astronomically. And the value of the dollar is far lower than it was in 1993. All this means that what we are presently mobilizing does not meet current needs. The sad reality is that the ICPD targets are out of date and are not sufficient to meet today’s evolving needs.

We need only take the example of costs and needs related to HIV/AIDS. It is estimated that in 1994, 14 million people were living with HIV/AIDS; this number increased to almost 40 million in 2004. Back when the ICPD targets were fixed, no one had foreseen the dramatic escalation of the AIDS pandemic nor the exorbitant costs involved. The ICPD target for the prevention of STD/HIV/AIDS was \$1.4 billion in 2005; last year UNAIDS estimated that \$8.4 billion is required for prevention in 2006.

Mr. Chairman, we cannot be complacent about reaching the targets if the targets no longer meet our needs. We should make sure that sufficient resources beyond the outdated targets are mobilized to ensure that we meet actual needs and that people everywhere, especially the poor, have access to the services they need, whether it be in the area of family planning, reproductive health, or STD/HIV/AIDS.

It is time to re-visit the initially established estimates and update the financial targets to meet current needs and costs. It is also important to adjust the four population categories to reflect current realities.

Mr. Chairman, there are two other issues which must be pointed out:

Firstly, we should keep in mind that population assistance originates with a few major donors and that the majority of domestic resources are mobilized in a few large developing countries. Most developing countries are still not in a position to generate sufficient resources to fund their population and AIDS programmes. They continue to rely significantly on donor assistance.

Secondly, we must remember that the increase in resource mobilization is due in large part to increases in funding for HIV/AIDS. There are fears that the larger share of funding that goes to AIDS activities might detract from the necessary funding for the other three elements of the ICPD costed population package. It is important to mobilize adequate resources for the other equally critical components of the ICPD population package, especially for family planning and reproductive health. If the trend towards decreased funding for family planning and reproductive health is not reversed, it could undermine efforts to prevent unintended pregnancies, reduce maternal and child mortality, and affect the progress of the achievement of the Millennium Development Goals.

At the World Summit last year, heads of Government committed themselves to “Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty” (2005 World Summit Outcome, para 57(g)).

The ICPD goals are essential for meeting the Millennium Development Goals. But we must have adequate resources to do so. This will only come about when donor countries, international agencies and developing countries strengthen political will, re-examine priorities and increase allocations for population activities. It will also come about when we intensify

collaboration between donors and recipients to avoid duplication, identify funding gaps and ensure that resources are used as efficiently as possible. We can, and we must, rise to the challenge.

Thank you.