



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: A Ten-Year Review  
(E/CN.9/2004/4)**

**37<sup>th</sup> Session of the Commission on Population and Development**

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Mr. Chairman,  
Distinguished Delegates,

I am pleased to come before the 37<sup>th</sup> Session of the Commission on Population and Development today with much better news than last year: funding for population is increasing. It is fitting that this year's 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: A Ten-Year Review* (E/CN.9/2004/4) which commemorates the tenth anniversary of ICPD, shows an increase in both donor and domestic funding for population activities. But before we become too complacent with the good news, let me quickly point out that, despite the increase, we are still below the targets agreed at Cairo in 1994.

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. To do this, UNFPA works in close collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) and relies on the cooperation of donor countries and organizations as well as developing countries and UNFPA Country Offices to obtain data on funding levels. Since 1999, UNFPA has been collaborating with UNAIDS in the collection of data on resource flows to HIV/AIDS activities. We are very grateful for your continued cooperation in this endeavour.

The present report analyzes international and domestic financial resource flows for population activities 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 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 \$17 billion annually by the year 2000. Approximately two thirds of the cost is expected to come from developing countries and one third, or \$5.7 billion, from the international donor community.

Mr. Chairman, we are all only too well aware that progress towards achieving these goals has been painfully slow. As we look back ten years, there was some cause for optimism at first but that soon turned to disappointment. Funding levels quickly reached a plateau and barely inched upwards; indeed, at times there were even setbacks when levels of population assistance decreased.

The preparatory process preceding the ICPD and the immediate post-ICPD period saw a 54 per cent increase in international population assistance, from a total of US \$1.3 billion to \$2.0 billion between 1993 and 1995. However, the momentum of Cairo did not last and funding levels hovered near the \$2 billion mark from 1995 to 1999. In fact, in 1997, population assistance actually decreased slightly for the first time since the Conference.

Long before the dawn of the new millennium, it was clear that the ICPD financial goals for 2000 would not be met. Although population assistance peaked at \$2.6 billion in 2000, it represented only 46 per cent of the \$5.7 billion target agreed upon as the international community's share in financing the Programme of Action. And one year later, in 2001, funding levels decreased to \$2.5 billion, widening the gap between actual assistance and the targets of the Conference. Such was the situation when UNFPA came before you last year to present the financial resource flow report.

Today, I am pleased to say that the provisional figure for population assistance in fiscal year 2002 increased to \$3 billion. Estimates for 2003 put the figure at almost \$3.1 billion. However, the Cairo goal for 2000 was not met. Indeed, we are far from reaching our target. Despite the encouraging increase, at current funding levels, the \$6.1 billion target for 2005 also appears unlikely to be achieved unless there is a significant increase in allocations to population assistance.

UNFPA has been monitoring domestic financial resource flows for population activities in developing countries since 1997. According to UNFPA global estimates, domestic population expenditures in developing countries, which averaged annually around \$8 billion in the years 1997-2000, declined to \$7 billion in 2001. The ICPD goal of \$11.3 billion in 2000 was not reached. Most recent estimates, which have been adjusted for decentralized government expenditures in one large country, indicate that developing countries, as a group, mobilized \$11.7 billion for population in 2003.

While the global total shows real commitment on the part of developing countries, it conceals the great variation that exists among countries in their ability to mobilize resources for population activities. Developing countries need to increase their national budgets for population but many of them are not able to generate the necessary funds to cover the cost of their own population programmes. Substantial donor assistance is particularly critical for the least developed countries to achieve the ICPD goals.

Mr. Chairman, ten years after Cairo, mobilization of donor and domestic resources continues to be one of the greatest challenges to full implementation of the Programme of Action. The messages are clear: current levels of resource mobilization are inadequate to achieve the Cairo objectives; resource gaps are especially large in poor countries. The consequences of resource shortfalls include significant increases in unintended pregnancies, abortions, maternal morbidity and mortality, infant and child mortality, as well as AIDS-related morbidity and mortality.

Population and reproductive health are central to development and the achievement of the Millennium Development Goals (MDGs). They must be figure prominently in development programmes and poverty reduction strategies. Without a firm commitment and adequate resources to implement population, reproductive health and gender programmes, it is unlikely that the ICPD goals and the MDGs will be effectively met. Higher levels of development assistance, including a commitment by donor countries to implement the target of providing official development assistance (ODA) equal to 0.7 per cent of their gross national product (GNP), and to allocate an increasing level of ODA to population and reproductive health, are essential to eliminate poverty and improve social conditions.

Mr. Chairman, the tenth anniversary of ICPD is an excellent opportunity for donor countries, international agencies and developing countries to renew their ICPD commitments, re-examine priorities and increase allocations for population activities.

Thank you.