



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.9/2007/5)**

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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.9/2007/5). 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, the United Nations Population Fund (UNFPA) was given the lead role in monitoring progress towards achieving ICPD goals in the area of resource mobilization. Working in close collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) and UNAIDS, UNFPA collects data and reports on levels of international population assistance and domestic financial resource flows for population activities. The Fund 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 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 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 and \$20.5 billion in 2010. Approximately two thirds of the cost is expected to come from developing countries and one third, or \$6.1 billion and \$6.8 billion, respectively, from the international donor community.

Mr. Chairman, as you know, for the first few years after the ICPD, there was little progress to report. Each year, UNFPA came before you and pointed out that increases in funding were negligible. It appeared that we would never seriously begin to bridge the funding gap. It's only very recently that we finally began to observe a definite increasing trend. Today, I am pleased to report to you that we continue to see increases in both donor assistance and domestic resource mobilization for population activities. Once all data are in, donor assistance may reach as high as \$6.9 billion for 2005. We estimate domestic resources to be \$17.3 billion in 2005. And we expect continued increases in donor and domestic resources in both 2006 and 2007.

Mr. Chairman, this is good news indeed. But is our job done? Far from it! Even if our estimates are correct and we do meet our targets, we will still not be meeting our needs. Back in 1993, when the ICPD financial targets were fixed, the population and health situation in the world was very different. No one foresaw the extent of the HIV/AIDS pandemic in the twenty-first century. Health-care costs have skyrocketed since then. And the value of the dollar today is far lower than it was in 1993. The ICPD financial targets are not sufficient to meet today's

developing country needs. We know that the increases in funding are still not adequately addressing the growing AIDS crisis. And we need additional resources for family planning and reproductive health services.

Mr. Chairman, it is time to re-visit the initially established estimates and update the ICPD financial targets to meet current needs and costs. We must make sure that sufficient resources beyond the outdated targets are mobilized so 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 important to keep in mind that the attainment of the ICPD financial goals is driven to a large extent by the funding behaviour of a few major players: most population assistance originates with a few large donors and the majority of domestic resources are mobilized in a few large developing countries. Mr. Chairman, to win the game, we need more players. Both donors and developing countries should increase efforts to mobilize additional resources. Developing countries need to increase their national budgets for population and substantial donor assistance is particularly critical for the least developed countries to achieve the ICPD goals.

The increase in resource mobilization is due in large part to increases in funding for HIV/AIDS. This is a good thing. We need a substantial amount of money to stop the spread of HIV/AIDS. But 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 will affect progress in the achievement of the Millennium Development Goals.

Mr. Chairman, for many developing countries that cannot generate sufficient resources, the lack of adequate funding remains the chief constraint to full implementation of the ICPD Programme of Action. There is so much that can be done. The HIV/AIDS crisis is far worse than anticipated and infant, child and maternal mortality remains unacceptably high in many parts of the world. But we need financial resources to address these issues.

The message is clear: given today's increasing needs and rising costs, 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. Not to act would be much more costly.

Thank you.