



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.9/2010/5)**

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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.9/2010/5). 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. It also complies with General Assembly resolutions 49/128 and 50/124 which called for the preparation of periodic reports on the financial resources allocated for the implementation of the Programme of Action.

Mr. Chairman, as you know, the United Nations Population Fund (UNFPA) has been given the lead role in monitoring resource flows for assisting in the implementation of the ICPD. 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). 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 the 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 four categories: family planning services; basic reproductive health services; sexually transmitted diseases (STDs) and HIV/AIDS activities; and basic research, data, and population and development policy analysis.

Mr. Chairman, last year UNFPA presented to the Commission revised cost estimates for these four components of the ICPD costed package. *Copies of the methodological report explaining how the revised cost estimates were derived are available in the back of the room.* The revised estimates took into account both current needs and current costs and added new elements. Total costs for sexual and reproductive health, which include family planning and maternal health components, amounted to \$23.5 billion in 2009. This figure includes health system investments that were only implicit in the initial ICPD estimates. We also included costs associated with care for people living in emergency situations and to address reproductive cancers. Revised costs for the HIV/AIDS component, consistent with UNGASS recommendations, include additional sub-components of prevention, treatment, care and support, and are estimated to be \$24 billion. Costs for the basic data research and population and development policy analysis component, which include expenditures for censuses, surveys, civil registration and research and training, are expected to be \$1.6 billion.

As you can see from the report before you, we are way below the amounts necessary to meet current needs in all areas. Donor assistance has been increasing steadily over the last few years and is expected to have reached \$10 billion in 2008. It is estimated that resources mobilized by developing countries totalled \$23.2 billion. Data collection for fiscal year 2009 will begin soon. Given the financial crisis, we do not expect the strong upward trend observed in

recent years to continue. The resources mobilized are far lower than required given the growing needs and costs. This is true for all four components of the costed package, particularly for family planning and reproductive health.

Indeed, if funding for family planning and reproductive health is not increased, it will undermine efforts to prevent unintended pregnancies, and reduce maternal and child mortality, especially in the poorest countries. Commitment to mobilize sufficient funding is now more important than ever.

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. 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 international community will be commemorating the tenth anniversary of the Millennium Summit later this year. It will be looking at progress in achieving the 8 Millennium Development Goals. The MDGs, especially the eradication of extreme poverty and hunger, cannot be achieved if issues of population and reproductive health are not addressed. We need to strengthen our efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning. Investing in access to reproductive health services, including family planning, will give users choices that will change the repetitive cycle of poverty and inequality. Caring for the health of women and their babies is essential, yet family planning and maternal and newborn services fall far short of needs in developing countries. Although the use of modern contraceptives has increased, unmet need continues to remain high. An estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception. Fulfilling unmet need for family planning by achieving desired family size will increase the resources available to invest in children's education. It will help reduce maternal and infant mortality which is higher when birth intervals are short and when families are large. Investing in population and reproductive health issues will also help to promote gender equality and empowerment of women. Universal access to reproductive health care is critically important in the fight against HIV/AIDS.

Mr. Chairman, reliable and timely expenditure data are essential to inform policy. I would like to take this opportunity to encourage countries to make every effort to systematically monitor financial resources that go to population activities. Collecting, analyzing and using resource flow data is essential for planning and budgeting purposes, and to improve aid effectiveness and donor harmonization. This is especially important in the case of domestic expenditures. We realize that sometimes there are difficulties in disaggregating the population component in integrated social and health projects and sector-wide approaches. There are also difficulties in disaggregating the four categories of the ICPD costed population package. Countries with decentralized accounting systems may not be readily able to provide data at lower administrative levels. We appreciate your efforts in preparing accurate and timely data in order to ensure better reporting.

In closing, I would like to repeat: 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.