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Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



This presentation

- History
- Core Data
- Definition and delineation
- Challenges in Estimation
- External resources
- Domestic resources
- Summary points
- Key implications

History – since 1997



Tracking of resource flows initiated in response to a request from the Commission on Population and Development at the 28th session, for periodic reports on the flow of financial resources assisting in the implementation of the ICPD Programme of Action.

Based on a costed package (para 13.14) of the POA:

- Family-planning services,
- Basic reproductive health services,
- Sexually transmitted diseases/HIV/AIDS activities,
- Basic research, data and population and development policy analysis

UNFPA/NIDI (Netherlands Interdisciplinary Demographic Institute)

Collaborations with: UNAIDS/ IIM/ APHCR

Costs revised upward in 2009: to add AIDS Care and CA screening

Core Data

- **OECD Creditor Reporting System** (DAC Database, Development Assistance Committee)
- **Two Surveys**
 1. Donor countries and organizations (including DAC countries)
 2. Governments and organizations in a given country (coordinated by Gov and UNFPACO)

Challenges in Estimation

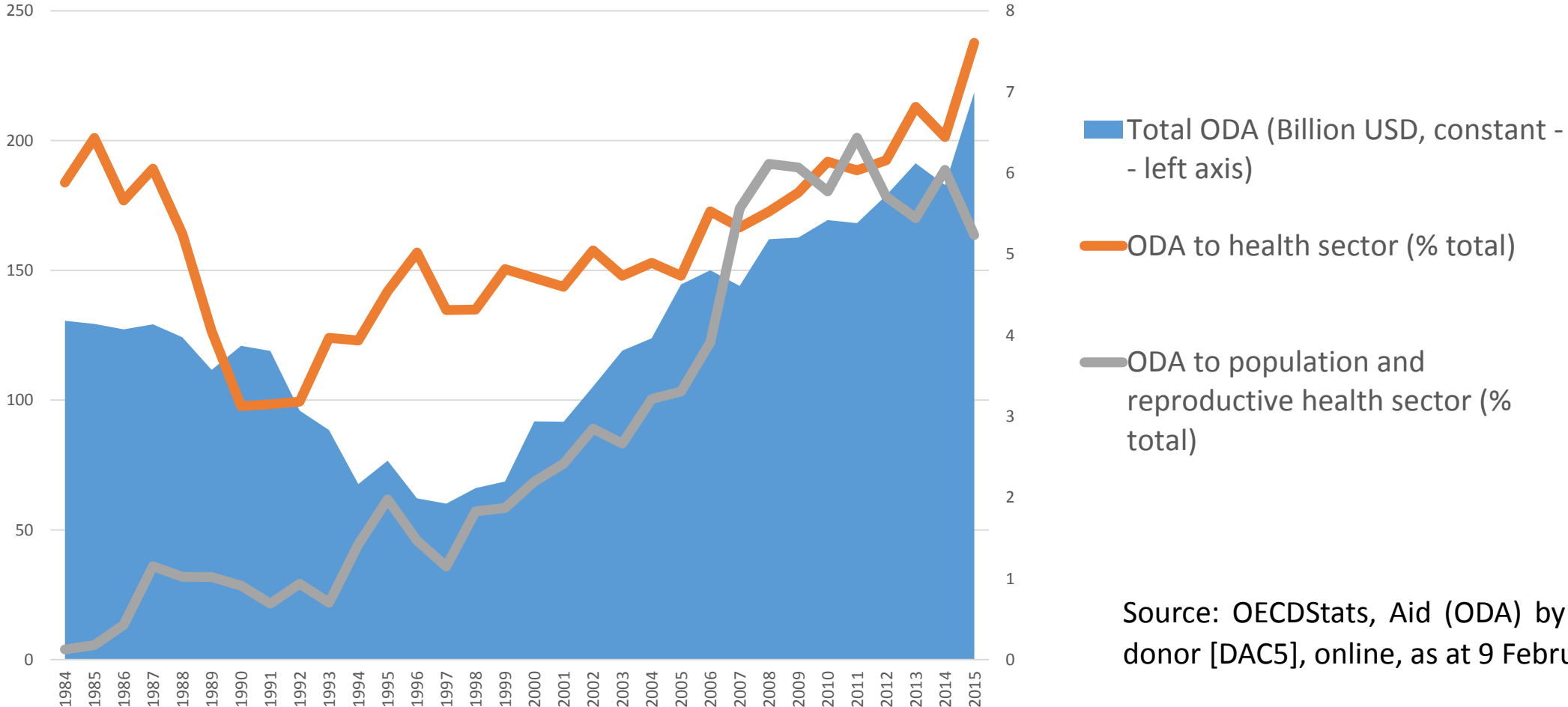
- **OECD Creditor Reporting System** (DAC Database, Development Assistance Committee)
 - Not coded at level of 4 categories, so survey helped
 - If project was listed as RH – 100%
 - If listed as basic healthcare – estimated at 10%
 - To avoid double counting – multi-sector projects coded by the largest component only
- **Two Surveys**
 - Most govs made strong efforts, but staffing, time and data systems limitations led to incomplete reporting
 - Only countries with a UNFPA office

Challenges in Estimation

- **Categories overlap:** Contraception, Family Planning, HIV - often integrated & hard to distinguish
- For example – review of Global Fund support to one country from 2009-11, analysts estimated 12-100% of grants included activities to support the integration of SRH, directly or indirectly.
- **Fourth category** (basic research, data, population and development, policy research) **not easily defined...**
 - Collection of census or DHS/ but domestic support for CRVS?
 - Budgets for population research and policy are typically embedded in larger institutional budgets (Universities, think tanks, etc).

External resources – ODA

Total ODA and share of ODA to health sector and population and reproductive health sector, 1984--2015



Source: OECDStats, Aid (ODA) by sector and donor [DAC5], online, as at 9 February 2017

External resources – ODA

- ODA for population and reproductive health
- Notable achievements
 - 1994—2014: 1.3% -- 6.0% of ODA
 - 2014—2015: 6.0% -- 5.6% of ODA
 - 1995—2015: USD 1—USD 7 per woman in reproductive age
- Persistent challenges in many dimensions –
 - E.g. funding gap of UNFPA Supplies: USD 850 million - to meet growing demand 2016-2020, and prevent 116 million unintended pregnancies, and 2.2 million maternal and child deaths
- ODA remains critical, especially for Least Developed Countries
- Better recording of aid by non-OECD countries is needed

External resources – personal remittances

- Personal remittances gain greater significance
 - 2015: ~ USD 423 billion (UNCTAD estimate)
 - More than double the size of ODA
 - More than half the size of Foreign Direct Investment (FDI)
- Personal remittances supplement household income
 - Used for household expenditures, including health
 - No systematic estimates of contributions to reproductive health

Domestic resources – national (health) accounts



- Domestic resources are more important than external resources
- National Health Accounts provide most detailed data on health financing (i.e. *who funds and who buys* health care)
- Numerous countries have sub-accounts on reproductive health
 - Construction of Health Accounts and sub-accounts painstaking effort
 - Assessment of available data, administrative records, etc., is needed.
 - Among others, Rwanda has done it
 - Useful insights into private expenditures, and out-of-pocket expenditures
- Where data available, review of health accounts and sub-accounts show that expenditures on reproductive health account for 6—19% of the total healthcare expenditures.

Domestic resources – out-of-pocket expenditures



- WHO data shows that out-of-pocket expenditures on health are increasing in most countries for which data are available
- UNFPA/NIDI estimates show very significant out-of-pocket expenditures on sexual and reproductive health:
 - ~ USD 8.5 billion in 2014 -- or 10 times as much as OECD/ DAC donors committed in aid for family planning in 2014
- While these figures are rough estimates, and depend on multiple data sources and models, the tendencies are clear.

Summary Points

- Importance of reliable data on resource flows is undeniable for sustaining advocacy for the implementation of the POA.
- ICPD and SDGs are ambitious agendas, and implementation will demand trillions, not billions, in USD.
- Evolution in SRH/FP/HIV/Population assistance calls for greater **specificity**.
- Efforts to track more resources should broaden:
 - Focus on traditional public donors – include *more* public donors
 - Focus on external public resources– help to improve *domestic* tracking
 - Include private (HH) resources

Key Implications

1. Increasing programmatic integration of SRH is a positive development, but reduces the precision and reliability of estimates on specific resource flows to SRH, FP, and HIV-related care.
2. Greater specificity would be helpful (e.g. FP commodities only).
3. ODA more consistent and reliably reported than within-in country estimations.
4. “National Health Accounts” a growing source of information.
5. *Annual versus periodic* estimations offer different advantages.
6. Specific resource flows may be addressed as occasional reports or within thematic reports submitted to the CPD.
7. Support to governments to improve their overall capacity and data systems for generating and using national data on resource flows for development is a priority.
8. Important for the implementation of the ICPD PoA and Agenda 2030.

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