



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.9/2009/5)**

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Madam Chair, Distinguished Delegates, Friends and Colleagues

I am pleased to introduce the Annual 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.9/2009/5). The ICPD held in Cairo in 1994 made a ground breaking attempt to estimate the resources needed to achieve the Programme of Action and in particular the goal of universal access to reproductive health care in developing countries.

At the request of the Commission on Population and Development, each year UNFPA publishes estimates 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), the Indian Institute of Health Management Research, WHO and UNAIDS, donor as well as developing countries. We are very grateful for the continued cooperation in this endeavour and we welcome the increasing involvement of institutions of developing countries as well as the harmonization of estimates between UN agencies.

The present report analyzes resource flows for the “costed population package” as described in paragraph 13.14 of the ICPD Programme of Action. It includes funding in four categories: 1. Family planning services; 2. Basic reproductive health services (covering in particular pre- and postnatal care and safe delivery); 3. Sexually transmitted diseases and HIV/AIDS prevention; 4. Basic research, data and population and development policy analysis. The ICPD explicitly recognized (in paragraphs 13.17 to 13.19) that the “costed package” did not include all interventions necessary for the achievement of universal access to reproductive health. It has since become possible to cost some of the additional elements, particularly in the context of the MDGs. I will come back to this in a minute.

The ICPD Programme of Action estimated that the cost of implementing the “population package” in developing countries and countries with economies in transition would be US \$18.5 billion annually by the year 2005 and \$ 22 billion by 2015. Approximately two thirds of the costs are expected to come from developing countries and one third from the international donor community.

Donor assistance has been increasing steadily over the past few years and reached over \$8.1 billion in 2007. A rough estimate of resources mobilized by developing countries, as a group, yields a figure of \$18.5 billion for the same year. This total figure of \$27 billion is much larger than estimated in 1994 for the year 2010.

It is however essential to look at the four components of the costed package individually. The increase in funding was essentially dedicated to HIV/AIDS and the published estimates include both prevention activities, which were included in the original costing package, as well as treatment and care which were not included in the original package. The funding for the other components of the package, namely family planning and other components of reproductive health, remains considerably below the targets of 1994.

Madam Chair, despite the recent significant increases in funding, it is clear that the resources mobilized for population and development are not sufficient to meet the needs of the poor and in particular of women and girls in developing countries. The targets fixed in Cairo were based on experiences as of 1993 and reflected the available knowledge and costing methodologies of the time. Today, the population and health situation in the world is very different. New needs emerged in the health and social sectors and we also better appreciate now the costs of health care interventions to save women's lives, in addition to the primary health care costed in 1993. In addition, the dollar lost much of its value since 1993. In other words: the original ICPD targets are not adequate anymore as policy guidelines and not sufficient to meet today's evolving needs.

In response to the ICPD recommendation to review and update the cost estimates, the report before you presents a new set of estimates for the four components of the ICPD "costed package". The new estimates take into account both current needs and current costs and include a certain number of additional interventions, based on new research and knowledge. The estimations are also consistent with the methodological approach of recent costing estimates to achieve the MDGs, in particular MDG 5 on Maternal Health.

According to the estimates, today's costs for sexual and reproductive health, including family planning and maternal health components, amount to \$23.5 billion in 2009. This figure includes a limited but essential set of health system investments that were not explicitly addressed in the initial estimates. We also included costs associated with health care for people living in situations of humanitarian crisis and to address reproductive cancers. The revised cost estimates for the HIV/AIDS component are consistent with the UNGASS recommendations. They include sub-components of prevention, treatment, care and support, and are estimated to be \$24 billion. Finally, the costs for the basic research, data and policy analysis component, which include expenditures for censuses, surveys and civil registration are expected to be \$1.6 billion.

Madam Chair, if we compare the current funding levels for population activities with the estimated cost to reach the ICPD and MDG goals, it is clear that we face important gaps. This is true for all four components of the newly costed package, but it is particularly true for reproductive health and family planning, which are at the heart of MDG 5, the MDG which – as we all know – lags behind most.

It should be pointed out that population assistance originates with a few major donors and that the majority of domestic resources are mobilized in a few large developing countries. The least developed countries in particular, but also other developing countries, are not in a position to generate sufficient resources to fund their population and development programmes. They continue to rely significantly on donor assistance.

The impact of the current financial and economic crisis may set us back further from the levels necessary to achieve the ICPD goals and the MDGs. The least developed countries and the poor will suffer the most. 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 and most vulnerable population groups.

Commitment to protect the social sector and mobilize sufficient development funding is now more important than ever.

Madame Chair, the ICPD goals are essential for meeting the Millennium Development Goals. The ICPD Programme of Action promotes prevention through reproductive health including family planning – a highly cost-effective approach. In these times of austerity and crisis, taking action to protect the health and human rights of women and young people is a low-cost investment that brings very high returns. The commemoration of ICPD at 15 provides a good opportunity for the international community to take stock of progress and of gaps in implementing the ICPD Programme of Action, to identify lessons learned and best practices as well as priorities for the next five years of the Programme of Action. This is a unique opportunity for donor countries, international agencies and developing countries to strengthen political will, re-examine priorities and increase allocations for population activities. But it is also an opportunity to intensify collaboration to avoid duplication, and ensure that resources are used as effectively as possible, in line with the Accra Agenda for Action.

The lack of adequate funding for reproductive health and in particular for family planning remains the chief constraint to the full implementation of the ICPD Programme of Action for many developing countries that cannot mobilize sufficient resources for their public programmes, particularly at a time when such services may have to assist an increasing number of people who have been addressing their needs through out of pocket expenditures. At the same time, the lack of adequate funding for reproductive health and in particular for family planning seriously undermines our efforts to achieve the MDGs. And, as we all know, achieving the MDG target of universal access to reproductive health, including family planning, is key to ensuring that no woman and no girl is left behind.

Thank you.