



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.9/2013/5)**

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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.9/2013/5). 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, the United Nations Population Fund (UNFPA) has been tasked with 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). To strengthen local capacity to track domestic resource flows for population activities in developing countries, UNFPA and NIDI work with regional institutions, including the Indian Institute of Health Management Research (IIHMR) and the African Population and Health Research Center (APHRC). I am pleased to inform you that the Population Division of ECLAC, the United Nations Economic Commission for Latin America and the Caribbean, has joined the collaboration this year.

Tracking financial flows is essential to ensure that the international community mobilizes sufficient resources for population. We encourage all countries to establish an efficient monitoring system to track financial flows for population activities. Currently, many donor and developing countries lag behind in reporting expenditures in this area. The most common constraints encountered include respondent fatigue, lack of human and financial resources, and difficulty in disaggregating the population component in integrated social and health projects and sector-wide approaches and in disaggregating the four categories of the costed population package. Different recording practices and decentralized accounting systems also present significant challenges.

UNFPA encourages all countries to work with us in collecting the data. Reliable and timely data are essential to inform policy. They are also essential for planning and budgeting purposes, and to improve aid effectiveness and donor harmonization.

UNFPA relies on the cooperation of donor and developing countries as well as organizations and development banks to obtain data. We are very grateful for the continued cooperation of all partners. We are also grateful to UNAIDS for providing information on expenditures for AIDS. By using data on AIDS expenditures directly from UNAIDS, we ensure that there is only one figure that captures spending on AIDS and we also help to minimize respondent fatigue.

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, our report shows that donor assistance continues to increase but that the rate of increase is much lower than in the past. Some donors have increased funding levels, but many have not been able to do so because they continue to suffer from the financial crisis. Donor assistance increased to \$11.6 billion in 2011 and once all final figures are in, is projected to increase to just under \$12 billion in 2012. Population assistance is not increasing at the same rate as in the past and shows definite stagnation. Given the current financial scenario, our projections show that this amount will not increase considerably anytime soon.

The ICPD Programme of Action pointed out that one third of the funding for population was to come from external sources and two thirds from developing countries. Our data show that developing countries are funding a higher proportion. Indeed, developing countries are currently funding over three fourths of population expenditures. We estimate that, as a group, developing countries mobilized \$54.7 billion in domestic resources for population activities in 2011, the largest amount ever raised. We expect that figures for 2012 will follow the same increasing pattern. However, it should be pointed out that the considerable increase in domestic resources is due to a large expenditure reported for 2011 for family planning in China as well as new data for HIV/AIDS and out-of-pocket expenditures. The gap may well widen in 2012 and 2013 if the 2011 family planning projects do not continue.

Although the trend towards integration of services makes it increasingly difficult for countries to readily distinguish between expenditures for family planning, reproductive health and STD/HIV/AIDS activities, it is possible to estimate the amount of resources that are spent on each of these categories. We estimate that for fiscal year 2011, funding for both reproductive health and HIV/AIDS increased, while funding for family planning, which had recently been increasing, has actually decreased. The recent initiatives to increase funding for family planning are definitely not yet reflected in the actual expenditures. We hope that the figures for fiscal year 2012 will begin to reflect the commitments made.

Mr. Chairman, the message is clear: Funding levels are still below the amounts necessary to fully implement the ICPD Programme of Action and achieve the Millennium Development Goals. This is true for all four components of the ICPD costed population package - family planning, reproductive health, STD/HIV/AIDS, and basic research, data and population and development policy analysis.

We need more national investments in developing countries. But we also need more donor assistance, particularly for least developed countries. Resource mobilization is dependent on a few key players. Population assistance originates with a few major donors and the majority of domestic resources are mobilized in a few large developing countries. Not all donors provide substantial funding and most developing countries cannot afford to mobilize sufficient resources to fund their population and AIDS programmes. Most domestic expenditures in developing countries come not from the Government, but from consumers in the form of out-of-pocket expenditures for population goods and services. Out-of-pocket spending by the poor can drive

them even further into poverty and negatively impact spending on other essentials such as food and education.

Current funding levels are simply not enough to meet the growing needs in developing countries. These needs are felt in all four areas: family planning, reproductive health, STD/HIV/AIDS prevention and treatment, and data, research and population and development policy analysis.

The price may be high, but the cost of not mobilizing adequate financial resources is higher. It is measured in increased infant and child mortality, higher rates of maternal deaths as well as morbidity and mortality due to HIV/AIDS. We cannot be complacent when such morbidity and mortality remains unacceptably high in many parts of the world. It is especially important to ensure that the needs of vulnerable populations, including the large number of young people, are met. Now that most countries have already conducted their censuses, it is time to ensure that sufficient resources are available to properly analyze and disseminate the data to define vulnerable populations and to provide the evidence base needed for policy formulation, programme planning, as well as monitoring of Millennium Development Goals.

Mr. Chairman, we will never achieve the Millennium Development Goals if we do not address population and reproductive health issues. Implementing the ICPD Programme of Action, especially the reproductive health goal, is essential for meeting the MDGs directly related to health, social and economic outcomes, especially those concerning children, mothers, HIV/AIDS, gender and poverty.

The success of the ICPD and the achievement of the Millennium Development Goals depend greatly upon the willingness of Governments, local communities, the non-governmental sector, the international community and all concerned organizations and individuals to turn the ICPD recommendations into action.

Among the many recent initiatives to improve the lives of women and children, the London Summit on Family Planning convened last year stands out as an excellent example of how dedication and commitment can spark the international community into action to mobilize resources to meet growing needs.

As we prepare for the commemoration of the twentieth anniversary of the ICPD next year, we call upon all stakeholders to use this opportunity to renew their commitment to the goals and objectives agreed upon in Cairo which are as relevant today as they were in 1994.

Thank you.

