

Flow of financial resources for the further implementation of the Programme of Action of the International Conference on Population and Development

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GA Resolution 49/128 (December 1994)

.... GA requested **periodic reports** for the substantive sessions of the ECOSOC **on the flow of financial resources for assisting in the implementation of the Programme of Action**

ECOSOC resolution 1995/55 (July 1995). Endorsed

ECOSOC Decision 2017

..... Requesting prepare technical recommendations on a potential revision of methods for preparing this report

2018 CPD endorsed the proposed resolutions to the challenges that were tabled by UNFPA in last year's report on resources flows

Data sources

- **Challenge:** Weak national reporting
- **Response:** CPD Decision to focus on Official Development Assistance (ODA) as recorded by OECD.

Overlap between Costed Components in SRH

- **Challenge:** Difficulty to delineate between resource allocations for family planning, basic reproductive health and HIV/ AIDS prevention.
- **Response:** Present ODA for family planning, basic reproductive health and HIV/AIDS prevention in an aggregate category of sexual and reproductive health (SRH); and population data, capacity-building, policy development and training in category of population data and policy analysis (PDPA).

Limited Scope of Costed Components

- **Challenge:** The 4 costed components of the ICPD PoA, provide a narrow view of the ICPD PoA.
- **Response:** Additional categories should be considered, and where feasible speak to the thematic focus

Format.

- Charts and tables, to be issued as a stand-alone report

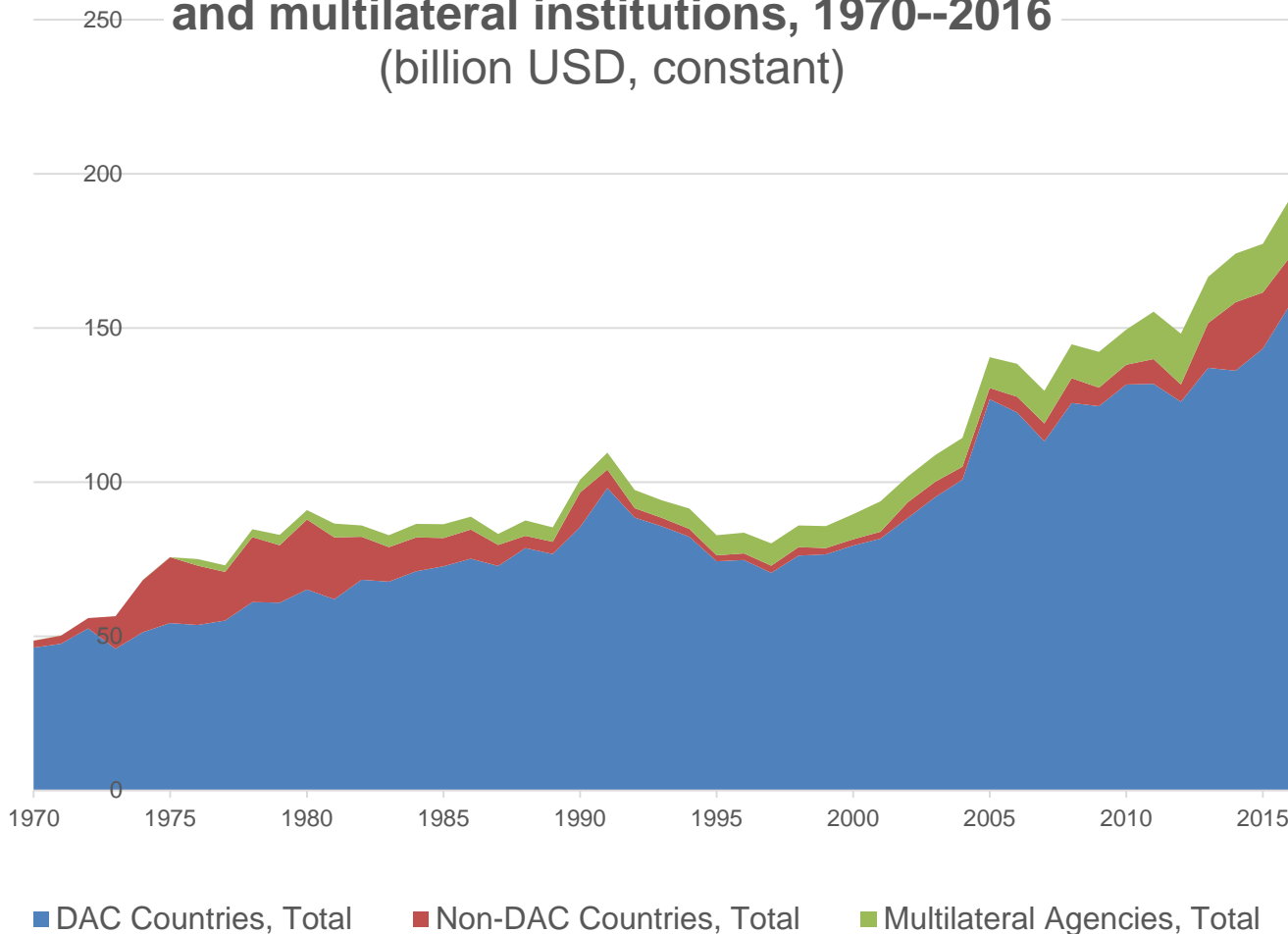
Periodicity.

- Yearly. At the occasion of the quadrennial review, a review of data sources from other donors beyond OECD, and emerging sources on domestic expenditures.

ODA global trends



**ODA by DAC countries, non-DAC
and multilateral institutions, 1970--2016**
(billion USD, constant)



DAC donors provide a large share of total ODA –

But not all aid by non-DAC countries is reported to and registered by OECD.

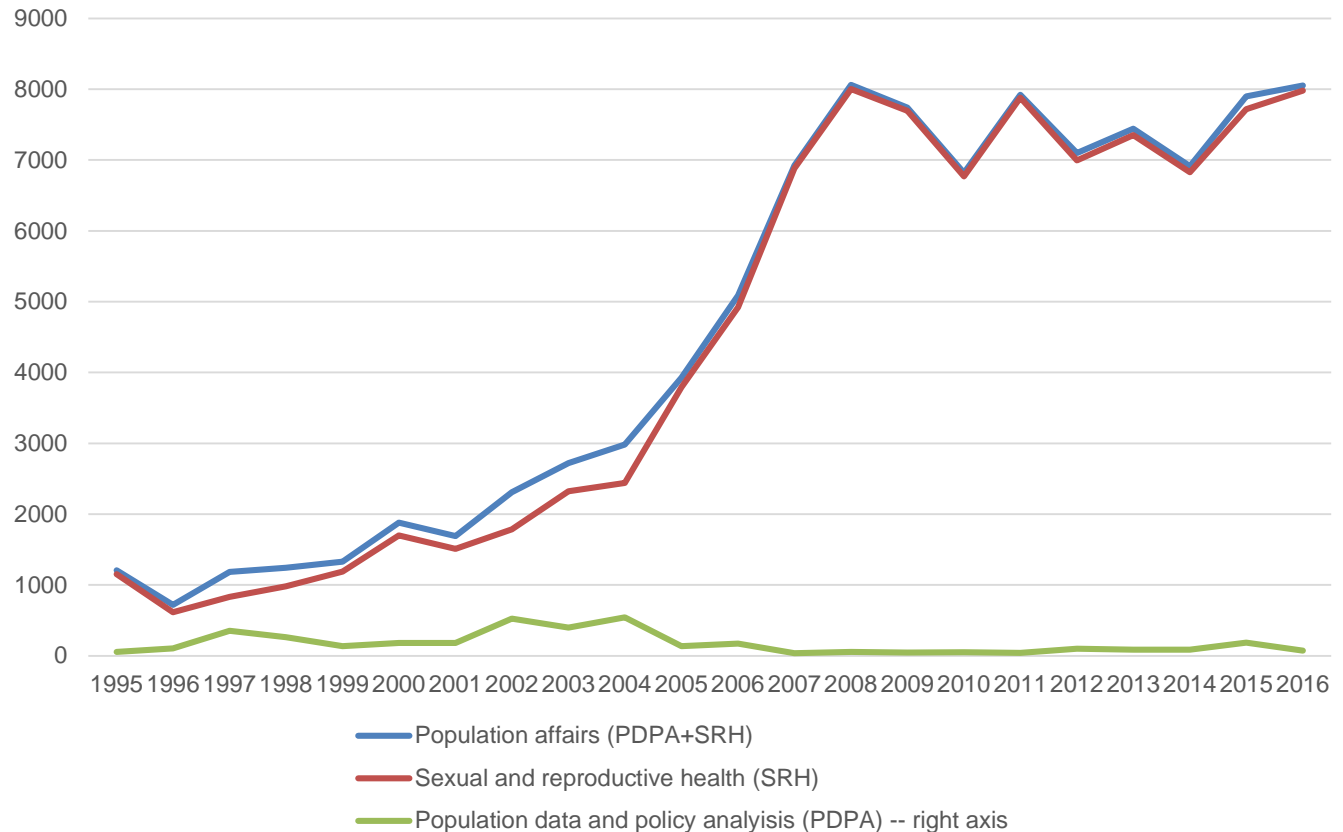
ODA for population matters



ODA for SRH accounts for nearly all ODA for population matters.

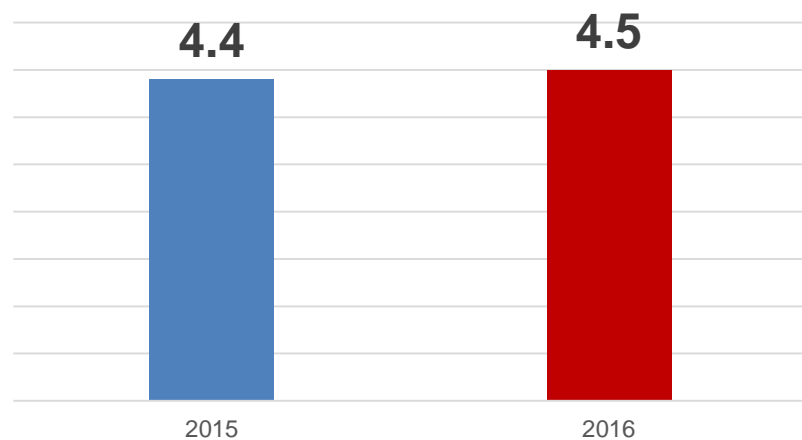
ODA for PDPA – remains low

ODA commitments by DAC donors for population matters, 1995--2016
(million USD, constant)

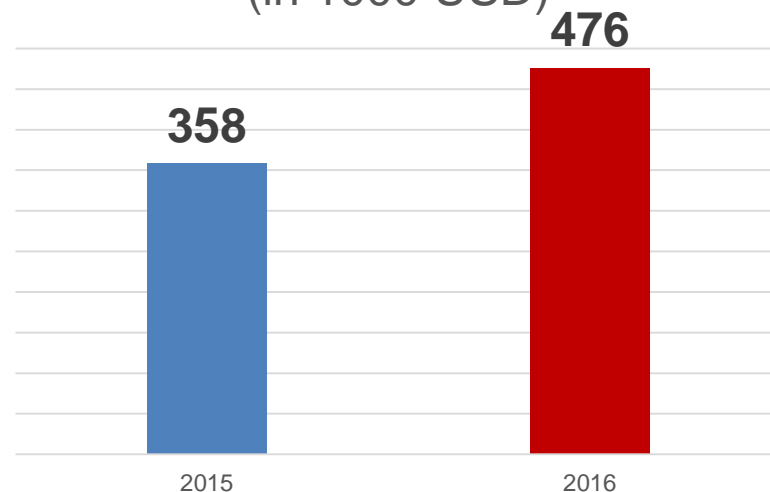


= Change in ODA for SRH and PDPA 2015--2016

ODA for SRH per woman of reproductive age in developing countries (in USD)



ODA for PDPA per developing country (in 1000 USD)



-- The ODA commitments for SRH per woman of reproductive age in developing countries changed little between 2015—2016

-- The ODA commitments for PDPA per developing country increased notably, but from very low levels, as seen in previous chart.

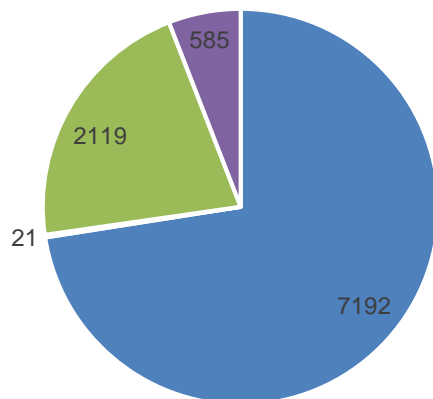
...but DAC members are not the only donors

ODA for population matters (contd.)

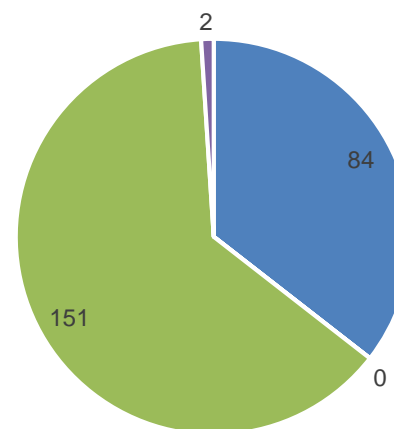


= Total aid from all sources for SRH and PDPA, 2016 (million USD, constant)

A. SRH



B. PDPA

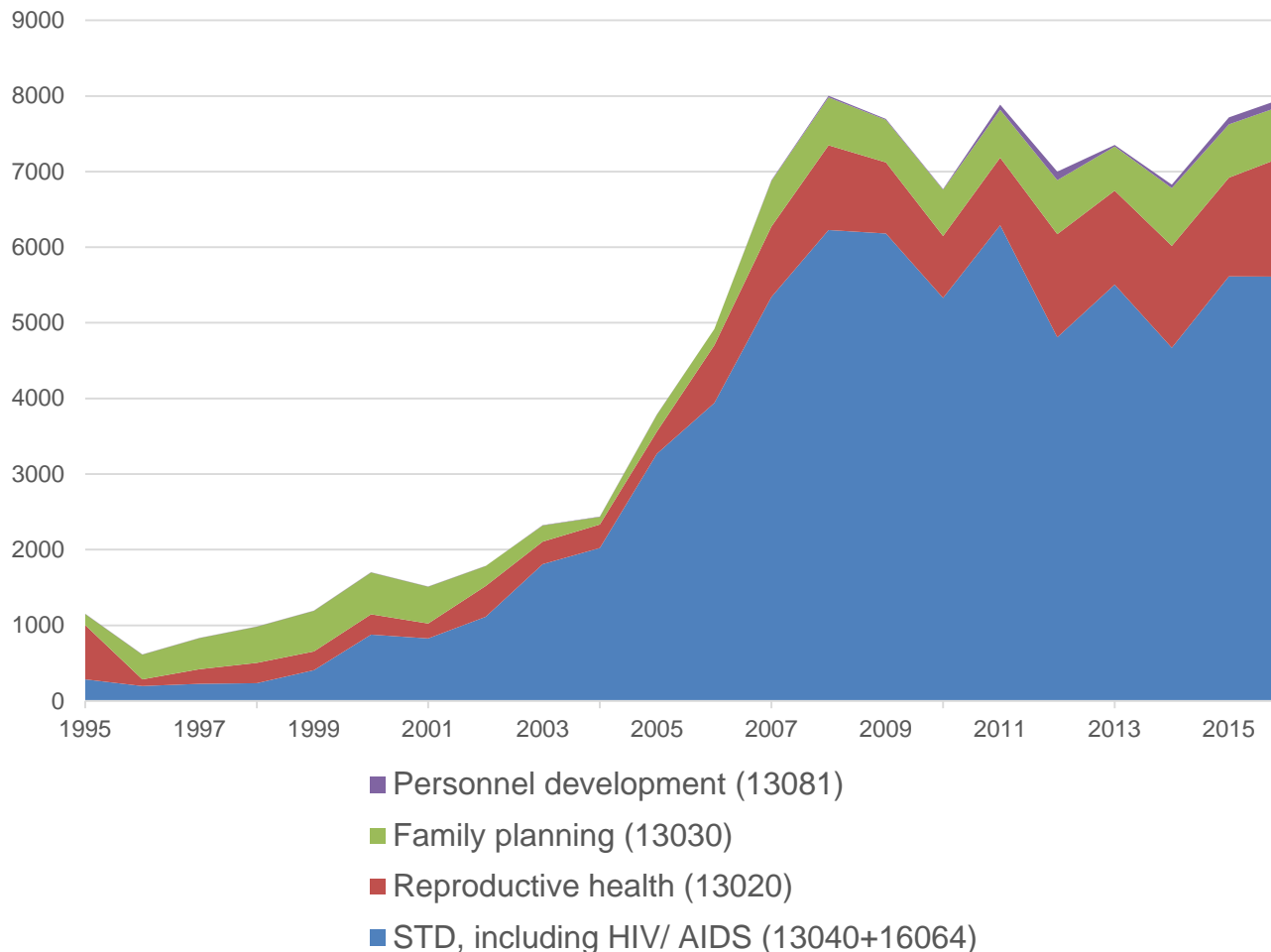


■ DAC ■ non-DAC ■ Multilateral ■ Memo: Gates Foundation

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- DAC donors provide most for SRH, multilateral donors 2nd place.
- Multilateral donors provide largest share for PDPA, DAC donors 2nd
- non-DAC donors report little for SRH; none for PDPA
- Private flows (BMGF) are significant

Decomposition of ODA by DAC donors for
SRH, 1995--2016
(billion USD, constant)



**ODA for
STD/HIV/ AIDS
accounts for
largest share
of SRH ODA**

**Personnel for
SRH looks
small, but
likely
embedded
within other
categories**

Data on domestic expenditures on health



Country coverage of domestic health expenditure data, 2000—2016

(selected indicators)

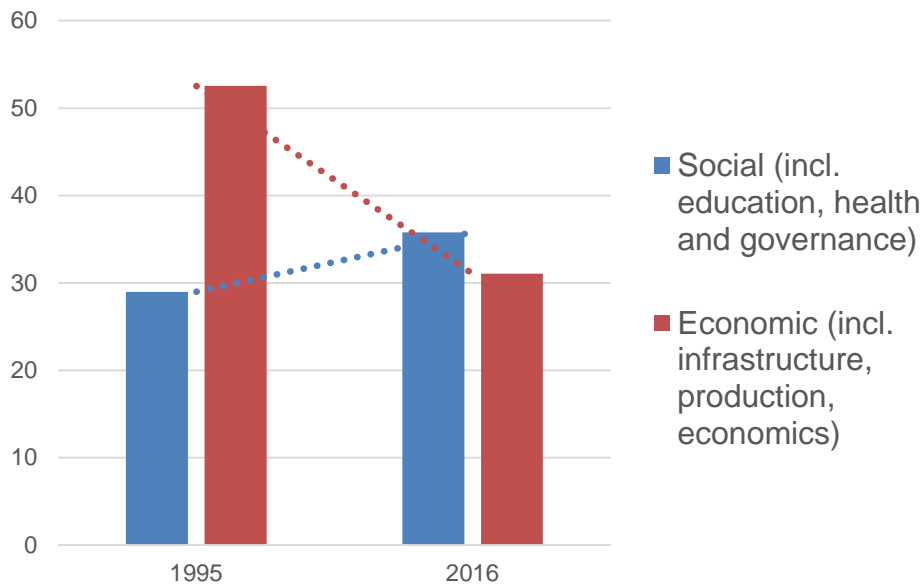
	Data range	Countries covered		Countries with more than one data point	
		Number	Percent of total	Number	Percent of total
Current health expenditures	2000--2016	191	100	191	100
Out-of-pocket expenditures on health	2000--2016	191	100	191	100
Governance, health system and financing administration	2010--2016	49	26	0	0
Domestic General Government Expenditure on HIV/AIDS and sexually transmitted diseases	2010--2016	39	20	34	18
Domestic General Government Expenditure on reproductive health	2010--2016	38	20	32	17
Domestic General Government Expenditure on contraceptive management (family planning)	2010--2016	30	16	23	12

Beyond the costed components

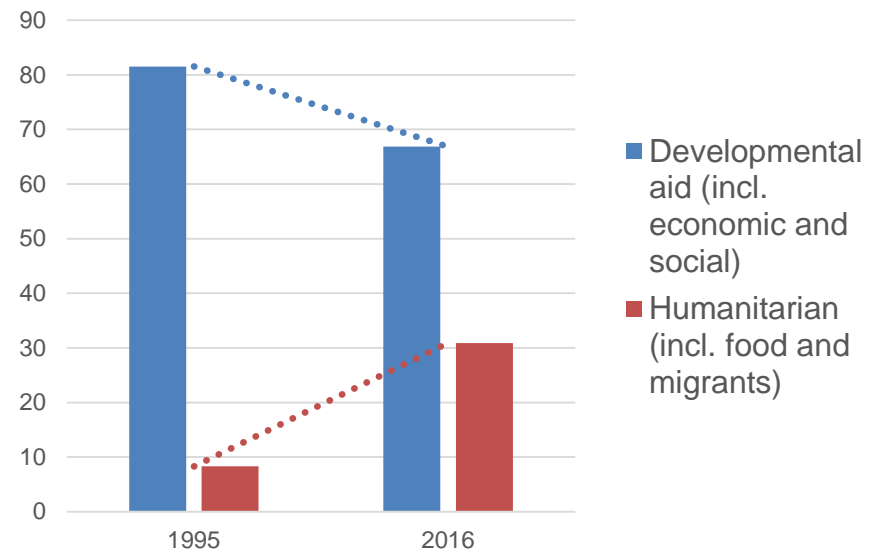
= Shifts in ODA between 1995 and 2016

= (% of total sector allocated ODA)

Economics vs. social



Developmental vs. humanitarian

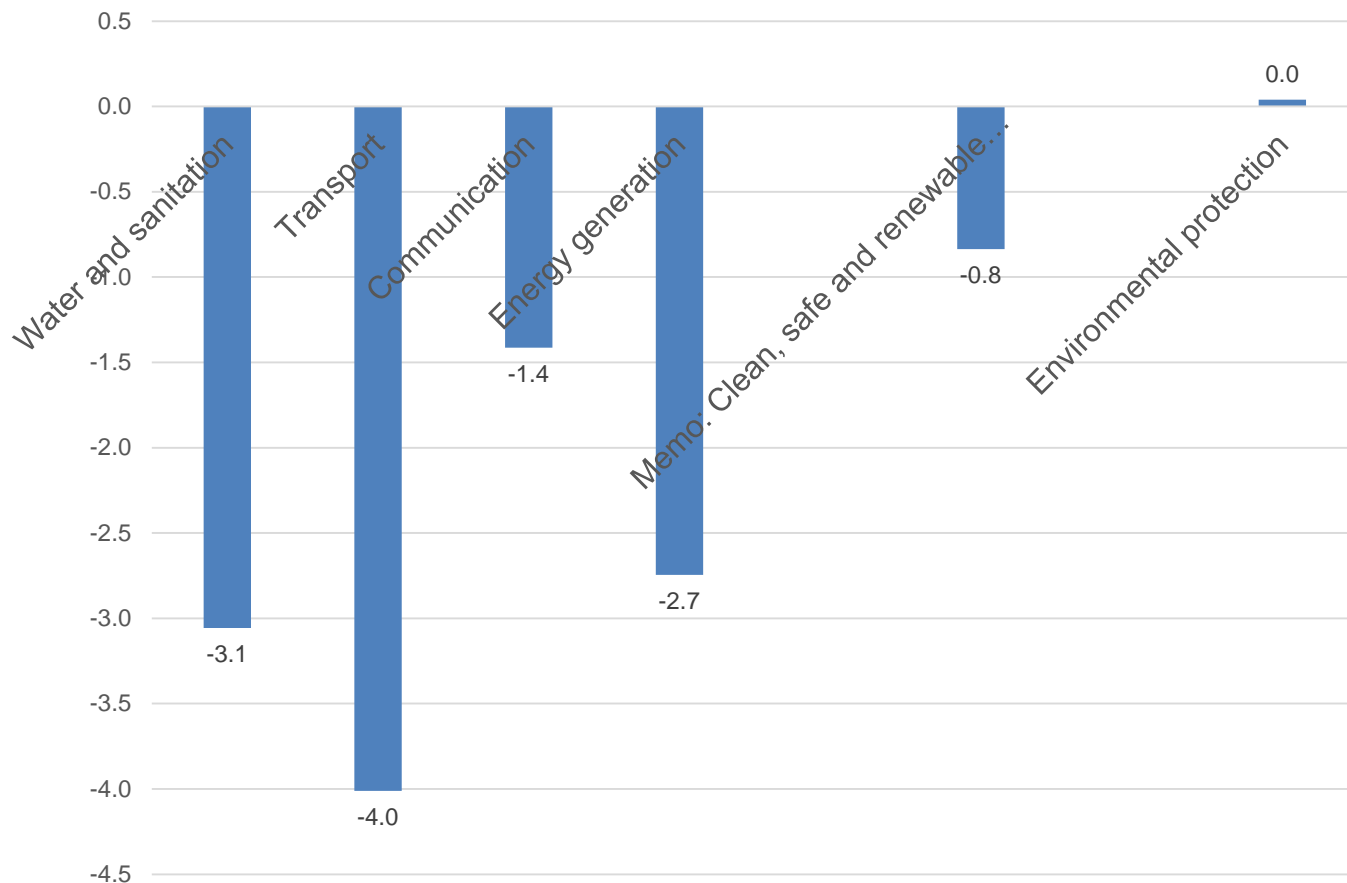


Beyond the costed components (contd.)



Within the decline in economic aid, some breakdowns – including transport, power and water and sanitation, despite importance to health.

ODA to infrastructure and environmental protection as a share of total allocated ODA, 1995-99 and 2012-16 (percentage point change)



Key findings: The short view



1. Between 2015—2016 ODA commitments for SRH per woman of reproductive age in developing countries changed little; ODA for PDPA per developing country increased, but from very low levels
2. In 2016, ODA for SRH *per woman of reproductive age* in developing countries amounted to USD \$4.5; if we include multilateral and non-DAC, including BMGF, it stood at USD \$6.2
3. In 2016, ODA for PDPA *per developing country* amounted to USD \$476,000 thousand;
4. Almost all ODA for population-related matters is for SRH; and the largest share of SRH continues to be for STD/HIV/AIDs

Key findings: The broad view



- Since 1995, share of ODA committed to economic purposes (incl. production and infrastructure) decreased while ODA for the social sector increased (incl. health and SRH)
- Since 1995, the share of ODA committed to development (social and economic) decreased whereas ODA for humanitarian purposes (incl. food aid and aid to migrants) increased
- Overall DAC ODA to LDCs remains of particular importance and is well below 0.15% of GNI target, and ODA to all countries remains well below 0.7% GNI.