

# UNFPA

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



# Report of the Secretary-General

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

# This presentation

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- History
- Challenges in Estimation
- External resources - ODA
- Growing domestic resources
- Summary & Implications

# History – since 1997

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Tracking of resource flows initiated in response to a request from the Commission on Population and Development at the 28<sup>th</sup> 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

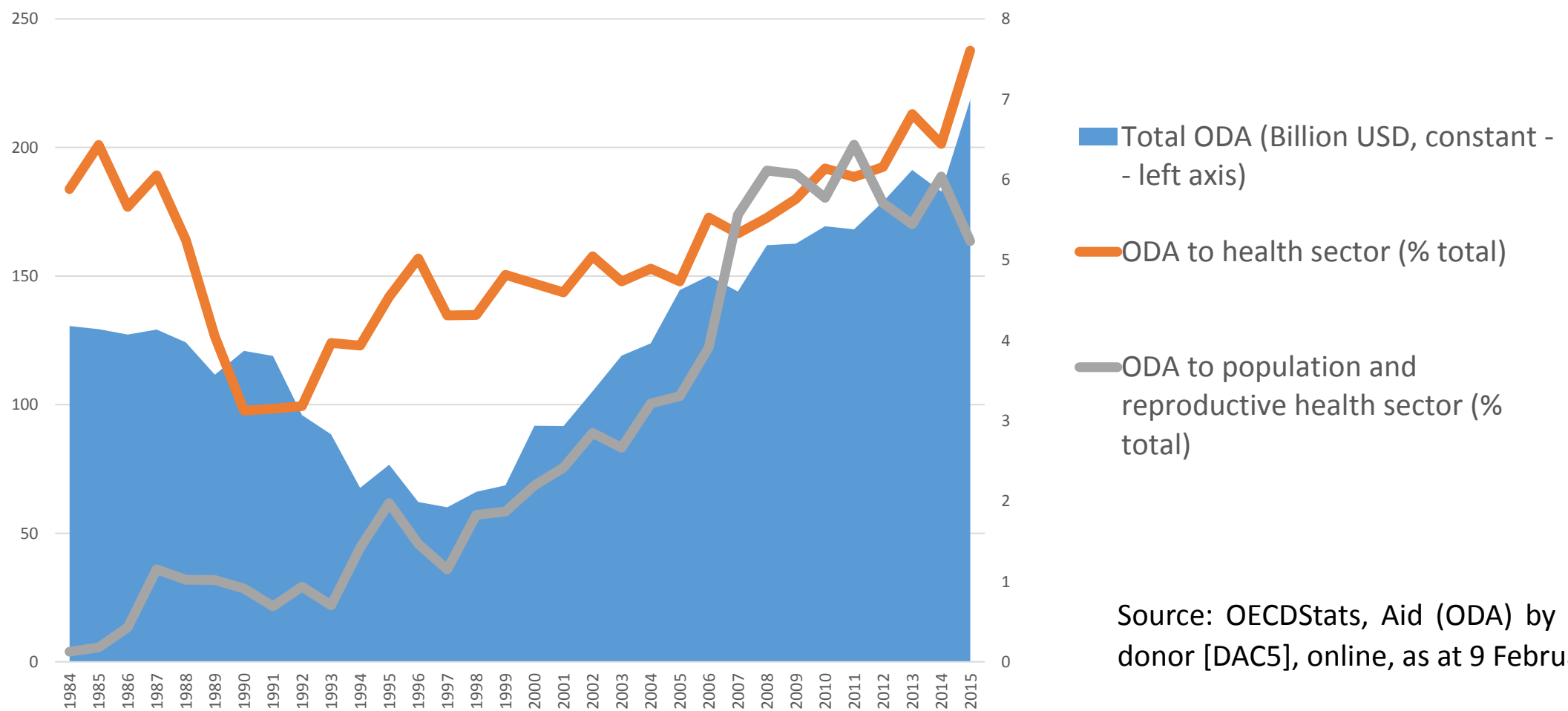
# Challenges in Estimation

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- **OECD Creditor Reporting System** (DAC Database, Development Assistance Committee)
  - Multi-sector projects coded by the largest component only
  - **Categories overlap:** Contraception, Family Planning, HIV - often integrated
  - **Fourth category** (basic research, data, population and development, policy research) poorly **defined**
  
- **Two Surveys**
  - Most govs made strong efforts, but staffing, time and data systems limitations led to incomplete reporting
  - Only countries with a UNFPA office

# 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

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- 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 – IATI?

# Domestic & out-of-pocket expenditures on SRH are increasing

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- National Health Accounts provide detailed data on health financing (i.e. *who funds and who buys* health care)
- Expenditures on reproductive health account for 6—19% of the total healthcare expenditures.
- UNFPA/NIDI estimate significant out-of-pocket expenditures on sexual & reproductive health:
  - ~ USD 8.5 billion in 2014 -- or 10 times as much as OECD/ DAC donors committed in aid for family planning in 201
- While these are rough estimates, the tendencies are clear.



## Summary & Implications

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- Importance of reliable data on resource flows is undeniable for sustaining advocacy for the implementation of the POA.
- Evolution in SRH/FP/HIV/Population assistance calls for revised methods, greater **specificity**, new sources to be explored –e.g. IATI, new SDG and ICPD categories
- Combined with more significant efforts to track domestic resources (e.g. National Health Accounts on SRH)