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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

Report of the Secretary-General

Summary
A review of available data on resource flows to health and population matters shows a considerable increase over the past decades. Yet, shortfalls in the quality and coverage of the data persist.

The present report, prepared by the United Nations Population Fund, builds on the 2016 edition of the report. It provides a further discussion of selected methodological difficulties associated with the estimation of these resource flows, in particular the challenges of categorization, and the difficulties of standardizing the estimates of national resource flows. These shortfalls undermine the reproducibility and reliability of estimated resource allocations to implement the *Programme of Action*, and thus a revised approach is recommended.

Resource flows estimation has much to gain from specificity in topic and theme, as a major limitation of the recent estimations has been the overlap and ambiguity between categories of "population assistance". Limiting the scope of the exercise to specific dimensions of sexual and reproductive health may improve the quality of estimations, but does not avoid the difficulty of standardizing estimates at national level. National Health Accounts, wherein all available resources including household expenditures are accounted for under the leadership of a national ministry, are increasingly generated and valued by many governments. Estimations of resource flows in sexual and reproductive health may fruitfully by drawn from such accounts. Further efforts to estimate resource allocations for the implementation of the ICPD Programme of Action span multiple themes and categories, and should be reconsidered in light of the methodological concerns raised, as well as in the context of emerging efforts to cost and finance the implementation of the 2030 Agenda for Sustainable Development.

I. Introduction

In 2014 the international community reaffirmed the ICPD Programme of Action, and only one year later in 2015 adopted the 2030 Agenda for Sustainable Development.[1] Sustainable development depends on comprehensive and integrated investments in populations to ensure that they can achieve their capabilities and contribute fully to development. These include, inter alia, the fulfillment of dignity, equality and human rights; universal access to quality education, decent work, and lifelong good health; security of place; accountable systems of governance based on transparent national data; and resilience in the face of environmental and other humanitarian threats.

The values and vision that all persons have an equal right to development, and that development reflects simultaneous investments across multiple sectors, underpinned the recommendations of the 1994 ICPD Programme of Action (PoA) and were reaffirmed by the 2014 review of the implementation of the PoA. In 2016, resolution 2016/1 of the Commission on Population and Development stressed that full implementation of the PoA and the key actions for its further implementation were integrally linked to global efforts to achieve sustainable development,[2] and the 2030 Agenda for Sustainable Development recognized the PoA as a foundation for sustainable development.[3]

The focus on multi-sector and integrated investments within landmark international agendas is echoed by growing concerns with observed inequalities in development achievements, both between and within countries. The realization that sustainable development is inseparably linked to adequate investments in the capabilities of all persons, assuring that "no one is left behind", begs the question of whether resources to implement the ICPD Programme of Action are adequate. Are countries making adequate efforts to collect population data, produce and use population projections? Are they making progress in promoting sexual and reproductive health and protecting reproductive rights, and in empowering women and young people? Are these efforts receiving adequate financial resources?

A review of available data on resource flows to shows a considerable increase over the past decades. Yet, despite marked progress, shortfalls persist. For example, UNFPA Supplies, the world's largest provider of contraceptives, currently has a funding gap of about $850 million. These funds are needed to meet the growing demand for contraceptives from 2016 to 2020. If fully funded between now and 2020, UNFPA Supplies can prevent 116 million unintended pregnancies, and 2.2 million maternal and child deaths. [4]

Although resource allocations alone are not a meaningful indicator for the success in the implementation of any policy or programme, they are a useful indicator for the priority given and effort that is made to address a particular concern. For this reason, the ICPD Programme of Action entails an entire section on the financing of population issues (XIII.C), and in a similar manner the implementation of Agenda 2030 for Sustainable Development was inseparably linked to discussions on financing for development.

The Addis Ababa Action Agenda that was agreed at the Third International Conference on Financing for Development just a few weeks before the adaption of Agenda 2030 for Sustainable Development, stresses the need to better capture, monitor and report on resources allocated to development issues.[5] This report contributes to this

[1] UN (2015). Transforming our world: the 2030 Agenda for Sustainable Development, Resolution adopted by the General Assembly on 25 September 2015, A/RES/70/1.
[2] Paragraph 3, CPD Resolution 2016/1.
[33] Paragraph 11 of the 2030 Agenda for Sustainable Development.
[4] UNFPA (2014). UNFPA Supplies Annual Report 2014: Delivering Reproductive Health Solutions Globally, New York, NY. http://www.unfpa.org/unfpa-supplies#sthash.kjjV1FeH.dpuf
[5] UN (2015). Addis Ababa Action Agenda of the Third International Conference on Financing for Development, Resolution adopted by the General Assembly on 27 July 2015, A/RES/69/313

discussion with a focus on issues, building on last year's report of the Secretary-General on this issue to the 49th session of the Commission on Population and Development.

Any effort to measure resource allocations to the implementation of the ICPD Programme of Action must start with a clear definition and delineation of relevant areas of investment, and sector-specific categories. Section II of this report discusses caveats related to the definition and delineation of the major components for which resources have been reviewed to date; section III discusses caveats related to estimations of resource allocations from external and domestic sources; and section IV provides guidance for policy makers as regards the measurement of resource allocations in this area.

II. Definition and delineation

As reviewed in the Report of the Secretary-General on Resource Flows to Population-Related Matters to the 49th session of the Commission on Population and Development, the review of resource flows has been in response to a request at the twenty-eighth session of the Commission on Population and Development[6] for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994[7] (Box 1).

Box 1: Resources Flows towards the Implementation of the ICPD Programme of Action

In XIII.C of the ICPD Programme of Action proposed review of resource allocations for "basic national programmes for population and reproductive health". The costed package was proposed to include the following major components (*paragraph 13.14*):

(a) In the family-planning services component – contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care;

(b) In the basic reproductive health services component - information and routine services for prenatal, normal and safe delivery and post-natal care; abortion (as specified in paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications;

(c) In the sexually transmitted diseases/HIV/AIDS prevention programme component - mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behaviour and expanded distribution of condoms;

(d) In the basic research, data and population and development policy analysis component - national capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training.

The Programme of Action spells out a number of related issues that demand separate and additional resources (XIII.C 13.17 to 13.19), including resources for social and economic matters; strengthening the health sector

[6] See *Official Records of the Economic and Social Council, 1995, Supplement No. 7 (E/1995/27), annex I, sect. III.*
[7] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No.E.95.XIII.18), chap. I, resolution 1, annex.

more broadly; providing universal basic education and eliminate disparities; improve the status and empowerment of women; generate employment; address environmental concerns; and address poverty eradication.

Reports have been submitted in accordance with General Assembly resolutions 49/128 and 50/124, which called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action. UNFPA has actively supported measures to this end, in collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI), generating annual reports on resources dedicated to: (a) family-planning services, (b) basic reproductive health services, (c) sexually transmitted diseases/HIV/AIDS prevention programme, and (d) the basic research, data and population and development policy analysis.

Despite continuous efforts of the partners to improve their methodology for estimating resource allocations to these four areas of work, in 2015 UNFPA decided to suspend the estimations in light of mounting concerns over the reliability of the estimations. Instead, UNFPA and NIDI have sought to estimate resource flows for family planning only,[8] while summarizing for the Member States UNFPA's concerns over the validity and utility of the 4-category estimations.

In parallel, there has been an increase in the number of exercises to estimate resource flows, both globally and nationally, and many initiatives have adopted an even more narrow focus. They not only focus on a single category of investment, but also on a single type of resource flow. A case in point is the Kaiser Family Foundation, which reports solely on official development assistance (ODA) going to family planning. An overview table highlighting other initiatives and their focus is attached to this report.

An overall recommendation to narrow the focus to one type of investment resource, notably official development assistance, and a sub-set of investments, has been motivated by two principal challenges. Some investments that are clearly intended to components of sexual and reproductive health that were specified within the ICPD Programme of Action, are not attributed to any categories (e.g., comprehensive sexuality education), while many investments can potentially be classified in more than one category. The boundaries between basic reproductive health services, family planning services and HIV/ AIDS related interventions are in many cases blurred, impeding a clear categorization of interventions and tracking of resources. For example, efforts to ensure access to contraception such as condoms is not only an important component of family-planning services, but also of HIV/ AIDS related interventions. Similarly, information about sexually transmitted diseases is not only an important element of HIV/ AIDS related interventions but also of basic reproductive health programmes. Even if it is possible to more rigorously define these categories in theory, it is not clear whether it is possible to more reliably estimate resource allocations to these areas in practice. This is because in many cases these services are provided under the same roof by the same health care facility and in many cases by the same staff of this facility. Indeed, the integrated delivery of health care services, including sexual and reproductive health care services, is desirable in itself. Whether through one-stop service structure, or same-day, same-facility referrals – integrated health systems have proven more accessible and more effective in providing both prevention and care to women. However, the demand for integration too has further undermined the categorization of investments that was proposed by the ICPD Programme of Action of 1994, and makes it very difficult to distinguish the resources that are allocated for different interventions.[9]

In short, the definition of the four categories of ICPD-related investments is not precise enough. Therefore, investments that are important to the implementation of the ICPD Programme of Action cannot easily be classified within these components, and hence may remain unrecorded. Where aid by traditional donors is concerned, the reporting and tracking system is relatively good and improving, but where aid of non-traditional donors is concerned, it is weak and patchy at best.

[8] A detailed description of the second phase of the UNFPA-NIDI project is provided by Vrijburg, K, E. Beekink and P. Hernandez (2016). UNFPA-NIDI Resource Flows Survey on Family Planning FY 2014, unpublished.

[9] UN (2016). Monitoring the flow of financial resources to support the implementation of the Programme of Action of the International Conference on Population and Development, Report of the Secretary-General to the Forty-ninth session of the Commission on Population and Development 11-15 April 2016, E/CN.9/2016/5.

The challenge to clearly delineate between the different interventions can be responded to in different ways. One response is to focus on a particular intervention area – for example on reproductive health instead of population actions more broadly, or even on family planning rather than reproductive health – and to better circumscribe the intervention area and the interventions within. This is for example an approach that UNFPA and NIDI are now taking in the second phase of their collaboration. Rather than continuing the past effort to estimate resource flows to the four components, the two partners together with numerous other stakeholders decided to develop a collaboration on resource flows in the area of family planning only. While this is expected to produce more reliable data on one particular issue, the gain of greater accuracy comes at the expense of a much smaller coverage of interventions for the implementation of the ICPD Programme of Action. Therefore, future efforts to estimate resource flow to the implementation of the ICPD Programme of Action cannot focus solely on family planning or even the four categories of activities estimated to date. They should take into consideration the priorities that were identified by the review of the Programme of Action in 2014[10], as well as the targets and indicators of Agenda 2030 for Sustainable Development, and the Sustainable Development Goals (SDGs) that are at its heart.

III. Sources of financial resources

Although the multitude of sources for the potential financing of the implementation of the ICPD Programme of Action were already recognized in 1994, efforts to estimate resource allocations largely focused on public resources. At the international level this is reflected in a better tagging and tracking of official development assistance for population-related activities, described below under sub-section A on external resources, and at the national level this often reflected in a breakdown of national accounts data on health, discussed in sub-section B on domestic resources. The subsequent sub-sections discuss the importance of public resources, but also underscore the large and growing importance of private resources for the implementation of the ICPD Programme of Action. This includes not only private aid channeled largely through private foundations, but also personal remittances, and out-of-pocket expenditures for many health and development related products and services.

Notwithstanding the importance of external resources for the financing for the development, the ICPD Programme of Action of 1994 already emphasized that the lion's share of resources for the financing of its implementation would need to come from domestic sources. It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves and in the order of one third from external sources. However, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Thus, there will be considerable variation in needs for external resources for population programmes, between and within regions. (ICPD Programme of Action, paragraph 13.16.)

A. External resources

The focus on reproductive health and reproductive rights priorities within the ICPD Programme of Action was associated with a marked increase in aid committed to the "population and reproductive health" sector (chart 1). It is important to note however that aid to this sector was largely accounted for by aid to reproductive health and family planning, and from the 1990s onward aid to this sector has also seen a considerable increase because of the funds dedicated to the fight against HIV. By comparison, very few resources were dedicated to population data, research and analysis – the 4th category referenced within the ICPD Programme of Action.

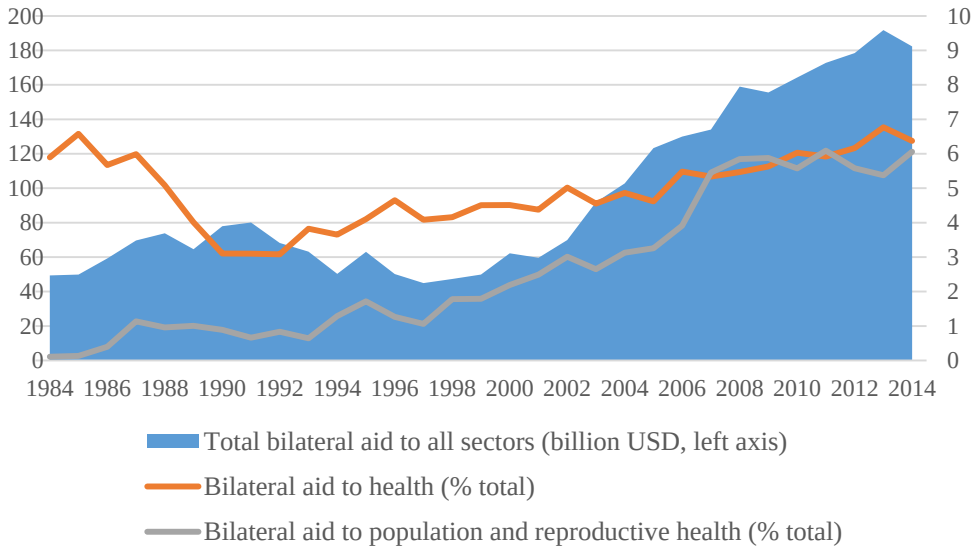
Although aid to the "population and reproductive health" sector was on a general increase after the agreement on the ICPD Programme of Action in 1994, it saw a further acceleration in 2005 after the MDGs were expanded by target 5.5 on maternal mortality. In 1994 aid committed to "population and reproductive health" - accounted for only 1.3 per cent of total bilateral aid, and was about a third of the aid that went to the health sector, but by 2014 aid committed to this sector had climbed to about 6.1 per cent of total bilateral aid, and almost as large as aid that went

[10] UN (2014). Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development, Report of the Secretary-General of the United Nations, 12 February 2014, A/69/62.

to the health sector. Over the past decades, aid to population and reproductive health increased in both relative and in absolute terms, and was indeed a rowing share of a growing pie.

Another way to think about this is that between 1994--2014, aid committed to population and reproductive health increased from USD 0.6 to USD 7.0 per woman in reproductive age living in the developing world in these different points in time. This is a marked achievement that has contributed to save millions of lives of women, adolescents and children, and has helped to bring about a noteworthy reduction in maternal mortality everywhere.

Figure 1. Total bilateral aid, and share of bilateral aid to health sector and population and reproductive health sector, 1984--2014



It is also noteworthy that in recent years non-traditional donors – both public and private – have shown a stronger commitment to population and reproductive health. Non-traditional donors include countries that are not members of OECD's development Assistance Committee (DAC), as well as private foundations. In 2014, public donors that are not members of the OECD/ DAC but report their aid to the OECD, have committed a total of 10.8 million dollars. According to this data, aid committed by non-traditional public donors remains relatively small compared with the aid committed by private foundations, and the aid committed of both types of non-traditional donors remains small compared with the aid of traditional public donors. [11] It must be noted however that the contribution by non-traditional public donors, as well as contributions of non-traditional private donors are only partially recorded and therefore underestimated. This is because many of the non-traditional donors do not systematically report their aid expenditures to OECD for inclusion in its database on development aid. This speaks to the importance of further improving the global data collection system and to better capture resource allocations by non-traditional donors.

A further breakdown of the broad category of aid to population and reproductive health is provided by the OECD upon request, and it is used, for instance, in the current UNFPA project on assessing resource flows that is described

[11] The Bill and Melinda Gates Foundation reports its resource allocations to OECD for them to be included in OECD's database on international development statistics. The resources provided by the foundation are significant by all comparisons, and their inclusion in the database is of critical importance. However, there are numerous other foundations that are important contributors in the area of population and reproductive health, and data from their resource allocations would help to complete the picture.

in more detail below.[12] Although these data give valuable insights into the resources available for implementing specific components of the ICPD Programme of Action, the data shows aid commitments only.

Aid commitments to population and reproductive health by selected donors, 2009--2014 (current USD, million)

	2009	2010	2011	2012	2013	2014
All public donors	9146	9155	10522	9959	10306	11048
DAC donors	7040	6635	8076	7495	7421	8813
Non-DAC donors	0.0	1.6	1.0	0.4	0.4	10.8
Multilateral Agencies	2105	2518	2445	2464	2885	2224
Memo:						
Bill & Melinda Gates Foundation	463	149	410	423	474	630

In general higher, less erratic and more sustainable financing requires a further diversification of the donor base, as well as a diversification of funding sources. This is true for the full realization of the ICPD programme of Action, and it is true for countries at all stages of development. However, for the foreseeable future the world's least developed countries will continue to strongly depend on development aid. They not only confront greater challenges than other country groups as regards poverty incidence; fertility rates; adolescent birth rate; maternal, infant and child mortality rates; sexually transmitted diseases; unmet need for family planning; and contraceptive prevalence; they also have the weakest economic resources to address these challenges. Furthermore, many of the least developed countries are most susceptible to humanitarian and natural disasters, suffer from fragility and instability, and often have weak infrastructure and governance systems.

In accordance, the ICPD Programme of Action stressed the importance of development assistance to the least developed countries. Furthermore, it emphasized that "In the mobilization of new and additional domestic resources and resources from donors, special attention needs to be given to adequate measures to address the basic needs of the most vulnerable groups of the population, particularly in the rural areas, and to ensure their access to social services." (ICPD Programme of Action, paragraph 13.12.). The Istanbul Programme of Action for the Least Developed Countries for the Decade 2011-2020, as well as Agenda 2030 for Sustainable Development, reiterate these commitments. They stipulate that donors should allocate a minimum of 0.15-0.20 per cent of their GNI to assist the least developed countries, and that development efforts should leave no one behind.[13] Against this background, countries have committed with the Addis Ababa Action Agenda to reverse to recent decline in ODA to the least developed countries, and to make progress towards achieving the ODA targets for this country group.

In addition to official development assistance and development assistance provided by private donors, developing countries have seen a considerable increase in other resource inflows. There has been a considerable increase in foreign direct investments, and more recently the increase in international migration has contributed to a significant growth in personal remittances. Both these resource flows, which were smaller than bilateral aid in the 1980s, have grown to be many times larger than bilateral aid in recent years. Although different types of financial flows are often put side by side it is important to recognize the fundamental differences between these financial flows, which restricts the likelihood that one can substitute for the other. Unlike private flows which are often pro-cyclical in that

[12] The Institute for Health Metrics and Evaluation (IHME) too provides a breakdown of financial resources allocated to health. The institute however focuses on resources allocated to health more broadly, and provides fewer details on resources allocated to the area of sexual and reproductive health in particular. For further information, please see IHME (2016). Financing Global Health 2015: Development assistance steady on the path to new Global Goals, University of Washington, Seattle, WA.

[13] UN (2011). Programme of Action for the Least Developed Countries for the Decade 2011-2020, adopted by the General Assembly on 23 May 2011, A/CONF.219/3/Rev.1

they reinforce an economic trend, official flows are often counter-cyclical. Furthermore, whereas official flows often go to the public sector for public goals, private flows are in general driven by the profit motive, and are more difficult to channel for the public good. It is mostly through fiscal policies and taxes, in particular, that governments can capture and reallocate a share of private resource flows in accordance with their development vision.

As remittances largely flow to households rather than enterprises, governments or other institutions, remittances can be expected to make a stronger direct contribution to a household's living conditions. Typically, they will be used to put food on the table, put children through school, or address health concerns, before they are used for other consumption expenditures, to undertake investments or to augment savings. Although case study evidence supports this point and suggests that remittances receipts are used to finance expenditures on health, including expenditures related to reproductive health, it is difficult to provide systematic estimates of the share of remittances used for these purposes. Thus, what is undoubtedly one of the most important external flows as regards the financing of health, and other aspects of human development, is difficult to include in any resource estimate as such. Furthermore, while personal remittances are appropriately classified as an external resource flow, they ultimately contribute to the incomes of households and should be considered in this context. However, at the household level, remittance receipts often blend in with income and revenues from other sources. Furthermore, the majority of countries do not systematically collect or publish data that would allow for a detailed breakdown of household consumption expenditures. Efforts to track resource allocations at the domestic level, including from the public and the private sector, are further discussed in the subsequent section.

B. Domestic resources

Most recently, the importance of domestic resources was underscored by the Addis Ababa Action Agenda, building on the 2002 Monterrey Consensus. To estimate the domestic resources allocated to implementing the ICPD Programme of Action however is not trivial. Countries have relatively good national accounts data which show public consumption by central and local governments, as well as private consumption expenditures of households and other entities, but these data are provided at a very general level. Data on public expenditures are available for relatively broad categories such as health or education, but a breakdown of these expenditures is not readily available for the more specific categories. Government Finance Statistics database maintained by the International Monetary Fund shows health expenditure by six broad categories, but these categories do not provide insights into reproductive health expenditures specifically, although some categories, such as overall public health services, are indeed critical to the ICPD Programme of Action.[14] Also, many countries do not report data for these categories, and if they do the data are untimely. To estimate what share of health related expenditures is allocated to what type of health-related activities, it is necessary to painstakingly examine administrative records, surveys and censuses, and harmonize the available data. Yet, several countries have undertaken this type of analysis and have constructed National Health Accounts (box 2), which give greater insights into resource allocations in the area of health.[15] Although this is a complicated and costly effort, Rwanda has constructed a National Health Account, and has used it as one of several tools to track resource allocations to its health sector.[16]

Box 2: National health accounts and reproductive health sub-accounts

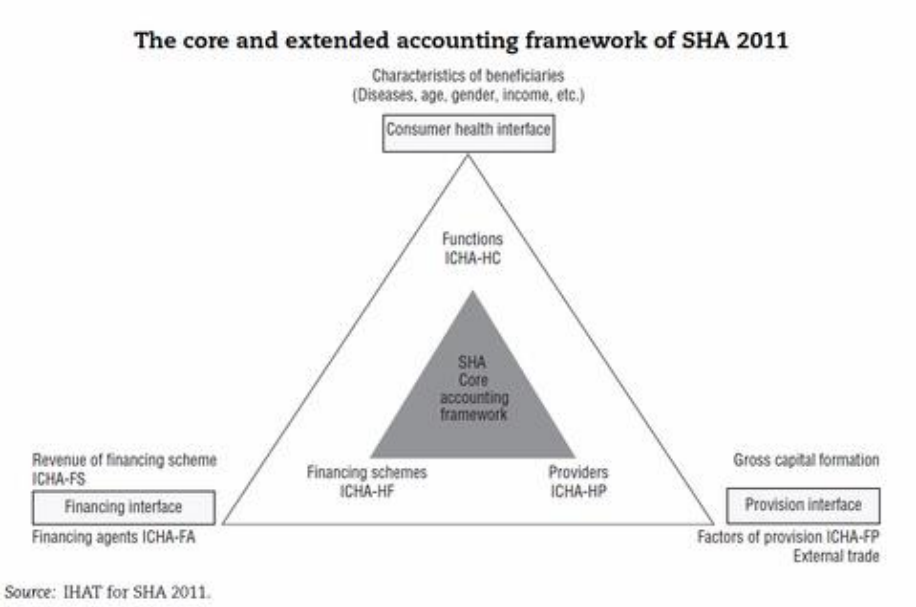
[14] Expenditure on: medical products, appliance and equipment; outpatient services; hospital services; public health services; health research and development; and other health expenditure.

[15] The World Health Organization (WHO), has supported the construction and publication of National Health Accounts (NHA) in several countries. Background information on this work, as well as data are accessible at its website at: http://apps.who.int/nha/en/

[16] The Rwanda Health Sector has in place a Health Sector Strategic Plan (2012-2018) that provides strategic guidance and sets priorities for the sector with the overall goal committed to improving the health status of the population over the long-term. The Strategic Plan is underpinned by a comprehensive Monitoring and Evaluation Framework, and key financial indicators are an essential component of this Framework (Rwanda, Ministry of Health, 2012). Key financial indicators identified include the following: per cent of Government of Rwanda's budget allocated to health sector; per capita annual expenditure on health (USD) and per cent of population covered by "mutuelles". Source: Ministry of Health, Rwanda (2012)

A National health Account provides a breakdown of health care expenditures that is consistent with a country's national accounts. The methodology for national health accounts (NHA) was pioneered by the World Health Organization (WHO) and it is better described as a system of health accounting. This system distinguishes between the functions of the health care system (ICHA-HC), the providers of health care (ICHA-HP), and financing off health care (ICHA-HF), as presented in the below figure. These three core classifications address three basic questions[17]:

1. What kinds of health care goods and services are consumed?
2. Which health care providers deliver these goods and services?
3. Which financing scheme pays for these goods and services?



The same framework can be used to construct a sub-accounts on any health issue -- malaria, tuberculosis, HIV, child health and reproductive health, among others – but it is generally recommended that a sub-account be only constructed as a part of the all-encompassing account for the health sector.[18] The sub-account on reproductive health follows the methodological guidelines of the WHO's Commission on Information and Accountability for Women's and Children's Health, and it shows for example whether donations were made on time, resources were spent efficiently and transparently, and whether the desired results were achieved.

As part of their national health accounts, several countries have constructed a reproductive health sub-account. A recent review of these sub-accounts shows that expenditures on reproductive health varied between 19 per cent and 6 per cent of the total healthcare expenditures of the countries. Furthermore, the review highlighted that spending on reproductive health continues to be heavily dependent on donors, and that a considerable share of these expenditures is also borne by households themselves. Whereas private consumption expenditures on health more generally include, for example, payments for health insurance, out-of pocket expenditures typically go directly to the health care providers.[19] A high share of out-of-pocket expenditures can acts as a barrier to the utilization of essential

[17] http://www.who.int/health-accounts/methodology/en/
[18] World Health Organization. Guide to producing reproductive health subaccounts within the national health accounts framework, Geneva, 2009.
[19] See footnote 16.

services, and in the case of an acute need for care, a high share of out-of pocket expenditures can place an unsustainable financial burden on poorer households.

Out-of pocket expenditures on health continue to account for a large share of total expenditures on health. WHO data shows that between 1995 and 2014, out-of pocket expenditures decreased by 10 percentage points in the Eastern Mediterranean and 6 percentage points in South-East Asia, but remain very high with 35 per cent in former and no less than 51 per cent in the latter. The two regions where out-of pocket expenditures increased – Europe and the Western Pacific – saw a decrease in social, publically-backed health insurance. This trade-off is particularly apparent in the Western Pacific, where a decline in social insurance by 15 percentage points was paralleled by an increase of out-of pocket expenditures of 6 percentage points.

The latest UNFPA-NIDI survey underscores the importance of out-of-pocket expenditures for family planning in developing countries, which amounted to USD 8.5 billion in 2014. This is about ten times as much as OECD/ DAC donors spent on family planning in the same year. These estimates, however, suffer from serious methodological challenges. In addition to National Health Accounts (NHA), the main source of information on out-of pocket expenditures are the Demographic and Health Surveys (DHS), which include spending and provider sources, as well as access to free goods and services. Yet, neither NHA nor DHS are universally available. Estimates of out-of pocket expenditures thus depend on supplementary surveys and on modeling. Building on the efforts of the Futures Group, NIDI is exploring ways to improve the modeling of these estimates, but the 2014 survey on resource flows makes clear that this is an ongoing effort: "the results achieved […] appear to indicate that the way chosen is worth to be improved to achieve a reliable FP OOP [family planning out-of-pocket expenditures] estimates".[20]

In short, available data suggests that out-of pocket expenditures remain very important, and are in some cases of growing importance, as regards the financing of health care expenditures. Because of their growing importance and because the reliance on out-of pocket expenditures has important implications for access to services and inequalities, it is essential that greater emphasis is placed on collecting data on out-of pocket expenditures in all countries. This is also important in the context of the ambition to ensure universal health coverage, and the emphasis of Agenda 2030 more broadly on leaving no one behind. However, to reliably estimate out-of pocket expenditures on reproductive health requires further methodological developments, and the systematic constriction of reproductive health sub-accounts as part of national accounts. [21]

IV. The new context

The continuation of the MDGs with the SDGs represents a landmark change in development cooperation. Whereas the MDGs were largely focused on social development objectives, the SDGs include many more economic and environmental development objectives. The broader set of objectives is reflected in a larger set of goals, targets and indicators. A total of 8 MDGs, 21 targets and 60 indicators have now been replaced by no fewer than 17 SDGs, 169 targets and 230 indicators[22]. The Agenda 2030 for Sustainable Development, which has the SDGs at its heart, is arguably the most comprehensive, balanced and ambitious development agenda ever agreed upon by the international community, and its successful implementation will critically depend on the mobilization of the necessary financial, technical and human resources.

[20] Vrijburg, K, E. Beekink and P. Hernadez (2016). UNFPA-NIDI Resource Flows Survey on Family Planning FY 2014, unpublished, pg. 20. The report also provides a detailed description of the methodology employed by the survey, in addition to publishing the survey results.

[21] Pradhan J, Sidze EM, Khanna A, Beekink E. Mapping of reproductive health financing: methodological challenges Sex Reproductive Health 2014; 5(3):90-8.

[22] This includes not only what is referred to as tier 1 and tier 2 indicators, but also tier 3 indicators for which methodologies and/ or data sources have not yet been agreed upon, or are not yet available.

The international financial institutions have estimated that pursuing the SDGs will not cost billions but trillions of US-Dollars over the next 15 years, which is an unprecedented magnitude[23]. It is clearer than ever that the financing needs cannot be met by development assistance alone and that this time around development assistance itself demands a major reform. The paradigm shift that is reflected in the substantive focus of the development agenda calls for a parallel shift in the approach to development assistance. To drive development forward, the efforts of the public sector – in developing countries and the development partners – must be supported by a broader alliance of stakeholders.

In accordance, the aforementioned study of the International Financial Institutions notes that "To meet the investment needs of the Sustainable Development Goals, the global community needs to move the discussion from "Billions" in ODA to "Trillions" in investments of all kinds: public and private, national and global, in both capital and capacity." This does not mean that official development assistance will be any less important, but that it will not be enough. All sources of financing are needed. Furthermore, greater attention must be paid to directing private resources to desired investments. Doing so underscores the important role of the public sector in creating incentives for investments of the private sector. The recent financial and economy crisis has underscored the importance of expanding the resource envelope, rather than simply reallocating available resources, but it has also shown the limits of expansionary monetary policies in a context of limited aggregate demand.

The International Financial Institutions note that "Billions to trillions" is shorthand for the realization that achieving the SDGs will require more than money. It needs a global change of mind set, approaches and accountabilities to reflect and transform the new reality of a developing world with highly varied country contexts. This realization for an entirely new approach to financing for development is also apparent in the Addis Ababa Action Agenda, which speaks to the challenge of financing the implementation of the Sustainable Development Goals. The Addis Ababa Action Agenda has 37 pages in its original version, and on these it mentions the word "innovation"" no less than 46 times. Innovative approaches are needed to mobilize and direct available resources, to create new and additional resources, to mix public and private resources, and to create new partnerships.

A close reading of the Programme of Action that was agreed at the ICPD in 1994 shows that this Programme of Action is remarkably forward-looking and timeless. It does not only highlight many of the issues and linkages that are now front and centre of the Agenda 2030, but has also underscored the importance of a broad and inclusive approach in the financing of its objectives:

> "Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize and effectively utilize the resources […] In mobilizing resources for these purposes, countries should examine new modalities such as increased involvement of the private sector, the selective use of user fees, social marketing, cost-sharing and other forms of cost recovery." (ICPD Programme of Action, paragraph 13.22).

Against this background, it is clear that any assessment of the resources mobilized for, and allocated to, the implementation of the ICPD Programme of Action must be as comprehensive as possible. It must go well beyond a focus on foreign aid, which is arguably still the centre piece of estimates of resource flows -- in particular for the least develop countries -- and must get much better in estimating the resources from all external and domestic sources. In the estimation efforts greater effort must in particular be placed on a breakdown of public expenditures on sexual and reproductive health, and on the systematic recording of public expenditures on population data, notably its collection, analysis and use. Furthermore, it is necessary to collect more comprehensive expenditures by households, out-of-pocket expenditures, and expenditures of other private entries including commercial enterprises and charitable institutions.

[23] African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development, European Investment Bank, Inter-American Development Bank, International Monetary Fund, and World Bank (2015). From Billions to Trillions: Transforming Development Finance Post-2015 Financing for Development: Multilateral Development Finance, report jointly prepared for the Development Committee meeting, April 18, 2015, DC2015-0002.

Finally, as emphasized in the Addis Agenda, a focus on the sheer size of resources will need to be complemented by a focus on the developmental impact of the resources. Why are some countries achieving better health outcomes even though they spend less on health in per capita terms? Examining questions like this can help to identify good and innovative practices, and support countries in their ambition to do more with available resources. Rwanda, one of the world's least developed countries is setting an example for many other countries in how to better track resources flows. It not only ensures that available resources are aligned with its national development strategy, but also that resource allocations are monitored and evaluated on a regular basis (box 3).

V. Summary and recommendations

In summary, this report highlights a number of areas where progress has been made in the estimation of the resources committed to the implementation of the ICPD Programme of Action; it also highlights several challenges.

A core challenge has been that as needs and programming priorities within categories of interest have evolved over time, definitions have become blurred, and the reporting of resources has become increasingly difficult to classify. There is risk that some resources are counted more than once, as the same resources can potentially be allocated to different categories. The general response to this challenge has been to focus attention on selected categories, such as family planning. At present almost all initiatives to estimate resource flows focus on reproductive health, family planning, and/ or HIV/ AIDS, and they largely neglect resource flows to population research, data generation, or population and development policy analysis.

Unlike resources allocated to research, data and analysis which largely come from the public sector and a few private institutions, resources for reproductive health, family planning and sexually transmitted diseases come from both public sector, the private sector and individuals. In accordance, it is not enough to examine official development assistance and public expenditures but it is also necessary to collect financial data from private-sector players and individuals/households – and the former must include both international and national private sector contributions.

Despite continuous improvements in the classifications of development aid, important challenges remain. These are in part related to the fact that non-traditional donors – including official donors and private foundations – do not systematically report their resources allocations. Furthermore, the tracking system records only commitments of resources as reported by the donors, or creditors, but does not include a record of disbursements of resources. Yet, resource commitments are systematically, and sometime substantially, higher than resource disbursements. It is thus probable that the aid allocations to activities for the implementation of the ICPD Programme of Action are systematically overestimated in the estimation of resource flows.

Furthermore, while other external flows are undoubtedly important for expenditures on the implementation of the ICPD Programme of Action, the destination of these resource flows cannot be estimated in any rigorous manner. This is true in particular for personal remittances, which have seen a significant increase in recent years, and have received increasing attention in the discussion on financing for development. Although it is possible to estimate the amount that households receive in remittances, it is difficult to determine the use households make of remittance receipts. This is because at the household level, remittances blend in with, and become indistinguishable from, other sources of disposable household income.

Thus, to get a better understanding of resource allocations it is critical to look beyond development assistance, and get a much better understanding of domestic resource allocations. To this end, it is necessary to undertake detailed examinations of public budgets by central and local governments, and to also undertake detailed examinations of private expenditures by individuals, households and other entities. Yet, national accounts and public budgets are generally too crude to allow for detailed examinations of expenditures by public and private entities on specific activities.

One important way to bring greater rigour to the estimation resources for sexual and reproductive health-related activities – neglecting expenditures on other ICPD priorities – is through the greater use of national health accounts

(NHAs), further encouraging the availability of, and access to, data provided by censuses, surveys and administrative records for all countries, and encouraging the specification of sexual and reproductive health within national health accounts. Without a series of national health accounts, it is not possible to estimate any change in resource allocations to health-related activities over time. As a response to these challenges, some countries have opted to pursue a lighter version of national health accounts, and while these do not provide the same wealth of information, they can be updated more easily on a regular basis.

By comparison, it is far less complex to undertake a specific and focused survey of officials, households and other private entities to estimate their expenditures on health-related matters. Such surveys, however, suffer from relatively weak response rates, which undermine their reliability, and they need to be repeated in a consistent fashion to generate trends and general conclusions. Furthermore, efforts to estimate expenditures of individuals through personal expenditure records, can only complement other sources to get a comprehensive account of total expenditures. Against this background, this report advances the following recommendations:

1. As there is decreasing confidence in the reliability of estimates of distinct resource flows from both ODA and national investments to the sub-categories of SRH, FP, and HIV-related care, these estimates should not be reported to the CPD, lest they convey false precision in the reported levels and trends.
2. Collaborations that provide periodic estimations of resource flows for *defined and measurable sub-components* of the ICPD Programme of Action should be encouraged, and potentially reported as occasional reports or as part of the other *thematic reports* submitted to the CPD.
3. Support should be provided to governments to improve their overall capacity and national data systems for the generation and use of national data on resource flows for development, with specific attention to sectors important for the implementation of the ICPD Programme of Action and Agenda 2030. This support should extend to the generation and use of National Health Accounts, with attention to specific categories of sexual and reproductive health where possible.
4. Given the importance of better underlying data to all of the above, greater attention to the international and domestic resources flows to strengthening national capacity in the generation and use of population data, which corresponds to an SDG target unto itself (17.19), is recommended.

To date, many countries have weak and fragmented data systems, which undermine a systematic and comprehensive collection of data, and even where data is systematically collected, many countries have limited and fragmented data management systems which undermine accessibility and use of data. Strengthening national data systems is a precondition for evidence-based decision making. Without it, it will be difficult for countries to assess the effectiveness and efficiency of policies and programmes, and there is a risk that countries will misallocate scarce resources to programmes and activities. Creating a culture of national evidence-based policy making is first and foremost a political commitment, but is a commitment that itself will need to be backed by significant investments in data systems.

Annex table

What is the name of the initiative?	Launched in what year?	Engages which partners?	Covers what areas of UNFPA's mandate?	Covers what countries, regions?	Covers what type of expenditures ?	Any observations?
Resource Flows Project	1997	UNFPA and NIDI, Indian Institute of Health Management Research (IIHMR) and African Population and Health Research Center (APHRC)	-- Family planning services; -- Basic reproductive health services; -- STI, HIV/ AIDS, prevention activities; -- Basic research, data and population and development policy analysis.	Aims for annual global coverage	-- Aid of public official donors; -- aid of private donors, including foundations -- Domestic public expenditures, including governments and national NGOs -- Estimate of out of pocket expenditures	Major challenges include: disaggregating the four categories of the costed population package; difficulty in disaggregating the population component in integrated social and health projects and sector-wide approaches; different recording practices; countries with decentralized accounting systems cannot readily report on resources at lower administrative levels; respondent fatigue; little regulation of in-country approach to domestic estimations; lack of human and financial resources.; etc. For issues see SG paper for 49th Session of CPD.
Resource Flows Project Mini	2015	UNFPA	-- Family planning	Aims for global coverage		Advantage: The category of family planning is better defined than the other categories in the resource flows project, which eliminates some of the problems. The disadvantage: It leaves out many other areas of the ICPD and

						UNFPA's work.
Donor government assistance for family planning	2012 towards FP2020 London Summit	Kaiser Family Foundation (KFF)	International Family Planning Assistance: Donor Governments as a Share of Bilateral Disbursements	major bi-lateral donors 24 members of the OECD Development Assistance Committee (DAC)	Analysis bi-lateral disbursements for Family planning	KFF works directly with donors to identify the FP-specific portion of these funds to the extent possible. However there are challenges with a) separating family planning funds from those supporting broader reproductive health programs, or general develop basket funding, and b) including multilaterals such as the UN.
WHO Global Health Expenditure Database	Starting in 2014 the health accounts include a detailed module on family planning expenditures	WHO	Family planning expenditure data	Currently being rolled out in 20 developing countries.	WHO uses the Health Accounting and Policy Analysis (SHA 2011) framework for collecting and analyzing health expenditure data and reported using the Health Accounts Production Tool (HAPT)	Data gathering, processing and validation takes a very long time
USAID DELIVER contraceptive Security indicators data	Information gathered since 2009	Information on commodities expenditures is tracked for USAID-supported countries by the DELIVER project	Existence of government budget line for contraceptives, amount allocated and amount spent by government for procurement of contraceptives.	Between 30 and 50 countries in various regions that respond a questionnaire	Data gathered as part of the USAID Deliver contraceptive indicators	

Global estimates for FP expenditures	Since 2014	Track20, PMA2020	-- Country and global estimates of FP expenditures -- Estimates for out of pocket expenditures	Global depending on data availability	-- Derives global estimates for FP expenditures from data available from these other sources-- Estimates out-of-pocket expenditures from DHS data on source of contraceptives combined with commercial price surveys conducted in priority countries	Methodology evolving to accommodate information from various sources
Countdown Health Financing Working Group	Data displayed for 2003-2012. Published in Lancet Global Health 2015 3: e410-422		HIV, Reproductive Health, Family Planning	Global	Information from OECD creditor reporting system	Information available Countdown to 2015: a decade of tracking progress for maternal, newborn, and child survival. Lancet, 17 October 2015
Institute for Health Metrics and Evaluation (IHME)	Data displayed for 1990-2013		Maternal Health, FP, HIV/AIDS, Health system strengthening	Regional and global level		Data available online include visualizations that can readily be accessed. Vizhub.healthdata.org
Contraceptives and Condoms for Family Planning and STI & HIV Prevention: External Procurement Support (Previously known as "Donor	1997	UNFPA and Key donors/partners such as DFID, The Global Fund, IPPF, KfW, MSI, PSI, UNFPA, USAID)	Contraceptives and condoms procured through external support by key donors/partners	Aims for annual global support to all countries.	Contraceptives and condoms for FP and STI/HIV prevention.	As per 2013 report --which includes data from 8 donors/partners (as mentioned in column 3)--the total value of external procurement support for contraceptives and condoms for FP and STI/HIV prevention was 343 m USD--

Support for Contraceptives and Condoms for FP and STI/HIV Prevention)						which is $ 22 million over 2012.