



Financing the ICPD Programme of Action: Data for 2010 Estimates for 2011/2012

“The [ICPD] Programme [of Action] is critical to achieving the Millennium Development Goals. It is especially important for goal number five: to cut maternal mortality and achieve universal access to reproductive health care. To fully carry out the Cairo Programme of Action means providing women with reproductive health services, including family planning.”

Secretary-General Ban Ki-moon, General Assembly Commemoration of the 15th Anniversary of the International Conference on Population and Development, October 2009

Why Fund Population Activities?

Population dynamics and reproductive health are central to development and must be an integral part of development planning and poverty reduction strategies. The Millennium Development Goals, especially the eradication of extreme poverty and hunger, will not be achieved if issues of population and reproductive health are not adequately addressed. Implementing the ICPD Programme of Action, especially the reproductive health goal, is essential for meeting the Millennium Development Goals directly related to health, including child mortality, maternal health and HIV/AIDS prevention, and social and economic outcomes, including gender equality and poverty eradication.

What Will It Take to Achieve the ICPD Objectives Today: Revised Cost Estimates

To ensure adequate funding for the implementation of the ICPD Programme of Action, in 2009, the United Nations Population Fund (UNFPA) reviewed the existing estimates for the four categories of the ICPD costed population package (ICPD para. 13.14) and revised them to meet the growing demands in developing countries, especially for family planning and HIV/AIDS information and services. The revised estimates include interventions such as AIDS treatment and care, and reproductive cancer screening and treatment that were not part of the original costed population package. They also take into account current costs which are much higher than they were when the original ICPD financial targets were agreed upon in 1994. The revised costs are considered minimum estimates required to finance the costed population package which includes interventions in the areas of family planning, reproductive health, STI/HIV/AIDS, and basic research, data and population and development policy analysis.

Revised ICPD Global Cost Estimates

Revised ICPD Global Cost Estimates, 2009-2015 (Millions of US \$)

	2009	2010	2011	2012	2013	2014	2015
Sexual/Reproductive Health/Family Planning	23,454	27,437	30,712	32,006	32,714	33,284	33,030
Family Planning Direct Costs	2,342	2,615	2,906	3,209	3,529	3,866	4,097
Maternal Health Direct Costs	6,114	7,868	9,488	11,376	13,462	15,746	18,002
Programmes and Systems Related Costs	14,999	16,954	18,319	17,422	15,723	13,672	10,931
HIV/AIDS	23,975	32,450	33,107	33,951	34,734	35,444	36,189
Basic Research/ Data/Policy Analysis	1,551	4,837	3,943	2,239	1,181	864	591
TOTAL	48,980	64,724	67,762	68,196	68,629	69,593	69,810

Source :United Nations (2009), Report of the Secretary-General on *The Flow of Financial Resources for the Implementation of the Programme of Action of the International Conference on Population and Development*, E/CN.9/2009/5. UNFPA (2009), *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*.

Who Funds Population Activities?

Population Assistance by Donor Category 2010-2012 (Millions of US\$)

<i>Donor Category</i>	<i>2010</i>	<i>2011 Provisional</i>	<i>2012 Estimated</i>
Developed Countries	10,062	10,655	10,814
United Nations System	20	21	22
Foundations/NGOs	632	677	683
Development Bank Grants	86	92	93
Subtotal	10,799	11,445	11,611
Development Bank Loans	177	177*	177*
Grand Total	10,977	11,622	11,788

Source: Data for 2011 and 2012 are estimates based on information in the Resource Flows Project database. Figures have been rounded off and may not add to totals. *The 2011 and 2012 figures for development bank loans are estimated at the 2010 level.

Population Assistance by Donor Country and ICPD Category, 2010
(Thousands of US\$)

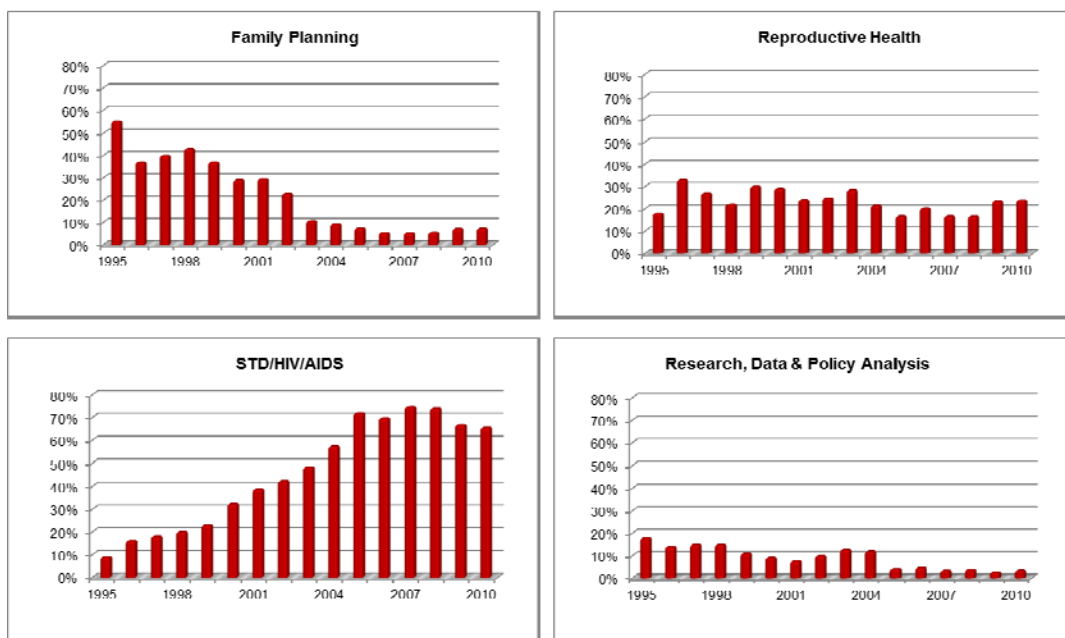
Donor Category	Family Planning	Reproductive Health	HIV/AIDS	Basic Research	General Contributions	Total
Australia	6,074	62,583	78,446	125	8,675	155,904
Austria	32	3,046	1,435	50	2,739	7,302
Belgium	0	23,072	10,814	4,917	33,866	72,488
Canada	3,562	6,914	39,481	1,704	99,749	151,411
Denmark	7,339	23,885	49,312	4,698	86,043	171,277
European Union	1,473	113,435	39,916	42,173	0	196,996
Finland	88	10,674	5,190	747	52,688	69,388
France	733	111,777	33,971	8,331	243,362	398,175
Germany	11,229	87,675	89,339	660	178,357	367,258
Greece	0	1,907	0	0	46	1,953
Ireland	16	16,542	37,652	1,354	6,191	61,756
Italy	0	15,146	5,116	1,414	4,405	26,081
Japan	73	121,929	24,468	10,499	173,478	330,447
Luxembourg	57	14,012	4,932	3,148	9,555	31,703
Netherlands	2,332	225,825	66,110	779	291,306	586,351
New Zealand	0	9,272	2,243	0	5,306	16,821
Norway	1,065	57,648	45,175	1,776	150,126	255,790
Portugal	0	929	423	0	1,082	2,434
Republic of Korea	590	20,348	1,139	79	883	23,039
Spain	10,371	106,318	9,191	5,718	146,861	278,459
Sweden	0	55,634	62,333	548	144,753	263,269
Switzerland	0	15,629	2,499	1,343	33,280	52,751
United Kingdom	48,057	342,858	273,395	40,030	304,732	1,009,071
USA	429,607	567,686	4,437,665	16,965	79,466	5,531,388
Total	522,699	2,014,744	5,320,246	147,057	2,056,947	10,061,510

Source: Resource Flows Project database.

Where Is The Money Going?

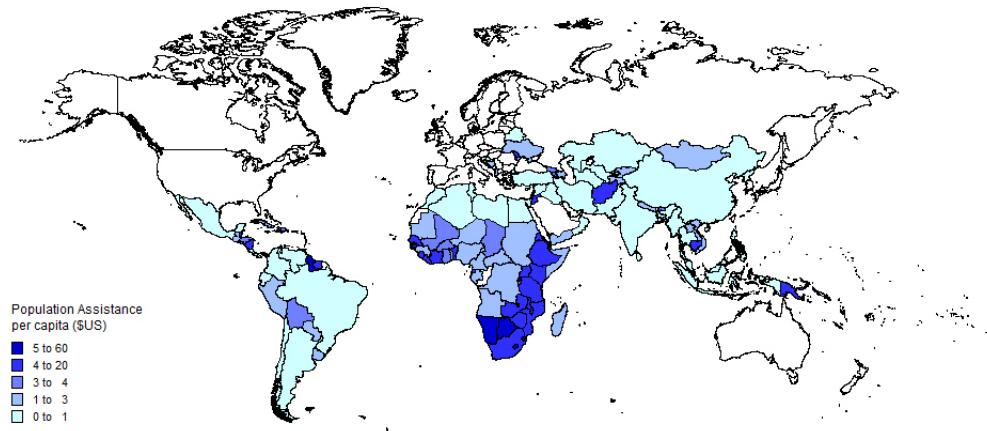
Since 2000, the largest proportion of total population assistance goes to fund HIV/AIDS activities.

Expenditures by ICPD Category as a Percentage of Total Population Assistance, 1995-2010



Source: UNFPA, 2012, *Financial Resource Flows for Population Activities in 2010* and Resource Flows Project database. For a complete description of ICPD categories, see ICPD Programme of Action paragraph 13.14.

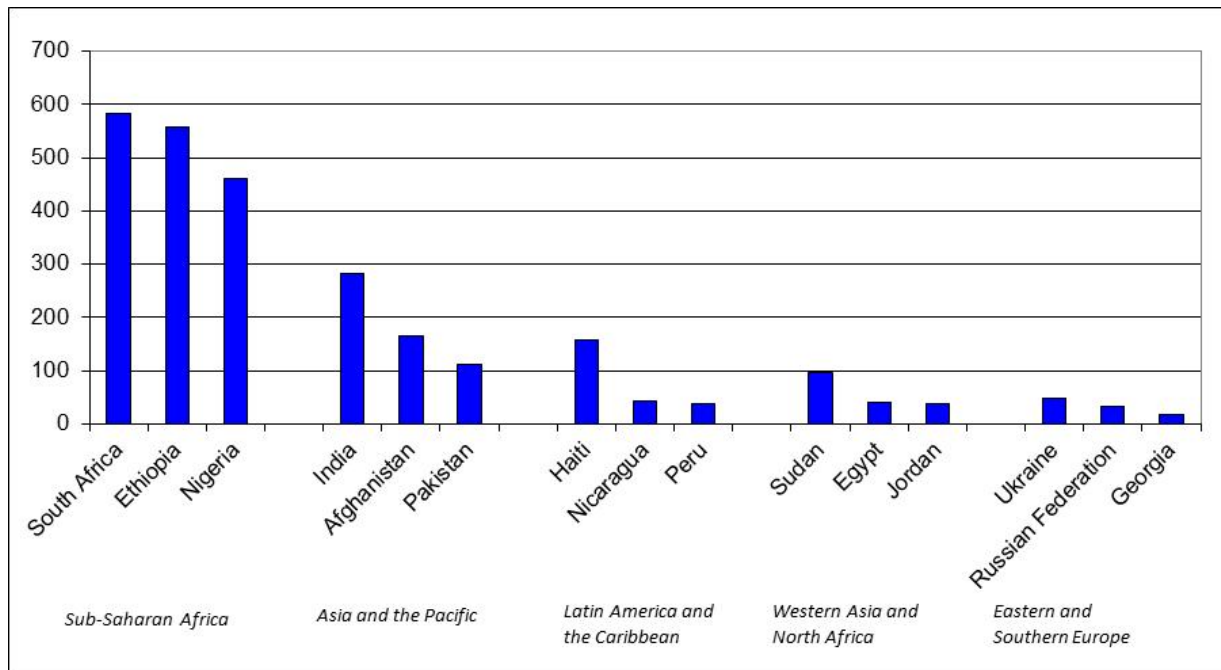
Population Assistance Per Capita, 2010



Which Countries Benefit Most From Population Assistance?

In 2010, 150 countries benefited from population assistance. Of the funds going to the five geographic regions, sub-Saharan Africa received the largest share (67.1 per cent) followed by Asia and the Pacific (19.2 per cent), Latin America and the Caribbean (7.4 per cent), Western Asia and North Africa (4.3 per cent) and Eastern and Southern Europe (2.0 per cent).

Top Three Recipients of Population Assistance in Each Region, 2010



How Much Are Countries Mobilizing for Population Activities?

The Resource Flows Project estimates that developing countries and countries in transition mobilized \$33.7 billion for population activities in 2010. Domestic resources include government, national NGO and private out-of-pocket expenditures.

The global figure of domestic expenditures reflects the commitment of developing countries, regardless of the amount mobilized, although it contains significant variations among countries in their ability to mobilize resources for population activities. Many countries, especially those in sub-Saharan Africa and the least developed countries, are not able to generate the necessary resources to finance their own population programmes. Most developing countries rely to a large extent on donor assistance.

It must be pointed out that consumer spending as measured by out-of-pocket expenditures represents the largest part of domestic resources spent on population activities. Indeed, although not easy to track, the role played by consumers in spending for family planning, reproductive health and STD/HIV/AIDS is much larger than usually assumed. In many cases, this exceeds government and NGO expenditures. Although variations exist between regions and countries, if spending on family planning, reproductive health and STD/HIV/AIDS is completely in line with spending on health in general, then it can be assumed that consumers in developing countries pay more than half of the burden of such expenditures. Out-of-pocket spending by consumers, especially the poor, has important implications for policy initiatives aimed at reducing poverty and income inequality in the developing world.

Projection of Global Domestic Expenditures for Population Activities, 2010 (Thousands of US)

Region	Source of Funds					% AIDS
	Government	NGO	Consumers*	Total	% consum. exp.	
Africa (sub-Saharan)	2,121,709	116,235	2,321,438	4,559,382	51	90%
Asia and the Pacific	5,160,254	177,904	12,818,072	18,156,230	71	12%
Latin America and the Caribbean	4,266,645	77,195	3,171,390	7,515,231	42	30%
Western Asia and North Africa	1,231,053	59,133	794,029	2,084,215	38	10%
Eastern and Southern Europe	882,653	15,062	454,566	1,352,281	34	91%
Total	13,662,314	445,529	19,559,496	33,667,339	58	30%

*Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by the WHO (2004) for health care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

Source: Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2010-2012*, The Hague, 2011.

The Way Forward

Current funding levels are far below what is necessary to meet current needs. Given the global financial crisis and the uncertainty of future funding levels, full implementation of the Cairo agenda may be in jeopardy.

The success of the ICPD depends 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.

The challenge before the international community is to mobilize the additional resources required in all areas of the ICPD costed population package: family planning services, reproductive health services, STI/HIV/AIDS activities and basic research, data and population and development policy analysis. Both international and domestic allocation of resources to population activities must increase from present levels to meet current needs.

A step in that direction was taken during a family planning summit convened in July 2012, which raised US \$2 billion from developing countries and \$2.6 billion from donor nations. This new funding seeks to make voluntary family planning available to an additional 120 million women and adolescent girls in developing countries by 2020. Additional resources and political commitments are necessary to meet the entire unmet need.

