

Financing the ICPD Programme of Action: Fifteen Years Later

“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, social and economic outcomes, especially those concerning children, mothers, HIV/AIDS, gender and poverty.

What Did Cairo Say About Funding To Achieve The ICPD Objectives?

At the ICPD in 1994, the international community agreed that US \$17 billion would be needed in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015 to finance programmes in the area of population dynamics, reproductive health, including family planning, maternal health and the prevention of sexually transmitted diseases, as well as programmes that address the collection, analysis and dissemination of population data. Two thirds of the required amount would be mobilized by developing countries themselves and one third, or \$5.7 billion in 2000, \$6.1 billion in 2005, \$6.8 billion in 2010, and \$7.2 billion in 2015 was to come from the international community.

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, 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 current needs. These revised estimates are much higher than the original ICPD targets agreed upon in 1994 because they take into account both current needs and current costs and because they include interventions such as AIDS treatment and care, and reproductive cancer screening and treatment, that were not part of the original costed population package. 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*.

Global Progress Towards the ICPD Financial Commitments

Donor Assistance

For the first few years after the ICPD, there was little progress to report since annual increases in funding for population activities had been negligible. It appeared that the international community would never seriously begin to bridge the funding gap between resources mobilized and the Cairo financial agreements. It is only recently that we finally began to observe a definite increasing trend. The past few years have continued to see increases in both donor assistance and domestic resource mobilization for population activities.

By 2007, international population assistance increased to \$8.7 billion. This includes funding from developed countries, the United Nations system, foundations, NGOs, and development banks. Based on past trends, this number is projected to increase further in 2008 and 2009. However, given the current global financial crisis, it is uncertain whether this will indeed be the case. The international community will likely fall far short of what is currently needed as per the revised estimates.

Donor Assistance for Population Activities, 1995-2007
(Billions of US \$)

Year	Amount
1995	2.03
1996	2.04
1997	1.96
1998	2.13
1999	2.23
2000	2.58
2001	2.52
2002	3.21
2003	4.69
2004	5.53
2005	7.34
2006	7.38
2007	8.73

Source: Resource Flows Project database

Who Funds Population Activities?

Population Assistance by Donor Category 2007-2009 (Millions of US\$)

Donor Category	2007	2008 Provisional	2009 Estimated
Developed Countries	7,488	8,950	8,788
United Nations System	62	14	103
Foundations/NGOs	554	643	837
Development Bank Grants	52	46	75
Subtotal	8,155	9,653	9,804
Development Bank Loans	577	354	354*
Grand Total	8,732	10,006	10,158

Source: UNFPA, 2009, *Financial Resource Flows for Population Activities in 2007*, and Resource Flows Project database.

Note: Figures have been rounded off and may not add to totals.

* The 2009 figure for development bank loans is estimated at the 2008 level.

Population Assistance by Donor Country, 2007 (Thousands of US \$)

Donor Country	2007	Population Assistance as % of ODA, 2007
Australia	99,319	3.72
Austria	7,996	0.44
Belgium	55,963	2.87
Canada	231,143	5.67
Denmark	138,992	5.42
European Union	318,033	...
Finland	38,829	3.96
France	307,194	3.11
Germany	193,151	1.57
Greece	12,188	2.43
Ireland	121,018	10.15
Italy	38,317	0.97
Japan	313,695	4.09
Luxembourg	28,896	7.69
Netherlands	552,546	8.88
New Zealand	13,848	4.33
Norway	264,920	7.11
Portugal	5,778	1.23
Spain	139,496	2.71
Sweden	366,182	8.44
Switzerland	36,974	2.19
United Kingdom	1,137,342	11.55
United States	3,065,842	14.07
Total	7,487,660	6.93

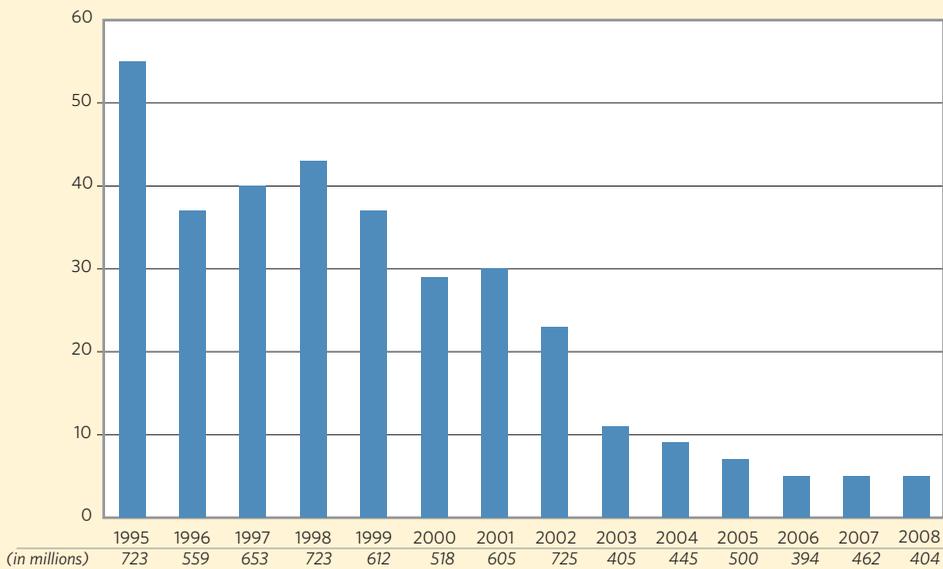
Source: UNFPA, 2009, *Financial Resource Flows for Population Activities in 2007* and Resource Flows Project database.

Where is the Money

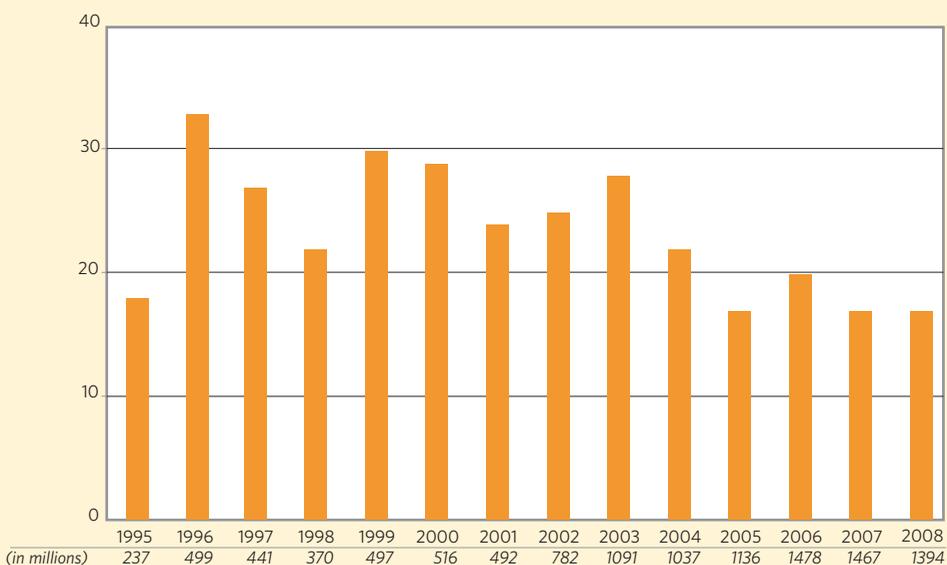
The largest and increasing proportion of total population assistance goes to fund HIV

Expenditures by ICPD Category as a Percentage of Total Population Assistance, 1995-2008

Family planning



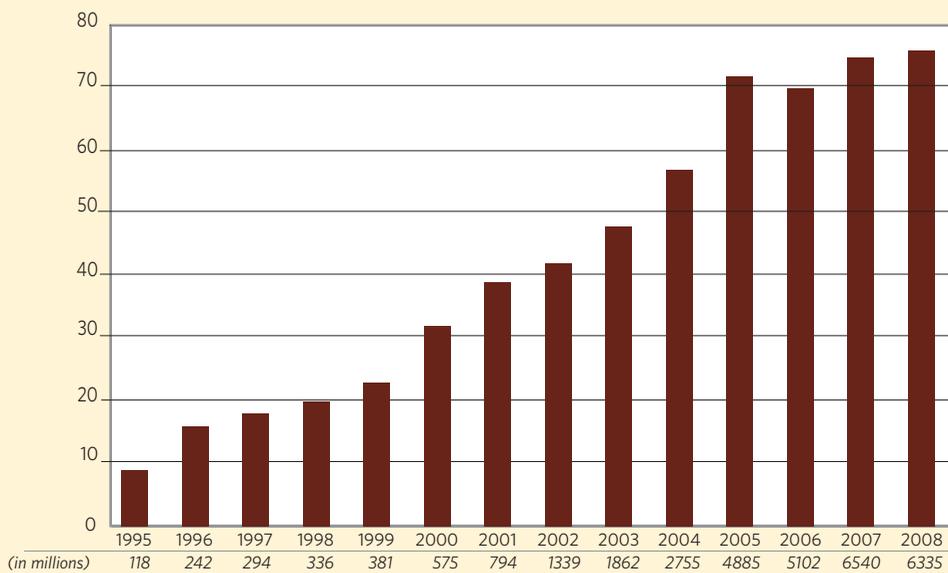
Reproductive Health



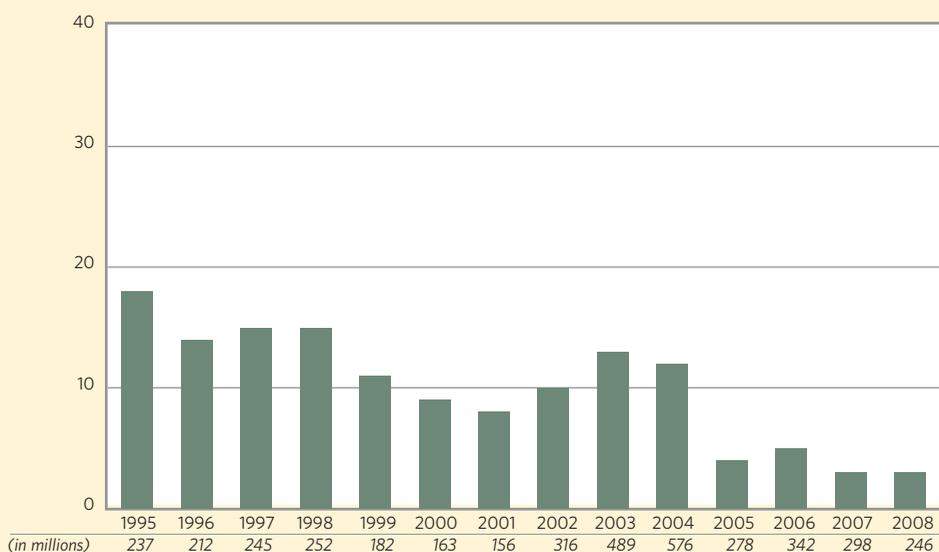
Going?

/AIDS activities.

STD/HIV/AIDS



Research, Data & Policy Analysis



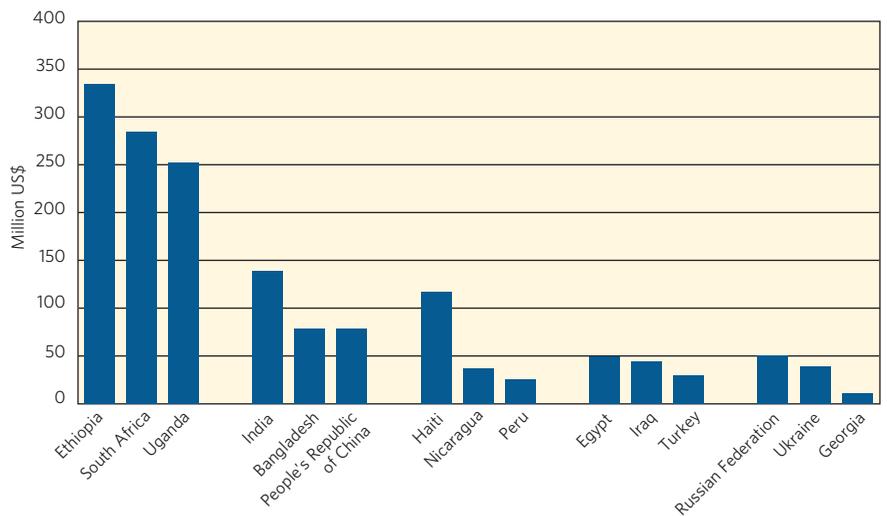
Note: Data for 2008 are provisional.

Source: UNFPA, 2009, *Financial Resource Flows for Population Activities in 2007* and Resource Flows Project database. For a complete description of ICPD categories, see ICPD Programme of Action paragraph 13.14.

Which Countries Benefit Most from Population Assistance?

In 2007, 166 countries benefited from population assistance. Of the funds going to the five geographic regions, sub-Saharan Africa received the largest share (64 per cent) followed by Asia and the Pacific (20 per cent), Latin America and the Caribbean (8 per cent), Eastern and Southern Europe (5 per cent) and Western Asia and North Africa (3 per cent),

Top Three Recipients of Population Assistance in Each Region, 2007



Source: Resource Flows Project database.

Domestic Resources

The Resource Flows Project estimates that developing countries and countries in transition mobilized \$18.5 billion for population activities in 2007. 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.

Projection of Global Domestic Expenditures for Population Activities, 2008 (Millions of US\$)

	Source of Funds				Percentage spent on STI/HIV/Aids
	Government	NGO	Consumers*	Total	
Africa (sub-Saharan)	1,382,127	131,200	1,493,835	3,007,162	79%
Asia and the Pacific	4,496,758	148,180	11,169,947	15,814,885	15%
Latin America and the Caribbean	1,607,915	78,872	862,943	2,549,730	80%
Western Asia and North Africa	579,163	57,685	373,560	1,010,408	22%
Eastern and Southern Europe	536,879	15,922	276,493	829,293	83%
Total	8,602,842	431,859	14,176,777	23,211,478	33%

*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: Maja Micevska Scharf and Annemarie Ersten, *Projections of Funds for Population and AIDS Activities, 2008-2010*, The Hague, 2010.

Major Challenges in Implementing the ICPD Financial Targets

- Impact of global financial crisis.** The current global financial crisis may affect the amount of resources that governments will be able to allocate to population activities. Even in the best of times, funding behaviour is not easy to predict. Estimates and projections are dependent on whether governments follow the expected patterns of spending given past reported expenditures and levels of national income and whether they live up to their commitments. In times of financial downturns, the poorest countries are often hardest hit and may not be able to mobilize the necessary resources to implement population programmes. Further strains on the already overburdened public sector may mean that health services such as pre and post-natal care and reproductive health and family planning may be perceived as less important. The financial crisis is raising concerns about whether aid commitments will be honored. Donors who experience slowing economic growth may scale down population assistance and decrease development spending as they seek to strengthen their own economies and provide services at home. Official development assistance may become more volatile at a time when developing countries are most in need.
- Resource mobilization is heavily 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. Most donor countries do not provide substantial funding for population activities and most developing countries are not in a position to mobilize sufficient resources to fund much-needed population and AIDS programmes. Poor countries are faced with many competing development priorities and many of them simply not in a position to make the necessary investments in population.
- Consumers bear a disproportionate share when it comes to population expenditures.** The role played by consumers in population spending is much larger than usually assumed. In many cases, this exceeds government and NGO expenditures for population. Although variations exist between regions and countries, if spending on population and AIDS activities is completely in line with spending on health in general, then it is safe to assume that consumers in developing countries pay more than half of the burden of population 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.
- Family planning is receiving less funding.** In absolute dollar amounts, funding for family planning is lower than it was in 1995. If not reversed, the trend towards less funding for family planning will have serious implications for countries' ability to address unmet need for such services and could undermine efforts to prevent unwanted pregnancies and reduce maternal and infant mortality.

Key Areas Requiring Further Action

Current funding levels are far below the revised cost estimates. In fact, the gap between actual resources mobilized and funding required is greater than it has ever been. Given the current global financial crisis and the uncertainty of future funding levels, full implementation of the Cairo agenda may be in jeopardy. To accelerate the implementation of the Cairo agenda and to achieve the Millennium Development Goals, the international community should continue to:

- Ensure that population and reproductive health are seen as an integral part of the achievement of the Millennium Development Goals and that they figure prominently in national development programmes and poverty reduction strategies
- Mobilize sufficient resources to fully implement the ICPD Programme of Action and ensure that family planning and reproductive health issues receive the attention they deserve at a time when the increased focus is on combating HIV/AIDS
- Establish an effective partnership of donor and recipient countries based on mutual trust, accountability and donor coordination in support of country goals
- Increase attention to cost-effectiveness and programme efficiency so that resources reach all segments of the population, especially those that are most in need
- Enhance the role of the private sector in the mobilization of resources for population and development, in monitoring population expenditures and ensuring that financial targets and equity objectives are met

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.



For more information, please visit the Resource Flows Web Site at www.resourceflows.org