

# 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)

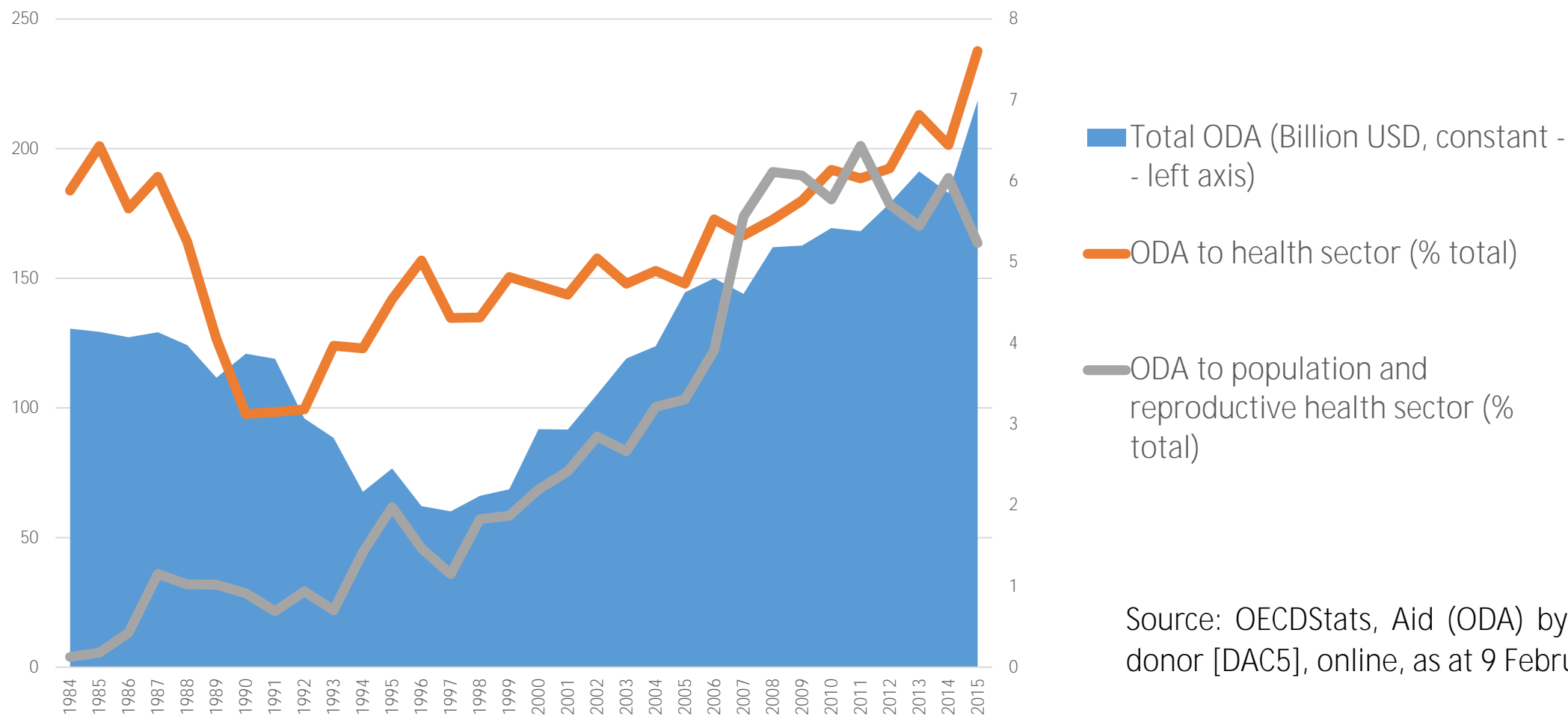
Collaborations with: UNAIDS/ IIM/ APHCR

Costs revised upward in 2009: to add AIDS Care and CA screening



# 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



# 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 transparency, 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)