



FINANCIAL RESOURCE FLOWS FOR POPULATION ACTIVITIES IN 2007





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Foreword

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 we 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. In 2007, population assistance stood at \$8.7 billion and domestic resources are estimated at \$18.5 billion.

Despite the recent increases in funding, the resources mobilized are far below the costs necessary to meet current needs which have grown considerably since the original targets were agreed upon. In response to the ICPD recommendation to review and update the cost estimates to ensure that needs are met, and to bring cost estimates more in line with funding needs for achieving the Millennium Development Goals (MDGs), UNFPA produced revised cost estimates for the four components of the ICPD costed population package that take into account both current needs and current costs and add new elements. It is now estimated that total costs for sexual and reproductive health, which include family planning and maternal health components, amount to \$23.5 billion in 2009. This figure includes health system investments that were only implicit in the initial estimates. We also included costs associated with care for people living in emergency situations and costs to address reproductive cancers. Revised costs for the HIV/AIDS component, consistent with UNGASS recommendations, include additional sub-components of prevention, treatment, care and support, and are estimated to be \$24 billion. Costs for the basic data, research and population and development policy analysis component, which include expenditures for censuses, surveys, civil registration and research and training, are expected to be \$1.6 billion. The total cost for all four components comes to \$64.7 billion in 2009.

It is clear that there is a significant gap between actual funding levels and the revised targets. This is true for all four components of the costed package, particularly for reproductive health and family planning. It is important to ensure that sufficient resources beyond the outdated targets are mobilized so that people everywhere, especially the poor, have access to the services they need, whether it be in the area of family planning, reproductive health, or STD/HIV/AIDS.

The impact of the current global financial crisis may set us back even further from the levels necessary to achieve the ICPD goals and the MDGs. The least developed countries will suffer the most. Indeed, if funding for family planning and reproductive health is not increased, it will undermine efforts to prevent unintended pregnancies, and reduce maternal and child mortality, especially in the poorest countries. This will affect progress towards the achievement not only of the ICPD, but of the Millennium Development Goals. Commitment to mobilize sufficient funding is now more important than ever.

For many developing countries that cannot generate sufficient resources, the lack of adequate funding remains the chief constraint to full implementation of the ICPD Programme of Action. The message is clear: given today's increasing needs and rising costs, current levels of resource mobilization are inadequate to achieve the Cairo objectives. Resource gaps are especially large in poor countries. The consequences of resource shortfalls include significant increases in unintended pregnancies, abortions, maternal morbidity and mortality, infant and child mortality, as well as AIDS-related morbidity and mortality.

We would like to take this opportunity to thank the Governments and relevant agencies and organizations of developing countries, as well as NGOs, foundations, multilateral organizations and agencies in developed countries, for providing the information contained in this report. We also wish to thank the United Nations Population Fund (UNFPA) Country Offices for their kind cooperation, the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their support and the Netherlands Interdisciplinary Demographic Institute (NIDI) for the excellent collaboration in the data collection.

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