



Donor Government Funding for Family Planning in 2016

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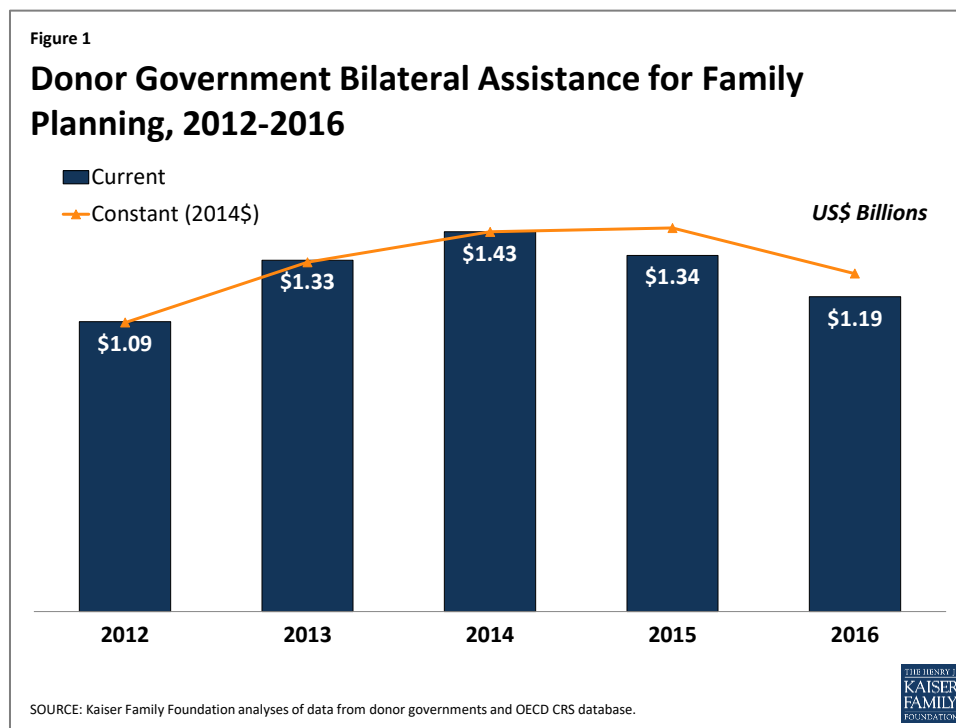
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Key Points

- Donor government funding for family planning decreased in 2016 compared to the prior year, with bilateral support falling from \$1.34 billion in 2015 to \$1.19 billion (-12%).
- This marked the second year of declines in a row, following an initial increase after the London Summit on Family Planning held in 2012. These declines were largely due to currency fluctuations and the timing of donor disbursements, although even after accounting for these factors, funding in 2016 declined, returning to 2013 levels; funding from several donors decreased in real terms.
- Among the 10 donor governments profiled, four governments decreased bilateral funding (France, Norway, the U.K., and the U.S.), five increased (Australia, Denmark, Germany, the Netherlands, and Sweden), and one remained flat (Canada).
- The decline by the U.S. in 2016 (from US\$638.0 million in 2015 to US\$532.7 million in 2016) appears to reflect the timing of disbursements, as overall funding commitments by the U.S. have remained flat for several years.
- Despite the decline, the U.S. was still the largest bilateral donor to family planning in 2016, providing 45% of total bilateral funding. The U.K. (US\$203.4 million, 17%) was the second largest donor, followed by the Netherlands (US\$183.1 million, 15%), Sweden (US\$92.5 million, 8%), and Canada (US\$43.8 million, 4%).
- In addition to bilateral disbursements for family planning, donor governments also provided US\$347.8 million in core contributions to UNFPA; this also represented a decline over the prior year period of US\$44.8 million (-13%) compared to 2015 (US\$392.6 million).¹ Sweden provided the largest core contribution to UNFPA in 2016 (US\$59.0 million), followed by Norway (US\$46.8 million), the Netherlands (US\$39.1 million), and the U.S. (US\$30.7).

Introduction

This report provides the latest data on donor government resources available for family planning activities in low- and middle-income countries. It is part of an effort by the Kaiser Family Foundation that began after the London Summit on Family Planning in 2012 where donors committed US\$2.6 billion in additional funding to increase access to family planning by 2020 (see Appendix 1).² This current report provides data on donor government disbursements in 2016, the most recent year available. It includes data from all members of the Organisation for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC), as well as non-DAC members where data are available.³ Data are collected directly from donors and supplemented with data from the DAC. Ten donor governments that account for 98% of total disbursements are profiled in this analysis. Both bilateral assistance and core contributions to UNFPA are included. See methodology for more detail. For information on family planning funding from other sources (e.g. multilateral organizations, foundations, etc.) see Appendix 2.



Findings

BILATERAL ASSISTANCE

In 2016, donor governments disbursed US\$1,187.8 million in bilateral funding for family planning activities (see Table 1, Figure 1 & Appendix 3), a decline of more than US\$150 million (-12%) compared to the 2015 level (US\$1,344.0 million). This marks the second year of declines after initial increases following the London Summit in 2012. Much of the decline over the past two years can be attributed to two factors: 1) the rise in the value of the U.S. dollar compared to other currencies in 2015, which accounted for 36% of the decline; and 2) an apparent delay in the timing of disbursements by the U.S., which accounted for 42% of the decline (while U.S. funding declined by more than US\$100 million in 2016, annual funding commitments appropriated by

Congress have remained flat for the past several years; in addition, there have been other years where disbursements have varied from commitments; see Figure 2).⁴ However, even after accounting for currency fluctuations and the timing of disbursements, funding declined by 22% over the two-year period and returned to 2013 levels.

Among the donors profiled, five (Australia, Denmark, Germany, the Netherlands, and Sweden) increased FP funding in 2016, four decreased funding (France, Norway, the U.K., and the U.S.) and one remained flat (Canada). This was the case in current U.S. dollars as well as after adjusting for currency fluctuations.

Country	2012	2013	2014	2015	2016	Difference	
						2015 – 2016	2012 – 2016
Australia	\$43.2	\$39.5	\$26.6	\$12.4	\$14.9	\$2.5 (20.2%)	\$-28.3 (-65.5%)
Canada	\$41.5	\$45.6	\$48.3	\$43.0	\$43.8	\$0.8 (1.9%)	\$2.3 (5.5%)
Denmark	\$13.0	\$20.3	\$28.8	\$28.1	\$30.7	\$2.6 (9.3%)	\$17.7 (136.2%)
France	\$49.6	\$37.2	\$69.8	\$68.6	\$39.9	\$-28.7 (-41.8%)	\$-9.7 (-19.6%)
Germany	\$47.6	\$38.2	\$31.3	\$34.0	\$37.8	\$3.8 (11.2%)	\$-9.8 (-20.6%)
Netherlands	\$105.4	\$153.7	\$163.6	\$165.8	\$183.1	\$17.3 (10.4%)	\$77.7 (73.7%)
Norway	\$3.3	\$20.4	\$20.8	\$8.1	\$5.7	\$-2.4 (-29.6%)	\$2.4 (72.7%)
Sweden	\$41.2	\$50.4	\$70.2	\$66.0	\$92.5	\$26.5 (40.2%)	\$51.3 (124.5%)
U.K.	\$252.8	\$305.2	\$327.6	\$269.9	\$203.4	\$-66.5 (-24.6%)	\$-49.4 (-19.5%)
U.S.	\$485.0	\$585.0	\$636.6	\$638.0	\$532.7	\$-105.3 (-16.5%)	\$47.7 (9.8%)
Other DAC Countries*	\$11.0	\$29.5	\$9.0	\$10.1	\$3.3	\$-6.9 (-67.8%)	\$-7.7 (-70.3%)
Total	\$1,093.6	\$1,325.0	\$1,432.7	\$1,344.0	\$1,187.8	\$-156.3 (-11.6%)	\$94.2 (8.6%)

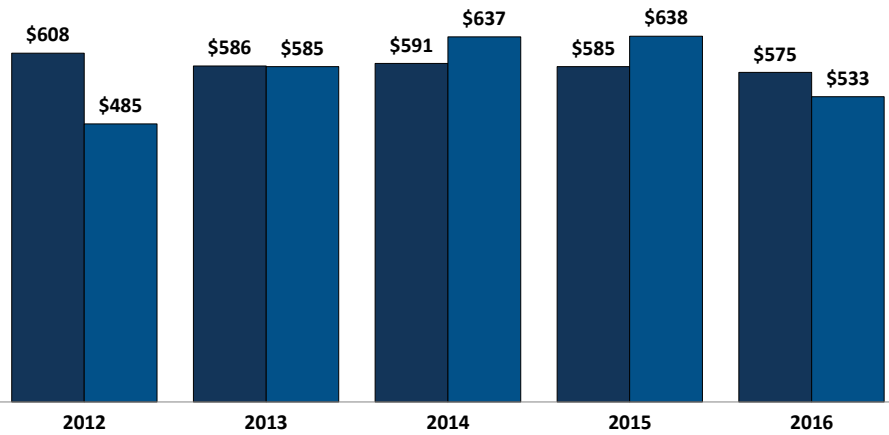
*Austria, Belgium, Czech Republic, European Union, Finland, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.

Figure 2

U.S. Funding for Family Planning, FY 2012-FY 2016

In Millions

■ Appropriation
■ Disbursement



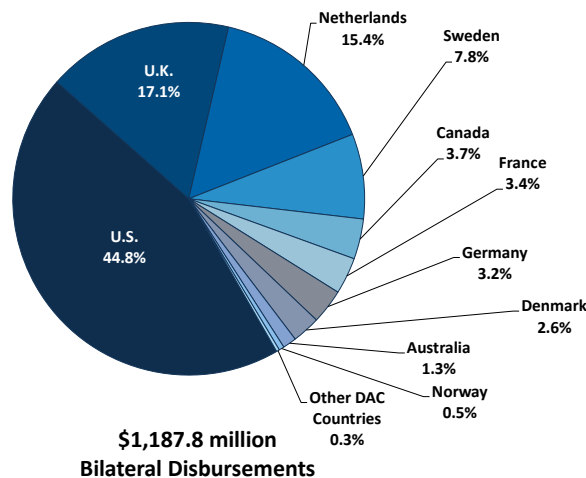
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.



The United States was the largest bilateral donor in 2016 accounting for US\$532.7 million or 45% of total bilateral assistance (see Figure 3). The U.K. (US\$203.4 million, 17%) was the second largest bilateral donor, followed by the Netherlands (US\$183.1 million, 15%), Sweden (US\$92.5 million, 8%), and Canada (US\$43.8 million, 4%).

Figure 3

Donor Governments as a Share of Total Bilateral Disbursements for Family Planning, 2016



NOTE: Based on current US\$.
SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.



DONOR CONTRIBUTIONS TO UNFPA

While the majority of donor government assistance for family planning is provided bilaterally, donors also provide support for family planning activities through contributions to the United Nations Population Fund (UNFPA) (see Appendix 4). Most of UNFPA’s funding is from donor governments, which provide funding in two ways: 1) donor directed or earmarked contributions for specific activities (e.g. donor contributions to the UNFPA Supplies), which are included as part of bilateral funding above; and 2) general contributions to “core” activities that are untied and meant to be used for both programmatic activities (family planning, population and development, HIV-AIDS, gender, and sexual and reproductive health and rights) and operational support as determined by UNFPA.

In 2016, donor governments provided US\$347.8 million in core contributions to UNFPA, a decrease of US\$44.8 million (-13%) below 2015 levels (US\$392.6 million) and US\$123.7 million (-26%) below 2014 levels. Despite the overall declines, the majority of donors either increased funding (Germany and Sweden) or remained flat (Canada, France, Netherlands, and U.S.); four donors declined (Australia, Denmark, Norway and the U.K.); however U.K. contributions remained flat when measured in currency of origin. Sweden provided the largest core contribution to UNFPA in 2016 (US\$59.0 million), followed by Norway (US\$46.8 million), the Netherlands (US\$39.1 million), and Denmark (US\$28.1) (see Figure 4 and Table 2). Among the ten donors profiled, one donor - Norway - provided a larger contribution to UNFPA’s core resources than their total bilateral disbursement for family planning.

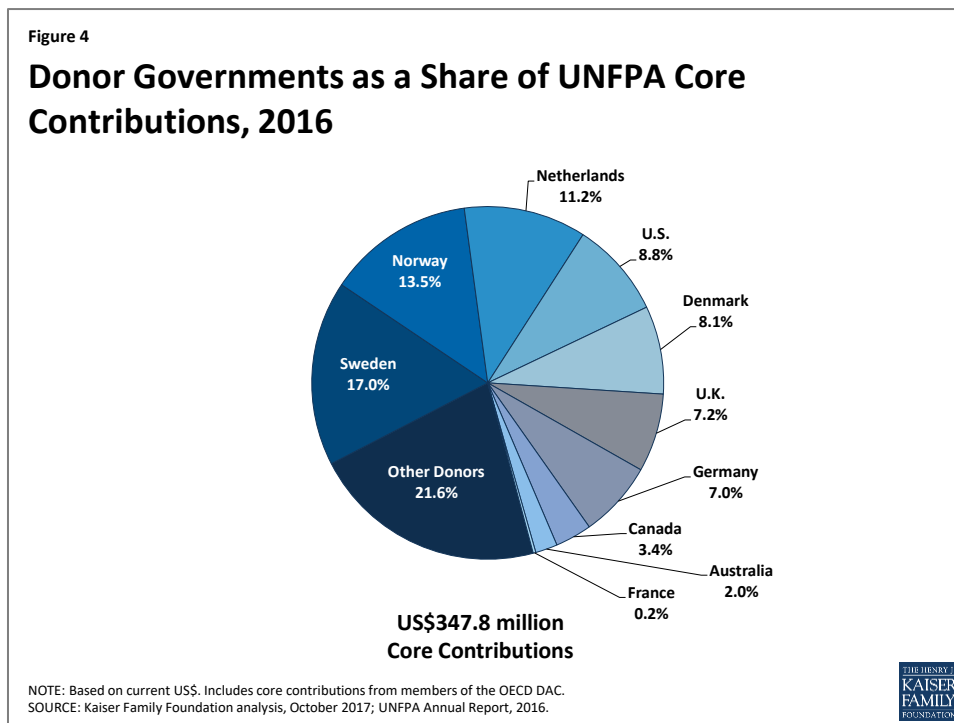


Table 2: Donor Government Contributions to UNFPA (Core Resources), 2012–2016 (in current US\$, millions)

Country	2012	2013	2014	2015	2016	Difference	
						2015 - 2016	2012 - 2016
Australia	\$14.9	\$15.6	\$13.9	\$11.7	\$7.0	\$-4.7 (-39.9%)	\$-7.9 (-52.8%)
Canada	\$17.4	\$16.0	\$14.0	\$12.4	\$11.7	\$-0.7 (-5.8%)	\$-5.7 (-32.8%)
Denmark	\$44.0	\$40.4	\$41.9	\$35.7	\$28.1	\$-7.6 (-21.3%)	\$-15.9 (-36.1%)
France	\$0.5	\$0.0	\$0.0	\$0.6	\$0.8	\$0.2 (39.3%)	\$0.3 (67.2%)
Germany	\$20.7	\$24.0	\$24.7	\$21.3	\$24.4	\$3.1 (14.4%)	\$3.7 (17.7%)
Netherlands	\$49.0	\$52.4	\$48.4	\$39.7	\$39.1	\$-0.6 (-1.5%)	\$-9.9 (-20.2%)
Norway	\$59.4	\$70.6	\$69.1	\$55.6	\$46.8	\$-8.8 (-15.7%)	\$-12.6 (-21.1%)
Sweden	\$66.3	\$65.8	\$70.3	\$57.4	\$59.0	\$1.6 (2.9%)	\$-7.3 (-10.9%)
U.K.	\$31.8	\$31.5	\$33.1	\$30.8	\$25.0	\$-5.8 (-18.8%)	\$-6.8 (-21.4%)
U.S.	\$30.2	\$28.9	\$31.1	\$30.8	\$30.7	\$-0.1 (-0.3%)	\$0.5 (1.7%)
Other Donors	\$98.0	\$108.8	\$125.0	\$96.6	\$75.1	\$-21.5 (-22.2%)	\$-22.9 (-23.4%)
Total	\$432.2	\$454.0	\$471.5	\$392.6	\$347.8	\$-44.8 (-12.9%)	\$-84.4 (-19.5%)

Looking Ahead

As this report finds, family planning funding initially increased after the 2012 London Summit on Family Planning but more recently has begun to decline and future funding is uncertain. While this recent decline is due to several factors, including currency fluctuations and the timing of disbursements, even after accounting for these factors, funding in 2016 had fallen to 2013 levels. Moreover, future funding from the largest donor to family planning – the United States – is uncertain. In 2017, the Trump Administration ended funding to UNFPA and has proposed eliminating all bilateral funding in 2018. While the U.S. Congress has not yet finalized funding for the 2018 fiscal year, but is expected to continue bilateral funding at some level, this downward pressure on the family planning budget is likely to continue.

Against this uncertain backdrop, donors met in London earlier this year to renew their commitments to FP2020. In addition, following President Trump’s reinstatement and expansion of the Mexico City Policy, which requires foreign NGOs to certify that they will not “perform or actively promote abortion as a method of family planning” with non-U.S. funds as a condition for receiving U.S. global health assistance, the governments of Belgium, Denmark, the Netherlands, and Sweden co-organized the “SheDecides” conference in early 2017 to address potential funding losses to broader reproductive health. Whether these new and renewed commitments can increase overall FP funding levels or replace potential declines from the U.S. remains to be seen and ongoing tracking of donor government efforts will continue to be critical.

Methods

Bilateral and multilateral data on donor government assistance for family planning (FP) in low- and middle-income countries were collected from multiple sources. The research team collected the latest bilateral assistance data directly for 10 governments: Australia, Canada, Denmark, Germany, France, the Netherlands, Norway, Sweden, the United Kingdom, and the United States during the first half of 2017. Data represent the fiscal year 2016 period for all governments. Direct data collection from these donors was desirable because they represent the preponderance of donor government assistance for family planning and the latest official statistics – from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) (see: <http://www.oecd.org/dac/stats/data>) – which are from 2015 and do not include all forms of international assistance (e.g., funding to countries such as Russia and the Baltic States that are no longer included in the CRS database). In addition, the CRS data may not include certain funding streams provided by donors, such as FP components of mixed-purpose grants to non-governmental organizations. Data for all other OECD DAC member governments – Austria, Belgium, Czech Republic, the European Union, Finland, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Spain, and Switzerland – who collectively accounted for less than 2 percent of bilateral family planning disbursements, were obtained from the OECD CRS and are from calendar year 2015.

For purposes of this analysis, funding was counted as family planning if it met the OECD CRS purpose code definition: “Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.”⁵ Where it was possible to identify funding amounts, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) are included in this analysis. Project-level data were reviewed for Canada, Denmark, France, Germany, the Netherlands, Norway, and Sweden to determine whether all or a portion of the funding could be counted as family planning. Family-planning-specific funding totals for the United States were obtained through direct data downloads and communications with government representatives. Funding attributed to Australia and the United Kingdom is based on a revised Muskoka methodology as agreed upon by donors at the London Summit on Family Planning in 2012. Funding totals presented in this analysis should be considered preliminary estimates based on data provided by representatives of the donor governments who were contacted directly.

It was difficult in some cases to disaggregate bilateral family planning funding from broader reproductive and maternal health totals, as the two are sometimes represented as integrated totals. In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) have in the past remained largely unidentified. For purposes of this analysis, we worked closely with the largest donors to family planning to identify such family-planning-specific funding where possible. In some cases (e.g. Canada), specific FP percentages were recorded for mixed-purpose projects. In other cases, it was possible to identify FP-specific activities by project titles in languages of origin, notwithstanding less-specific financial coding. In still other cases, detailed project descriptions were analyzed. (see Appendix 3 for detailed data table).

Bilateral funding is defined as any earmarked (FP-designated) amount and includes family planning-specific contributions to multilateral organizations (e.g. non-core contributions to the Global Programme to Enhance

Reproductive Health Commodity Security at UNFPA). U.S. bilateral data correspond to amounts disbursed for the 2016 fiscal year. UNFPA contributions from all governments correspond to amounts received during the 2016 calendar year, regardless of which contributor's fiscal year such disbursements pertain to.

With some exceptions, bilateral assistance data were collected for disbursements. A disbursement is the actual release of funds to, or the purchase of goods or services for, a recipient. Disbursements in any given year may include disbursements of funds committed in prior years and in some cases, not all funds committed during a government fiscal year are disbursed in that year. In addition, a disbursement by a government does not necessarily mean that the funds were provided to a country or other intended end-user. Enacted amounts represent budgetary decisions that funding will be provided, regardless of the time at which actual outlays, or disbursements, occur. In recent years, most governments have converted to cash accounting frameworks, and present budgets for legislative approval accordingly; in such cases, disbursements were used as a proxy for enacted amounts.

UNFPA core contributions were obtained from United Nations Executive Board documents. UNFPA estimates of total family planning funding provided from both core and non-core resources were obtained through direct communications with UNFPA representatives. Other than core contributions provided by governments to UNFPA, un-earmarked core contributions to United Nations entities, most of which are membership contributions set by treaty or other formal agreement (e.g., United Nations country membership assessments), are not identified as part of a donor government's FP assistance even if the multilateral organization in turn directs some of these funds to FP. Rather, these would be considered as FP funding provided by the multilateral organization, and are not considered for purposes of this report.

The fiscal year period varies by country. The U.S. fiscal year runs from October 1-September 30. The Australian fiscal year runs from July 1-June 30. The fiscal years for Canada and the U.K. are April 1-March 31. Denmark, France, Germany, the Netherlands, Norway, and Sweden use the calendar year. The OECD uses the calendar year, so data collected from the CRS for other donor governments reflect January 1-December 31. Most UN agencies use the calendar year and their budgets are biennial.

All data are expressed in US dollars (USD). Where data were provided by governments in their currencies, they were adjusted by average daily exchange rates to obtain a USD equivalent, based on foreign exchange rate historical data available from the U.S. Federal Reserve (see: <http://www.federalreserve.gov/>) or in some cases from the OECD. Data obtained from UNFPA were already adjusted by UNFPA to represent a USD equivalent based on date of receipts.

Appendices

Appendix 1: London Summit on Family Planning (2012)

In July 2012, the U.K. Government and the Bill & Melinda Gates Foundation, in partnership with UNFPA, civil society organizations, developing countries, donor governments, the private sector, and multilateral organizations met at the London Summit on Family Planning (FP2020) and made commitments aimed at improving access to voluntary family planning services.

London Summit on Family Planning Goals & Outcomes: “By 2020, the goal is to deliver contraceptives, information, and services to a total of 380 million women and girls in developing countries so they can plan their families.”

- Sustain coverage for the estimated 260 million women in the world’s poorest countries who are currently using contraceptives (as of June 2012); and
- Provide family planning for an additional 120 million women in these countries.
- The Summit resulted in stated commitments totaling US\$2.6 billion in additional funding for family planning activities from all sources (donor governments, non-governmental organizations, philanthropies, multilateral organizations, and domestic resources).

Appendix 2: Other Sources of Funding for FP in Low- & Middle-Income Countries

In addition to donor governments, there are three other major funding sources for family planning assistance: multilateral organizations, the private sector, and domestic resources.

Multilateral Organizations: Multilateral organizations are international organizations made up of member governments (and in some cases private sector and civil society representatives), who provide both core contributions as well as donor-directed funding for specific projects. Core support from donors is pooled by the multilateral organization, which in turn directs its use, such as for family planning. Donor-directed or earmarked funding, even when provided through a multilateral organization, is considered part of a donor’s bilateral assistance.

The primary multilateral organization focused on family planning is the United Nations Population Fund (UNFPA), which estimates that it spent US\$319 million (US\$76 million from core resources and US\$243 million from non-core resources), or 40% of its total resources, on family planning activities in 2016.⁶ Another important source of multilateral assistance for family planning is the World Bank which provides such funding under broader population and reproductive health activities and hosts the Secretariat for the Global Financing Facility (GFF).

Private Sector: Foundations (charitable and corporate philanthropic organizations), corporations, faith-based organizations, and international non-governmental organizations (NGOs) provide support for FP activities in low- and middle-income countries not only in terms of funding, but through in-kind support; commodity donations; and co-investment strategies with government and other sectors. For instance, the Bill & Melinda Gates Foundation has become a major funder of global health efforts, including family planning activities, and is a core partner of FP2020. In 2016, the Gates Foundation provided US\$181 million for family planning.⁷

Domestic Resources: Domestic resources include spending by country governments that also receive international assistance for FP and spending by households/individuals within these countries for FP services. Such resources represent a significant and critical part of the response. Since the London Summit, a total of 41 low- and middle-income countries have made specific commitments to increase their family planning spending.

Appendix 3: Donor Government Bilateral Disbursements for Family Planning, 2012–2016* (in current US\$, millions)						
Country	2012	2013	2014	2015	2016	Notes
Australia	\$43.2	\$39.5	\$26.6	\$12.4	\$14.9	Australia identified A\$18.4 million in bilateral FP funding for the 2016-17 fiscal year using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g. HIV, RH, maternal health and other sectors) and a percentage of the donor's core contributions to several multilateral organizations (e.g. UNFPA). For this analysis, Australian bilateral FP funding did not include core contributions to multilateral institutions. However, it was not possible to identify and adjust for funding to other non-FP-specific activities in most cases. Data for 2016 are preliminary.
Canada	\$41.5	\$45.6	\$48.3	\$43.0	\$43.8	Bilateral funding is for family planning and reproductive health components of combined projects/activities in FY16-17; family planning-specific activities cannot be further disaggregated. Reproductive health activities without family planning components are not reflected. This is a preliminary estimate.
Denmark	\$13.0	\$20.3	\$28.8	\$28.1	\$30.7	Bilateral funding is for family planning-specific activities in 2016.
France	\$49.6	\$37.2	\$69.8	\$68.6	\$39.9	Bilateral funding is new commitment data for a mix of family planning, reproductive health and maternal & child health activities in 2012-2016; family planning-specific activities cannot be further disaggregated.
Germany	\$47.6	\$38.2	\$31.3	\$34.0	\$37.8	Bilateral funding is for family planning-specific activities.
Netherlands	\$105.4	\$153.7	\$163.6	\$165.8	\$183.1	The Netherlands budget provided a total of US\$469.5 million in 2016 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US\$183.1 million was disbursed for family planning and reproductive health activities (not including HIV); family planning-specific activities cannot be further disaggregated.
Norway	\$3.3	\$20.4	\$20.8	\$8.1	\$5.7	Bilateral funding is for family planning-specific activities, narrowly-defined under the corresponding DAC subsector 13030. Overall bilateral and multilateral Norwegian support to Sexual and Reproductive Health and Rights (SRHR) including family planning was NOK1.186 billion (\$142 million) in 2016.
Sweden	\$41.2	\$50.4	\$70.2	\$66.0	\$92.5	Bilateral funding is for combined family planning and reproductive health activities; family planning-specific activities cannot be further disaggregated. None of Sweden's top-magnitude health activities appears to reflect an exclusive family-planning-specific subsector focus, indicative of the integration of FP activities into broader health initiatives in ways similar to those employed by some other governments. It thus may not be possible to identify exact amounts of Swedish bilateral or multi-bi FP financing.
U.K.	\$252.8	\$305.2	\$327.6	\$269.9	\$203.4	In the financial year 2016/17, the UK spending on family planning was £171.23 million. This is a provisional estimate, using the FP2020-greed methodology, which includes funding from non-FP-specific activities (e.g., HIV, RH, maternal health and other sectors) and a percentage of the donor's core contributions to several multilateral organizations. For this analysis, UK bilateral FP funding of £155.4 million was calculated by removing unrestricted core contributions to multilateral organizations. However, it was not possible to identify and adjust for funding for other non-FP-specific activities in most cases. The nominal 2014-16 US\$ decrease is significantly exchange-rate-related. Bilateral funding is for combined family planning and reproductive health, consistent with the agreed-on methodology. A final estimate will be available after DFID publishes its annual report for 2016/17 in 2018.
U.S.	\$485.0	\$585.0	\$636.6	\$638.0	\$532.7	Bilateral funding is for combined family planning and reproductive health activities; while USAID estimates that most funding is for family planning-specific activities only, these cannot be further disaggregated.
Other DAC Countries**	\$11.0	\$29.5	\$9.0	\$10.1	\$3.3	Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in the prior year (e.g. data presented for 2016 are the 2015 totals, the most recent year available; 2015 presents 2014 totals; etc.).
Total	\$1,093.6	\$1,325.0	\$1,432.7	\$1,344.0	\$1,187.8	

*For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology), and include: stand-alone family planning projects; family planning-specific contributions to multilateral organizations (e.g. contributions to UNFPA Supplies); and, in some cases, projects that include family planning within broader reproductive health activities. During the FP2020 Summit, donors agreed to a revised Muskoka methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors including, HIV, reproductive health (RH), maternal health, and other areas, as well as a percentage of a donor's core contributions to several multilateral organizations including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the U.K. reported FP funding using this revised methodology.

**Austria, Belgium, Czech Republic, European Union, Finland, Greece, Hungary Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.

Appendix 4: United Nations Population Fund (UNFPA) Mission, Goals, & London Summit on Family Planning Commitment (2012)

Created in 1969, UNFPA supports sexual and reproductive health activities in many low- and middle-income countries and was a key partner in the London Summit on Family Planning.

UNFPA Goal: “The goal of UNFPA is to deliver a world a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. To accomplish this, UNFPA works to ensure that all people, especially women and young people, are able to access high quality sexual and reproductive health services, including family planning, so that they can make informed and voluntary choices about their sexual and reproductive lives.”⁸

UNFPA Mandate:

- “Build the knowledge and the capacity to respond to needs in population and family planning;
- Promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems;
- Assist their population problems in the forms and means best suited to the individual countries' needs; and
- Assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund.”⁸

UNFPA London Summit on Family Planning Commitment (2012): “UNFPA will double the proportion of its resources focused on family planning from 25% to 40 % based on current funding levels, bringing new funding of at least US\$174 million per year from core and noncore funds. This will include a minimum of US \$54 million per year, from 2013-2019, in increased funding for family planning from UNFPA’s core resources.”

Endnotes

¹ Includes core-contributions from members of the OECD DAC only; core contributions from non-DAC donors are not included in this total.

² The Kaiser Family Foundation initiated a family planning resource tracking project in 2013, adapting the methodology it has long used to track donor government spending on HIV. Since 2002, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Kaiser Family Foundation have been tracking donor government assistance for HIV in low- and middle-income countries by the donor government members of the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC). For the methodological approach used to monitor donor government spending on HIV see: <http://kff.org/global-health-policy/report/financing-the-response-to-aids-in-low/>.

³ Includes funding from 29 DAC member countries and the European Union (EU).

⁴ U.S. appropriations for family planning (FP) activities in a given fiscal year may be disbursed over a multi-year period. Therefore, while U.S. appropriations for FP have been relatively flat over the past several years, the actual disbursements have fluctuated over the same period.

⁵ OECD, *The List of CRS Purpose Codes and Voluntary Budget Identifier Codes*, July 2017.

⁶ UNFPA, Direct communication, September, 2017.

⁷ Bill & Melinda Gates Foundation, Direct communication, November, 2017.

⁸ UNFPA, "Frequently Asked Questions" (<http://www.unfpa.org/frequently-asked-questions>), accessed November, 2017.

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