

REPORT

Donor Government Assistance for Family Planning in 2012

November 2013





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EXECUTIVE SUMMARY

In July 2012, the U.K. Government and the Bill & Melinda Gates Foundation – in partnership with the United Nations Population Fund (UNFPA), civil society organizations, developing countries, donor governments, the private sector, and multilateral organizations – co-sponsored the London Summit on Family Planning, an effort to provide voluntary family planning services to an additional 120 million women and girls in developing countries by 2020 through new commitments. A key step in assessing progress towards these commitments is tracking expenditures for family planning. While all financing sources are critical to helping to scale-up the response, donor governments provide a significant share of global funding for family planning services.¹

This analysis establishes a baseline level of funding in 2012 that can be used to track total international assistance funding levels for family planning over time as well as specific donor government progress in meeting London Summit on Family Planning commitments. It examines funding for family planning provided by the 24 governments who were members of the Organisation for Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) in 2012. Of these, eleven made specific commitments at the Summit to increase funding for family planning including: Australia, Denmark, the European Commission, France, Germany, Japan, Korea, the Netherlands, Norway, Sweden, and the U.K.² In addition, there are several other donor governments, particularly the United States and Canada, which, while not making specific commitments at the Summit, also provide funding for family planning activities. In general, family planning services are defined to include the following activities: counseling; information, education and communication activities; delivery of contraceptives; capacity building and training. In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) are reflected in this analysis. Key findings include (also, see Table):

- In 2012, donor governments provided US\$899.8 million for bilateral family planning programs and an additional US\$432.3 million in core contributions to the UNFPA.
- The U.S. was the largest bilateral donor providing US\$485.0 million and accounting for more than half (54%) of total bilateral funding in 2012. The U.K. (US\$99.4 million, 11%) was the second largest bilateral donor followed by the Netherlands (US\$65.5 million, 7%), France (US\$49.6 million, 6%), and Germany (US\$47.6 million, 5%).
- The eleven who made specific commitments at the Summit accounted for US\$371.8 million (41%) of total donor government disbursements for family planning in 2012.
- Sweden (US\$66.3 million) was the largest donor to UNFPA followed by Norway (US\$59.4 million), the Netherlands (US\$49.0 million), and Denmark (US\$44.0).
- While complete funding data for 2013 are not yet available, two donor governments (the U.K. and Norway) have already budgeted increased levels of funding for family planning in 2013; U.K. family-planning-specific funding is estimated to be approximately US\$103 million, a 5% increase over prior year levels, and the Norwegian budget provides approximately \$25 million in new family planning-specific funding. In addition, while family-planning-specific funding data is not yet available, the Netherlands increased budgeted funding in 2013 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" to US\$504.1 million. The increases by the U.K. and the Netherlands fulfill their London Summit commitments.

In the wake of the commitments made during the London Summit, timely and accurate tracking of donor financing for family planning takes on new urgency. The data presented in this analysis should be considered a work in progress as donor governments refine existing methodologies to track funding for family planning activities. As we continue to track donor government funding for family planning in future years, we will aim to provide additional detail and trend analyses.

Table: Donor Government Family Planning Disbursements, 2012			
Country	Bilateral Disbursements (US\$ millions)	UNFPA – Core Contributions (US\$ millions)	Total (US\$ millions)
Australia	\$42.7	\$14.9	\$57.5
Canada	\$41.5	\$17.4	\$58.9
Denmark	\$13.0	\$44.0	\$57.0
France	\$49.6	\$0.5	\$50.1
Germany	\$47.6	\$20.7	\$68.3
Netherlands	\$65.5	\$49.0	\$114.5
Norway	\$3.3	\$59.4	\$62.7
Sweden	\$41.2	\$66.3	\$107.5
U.K.	\$99.4	\$31.8	\$131.2
U.S.	\$485.0	\$30.2	\$515.2
Other DAC Countries	\$11.0	\$98.0	\$109.1
Total	\$899.8	\$432.3	\$1,332.1

INTRODUCTION

Access to family planning (FP) services has a significant impact on the health and wellbeing of women and girls, and on global health and development more broadly. Family planning – the ability of individuals and couples to determine their desired number of children as well as the timing of and spacing between births – can help prevent pregnancy-related health risks, reduce infant mortality, and help in the prevention of sexually transmitted diseases such as HIV/AIDS.³ Currently, it is estimated that more than 200 million women worldwide would like to delay or stop childbearing, but they do not have access to contraceptives.⁴

The international community has long recognized the importance of improving access to family planning services. In 1994, at the International Conference on Population and Development (ICPD), 179 governments committed to a 20-year plan of action aimed at providing, among other things, universal access to family planning and sexual and reproductive health services and reproductive rights. Additionally, in 2005, a specific target on reproductive health was added to Millennium Development Goal (MDG) 5, four years after the MDGs were first adopted by Member States of the United Nations. More recently, 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 and made commitments aimed at providing voluntary family planning services to an additional 120 million women and girls in developing countries by 2020 (see Box 1).

Box 1: International Conference on Population and Development (ICPD), Millennium Development Goals (MDGs), & the London Summit on Family Planning

International Conference on Population and Development (ICPD), 1994:

- Provide universal access to family planning and sexual and reproductive health services and reproductive rights.

Millennium Development Goal (MDG) 5, 2000:

- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio;
- Achieve, by 2015, universal access to reproductive health (added in 2005).

London Summit on Family Planning, 2012: “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.

A key step in assessing progress towards these goals is tracking expenditures for family planning. While funding from all sources – domestic public and private spending, donor government bilateral assistance, multilateral organizations and private philanthropic (see Box 2) – is critical to helping fulfill international goals and commitments, donor governments provide a significant share of global funding for family planning services.¹ Existing efforts to track donor government funding for family planning, however, do not necessarily provide the most recent available data and may not include all forms of assistance.¹

¹ While the OECD CRS database and the Resource Flows project, a joint collaboration between UNFPA and the Netherlands Interdisciplinary Demographic Institute (NIDI), both provide data on donor government funding for family planning activities, the [Donor Government Assistance for Family Planning in 2012](#)

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

While this report focuses on donor governments, there are three other major funding streams for FP assistance: multilateral organizations, the private sector, and domestic resources.

Multilateral Organizations: Provide assistance for FP using pooled funds from member contributions and other means. The primary multilateral organization addressing FP is the United Nations Population Fund (UNFPA). Contributions to multilateral organizations are usually made by governments, but can be provided by private organizations and individuals, as in the case of UNFPA. Some multilateral organizations are designed to address specific issues (such as UNFPA, which also finances reproductive health and other population related activities); donor government contributions to UNFPA are highlighted as part of the donor government's financing effort in this analysis. Donor government contributions to multilateral organizations that are not specifically designed to address population activities, but may include such activities within their broader portfolio (such as the World Bank), are not included in this analysis.

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.

Domestic Resources: Including both spending by country governments that also receive international assistance for FP and by households/individuals within these countries, represent a significant and critical part of the response.

This analysis establishes a baseline level of funding in 2012 that can be used to track total international assistance funding levels for family planning over time as well as specific donor government progress in meeting London Summit on Family Planning commitments. It includes an analysis of funding provided by the 24 governments who were members of the Organisation for Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) in 2012.ⁱⁱ Of these, eleven made specific commitments at the Summit to increase funding for family planning.³ In addition, there are several other donor governments, particularly the United States and Canada, which, while not making specific commitments at the Summit, also provide funding for family planning activities.

Data for this analysis were collected directly from donor governments and supplemented by the OECD Creditor Reporting System (CRS). For purposes of this analysis, family planning services were defined to include the following activities as specified in the CRS: counseling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.⁵ Where bilateral family planning funding was included as part of broader reproductive and maternal health activities or other non-health-sector activities, we worked directly with donor governments to identify family planning specific amounts to the extent possible (see Methodology for more information).

latest available data from both sources is from 2011. Additionally, the CRS data, which is incorporated into the Resource Flows database, does not include all forms of assistance (e.g., funding to countries such as Russia and the Baltic States that are no longer included in the CRS database), and may not include certain funding streams provided by donors, such as family planning components of mixed-purpose grants to non-governmental organizations.

ⁱⁱ Since 2012, 4 other governments have become DAC Members: The Czech Republic, Iceland, the Slovak Republic, and Poland.

FINDINGS

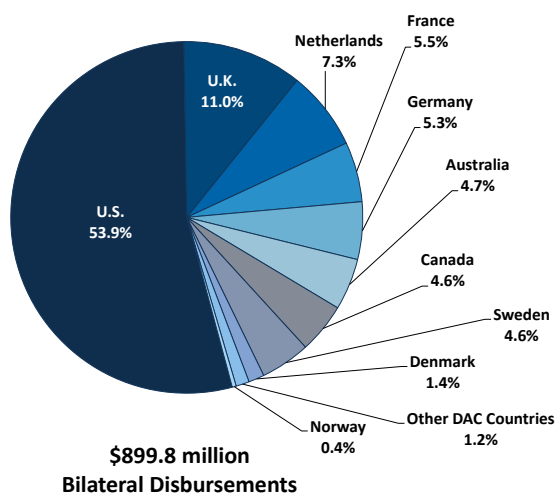
BILATERAL ASSISTANCE

Donor government bilateral assistance for family planning includes both actual funding amounts provided (e.g., cash transfers) as well as other types of transactions and activities (e.g., technical assistance) and products (e.g., commodities). In 2012, donor governments are estimated to have disbursedⁱⁱⁱ US\$899.8 million in bilateral funding for family planning activities (see Table & Annex).

The United States (US\$485.0 million) was the largest bilateral donor in 2012 accounting for more than half (54%) of total bilateral assistance (see Figure 1). The U.K. (US\$99.4 million, 11%) was the second largest bilateral donor followed by the Netherlands (US\$65.5 million, 7%), France (US\$49.6 million, 6%), and Germany (US\$47.6 million, 5%).

The eleven donor governments that made commitments at the London Summit on Family Planning (Australia, Denmark, the European Commission, France, Germany, Japan, Korea, the Netherlands, Norway, Sweden, and the U.K.) accounted for US\$371.8 million (41%) of total donor government disbursements for family planning in 2012.

Figure 1. International Family Planning Assistance: Donor Governments as a Share of Bilateral Disbursements, 2012



MULTILATERAL ASSISTANCE

While the majority of donor government assistance for family planning is provided bilaterally, donors also provide support for family planning activities through multilateral organizations, such as the United Nations

ⁱⁱⁱ A disbursement is the actual release of funds to, or the purchase of goods or services for, a recipient. An enactment represents a budgetary decision that funding will be provided, regardless of the time at which an actual outlays, or disbursement, occurs. Therefore, disbursements in any given year may include funds committed (enacted) in prior years and in some cases, not all funds committed (enacted) during a government fiscal year are disbursed in that year. While most donor governments examined disburse enacted amounts within the same year, the U.S. government does not and may disburse enactments over multiple years. For instance, in FY 2012, U.S. bilateral enacted funding for family planning activities totaled \$638.5 million, while disbursements totaled \$485 million.

Population Fund (UNFPA). 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 (see Box 3).

Box 3: United Nations Population Fund (UNFPA) Mission, Goals, & London Summit on Family Planning Commitment

UNFPA Mission: Deliver a world where every pregnancy is wanted, every birth is safe, every young person's potential is fulfilled.

UNFPA Goals:

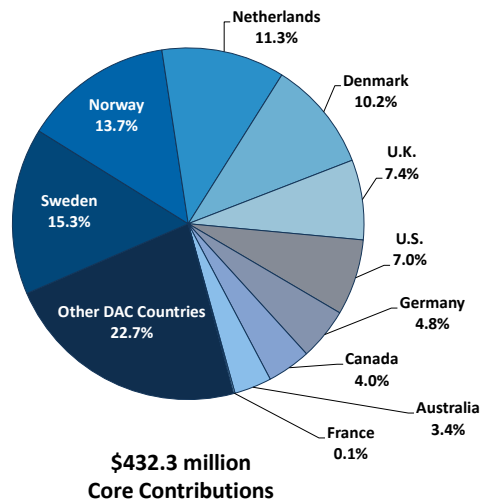
- Achieve universal access to sexual and reproductive health (including family planning);
- Promoting reproductive rights;
- Reducing maternal mortality; and
- Accelerate progress on the ICPD agenda and MDG 5.

UNFPA London Summit on Family Planning Commitment: “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.”

In 2012, donor governments provided US\$432.3 million in core contributions to UNFPA.^{iv} Sweden was the largest donor (US\$66.3 million, 15%) followed by Norway (US\$59.4 million, 14%), the Netherlands (US\$49.0 million, 11%), Denmark (US\$44.0 million, 10%), the U.K. (US\$31.8 million, 7%), and the U.S. (US\$30.2 million, 7%) (see Figure 2).

^{iv} UNFPA's revenue in 2012 totaled \$981.4 million, of which US\$437.5 million was provided by donor governments as direct contributions in support of UNFPA's core activities (core-contributions). An additional US\$530.1 million was provided by donors in support of specific activities implemented by UNFPA (where this funding was provided by donor governments to UNFPA in support of specific family planning activities, it was counted as part of that donor government's bilateral funding amount).

Figure 2. International Family Planning Assistance: Donor Governments as a Share of UNFPA Contributions, 2012



While it was not possible to calculate an adjusted “family planning share” of UNFPA’s 2012 budget and attribute a portion of a donor government’s UNFPA contribution to family planning specific activities,^v it is important to note the relative balance between a donor’s core-contributions to UNFPA and its bilateral funding for family planning. For instance, three of the ten donor governments profiled provided a larger contribution to UNFPA than their bilateral disbursement: Denmark, Norway, & Sweden.

The eleven donor governments that made commitments at the London Summit on Family Planning (Australia, Denmark, the European Commission, France, Germany, Japan, Korea, the Netherlands, Norway, Sweden, and the U.K.) accounted for US\$311.7 million (71%) of total core-contributions to UNFPA in 2012.

^v At the time of publication, while the analytic team was able to identify specific family planning activities within bilateral programming (except as otherwise noted), it was not able to do so for UNFPA’s core annual funding. To date, UNFPA family planning activities have often been reported as part of broader categories, including reproductive health and maternal and child health, as well as part of larger multisectoral efforts, including those in education, human rights, and capacity building. It is expected that such disaggregation will be available in the future and UNFPA reports that it is currently working to develop such a methodology for doing so.

CONCLUSION & LOOKING AHEAD TO 2013

The data provided in this analysis provide a baseline level of donor government funding for FP activities in low- and middle-income countries. At the London Summit on Family Planning donors made commitments totaling \$2.6 billion in additional funding for family planning.⁶ While most donor governments have yet to finalize 2013 funding levels, preliminary data indicate two donor governments (the U.K. and Norway) have increased funding for family planning in 2013: U.K. family-planning-specific funding is estimated to be approximately US\$105 million, a 5% increase over 2012 levels, and Norway has budgeted approximately \$25 million in new family planning-specific funding. In addition, while family-planning-specific funding is not yet available, the Netherlands increased funding in 2013 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" to US\$504.1 million. The increases by the U.K. and the Netherlands fulfill their London Summit commitments. As donor governments conclude the 2013 fiscal year, it will be important to track funding for family planning activities in order to determine whether the London Summit commitments are being met.

METHODOLOGY

Bilateral and multilateral data on donor government assistance for FP in low- and middle-income countries were collected from multiple sources. The research team collected 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 2013. Data represent the fiscal year 2012 period for all governments except for Denmark and Germany (data are from FY/CY 2011). 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>) – are from 2011 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. Where donor governments were members of the European Union (EU), the research team ensured that no double-counting of funds occurred between EU Member State reported amounts and EC reported amounts for international FP assistance. Data for all other OECD DAC member governments – Austria, Belgium, the European Union, Finland, Greece, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Portugal, 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 2011.

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.” In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) are reflected in this analysis. Project-level data were reviewed for Canada, Denmark, France, Germany, the Netherlands, Norway, Sweden, and the United Kingdom to determine whether all or a portion of the funding could be counted as family planning. Family-planning-specific funding totals for Australia and the United States were obtained through direct communications with government representatives. Funding attributed to the United Kingdom represents budgeted disbursements. Funding totals presented in this analysis should be considered preliminary estimates approved by representatives of the 10 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 (see Annex for detailed data table).

Bilateral funding is defined as any earmarked (FP-designated) amount. U.S. bilateral “enacted” data, or “commitments”, correspond to amounts appropriated for the 2012 fiscal year. UNFPA contributions from all governments correspond to amounts received during the 2012 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. In the U.S. case, both enacted and disbursement data were available for analysis.

UNFPA core contributions were obtained from United Nations Executive Board documents; however, we were unable to determine what share of these core contributions are attributable to family planning specifically (since such funding is also used to support broader reproductive health and related efforts). To date, UNFPA family planning activities have often been reported as part of broader categories, including reproductive health and maternal and child health, as well as part of larger multisectoral efforts, including those in education, human rights, and capacity building. It is expected that such disaggregation will be available in the future and UNFPA reports that it is currently working to develop such a methodology for doing so. Other than contributions provided by governments to UNFPA, un-earmarked general contributions to United Nations entities, most of which are membership contributions set by treaty or other formal agreement (e.g., the World Bank's International Development Association or 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, as in the case of the World Bank's efforts, 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/>). Data obtained from UNFPA were already adjusted by UNFPA to represent a USD equivalent based on date of receipts.

Donor Government Family Planning Disbursements, 2012*

Country	London Summit on Family Planning Commitments	Bilateral (US\$ millions)	Multilateral - UNFPA Core Contributions (US\$ millions)**	Total (US\$ millions)	Notes
Australia	"plans to spend an additional AUD58 million over 5 years on family planning, doubling annual contributions to AUD53 million by 2016. This commitment will form a part of Australia's broader investments in maternal, reproductive and child health (at least AUD1.6 billion over five years to 2015)."	\$42.7	\$14.9	\$57.5	Australia identified US\$44.6 in FY11/12 using the FP2020-agreed methodology, which includes a percentage of a donor's core contribution to UNFPA. Australian bilateral funding was determined by adjusting its total funding level to take into account its UNFPA contribution.
Canada	(none)	\$41.5	\$17.4	\$58.9	Bilateral funding is for family planning and reproductive health activities (including life skills education) in FY12.
Denmark	"an additional \$13 million over eight years,"	\$13.0	\$44.0	\$57.0	Bilateral funding is family planning specific in FY11, the most recent year available, and includes a specific contribution (in addition to its core contribution) to UNFPA's "Reproductive Health Commodities Fund."
France	"an additional €100m on Family Planning within the context of reproductive health through to 2015, in nine countries in francophone Africa."	\$49.6	\$0.5	\$50.1	Bilateral funding is for a mix of family planning, reproductive health and maternal/child health activities in FY12.
Germany	"€400m ... to Reproductive Health and Family Planning over 4 years, of which 25% (€100m ...) are likely to be dedicated directly to Family Planning, depending on partner countries priorities.."	\$47.6	\$20.7	\$68.3	Bilateral funding is family planning specific in FY11, the most recent year available.
Netherlands	"€370 million in 2012 for sexual and reproductive health and rights, including HIV and health, and [plans] to extend this amount from €381 million in 2013 to €413 million in 2015."	\$65.5	\$49.0	\$114.5	The Netherlands provided a total of US\$484.8 million in FY12 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US\$65.5 million was for family planning specific activities. In FY13, the Netherlands increased funding for "Sexual and Reproductive Health & Rights, including HIV/AIDS" to US\$504.1 million.
Norway	"doubling its investment from US \$25 million to US \$50 million over eight years."	\$3.3	\$59.4	\$62.7	Bilateral funding is family planning specific in FY12. For FY13, the Norwegian budget provides an estimated US\$25 million in "new" (additional) family planning funding as well as a slight increase in its UNFPA contribution.
Sweden	"... increasing "spending on contraceptives from its 2010 level of US \$32 million per year to US \$40 million per year, totaling an additional US \$40 million between 2011 and 2015."	\$41.2	\$66.3	\$107.5	Bilateral funding is for family planning and reproductive health in FY12.
U.K.***	". . . committing £516 million (US \$800 million) over eight years . . ."	\$99.4	\$31.8	\$131.2	Bilateral funding is family planning specific in FY12/13. Family planning specific funding is estimated to increase to US\$103 million in FY13/14.
U.S.	(none)	\$485.0	\$30.2	\$515.2	USAID stipulates that specified bilateral subtotal is family planning specific in FY12.
Other DAC Countries****	-	\$11.0	\$98.0	\$109.1	Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in 2011, the most recent year available.
Total		\$899.8	\$432.3	\$1,332.1	

*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.

**All UNFPA core contributions are for FY 2012.

***U.K. funding totals are budgeted disbursements.

****Austria, Belgium, European Union, Finland, Greece, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Portugal, Spain, and Switzerland. The Czech Republic, Iceland, and the Slovak Republic became members of the DAC in 2013 and therefore, were not included in the analysis.

ENDNOTES

¹ UNFPA, *Financial Resource Flows for Population Activities Report 2011*, 2013.

² Family Planning 2020, *London Summit on Family Planning: Summaries of Commitments*, May 2013.

³ WHO, *Family Planning Fact Sheet*, updated May 2013.

⁴ Guttmacher Institute/UNFPA, *Adding It Up: Costs and Benefits of Contraceptive Services Estimates for 2012*, June 2012.

⁵ OECD, *The List of CRS Purpose Codes*, 2011.

⁶ UNFPA, *World Population Day Marked with Renewed Push to Expand Family Planning Access Around the Globe*, July 2012.

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