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# Donor Government Funding for Family Planning in 2017

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## Key Points

- Donor government funding for family planning increased in 2017, rising from \$1.20 billion in 2016 to \$1.27 billion (an increase of \$74 million or 6%, as measured in current terms); funding increased even after accounting for inflation and currency fluctuations.<sup>1</sup>
- This marked the first increase after two years of declines. However, funding is still below the peak level reached in 2014 (\$1.43 billion).
- The increase in 2017 occurred despite a decline by the U.S., the world's largest FP donor, from US\$532.7 million in 2016 to US\$488.7 million in 2017. The U.S. decrease, however, was largely due to a delay in disbursements and does not reflect a decline in U.S. appropriations, which have been flat for several years.
- Despite the decline, the U.S. was still the largest bilateral donor to family planning in 2017, providing 38% of total bilateral funding. The U.K. (US\$282.4 million, 22%) was the second largest donor, followed by the Netherlands (US\$197.0 million, 15%), Sweden (US\$109.2 million, 9%), and Canada (US\$69.0 million, 5%).
- Among the 10 donor governments profiled, five increased bilateral funding (Canada, Denmark, the Netherlands, Sweden, and the U.K.), two remained flat (Australia and Germany), and three decreased (France, Norway, and the U.S.).
- In addition to bilateral disbursements for family planning, donor governments also provided US\$344.4 million in core contributions to UNFPA, similar to 2016 (US\$347.8 million) despite the elimination of funding from the U.S., the fourth largest donor in 2016.<sup>2</sup> Sweden provided the largest core contribution to UNFPA in 2017 (US\$63.8 million), followed by Norway (US\$50.8 million), Denmark (US\$43.2 million), and the Netherlands (US\$37.4 million).

## 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.<sup>3</sup> Stakeholders reconvened at The Family Planning Summit for Safer, Healthier and Empowered Futures in 2017 and made new and renewed commitments to global family planning goals.<sup>4</sup>

This current report provides data on donor government disbursements in 2017, 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.<sup>5</sup> Data are collected directly from donors and supplemented with data from the DAC. Ten donor governments that account for 98% of total disbursements for family planning are profiled in this analysis. Both bilateral assistance and core contributions to UNFPA are included. For more detail, see the below methodology. For information on family planning funding from other sources (e.g. multilateral organizations, foundations, etc.) see Appendix 1.

## Findings

### Bilateral Disbursements

In 2017, donor governments disbursed US\$1,272.7 million in bilateral funding for family planning activities (see Figure 1, Table 1 & Appendix 2), an increase of US\$74 million (6%) compared to the 2016 level (US\$1,199.2 million). This marks the first increase after two years of declines. However, funding is still below the peak level reached in 2014 (US\$1,432.7 million).<sup>6</sup>

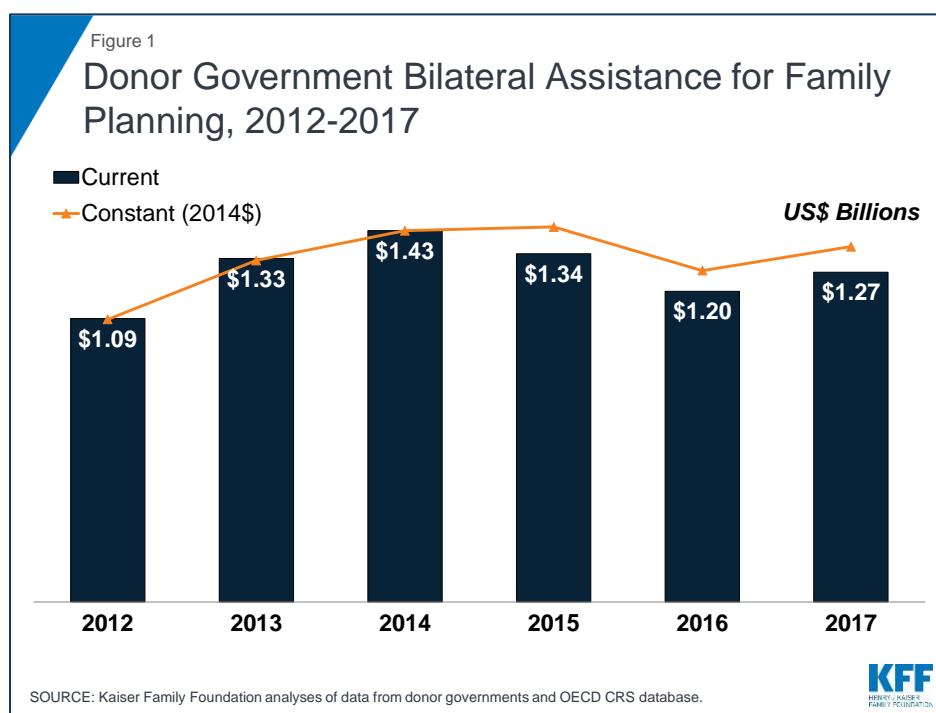
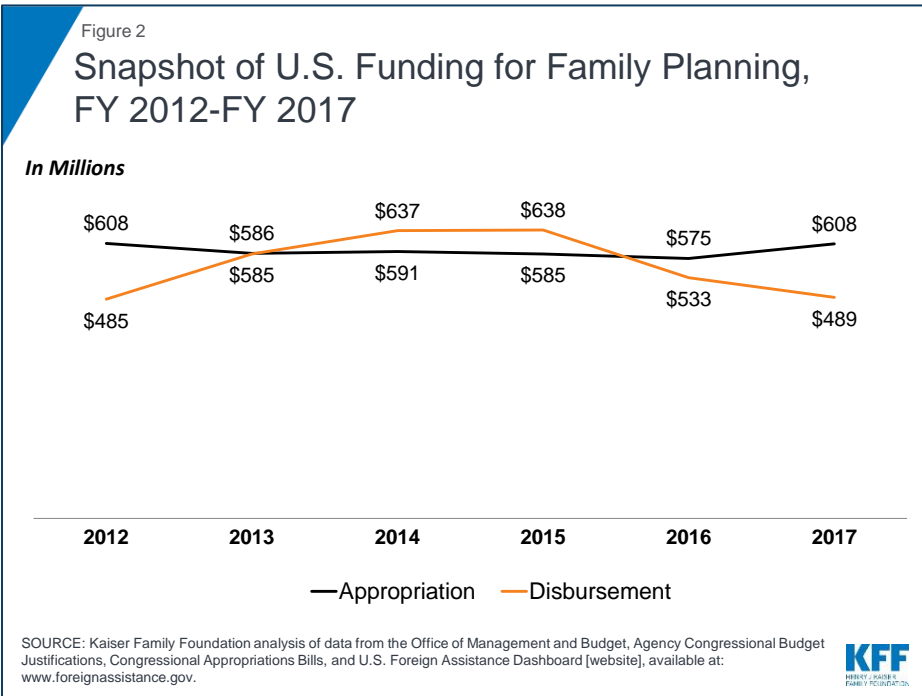


Table 1: Donor Government Bilateral Disbursements for Family Planning, 2012-2017 (in current US\$, millions)								
Government	2012	2013	2014	2015	2016	2017	Difference	
							2016 - 2017	2012 - 2017
Australia	\$ 43.2	\$ 39.5	\$ 26.6	\$ 12.4	\$ 24.9	\$ 25.6	\$0.7 (2.8%)	\$-17.6 (-40.7%)
Canada	\$ 41.5	\$ 45.6	\$ 48.3	\$ 43.0	\$ 43.8	\$ 69.0	\$25.2 (57.5%)	\$27.5 (66.2%)
Denmark	\$ 13.0	\$ 20.3	\$ 28.8	\$ 28.1	\$ 30.7	\$ 33.1	\$2.4 (7.8%)	\$20.1 (154.6%)
France	\$ 49.6	\$ 37.2	\$ 69.8	\$ 68.6	\$ 39.9	\$ 19.2	\$-20.7 (-51.9%)	\$-30.4 (-61.3%)
Germany	\$ 47.6	\$ 38.2	\$ 31.3	\$ 34.0	\$ 37.8	\$ 36.8	\$-1 (-2.5%)	\$-10.8 (-22.6%)
Netherlands	\$ 105.4	\$ 153.7	\$ 163.6	\$ 165.8	\$ 183.1	\$ 197.0	\$13.9 (7.6%)	\$91.6 (86.9%)
Norway	\$ 3.3	\$ 20.4	\$ 20.8	\$ 8.1	\$ 5.7	\$ 2.2	\$-3.5 (-61.7%)	\$-1.1 (-33.8%)
Sweden	\$ 41.2	\$ 50.4	\$ 70.2	\$ 66.0	\$ 92.5	\$ 109.2	\$16.7 (18.1%)	\$68 (165%)
United Kingdom	\$ 252.8	\$ 305.2	\$ 327.6	\$ 269.9	\$ 204.8	\$ 282.4	\$77.6 (37.9%)	\$29.6 (11.7%)
United States	\$ 485.0	\$ 585.0	\$ 636.6	\$ 638.0	\$ 532.7	\$ 488.7	\$-44 (-8.3%)	\$3.7 (0.8%)
Other DAC Countries*	\$ 11.0	\$ 29.5	\$ 9.0	\$ 10.1	\$ 3.3	\$ 9.6	\$6.3 (192.4%)	\$-1.4 (-13.1%)
<b>Total</b>	<b>\$ 1,093.6</b>	<b>\$ 1,325.0</b>	<b>\$ 1,432.7</b>	<b>\$ 1,344.0</b>	<b>\$ 1,199.2</b>	<b>\$ 1,272.7</b>	<b>\$73.6 (6.1%)</b>	<b>\$179.1 (16.4%)</b>

\*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.

The increase in 2017 occurred despite a decline by the U.S., the world's largest donor. In 2017, U.S. disbursements totaled US\$488.7 million, a decrease of US\$44.0 million (-8%) compared to 2016 (US\$532.7 million). While this marked the second year of declines by the U.S., it was largely due to a delay in disbursements and does not reflect a decline in U.S. appropriations by Congress, which have been flat for several years (see Figure 2 and Box 1).



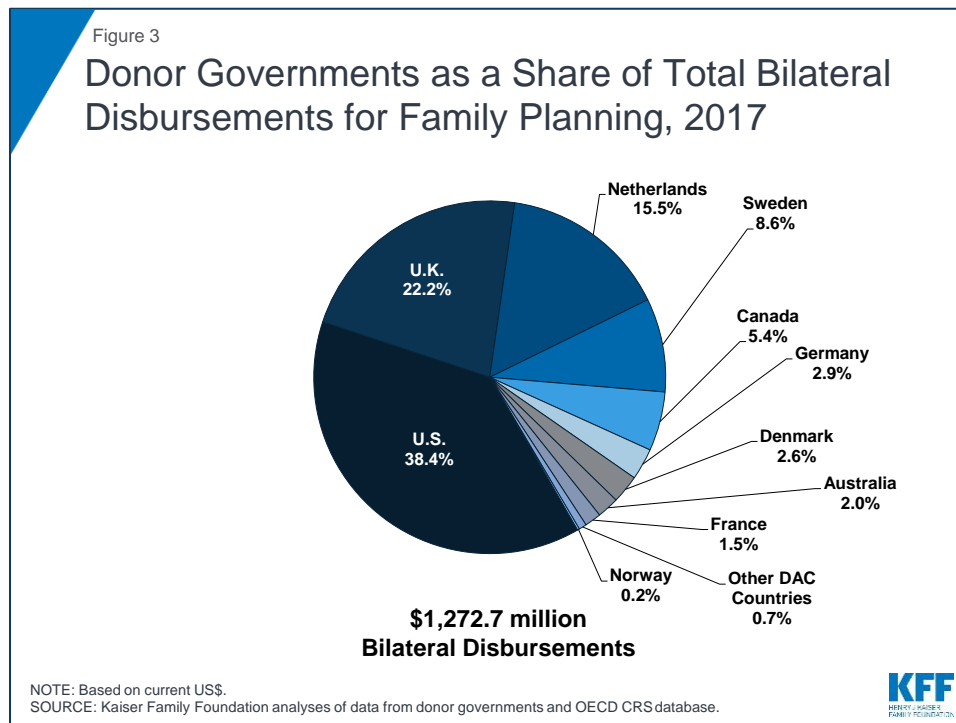
## Box 1: U.S. Government Family Planning Appropriations & Disbursements

The U.S. President's budget request to Congress starts the budget process each year. Congress considers this request and then specifies funding levels in annual appropriations bills. Funding amounts specified by Congress are for a given fiscal year (the U.S. fiscal year is from October 1 to September 30), but may be spent over a multiyear period.

Key highlights of recent trends in U.S. funding for FP are as follows:

- **Flat Funding Since 2011:** Congressional appropriations for family planning activities have been essentially flat at almost \$600 million since 2011.
- **Trump Administration Proposes to Eliminate Funding (2018):** In 2018, the administration proposed to eliminate family planning funding, the first time a request to eliminate the program had been made. Despite this request, Congress maintained funding at the prior year level.
- **Trump Administration Proposes to Cut Funding by 50% (2019):** In 2019, the administration has proposed cutting family planning funding by nearly 50%. While Congress has yet to finalize 2019 appropriations, bills submitted by both the House and the Senate have included family planning funding at levels higher than the administration's request.
- **Disbursement Patterns:** Because funding may be spent over a multi-year period, disbursements may lag or vary from appropriations due to a variety of factors including a realignment of the program or the timing of reimbursement requests from an implementing partner, but will eventually be spent.

Despite the decline by the U.S., it remained the largest donor, accounting for 38% of donor government disbursements (see Figure 3). The U.K. (22%) was the second largest donor followed by the Netherlands (15%), Sweden (9%), and Canada (5%).



Among the donors profiled, five (Canada, Denmark, the Netherlands, Sweden, and the U.K.) increased FP funding in 2017, two remained flat (Australia and Germany), and three decreased funding (France, Norway, and the U.S.). This was the case in current U.S. dollars as well as after adjusting for currency fluctuations.

## 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). 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 (e.g. family planning, population and development, HIV/AIDS, gender, and sexual and reproductive health and rights) and operational support as determined by UNFPA.

In 2017, donor governments provided US\$344.4 million in core contributions to UNFPA, essentially flat compared to the 2016 level (US\$347.8 million). The majority of donors either increased funding (Denmark, Norway and Sweden) or remained flat (Australia, Canada, Germany, the Netherlands, and the U.K.), while two donors declined (France and the U.S., the latter of which did not provide any in 2017- see Box 2).<sup>7</sup>

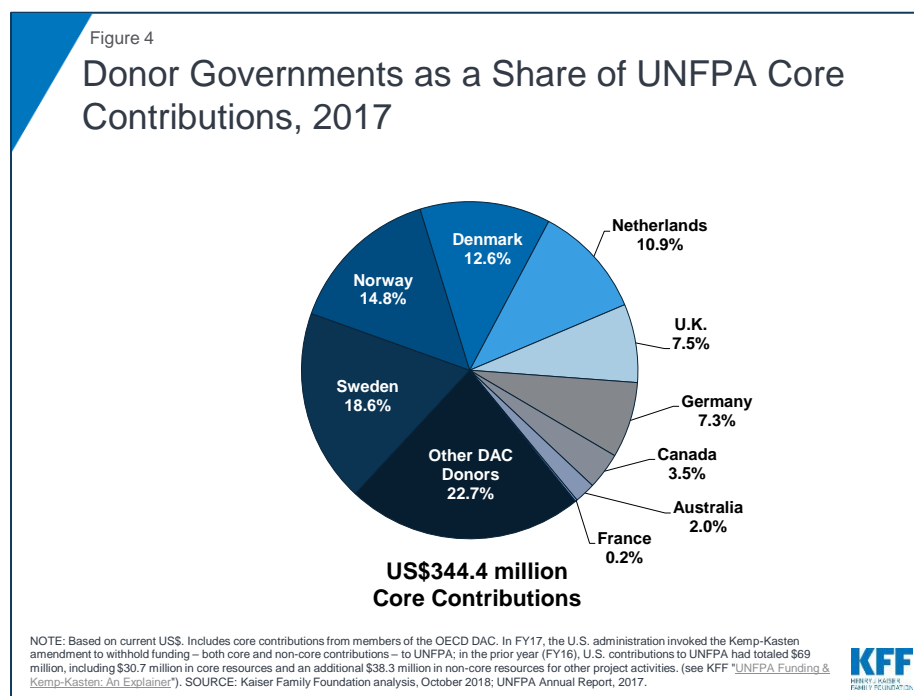
### Box 2: U.S. funding for UNFPA

Created in 1969, UNFPA is a United Nations agency that supports sexual and reproductive health activities in many low- and middle-income countries and was a key partner in both the 2012 and 2017 family planning summits. The U.S. played a key role in the founding of UNFPA and has historically provided both core and non-core funding to the organization. However, this funding has been subject to the "Kemp-Kasten amendment", first enacted by Congress in 1985 and included in annual appropriations language, which states that no U.S. funds may be made available to "any organization or program which, as determined by the president of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization." Since 1985, the Kemp-Kasten amendment has been invoked 17 times – as determined by presidents along party lines – to withhold funding (both core and non-core) from UNFPA (see KFF "UNFPA Funding & Kemp-Kasten: An explainer"). This has resulted in significant fluctuations in funding over time.

Recent highlights of U.S. funding for UNFPA are as follows:

- **Total Funding in 2016:** U.S. contributions to UNFPA totaled \$69 million in 2016, including \$30.7 million in core resources (9% of total core contributions) and an additional \$38.3 million in non-core resources for other project activities (8% of total non-core contributions).
- **Funding Withheld in 2017 & 2018:** The current administration invoked the Kemp-Kasten amendment to withhold all funding (both core and non-core) from UNFPA in both 2017 & 2018.
- **Impact & Looking Ahead:** UNFPA reports that the loss of specific project funds from the US has had impacts on programming, and UNFPA continues to forecast future funding gaps for its strategic plan.

Sweden provided the largest core contribution to UNFPA in 2017 (US\$63.8 million), followed by Norway (US\$50.8 million), Denmark (US\$43.2 million), and the Netherlands (US\$37.4) (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), 2012-2017 (in current US\$, millions)**

Government	2012	2013	2014	2015	2016	2017	Difference	
							2016 - 2017	2012 - 2016
Australia	\$ 14.9	\$ 15.6	\$ 13.9	\$ 11.7	\$ 7.0	\$ 6.9	\$-0.1 (-1.9%)	\$-8 (-53.7%)
Canada	\$ 17.4	\$ 16.0	\$ 14.0	\$ 12.4	\$ 11.7	\$ 12.1	\$0.4 (3.8%)	\$-5.3 (-30.3%)
Denmark	\$ 44.0	\$ 40.4	\$ 41.9	\$ 35.7	\$ 28.1	\$ 43.2	\$15 (53.5%)	\$-0.8 (-1.9%)
France	\$ 0.5	\$ -	\$ -	\$ 0.6	\$ 0.8	\$ 0.6	\$-0.2 (-28.6%)	\$0.1 (19.4%)
Germany	\$ 20.7	\$ 24.0	\$ 24.7	\$ 21.3	\$ 24.4	\$ 25.1	\$0.7 (2.8%)	\$4.4 (21.1%)
Netherlands	\$ 49.0	\$ 52.4	\$ 48.4	\$ 39.7	\$ 39.1	\$ 37.4	\$-1.8 (-4.5%)	\$-11.6 (-23.8%)
Norway	\$ 59.4	\$ 70.6	\$ 69.1	\$ 55.6	\$ 46.8	\$ 50.8	\$3.9 (8.4%)	\$-8.6 (-14.5%)
Sweden	\$ 66.3	\$ 65.8	\$ 70.3	\$ 57.4	\$ 59.0	\$ 63.8	\$4.8 (8.1%)	\$-2.5 (-3.8%)
United Kingdom	\$ 31.8	\$ 31.5	\$ 33.1	\$ 30.8	\$ 25.0	\$ 25.9	\$0.9 (3.5%)	\$-5.9 (-18.6%)
United States	\$ 30.2	\$ 28.9	\$ 31.1	\$ 30.8	\$ 30.7	\$ -	\$-30.7 (-100%)	\$-30.2 (-100%)
Other Donors	\$ 98.0	\$ 108.8	\$ 125.0	\$ 96.6	\$ 75.1	\$ 78.8	\$3.7 (4.9%)	\$-19.2 (-19.6%)
<b>Total</b>	<b>\$ 432.2</b>	<b>\$ 454.0</b>	<b>\$ 471.5</b>	<b>\$ 392.6</b>	<b>\$ 347.8</b>	<b>\$ 344.4</b>	<b>\$-3.4 (-1%)</b>	<b>\$-87.8 (-20.3%)</b>

## Looking Ahead

After two years of declines, donor government funding for family planning activities increased in 2017. While funding is still below the peak level reached in 2014, it is important to note that the increase in 2017 occurred despite a decline by the U.S., the world's largest donor. The U.S. decline is likely temporary as annual family planning appropriations have remained flat over the past several years. In addition, some donors made new or renewed commitments at the Family Planning Summit in 2017 as well as to other family planning-related efforts (e.g. SheDecides). Moving forward, we will continue to track funding as well as progress towards these commitments.



## Methodology

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 2018. Data represent the fiscal year 2017 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 2016 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 2016.

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.”<sup>8</sup> 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 2 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 UNFPA Supplies).

U.S. bilateral data correspond to amounts disbursed for the 2017 fiscal year. UNFPA contributions from all governments correspond to amounts received during the 2017 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: 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\$303 million (US\$120 million from core resources and US\$183 million from non-core resources), or 40% of its total resources, on family planning activities in 2017.<sup>9</sup> 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.<sup>10</sup>

**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 44 low- and middle-income countries have made specific commitments to increase their family planning spending.

**Appendix 2: Donor Government Bilateral Disbursements for Family Planning, 2012-2017\* (in current US\$, millions)**

Country	2012	2013	2014	2015	2016	2017	Notes
Australia	\$ 43.2	\$ 39.5	\$ 26.6	\$ 12.4	\$ 24.9	\$ 25.6	Australia has now identified A\$33 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 contributions to multilateral institutions. However, it was not possible to identify and adjust for funding to other non-FP-specific activities in most cases.
Canada	\$ 41.5	\$ 45.6	\$ 48.3	\$ 43.0	\$ 43.8	\$ 69.0	Bilateral funding is for family planning and reproductive health components of combined projects/activities in FY17-18. Reproductive health activities without family planning components are not reflected. This is a preliminary estimate. In support of its feminist international agenda, Canada committed to double its funding to sexual and reproductive health and rights (SRHR) from 2017-2020 with an additional CAD 650 million. This amount includes the CAD 241.5 million that Canada announced at the London FP2020 Summit. Canada is taking a comprehensive approach to SRHR. Efforts focus on providing comprehensive sexuality education, strengthening reproductive health services, and investing in family planning and contraceptives. Programs will also help prevent and respond to sexual and gender-based violence, including child early and forced marriage and female genital mutilation and cutting, and support the right to choose safe and legal abortion, as well as access to post-abortion care. The rise in Canada's funding for family planning in this year's report reflects the roll-out of this broader commitment to SRHR.
Denmark	\$ 13.0	\$ 20.3	\$ 28.8	\$ 28.1	\$ 30.7	\$ 33.1	Bilateral funding is for family planning-specific activities.
France	\$ 49.6	\$ 37.2	\$ 69.8	\$ 68.6	\$ 39.9	\$ 19.2	Bilateral funding is new commitment data for a mix of family planning, reproductive health and maternal & child health activities in 2012-2017; family planning-specific activities cannot be further disaggregated. 2017 data is preliminary.
Germany	\$ 47.6	\$ 38.2	\$ 31.3	\$ 34.0	\$ 37.8	\$ 36.8	Bilateral funding is for family planning-specific activities.
Netherlands	\$ 105.4	\$ 153.7	\$ 163.6	\$ 165.8	\$ 183.1	\$ 197.0	The Netherlands budget provided a total of US\$471 million in 2017 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US\$197 million was disbursed for bilateral family planning and reproductive health activities (not including HIV).
Norway	\$ 3.3	\$ 20.4	\$ 20.8	\$ 8.1	\$ 5.7	\$ 2.2	Bilateral funding is for family planning-specific activities, narrowly-defined under the corresponding DAC subsector 13030. Overall bilateral Norwegian support to Population and Reproductive Health activities including family planning was NOK312.5 million (\$37.8 million) in 2017, an increase of NOK135.1 million over 2016 levels.
Sweden	\$ 41.2	\$ 50.4	\$ 70.2	\$ 66.0	\$ 92.5	\$ 109.2	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.
United Kingdom	\$ 252.8	\$ 305.2	\$ 327.6	\$ 269.9	\$ 204.8	\$ 282.4	In the financial year 2017/18, total UK spending on family planning was £243.3 million. This is a provisional estimate, based upon the revised Muskoka 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 £212.9 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 2014-16 US\$ decrease is significantly exchange-rate-related. Bilateral funding is for combined family planning and reproductive health, consistent with the methodology. A final estimate will be available after DFID publishes its annual report for 2017/18 in 2019.
United States	\$ 485.0	\$ 585.0	\$ 636.6	\$ 638.0	\$ 532.7	\$ 488.7	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	\$ 9.6	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 2017 are the 2016 totals, the most recent year available; 2016 presents 2015 totals; etc.).
<b>TOTAL</b>	<b>\$ 1,093.6</b>	<b>\$ 1,325.0</b>	<b>\$ 1,432.7</b>	<b>\$ 1,344.0</b>	<b>\$ 1,199.2</b>	<b>\$ 1,272.7</b>	

\*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.

## Endnotes

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<sup>1</sup> Totals represent disbursements specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology), and include: standalone 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.

<sup>2</sup> Includes core-contributions from members of the OECD DAC only; core contributions from non-DAC donors are not included in this total.

<sup>3</sup> FP2020, *London Summit on Family Planning: Summaries of Commitments*, December 2013, available at: <http://www.familyplanning2020.org/about-us>.

<sup>4</sup> FP2020, *The Family Planning Summit for Safer, Healthier and Empowered Futures*, July 2017, available at: <http://summit2017.familyplanning2020.org/>.

<sup>5</sup> Includes funding from 29 DAC member countries and the European Union (EU).

<sup>6</sup> Donor government funding for family planning increased in 2013 and 2014, following the London Summit in 2012. The declines in 2015 and 2016 were largely due to currency fluctuations and a delay in disbursements by the U.S.

<sup>7</sup> In FY17, the U.S. administration invoked the Kemp-Kasten amendment to withhold funding – both core and non-core contributions – to UNFPA. In the prior year (FY16), U.S. contributions to UNFPA had totaled \$69 million, including \$30.7 million in core resources and an additional \$38.3 million in non-core resources for other project activities (see KFF “UNFPA Funding & Kemp-Kasten: An Explainer”).

<sup>8</sup> OECD, *The List of CRS Purpose Codes and Voluntary Budget Identifier Codes*, June 2018.

<sup>9</sup> UNFPA, Direct communication, September, 2018.

<sup>10</sup> Bill & Melinda Gates Foundation, Direct communication, November, 2017.

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