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Donor Government Funding for Family Planning in 2018

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Key Points

This report provides an analysis of donor government funding to address family planning in low- and middle-income countries in 2018, the latest year available, as well as trends over time. It is part of an effort by the Kaiser Family Foundation to track such funding that began after the London Summit on Family Planning in 2012. Key findings include the following:

- **DONOR GOVERNMENT FUNDING FOR FAMILY PLANNING REACHED ITS HIGHEST LEVEL IN 2018.** In 2018, donor government funding rose from \$1.26 billion in 2017 to \$1.50 billion (an increase of \$237.3 million or 19%, as measured in current terms); funding increased even after accounting for inflation and currency fluctuations.¹ This was the second year of increases after two years of declines, and the highest level of funding since the 2012 Summit.
- **MOST DONORS INCREASED BILATERAL FUNDING FOR FAMILY PLANNING IN 2018.** Among the 10 donor governments profiled, seven provided increased bilateral funding (Canada, Denmark, Germany, the Netherlands, Norway, the U.K., and the U.S.) and three decreased (Australia, France, and Sweden); these trends were the same in currency of origin. The U.S. increase in 2018 was largely due to the timing of disbursements and does not reflect an actual increase in U.S. appropriations by Congress, which have been flat for several years.
- **THE U.S. CONTINUES TO BE THE LARGEST DONOR TO FAMILY PLANNING.** The U.S. was the largest bilateral donor to family planning in 2018, providing \$630.6 million or 42% of total bilateral funding from governments. The U.K. (US\$292.2 million, 19%) was the second largest donor, followed by the Netherlands (US\$215.6 million, 14%), Sweden (US\$107.0 million, 7%), and Canada (US\$81.8 million, 5%).
- **SINCE THE LONDON SUMMIT IN 2012, MOST DONOR GOVERNMENTS HAVE INCREASED FUNDING AND OVERALL FUNDING HAS RISEN BY MORE THAN US\$400 MILLION.** Among the 10 donor governments profiled, eight have increased bilateral funding since the London Summit in 2012 (Canada, Denmark, Germany, the Netherlands, Norway, Sweden, the U.K., and the U.S.). The U.S. increase was the largest over the period (US\$145.6 million), followed by the Netherlands (US\$110.2 million), Sweden (US\$65.8 million), Canada (US\$40.3 million), and the U.K. (US\$39.4 million).
- **DONORS ALSO INCREASED FUNDING TO UNFPA.** In addition to bilateral disbursements for family planning, donor governments profiled also provided US\$373.9 million in core contributions to UNFPA in 2018, an increase of US\$29.5 million compared to the 2017 level (US\$344.4 million).² Sweden provided the largest core contribution to UNFPA in 2018 (US\$83.0 million), followed by Norway (US\$63.8 million), the Netherlands (US\$37.5 million), and Denmark (US\$37.1 million). For the second year in a row, the U.S. administration invoked the Kemp-Kasten amendment to withhold funding from UNFPA.

Introduction

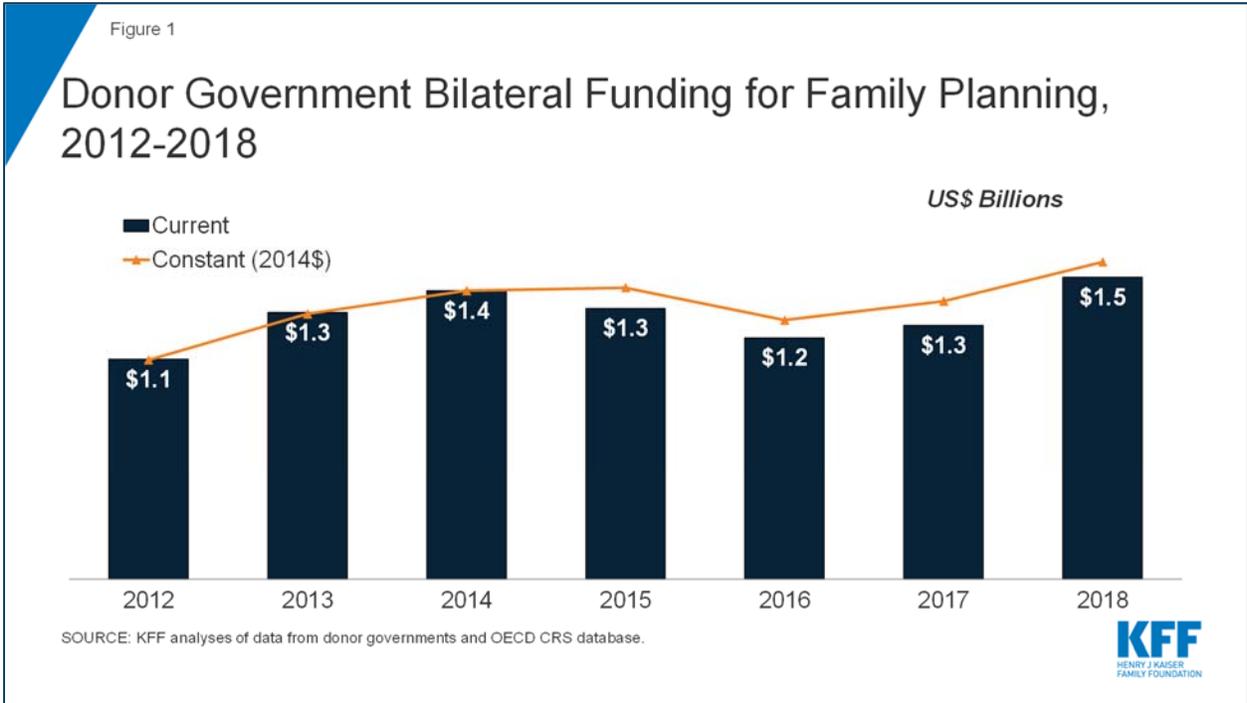
This report provides the latest data on donor government resources available for family planning activities in low- and middle-income countries. It is part of an effort by the Kaiser Family Foundation that began after the London Summit on Family Planning in 2012 at which the global community pledged to expand contraceptive access to an additional 120 million women and girls by 2020.³ 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.⁴

This current report provides data on donor government disbursements in 2018, the most recent year available. It includes data from all 30 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.⁵ 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 2018, donor governments disbursed US\$1.50 billion in bilateral funding for family planning activities (see Figure 1, Table 1 & Appendix 2), an increase of US\$237.3 million (19%) compared to the 2017 level (US\$1.26 billion) and the highest level of funding since tracking efforts began following the 2012 London Summit (even after adjusting for inflation and currency fluctuation). This was the second year of increases after two years of declines.



Government	2012	2013	2014	2015	2016	2017	2018	Difference	
								2017 - 2018	2012 - 2018
Australia	\$ 43.2	\$ 39.5	\$ 26.6	\$ 12.4	\$ 24.9	\$ 25.6	\$ 22.2	\$-3.4 (-13.3%)	\$-21 (-48.6%)
Canada	\$ 41.5	\$ 45.6	\$ 48.3	\$ 43.0	\$ 43.8	\$ 69.0	\$ 81.8	\$12.8 (18.6%)	\$40.3 (97.1%)
Denmark	\$ 13.0	\$ 20.3	\$ 28.8	\$ 28.1	\$ 30.7	\$ 33.1	\$ 38.5	\$5.4 (16.3%)	\$25.5 (196.2%)
France	\$ 49.6	\$ 37.2	\$ 69.8	\$ 68.6	\$ 39.9	\$ 19.2	\$ 17.0	\$-2.2 (-11.5%)	\$-32.6 (-65.7%)
Germany	\$ 47.6	\$ 38.2	\$ 31.3	\$ 34.0	\$ 37.8	\$ 36.8	\$ 51.3	\$14.5 (39.3%)	\$3.7 (7.8%)
Netherlands	\$ 105.4	\$ 153.7	\$ 163.6	\$ 165.8	\$ 183.1	\$ 197.0	\$ 215.6	\$18.7 (9.5%)	\$110.2 (104.6%)
Norway	\$ 3.3	\$ 20.4	\$ 20.8	\$ 8.1	\$ 5.7	\$ 2.2	\$ 12.9	\$10.7 (490.9%)	\$9.6 (290.9%)
Sweden	\$ 41.2	\$ 50.4	\$ 70.2	\$ 66.0	\$ 92.5	\$ 109.2	\$ 107.0	\$-2.2 (-2%)	\$65.8 (159.7%)
United Kingdom	\$ 252.8	\$ 305.2	\$ 327.6	\$ 269.9	\$ 204.8	\$ 285.1	\$ 292.2	\$7.1 (2.5%)	\$39.4 (15.6%)
United States	\$ 485.0	\$ 585.0	\$ 636.6	\$ 638.4	\$ 532.5	\$ 474.7	\$ 630.6	\$155.9 (32.8%)	\$145.6 (30%)
Other DAC Countries*	\$ 11.0	\$ 29.5	\$ 9.0	\$ 10.1	\$ 3.3	\$ 9.6	\$ 29.6	\$20.1 (210.1%)	\$18.6 (169.5%)
Total	\$ 1,093.6	\$ 1,325.0	\$ 1,432.7	\$ 1,344.5	\$ 1,199.0	\$ 1,261.4	\$ 1,498.7	\$237.3 (18.8%)	\$405.1 (37%)

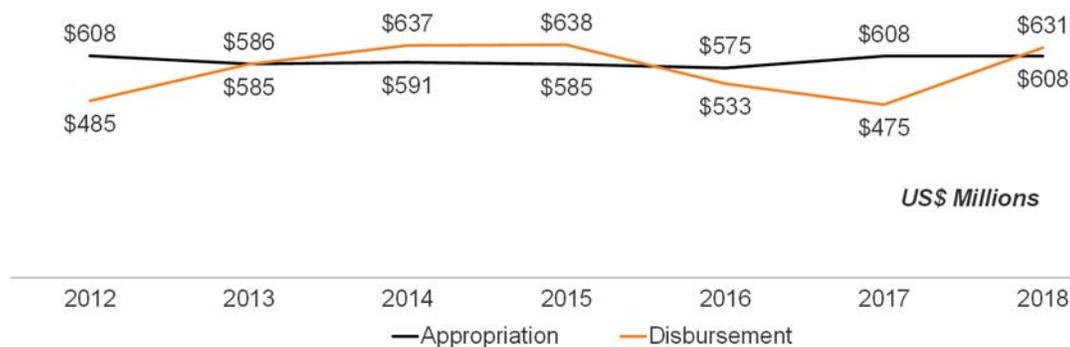
*Austria, Belgium, Czech Republic, European Union, Finland, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.

Among the ten donors profiled, seven increased funding in 2018 (Canada, Denmark, Germany, the Netherlands, Norway, the UK, and the US) and three decreased (Australia, France, and Sweden); these trends were the same in currency of origin.

Approximately two-thirds of the overall increase in 2018 was due to an increase in funding from the U.S., the world's largest donor. In 2018, U.S. disbursements totaled US\$630.6 million, an increase of US\$155.9 million (33%) compared to 2017 (US\$474.7 million). The U.S. increase in 2018 was largely due to the timing of disbursements and does not reflect an actual increase in U.S. appropriations by Congress, which have been flat for several years (see Figure 2 and Box 1). The remaining increase reflects actual increased disbursements from Canada, Denmark, Germany, the Netherlands, Norway, and the U.K.

Figure 2

Snapshot of U.S. Government Bilateral Funding for Global Family Planning Efforts, FY 2012-FY 2018



SOURCE: KFF 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.



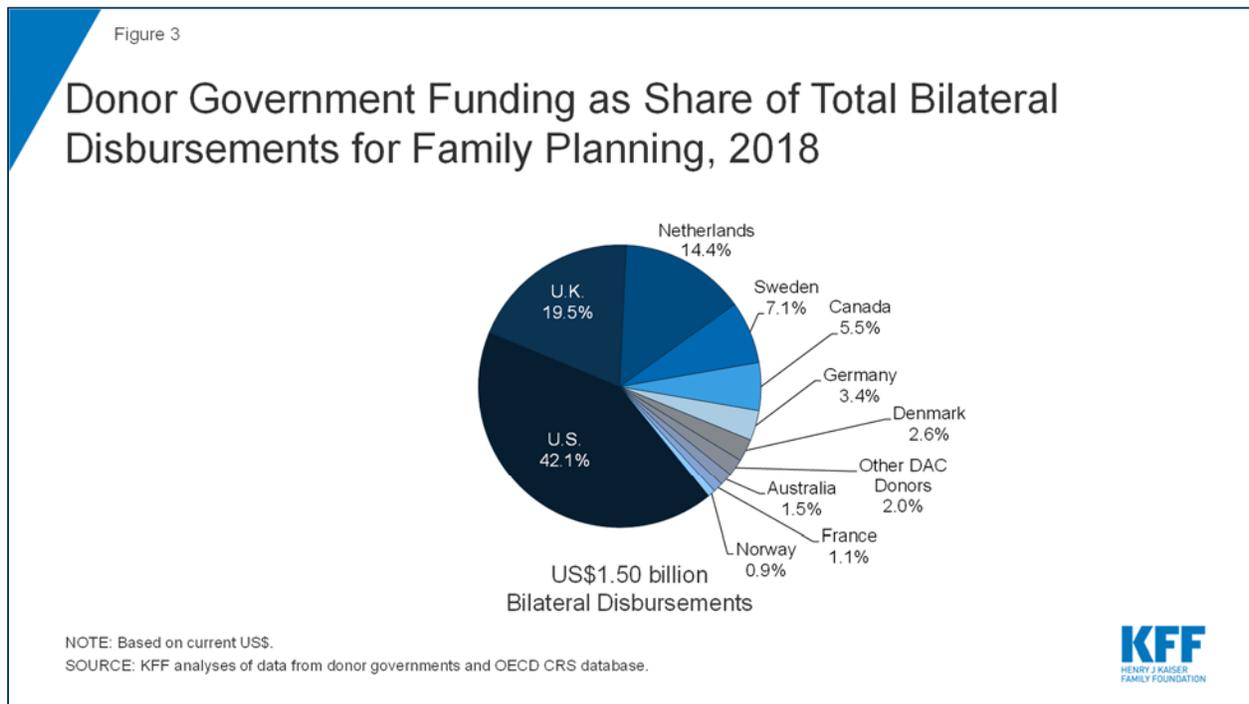
Box 1: U.S. Government Family Planning Appropriations & Disbursements

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 approximately \$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 proposed to cut family planning funding by nearly 50%. Similar to 2018, Congress maintained funding at the prior year level.
- **Trump Administration Proposes to Cut Funding by 55% (2020):** In 2020, the administration proposed to cut family planning funding by 55%. While Congress has yet to finalize 2020 appropriations, bills submitted by both the House and the Senate have included family planning funding at levels higher than the prior fiscal year.
- **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.

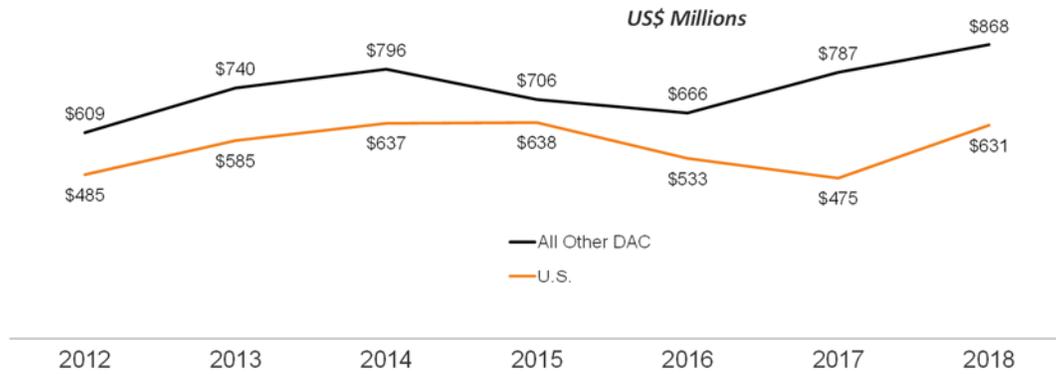
The U.S. was the largest donor to family planning, accounting for 42% of donor government disbursements (see Figure 3). The U.K. (19%) was the second largest donor followed by the Netherlands (14%), Sweden (7%), and Canada (5%).



Since the London Summit in 2012, most donor governments have increased funding for family planning and overall funding has risen by US\$405.1 million (37%) (see Figure 4 & Table 1). Eight of the ten donor governments profiled (Canada, Denmark, Germany, the Netherlands, Norway, Sweden, the U.K., and the U.S.) increased funding over the period (see Figure 5). The U.S. was the largest cumulative increase over the period (US\$145.6 million), though largely due to fluctuations in disbursement rates. The Netherlands (US\$110.2 million) was the second largest cumulative increase, followed by Sweden (US\$65.8 million), Canada (US\$40.3 million), and the U.K. (US\$39.4 million). Five of the donors profiled (Canada, Denmark, the Netherlands, Norway, and Sweden) doubled or more than doubled bilateral family planning funding over the period. It should be noted that the dip in funding in 2015 and 2016 was primarily due to an increase in the value of the U.S. dollar against all other currencies as well as disbursement delays by the U.S.

Figure 4

Trends in Bilateral Family Planning Funding from Donor Governments, 2012-2018

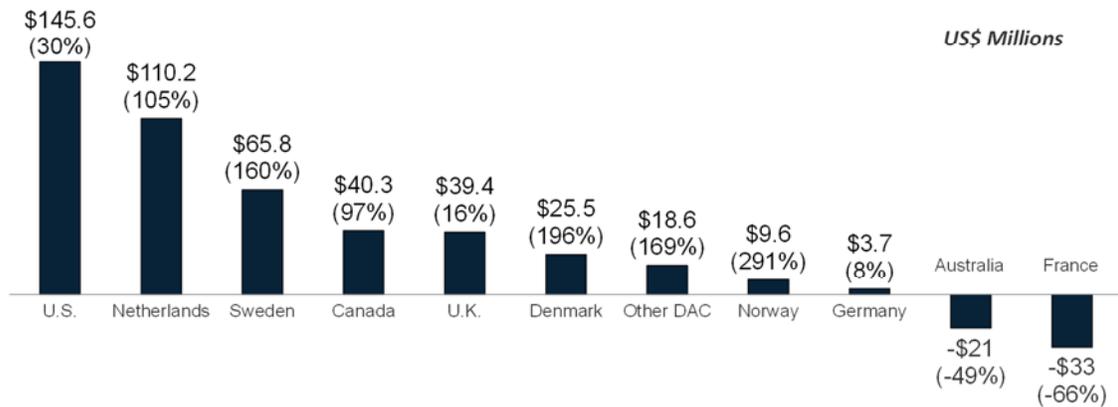


SOURCE: KFF analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.



Figure 5

Change in Bilateral Family Planning Funding from Donor Governments between 2012 & 2018



SOURCE: KFF 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.



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 2018, donor governments profiled provided US\$373.9 million in core contributions to UNFPA, an increase of US\$29.5 million (9%) compared to the 2017 level (US\$344.4 million). Among the donors profiled, two increased funding (Norway and Sweden), five remained flat (Australia, Canada, France, Germany, and the U.K.), and two declined (Denmark and the Netherlands). The U.S. did not provide any funding to UNFPA in 2018 (see Box 2).⁶

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.

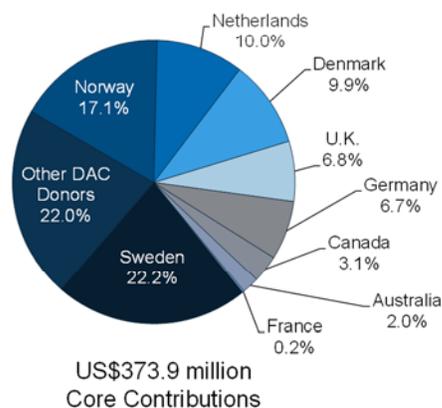
Recent highlights of U.S. funding for UNFPA are as follows:

- **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 through 2019:** The current administration has invoked the Kemp-Kasten amendment in each of the past three fiscal years (2017-2019) to withhold all funding (both core and non-core) from UNFPA.

Sweden provided the largest core contribution to UNFPA in 2018 (US\$83.0 million), followed by Norway (US\$63.8 million), the Netherlands (US\$37.5), and Denmark (US\$37.1 million) (see Figure 6 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.

Figure 6

Donor Government Funding as Share of UNFPA Core Contributions, 2018



NOTE: Based on current US\$. Includes core contributions from members of the OECD DAC. In FY18, the U.S. administration invoked the Kemp-Kasten amendment for the second year in a row to withhold funding – both core and non-core contributions – to UNFPA (see KFF “UNFPA Funding & Kemp-Kasten: An Explainer”). SOURCE: KFF analysis, October 2019; UNFPA Annual Report, 2018.



Table 2: Donor Government Contributions to UNFPA (Core Resources), 2012-2018 (in current US\$, millions)

Government	2012	2013	2014	2015	2016	2017	2018	Difference	
								2017 - 2018	2012 - 2018
Australia	\$ 14.9	\$ 15.6	\$ 13.9	\$ 11.7	\$ 7.0	\$ 6.9	\$ 7.4	\$0.5 (6.7%)	\$-7.5 (-50.6%)
Canada	\$ 17.4	\$ 16.0	\$ 14.0	\$ 12.4	\$ 11.7	\$ 12.1	\$ 11.8	\$-0.4 (-3.1%)	\$-5.6 (-32.4%)
Denmark	\$ 44.0	\$ 40.4	\$ 41.9	\$ 35.7	\$ 28.1	\$ 43.2	\$ 37.1	\$-6.1 (-14.1%)	\$-6.9 (-15.8%)
France	\$ 0.5	\$ -	\$ -	\$ 0.6	\$ 0.8	\$ 0.6	\$ 0.7	\$0.1 (13%)	\$0.2 (35%)
Germany	\$ 20.7	\$ 24.0	\$ 24.7	\$ 21.3	\$ 24.4	\$ 25.1	\$ 25.2	\$0.1 (0.5%)	\$4.5 (21.7%)
Netherlands	\$ 49.0	\$ 52.4	\$ 48.4	\$ 39.7	\$ 39.1	\$ 37.4	\$ 37.5	\$0.1 (0.4%)	\$-11.5 (-23.5%)
Norway	\$ 59.4	\$ 70.6	\$ 69.1	\$ 55.6	\$ 46.8	\$ 50.8	\$ 63.8	\$13 (25.6%)	\$4.4 (7.4%)
Sweden	\$ 66.3	\$ 65.8	\$ 70.3	\$ 57.4	\$ 59.0	\$ 63.8	\$ 83.0	\$19.2 (30.1%)	\$16.7 (25.2%)
United Kingdom	\$ 31.8	\$ 31.5	\$ 33.1	\$ 30.8	\$ 25.0	\$ 25.9	\$ 25.5	\$-0.4 (-1.4%)	\$-6.3 (-19.8%)
United States	\$ 30.2	\$ 28.9	\$ 31.1	\$ 30.8	\$ 30.7	\$ -	\$ -	-	\$-30.2 (-100%)
Other DAC Donors	\$ 98.0	\$ 108.8	\$ 125.0	\$ 96.6	\$ 75.1	\$ 78.8	\$ 82.1	\$3.3 (4.2%)	\$-15.9 (-16.2%)
Total	\$ 432.2	\$ 454.0	\$ 471.5	\$ 392.6	\$ 347.8	\$ 344.4	\$ 373.9	\$29.5 (8.6%)	\$-58.3 (-13.5%)

Looking Ahead

While donor government funding for family planning reached the highest level since this tracking effort began, a significant share of that increase was due to the timing of disbursements by the U.S. The U.S. increase may be temporary as annual appropriations have been relatively flat in recent years. Family planning funding from most of the remaining nine donors, all of which made new or renewed commitments at the Family Planning Summit in 2017, increased in both 2017 and 2018. These years have also seen funding growth in broader Sexual and Reproductive Health and Rights (SRHR) among a

subset of donor governments. Ongoing tracking of whether these trends continue will be important for assessing the post-2020 agenda.

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 2019. 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 2017 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, Slovenia, Spain, and Switzerland – which collectively accounted for approximately 2 percent of bilateral family planning disbursements, were obtained from the OECD CRS and are from calendar year 2017.

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.”⁷ 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 population, 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 UNFPA Supplies). U.S. bilateral data correspond to amounts disbursed for the 2018 fiscal year. UNFPA contributions from all governments correspond to amounts received during the 2018 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\$356.2 million (40.8% of its total program expenses) on family planning activities in 2018 (US\$62.5 million from core resources and US\$293.7 million from non-core resources).⁸ 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 2018, the Gates Foundation provided US\$296 million for family planning.⁹

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

Donor Government Bilateral Disbursements for Family Planning, 2012-2018* (in current US\$, millions)								
Country	2012	2013	2014	2015	2016	2017	2018	Notes
Australia	\$ 43.2	\$ 39.5	\$ 26.6	\$ 12.4	\$ 24.9	\$ 25.6	\$ 22.2	Australia has now identified A\$31.5 million in bilateral FP funding for the 2017-18 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	\$ 81.8	Bilateral funding is for family planning and reproductive health components of combined projects/activities in FY18-19. 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. 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.
Denmark	\$ 13.0	\$ 20.3	\$ 28.8	\$ 28.1	\$ 30.7	\$ 33.1	\$ 38.5	Bilateral funding is for family planning-specific activities and reproductive health-coded activities with a family planning focus.
France	\$ 49.6	\$ 37.2	\$ 69.8	\$ 68.6	\$ 39.9	\$ 19.2	\$ 17.0	Bilateral funding is for a mix of family planning, reproductive health and maternal & child health activities in 2012-2018; family planning-specific activities cannot be further disaggregated. 2018 data is preliminary.
Germany	\$ 47.6	\$ 38.2	\$ 31.3	\$ 34.0	\$ 37.8	\$ 36.8	\$ 51.3	Bilateral funding is for family planning-specific activities, as well as elements of multipurpose projects.
Netherlands	\$ 105.4	\$ 153.7	\$ 163.6	\$ 165.8	\$ 183.1	\$ 197.0	\$ 215.6	The Netherlands budget provided a total of EUR445 million in 2018 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated EUR182.7 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	\$ 12.9	Bilateral funding is for family planning-specific activities, narrowly-defined under the corresponding DAC subsector 13030. Additional Norwegian bilateral family planning activities are for the most part not standalone, but rather are integrated as elements of other activities. In line with Norway's methodology for SRHR monitoring of its FP Summit 2017 pledge, Norwegian SRHR support comprises all projects using DAC Sector 130, 100% of UNFPA and UNAIDS core contributions, 50% of contributions to the Global Fund to Fight Aids, Tuberculosis and Malaria and 28% of contributions to the Global Financing Facility. Using these parameters, Norwegian SRHR funding totalled NOK1.3347 billion in 2017 and NOK1.5804 billion in 2018.
Sweden	\$ 41.2	\$ 50.4	\$ 70.2	\$ 66.0	\$ 92.5	\$ 109.2	\$ 107.0	Bilateral funding is for combined family planning and reproductive health activities. 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. More broadly, total Swedish bilateral SRHR activities appear to have accounted for at least SEK1.3 billion in 2018. Of this, at least SEK246 million is estimated to have been related to family planning.
United Kingdom	\$ 252.8	\$ 305.2	\$ 327.6	\$ 269.9	\$ 204.8	\$ 285.1	\$ 292.2	In the financial year 2018/19, total UK spending on family planning was £260.7 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 £222.3 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. 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 2018/19 in 2020.
United States	\$ 485.0	\$ 585.0	\$ 636.6	\$ 638.4	\$ 532.5	\$ 474.7	\$ 630.6	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	\$ 29.6	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 2018 are the 2017 totals, the most recent year available; 2017 presents 2016 totals; etc.).
TOTAL	\$ 1,093.6	\$ 1,325.0	\$ 1,432.7	\$ 1,344.5	\$ 1,199.0	\$ 1,261.4	\$ 1,498.7	

*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

¹ 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.

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

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

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

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

⁶ In FY17 and FY18, the U.S. administration invoked the Kemp-Kasten amendment to withhold funding – both core and non-core contributions – to UNFPA. In 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”).

⁷ OECD, *The List of CRS Purpose Codes and Voluntary Budget Identifier Codes*, June 2018.

⁸ UNFPA, Direct communication, September, 2019.

⁹ Bill & Melinda Gates Foundation, Direct communication, October, 2019.

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