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Donor Government Funding for Family Planning in 2019

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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 2019, the most recent year available, as well as trends over time. It is part of an effort by KFF (the Kaiser Family Foundation) to track such funding that began after the London Summit on Family Planning in 2012. Importantly, these findings reflect political funding decisions made before the COVID-19 pandemic and therefore precede possible effects on donor government spending for family planning. At the same time, [data](#) have already shown that family planning services have been disrupted by COVID-19, which could exacerbate unmet needs. Key findings include:

- **DONOR GOVERNMENT FUNDING FOR FAMILY PLANNING WAS ESSENTIALLY FLAT COMPARED TO THE PRIOR YEAR.** In 2019, donor government funding for family planning totaled US\$1.5 billion, on par with peak-level 2018 funding (US\$1.5 billion).¹
- **HALF OF DONORS INCREASED BILATERAL FUNDING FOR FAMILY PLANNING IN 2019.** Among the 10 donor governments profiled, five increased bilateral funding (Australia, Canada, Norway, Sweden, and the U.K.) and five decreased (Denmark, France, Germany, the Netherlands, and the U.S.); these trends were the same after adjusting for inflation and exchange rate fluctuations, except for the Netherlands, which was level in currency of origin.
- **THE U.S. CONTINUES TO BE THE LARGEST DONOR TO FAMILY PLANNING.** The U.S. was the largest bilateral donor to family planning in 2019 (even after a decline in funding compared to 2018), providing \$592.5 million or 39% of total bilateral funding from governments.² The U.K. (US\$386.5 million, 25%) was the second largest donor, followed by the Netherlands (US\$203.3 million, 13%), Sweden (US\$113.1 million, 7%), and Canada (US\$89.4 million, 6%).
- **DONOR FUNDING HAS GENERALLY INCREASED SINCE THE LONDON SUMMIT IN 2012, ALTHOUGH THERE HAVE BEEN FLUCTUATIONS OVER THE PERIOD.** Funding from donor governments in 2019 was more than US\$400 million above the 2012 level (US\$1.1 billion). In addition, 2019 funding levels for seven of the ten donor governments profiled were higher than in 2012. Funding reached its highest level since the summit in 2018 and remained there in 2019.
- **FUNDING TO UNFPA REMAINED STEADY IN 2019, EVEN WITHOUT U.S. SUPPORT.** In addition to bilateral funding for family planning, the donor governments profiled provided US\$367.6 million in core contributions to UNFPA in 2019, similar to 2018 (US\$373.9 million).^{3,4} Norway provided the largest core contribution (US\$62.0 million), followed by Sweden (US\$61.7 million), Denmark (US\$45.3 million), Germany (US\$37.0 million), and the Netherlands (US\$36.7 million). The U.S. did not provide any funding to UNFPA in 2019. This was the third year in a row that the Trump administration invoked the Kemp-Kasten amendment to withhold funding from the organization.⁵
- **FUTURE FUNDING MAY DEPEND ON THE IMPACTS OF COVID-19 ON DONOR BUDGETS AND COUNTRY NEEDS, AND CHANGING U.S. ADMINISTRATION PRIORITIES.** While donor government funding for family planning has generally increased since the London Summit, and more recently held steady, future levels could depend on the fall-out from the COVID-19 pandemic, including how significantly the pandemic affects donor budgets as well as needs on the ground. At the same time, the Biden Administration has expressed support for global family planning efforts and may seek additional funding for these efforts, though any funding request would need to be approved by Congress.

Introduction

This report provides data on donor government funding for family planning activities in low- and middle-income countries in 2019, the most recent year available, as well as trends over time. It is part of an effort by KFF that began after the [London Summit on Family Planning in 2012](#) and 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.⁶ Data are collected directly from donors and supplemented with data from the DAC. Direct data collection was carried out for ten donor governments that account for 98% of total funding for family planning. Both bilateral assistance and core contributions to UNFPA are included. For more detail, see the below methodology.

Findings

Bilateral Funding

In 2019, donor governments provided US\$1.5 billion in bilateral funding for family planning activities (see Figure 1, Table 1 & Appendix 2), on par with the 2018 level (US\$1.5 billion), which was the highest level of funding since the London Summit in 2012.¹ However, after adjusting for inflation and exchange rate fluctuations, funding in 2019 declined slightly compared to 2018.

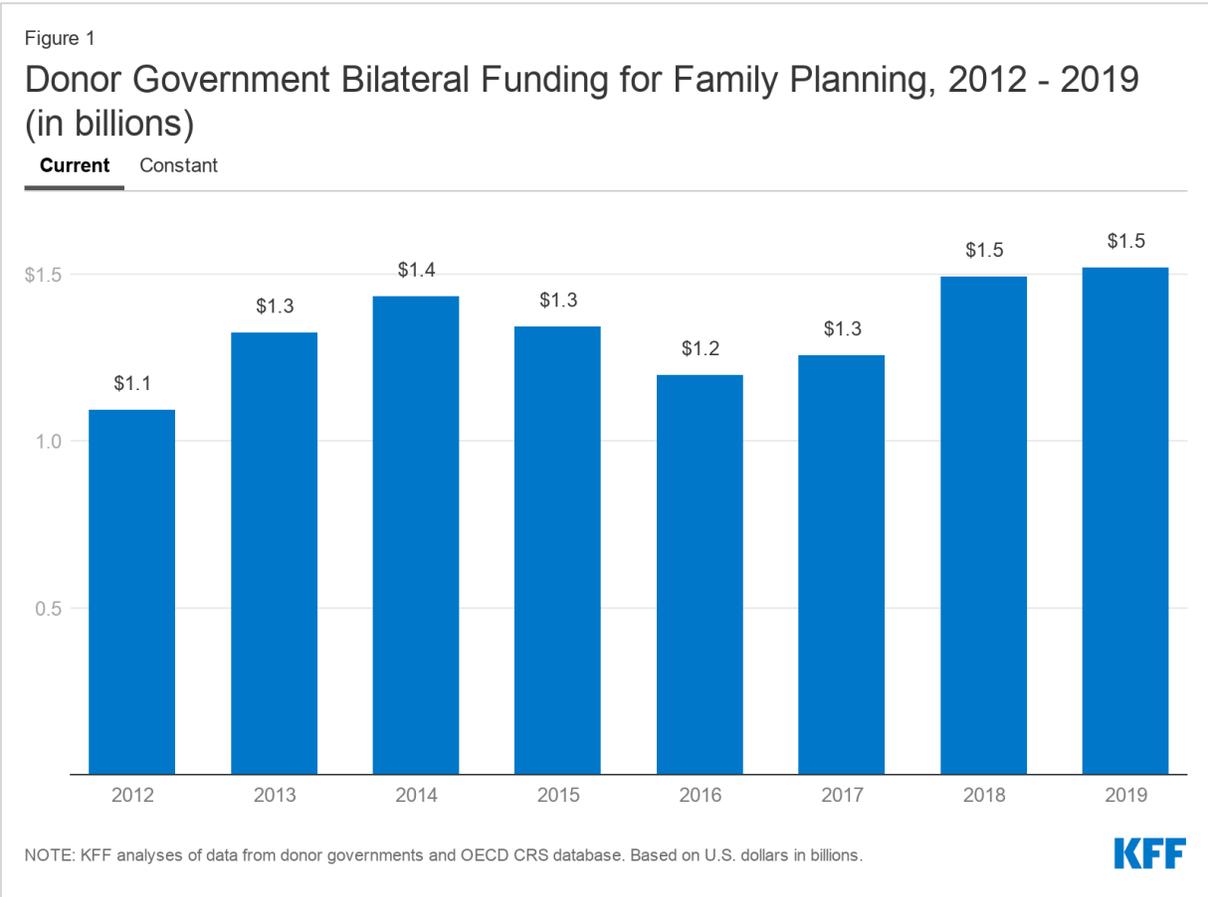


Table 1: Donor Government Bilateral Funding for Family Planning, 2012-2019 (in current US\$, millions)

Government	2012	2013	2014	2015	2016	2017	2018	2019	Difference (2018 - 2019)	Difference (2012 - 2019)
Australia	\$43.2	\$39.5	\$26.6	\$12.4	\$24.9	\$25.6	\$22.2	\$24.7	\$2.5 (11.3%)	\$-18.5 (-42.8%)
Canada	\$41.5	\$45.6	\$48.3	\$43.0	\$43.8	\$69.0	\$81.8	\$89.4	\$7.6 (9.3%)	\$47.9 (115.4%)
Denmark	\$13.0	\$20.3	\$28.8	\$28.1	\$30.7	\$33.1	\$38.5	\$25.6	\$-12.9 (-33.5%)	\$12.6 (96.9%)
France	\$49.6	\$37.2	\$69.8	\$68.6	\$39.9	\$19.2	\$17.0	\$11.1	\$-5.9 (-34.7%)	\$-38.5 (-77.6%)
Germany	\$47.6	\$38.2	\$31.3	\$34.0	\$37.8	\$36.8	\$51.3	\$44.1	\$-7.2 (-14%)	\$-3.5 (-7.4%)
Netherlands	\$105.4	\$153.7	\$163.6	\$165.8	\$183.1	\$197.0	\$215.6	\$203.3	\$-12.3 (-5.7%)	\$97.9 (92.9%)
Norway	\$3.3	\$20.4	\$20.8	\$8.1	\$5.7	\$2.2	\$12.9	\$15.6	\$2.7 (20.9%)	\$12.3 (372.7%)
Sweden	\$41.2	\$50.4	\$70.2	\$66.0	\$92.5	\$109.2	\$107.0	\$113.1	\$6.1 (5.7%)	\$71.9 (174.5%)
United Kingdom	\$252.8	\$305.2	\$327.6	\$269.9	\$204.8	\$279.2	\$286.0	\$386.5	\$100.5 (35.1%)	\$133.7 (52.9%)
United States	\$485.0	\$585.0	\$636.6	\$638.4	\$532.5	\$474.7	\$630.6	\$592.5	\$-38.1 (-6%)	\$107.5 (22.2%)
Other DAC Countries	\$11.0	\$29.5	\$9.0	\$10.1	\$3.3	\$9.6	\$29.6	\$14.4	\$-15.3 (-51.6%)	\$3.4 (30.5%)
Total	\$1,093.6	\$1,325.0	\$1,432.7	\$1,344.5	\$1,199.0	\$1,255.5	\$1,492.5	\$1,520.3	\$27.7 (1.9%)	\$426.7 (39%)

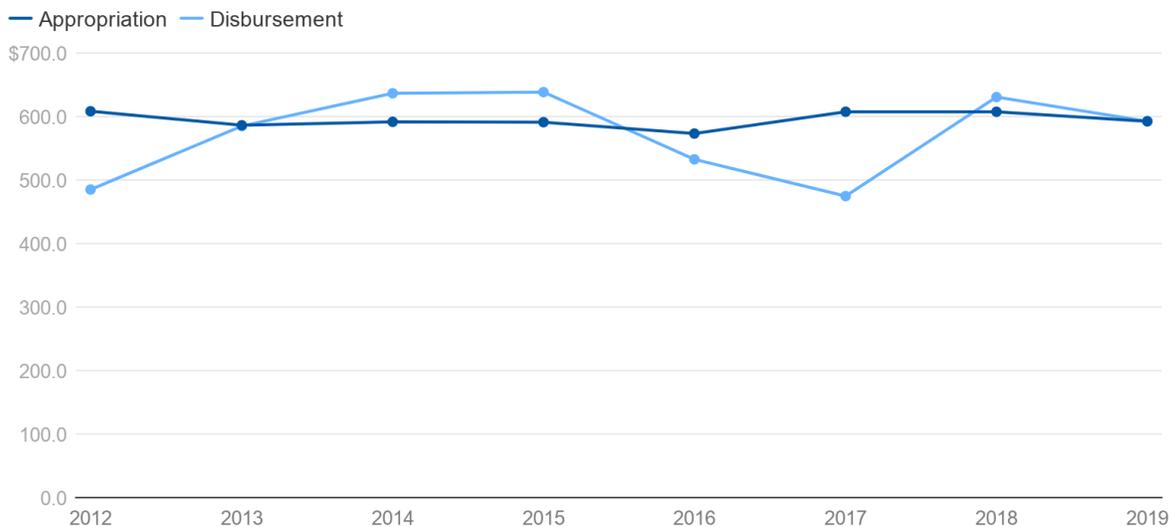
NOTE: KFF analyses of data from donor governments and OECD CRS database. Based on current U.S. dollars in millions. "Other DAC Countries" includes: Austria, Belgium, Czech Republic, European Union, Finland, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.



Among the ten donors for which direct data collection was conducted, half increased funding in 2019 (Australia, Canada, Norway, Sweden, and the U.K.) and half decreased (Denmark, France, Germany, the Netherlands, and the U.S.). These trends were the same after adjusting for inflation and exchange rate fluctuations, except for the Netherlands, which was flat in currency of origin. It is important to note that the U.S. decline was largely due to timing and does not reflect an actual decrease in U.S. appropriations, which are firm commitments that may be spent over a multi-year period. In fact, U.S. appropriations for family planning have remained steady in recent years (see Figure 2).⁷

Figure 2

Snapshot of U.S. Government Bilateral Funding for Global Family Planning Efforts, FY 2012-FY 2019



NOTE: KFF analysis of data from the U.S. Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard (www.foreignassistance.gov). Based on current U.S. dollars in millions. In FY19, a comparable figure for funding disbursed was not available due to adjustments made in USAID's accounting system. Instead, the FY19 total is based on Congressionally appropriated amounts, which include US\$575.0 million in funding for family planning as well as US\$17.5 million transferred to family planning from the Congressional appropriation to UNFPA (see Donor contributions to UNFPA for additional details). It is important to note that U.S. appropriations for a given year may be disbursed over a multi-year period. Appropriations have remained relatively flat for several years while disbursements have fluctuated largely due to the timing of payments.

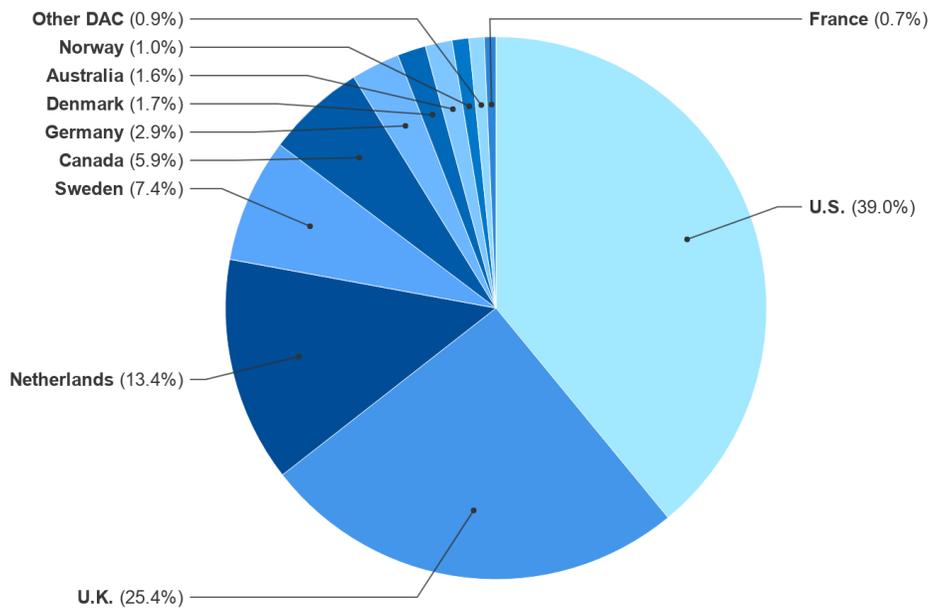


Despite a decline in 2019, the U.S. remained the largest donor to family planning, accounting for 39% of donor government funding (see Figure 3).² The U.K. (25%) was the second largest donor followed by the Netherlands (13%), Sweden (7%), and Canada (6%).

Donor government funding for family planning has generally risen since the London Summit in 2012, although totals have fluctuated over the period. Funding in 2019 (US\$1.5 billion) was more than US\$400 million above the 2012 level (US\$1.1 billion) and includes increases from seven of the ten donors: Canada, Denmark, the Netherlands, Norway, Sweden, the U.K. and the U.S. If the U.S. is excluded, funding from all other donors rose from US\$608.6 million to US\$927.8 million, a more than US\$300 million (52%) increase (see Figure 4).

Figure 3

Donor Government Funding as Share of Total Bilateral Disbursements for Family Planning, 2019

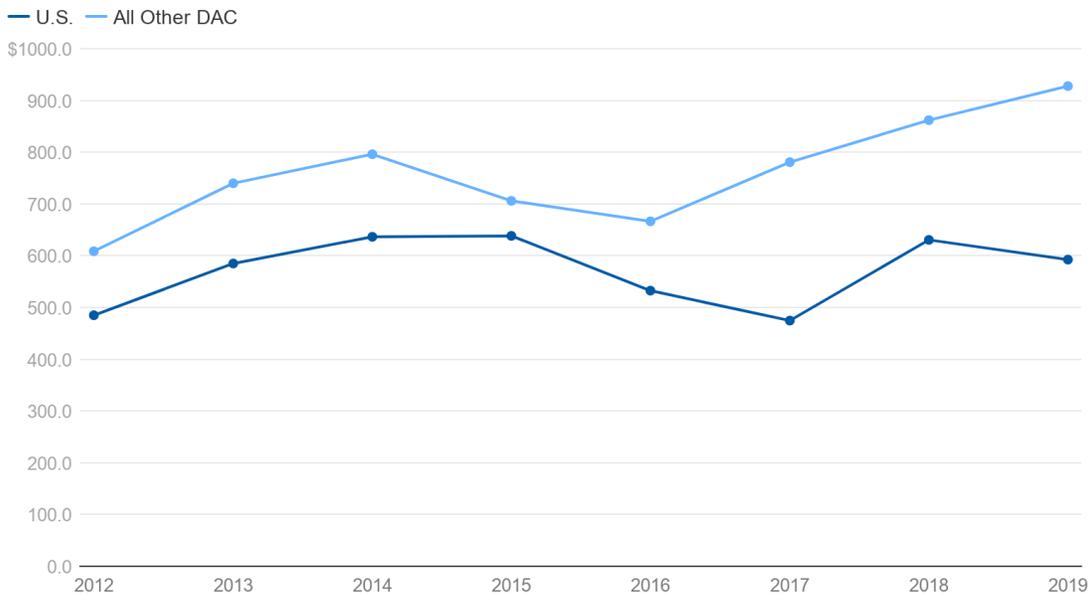


NOTE: KFF analyses of data from donor governments and OECD CRS database. Based on US\$1.5 billion in current U.S. dollars in 2019.



Figure 4

Trends in Bilateral Family Planning Funding from Donor Governments, 2012-2019



NOTE: KFF analyses of data from donor governments and OECD CRS database. Based on current U.S. dollars in millions.



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 2019, the donor governments profiled provided US\$367.6 million in core contributions to UNFPA, essentially flat compared to the 2018 level (US\$373.9 million), even without U.S. support.^{3,4} Three donors increased funding (Denmark, France, and Germany), five remained flat (Australia, Canada, the Netherlands, Norway, and the U.K.), and one declined (Sweden). For the third year in a row, the Trump administration withheld funding from UNFPA.⁵

Norway provided the largest core contribution to UNFPA in 2019 (US\$62.0 million), followed by Sweden (US\$61.7 million), Denmark (US\$45.3 million), Germany (US\$37.0), and the Netherlands (US\$36.7 million) (see Figure 5 and Table 2). Two donors – Denmark and Norway - provided larger contributions to UNFPA’s core resources than their total bilateral funding for family planning.

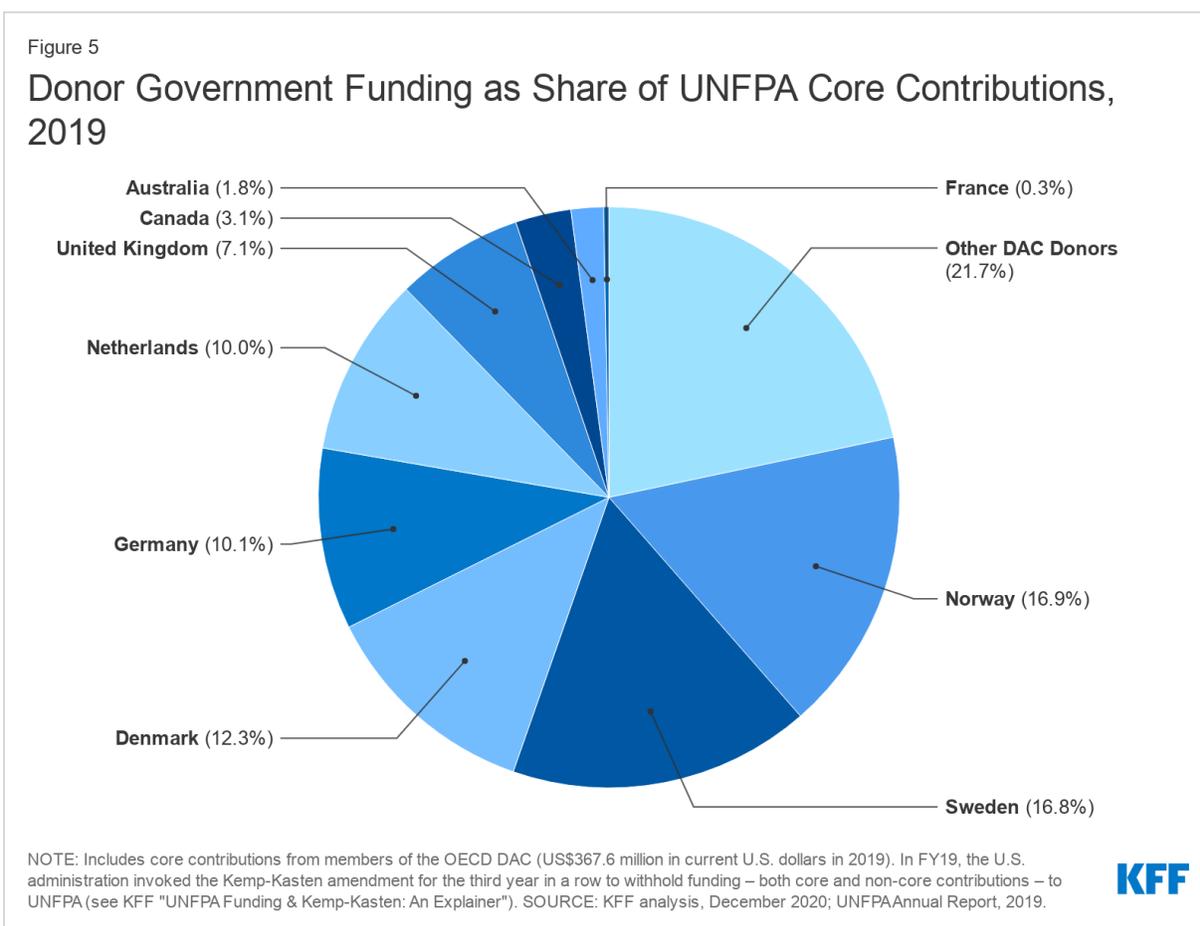


Table 2: Donor Government Contributions to UNFPA (Core Resources), 2012-2019 (in current US\$, millions)

Government	2012	2013	2014	2015	2016	2017	2018	2019	Difference (2018 - 2019)	Difference (2012 - 2019)
Australia	\$14.9	\$15.6	\$13.9	\$11.7	\$7.0	\$6.9	\$7.4	\$6.6	\$-0.8 (-10.8%)	\$-8.3 (-55.9%)
Canada	\$17.4	\$16.0	\$14.0	\$12.4	\$11.7	\$12.1	\$11.8	\$11.4	\$-0.3 (-2.9%)	\$-6 (-34.4%)
Denmark	\$44.0	\$40.4	\$41.9	\$35.7	\$28.1	\$43.2	\$37.1	\$45.3	\$8.3 (22.3%)	\$1.3 (3%)
France	\$0.5	-	-	\$0.6	\$0.8	\$0.6	\$0.7	\$1.3	\$0.6 (85.2%)	\$0.8 (150%)
Germany	\$20.7	\$24.0	\$24.7	\$21.3	\$24.4	\$25.1	\$25.2	\$37.0	\$11.8 (46.7%)	\$16.3 (78.5%)
Netherlands	\$49.0	\$52.4	\$48.4	\$39.7	\$39.1	\$37.4	\$37.5	\$36.7	\$-0.8 (-2.2%)	\$-12.3 (-25.2%)
Norway	\$59.4	\$70.6	\$69.1	\$55.6	\$46.8	\$50.8	\$63.8	\$62.0	\$-1.8 (-2.8%)	\$2.6 (4.4%)
Sweden	\$66.3	\$65.8	\$70.3	\$57.4	\$59.0	\$63.8	\$83.0	\$61.7	\$-21.3 (-25.7%)	\$-4.6 (-6.9%)
United Kingdom	\$31.8	\$31.5	\$33.1	\$30.8	\$25.0	\$25.9	\$25.5	\$26.0	\$0.4 (1.7%)	\$-5.9 (-18.4%)
United States	\$30.2	\$28.9	\$31.1	\$30.8	\$30.7	-	-	-	-	\$-30.2 (-100%)
Other DAC Countries	\$98.0	\$108.8	\$125.0	\$96.6	\$75.1	\$78.8	\$82.1	\$79.8	\$-2.3 (-2.8%)	\$-18.2 (-18.6%)
Total	\$432.2	\$454.0	\$471.5	\$392.6	\$347.8	\$344.4	\$373.9	\$367.6	\$-6.3 (-1.7%)	\$-64.6 (-14.9%)

NOTE: Includes core contributions from members of the OECD DAC (current U.S. dollars in millions) and is based on KFF analyses of UNFPA Annual Reports. In FY17, FY18, and FY19, the U.S. administration invoked the Kemp-Kasten amendment to withhold funding – both core and non-core contributions – to UNFPA (see KFF “UNFPA Funding & Kemp-Kasten: An Explainer”).



Looking Ahead

While donor government funding for family planning has generally increased since the London Summit, and more recently held steady, future levels could depend on the fall-out from the COVID-19 pandemic, including how significantly the pandemic affects donor budgets as well as needs on the ground. At the same time, the Biden Administration has expressed support for global family planning efforts and may seek additional funding for these efforts, though any funding request would need to be approved by Congress. Given that the U.S. is the largest donor to global family planning efforts, any changes would have an outsized impact.

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 2020. Data represent the fiscal year 2019 period. 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 2018 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 2018.

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.” 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 confirmed through communication 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 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). UNFPA contributions from all governments correspond to amounts received during the 2019 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.

U.S. totals represent disbursements during the fiscal year (October 1 – September 30) for the period between 2012-2018. In FY 2019, a comparable figure for funding disbursed was not available due to adjustments made in USAID's accounting system. Instead, the FY 2019 total is based on Congressionally appropriated amounts, which include US\$575.0 million in funding for family planning as well as US\$17.5 million transferred to family planning from the Congressional appropriation to UNFPA.⁵

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.

Appendix

Appendix: Donor Government Bilateral Disbursements for Family Planning, 2012-2019 (in current US\$, millions)

Country	2012	2013	2014	2015	2016	2017	2018	2019	Notes
Australia	\$43.2	\$39.5	\$26.6	\$12.4	\$24.9	\$25.6	\$22.2	\$24.7	Australia has identified A\$35.5 million in bilateral FP funding for the 2018-19 fiscal year using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g. 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	\$89.4	Bilateral funding is for family planning and reproductive health components of combined projects/activities in FY19-20. 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	\$25.6	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	\$11.1	Bilateral funding is for a mix of family planning, reproductive health and maternal & child health activities in 2012-2019; family planning-specific activities cannot be further disaggregated. 2019 data is preliminary.
Germany	\$47.6	\$38.2	\$31.3	\$34.0	\$37.8	\$36.8	\$51.3	\$44.1	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	\$203.3	The Netherlands budget provided a total of EUR449 million in 2019 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated EUR181.6 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	\$15.6	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 totaled NOK1,580.4 billion in 2018 and NOK1,605.5 billion in 2019.
Sweden	\$41.2	\$50.4	\$70.2	\$66.0	\$92.5	\$109.2	\$107.0	\$113.1	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 SEK1.2 billion in 2019. Of this, at least SEK210 million is estimated to have been related to family planning.
United Kingdom	\$252.8	\$305.2	\$327.6	\$269.9	\$204.8	\$279.2	\$286.0	\$386.5	In the financial year 2019/20, total UK spending on family planning was £334.8 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 £304 million was calculated by removing unrestricted core contributions to multilateral organizations. A final estimate will be available after FCDO publishes its annual report for 2019/20 in 2021.
United States	\$485.0	\$585.0	\$636.6	\$638.4	\$532.5	\$474.7	\$630.6	\$592.5	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. In FY 2019, a comparable figure for funding disbursed was not available due to adjustments made in USAID's accounting system. Instead, the FY 2019 total is based on Congressionally appropriated amounts, which include US\$575.0 million in funding for family planning as well as US\$17.5 million transferred to family planning from the Congressional appropriation to UNFPA (see Donor contributions to UNFPA for additional details). It is important to note that U.S. appropriations for a given year may be disbursed over a multi-year period. Appropriations have remained relatively flat for several years while disbursements have fluctuated largely due to the timing of payments.
Other DAC Countries	\$11.0	\$29.5	\$9.0	\$10.1	\$3.3	\$9.6	\$29.6	\$14.4	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 2019 are the 2018 totals, the most recent year available; 2018 presents 2017 totals; etc.).
TOTAL	\$1,093.6	\$1,325.0	\$1,432.7	\$1,344.5	\$1,199.0	\$1,255.5	\$1,492.5	\$1,520.3	

NOTE: KFF analyses of data from donor governments and OECD CRS database. Based on current U.S. dollars in millions. 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. "Other DAC Countries" includes: 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 funding 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 In FY 2019, a comparable figure for funding disbursed was not available due to adjustments made in USAID's accounting system. Instead, the FY 2019 total is based on Congressionally appropriated amounts, which include US\$575.0 million in funding for family planning as well as US\$17.5 million transferred to family planning from the Congressional appropriation to UNFPA (see Donor Contributions to UNFPA section for additional details). It is important to note that U.S. appropriations for a given year may be disbursed over a multi-year period. Appropriations have remained relatively flat for several years while disbursements have fluctuated largely due to the timing of payments.

³ Includes core-contributions from members of the OECD DAC only; core contributions from non-DAC donors are not included in this total.

⁴ UNFPA, "[UNFPA in 2019: Annual Report](#)", 2019. See also [UNFPA Donor Contributions](#) portal.

⁵ In FY17, FY18, and FY19, the U.S. administration invoked the Kemp-Kasten amendment to withhold funding – both core and non-core contributions – to UNFPA. In each of these years, Congress required that funding withheld from UNFPA “shall be made available for family planning, maternal, and reproductive health activities.” See KFF “[UNFPA Funding & Kemp-Kasten: An Explainer](#)” for additional details.

⁶ Includes funding from 29 DAC member countries and the European Union (EU).

⁷ 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 multi-year period. 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.

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