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**Flow of financial resources for assisting in the
implementation of the Programme of Action of the
International Conference on Population and Development****Report of the Secretary-General***Summary*

The present report responds to a request made at the twenty-eighth session of the Commission on Population and Development for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. It also complies with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the financial resource flows to assist in the implementation of the Programme of Action.

The report examines expected levels of donor and domestic expenditures for population activities in developing countries for 2007 and provides estimates for population expenditures in 2008 and projections for 2009. Donor assistance has been increasing steadily over the past few years, reaching \$7.4 billion in 2006. It is expected to surpass \$8 billion in 2007 and may further increase to \$11 billion over the next two years. These optimistic estimates presuppose that donors will continue to increase funding levels. A rough estimate of resources mobilized by developing countries, as a group, yielded a figure of \$18.5 billion for 2007. This number is expected to increase to \$19.6 billion in 2008 and \$20.5 billion in 2009. These figures also presuppose that developing countries will continue to increase resources for population activities. However, given the current global financial crisis, it is not certain whether countries will continue to increase funding levels for population.

* E/CN.9/2009/1.



Fifteen years have passed since the International Conference on Population and Development financial targets were fixed. Stocktaking of progress of the Conference 15 years after it was held shows that while resources mobilized have increased, the overall funding is significantly less than necessary to meet current needs and costs, which have grown tremendously since the targets were agreed upon in 1994. The goals and objectives of the Programme of Action of the Conference have not been fully implemented and although important progress has been made, fulfilling the commitments towards the Millennium Development Goals is not on track. A lack of adequate resources to meet current needs is a major impediment to the achievement of the goals of the Conference and the Millennium Development Goals.

In response to the International Conference on Population and Development call to review and update the cost estimates to ensure that current needs are met and to bring cost estimates more in line with funding needs for achieving the Millennium Development Goals, the report presents revised cost estimates for the four components of the International Conference on Population and Development population package. It points out that without political will, renewed commitment, and adequate resources to meet current needs, it will not be possible to achieve the goals of the Conference or the Millennium Summit.

Contents

	<i>Page</i>
I. Introduction	4
II. Donor assistance to population activities	5
A. Bilateral assistance to population activities	7
B. Multilateral assistance to population activities	8
C. Private assistance to population activities	9
D. Expenditures for population activities by geographic region	9
E. Expenditures for population activities by category of activity	9
F. Expenditures for population activities by channel of distribution	11
III. Domestic expenditures for population activities	11
A. Methodology	11
B. Estimates and projections of domestic expenditures	12
C. Components of domestic funding for population activities	13
IV. Revised cost estimates to meet current needs	14
V. Conclusion	19
A. Progress in resource mobilization	19
B. Key areas requiring further attention	20

I. Introduction

1. The present report has been prepared by the United Nations Population Fund (UNFPA) in response to a request at the twenty-eighth session of the Commission on Population and Development¹ for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development held in Cairo in 1994.² The report is part of the work programme of the Commission on Population and Development and is submitted in accordance with General Assembly resolutions 49/128 and 50/124, which called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. The report reviews the flow of funds from donor countries for population assistance in developing countries³ and provides estimates of government and non-governmental expenditures for population activities in developing countries for 2007. It also includes donor and developing country estimates for 2008 and projections for 2009. Data collection activities for both donor and domestic resource flows were undertaken by the Netherlands Interdisciplinary Demographic Institute under a contract with UNFPA. Evaluation and analysis of data were carried out jointly by UNFPA and the Netherlands Institute.

Methodology

3. A detailed questionnaire was mailed to over 100 key actors in the field of population and AIDS, including major multilateral organizations and agencies, large private foundations and other non-governmental organizations that provide substantial amounts of population assistance and Organization of Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) donor countries. To decrease respondent fatigue, coordinate monitoring of resource flows and ensure consistency in reporting, as much information from donor countries as possible is obtained from the OECD/DAC database. In the absence of complete data from a number of the major donors by the publication deadline, the information contained in this report is based on estimates taking into account past funding behaviour.

4. Information on domestic resource flows is based on data supplied by Governments and non-governmental organizations in developing countries throughout the world, secondary sources, and estimation and projections.

5. The external and domestic financial resource flows for population activities analysed in this report are part of the “costed population package” as specified in paragraph 13.14 of the Programme of Action of the International Conference on Population and Development. The package comprises family planning services;

¹ See *Official Records of the Economic and Social Council, 1995, Supplement No. 7 (E/1995/27)*, annex I, sect. III.

² *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

³ All references to developing countries in this report also include countries with economies in transition.

basic reproductive health services; STDs/HIV/AIDS prevention activities;⁴ and basic research, data and population and development policy analysis. The Programme of Action estimated that the implementation of this population and reproductive health package in the developing countries and countries with economies in transition would cost \$18.5 billion annually by the year 2005 and \$20.5 billion by 2010. Approximately two thirds of the projected costs would come from developing countries and one third, or \$6.1 billion in 2005 and \$6.8 billion in 2010, would come from the international donor community.

II. Donor assistance to population activities

6. Donor assistance to population activities continues to increase. By 2006, it stood at \$7.4 billion. The provisional figure for 2007 is \$8.1 billion (see table 1). The 2008 and 2009 figures are projected to be about \$11 billion (see figure 1). However, given the current global financial crisis, it is not certain whether donors will live up to their expected future commitments and continue to increase funding levels as they have done in the past few years. It is possible that the final figures for 2008 and 2009 will show decreases in levels of funding for population assistance.

Table 1

International population assistance, by major donor category, 2006-2009

(Millions of United States dollars)

<i>Donor category</i>	<i>2006</i>	<i>2007 (provisional)</i>	<i>2008 (estimated)</i>	<i>2009 (projected)</i>
Developed countries	6,626	6,971	9,813	9,891
United Nations system	105	50	123	127
Foundations/NGOs	406	479	475	491
Development Bank grants	131	52	153	158
Subtotal	7,267	7,551	10,564	10,667
Development Bank loans	113	577	577*	577*
Total	7,380	8,129	11,141	11,244

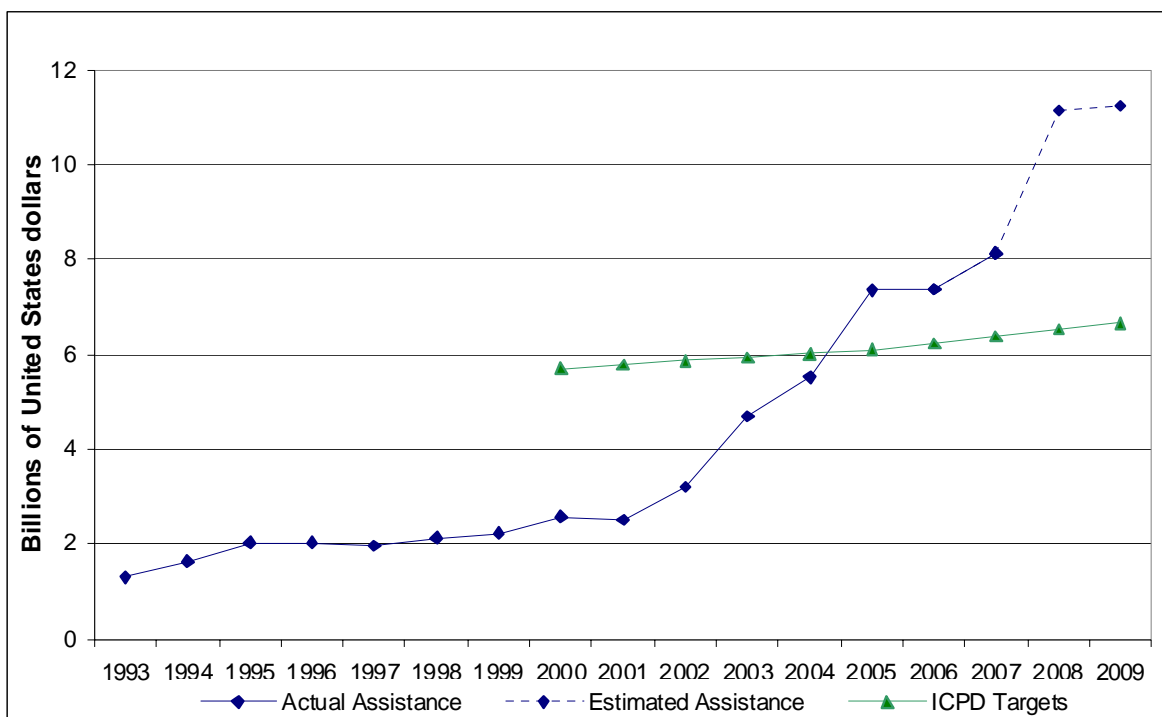
Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and Resource Flows Project database.

Note: Totals may not add up due to rounding.

* The 2008-2009 figures for development bank loans are estimated at the 2007 level.

⁴ Beginning with the 1999 round of questionnaires, the Resource Flows Project began to include data on HIV/AIDS treatment and care to address the growing reporting needs of UNAIDS and because it was becoming increasingly impossible for respondents to provide information on HIV/AIDS prevention activities only.

Figure 1
Population assistance as compared with targets of the International Conference on Population and Development



Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and Resource Flows Project database.

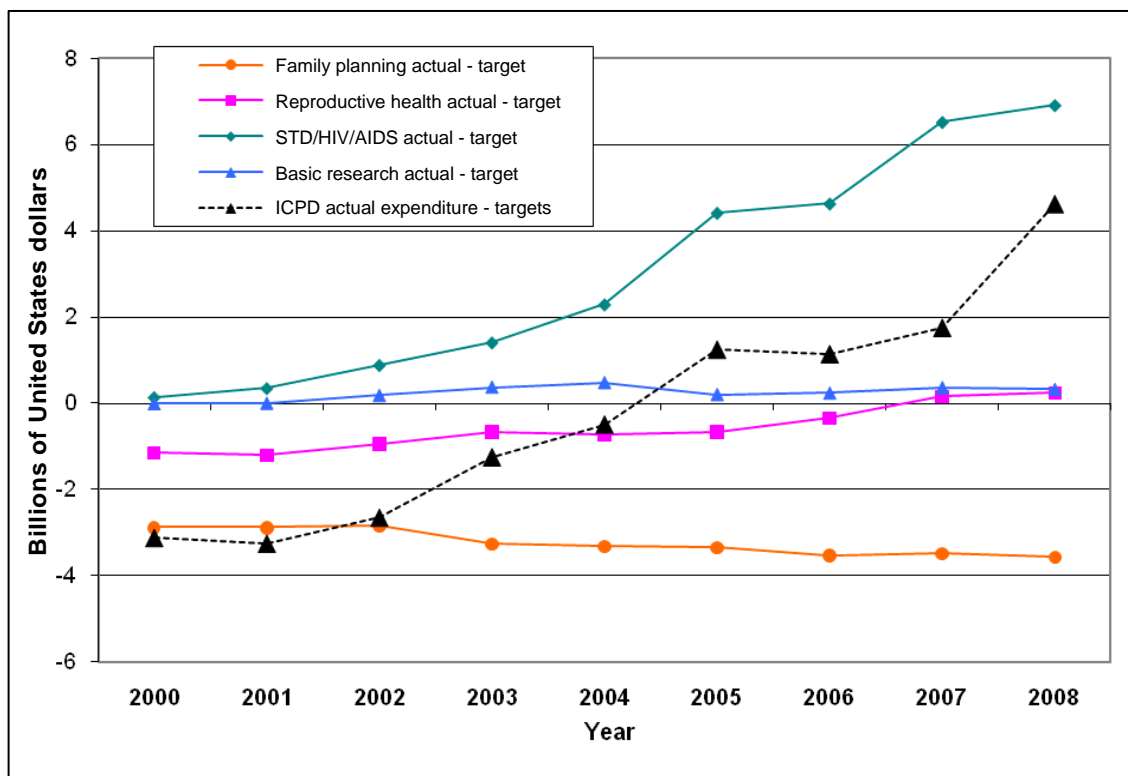
Note: Data on actual assistance for 2007 are provisional; data for 2008 are estimates; and data for 2009 are projections.

7. It is important to note that although the total financial target of the International Conference on Population and Development has been surpassed, a closer examination of how the funding is allocated over the four components of the Conference costed population package as compared with the specific targets for the individual categories shows that the increase in funding for HIV/AIDS obscures the fact that funding for the other components is below the agreed targets. Figure 2 compares actual population assistance with the Conference targets for family planning, reproductive health, STD/HIV/AIDS and basic research, data and population and development policy analysis. It is clear that funding levels for family planning are considerably below the Conference targets, while funding for STD/HIV/AIDS is substantially above the targets. Part of this difference may be explained by the fact that the targets of the International Conference on Population and Development for STD/HIV/AIDS included only prevention activities, while donors are currently reporting funding for treatment and care in addition to prevention activities because their accounting systems are such that they are not able to disaggregate resources that go to prevention activities and those that fund treatment and care. Funding for reproductive health has also been consistently below the Conference targets and has only slightly exceeded the target beginning with fiscal year 2007. Funding for basic research, data and population and development policy analysis has remained at or slightly above the Conference targets.

8. There are fears that the larger share of funding that goes to AIDS activities might distract attention for the necessary funding for the other three elements of the Conference costed population package. This is especially evident in the case of funding for family planning, where absolute dollar amounts are lower than they were in 1995. If not reversed, the trend towards less funding for family planning will have serious implications for the ability of countries to address unmet need for such services and could undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality.

Figure 2

Population assistance as compared with targets of the International Conference on Population and Development by population category



Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and Resource Flows Project database.

Note: Data on actual assistance for 2007 are provisional; data for 2008 are estimates.

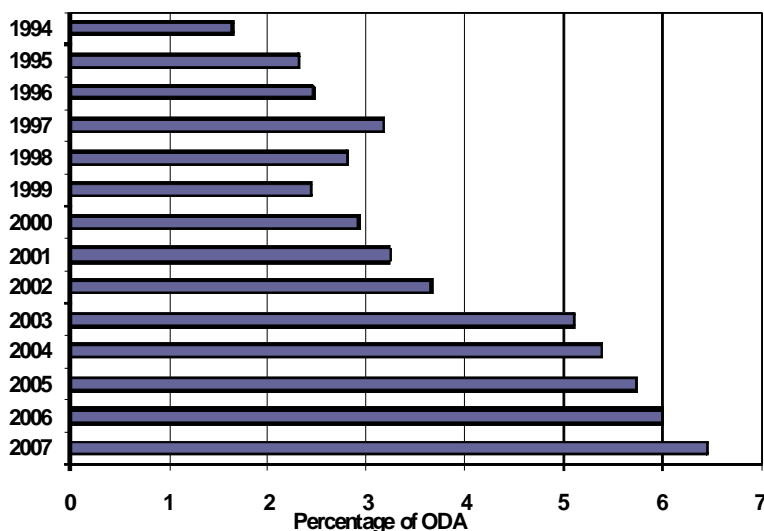
A. Bilateral assistance to population activities

9. Donor countries traditionally provide the largest share of population assistance. Bilateral assistance is estimated at \$7.0 billion in 2007, up from \$6.6 billion in 2006. According to preliminary estimates, donor countries provided \$9.8 billion for population activities in 2008. Projections for 2009 place this number at \$9.9 billion.

10. After several years of encouraging increases, official development assistance (ODA) decreased to \$103.5 billion in 2007 from \$103.9 billion in 2006. The percentage of total ODA that donor countries, as a group, contributed to population assistance increased to 6.46 per cent in 2007 from 6.07 per cent in 2006. There are significant variations between countries in percentage of ODA spent on population activities, from 0.11 per cent to 13.15 per cent.

Figure 3

Population assistance of donor countries as a percentage of ODA, 1994-2007



Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and Resource Flows Project database.

Note: Data for 2007 are provisional.

B. Multilateral assistance to population activities

Grants

11. Multilateral assistance to population activities is provided by the organizations and agencies of the United Nations system, mainly from the Joint United Nations Programme on HIV/AIDS, UNFPA, the United Nations Children's Fund and the World Health Organization. Whatever the United Nations agencies receive for population assistance from OECD/DAC donor countries is considered to be bilateral assistance. General funds of agencies that are not earmarked for population activities, interest earned on funds and money from income-generating activities that are spent on population activities are considered as multilateral assistance for population. Funds received from developing countries that agencies spend on population activities are a small portion of the regular budget of an agency and are also included as multilateral assistance. Provisional figures for multilateral assistance show a substantial decrease, from \$105 million in 2006 to \$50 million in 2007. This is due in part to the fact that a number of United Nations agencies did not provide information by the publication deadline.

12. UNFPA is the leading provider of United Nations assistance in the population field, providing support to 159 developing countries in 2007. UNFPA, which relies on voluntary contributions, uses the multi-year funding framework initiative that emphasizes management for results, tying programme support to policy development and linking the International Conference on Population and Development and the Millennium Development Goals in the context of poverty reduction to stimulate resource mobilization.

Loans

13. Development banks, which provide loans to developing countries, are an important source of multilateral population assistance. Their contributions are treated separately from grants because their assistance is in the form of loans that must be repaid. The projects of the banks reflect multi-year commitments recorded in the year in which they are approved but disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention, and fertility and health survey and census work. In 2007, the World Bank made available \$577 million in loans for population activities.

C. Private assistance to population activities

14. Foundations, non-governmental organizations and other private organizations are also important sources of population assistance. In 2007, it is estimated that foundations and non-governmental organizations contributed \$479 million to population activities, up from \$406 million in 2006. It is not certain how the current financial crisis will affect the level of private assistance to population activities in 2008 and 2009.

D. Expenditures for population activities by geographic region

15. Sub-Saharan Africa, which includes the majority of the least developed countries, continues to be the largest recipient of assistance, receiving more than half of all assistance going to the five geographic regions. Over 40 per cent of all population assistance goes to fund global and interregional population activities, including advocacy; research; reproductive health; support to the Global Fund to Fight AIDS, Tuberculosis and Malaria; HIV/AIDS prevention, care and support; and safe motherhood.

E. Expenditures for population activities by category of activity

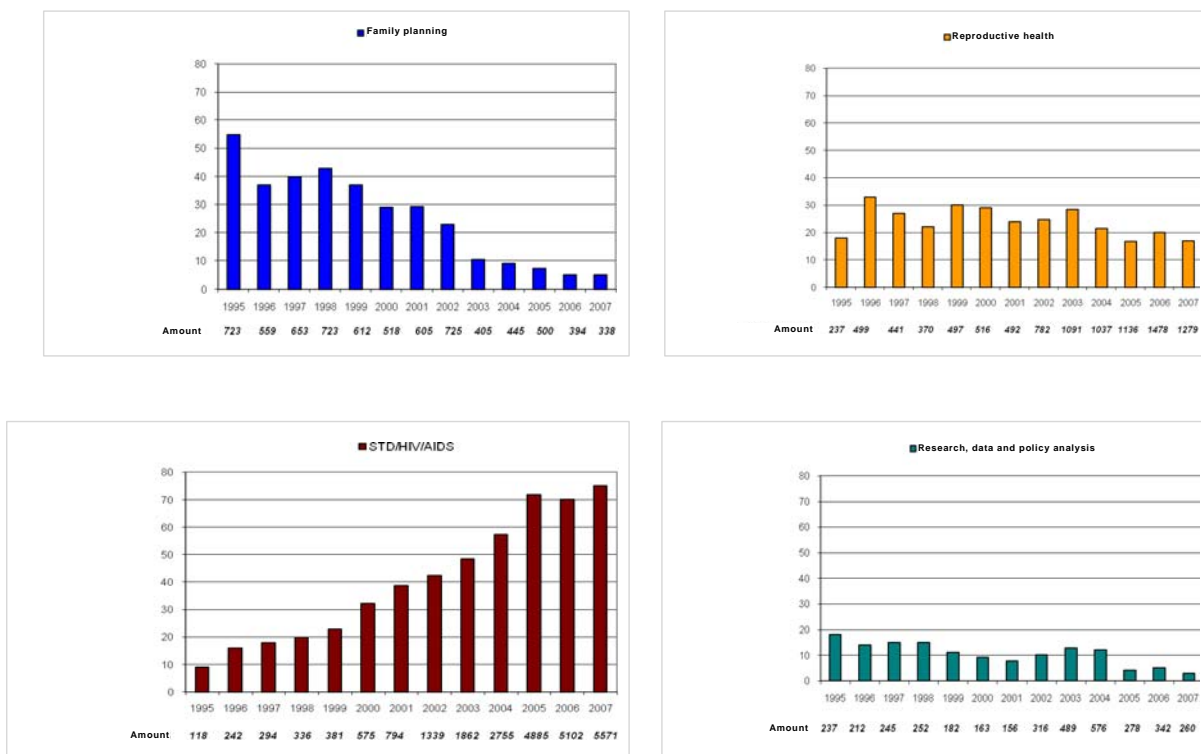
16. UNFPA monitors expenditures for population activities by the following four International Conference on Population and Development costed population categories: (a) family planning services; (b) basic reproductive health services; (c) STD/HIV/AIDS activities; and (d) basic research, data and population and development policy analysis. The largest and increasing proportion of total population assistance goes to fund HIV/AIDS activities. Funding for family planning services decreased significantly from 40 per cent in 1997 to 5 per cent in 2007, while funding for basic reproductive health services decreased from 33 per

cent to 17 per cent during the same period. Consistent with the rapid spread of the HIV/AIDS pandemic, funding for HIV/AIDS activities increased sharply since 1997, from 16 per cent of total population assistance to 75 per cent in 2007. Funding for basic research activities decreased with fluctuations, from 15 per cent in 1997 to 3 per cent in 2007 (figure 4).

17. Funding for family planning services decreased in absolute dollar amounts since 1995 when UNFPA first began monitoring resource flows by the four International Conference on Population and Development costed population categories. Although funding for reproductive health and basic research activities increased, HIV/AIDS activities continue to receive by far the largest proportion of population assistance. Given the increased emphasis on addressing the global AIDS pandemic, including the Millennium Development Goal of combating HIV/AIDS, malaria and other diseases and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, estimates for 2008 and projections for 2009 point to a continuation of this trend. In fact, donor countries are expected to continue to spend a large percentage of their population assistance on STD/HIV/AIDS activities in 2008 and 2009.

Figure 4
Expenditures for population activities as a percentage of total population assistance, 1995-2007

(Millions of United States dollars)



Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006 and Resource Flows Project database.*

18. The growing trend towards integration of services and the increasing use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population, between family planning, reproductive health and STD/HIV/AIDS activities.

F. Expenditures for population activities by channel of distribution

19. Assistance for population activities flows through a diverse network, moving from the donor to the recipient country through one of the following channels: (a) bilateral — directly from the donor to the Government of the recipient country; (b) multilateral — through United Nations organizations and agencies; and (c) non-governmental. The bilateral channel has overtaken the NGO channel that predominated during the past decade. In 2007, just under one third of population assistance was channelled by NGOs, compared to 41 per cent that went via the bilateral channel and 27 per cent that came from multilateral sources. This trend is expected to continue in 2008 and 2009 largely as a result of bilateral AIDS programmes.

III. Domestic expenditures for population activities

A. Methodology

20. Domestic resources of developing countries account for the largest portion of funds required to achieve population and development objectives. The mobilization of adequate domestic financial resources is essential to facilitating full implementation of the Cairo agenda. UNFPA has been monitoring domestic expenditures for population activities since 1997. This has been done primarily through the use of survey questionnaires sent to UNFPA Country Offices throughout the world for further distribution to Government ministries and large national NGOs. In many countries, local consultants were recruited to work with government authorities and NGOs in completing the questionnaires. Experience has shown that many Governments are often unable to supply the requested data because of funding, staffing and time constraints. In addition, countries that do not have well-developed systems for monitoring resource flows are unable to provide information, especially when funding is pooled in integrated social and health projects and sector-wide approaches. Furthermore, countries with decentralized accounting systems can supply data only on national expenditures, and are not able to provide information on expenditures for population at subnational (lower administrative) levels.

21. Total global domestic expenditures for population activities presented in the present report are estimated using a methodology that incorporates the responses of the surveyed countries, together with prior reporting on actual and intended expenditures, secondary sources on national spending, and, in the absence of such information, estimates and projections are based on national income as measured by

the level of gross domestic product (GDP) which proved the most influential variable explaining the growth of spending by Governments.⁵

B. Estimates and projections of domestic expenditures

22. Table 2 presents the latest estimates and projections of global domestic expenditures for population activities for 2007-2009. It shows an increase in domestic funding for population activities in all regions from 2007 to 2009. It is estimated that developing countries spent \$18.5 billion for population activities in 2007. The largest amount was mobilized in Asia (\$11.2 billion), followed by sub-Saharan Africa (\$3 billion), Latin America and the Caribbean (\$2.6 billion), Eastern and Southern Europe (\$922 million) and Western Asia and Northern Africa (\$839 million).

23. Domestic expenditures are estimated to have increased to \$19.6 billion in 2008 and they are projected to further increase to \$20.5 billion in 2009. Asia is expected to continue to mobilize the largest amount of financial resources in both 2008 and 2009. Sub-Saharan Africa is expected to mobilize the second largest amount of funds, followed by Latin America and the Caribbean. Eastern and Southern Europe ranks fourth in 2008 and fifth in 2009 after Western Asia and Northern Africa. Given the current global financial crisis, it is possible that resources will not reach projected levels.

24. Of all domestic expenditures for population 45 per cent was spent on STD/HIV/AIDS activities in 2007. This percentage varied considerably by region, from over 92 per cent in sub-Saharan Africa to 22 per cent for Asia and the Pacific. Figures for Asia are low because data on out-of-pocket spending are not complete.

Table 2

Projection of global domestic expenditures for population activities, 2007-2009

(Thousands of United States dollars)

Year	Source of funds			Total	Percentage spent on STD/HIV/AIDS
	Government	NGO	Consumers*		
2007					
Africa (sub-Saharan)	1 359 816	118 814	1 490 314	2 968 944	92
Asia and the Pacific	3 169 144	135 987	7 872 153	11 177 284	22
Latin America and the Caribbean	1 594 955	129 196	826 184	2 550 335	85
Western Asia and North Africa	479 915	49 543	309 545	839 003	29

⁵ See Erik Beekink and Annemarie Ernsten, *Projections of Funds for Population and AIDS Activities, 2007-2009*, The Hague, 2008; Marieke van der Pers and Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2006-2008*, The Hague, 2007; Hendrik van Dalen and Daniel Reijer, *Projections of Funds for Population and AIDS Activities, 2005-2007*, The Hague, 2006; Hendrik van Dalen and Mieke Reuser, *Projections of Funds for Population and AIDS Activities, 2004-2006*, The Hague, 2005 and Henrik van Dalen and Mieke Reuser, *Assessing Size and Structure of Worldwide Funds for Population and AIDS Activities*, The Hague, 2004.

Year	Source of funds			Percentage spent on	
	Government	NGO	Consumers*	Total	STD/HIV/AIDS
Eastern and Southern Europe	598 943	14 373	308 456	921 772	75
Total	7 202 773	447 913	10 806 651	18 457 338	45
2008					
Africa (sub-Saharan)	1 378 101	132 589	1 509 223	3 019 913	91
Asia and the Pacific	3 435 751	145 579	8 534 406	12 115 736	19
Latin America and the Caribbean	1 600 051	134 015	839 864	2 573 930	83
Western Asia and North Africa	554 777	55 822	357 831	968 429	28
Eastern and Southern Europe	629 154	16 219	324 014	969 387	73
Total	7 597 833	484 224	11 565 338	19 647 395	41
2009					
Africa (sub-Saharan)	1 386 251	138 245	1 517 645	3 042 141	91
Asia and the Pacific	3 636 998	151 206	9 034 302	12 822 506	18
Latin America and the Caribbean	1 605 960	135 579	844 333	2 585 872	83
Western Asia and North Africa	575 805	57 797	371 394	1 004 996	28
Eastern and Southern Europe	646 348	16 987	332 869	996 205	72
Total	7 851 362	499 814	12 100 544	20 451 720	40

Source: Erik Beekink and Annemarie Ersten, *Projections of Funds for Population and AIDS Activities, 2007-2009*, The Hague, 2008. See also Marieke van der Pers and Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2006-2008*, The Hague, 2007; Hendrik van Dalen and Daniel Reijer, *Projections of Funds for Population and AIDS Activities, 2005-2007*, The Hague, 2006; Hendrik van Dalen and Mieke Reuser, *Projections of Funds for Population and AIDS Activities, 2004-2006*, The Hague, 2005; and Hendrik van Dalen and Mieke Reuser, *Assessing Size and Structure of Worldwide Funds for Population and AIDS Activities*, The Hague, 2004.

* Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by the WHO (2004) for health-care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

C. Components of domestic funding for population activities

25. Governments play a major role in financing population programmes and are considered to be responsible for most domestic expenditures for population activities. However, since the level of government funding usually depends on the level of national income, Governments in least developed countries are least likely to afford large outlays for population activities. Poor countries faced with many competing development priorities cannot afford to make the necessary investments in population. As a result, population issues are often excluded from social and health sector programmes because there is not enough funding, or because of the emergence of new priorities without safeguards to ensure sustainability and expansion of existing programmes. National NGOs also contribute financial

resources for population, but the majority of them are highly dependent on international resources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

26. National Governments and NGOs are not the only sources of domestic expenditures for population activities. Consumer spending as measured by out-of-pocket expenditures represents the largest part of resources spent on population activities. Private consumer expenditures account for a large percentage of total funding for health care. Although exact amounts of worldwide health-care spending for population activities are not known, it stands to reason that a significant proportion of expenditures for family planning, reproductive health and STD/HIV/AIDS services are borne by consumers. The few available sources of information on private spending reveal great variations between regions and countries and, in some cases, changes over time in the share of private spending within countries themselves. In estimating consumer spending, the Resource Flows Project used out-of-pocket health expenditures of households from the national health accounts figures as collected by WHO. The out-of-pocket health expenditures were assumed to be completely in line with out-of-pocket expenditures for population goods and services.

27. Funding behaviour is not easy to predict. Figures for 2008 and 2009 are dependent on whether Governments follow the expected patterns of spending given past reported expenditures and levels of national income and whether they live up to their commitments. Unforeseen factors such as natural disasters, conflict and political unrest can have a significant impact on domestic spending for population. On the other hand, such events can also serve to increase international assistance. The current global financial crisis may affect the amount of financial resources that Governments will be able to allocate to population activities.

28. Although the global figure of domestic resource flows is a rough estimate, it is the most plausible estimate, given the fact that data are often incomplete and not entirely comparable. The information is useful in that it provides some idea of the progress made by developing countries, as a group, in achieving the financial resource targets of the Programme of Action of the International Conference on Population and Development. While the global total shows real commitment on the part of developing countries, it conceals the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, are not able to generate sufficient resources to finance their own population programmes and rely heavily on donor assistance.

IV. Revised cost estimates to meet current needs

29. The financial targets of the International Conference on Population and Development were fixed some 15 years ago and do not meet current needs that have grown dramatically since the targets were agreed upon. At that time, the population and health situation in the world was much different from what it is today. The HIV/AIDS crisis is far worse than anticipated, and infant, child and maternal mortality remains unacceptably high in many parts of the world. Health-care costs have increased dramatically and the lack of progress on Conference targets has been

identified as being linked to a number of issues including the lack of investment in the development and support of health systems and programmes. As many countries around the world prepare for the 2010 round of censuses, costs of data collection and dissemination have risen substantially. In addition, the value of the dollar today is far lower than it was in 1993. As a result, the Conference targets of \$18.5 billion in 2005 and \$20.5 billion in 2010 are simply not sufficient to meet the current needs of developing countries in the area of family planning, reproductive health, STD/HIV/AIDS and basic research, data and population and development policy analysis.

30. The escalating costs and needs, as compared with original Conference estimates, call for a review and update of the resource requirements to finance population and reproductive health programmes in developing countries today. Sufficient resources must be mobilized to fully implement the Conference agenda. This is particularly important if the international community is to achieve the Millennium Development Goals. Indeed, population and reproductive health are central to development and the achievement of the Millennium Development Goals. At the 2005 World Summit, world leaders committed themselves to achieving “universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty” (General Assembly resolution 60/1, para. 57 (g)).

31. In response to the call in paragraph 13.15 of the Programme of Action of the Conference that the “estimates should be reviewed and updated” and to harmonize the Conference financial targets with Millennium Development Goals costing, UNFPA undertook the task of reviewing estimates for the four components of the International Conference on Population and Development costed population package and produced revised estimates to meet current costs and needs. The results of this exercise appear in Table 3.

Table 3
Revised ICPD cost estimates, by subregion, 2009-2015
(Millions of United States dollars)

<i>Region/year</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Global	48 980	64 724	67 762	68 196	68 629	69 593	69 810
Sexual/reproductive health/family planning	23 454	27 437	30 712	32 006	32 714	33 284	33 030
Family planning direct costs	2 342	2 615	2 906	3 209	3 529	3 866	4 097
Maternal health direct costs	6 114	7 868	9 488	11 376	13 462	15 746	18 002
Programmes and systems-related costs	14 999	16 954	18 319	17 422	15 723	13 672	10 931
HIV/AIDS	23 975	32 450	33 107	33 951	34 734	35 444	36 189
Basic research/ data/policy analysis	1 551	4 837	3 943	2 239	1 181	864	591
Sub-Saharan Africa	20 063	27 075	29 473	29 869	30 292	30 022	28 980
Sexual/reproductive health/family planning	8 482	10 612	12 596	12 675	12 764	12 184	10 731
Family planning direct costs	329	414	506	606	713	827	931
Maternal health direct costs	1 429	1 833	2 280	2 771	3 306	3 883	4 411
Programmes and systems-related costs	6 725	8 366	9 809	9 298	8 746	7 473	5 389
HIV/AIDS	11 228	15 891	16 227	16 746	17 243	17 638	18 110
Basic research/ data/policy analysis	353	571	651	449	285	200	139
Asia and the Pacific	17 549	23 281	23 923	23 788	23 862	24 415	25 245
Sexual/reproductive health/family planning	9 055	10 278	11 027	11 753	12 124	12 820	13 533
Family planning direct costs	1 434	1 552	1 675	1 803	1 937	2 077	2 156
Maternal health direct costs	2 799	3 664	4 299	5 110	6 018	7 024	8 054
Programmes and systems-related costs	4 822	5 062	5 053	4 840	4 169	3 719	3 323
HIV/AIDS	7 853	10 687	10 848	11 048	11 207	11 409	11 525
Basic research/ data/policy analysis	641	2 316	2 048	987	530	186	187
Latin America and Caribbean	6 366	7 591	7 439	7 775	7 699	7 966	8 320
Sexual/reproductive health/family planning	3 132	3 401	3 627	3 837	3 922	4 119	4 347
Family planning direct costs	310	343	378	414	452	492	518

<i>Region/year</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Maternal health direct costs	958	1 182	1 431	1 706	2 009	2 340	2 680
Programmes and systems-related costs	1 864	1 876	1 818	1 717	1 461	1 286	1 150
HIV/AIDS	3 072	3 461	3 562	3 630	3 703	3 770	3 867
Basic research/ data/policy analysis	162	729	250	309	74	78	106
Western Asia and Northern Africa	2 795	3 685	3 418	3 538	3 501	3 865	3 721
Sexual/reproductive health/family planning	1 852	2 009	2 130	2 232	2 258	2 339	2 415
Family planning direct costs	178	204	231	261	292	325	346
Maternal health direct costs	603	735	873	1 019	1 171	1 328	1 471
Programmes and systems-related costs	1 071	1 070	1 025	953	796	686	598
HIV/AIDS	798	1 095	1 112	1 131	1 146	1 163	1 183
Basic research/ data/policy analysis	145	582	177	174	97	363	123
Eastern and Southern Europe	2 204	3 091	3 508	3 226	3 275	3 326	3 542
Sexual/reproductive health/family planning	933	1 137	1 334	1 510	1 645	1 824	2 004
Family planning direct costs	91	103	116	125	135	145	146
Maternal health direct costs	324	454	605	771	960	1 171	1 386
Programmes and systems-related costs	517	579	613	614	551	508	471
HIV/AIDS	1 023	1 316	1 358	1 397	1 435	1 465	1 503
Basic research/ data/policy analysis	248	638	816	320	195	38	35

32. As expected, the revised estimates are much higher than the original targets of the International Conference on Population and Development agreed upon in 1994 because they take into account both current needs and current costs. As in accordance with past practice, these costs do not take inflation into account. The costs are considered minimum estimates required to implement the goals of the International Conference on Population and Development in the areas of family planning, reproductive health, STD/HIV/AIDS and basic research, data and population and development policy analysis. There will always be unspecified costs that fall outside the scope of the cost estimates as well as adjustments for, among other things, demand generation and stock maintenance.

33. The costing estimates for family planning assume that the current unmet need will be satisfied in 2015 although there is likely to be greater demand for family planning as people become more aware of the options. The costing estimates for reproductive health include antenatal care, delivery care, obstetric complications care, newborn interventions, reproductive organ cancer screening and treatment, as well as other maternal care interventions. STD/HIV/AIDS costing includes elements for prevention, treatment, care and support, including elements specifically to address issues of prevention of violence against women.

34. The cost estimates for the drugs, supplies and personnel needed to achieve the goals of the Conference increase significantly over time owing to the increased number of people projected to be receiving care as service coverage is scaled up as well as underlying population increases.

35. Health systems and programme costs related to family planning and reproductive health were estimated to reflect the need for a significant investment in the health systems and planning in order to achieve the Conference goals of universal coverage. Without adequate investment in the health systems and programmes, it will be impossible to achieve the coverage goals. Elements included in this cost estimation include programme management, supervision, health education, monitoring and evaluation, advocacy, health system infrastructure, information systems, human resources training and commodity supply systems. The cost estimates for the health systems and programmes assume that the bulk of the investment will be made between 2009 and 2013. As a result of this assumption, the cost estimates for the health systems and programmes elements peak in 2011 and then begin to decline. Cost estimates also include support during humanitarian crisis situations that are an ongoing challenge to medical systems in many countries.

36. Total costs for sexual/reproductive health, which includes the family planning and maternal health components (including direct costs and programme and systems costs), are estimated to be \$23.5 billion in 2009, peak at \$33.3 billion in 2014 and decrease slightly to \$33 billion in 2015. Total costs for the HIV/AIDS component are estimated to be \$24 billion in 2009 and increase each year thereafter, until they reach \$36.2 billion in 2015.

37. The estimates for the basic data, research and population and development policy analysis component were obtained by summing four expenditure categories: censuses, surveys, civil registration, and research and training. Census expenditures were based on per capita census costs by subregion, which varied from \$1.50 in Eastern, Middle, and Northern Africa to \$11.70 in Southern Europe. The total was then allocated to a four-year period: 10 per cent in the year before the census, 60 per cent in the census year, and 15 per cent in each of the two years after the census. Survey costs were estimated at \$1.25 or \$1.50 per household, depending on the subregion, while the household sample sizes were estimated at 1 per cent, 0.5 per cent, or 0.25 per cent, depending on whether the country had less than a million, from 1-25 million, or more than 25 million inhabitants. Furthermore, it was assumed that all developing countries should have a survey of this kind once every 4 years. For civil registration costs, it was assumed that the cost of processing each event (births, deaths, marriages, divorces) and entering it into the statistical system is one third of the per capita census costs for each subregion. The expenditures for research and training were computed as 5 per cent of the total average annual costs of the previous three categories over the period from 2005 to 2015.

38. The results are considerably higher than earlier estimates. The more important reason is that the present figures reflect the real costs of census-taking to a much larger degree than previously. This affects in particular the year 2010, when total expenditures will reach \$4.84 billion, of which \$4.41 billion will be census expenditures. On the whole, census expenditures make up about three quarters (75.8 per cent) of the total, surveys 6.9 per cent, and civil registration 12.5 per cent. The average annual expenditure over the seven-year period is estimated to be \$2.17 billion.

39. Current funding levels are far below the revised cost estimates. It is estimated that about 11 per cent of the revised costs of family planning/reproductive health, 35 per cent of HIV/AIDS, and 14 per cent of data and research will be covered by population assistance in 2009. It is harder to predict the amount of domestic resources that will be mobilized for the separate components of the International Conference on Population and Development. It is clear that funding levels will not be sufficient to meet current requirements. Both donor and domestic funding should be increased in all four components of the Conference costed population package to ensure implementation of the Conference goals and the achievement of the Millennium Development Goals.

40. Because of a strong commitment on the part of the international community, the largest percentage of funding currently goes to STD/HIV/AIDS activities. However, the lack of adequate funding for both family planning and reproductive health will undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality. Rising costs of data collection require adequate resources to ensure that countries conduct periodic censuses and surveys, maintain civil registration systems, and provide the necessary training and support for research to inform policymaking and programme planning.

V. Conclusion

A. Progress in resource mobilization

41. The International Conference on Population and Development at 15 presents a good opportunity to take stock of progress towards the achievement of the financial targets agreed upon in Cairo. There has been an increase in the flow of financial resources for assisting in the implementation of the Conference Programme of Action, but this has been primarily a result of the increase in funding for HIV/AIDS activities, including both prevention and treatment. But even these increases do not meet current HIV/AIDS needs that are much higher than had been anticipated when the targets were set. Funding for family planning, which has been steadily decreasing, is significantly below the suggested Conference targets and is not meeting current needs in this area either. Additionally, there has not been sufficient investment in the health systems of developing countries to enable the achievement of the Conference targets. The population and health situation in the world was much different when those targets were agreed upon in 1994 from what it is today. No one had foreseen the escalation of the AIDS pandemic. Health-care costs have skyrocketed since then. In addition, the lack of sufficient investment in the first 15 years since the Conference has left many countries well behind the pace for achieving the targets and requiring significant investment to accelerate progress. As

a result, the Conference targets are not sufficient to meet the current needs of developing countries.

42. The revised cost estimates presented in this report are more in line with the Millennium Development Goals costing and are intended to more accurately reflect the necessary financial resources currently needed to facilitate the achievement of the targets of the Conference and the Millennium Development Goals. Current funding levels are much below the revised and more realistic targets necessary to realize the Conference goals and achieve the Millennium Development Goals. This is true for all four components of the costed population package. The lack of adequate funding remains the chief constraint to the full implementation of the goals of the International Conference on Population and Development and the Millennium Summit.

B. Key areas requiring further attention

43. Continued resource mobilization advocacy efforts on the part of both donors and developing countries are essential to fully implement the Conference agenda and achieve the Millennium Development Goals. Implementing the Conference Programme of Action, especially the reproductive health goal, is essential for meeting the Millennium Development Goals directly related to health, social and economic outcomes, especially those in the areas of children, mothers, HIV/AIDS, gender and poverty.

44. The challenge before the international community at ICPD at 15 is to reaffirm its commitment to the achievement of the Cairo goals and the Millennium Development Goals by mobilizing the resources required in all areas of the costed population package of the International Conference on Population and Development: family planning services, reproductive health services, STD/HIV/AIDS activities and basic research, data and population and development policy analysis. Without political will and a firm commitment to population, reproductive health, and gender issues, it is unlikely that the goals and targets of the International Conference on Population and Development and the Millennium Summit will be met.