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# Donor Government Assistance for Family Planning in 2013

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# Executive Summary

In the time since the London Summit on Family Planning (FP2020) convened in 2012, donor governments have increased their support for family planning efforts. In 2013, the most recent year for which data are available, donor governments provided \$1.3 billion to support bilateral family planning programs in low- and middle-income countries, an increase of more than \$200 million (19%) above 2012 levels. This growth was largely due to increased funding from the U.S., the U.K., and the Netherlands, already the three largest donors to bilateral family planning programs. Donor governments also provided US\$454 million in core contributions to the United Nations Population Fund (UNFPA) – the primary multilateral organization addressing family planning – an increase of US\$22 million (5%) above 2012 levels. In addition, preliminary data indicate that donors are making progress toward commitments made at FP2020.

The Kaiser Family Foundation initiated a family planning resource tracking project last year, adapting the methodology it has long used to monitor donor government spending on HIV.<sup>1</sup> Data for the project were first provided for 2012, establishing a baseline for monitoring FP2020 commitments. This year's report is based on 2013 funding data from 26 governments who were members of the Organisation for Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) in 2013 and had reported Official Development Assistance (ODA) to the DAC.<sup>2</sup> Data were collected directly from ten donors, who represent approximately 98% of bilateral family planning funding, and are profiled in this report: Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, the U.K., and the U.S. Data for the remaining DAC members was obtained from the OECD Creditor Reporting System (CRS).

## KEY FINDINGS INCLUDE:

- In 2013, donor governments provided US\$1.3 billion for bilateral family planning programs, representing a 19% increase (+\$211.4 million) compared to 2012 (US\$1.1 billion), and an additional US\$454 million in core contributions to UNFPA, representing a US\$22 million (5%) increase over 2012 (US\$432.2 million)<sup>3</sup> (see Table and Appendix 1).
- Seven donors (Canada, Denmark, Netherlands, Norway, Sweden, U.S., and U.K.) increased bilateral funding in 2013 (after exchange rate fluctuations are taken into account), while one (Australia) remained essentially flat and two decreased (France and Germany).
- Most of the bilateral increase was driven by the U.S., followed by the U.K. and the Netherlands.
- The U.S. was the single largest bilateral donor in 2013, providing US\$585 million and accounting for almost half (45%) of total bilateral funding. The U.K. (US\$305.2 million, 23%) was the second largest bilateral donor, accounting for nearly a quarter of all funding, followed by the Netherlands (US\$153.7 million, 12%), Sweden (US\$50.4 million, 4%), and Canada (US\$45.6 million, 3%).
- Among the donor governments profiled, Norway provided the largest core contribution to UNFPA in 2013 (US\$70.6 million), and drove most of the increase, followed by Sweden (US\$65.8 million), the Netherlands (US\$52.4 million), and Denmark (US\$40.4).<sup>4</sup>
- Eight of the ten donors profiled made specific commitments during the 2012 London Summit on Family Planning to increase their spending on family planning over a multi-year period: Australia, Denmark,

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<sup>1</sup> In 2013, Finland provided the fourth largest core contribution (\$46.8 million) to UNFPA, followed by Denmark.

France, Germany, the Netherlands, Norway, Sweden, and the U.K.<sup>ii</sup> Based on analysis of their 2012 and 2013 expenditures, these eight donors have made progress towards fulfillment of their stated commitments (see Appendix 2).

Country	2012		2013	
	Bilateral Disbursements	UNFPA - Core Contributions	Bilateral Disbursements	UNFPA - Core Contributions
Australia	\$43.2	\$14.9	\$39.5	\$15.6
Canada	\$41.5	\$17.4	\$45.6	\$16.0
Denmark	\$13.0	\$44.0	\$18.8	\$40.4
France	\$49.6	\$0.5	\$37.2	\$0.0
Germany	\$47.6	\$20.7	\$38.2	\$24.0
Netherlands	\$105.4	\$49.0	\$153.7	\$52.4
Norway	\$3.3	\$59.4	\$20.4	\$70.6
Sweden	\$41.2	\$66.3	\$50.4	\$65.8
U.K.	\$252.8	\$31.8	\$305.2	\$31.5
U.S.	\$485.0	\$30.2	\$585.0	\$28.9
Other DAC Countries	\$13.8	\$98.0	\$13.8	\$108.8
<b>Total</b>	<b>\$1,096.4</b>	<b>\$432.2</b>	<b>\$1,307.8</b>	<b>\$454.0</b>

<sup>ii</sup> The European Commission, Japan, and Korea also made commitments during the London Summit. For this analysis, family planning funding from these donor governments is based on family planning funding amounts reported to the OECD DAC and these donors are included as part of “Other DAC Countries”.

## Introduction

Access to family planning (FP) services has a significant impact on the health and wellbeing of women and girls, and on global health and development more broadly. Family planning – the ability of individuals and couples to determine their desired number of children as well as the timing of and spacing between births – can help prevent pregnancy-related health risks, reduce infant mortality, and help in the prevention of sexually transmitted diseases such as HIV/AIDS.<sup>4</sup> Currently, it is estimated that more than 200 million women worldwide would like to delay or stop childbearing, but they do not have access to contraceptives.<sup>5</sup>

In July 2012, the U.K. Government and the Bill & Melinda Gates Foundation, in partnership with UNFPA, civil society organizations, developing countries, donor governments, the private sector, and multilateral organizations met at the London Summit on Family Planning (FP2020) and made commitments aimed at providing voluntary family planning services to an additional 120 million women and girls in developing countries by 2020. The London Summit built on prior efforts, such as the International Conference on Population and Development (ICPD) in 1994 and inclusion of family planning related goals under Millennium Development Goal (MDG) 5, and brought renewed attention to international efforts to support family planning programs in low- and middle-income countries. Additionally, the London Summit resulted in stated commitments totaling \$2.6 billion in additional funding for family planning activities from all sources (donor governments, non-governmental organizations, philanthropies, multilateral organizations, and domestic resources).

While funding from all sources – domestic public and private spending, donor government bilateral assistance, multilateral organizations and private philanthropic (see Box 1) – is needed to help fulfill international goals and commitments, donor governments provide a significant share of global funding for family planning services.<sup>6</sup> Following the London Summit, the Kaiser Family Foundation conducted an analysis of donor government funding for family planning activities in 2012 to establish a FP funding baseline that could be used to track funding levels over time as well as specific donor government progress in meeting the London Summit on Family Planning commitments.

## Box 1: Other Sources of Funding for FP in Low- & Middle-Income Countries

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

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

**Private Sector:** Foundations (charitable and corporate philanthropic organizations), corporations, faith-based organizations, and international non-governmental organizations (NGOs) provide support for FP activities in low- and middle-income countries not only in terms of funding, but through in-kind support; commodity donations; and co-investment strategies with government and other sectors.

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

This report provides donor government funding for family planning activities in 2013 compared to 2012 levels. It includes an analysis of funding provided by the 26 governments who were members of the OECD DAC in 2013 and had reported ODA totals to the DAC.<sup>iii</sup> Data were collected directly from ten donors, who represent approximately 98% of bilateral family planning funding, and are profiled in this report: Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, the U.K., and the U.S. Data for the remaining DAC members was obtained from the OECD CRS. For purposes of this analysis, family planning services were defined to include the following activities as specified in the CRS: counseling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.<sup>7</sup> Where bilateral family planning funding was included as part of broader reproductive and maternal health activities or other non-health-sector activities, we worked directly with donor governments to identify family planning specific amounts to the extent possible (see Methodology for more information).

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<sup>iii</sup> Poland, the Slovak Republic, and Slovenia became DAC members in 2013, but had yet to report ODA to the OECD at the time of this analysis.

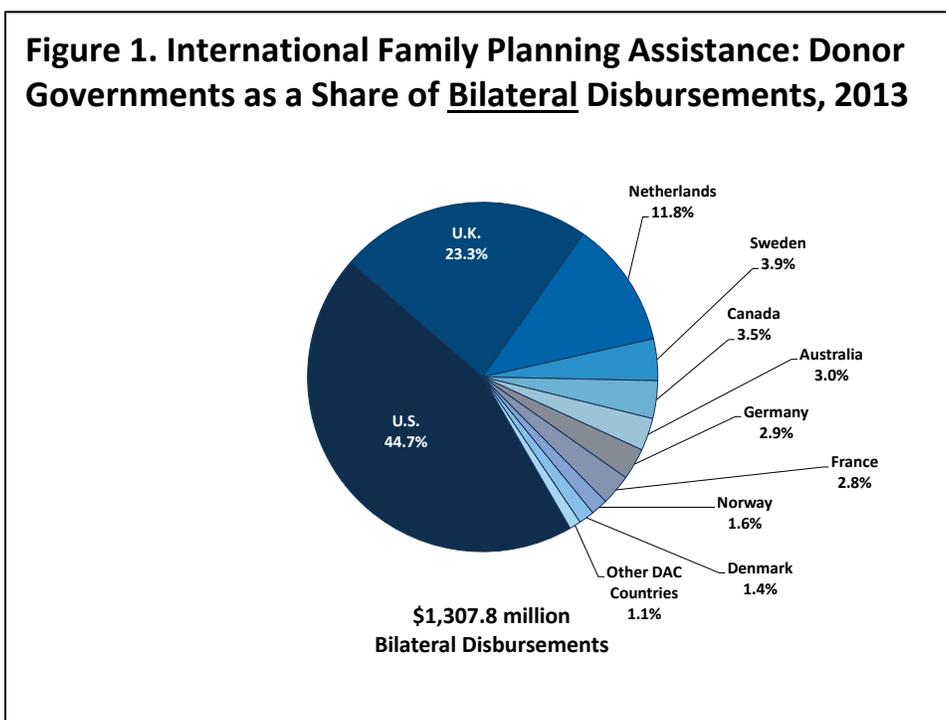
# Findings

## BILATERAL ASSISTANCE

In 2013, donor governments are estimated to have disbursed<sup>iv</sup> US\$1,307.8 million in bilateral funding for family planning activities (see Table & Annex 1), an increase of \$211.4 million (19%) above 2012 levels (US\$1,096.4 million). This includes both actual funding amounts provided (e.g., cash transfers) as well as other types of transactions and activities (e.g., technical assistance) and products (e.g., commodities).

Most donor governments profiled (7) (Canada, Denmark, Netherlands, Norway, Sweden, U.S., and U.K.) increased bilateral funding in 2013 (after exchange rate fluctuations are taken into account); one donor (Australia) remained essentially flat and two donors (France and Germany) decreased funding for family planning in 2013. Most of the overall increase was due to increases in funding by the U.S., the U.K., and the Netherlands.

The United States (US\$585.0 million) was the largest bilateral donor in 2013 accounting for almost half (45%) of total bilateral assistance (see Figure 1). The U.K. (US\$305.2 million, 23%) was the second largest bilateral donor followed by the Netherlands (US\$153.7 million, 12%), Sweden (US\$50.4 million, 4%), and Canada (US\$45.6 million, 3%).



<sup>iv</sup>A disbursement is the actual release of funds to, or the purchase of goods or services for, a recipient. An enactment represents a budgetary decision that funding will be provided, regardless of the time at which an actual outlays, or disbursement, occurs. Therefore, disbursements in any given year may include funds committed (enacted) in prior years and in some cases, not all funds committed (enacted) during a government fiscal year are disbursed in that year. While most donor governments examined disburse enacted amounts within the same year, the U.S. government does not and may disburse enactments over multiple years. For instance, in FY 2013, U.S. bilateral enacted funding for family planning activities totaled \$615.1 million, while disbursements totaled \$585 million.

## MULTILATERAL ASSISTANCE

While the majority of donor government assistance for family planning is provided bilaterally, donors also provide support for family planning activities through multilateral contributions to the United Nations Population Fund (UNFPA) (see Box 2).<sup>v</sup>

### Box 2: United Nations Population Fund (UNFPA) Mission, Goals, & London Summit on Family Planning Commitment

Created in 1969, UNFPA supports sexual and reproductive health activities in many low- and middle-income countries and was a key partner in the London Summit on Family Planning

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

**UNFPA Goals:**

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

**UNFPA London Summit on Family Planning Commitment:** “UNFPA will double the proportion of its resources focused on family planning from 25% to 40 % based on current funding levels, bringing new funding of at least US \$174 million per year from core and noncore funds. This will include a minimum of US \$54 million per year, from 2013-2019, in increased funding for family planning from UNFPA's core resources.”

In 2013, donor governments provided US\$454.0 million in core contributions to UNFPA, an increase of US\$21.8 million (5%) above 2012 levels (US\$432.2 million).<sup>vi</sup> UNFPA uses core contributions to support a variety of activities including family planning, but also in support of maternal and child health, education, human rights, and capacity building efforts.

Norway was the largest donor to UNFPA (US\$70.6 million, 16%) and drove most of the increase in 2013. Sweden was the second largest donor (US\$65.8 million, 14%) followed by the Netherlands (US\$52.4 million, 12%), Denmark (US\$40.4 million, 9%), the U.K. (US\$31.5 million, 7%), and the U.S. (US\$28.9 million, 6%) (see Figure 2).<sup>vii</sup>

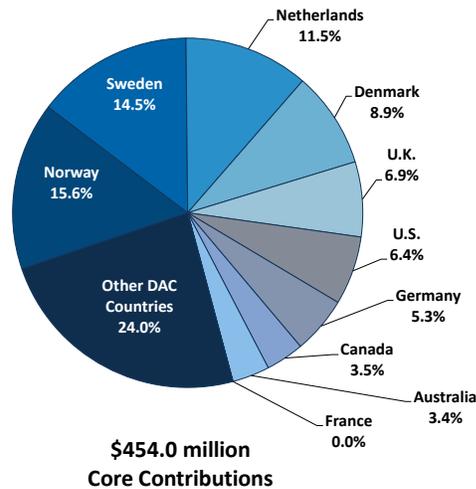
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<sup>v</sup> Any contributions to multilateral organizations that were specifically designated by the donor government for family planning activities were included under bilateral funding. For instance, donor government contributions to the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) at UNFPA were included as bilateral funding.

<sup>vi</sup> Total core contributions to UNFPA (combined contributions from DAC and Non-DAC donors) reached \$460 million in 2013. In addition to core contributions, donors provide non-core funding in support of specific activities implemented by UNFPA (where this funding was provided by donor governments to UNFPA in support of specific family planning activities, it was counted as part of that donor government's bilateral funding amount).

<sup>vii</sup> In 2013, Finland provided the fourth largest core contribution (\$46.8 million) to UNFPA, followed by Denmark.

**Figure 2. International Family Planning Assistance: Donor Governments as a Share of UNFPA Contributions, 2013**



While it was not possible to calculate an adjusted “family planning share” of UNFPA’s 2013 budget and therefore to attribute a portion of each donor government’s UNFPA contribution to family planning-specific activities,<sup>viii</sup> it is important to note the relative balance between a donor’s core-contributions to UNFPA and its bilateral funding for family planning. For instance, three of the ten donor governments profiled provided a larger contribution to UNFPA than their bilateral disbursement: Denmark, Norway, & Sweden.

## PROGRESS TOWARDS FP2020 COMMITMENTS

Eight of the donor governments surveyed directly made multi-year commitments at the FP2020 Summit in 2012 (see Appendix 2). While it is not possible to know what funding amounts would have been provided by donors in the absence of the Summit, data collected for 2012-2013 indicate that if current trends continue, all eight have made progress toward their stated commitments. Future analyses will continue to monitor funding disbursed towards these commitments.

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

## Conclusion

Overall donor government funding for family planning activities increased in 2013, driven primarily by a subset of donors. In addition, preliminary data indicate that donors are making progress toward their FP2020 commitments. Looking ahead, however, it is not yet certain if these trends will continue, or if ongoing fiscal pressures will affect family planning budgets, as they have in some other sectors. It will therefore be important to continue tracking funding for family planning activities to assess progress towards addressing ongoing family planning needs in low- and middle-income countries.

## Methodology

Bilateral and multilateral data on donor government assistance for FP in low- and middle-income countries were collected from multiple sources. The research team collected bilateral assistance data directly for 10 governments: Australia, Canada, Denmark, Germany, France, the Netherlands, Norway, Sweden, the United Kingdom, and the United States during the first half of 2013. Data represent the fiscal year 2013 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>) – are from 2012 and do not include all forms of international assistance (e.g., funding to countries such as Russia and the Baltic States that are no longer included in the CRS database). In addition, the CRS data may not include certain funding streams provided by donors, such as FP components of mixed-purpose grants to non-governmental organizations. Where donor governments were members of the European Union (EU), the research team ensured that no double-counting of funds occurred between EU Member State reported amounts and EC reported amounts for international FP assistance. Data for all other OECD DAC member governments – Austria, Belgium, the European Commission, Finland, Greece, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Portugal, Spain, and Switzerland – who collectively accounted for less than 2 percent of bilateral family planning disbursements, were obtained from the OECD CRS and are from calendar year 2012.

For purposes of this analysis, funding was counted as family planning if it met the OECD CRS purpose code definition: “Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.” In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) are reflected in this analysis. Project-level data were reviewed for Canada, Denmark, France, Germany, the Netherlands, Norway, Sweden, and the United Kingdom to determine whether all or a portion of the funding could be counted as family planning. Family-planning-specific funding totals for Australia and the United States were obtained through direct communications with government representatives. Funding attributed to the United Kingdom represents budgeted disbursements. Funding totals presented in this analysis should be considered preliminary estimates based on data provided by representatives of the donor governments who were contacted directly.

It was difficult in some cases to disaggregate bilateral family planning funding from broader reproductive and maternal health totals, as the two are sometimes represented as integrated totals. In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) have in the past remained largely unidentified. For purposes of this analysis, we worked closely with the largest donors to family planning to identify such family-planning-specific funding where possible (see Annex 1 for detailed data table).

Bilateral funding is defined as any earmarked (FP-designated) amount. U.S. bilateral “enacted” data, or “commitments”, correspond to amounts appropriated for the 2013 fiscal year. UNFPA contributions from all governments correspond to amounts received during the 2013 calendar year, regardless of which contributor’s fiscal year such disbursements pertain to.

With some exceptions, bilateral assistance data were collected for disbursements. A disbursement is the actual release of funds to, or the purchase of goods or services for, a recipient. Disbursements in any given year may include disbursements of funds committed in prior years and in some cases, not all funds committed during a government fiscal year are disbursed in that year. In addition, a disbursement by a government does not necessarily mean that the funds were provided to a country or other intended end-user. Enacted amounts represent budgetary decisions that funding will be provided, regardless of the time at which actual outlays, or disbursements, occur. In recent years, most governments have converted to cash accounting frameworks, and present budgets for legislative approval accordingly; in such cases, disbursements were used as a proxy for enacted amounts. In the U.S. case, both enacted and disbursement data were available for analysis.

UNFPA core contributions were obtained from United Nations Executive Board documents; however, we were unable to determine what share of these core contributions are attributable to family planning specifically (since such funding is also used to support broader reproductive health and related efforts). To date, UNFPA family planning activities have often been reported as part of broader categories, including reproductive health and maternal and child health, as well as part of larger multisectoral efforts, including those in education, human rights, and capacity building. It is expected that such disaggregation will be available in the future and UNFPA reports that it is currently working to develop such a methodology for doing so. Other than contributions provided by governments to UNFPA, un-earmarked general contributions to United Nations entities, most of which are membership contributions set by treaty or other formal agreement (e.g., the World Bank's International Development Association or United Nations country membership assessments), are not identified as part of a donor government's FP assistance even if the multilateral organization in turn directs some of these funds to FP. Rather, these would be considered as FP funding provided by the multilateral organization, as in the case of the World Bank's efforts, and are not considered for purposes of this report.

The fiscal year period varies by country. The U.S. fiscal year runs from October 1-September 30. The Australian fiscal year runs from July 1-June 30. The fiscal years for Canada and the U.K. are April 1-March 31. Denmark, France, Germany, the Netherlands, Norway, and Sweden use the calendar year. The OECD uses the calendar year, so data collected from the CRS for other donor governments reflect January 1-December 31. Most UN agencies use the calendar year and their budgets are biennial.

All data are expressed in US dollars (USD). Where data were provided by governments in their currencies, they were adjusted by average daily exchange rates to obtain a USD equivalent, based on foreign exchange rate historical data available from the U.S. Federal Reserve (see: <http://www.federalreserve.gov/>). Data obtained from UNFPA were already adjusted by UNFPA to represent a USD equivalent based on date of receipts.

# Appendices

**Appendix 1: Donor Government Family Planning Disbursements, 2012–2013**

Country	2012			2013			Notes
	Bilateral (US\$ millions)*	Multilateral - UNFPA Core Contributions (US\$ millions)**	Total (US\$ millions)	Bilateral (US\$ millions)*	Multilateral - UNFPA Core Contributions (US\$ millions)**	Total (US\$ millions)	
Australia	\$43.2	\$14.9	\$58.1	\$39.5	\$15.6	\$55.1	Australia identified A\$43 million in bilateral FP funding for the 2013-14 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 core contributions to multilateral institutions. However, it was not possible to identify and adjust for funding for other non-FP-specific activities in most cases.
Canada	\$41.5	\$17.4	\$58.9	\$45.6	\$16.0	\$61.6	Bilateral funding is for combined family planning and reproductive health activities in FY12-13; family planning-specific activities cannot be further disaggregated.
Denmark	\$13.0	\$44.0	\$57.0	\$18.8	\$40.4	\$59.2	Bilateral funding is for family planning-specific activities in 2013, and includes a specific contribution (in addition to its core contribution) to UNFPA's "Reproductive Health Commodities Fund."
France	\$49.6	\$0.5	\$50.1	\$37.2	\$0.0	\$37.2	Bilateral funding is new commitment data for a mix of family planning, reproductive health and maternal & child health activities in 2012 and 2013; family planning-specific activities cannot be further disaggregated.
Germany	\$47.6	\$20.7	\$68.3	\$38.2	\$24.0	\$62.2	Bilateral funding is for family planning-specific activities in 2013.
Netherlands	\$105.4	\$49.0	\$154.4	\$153.7	\$52.4	\$206.1	The Netherlands budget provided a total of US\$508.1 million in 2013 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US\$153.7 million was disbursed for family planning and reproductive health activities (not including HIV); family planning-specific activities cannot be further disaggregated.
Norway	\$3.3	\$59.4	\$62.7	\$20.4	\$70.6	\$91.0	Bilateral funding is for family planning-specific activities.
Sweden	\$41.2	\$66.3	\$107.5	\$50.4	\$65.8	\$116.2	Bilateral funding is for combined family planning and reproductive health activities; family planning-specific activities cannot be further disaggregated.
U.K.	\$252.8	\$31.8	\$284.6	\$305.2	\$31.5	\$336.7	The U.K. identified £\$211 million in total FP funding for the 2013-14 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, U.K. bilateral FP funding was calculated by removing all 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.
U.S.	\$485.0	\$30.2	\$515.2	\$585.0	\$28.9	\$613.9	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***	\$13.8	\$98.0	\$111.8	\$13.8	\$108.8	\$122.6	Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in 2012, the most recent year available, and assumes level funding for 2013.
<b>Total</b>	<b>\$1,096.4</b>	<b>\$432.2</b>	<b>\$1,528.6</b>	<b>\$1,307.8</b>	<b>\$454.0</b>	<b>\$1,761.8</b>	

\*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.

\*\*Total core contributions to UNFPA (contributions from DAC and Non-DAC donors) was \$460.0 million in 2013. UNFPA core contributions have not been adjusted to represent an estimated family planning-specific share.

\*\*\*Austria, Belgium, Czech Republic, European Commission, Finland, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Portugal, Spain, and Switzerland. Poland, the Slovak Republic, and Slovenia became DAC members in 2013, but had yet to report Official Development Assistance (ODA) amounts at the time of this analysis.

## Appendix 2: Donor Government Progress Towards London Summit Commitments

Country	FP 2020 Summit Commitment(s)	Progress towards FP2020 Summit Commitment(s)
Australia	"Australia commits to spending an additional AUD 58 million over five years on family planning, doubling annual contributions to AUD 53 million by 2016. This commitment will form a part of Australia's broader investments in maternal, reproductive and child health (at least AUD 1.6 billion over five years to 2015)."	Australia disbursed AUD43 million bilaterally in 2013. This alone corresponds to more than 80% of the annual targeted funding level with three fiscal years remaining. Australia also indicates that it will double its annual contributions to AUD 53 million by 2016, but baseline data are not available to assess this component of its stated commitment.
Denmark	"Denmark commits an additional US \$13 million to family planning over eight years."	In 2013, Denmark increased bilateral funding by US\$5.8 million above 2012 levels, which is nearly half of its stated eight-year commitment with seven years remaining.
France	"In 2011, France pledged to spend an additional €100m on family planning within the context of reproductive health through to 2015, in nine countries in francophone Africa."	In the two years between 2012-2013, France disbursed a total of €67.6 million in bilateral family planning funding, which is two-thirds of its stated four year commitment.
Germany	"Germany commits €400 million (US \$491.6 million) to reproductive health and family planning over four years, of which 25% (€100 million or US \$122.29 million) is likely to be dedicated directly to family planning, depending on partner countries' priorities."	In the two years between 2012-2013, Germany disbursed a total of €65.8 million in bilateral family planning funding, which is two-thirds of its stated four year commitment.
Netherlands	"The Netherlands committed €370 million in 2012 for sexual and reproductive health and rights, including HIV and health, and intends to extend this amount to €381 million in 2013, and to €413 million in 2015. This commitment is dependent on continued political support from new governments to be elected."	The Netherlands disbursed €377 million in 2012 and €382 million in 2013, exceeding its stated commitment in each year.
Norway	"Norway commits to doubling its investment from US \$25 million to US \$50 million over eight years."	Baseline data are not available to assess the starting level of investments. However, in 2013, Norway disbursed US\$20.4 million, an increase in bilateral funding of US\$17.1 million above 2012 levels. If this rate of increase continues, the stated commitment of US\$50 million would be reached within the eight year period.
Sweden	"Sweden will increase spending on contraceptives from its 2010 level of US \$32 million per year to \$40 million per year, totaling an additional \$40 million between 2011 and 2015."	Sweden disbursed US\$41.2 million in 2012 and US\$50.4 million in 2013 exceeding its stated commitment in each year.
U.K.	"The UK is committing £516 million (US \$800 million) over eight years towards the Summit goal of enabling an additional 120 million women and girls in the world's poorest countries to be using modern methods of family planning by 2020. This commitment is part of the UK's broader commitment to double efforts on family planning, increasing investments from £90 million per year (average spend over 2010/11 and 2011/12) to £180 million per year over the eight years from 2012/13 to 2019/20."	In the two years between 2012-2013, the U.K. disbursed a total of £352 million in bilateral family planning funding, which is more than two-thirds of its stated eight year commitment.

\*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.

# Endnotes

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<sup>1</sup> Since 2002, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Kaiser Family Foundation have been tracking donor government assistance for HIV in low- and middle-income countries by the donor government members of the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC). For the methodological approach used to monitor donor government spending on HIV see: <http://kff.org/global-health-policy/report/financing-the-response-to-aids-in-low/>.

<sup>2</sup> Includes funding from 25 DAC member countries and the European Commission (EC); Poland, Slovenia, and the Slovak Republic became DAC members in 2013, but have yet to report Official Development Assistance (ODA) amounts.

<sup>3</sup> Core contributions by donors to UNFPA are used to support a range of projects for family planning, reproductive health, maternal and newborn health, and HIV by UNFPA; data provided here could not be adjusted to represent an estimated family-planning specific share.

<sup>4</sup> WHO, *Family Planning Fact Sheet*, updated May 2013.

<sup>5</sup> Guttmacher Institute/UNFPA, *Adding It Up: Costs and Benefits of Contraceptive Services Estimates for 2012*, June 2012.

<sup>6</sup> UNFPA, *Financial Resource Flows for Population Activities Report 2011, 2013*.

<sup>7</sup> OECD, *The List of CRS Purpose Codes*, 2013.

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