

# FINANCIAL RESOURCE FLOWS FOR POPULATION ACTIVITIES IN 2011



ith preparations for the twentieth anniversary of the International Conference on Population and Development and the post-2015 development agenda both well under way, this twenty-fifth edition of UNFPA's financial resource flows report is timely indeed. It provides the international community with an opportunity for stock-taking and a renewal of financial commitment to the agreements made in Cairo.

The ICPD's ambitious twenty-year blueprint for action marked the beginning of a new era of commitment on the part of the international community to integrate population concerns into economic and social planning and policy making. This blueprint came with a price tag – one that has grown considerably over the years because of increasing needs and rising costs. However, the price of inaction is considerably higher. It is not measured in dollars and cents, but in higher morbidity and mortality, especially among women and girls.

According to the revised cost estimates presented to the United Nations Commission on Population and Development in 2009, a total of US \$67.8 billion was needed by 2011 to fully fund developing country needs in the area of reproductive health, including family planning and HIV/AIDS services, as well as censuses, surveys, civil registration and population research and training.

As a whole, the international community has risen to the occasion and there has been continued, albeit sometimes slow, progress in the mobilization of resources for population activities that has made possible the countless programmes addressing family planning, reproductive health and AIDS needs around the world. This has also assisted in data collection initiatives necessary for evidence-based policy formulation and programme planning.

Population assistance stood at US \$11.4 billion in 2011. We estimate that developing countries mobilized \$54.7 billion in domestic resources for population activities which brings the total funding to US \$66.1 billion, the largest amount ever raised. However, before the international community becomes complacent about narrowing the gap between resources needed and funds mobilized, it should be pointed out that the increase in domestic funding is the result of a large reported expenditure for family planning and new data for HIV/AIDS and out-of-pocket expenditures. The gap may widen if the family planning projects do not continue. Population assistance is increasing slowly and a number of donors have actually decreased their funding levels.

It is especially important to maintain a sufficient flow of financial resources for population programmes in developing countries in light of the large youth population and particularly now that the world population has surpassed 7 billion. The need for funding is greater than ever if the international community is to meet the challenges and take advantage of the opportunities that a world of 7 billion presents.

We commend the donor and developing countries that have made every effort to continue to mobilize financial resources despite difficult economic times. Your efforts have helped to make a difference in the lives of countless men, women and young people around the world. This is very much appreciated.

We invite all governments to renew their commitments and to continue to raise the necessary funds for population to ensure implementation of the goals of the ICPD Programme of Action.

UNFPA would like to thank the Governments and relevant agencies and organizations of developing countries, as well as donor Governments, NGOs, foundations, multilateral organizations and agencies in developed countries, for providing the information contained in this report. We especially thank our main partner, the Netherlands Interdisciplinary Demographic Institute (NIDI), for the excellent collaboration. We also wish to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their cooperation and our partners, the Indian Institute for Health Management Research (IIHMR) and the African Population and Health Research Center (APHRC) for the productive collaboration in the data collection.

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