



FINANCIAL RESOURCE FLOWS FOR POPULATION ACTIVITIES IN 2005





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Foreword

Funding for population activities is showing a significant increasing trend. The gap between ICPD financial goals and actual resources mobilized has been narrowing and has finally reached the agreed targets. It has taken over ten years for the international community to reach the financial targets of the Cairo Conference.

The present report shows that in 2005, population assistance increased to US \$7.4 billion and domestic resources are estimated at \$17.3 billion. Donor assistance to population represented 5.73 per cent of ODA, the highest percentage ever. Developing countries, as a group, also increased funding for population activities.

Indeed, the targets for 2005 have not only been met, but have been surpassed. This is good news indeed. It should be noted, however, that the recent increase in the flow of financial resources for assisting in the implementation of the ICPD Programme of Action has not been distributed evenly over the four ICPD categories of family planning, basic reproductive health services, STD/HIV/AIDS activities and basic research, data, and population and development policy analysis. The increase in resource mobilization for population has been primarily a result of increase in funding for HIV/AIDS activities, both prevention and treatment. Given the increased emphasis on addressing the global AIDS pandemic, including the Millennium Development Goal (Goal 6) 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, this trend is expected to continue. In fact, donor countries are expected to continue to spend a large percentage of their population assistance on HIV/AIDS activities. This is a good thing. We need a substantial amount of money to stop the spread of HIV/AIDS.

However, it is important to mobilize adequate resources for the other equally critical components of the ICPD population package, especially for family planning and reproductive health. If the trend towards decreased funding for family planning and reproductive health is not reversed, it will affect progress in the achievement of the Millennium Development Goals.

It is also important to note that, despite the significant increases in funding for population activities, the resources mobilized are still not sufficient to meet current needs in developing countries that are far larger than anticipated when the Cairo financial targets were agreed upon. Back then, the population and health situation in the world was very different. No one foresaw the extent of the HIV/AIDS epidemic in the twenty-first century. Infant, child and maternal mortality remains unacceptably high in many parts of the world. Health-care costs have increased substantially and the value of the dollar today is far lower than it was then. As a result, the Cairo target of \$18.5 billion in 2005 is not sufficient to finance population and AIDS programmes in developing countries.

The reality is that the ICPD financial targets are simply not sufficient to meet today's growing needs. The increases in funding are still not adequately addressing the AIDS crisis. And we need additional resources for family planning and reproductive health services. Most developing countries are not in a position to fund much-needed population and AIDS programmes. Poor countries are faced with many competing development priorities and many of them simply cannot afford to make the necessary investments in population. They require considerable donor assistance.

The challenge for the international community is to continue to mobilize adequate resources to implement the ICPD agenda and to meet today's growing needs.

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