



FINANCIAL RESOURCE FLOWS FOR POPULATION ACTIVITIES IN 2003





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Foreword

The goals of the Millennium Declaration and the International Conference on Population and Development (ICPD) are closely related and mutually reinforcing. The ICPD linked poverty alleviation to women's empowerment, gender equality and universal access to reproductive health. It connected population issues with sustained economic growth and sustainable development. The Millennium Development Goals (MDGs), especially the eradication of poverty, cannot be achieved if population and reproductive health issues are not adequately addressed. At the 2005 World Summit, Governments committed themselves to achieving universal access to reproductive health by 2015. This will help us reduce maternal and child mortality, improve maternal health, promote gender equality, combat HIV/AIDS and eradicate poverty.

Such investments require adequate amounts of funding from all stakeholders. The ICPD Programme of Action estimated that in developing countries and countries with economies in transition, the implementation of programmes in the area of population and reproductive health, including family planning, maternal health and the prevention of sexually transmitted diseases, including HIV/AIDS, as well as programmes that address the collection, analysis and dissemination of population data, would cost US \$18.5 billion by the year 2005. Approximately two thirds of the projected costs were expected to come from developing countries and one third, or \$6.1 billion, from the international donor community.

It is encouraging to note that the gap between the level of resources required and that actually made available is narrowing. The present report shows that population assistance increased to \$4.7 billion in 2003. ODA levels are at their highest ever and the percentage of ODA for population stands at 5.12. Developing countries, as a group, have also increased funding for population activities, although only a handful of countries account for most of the domestic resources mobilized. Most developing countries are still not able to generate sufficient domestic resources to implement their population programmes and are heavily dependent upon international assistance.

The largest share of funding, i.e. 48 per cent, is going to AIDS related activities, up from 42 per cent in 2002. However, the increased resources are still not adequately addressing the growing AIDS pandemic. In addition, while funding for reproductive health has slightly increased, funding for family planning is seriously lagging behind. If not reversed, the trend towards less funding for family planning would have serious implications for countries' ability to address unmet need for such services and could undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality.

The challenge before the international community is to remain on track for reaching the ICPD 2005 financial targets for donors and developing countries. It is particularly important to reach the ODA target of 0.7 per cent of GNP and to ensure that appropriate resources are allocated to population and reproductive health in the new funding and programming mechanisms such as sector-wide approaches and poverty reduction strategies. It is also important that adequate resources be allocated to all areas of the ICPD costed population package: family planning services, reproductive health services, STD/HIV/AIDS, and basic research, data and population and development policy analysis.

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