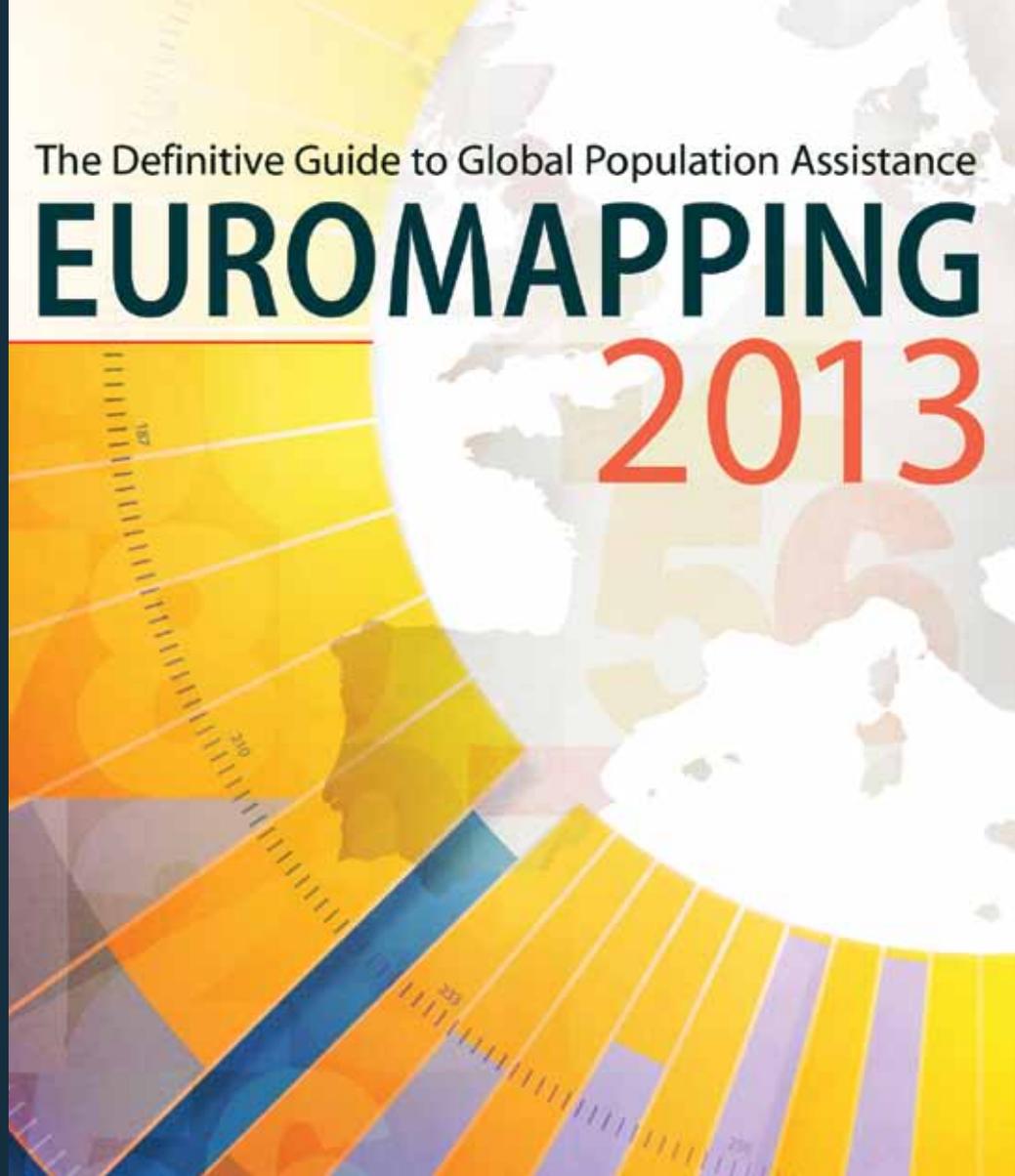




The Definitive Guide to Global Population Assistance

# EUROMAPPING

# 2013



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# Abbreviations

<b>CRS</b>	Creditor Reporting System	<b>ICPD</b>	International Conference on Population and Development
<b>CSO</b>	Civil Society Organisation	<b>IPCI</b>	International Parliamentarians' Conference on the Implementation of the ICPD
<b>DAC</b>	Development Assistance Committee	<b>IMF</b>	International Monetary Fund
<b>DFID</b>	Department for International Development	<b>IPPF</b>	International Planned Parenthood Federation
<b>DSW</b>	Deutsche Stiftung Weltbevölkerung	<b>HIV/AIDS</b>	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
<b>EC</b>	European Commission	<b>MDGs</b>	Millennium Development Goals
<b>EDF</b>	European Development Fund	<b>NIDI</b>	Netherlands Interdisciplinary Demographic Institute
<b>EEAS</b>	European External Action Service	<b>NGO</b>	Non-governmental Organisation
<b>EP</b>	European Parliament	<b>ODA</b>	Official Development Assistance
<b>EPF</b>	European Parliamentary Forum on Population and Development	<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>EU</b>	European Union Institutions and Member States of the European Union	<b>RF</b>	Resource Flows
<b>EU-12</b>	Member States who joined the European Union in 2004 and 2007	<b>RH</b>	Reproductive Health
<b>EU-15</b>	Member States of the European Union prior to 2004	<b>STDs</b>	Sexually Transmitted Diseases
<b>EU-27</b>	Member States of the European Union prior to 2013	<b>UK</b>	United Kingdom
<b>FP</b>	Family Planning	<b>UN</b>	United Nations
<b>GDP</b>	Gross Domestic Product	<b>UNFPA</b>	United Nations Population Fund
<b>GNI</b>	Gross National Income	<b>USA</b>	United States of America
		<b>USD</b>	United States Dollars

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# Preface

Since 1997 the United Nations Population Fund (UNFPA) and the Netherlands Interdisciplinary Demographic Institute (NIDI) have cooperated in the monitoring of global financial flows for population activities in the so-called Resource Flows (RF) project. Each year, the RF team collects primary data from public and private sources in donor countries, developing countries and countries in transition in order to document the global financial flows for population activities.

Euromapping documents how European countries are living up to their international funding commitments to support developing countries' population efforts. It combines data from two sources: the OECD/DAC Creditor Reporting System (CRS) and the RF project. The donor survey that is carried out by the RF project supplements the data in the CRS database with data from carefully selected foundations, UN agencies, international NGOs and development banks and provides results which are far more detailed than those of in the CRS database. This approach, in which the RF team coordinates its data collection activities with other major actors, has proven to be successful and has been welcomed by providers and users of data. Like previous reports, Euromapping 2013 again is a rich source of information on financial resource flows originating in Europe. The publication is uniquely informative because of its coverage and depth.

This publication deserves to be well received and should stimulate debate on whether European countries - either individually or collectively - are playing as influential a role as they should in driving global development and providing universal access to basic services, including services that improve sexual and reproductive health, especially in this period of financial constraints. When financial resources are limited, donors are increasingly concerned about getting value for money. Interest is shifting from levels of spending and spending commitments to outcome. To link spending to outcome, adequate resource tracking is essential. Tracking and monitoring of resource flows and the dissemination of that information also contribute to transparency and accountability among donors for their efforts. Euromapping is a great initiative and NIDI gladly assisted DSW and EPF in the preparation of this report.



**Prof. dr. Leo van Wissen**

*Director*

NIDI

(Netherlands Interdisciplinary Demographic Institute)

# Introduction

This year's Euromapping report – tracking the state of international donor funding for Sexual and Reproductive Health and Rights (SRHR) and Official Development Assistance (ODA) – comes at an important time in the current debates on the post-2015 agenda and on global commitments to SRHR. The report precedes the 20th anniversary of the International Conference on Population and Development (ICPD) in Cairo, and contributes to the on-going debates about how to take forward the ICPD process beyond 2014. This context provides an excellent opportunity for civil society, parliamentarians and policymakers to take stock of progress made in the implementation of the Cairo Programme of Action, and whether international donors have adhered to the commitments they have made in the field of SRHR. It is also an opportunity to ensure that the human rights-based approach to SRHR becomes an integral part of the post-2015 agenda.

At the UN level the post-2015 process is well underway and it is hoped that a single set of universal goals will be agreed upon at the UN General Assembly (UNGA) in September 2015. The review of the ICPD is continuing under the stewardship of UNFPA, and aims at ensuring the integration of the ICPD agenda into the post-2015 framework. Stakeholders in the ICPD process have been pushing for a progressive approach to SRHR in the post-2015 agenda, preserving the

agreements of the ICPD and its follow-up conferences, while advancing the SRHR agenda (on issues such as the recognition of sexual rights, the legalisation of abortion and the promotion and protection of the human rights of people of diverse sexual orientations and gender identities).

The EU is heavily involved in the debates at the UN level. There has been a concerted push to engage with the European Commission, the European Parliament and EU Member States sympathetic towards the ICPD agenda. As a result of these efforts, the importance of SRHR has been highlighted by the European Parliament and by EU Member States in core policy documents.<sup>(1)</sup> Such progress does, however, come with the caveat that the position and priorities of the European Commission versus those of individual EU Member States may differ - and sometimes strongly - on the issue of SRHR.

As we move into 2014, these high-level discussions will move from the big picture perspective towards looking at more concrete issues (such as goals, targets, etc.). In advance of this stage, advocacy around specific goals, targets and indicators for SRHR has already begun.

<sup>(1)</sup> [http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P7-TA-2013-0283+0+DOC+XML+V0//EN&language=EN; : http://www.consilium.europa.eu/uedocs/cms\\_Data/docs/pressdata/EN/foraff/137606.pdf](http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P7-TA-2013-0283+0+DOC+XML+V0//EN&language=EN; : http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/137606.pdf).

The big challenge that civil society and policymakers face is framing SRHR in the post-2015 agenda in a way that adequately responds to the broad range of issues covered therein, while at the same time responding to the metrics of goals, targets, and indicators. Crucial to this process will be the intensification of advocacy work and the building of strong coalitions with like-minded governments, parliamentarians from all mainstream parties and the broader civil society community, where networks like Countdown 2015 Europe play a vital role.

A part of this effort will rely on data and statistics to show that, now more than ever, it is vitally important that policymakers, at the national, European and global levels, respect and continue their commitments to SRHR policy and funding. Heading into the next phase of the post-2015 process, this year's Euromapping report

seeks to respond to this challenge. It does so by highlighting the trends in Population Assistance and general ODA in recent years, and detailing what needs to be done between now and 2015 in order to ensure that donors live up to their promises. Euromapping's contribution to the debate will be to continue reiterating the importance of funding for SRHR in all its forms.



A handwritten signature in blue ink that reads "Renate Baehr".

**Renate Baehr**

*Executive Director*

DSW

(Deutsche Stiftung  
Weltbevölkerung)

A handwritten signature in blue ink that reads "Neil Datta".

**Neil Datta**

*Secretary*

EPF

(European Parliamentary Forum  
on Population and Development)

# 1. Executive Summary

Main Findings  
on General ODA in 2012

Main Findings  
on Population Assistance in 2011

Recommendations

## Main Findings on General ODA in 2012

- The largest ODA donors in 2012, by volume, were the USA, the UK, Germany, France and Japan. Denmark, Luxembourg, The Netherlands, Norway and Sweden continued to exceed the United Nations' ODA target of 0.7 per cent of GNI.
- The USA continued to be the largest donor by volume with net ODA flows amounting to USD 30.5 billion in 2012, a fall of 2.8 per cent in real terms compared to 2011.
- Net ODA fell in fifteen countries, with the largest cuts recorded in Spain, Italy, Greece and Portugal.
- ODA from the EU-15 group of countries in 2012 was USD 63.7 billion, a decrease of 7.4 per cent compared to 2011.

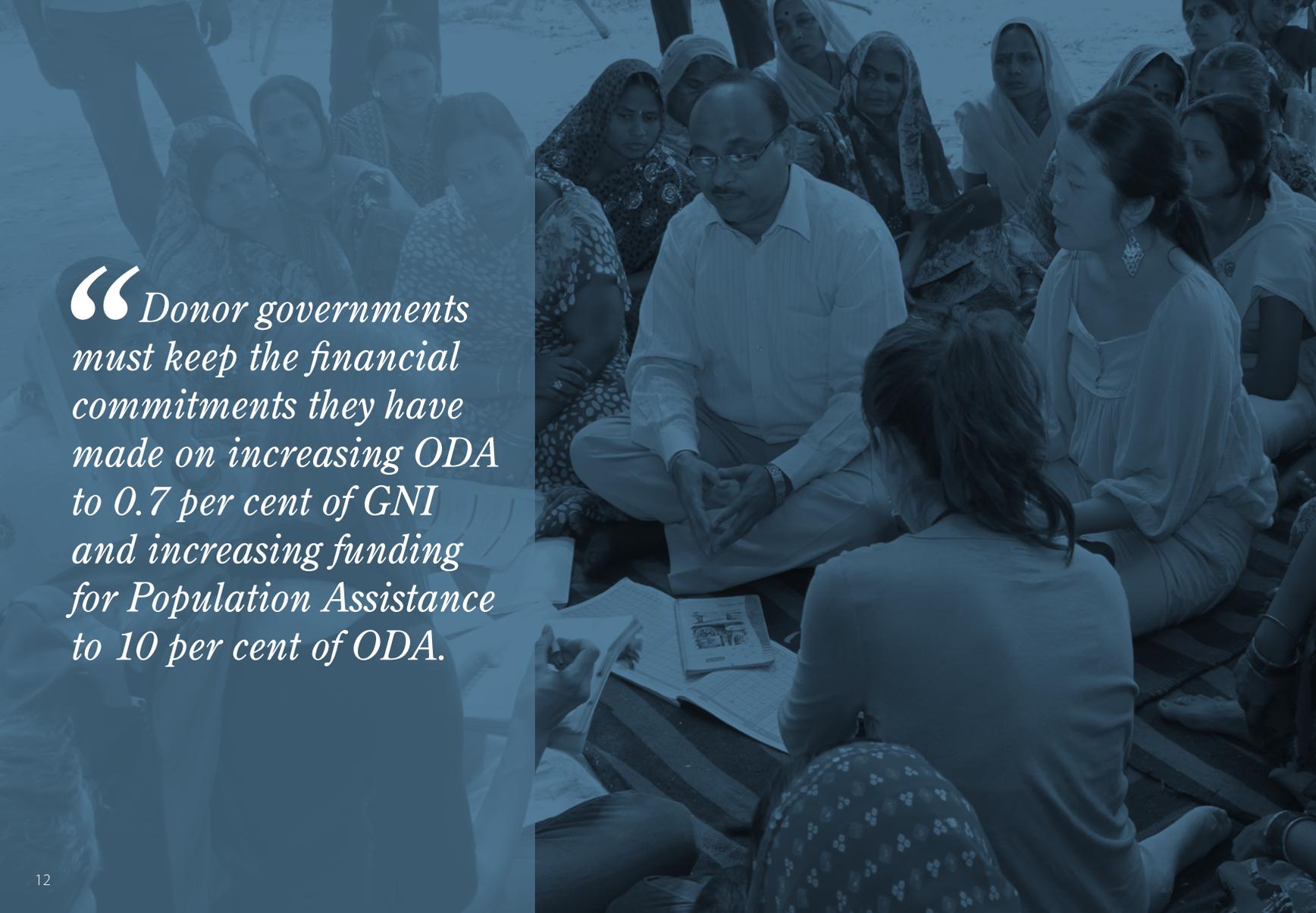
## Main Findings on Population Assistance in 2011

- Funding for Population Assistance is still increasing but at a much lower rate than prior to the financial crisis.
- All DAC donors, apart from the USA, are failing to meet the commitment declared at IPCI conferences to dedicate 10 per cent of ODA to Population Assistance.
- In 2011, the EU-15's funding levels fell to almost half that of the USA. Meanwhile the USA's primary funding to Population Assistance increased from 5.4 billion to almost USD 6 billion.
- Funding for Population Assistance increased in the UK, Germany, Sweden, Finland, Ireland, Italy and Portugal in 2011. Still, this was not sufficient to prevent an overall reduction in Population Assistance funding from the EU-15.
- The EU accounted for almost two thirds of funding for reproductive health and the EU Institutions were the largest donor in support of research and development. However, the USA remains by far the largest donor to Family Planning and HIV/AIDS.

## Recommendations

- At national level, donor governments must adhere to financial commitments made for increasing ODA to 0.7 per cent of GNI and increasing funding for Population Assistance to 10 per cent of ODA.
- It remains necessary to increase ODA for Population Assistance by 2015. This is especially the case for Family Planning and Reproductive Health, where the funding gap has expanded to USD 35.71 billion relative to funds needed by 2015.
- At international level, governments, EU Institutions and civil society should unite their efforts to ensure that Sexual and Reproductive Health and Rights are part of the post-2015 framework.
- Donors and international organisations should increase the transparency and the comparability of their data on ODA for Population Assistance in order to simplify the monitoring of existing commitments.
- The international community should use the opportunity of the post-2015 debate to align the reporting standards of different institutions such as the OECD/DAC and UNFPA, in order to facilitate the comparability of data and improve the monitoring.





*“Donor governments must keep the financial commitments they have made on increasing ODA to 0.7 per cent of GNI and increasing funding for Population Assistance to 10 per cent of ODA.”*

## 2. Expert Insights

Dr. Babatunde Osotimehin  
Executive Director, UNFPA

Valerie Defilippo  
Director, FP2020

Tewodros Melesse  
Director-General, IPPF

Marleen Temmerman  
Director of Reproductive Health and Research, WHO



Dr. Babatunde Osotimehin  
Executive Director, UNFPA



**W**e cannot achieve sustainable development without increasing investments in reproductive health. The benefits of these investments are well known, well documented and deliver substantial social and economic returns for women, young people, their families and communities.

Reproductive health is not an item of expenditure; it is an investment that brings high returns. Good reproductive health enables couples and individuals to lead healthier, more productive lives, and in turn to make greater contributions to their household incomes and to national economies. Guaranteeing universal access to reproductive health services, such as family planning, also positively affects other development goals, like educational achievement, particularly among adolescent girls.

The findings in this publication show that reproductive health is still underfunded in Official Development Assistance. A number of countries have adopted development aid policies that prioritise investment in reproductive health and are setting examples that other countries must follow if we are to achieve Millennium Development Goal 5, Targets A and B. What we need now is the political will and action to make universal access to reproductive health a reality to deliver a world where every pregnancy is wanted, every child's birth is safe and every young person's potential is fulfilled.



Valerie Defilippo  
Director, FP2020



**T**here is new momentum in the global family planning community. Little more than year after the launch of the Family Planning 2020 initiative, countries throughout sub-Saharan Africa and Asia are expanding their family planning programs. These steps represent tangible improvements in the lives of some of the world's most vulnerable people.

The time to accelerate progress is now. All donors must demonstrate the power of their promises by providing the additional resources countries require to fulfill the unmet need for family planning. When we invest in the future of women and girls, we invest in the future of the entire planet. None of us can afford to let this opportunity slip by.



Tewodros Melesse  
Director-General, IPPF



Talk about integrating SRHR services, including HIV, is not new. For women and girls being able to access an integrated package of services that will beneficially impact on their lives is a powerful draw. These high impact services are well-known and researched.

How they work in combination however is a relatively new science. Recent results from the IPPF-led Integra Initiative clearly showed that the integration of family planning and HIV services with other wider SRHR information and services, such as those relating to cervical cancer and gender-based violence screening, save costs and increase efficiency through better utilisation of both human and physical resources.

For the client, the effect is even more pronounced - saving them both time and money. In response to this research, IPPF is rolling out a fully integrated package of eight, high impact service categories across its global network. Through Countdown 2015 and other such advocacy platforms we encourage all donors to follow suit. Such integrated service packages are good news for clients and taxpayers.



Marleen Temmerman  
Director of Reproductive Health and Research, WHO



Contributions from donors for research as part of development assistance are critical, and this is especially the case in the current climate. For countries confronted with dwindling budgets need to determine not only which innovations they will invest in, but also how they will maximize the reach and health impact of established health interventions. The findings in this EuroMapping 2013 publication highlight how – in comparison with other donors - the EU's institutions have led investments into areas of research. For me this clearly reflects on the quality and results of Europe's research institutions.

The report also sheds light on the continuing investments that HIV and AIDS are receiving, while it highlights the critical resource gaps that still exist in family planning, contraceptive services and reproductive health. These are areas in which many countries have experienced difficulties in achieving the Millennium Development Goals. The research investments by the EU's institutions offer a model for other international donors that must be followed and replicated. And it is crucial that investing in research into reproductive health, family planning and contraceptives will need to be increased across all donors to respond to the persistent country-level challenges that still exist in achieving the reproductive health-related goals.

*“Reproductive health is not an item of expenditure; it is an investment that brings high returns. Good reproductive health enables couples and individuals to lead healthier, more productive lives, and in turn to make greater contributions to their household incomes and to national economies.”*

Dr. Babatunde Osotimehin  
Executive Director, UNFPA



# 3. Official Development Assistance in 2012

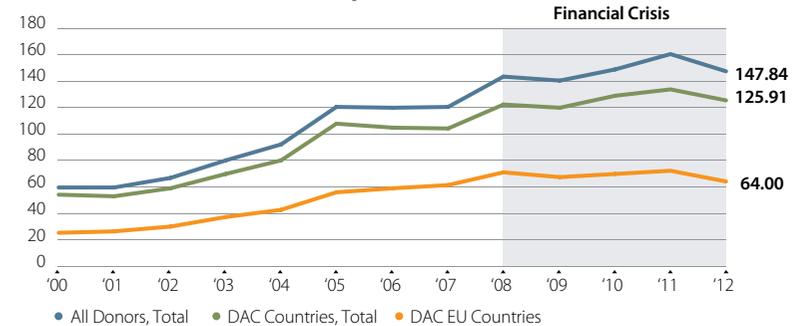
“In 2012 total ODA fell to USD 147.84 billion from its peak of USD 160.75 billion in 2011.

“ODA as a share of GNI in the EU-15 countries fell from 0.44 per cent in 2011 to 0.42 per cent in 2012.

**FIGURE 1:  
ODA VOLUME (2000-2012)**

Source:  
OECD/DAC CRS Database

(Net disbursements in billion USD - current prices)



There are 26 members of DAC: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Institutions, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, The Netherlands, New Zealand, Norway, Portugal, Slovak Republic, South Korea, Spain, Sweden, Switzerland, UK, USA.

## Official Development Assistance<sup>(2)</sup>

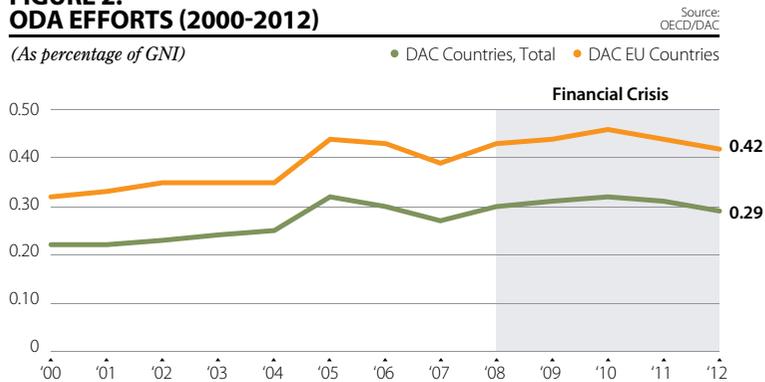
The graphs here offer different perspectives on the ODA provided by major donors since 2000: FIGURE 1 shows total volumes of ODA, while FIGURE 2 shows the different levels of ODA as a percentage of GNI.

<sup>(2)</sup> The data presented in the following graphs represents bilateral ODA, assistance provided by donor countries directly to projects and programmes in low- and middle-income countries. All figures are in current dollars and refer to net disbursements.

“All donors” includes countries but also foundations and other donors. As FIGURE 2 shows ODA as a percentage of GNI, the category “all donors” is not included.

The total level of ODA dropped in 2012, from its peak in 2011 of USD 160.75 billion down to USD 147.84 billion. ODA from OECD DAC countries in 2012 amounted to USD 125.9 billion, a 4 per cent drop in real terms compared to 2011 and returning ODA to 2007 levels. In addition, ODA from the EU-15 fell by 7.4 per cent in 2012 compared to 2011. As a share of the combined GNI of these countries, ODA fell from 0.44 per cent in 2011 to 0.42 per cent in 2012.

**FIGURE 2:  
ODA EFFORTS (2000-2012)**



## 0.7 per cent Commitment

The 0.7 per cent target refers to the percentage of donor countries’ Gross National Income that leaders have pledged for ODA in order to promote development.

This target has been affirmed in many international agreements over the years, with the first time being 43 years ago in a 1970 United Nations General Assembly Resolution.<sup>(3)</sup> It was also pledged in March 2002 during the International Conference on Financing for Development in Monterrey, Mexico, at the World Summit on Sustainable Development held in Johannesburg later that year and at the Gleneagles Summit in 2005.

<sup>(3)</sup> International Development Strategy for the Second United Nations Development Decade, UN General Assembly Resolution 2626 (XXV), October 24 1970, para. 43.

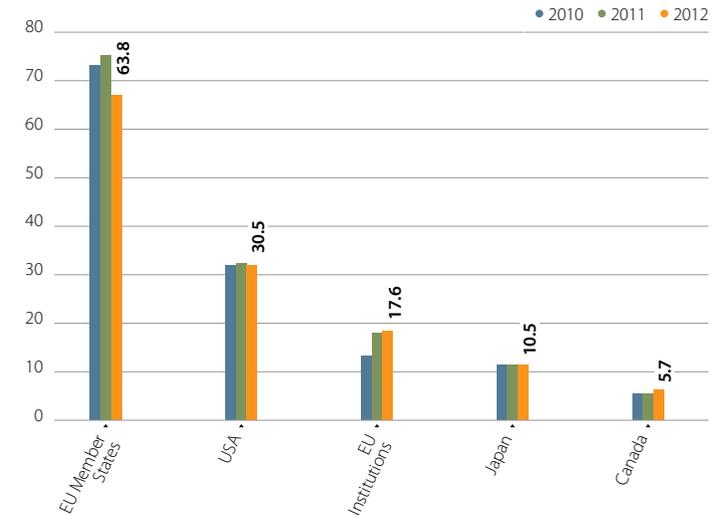
At the European level, on 24 May 2005 all EU Development Ministers announced that by 2015, the EU-15 would set timetables to meet the 0.7 per cent target. In addition, the EU-12 (the countries which joined the EU after 2004) announced that they would achieve 0.33 per cent by 2015. At the Financing for Development Conference in Doha in 2008, the EU Member States reaffirmed their commitments to the target.

The European Union (plus Norway) is the only group of countries which have remained committed to increasing their ODA to 0.7 per cent of GNI by 2015. But despite these commitments, many donors have failed to reach even half of this level. Only five countries have consistently contributed more than 0.7 per cent of their GNI (Norway, Sweden, Denmark, Luxemburg and The Netherlands).

**FIGURE 3:  
TOP GLOBAL ODA DONORS (2010-2012)**

Source:  
OECD/DAC

(Net disbursements in billion USD - current prices)



**The leading ODA donors (by volume) have not changed between 2011 and 2012:** EU Member States, the USA, the EU Institutions, Japan and Canada still dominate. There have been increases in ODA by, among others, South Korea, Australia and Canada; and parallel decreases in ODA by a number of European countries and Japan.

Net ODA<sup>(4)</sup> rose in real terms in nine countries in 2012, with the largest increases recorded in Australia, Austria, Iceland (which joined the DAC in 2013), South Korea and Luxembourg. **Net ODA fell in 15 countries**, with the largest cuts recorded in Spain, Italy, Greece and Portugal - countries that have been most affected by the financial crisis.

Among this group, **Spain has suffered the largest drop in 2012**, decreasing to USD 1.9 billion (-49.7 per cent), representing a total reduction in real terms of almost 70 per cent since 2008. As a percentage of GNI, Spanish ODA reached a level in 2012 not seen since 1989. Other EU Member States experienced significant drops in net ODA, including Italy (-34.7 per cent), Greece (-17.0 per cent), Portugal (-13.1 per cent) and Belgium (-13.0 per cent).

**The USA remained the largest donor by volume in 2012**, with net ODA flows of USD 30.5 billion in 2012, representing a fall of -2.8 per cent in real terms compared to 2011.

<sup>(4)</sup> Net ODA: Grants or loans to countries and territories on the DAC List of ODA Recipients (low- and middle-income countries) and to multilateral agencies which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms (if a loan, having a grant element of at least 25 per cent).

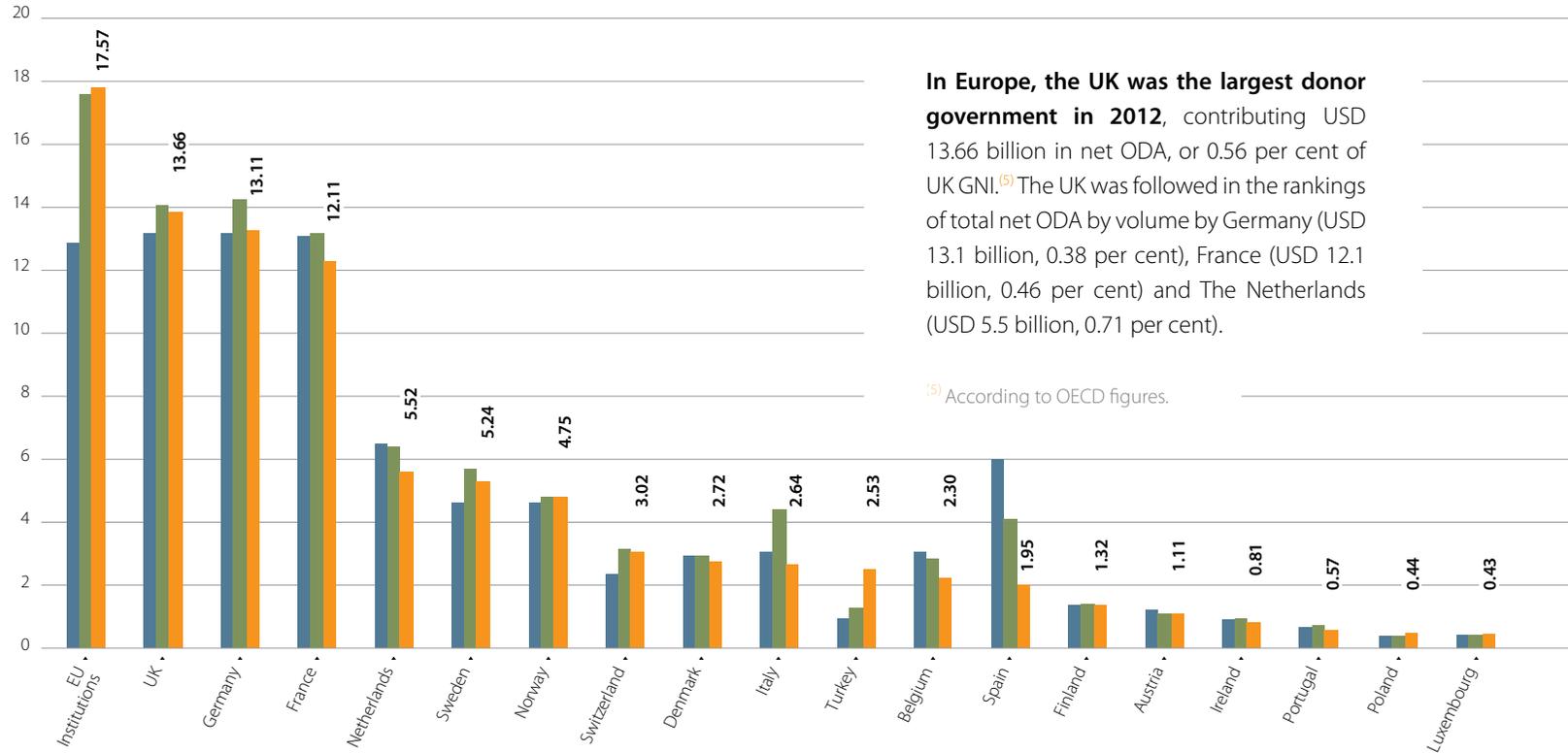
*“UK was the largest European government donor in 2012, spending USD 13.7 billion in ODA or 0.56 per cent of UK GNI.*

---

*“Germany was the second largest European government donor in 2012, spending USD 13.1 billion in ODA.*

**FIGURE 4:**  
**EUROPEAN ODA DISBURSEMENTS (2010-2012)**

*(Net disbursements in million USD - current prices)*



**In Europe, the UK was the largest donor government in 2012**, contributing USD 13.66 billion in net ODA, or 0.56 per cent of UK GNI.<sup>(5)</sup> The UK was followed in the rankings of total net ODA by volume by Germany (USD 13.1 billion, 0.38 per cent), France (USD 12.1 billion, 0.46 per cent) and The Netherlands (USD 5.5 billion, 0.71 per cent).

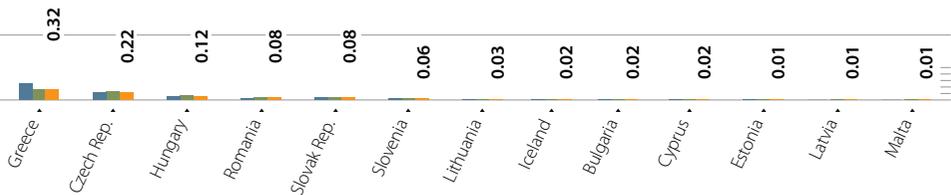
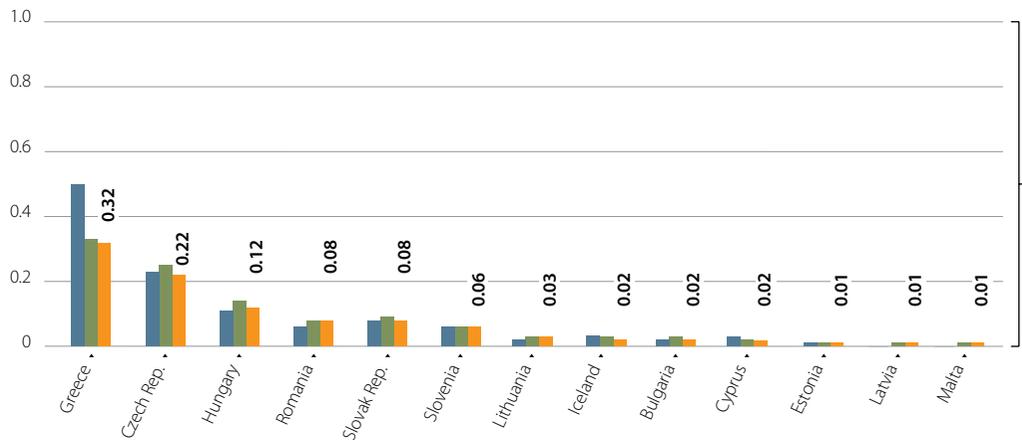
<sup>(5)</sup> According to OECD figures.

“Net ODA fell in fifteen countries, with the largest cuts recorded in Spain, Italy, Greece and Portugal, the countries most affected by the euro zone crisis.

Source: OECD/DAC

● 2010 ● 2011 ● 2012

Some European countries have smaller economies and therefore provide less ODA as measured by total net volume. Regardless of the level of ODA, all EU Member States have the same voting rights on EU policy linked to SRHR.

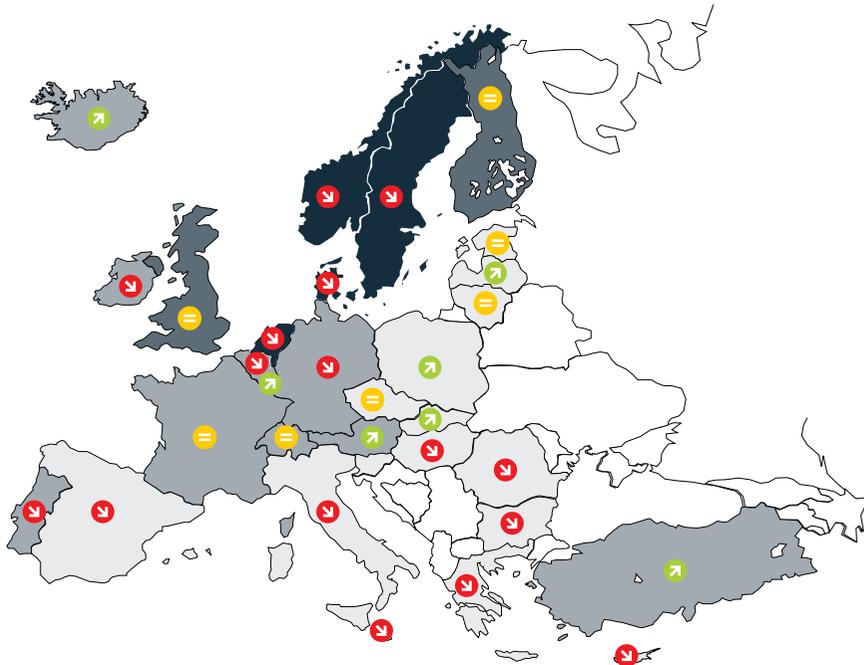


Focus

**FIGURE 5:  
NATIONAL ODA  
AS PERCENTAGE OF GNI (2012)**

Source: OECD/DAC and "Commission Staff Working Document: EU Accountability Report 2013 on Financing Development Review of progress by the EU and its Member States", Brussels, 16.7.2013

↗ = ↘
 >0.7%
  >0.51%
  >0.17%
  <0.17%
  no data available



Croatia joined the EU in 2013 and therefore is not included in the 2011 data.

## The European Union

The EU is an economic and political partnership between 28 European countries and, as such, it is the only multilateral OECD DAC donor. Within the EU, the European Commission (EC) acts as a quasi-executive branch, proposing legislation and implementing EU policies and programmes. Legislative competencies are shared between the Council of the European Union (Council), which brings together government representatives of EU Member States and the European Parliament (EP), which is directly elected by EU citizens.

There are two distinct types of development assistance that come from the EU and its Member States: the national development assistance controlled, funded and administered by each EU member state individually; and the development assistance administered by the EC itself.

*In 2012  
European  
donors provided  
63% of Global  
ODA.*

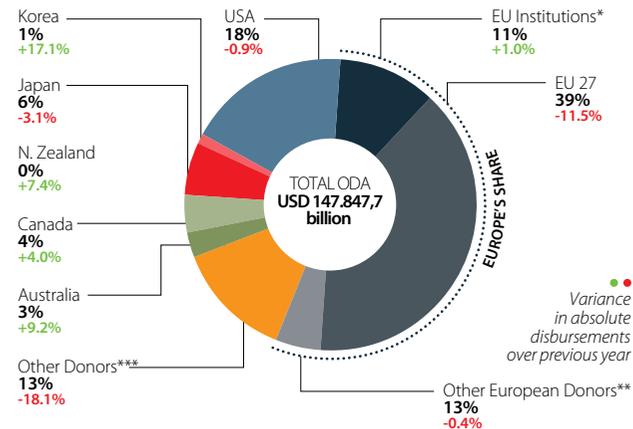
The EC's development assistance is funded either via the EU's own budget (which is in turn funded by Member States), or the European Development Fund (EDF), which exists outside the general EU budget and is exclusively for the African, Caribbean, and Pacific Group of States (ACP). In total, the EU Institutions disbursed USD 17.6 billion in net ODA in 2012.

Development assistance controlled and administered by EU Member States is disbursed in two ways: bilaterally (the majority), and to a lesser extent through international and multilateral organisations. An added value of the EU Institutions providing ODA is that they are able to make use of the presence of the EU delegations on the ground in developing countries.

**FIGURE 6:  
EUROPE'S SHARE OF GLOBAL ODA (2012)**

Source: OECD DAC and  
Ministries of Foreign Affairs

*(Net disbursements as percentage of year total)*



\*EU Institutions denote funds and instruments administered by the EC.

\*\*Other European Donors include Norway, Switzerland, Turkey and Iceland.

\*\*\*Other Donors does not include data for Chinese Taipei, Thailand or Israel in 2012.

In 2012, total net ODA by the 27 EU Member States (excluding the EU Institutions) stood at **USD 63.8 billion, representing 0.39 per cent of their combined GNI.**<sup>(6)</sup>

<sup>(6)</sup> According to OECD figures.



*“ Since the beginning of the financial crisis in 2008, increases in Population Assistance have slowed significantly.*

# 4. Population Assistance in 2011



## Methodology

When tracking ODA, the recognised primary resource is data from the OECD/DAC's Creditor Reporting System (CRS). The CRS builds on data provided by donor countries, which is categorised in different sectors and purpose codes. However, the purpose codes used by the CRS to measure health and population are not congruent with the four categories established by the ICPD Programme of Action (family planning services, reproductive health services, sexually transmitted diseases/HIV/AIDS, and basic research, data and population and development policy analysis).<sup>(7)</sup>

In order to estimate the amount and source of funding that is provided by donors for the ICPD categories, Euromapping relies on data provided by the UNFPA/NIDI Resource Flows Project. This project completes OECD/DAC data with the results of an annual donor survey. In addition, it applies a standard methodology to calculate the amount each donor provides for each ICPD category. Donors who participate in

<sup>(7)</sup> <http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Programme#ch13c>.

the annual survey have the opportunity to clear their data after the application of the described methodology (see Annex 2 for more details on the methodology). All charts in this section are based upon this methodology and show the data up to the most recent year available – 2011. All amounts are in current dollars, not taking into account inflation and exchange rate changes.

In FIGURE 7 to 11 the amounts refer to **primary funds**, which cover general contributions and project expenditures from DAC countries and private foundations; grants and loans from development banks; self-generated incomes from international NGOs and UN agencies (including income received from non-DAC countries). FIGURE 12 to 16 show **final expenditures**, which cover project expenditures by primary donors (DAC countries and foundations) and intermediate donors (NGOs and UN agencies) as well as grants by development banks (see Annex 4 for a definition of primary funds and final expenditures). The reason for using two different categories is that only final expenditures can be split up into the four ICPD categories by the Resource Flows Project.

#### Note on Methodology:

FIGURE 7 shows the growing difference between current and constant US dollars. The numbers for constant US dollars are adjusted for inflation and exchange rate fluctuation with 1993 as the base-line year. By this, the purchasing power of one US dollar in 2011 is converted back to the purchasing power of 1993.

Using constant prices facilitates the comparison of data over time. For this reason, the OECD/DAC database also provides data in current and constant dollars. Still, it is important to note that the OECD/DAC takes the most recent year as base line, thus converting the purchasing power of 1993 into that of 2011.<sup>(8)</sup>

All following figures are in current US dollars only. When defining the methodology of the Resource Flows Project, UNFPA and NIDI decided to use current dollars in order to show the real expenditures in each respective year. Increases and decreases in funding are thus not adjusted for inflation or exchange rate changes.

<sup>(8)</sup> <http://www.oecd.org/dac/stats/informationnoteonthedacdeflators.htm>.

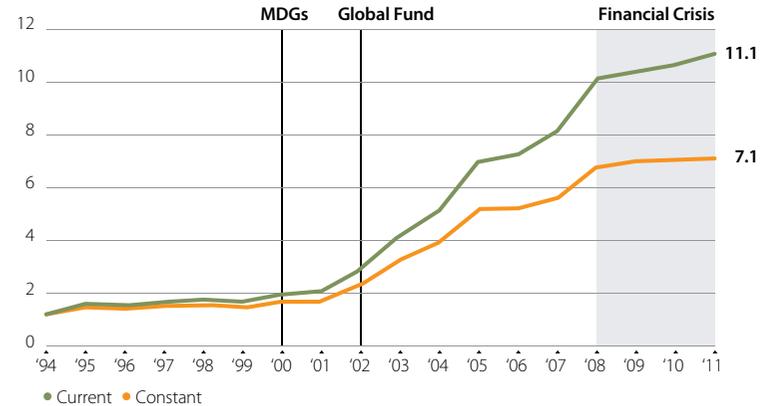
“Following the adoption of the ICPD Programme of Action in 1994, funds for Population Assistance have continually increased.

“In 2011 primary funding to Population Assistance from the EU-15 group of countries fell. Meanwhile the USA increased its funding to almost twice the level of the EU-15.

**FIGURE 7:  
TOTAL FUNDING TO POPULATION  
ASSISTANCE (1994-2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

(Net disbursements in billion USD)



This graph refers to total primary funds to population assistance 1994-2011. For a definition of primary funds, see Annex 4. It includes all donor institutions, including OECD/DAC donor governments, multilateral organisations, foundations, NGOs and development banks (grants).

## Funding to Population Assistance

Following the adoption of the ICPD Programme of Action in 1994, funds for Population Assistance have continually increased. As FIGURE 7 shows, funding increases were highest in the years following two important

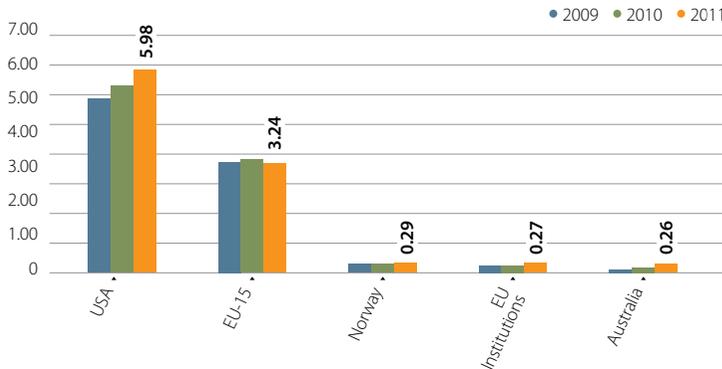
milestones: the adoption of the Millennium Development Goals (MDGs) in 2000; and the launch of the Global Fund to fight AIDS, Tuberculosis and Malaria in 2002. Since the beginning of the financial crisis in 2008, increases have slowed significantly, almost to the point of stagnation. Still, this should be read against the backdrop of an overall decline in ODA level in the years after 2008, as shown in Chapter 3.

In 2011 primary funding to Population Assistance from the EU-15 group of countries fell. Meanwhile the USA increased its funding to almost twice the level of the EU-15 (see FIGURE 8).

**FIGURE 8:  
TOP DONORS TO POPULATION  
ASSISTANCE (2009-2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

(Net disbursements in billion USD - current prices)

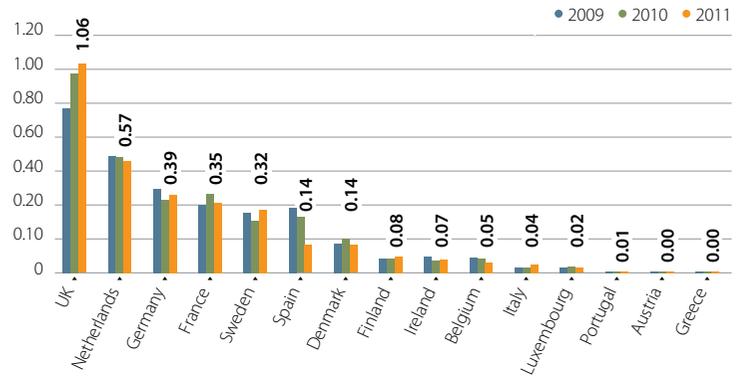


This figure refers to total primary funds to population assistance. For a definition of primary funds, see Annex 4.

**FIGURE 9:  
EU-15 DONORS TO POPULATION  
ASSISTANCE (2009-2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

(Net disbursements in billion USD - current prices)



This figure refers to total primary funds to population assistance. For a definition of primary funds, see Annex 4.

FIGURE 9 demonstrates how varied the EU-15 group of donors are. In 2011, almost one third of the EU-15's primary funding came from the UK. Additionally, an increase in funding by the UK, Germany, Sweden, Finland, Ireland, Italy and Portugal was not sufficient to prevent an overall reduction in Population Assistance funding.

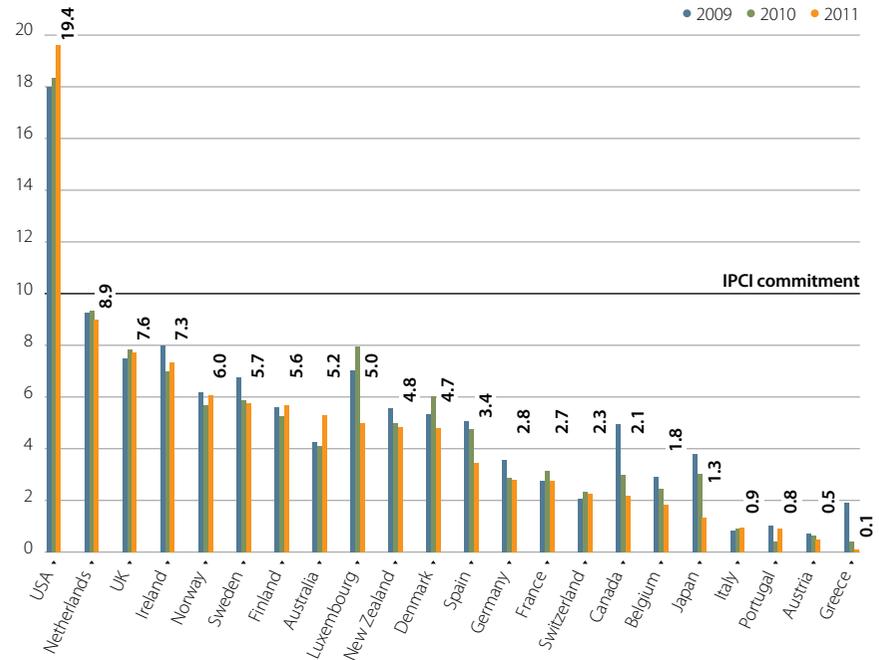
Looking at funding for Population Assistance as a percentage of overall ODA provides insight into the relative importance that the main international donors place on the issue.

*“All donor countries excluding the USA are failing to meet the commitment declared at IPCI conferences to dedicate 10 per cent of ODA to Population Assistance.”*

**FIGURE 10:  
GLOBAL EFFORTS ON POPULATION  
ASSISTANCE (2009-2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

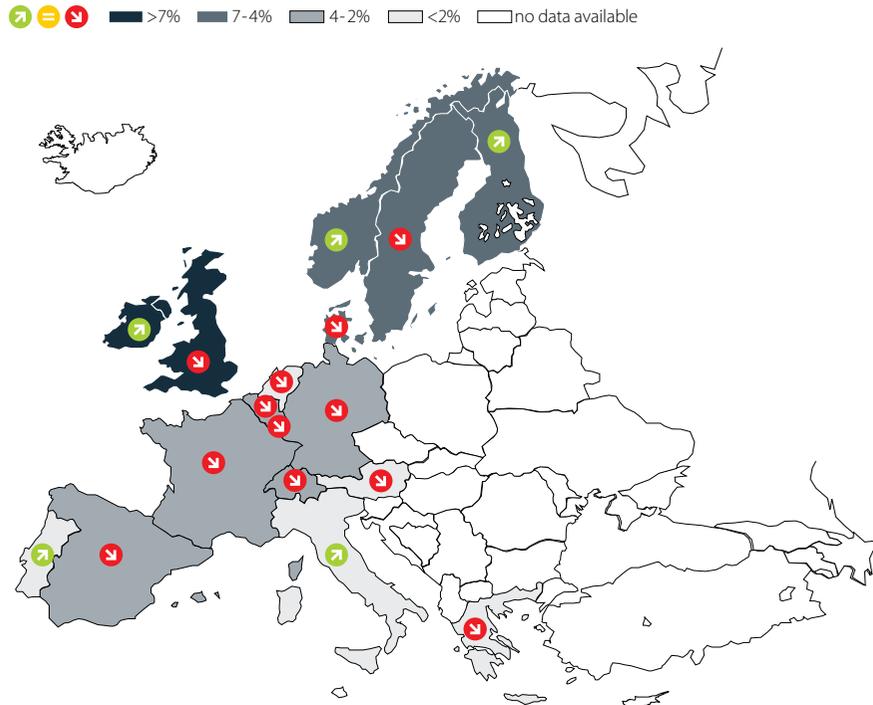
(As percentage of ODA)



This figure refers to total primary funds to population assistance. For a definition of primary funds, see Annex 4.

**FIGURE 11:  
EUROPEAN POPULATION ASSISTANCE  
AS PERCENTAGE OF ODA (2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database



This figure refers to total primary funds to population assistance. For a definition of primary funds, see Annex 4.

Since 2002 parliamentarians committed to the ICPD have met at the IPCI conferences, where they have consistently called for their governments to devote 10 per cent of their ODA to Population Assistance.

The USA dedicated almost every fifth dollar spent on ODA to Population Assistance, compared to every 13th dollar spent by the UK, every 35th dollar spent by Germany and every 100th dollar spent by Italy. All donor countries excluding the USA are failing to meet the commitment declared at IPCI conferences to dedicate 10 per cent of ODA to Population Assistance (FIGURE 10).

The map in FIGURE 11 shows how **Population Assistance of selected European donors has developed between 2010 and 2011**, and the progress (or lack thereof) towards reaching the above-mentioned IPCI commitments.

The methodology developed by NIDI and UNFPA does not only provide data on primary funding to Population Assistance, but also on final expenditures to the four fields of activities outlined in the ICPD Programme of Action (see box for definition of categories).

**Note on Methodology:**

While the data in the previous figures referred to primary funds, the Resource Flows Project provides the data by ICPD categories as final expenditures, which cover funding low- and middle-income countries receive directly from donor governments and through international organisations and NGOs (see Annex 4 for a definition of primary funds and final expenditures).

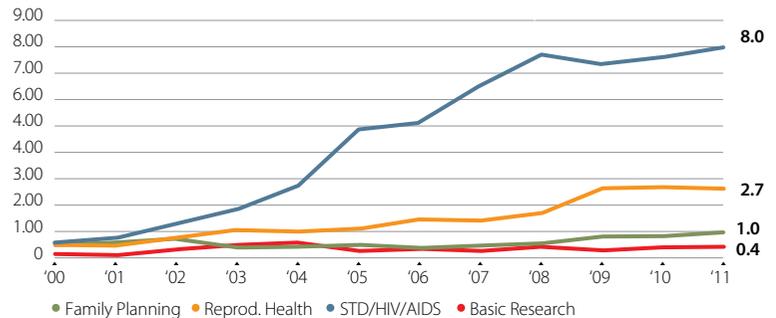
*“The increase in funding for Population Assistance since 2000 is largely a reflection of increased funding to STDs and HIV/AIDS.”*

FIGURE 12 is clear: the increase in funding for Population Assistance since 2000 is largely a reflection of increased funding to STDs and HIV/AIDS. The upswing in funding for Reproductive Health occurred following the introduction of MDG 5b (universal access to reproductive health) in 2007, but only lasted until 2010. Funding for Family Planning fell after 2002 and did not regain this level until 2009. However, since the figures are in current prices, it is not clear to what extent these changes over time are due to inflation and exchange rate changes.

**FIGURE 12:  
BREAKDOWN OF FUNDING  
TO POPULATION ASSISTANCE  
(2000-2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

*(Net disbursements in billion USD - current prices)*



This graph refers to final expenditures to population assistance 2000-2011. For a definition of final expenditures, see Annex 4.

The four categories of Population Assistance as defined in the ICPD Programme of Action (para. 13.14) and UNAIDS:<sup>(9)</sup>

**1** Family planning services - contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care.

**2** Reproductive health services - information and routine services for prenatal, normal and safe delivery and post-natal care; abortion; information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices;

adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications.

**3** Sexually transmitted diseases (STDs) and HIV/AIDS - prevention, care and treatment, orphans and vulnerable children, programme management and administration, human resources, social protection and social services, enabling environment, HIV-related research.<sup>(10)</sup>

**4** Basic research, data and population and development policy analysis - national capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training.

<sup>(9)</sup> <http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Programme#ch13c>

<sup>(10)</sup> This is not the original definition of activities included in the ICPD Programme of Action, but an up-dated definition developed by UNAIDS. See: <http://resourceflows.org/sites/default/files/FoundationsManualRF2012.pdf>.

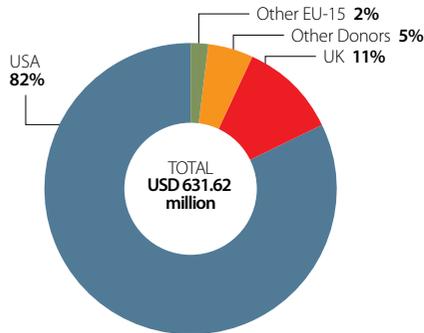
Analysing the donors that contributed most to the four ICPD categories in 2011 shows that the USA – although the top donor to Population Assistance overall – is **not the largest donor to all four categories. Rather, it is the largest in two only:** family planning (82 per cent of total final expenditures, FIGURE 13) and STDs and HIV/AIDS (86 per cent, FIGURE 14).

For reproductive health (FIGURE 15), the single largest donor in 2011 was the UK (27 per cent of total final expenditures). The EU-15 (including the UK) plus the EU Institutions accounted for 63 per cent of total final expenditures, while the USA contributed 20 per cent of the total.

**FIGURE 13:  
TOP DONORS TO FAMILY  
PLANNING SERVICES (2011)**

Source:  
UNFPA/NIDI  
Resource Flows  
Project Database

*(Net disbursements as percentage of total)*

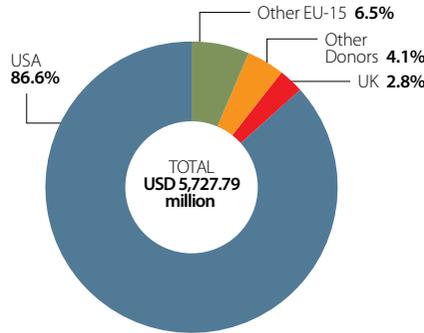


This graph refers to final expenditures. For a definition of final expenditures, see Annex 4. Other Donors include: Australia, Japan, Canada, Norway, New Zealand, Republic of Korea, Switzerland, European Institutions. For breakdown by donor, see donor profiles and Annex 3.

**FIGURE 14:  
TOP DONORS TO SEXUALLY  
TRANSMITTED DISEASES AND  
HIV/AIDS ACTIVITIES (2011)**

Source:  
UNFPA/NIDI  
Resource Flows  
Project Database

*(Net disbursements as percentage of total)*

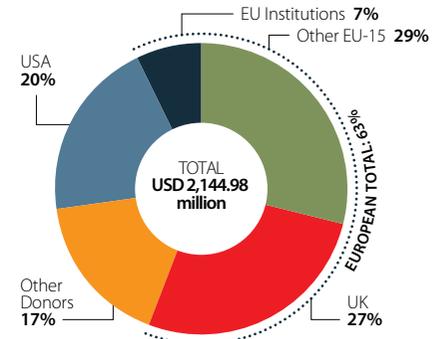


This graph refers to final expenditures. For a definition of final expenditures, see Annex 4. Other Donors include: Australia, Japan, Canada, Norway, New Zealand, Republic of Korea, Switzerland, European Institutions. For breakdown by donor, see donor profiles and Annex 3.

**FIGURE 15:  
TOP DONORS TO  
REPRODUCTIVE HEALTH  
SERVICES (2011)**

Source:  
UNFPA/NIDI  
Resource Flows  
Project Database

*(Net disbursements as percentage of total)*



This graph refers to final expenditures. For a definition of final expenditures, see Annex 4. Other Donors include: Australia, Japan, Canada, Norway, New Zealand, Republic of Korea, Switzerland, European Institutions. For breakdown by donor, see donor profiles and Annex 3.

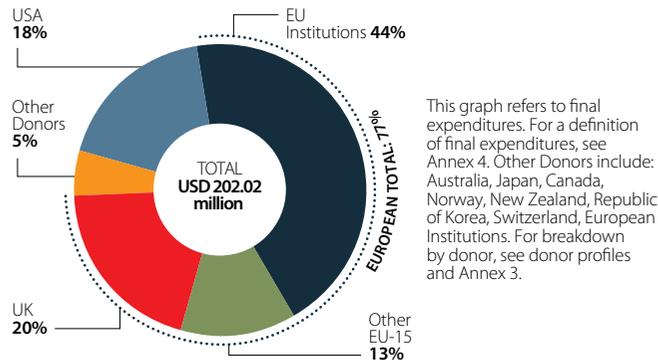
The EU-15 and EU Institutions together are by far the biggest supporters of basic research, data and population and development policy analysis (FIGURE 16) accounting for 77 per cent of final expenditures. Additionally, the EU Institutions on their own are the single largest donor (44 per cent), followed by the USA (18 per cent).

For more detailed information on the final expenditures provided by individual donors, please see the donor profiles (Chapter 5) and Annex 4.

**FIGURE 16:  
TOP DONORS TO BASIC RESEARCH, DATA  
AND POPULATION AND DEVELOPMENT POLICY  
ANALYSIS (2011)**

Source:  
UNFPA & NIDI  
"Resource Flows for  
Population Activities"

(Net disbursements as percentage of total)



*“For reproductive health, the single largest donor in 2011 was the UK (27 per cent of total final expenditures).”*

*“The EU-15 and EU Institutions together are by far the biggest supporters of basic research, data and population and development policy analysis.”*

## The Funding Gap

These graphs show the **differences between the levels of ODA that are currently being provided and the levels that are required in order to achieve the ICPD objectives** in three different sectors: **Family Planning and Reproductive Health, HIV/AIDS and Basic Research**. The calculation of this funding gap is based on the figures published in the report of the UN Commission on Population and Development<sup>(11)</sup> made in 2009, and which has been revised every year subsequently.

**FIGURE 17:**  
**ACTUAL FUNDING GAP**  
**AND ESTIMATIONS(2011-2015)**

Source: UNFPA/NIDI Resource Flows Project Database,  
UN CPD 2010 report "The Flow of Financial -  
Resource for Assisting in the Implementation of the PoA ICPD"

(In million USD)

	2011	2012	2013	2014	2015	Total
<b>FP/RH</b>	6,596.83	7,028.17	7,264.17	7,454.17	7,369.50	35,712.83
<b>HIV/AIDS</b>	3,065.07	3,346.40	3,607.40	3,844.07	4,092.40	17,955.33
<b>Bas. Research</b>	892.53	324.53	-28.13	-133.80	-224.80	830.33
<b>Annual Totals</b>	<b>10,554.43</b>	<b>10,699.10</b>	<b>10,843.43</b>	<b>11,164.43</b>	<b>11,237.10</b>	<b>54,498.50</b>

The 2011 figures refer to the actual gap in 2011, while figures for 2012-2015 refer to estimated funding gaps.

Looking at the annual totals, it is clear that increased levels of funding will be required every year up to 2015 in order to achieve the objectives set out by the ICPD. So, if the funding gap in 2011 was USD 10.55 billion, the projected gaps in funding from 2012-2015 show that an additional USD 54 billion is needed before 2015.

The figures show that it remains necessary to increase ODA for Population Assistance by 2015. This is especially the case for Family Planning and Reproductive Health, where the funding gap has expanded to USD 35.71 billion relative to funds needed by 2015.

Regarding basic research, the figures are negative. This does not mean that the sector was over-funded but rather that the funding has been distributed in an unbalanced way. If we take a look at the total, there is a need for funding for research up to 2015 of USD 830.33 million.

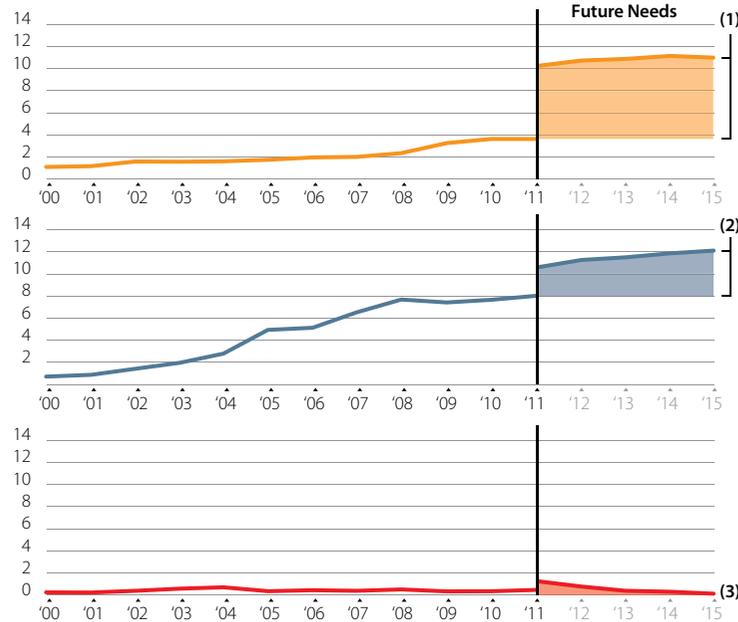
<sup>(11)</sup> United Nations. Economic and Social Council. Commission on Population and Development Forty-second session March 30 - April 3 2009. E/N.9/2009/3.

**FIGURES 18,19,20:  
CURRENT ICPD FUNDING  
AND FUTURE ESTIMATED NEEDS (2000-2015)**

Source: UNFPA & NDI  
\*Resource Flows for  
Population Activities\*

(In billion USD)

● Family Planning and Reprod. Health ● STD/HIV/AIDS ● Basic Research



The 2000-2011 lines refer to the actual expenditures from 2000-2011, while lines for 2012-2015 refer to estimated funding needs for 2012-2015.

To meet the MDGs by 2015, there should have been mobilised (baseline 2011):

- (1) USD 35.7 additional billion for FP/RH in 4 years.
- (2) USD 17.9 additional billion for HIV/AIDS in 4 years.
- (3) USD 0.8 additional billion for basic research in 4 years.

**HOW MUCH  
MONEY IS  
STILL NEEDED?**

*Family Planning  
and Reproductive  
Health*

USD  
**35.7**  
billion

*HIV/AIDS*

USD  
**17.9**  
billion

*Basic Research*

USD  
**0.8**  
billion



*“All donors must demonstrate the power of their promises by providing the additional resources countries require to fulfill the unmet need for family planning. When we invest in the future of women and girls, we invest in the future of the entire planet.”*

Valerie Defilippo  
Director, FP2020



# 5. Donor Profiles

The table shows a ranking of all 23 donors covered in the previous chapter according to disbursements for Population Assistance as percentage of ODA. The table also separates the data into the four ICPD categories plus general contributions (multilateral funding) to Population Assistance. This enables it to provide a comparison of the different donors, not only regarding total Population Assistance but also the sub-categories. Ranking donors by the percentage of total ODA that they devote to Population Assistance instead of the total amount they spend enables us to compare the donors' relative prioritisation of Population Assistance, regardless of the size of their economy. More details on each donor can be found in the following donor profiles.

**FIGURE 21:  
RANKING OF DONORS TO POPULATION  
ASSISTANCE AS PERCENTAGE OF ODA (2011)**

Source:  
UNFPA/NIDI Resource  
Flows Project Database

<i>Rank</i>	<i>Country</i>	<i>Total Population Assistance</i>	<i>HIV/AIDS/ STDs</i>	<i>Reproductive Health</i>	<i>Family Planning</i>	<i>Research</i>	<i>General Contributions</i>
1	<b>USA</b>	<b>19.43%</b>	16.13%	1.38%	1.689%	0.115%	0.130%
2	<b>The Netherlands</b>	<b>8.94%</b>	0.87%	3.49%	0.056%	0.069%	4.455%
3	<b>UK</b>	<b>7.63%</b>	1.15%	4.16%	0.507%	0.299%	1.514%
4	<b>Ireland</b>	<b>7.28%</b>	4.51%	2.00%	0.016%	0.023%	0.733%
5	<b>Norway</b>	<b>6.04%</b>	0.82%	1.34%	0.094%	0.173%	3.606%
6	<b>Sweden</b>	<b>5.71%</b>	1.42%	0.98%	0	0.008%	3.296%
7	<b>Finland</b>	<b>5.64%</b>	0.31%	0.78%	0.011%	0.090%	4.456%
8	<b>Australia</b>	<b>5.20%</b>	1.80%	2.81%	0.200%	0.001%	0.386%
9	<b>Luxembourg</b>	<b>4.95%</b>	0.83%	1.92%	0	0.153%	2.042%
10	<b>New Zealand</b>	<b>4.81%</b>	0.77%	2.60%	0.059%	0	1.379%
11	<b>Denmark</b>	<b>4.74%</b>	1.50%	1.59%	0	0.019%	1.630%
12	<b>Spain</b>	<b>3.42%</b>	0.12%	1.32%	0.019%	0.064%	1.893%
13	<b>Germany</b>	<b>2.77%</b>	0.66%	0.63%	0.055%	0.003%	1.424%
14	<b>France</b>	<b>2.72%</b>	0.18%	0.47%	0	0.090%	1.966%
15	<b>Switzerland</b>	<b>2.25%</b>	0.20%	0.81%	0	0	1.237%
16	<b>EU Institutions</b>	<b>2.16%</b>	0.24%	1.21%	0	0.710%	0
17	<b>Canada</b>	<b>2.14%</b>	0.91%	0.68%	0.090%	0.030%	0.435%
18	<b>Belgium</b>	<b>1.82%</b>	0.28%	1.06%	0.008%	0.020%	0.450%
19	<b>Japan</b>	<b>1.27%</b>	0.14%	0.73%	0.087%	0%	0.315%
20	<b>Italy</b>	<b>0.92%</b>	0.32%	0.53%	0.001%	0.003%	0.073%
21	<b>Portugal</b>	<b>0.84%</b>	0.30%	0.24%	0.053%	0.026%	0.220%
22	<b>Austria</b>	<b>0.45%</b>	0.02%	0.28%	0.002%	0.006%	0.137%
23	<b>Greece</b>	<b>0.05%</b>	0	0.05%	0	0	0

This figure refers to total primary funds to population assistance in current US dollars. For a definition of primary funds, see Annex 4.

# How do the donor profiles work?

## COUNTRY

### EUROMAPPING RANK

Donors are ranked according to their disbursements as a percentage of ODA towards each of the ICPD categories in 2011. The ranking for total Population Assistance also includes the donor's general contributions.

### POPULATION ASSISTANCE BY CATEGORY (2011)

This graph shows the share of general contributions (to multilateral organisations) and (bilateral) project expenditure of total Population Assistance.

### POPULATION ASSISTANCE TRENDS (1996-2013)

This graph provides a historical overview of a donor's total project expenditures towards each of the ICPD categories, in addition to General Contributions to multilateral organisations. 2012 and 2013 figures are estimates and projections, respectively.

### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

A donor's total project expenditures towards each ICPD category, in addition to their General Contributions towards multilateral organisations, together make up Total Primary Funds. This represents a donor's total contributions to Population Assistance, and is compared to the donor's total ODA. 2012 and 2013 estimates do not apply for total ODA and percentage of GNI. Total ODA Spending is listed here to provide comparable figures to a donor's Population Assistance.

### COUNTRY'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.  
<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.  
<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.  
<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

This map represents the proportion of a donor's primary funds to Population Assistance that are distributed globally.

The darker the colour; the greater the proportion of a donor's primary funds are channeled to that particular region.

Global/Interregional, as opposed to specific region, denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

Destination region percentages are rounded up to the nearest whole number, so the total may not equal 100 per cent.

Regional groupings correspond to those defined and used by the UNFPA/NIDI Resource Flows Project.

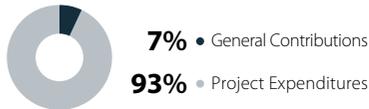


## AUSTRALIA

### EUROMAPPING RANK

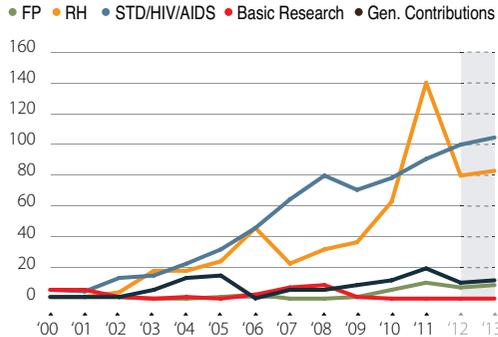
Family Planning	3 /23
Reprod. Health	3 /23
STD/HIV/AIDS	3 /23
Total Population Assistance	8 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.03	21.98	64.50	6.85	5.97	99.32	3.72%	2,668.52	0.32%
2008	0.00	32.53	79.22	8.23	5.97	125.94	3.98%	2,954.07	0.32%
2009	0.53	36.64	69.90	0.83	7.98	115.88	4.20%	2,761.61	0.29%
2010	6.07	62.58	78.45	0.12	12.49	159.72	4.07%	3,826.10	0.32%
2011	9.96	140.00	89.90	0.07	19.21	259.13	5.20%	4,982.91	0.34%
2012 <sup>(2)</sup>	7.74	79.70	99.91	0.16	11.05	198.55		5,439.77	0.36%
2013 <sup>(2)</sup>	8.06	82.99	104.03	0.17	11.51	206.75			

Project Expenditures

### AUSTRALIA'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

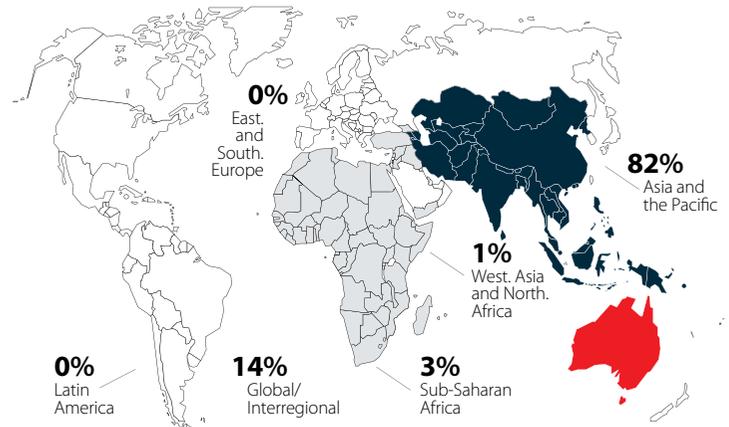
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (darkest blue), 80-51% (dark blue), 50-31% (medium blue), 30-11% (light blue), <11% (very light blue), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## AUSTRIA

### EUROMAPPING RANK

Family Planning	15	/23
Reprod. Health	21	/23
STD/HIV/AIDS	22	/23
Total Population Assistance	22	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)



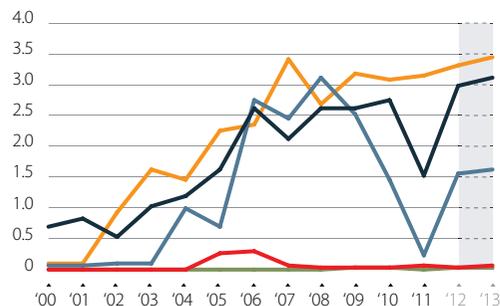
31% • General Contributions

69% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

● FP ● RH ● STD/HIV/AIDS ● Basic Research ● Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	3.39	2.43	0.06	2.11	8.00	0.44%	1,808.46	0.50%
2008	0.00	2.66	3.09	0.03	2.61	8.38	0.50%	1,713.51	0.43%
2009	0.05	3.15	2.49	0.04	2.60	8.32	0.73%	1,141.78	0.30%
2010	0.03	3.05	1.43	0.05	2.74	7.30	0.60%	1,208.42	0.32%
2011	0.02	3.13	0.25	0.07	1.52	4.98	0.45%	1,111.37	0.27%
2012 <sup>(2)</sup>	0.04	3.29	1.55	0.05	2.95	7.88		1,112.40	0.28%
2013 <sup>(2)</sup>	0.04	3.42	1.61	0.06	3.07	8.19			

Project Expenditures

### AUSTRIA'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011)<sup>(3) (4)</sup>

#### Notes

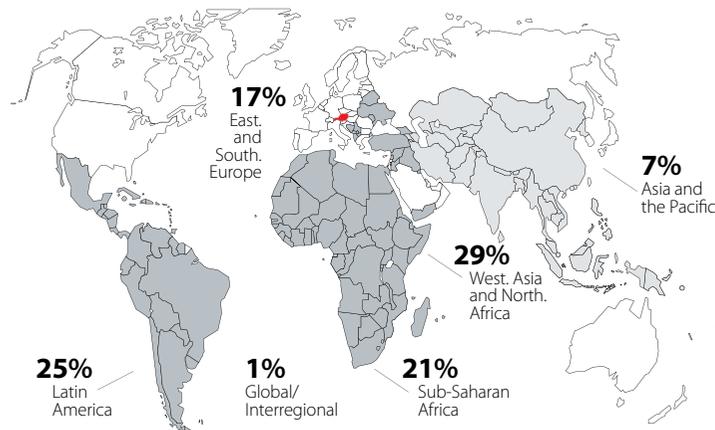
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% ■ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## BELGIUM

### EUROMAPPING RANK

Family Planning	14 /23
Reprod. Health	12 /23
STD/HIV/AIDS	16 /23
Total Population Assistance	18 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



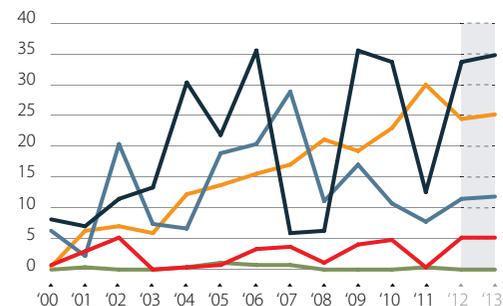
25% • General Contributions

75% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.78	16.81	28.76	3.78	5.84	55.96	2.87%	1,950.70	0.43%
2008	0.02	20.94	11.04	1.27	6.37	39.64	1.67%	2,385.64	0.48%
2009	0.00	19.08	16.92	4.05	35.35	75.39	2.89%	2,609.60	0.55%
2010	0.00	23.07	10.81	4.92	33.68	72.49	2.41%	3,003.93	0.64%
2011	0.24	29.82	7.75	0.57	12.63	51.00	1.82%	2,807.41	0.54%
2012 <sup>(2)</sup>	0.00	24.38	11.43	5.20	33.64	74.64		2,303.47	0.47%
2013 <sup>(2)</sup>	0.00	25.08	11.76	5.35	34.62	76.80			

Project Expenditures

### BELGIUM'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

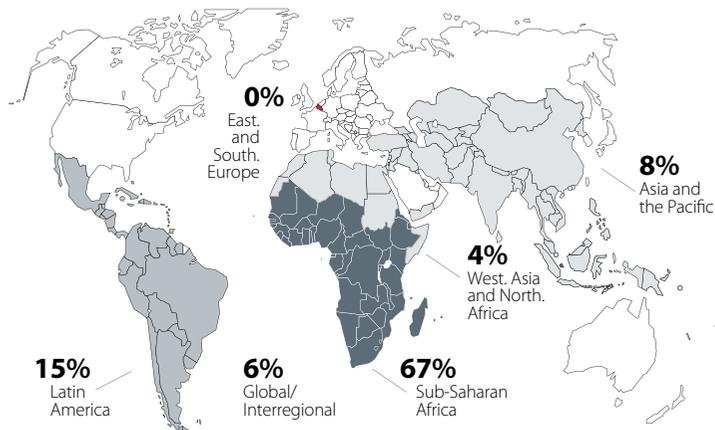
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor

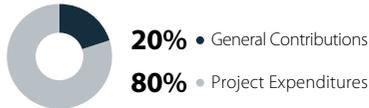


Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

## EUROMAPPING RANK

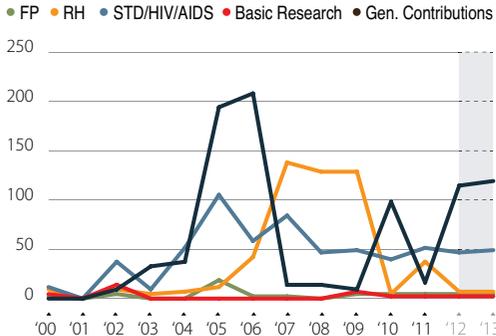
Family Planning	5 /23
Reprod. Health	17 /23
STD/HIV/AIDS	7 /23
<b>Total Population Assistance</b>	<b>17 /23</b>

## POPULATION ASSISTANCE BY CATEGORY (2011)



## POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



## ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	1.41	117.35	78.64	0.02	22.35	219.78	5.67%	4,079.69	0.29%
2008	0.57	119.50	45.33	0.44	21.68	187.51	3.97%	4,794.71	0.33%
2009	4.18	120.47	47.06	6.91	17.78	196.41	4.91%	4,000.07	0.30%
2010	3.56	6.91	39.48	1.70	99.75	151.41	2.91%	5,208.57	0.34%
2011	4.94	37.17	49.44	1.66	23.77	116.96	2.14%	5,458.56	0.32%
2012 <sup>(2)</sup>	4.08	7.91	45.18	1.95	114.14	173.26			0.32%
2013 <sup>(2)</sup>	4.22	8.20	46.81	2.02	118.26	179.51			

Project Expenditures

## CANADA'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

### Notes

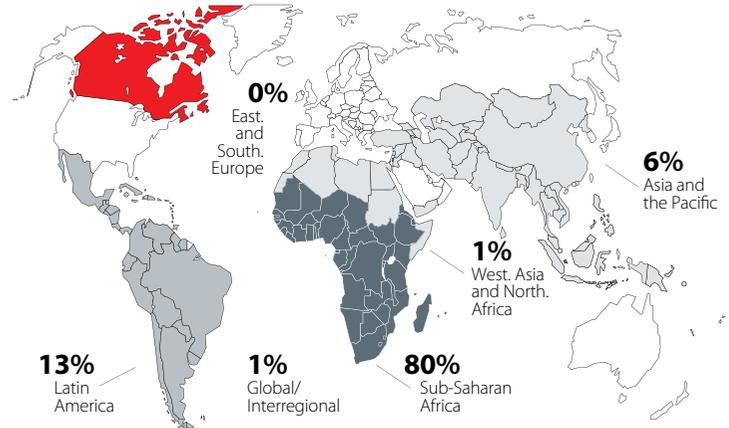
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (dark blue), 80-51% (medium blue), 50-31% (light blue), 30-11% (grey), <11% (light grey), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## DENMARK

### EUROMAPPING RANK

Family Planning	17	/23
Reprod. Health	7	/23
STD/HIV/AIDS	4	/23
Total Population Assistance	11	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)



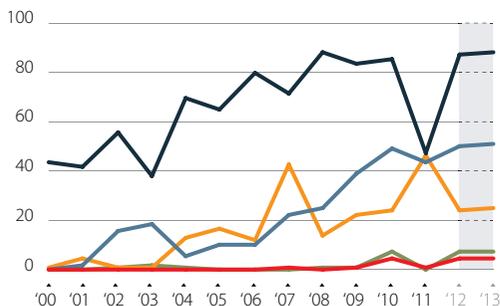
34% • General Contributions

66% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.26	43.31	22.45	0.47	72.50	138.99	5.42%	2,562.23	0.81%
2008	0.48	14.11	25.47	0.09	89.31	129.45	4.62%	2,803.28	0.82%
2009	0.37	22.64	39.64	0.45	84.27	147.37	5.24%	2,809.88	0.88%
2010	7.34	23.88	49.31	4.70	86.04	171.28	5.97%	2,871.24	0.91%
2011	0.00	46.51	44.00	0.54	47.76	138.82	4.74%	2,931.13	0.85%
2012 <sup>(2)</sup>	7.55	24.58	50.74	4.83	88.54	176.24		2,718.29	0.84%
2013 <sup>(2)</sup>	7.65	24.90	51.41	4.90	89.71	178.58			

Project Expenditures

### DENMARK'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

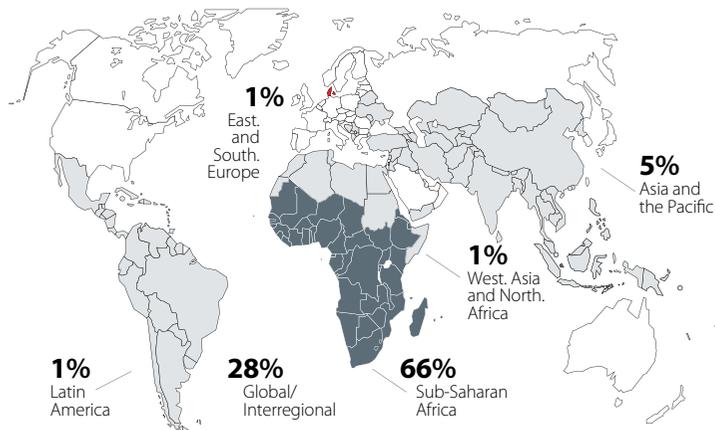
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## EUROPEAN INSTITUTIONS

### EUROMAPPING RANK

Family Planning	17	/23
Reprod. Health	11	/23
STD/HIV/AIDS	17	/23
Total Population Assistance	16	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)

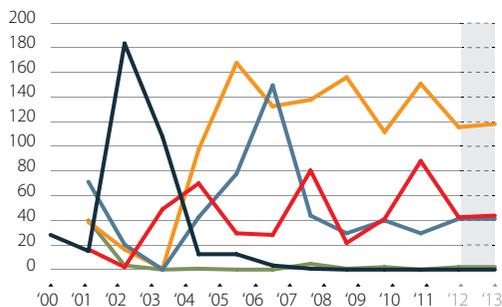


0% • General Contributions  
100% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	133.98	152.15	29.07	2.84 <sup>(*)</sup>	318.03	2.73%	11,634.23	n/a
2008	4.36	139.67	44.44	81.04	0.16 <sup>(*)</sup>	269.67	2.04%	13,196.99	n/a
2009	0.25	158.24	29.93	21.46	0.00 <sup>(*)</sup>	209.88	1.56%	13,443.66	n/a
2010	1.47	113.43	39.92	42.17	0.00 <sup>(*)</sup>	197.00	1.55%	12,679.00	n/a
2011	0.00	152.78	30.33	89.68	0.00 <sup>(*)</sup>	272.79	2.16%	17,390.53	n/a
2012 <sup>(2)</sup>	1.53	117.45	41.33	43.67	0.00 <sup>(*)</sup>	203.97		17,570.08	n/a
2013 <sup>(2)</sup>	1.56	120.28	42.32	44.72	0.00 <sup>(*)</sup>	208.88			

Project Expenditures

<sup>(\*)</sup> The contributions to the Global Fund are not accounted for in the NIDI figures but the contribution has been €100 million annually. 56% is attributable to population according to NIDI methodology, that is €56 million or nearly 80 million USD a year.

### EUROPEAN UNION'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011)<sup>(3) (4)</sup>

#### Notes

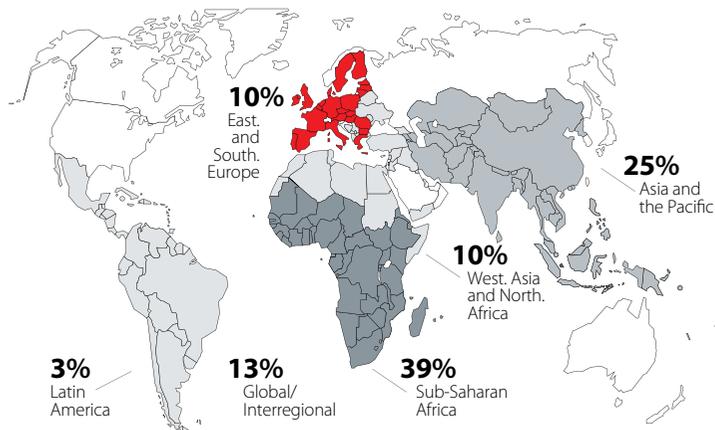
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (darkest grey), 80-51% (dark grey), 50-31% (medium grey), 30-11% (light grey), <11% (very light grey), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## FINLAND

### EUROMAPPING RANK

Family Planning	13	/23
Reprod. Health	15	/23
STD/HIV/AIDS	14	/23
Total Population Assistance	7	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)



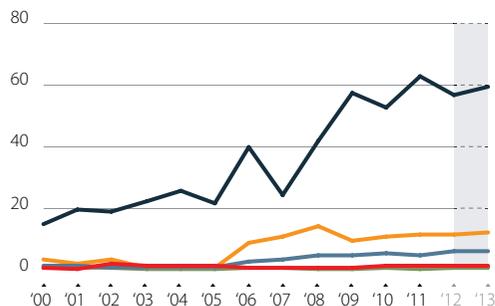
79% • General Contributions

21% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

● FP ● RH ● STD/HIV/AIDS ● Basic Research ● Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.16	10.43	3.29	0.72	24.23	38.83	3.96%	981.34	0.39%
2008	0.00	14.11	4.77	0.34	41.90	61.12	5.37%	1,165.73	0.44%
2009	0.00	9.16	4.24	0.40	57.28	71.09	5.51%	1,290.18	0.54%
2010	0.08	10.67	5.19	0.75	52.69	69.39	5.21%	1,332.95	0.55%
2011	0.02	11.01	4.32	1.27	62.66	79.28	5.64%	1,406.04	0.53%
2012 <sup>(2)</sup>	0.10	11.54	5.61	0.81	56.95	75.01		1,319.64	0.53%
2013 <sup>(2)</sup>	0.10	12.02	5.85	0.84	59.35	78.17			

Project Expenditures

### FINLAND'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

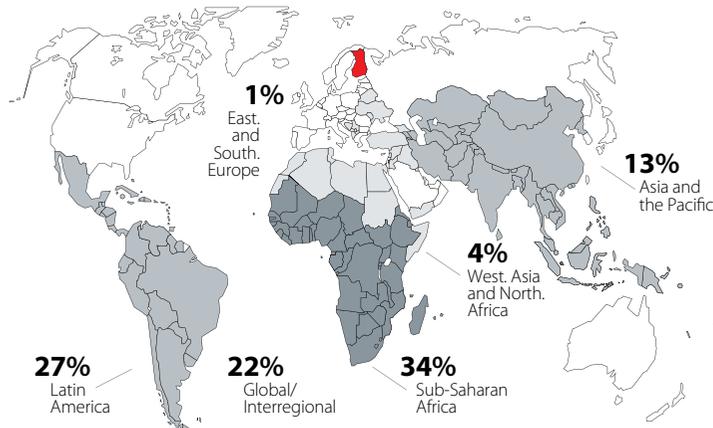
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## FRANCE

### EUROMAPPING RANK

Family Planning	17 /23
Reprod. Health	20 /23
STD/HIV/AIDS	19 /23
Total Population Assistance	14 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)

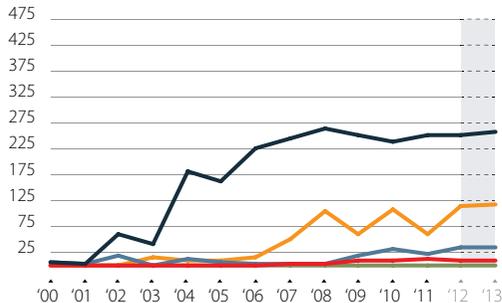


72% • General Contributions  
28% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	51.19	2.68	1.75	251.58	307.19	3.11%	9,883.59	0.38%
2008	0.00	105.61	3.51	3.87	270.00	382.99	3.50%	10,907.55	0.39%
2009	0.00	61.39	19.51	8.54	256.04	345.48	2.74%	12,600.02	0.47%
2010	0.73	111.78	33.97	8.33	243.36	398.17	3.08%	12,915.10	0.50%
2011	0.00	60.57	23.37	14.11	255.52	353.57	2.72%	12,997.24	0.46%
2012 <sup>(2)</sup>	0.78	118.29	35.95	8.82	257.54	421.37		12,106.24	0.46%
2013 <sup>(2)</sup>	0.80	121.56	36.94	9.06	264.65	433.01			

Project Expenditures

### FRANCE'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

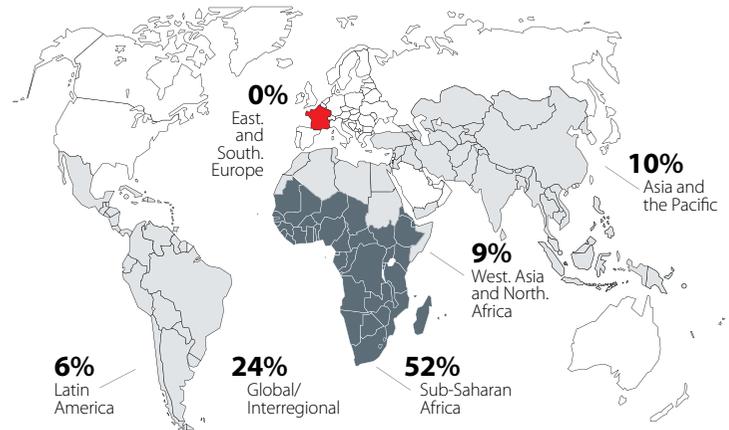
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## GERMANY

### EUROMAPPING RANK

Family Planning	9 /23
Reprod. Health	18 /23
STD/HIV/AIDS	12 /23
Total Population Assistance	13 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



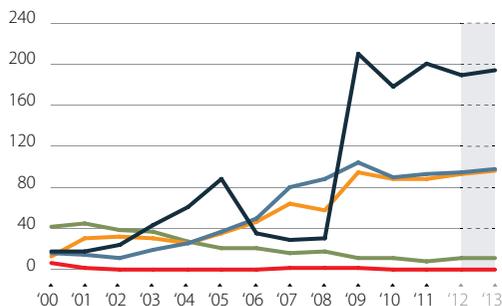
51% • General Contributions

49% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	16.97	63.86	80.73	1.82	29.78	193.15	1.57%	12,290.70	0.37%
2008	17.59	57.63	87.56	1.92	29.88	194.58	1.40%	13,980.87	0.38%
2009	10.98	94.09	104.30	1.77	210.20	421.34	3.49%	12,079.30	0.35%
2010	11.23	87.67	89.34	0.66	178.36	367.26	2.83%	12,985.36	0.39%
2011	7.80	88.58	93.15	0.44	200.68	390.66	2.77%	14,092.94	0.39%
2012 <sup>(2)</sup>	11.89	92.81	94.57	0.70	188.79	388.75		13,108.17	0.38%
2013 <sup>(2)</sup>	12.24	95.54	97.35	0.72	194.35	400.19			

Project Expenditures

### GERMANY'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

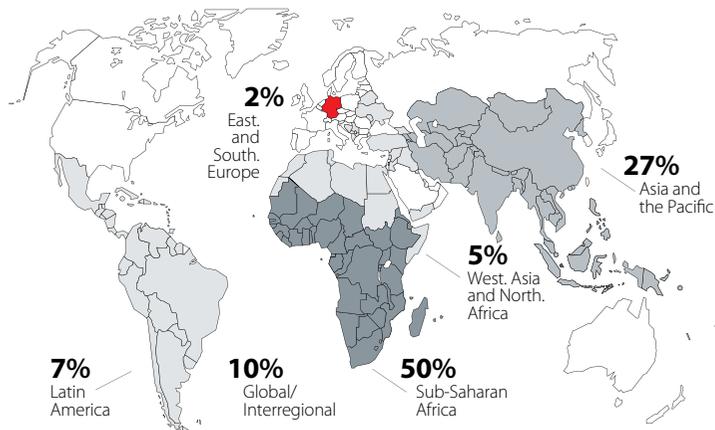
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

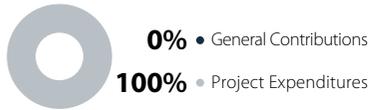


## GREECE

### EUROMAPPING RANK

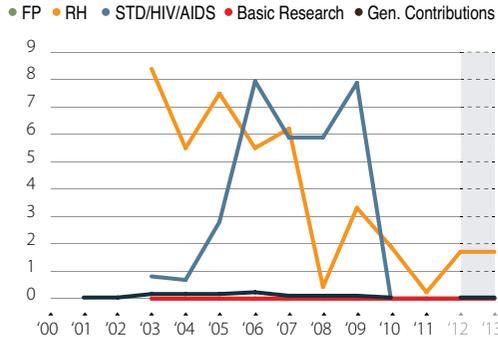
Family Planning	17 /23
Reprod. Health	23 /23
STD/HIV/AIDS	23 /23
Total Population Assistance	23 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	6.19	5.91	0.00	0.09	12.19	2.43%	500.82	0.16%
2008	0.00	0.42	5.86	0.00	0.08	6.36	0.92%	703.16	0.21%
2009	0.00	3.33	7.85	0.00	0.07	11.26	1.85%	607.27	0.19%
2010	0.00	1.91	0.00	0.00	0.05	1.95	0.38%	507.72	0.17%
2011	0.00	0.23	0.00	0.00	0.00	0.23	0.05%	424.77	0.15%
2012 <sup>(2)</sup>	0.00	1.69	0.00	0.00	0.04	1.73		323.93	0.13%
2013 <sup>(2)</sup>	0.00	1.69	0.00	0.00	0.04	1.73			

### GREECE'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

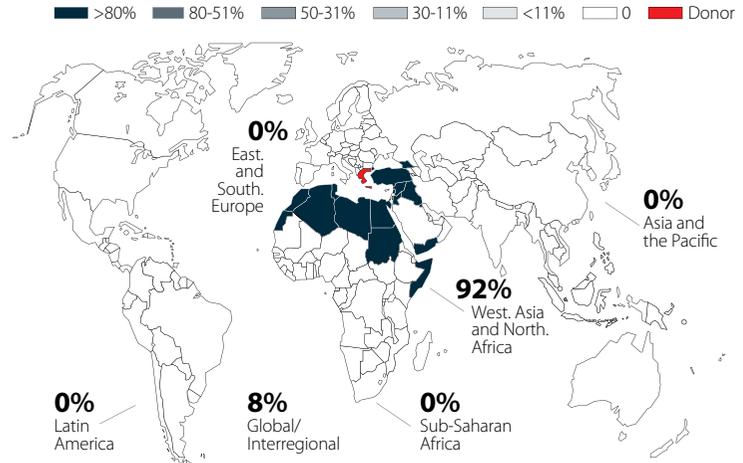
#### Notes

<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

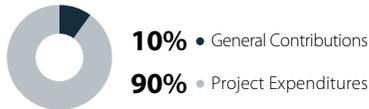


Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

### EUROMAPPING RANK



### POPULATION ASSISTANCE BY CATEGORY (2011)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.02	15.72	89.34	0.00	15.95	121.02	10.15%	1,192.15	0.55%
2008	0.00	19.77	81.07	0.00	12.45	113.29	8.55%	1,327.85	0.59%
2009	0.02	19.60	53.83	0.09	6.04	79.58	7.91%	1,005.78	0.54%
2010	0.02	16.54	37.65	1.35	6.19	61.76	6.90%	895.15	0.52%
2011	0.15	18.26	41.19	0.21	6.70	66.50	7.28%	913.56	0.51%
2012 <sup>(2)</sup>	0.02	21.67	49.32	1.77	8.11	80.89		809.09	0.48%
2013 <sup>(2)</sup>	0.02	21.59	49.15	1.77	8.08	80.61			

Project Expenditures

### IRELAND'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

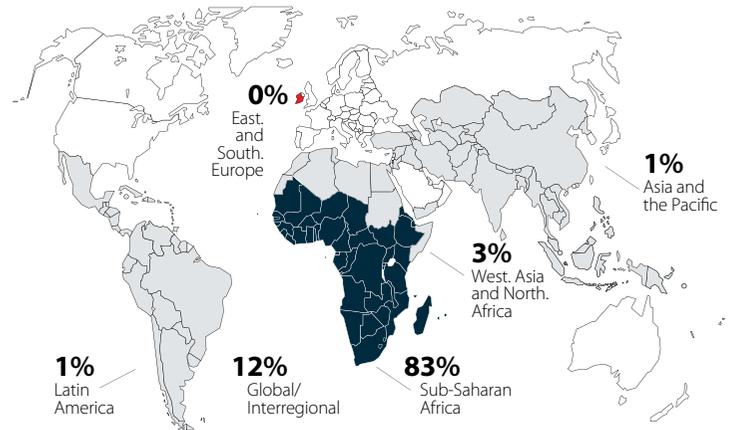
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (darkest), 80-51% (dark), 50-31% (medium-dark), 30-11% (medium-light), <11% (lightest), 0 (white), Donor (red)

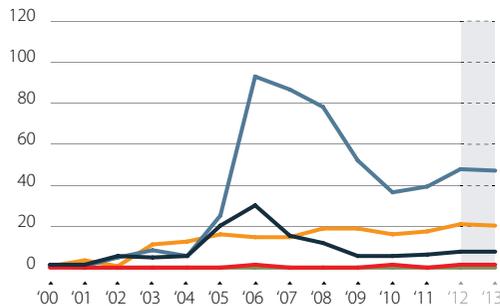


Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

Legend: FP (green), RH (orange), STD/HIV/AIDS (blue), Basic Research (red), Gen. Contributions (black)



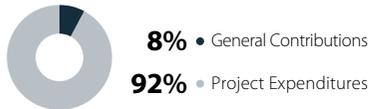


## ITALY

### EUROMAPPING RANK

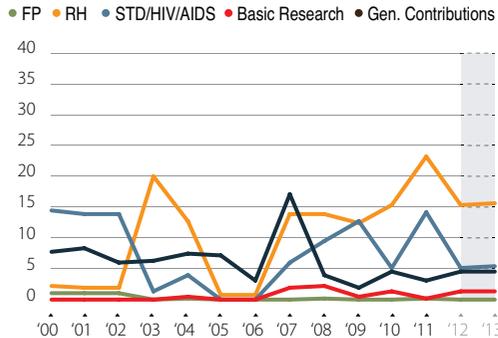
Family Planning	16 /23
Reprod. Health	19 /23
STD/HIV/AIDS	13 /23
Total Population Assistance	20 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	13.69	6.02	1.89	16.71	38.32	0.97%	3,970.62	0.19%
2008	0.12	13.69	9.46	2.16	3.97	29.39	0.66%	4,860.64	0.22%
2009	0.00	12.12	12.44	0.39	2.02	26.97	0.82%	3,297.49	0.16%
2010	0.00	15.15	5.12	1.41	4.41	26.08	0.87%	2,996.39	0.15%
2011	0.03	22.76	13.86	0.15	3.14	39.95	0.92%	4,325.97	0.20%
2012 <sup>(2)</sup>	0.00	15.19	5.13	1.42	4.42	26.16		2,639.23	0.13%
2013 <sup>(2)</sup>	0.00	15.36	5.19	1.43	4.47	26.45			

### ITALY'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011)<sup>(3) (4)</sup>

#### Notes

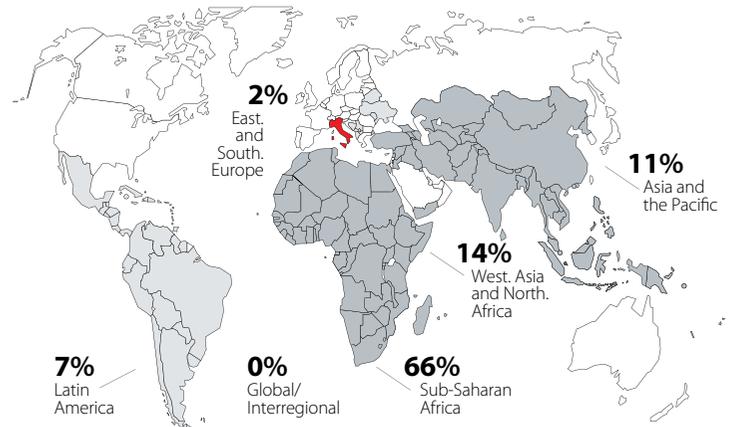
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (dark blue), 80-51% (medium blue), 50-31% (light blue), 30-11% (grey), <11% (light grey), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

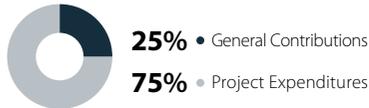


## JAPAN

### EUROMAPPING RANK

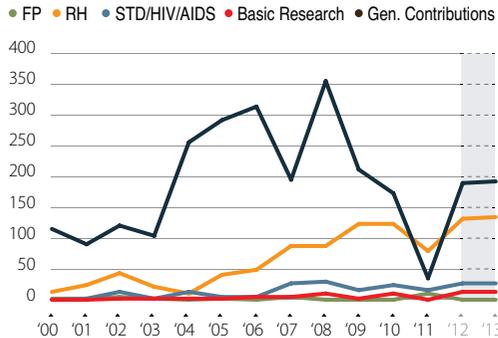
Family Planning	6	/23
Reprod. Health	16	/23
STD/HIV/AIDS	20	/23
Total Population Assistance	19	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)



### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	3.14	86.23	25.61	4.33	194.38	313.69	4.09%	7,697.14	0.17%
2008	0.00	87.02	29.16	8.74	354.10	479.02	5.12%	9,600.71	0.19%
2009	0.12	122.36	16.85	0.47	211.93	351.73	3.72%	9,456.93	0.18%
2010	0.07	121.93	24.47	10.50	173.48	330.45	3.00%	11,020.98	0.20%
2011	9.46	78.90	15.27	0.01	34.16	137.79	1.27%	10,831.40	0.18%
2012 <sup>(2)</sup>	0.08	132.87	26.66	11.44	189.05	360.10		10,493.53	0.17%
2013 <sup>(2)</sup>	0.08	134.65	27.02	11.59	191.57	364.91			

Project Expenditures

### JAPAN'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

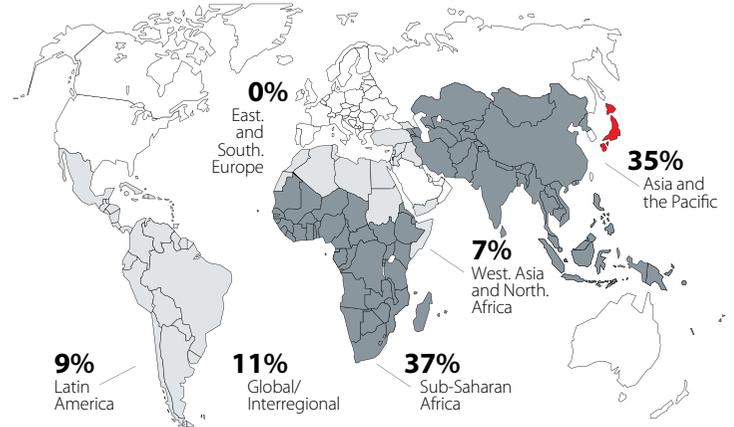
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## LUXEMBOURG

### EUROMAPPING RANK

Family Planning	17 /23
Reprod. Health	6 /23
STD/HIV/AIDS	9 /23
Total Population Assistance	9 /23

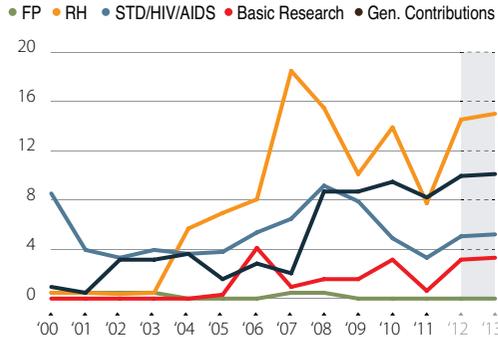
### POPULATION ASSISTANCE BY CATEGORY (2011)



41% • General Contributions  
59% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.56	18.70	6.54	0.97	2.13	28.90	7.69%	375.53	0.92%
2008	0.59	15.54	9.18	1.67	8.77	35.75	8.74%	414.94	0.97%
2009	0.07	10.22	8.03	1.66	8.83	28.80	6.94%	414.73	1.04%
2010	0.06	14.01	4.93	3.15	9.55	31.70	7.87%	402.69	1.05%
2011	0.00	7.87	3.42	0.63	8.36	20.27	4.95%	409.24	0.97%
2012 <sup>(2)</sup>	0.06	14.67	5.16	3.30	10.00	33.19		432.14	1.00%
2013 <sup>(2)</sup>	0.06	15.06	5.30	3.38	10.27	34.08			

Project Expenditures

### LUXEMBOURG'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

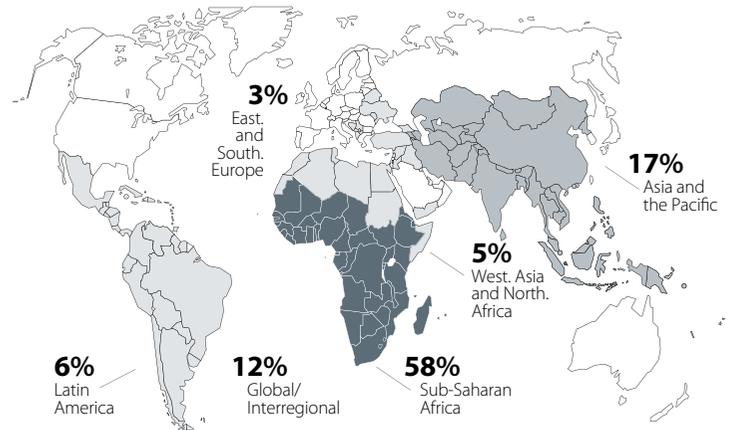
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

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Legend: >80% (darkest grey), 80-51% (dark grey), 50-31% (medium-dark grey), 30-11% (medium-light grey), <11% (lightest grey), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## THE NETHERLANDS

### EUROMAPPING RANK

Family Planning	8 /23
Reprod. Health	2 /23
STD/HIV/AIDS	8 /23
Total Population Assistance	2 /23

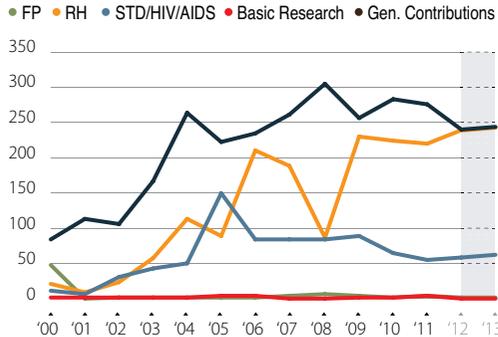
### POPULATION ASSISTANCE BY CATEGORY (2011)



50% • General Contributions  
50% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	3.21	193.31	87.40	0.00	268.61	552.55	8.88%	6,224.26	0.81%
2008	5.88	89.33	86.79	0.00	314.01	496.01	7.09%	6,992.60	0.80%
2009	4.98	228.48	91.29	0.77	263.18	588.70	9.16%	6,426.08	0.82%
2010	2.33	225.82	66.11	0.78	291.31	586.35	9.22%	6,357.31	0.81%
2011	3.57	221.19	55.22	4.38	282.62	566.98	8.94%	6,343.96	0.75%
2012 <sup>(2)</sup>	0.65	239.40	62.85	0.22	240.69	543.80		5,523.87	0.71%
2013 <sup>(2)</sup>	0.66	244.44	64.17	0.22	245.75	555.24			

Project Expenditures

### THE NETHERLANDS' REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

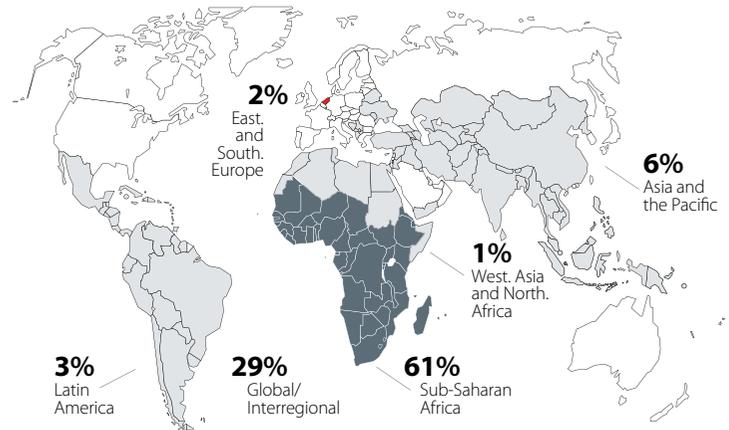
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

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Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## NEW ZEALAND

### EUROMAPPING RANK

Family Planning	7	/23
Reprod. Health	4	/23
STD/HIV/AIDS	11	/23
Total Population Assistance	10	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)

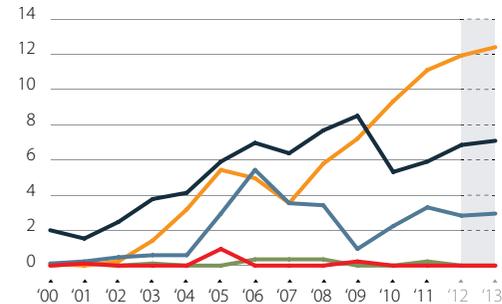


29% • General Contributions  
71% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

● FP ● RH ● STD/HIV/AIDS ● Basic Research ● Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.37	3.54	3.52	0.01	6.41	13.85	4.33%	319.80	0.27%
2008	0.35	5.82	3.38	0.01	7.61	17.16	4.95%	347.96	0.30%
2009	0.00	7.15	0.95	0.30	8.52	16.92	5.47%	309.28	0.28%
2010	0.00	9.27	2.24	0.00	5.31	16.82	4.92%	342.22	0.26%
2011	0.25	11.04	3.28	0.00	5.85	20.42	4.81%	424.15	0.28%
2012 <sup>(2)</sup>	0.00	11.89	2.88	0.00	6.80	21.57		455.41	0.28%
2013 <sup>(2)</sup>	0.00	12.37	2.99	0.00	7.08	22.44			

Project Expenditures

### NEW ZEALAND'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

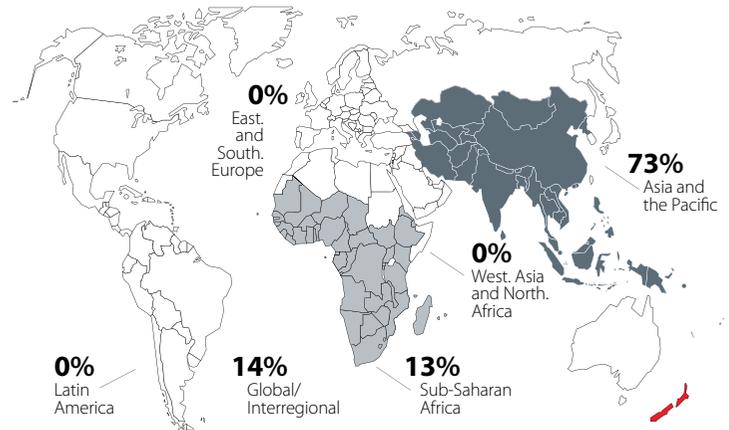
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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% ■ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## NORWAY

### EUROMAPPING RANK

Family Planning	4 /23
Reprod. Health	9 /23
STD/HIV/AIDS	10 /23
Total Population Assistance	5 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)

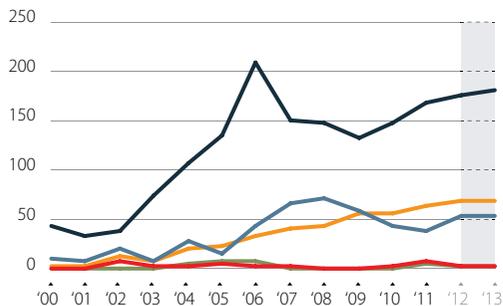


60% • General Contributions  
40% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.27	42.45	66.61	2.74	152.85	264.92	7.11%	3,734.83	0.95%
2008	0.53	44.51	73.40	1.00	150.41	269.84	6.80%	4,005.76	0.89%
2009	0.09	56.77	58.67	-0.06	134.57	250.04	6.12%	4,085.84	1.06%
2010	1.06	57.65	45.18	1.78	150.13	255.79	5.59%	4,579.57	1.05%
2011	4.47	63.73	39.20	8.24	171.49	287.12	6.04%	4,755.59	0.96%
2012 <sup>(2)</sup>	1.28	69.26	54.28	2.13	180.38	307.33		4,754.15	0.93%
2013 <sup>(2)</sup>	1.31	70.66	55.37	2.18	184.01	313.52			

Project Expenditures

### NORWAY'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

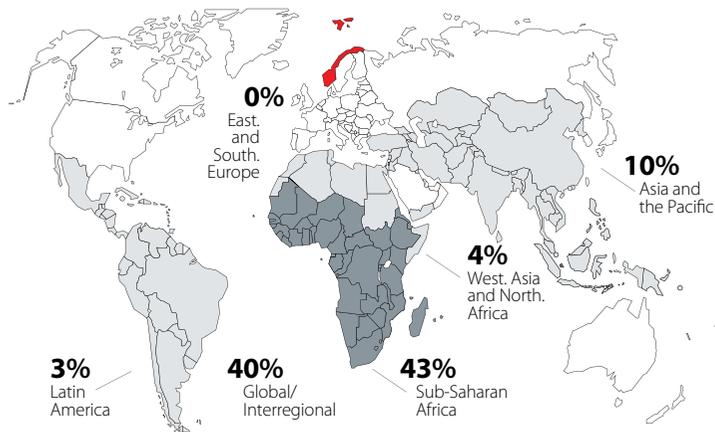
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% ■ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## PORTUGAL

### EUROMAPPING RANK

Family Planning	10 /23
Reprod. Health	22 /23
STD/HIV/AIDS	15 /23
Total Population Assistance	21 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)

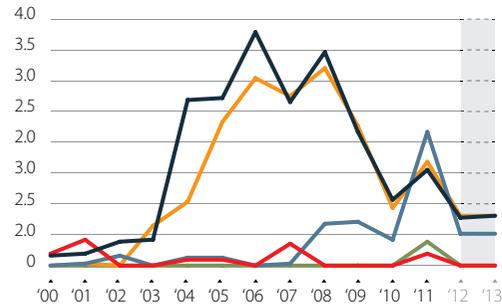


26% • General Contributions  
74% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	2.74	0.04	0.34	2.66	5.78	1.23%	470.54	0.22%
2008	0.00	3.18	0.69	0.00	3.48	7.35	1.20%	620.15	0.27%
2009	0.00	2.24	0.69	0.00	2.17	5.10	0.99%	512.71	0.23%
2010	0.00	0.93	0.42	0.00	1.08	2.43	0.38%	648.96	0.29%
2011	0.38	1.67	2.15	0.19	1.56	5.94	0.84%	707.82	0.31%
2012 <sup>(2)</sup>	0.00	0.79	0.52	0.00	0.81	2.11		567.17	0.27%
2013 <sup>(2)</sup>	0.00	0.80	0.52	0.00	0.82	2.15			

Project Expenditures

### PORTUGAL'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

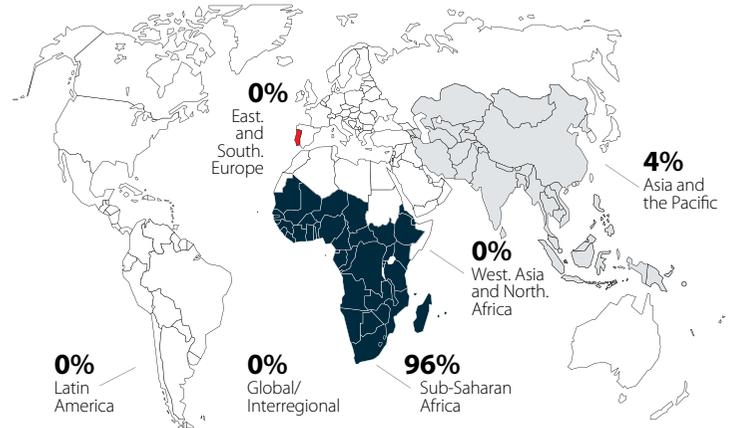
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## SPAIN

### EUROMAPPING RANK

Family Planning	11	/23
Reprod. Health	10	/23
STD/HIV/AIDS	21	/23
Total Population Assistance	12	/23

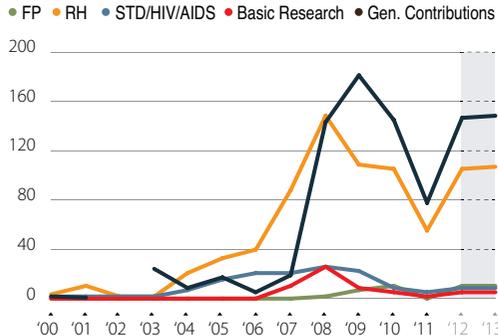
### POPULATION ASSISTANCE BY CATEGORY (2011)



55% • General Contributions  
45% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	1.04	88.00	21.29	9.88	19.28	139.50	2.71%	5,139.80	0.37%
2008	1.16	150.30	26.74	25.44	144.44	348.09	5.21%	6,866.83	0.45%
2009	7.08	109.12	22.12	9.61	182.55	330.48	5.02%	6,584.11	0.46%
2010	10.37	106.32	9.19	5.72	146.86	278.46	4.68%	5,949.46	0.43%
2011	0.79	55.25	4.89	2.69	79.00	142.62	3.42%	4,173.11	0.29%
2012 <sup>(2)</sup>	10.39	106.53	9.21	5.73	147.15	279.01		1,947.98	0.15%
2013 <sup>(2)</sup>	10.57	108.35	9.37	5.83	149.67	283.79			

Project Expenditures

### SPAIN'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011)<sup>(3) (4)</sup>

#### Notes

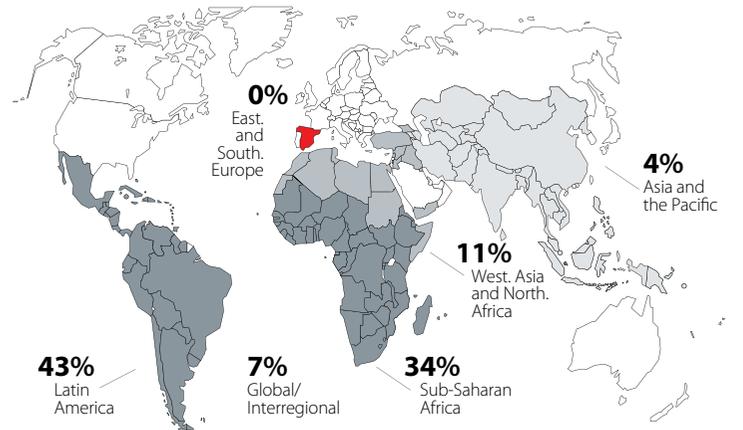
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

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<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (darkest grey), 80-51% (dark grey), 50-31% (medium-dark grey), 30-11% (medium-light grey), <11% (lightest grey), 0 (white), Donor (red)



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## SWEDEN

### EUROMAPPING RANK

Family Planning	17	/23
Reprod. Health	13	/23
STD/HIV/AIDS	5	/23
Total Population Assistance	6	/23

### POPULATION ASSISTANCE BY CATEGORY (2011)



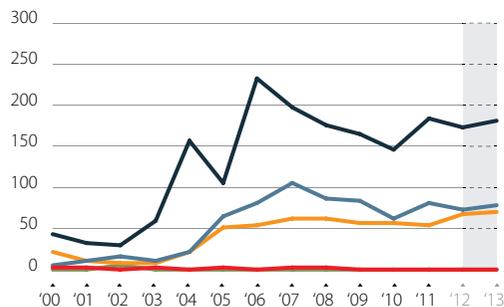
58% • General Contributions

42% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	61.50	104.98	1.69	198.02	366.18	8.44%	4,338.94	0.93%
2008	0.00	61.44	86.91	1.75	175.88	325.98	6.89%	4,731.75	0.98%
2009	0.00	55.77	83.50	0.01	165.47	304.76	6.70%	4,548.23	1.12%
2010	0.00	55.63	62.33	0.55	144.75	263.27	5.81%	4,533.49	0.97%
2011	0.00	54.88	79.64	0.46	184.69	319.68	5.71%	5,603.13	1.02%
2012 <sup>(2)</sup>	0.00	66.14	74.10	0.65	172.09	312.98		5,242.02	0.99%
2013 <sup>(2)</sup>	0.00	69.26	77.60	0.68	180.20	327.74			

Project Expenditures

### SWEDEN'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

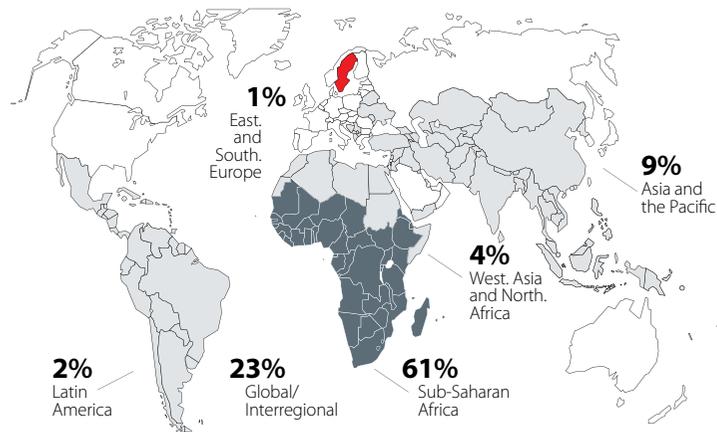
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## SWITZERLAND

### EUROMAPPING RANK

Family Planning	17	/23
Reprod. Health	14	/23
STD/HIV/AIDS	18	/23
Total Population Assistance	15	/23

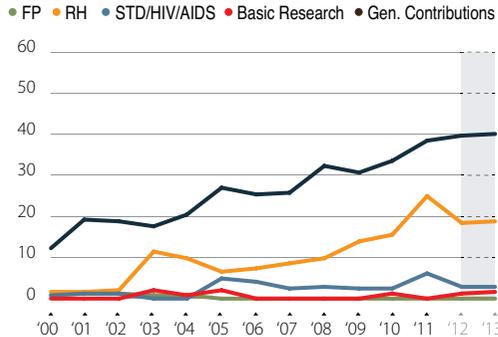
### POPULATION ASSISTANCE BY CATEGORY (2011)



55% • General Contributions  
45% • Project Expenditures

### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	8.81	2.67	0.00	25.50	36.97	2.19%	1,684.87	0.37%
2008	0.00	9.89	2.91	0.00	32.05	44.85	2.22%	2,037.63	0.42%
2009	0.00	14.00	2.57	0.29	30.45	47.32	2.05%	2,310.07	0.44%
2010	0.00	15.63	2.50	1.34	33.28	52.75	2.29%	2,299.95	0.39%
2011	0.00	24.64	6.24	0.00	37.75	68.64	2.25%	3,050.87	0.45%
2012 <sup>(2)</sup>	0.00	18.38	2.94	1.58	39.14	62.04		3,021.93	0.45%
2013 <sup>(2)</sup>	0.00	18.58	2.97	1.60	39.57	62.71			

Project Expenditures

### SWITZERLAND'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

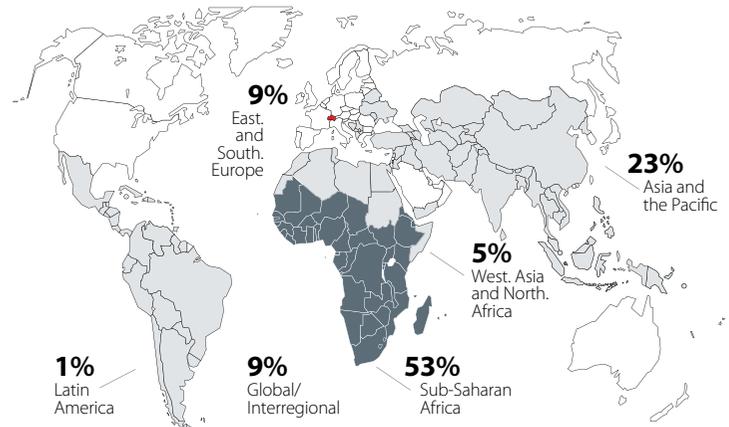
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

Legend: >80% (darkest), 80-51% (dark), 50-31% (medium-dark), 30-11% (medium-light), <11% (light), 0 (white), Donor (red)



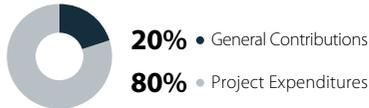
Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database



## EUROMAPPING RANK

Family Planning	2 /23
Reprod. Health	1 /23
STD/HIV/AIDS	6 /23
Total Population Assistance	3 /23

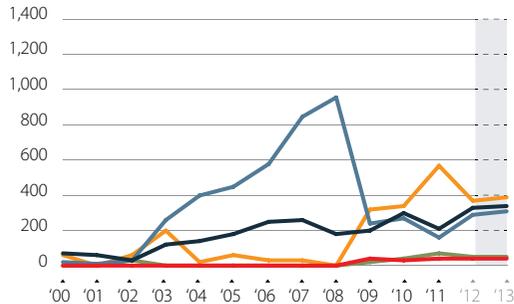
## POPULATION ASSISTANCE BY CATEGORY (2011)



## POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)

• FP • RH • STD/HIV/AIDS • Basic Research • Gen. Contributions



## ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	0.00	31.73	846.25	0.00	259.37	1,137.34	11.55%	9,848.53	0.36%
2008	0.00	0.00	959.78	0.00	179.04	1,138.82	9.98%	11,499.87	0.43%
2009	25.21	321.48	239.53	44.12	202.13	832.48	7.38%	11,282.61	0.51%
2010	48.06	342.86	273.39	40.03	321.97	1,026.31	7.73%	13,052.97	0.57%
2011	70.18	575.46	159.03	41.35	209.39	1,055.42	7.63%	13,832.36	0.56%
2012 <sup>(2)</sup>	52.08	371.58	296.30	43.38	330.26	1,093.61		13,659.41	0.56%
2013 <sup>(2)</sup>	54.74	390.53	311.41	45.60	347.10	1,149.36			

Project Expenditures

## UNITED KINGDOM'S REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

### Notes

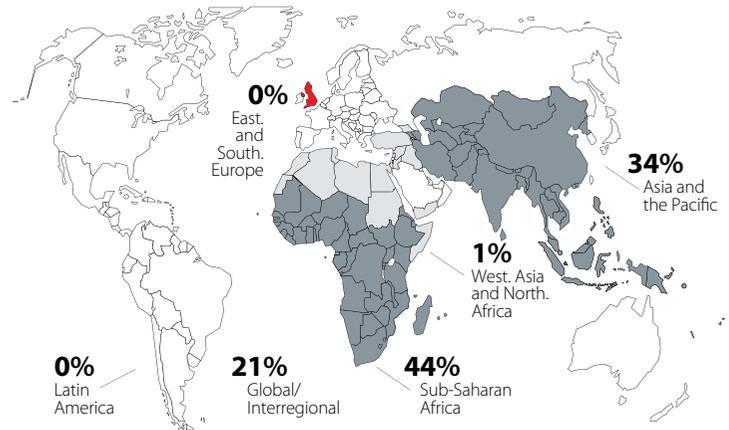
<sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.

<sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.

<sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.

<sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.

■ >80% ■ 80-51% ■ 50-31% ■ 30-11% ■ <11% □ 0 ■ Donor



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

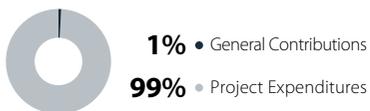


USA

### EUROMAPPING RANK

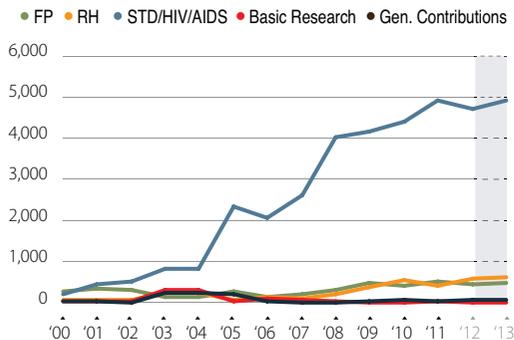
Family Planning	_____	1 /23
Reprod. Health	_____	8 /23
STD/HIV/AIDS	_____	1 /23
Total Population Assistance	_____	1 /23

### POPULATION ASSISTANCE BY CATEGORY (2011)



### POPULATION ASSISTANCE TRENDS (2000-2013)

(in million USD)



### ANNUAL AND PROJECTED EXPENDITURES OF POPULATION ASSISTANCE PER ICPD CATEGORY (2007-2013)

(in million USD)

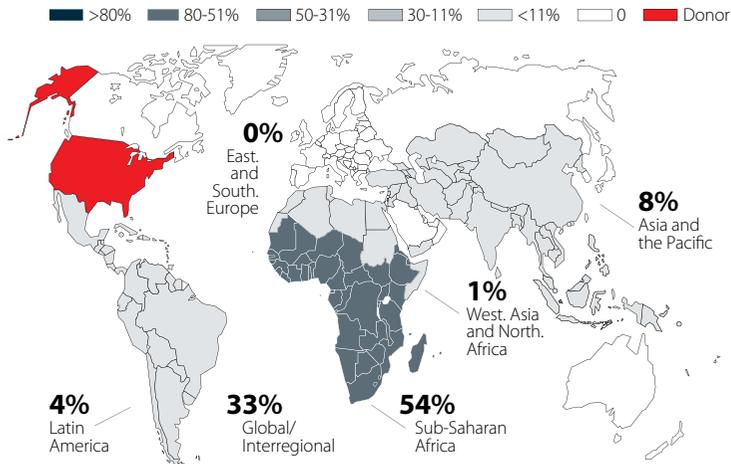
	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	General <sup>(1)</sup> Contributions	Total Primary Funds	% of ODA	Total ODA Spending	% of GNI
2007	224.26	77.85	2,627.23	87.74	12.08	3,029.17	14.07%	21,786.90	0.16%
2008	335.62	222.61	4,063.30	32.60	18.03	4,672.16	17.96%	26,436.78	0.19%
2009	477.67	390.99	4,208.85	13.51	48.50	5,139.53	17.83%	28,831.34	0.21%
2010	429.61	465.41	4,437.66	16.96	79.47	5,429.11	18.22%	30,353.16	0.21%
2011	519.30	425.72	4,960.46	35.32	39.83	5,980.61	19.43%	30,744.52	0.20%
2012 <sup>(2)</sup>	461.64	610.01	4,768.55	18.23	85.39	5,943.83		30,460.37	0.19%
2013 <sup>(2)</sup>	479.73	633.92	4,955.41	18.94	88.74	6,176.74			

Project Expenditures

### UNITED STATES' REGIONAL DISTRIBUTION OF POPULATION ASSISTANCE (2011) <sup>(3) (4)</sup>

#### Notes

- <sup>(1)</sup> General Contributions denotes amounts allocated towards multilateral organisations.
- <sup>(2)</sup> Figures for 2012 and 2013 are estimates and projections, respectively.
- <sup>(3)</sup> Global/Interregional denotes programmes that are implemented in multiple regions as well as general contributions towards multilateral organisations.
- <sup>(4)</sup> Destination region percentages are rounded up to the nearest whole number; totals may not equal 100%.



Source: UNFPA/NIDI Resource Flows Project Database, OECD/DAC CRS Database

# Annex 1: Footnotes on Donor Reporting

## AUSTRALIA

2008: Information on general contributions to intermediate organisations was not reported. As a result, 2008 figures on general contributions are estimated at the 2007 level.  
2001: Information on expenditures for population projects/programmes was not reported. As a result, 2001 project/programme figures are estimated at the 2000 level.

## AUSTRIA

2001: Information on expenditures for population projects/programmes was not reported. As a result, 2001 project/programme figures are estimated at the 2000 level.  
2003: Information on general contributions to intermediate organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.

## CANADA

2003: Information on general contributions to intermediate organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.  
2006: Information on general contributions to intermediate organisations was not reported. As a result, 2006 figures on general contributions are estimated at the 2005 level.

## DENMARK

2003: Information on project/programme expenditures was not reported. As a result, project/programme figures are estimated based on 2002 data.

## EU INSTITUTIONS

2000: Figures on expenditures for Population Assistance for 2000 were not provided. As a result, 2000 figures are estimated at the 1999 level.  
2001: Figures on expenditures for Population Assistance for 2001 were not provided. As a result, 2001 figures are estimated at the 1999 level.  
2002: Figures for the European Union have been estimated by NIDI based on data from the European Commission and the DAC Watch of the European Union, IPPF, January 2002.

## FINLAND

2004 figures are estimated at the 2003 level.  
2005: Information on project/programme expenditures was not reported. As a result, project/programme figures are estimated based on 2003 data.

## FRANCE

2007: Information on general contributions to intermediate organisations was not reported. As a result, 2007 figures on general contributions are estimated at the 2006 level.  
2008: Information on general contributions to intermediate organisations was not reported. As a result, 2008 figures on general contributions are estimated at the 2006 level.  
2009: Information on general contributions to intermediate organisations was not reported.

As a result, 2009 figures on general contributions are estimated at the 2006 level.

2010: Information on general contributions to intermediate organisations was not reported. As a result, 2010 figures on general contributions are estimated at the 2006 level.

## GERMANY

2009: General contributions to the Global Fund are included from this year onward.  
2010: Data for Germany is recalculated into USD using the OECD exchange rate based on their request

## GREECE

2003: Information on general contributions to intermediate organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.  
2005: Information on general contributions to intermediate organisations was not reported. As a result, 2005 figures on general contributions are estimated at the 2003 level.

## IRELAND

2003: Information on general contributions to intermediate organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.

## ITALY

2002: Project/programme expenditures are estimated based on 2000 data.  
2003: Information on general contributions to intermediate

organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.

2001: Information on expenditures for population projects/programmes was not reported. As a result, 2001 project/programme figures are estimated at the 2000 level.

2006: Information on project/programme expenditures was not reported. As a result, project/programme figures are estimated based on 2005 data.

## LUXEMBOURG

2001: Information on expenditures for population projects/programmes was not reported. As a result, 2001 project/programme figures are estimated at the 2000 level.  
2002: Project/programme expenditures for 2002 have been estimated by the Ministry of Foreign Affairs.  
2003: Information on project/programme expenditures was not reported. As a result, project/programme figures are estimated based on 2002 data.  
2004: Information on general contributions to intermediate organisations was not reported. As a result, 2004 figures on general contributions are estimated at the 2003 level.

## UK

2009: DFID revised the tracking method for development assistance as of this year.

## USA

2004: figures are estimated at the 2003 level.

# Annex 2: Methodology

## Explanation of Sources and Research Methodology

Euromapping 2013 relies on two primary sources for its figures and data on financial resource flows towards ODA and Population Assistance: The OECD/DAC CRS database and the UNFPA/NIDI Resource Flows Project Database.

### OECD/DAC Database

The OECD/DAC database contains information on resource flows to recipient countries. It covers bilateral and multilateral donors' ODA. The DAC database is made up of the two following elements:

- The DAC annual aggregates database, which provides comprehensive data on the volume, origin and types of aid and other resource flows.
- The Creditor Reporting System (CRS), which provides detailed information on individual activities, such as sectors, countries, project descriptions etc.<sup>(12)</sup>

The database can be used to study where ODA goes, what purposes it serves and what policies it supports. The CRS was established in 1967, jointly by the OECD and the World Bank, with the aim of supplying the participants with a regular flow of data on indebtedness and capital flows. Calculating capital flows and debt stock remain key functions of the system, but others have evolved in the course of years. In particular, the CRS Database has become the internationally recognised source of data on assistance by country and sector. The CRS serves as a tool for monitoring specific policy issues. It supplements aggregate information in the annual DAC Statistics.

The CRS compiles all funding commitments<sup>(13)</sup> by donor country, purpose, recipient country, and whether the type of funding is a grant or loan. The data is self-reported by the donors. An activity can take many forms. It could be a project or a programme, a cash transfer or delivery of goods, a training course or a research project, a debt relief operation or a contribution to an NGO. The level of detail of ODA reported varies, in particular between sector-allocable and non-sector-allocable.

<sup>(12)</sup> CRS (Creditor Reporting System) [www.oecd.org/dac/stats/crs](http://www.oecd.org/dac/stats/crs) or [www.oecd.org/dac/stats/idsonline](http://www.oecd.org/dac/stats/idsonline)

<sup>(13)</sup> A commitment is a firm written obligation by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions and for specified purposes for the benefit of the recipient country. A disbursement is the placement of resources at the disposal of a recipient country or agency, or in the case of internal development-related expenditures, the outlay of funds by the official sector.

Tracking of donor assistance to health issues at the global level relies to a large extent on the OECD's Creditor Reporting System. However, the accounting methods of the CRS make it difficult to discern funding for particular health concerns or diseases. In the CRS database individual projects are catalogued under a category and standardised 5-digit sector code.

### **UNFPA/NIDI Resource Flows Project Database**

While the OECD DAC database includes population project/programme details for selected CRS codes, the UNFPA/NIDI Resource Flows project collects additional data necessary to more comprehensively track resource flows for population activities. The Resource Flows Project employs a two-step procedure to calculate global spending along the Population Assistance sub-categories established in the Programme of Action of the ICPD.

First, the Resource Flows Project downloads disbursement data from the CRS database. For each relevant project, the purpose code and the channel of delivery<sup>(14)</sup> are considered. To determine the amount spent on each ICPD activity code, a conversion table is used for each project to convert spending by purpose code to spending by ICPD activity code. The conversion tables were drawn up in 2001 during an expert meeting involving OECD and NIDI. Since then the tables have only undergone minor updates.

<sup>(14)</sup> The Channel of delivery is the implementing agency. Broad categories of channels are distinguished, such as Public sector NGOs and civil society, Public Private Partnerships (PPP), or Multilateral organisations (UN, Worldbank, International Monetary Fund, Regional Banks). The channel of delivery enables a distinction between aid delivered directly by the donor and aid channeled through a multilateral organisation.

The second step involves the Resource Flows questionnaire (donor survey) which is designed to collect information that cannot be obtained from the CRS database. The RF 2011 questionnaire referred to general contributions for population to intermediate organisations not approached by OECD/DAC; additional CRS codes that may partially cover population activities; a breakdown of the STD/HIV/AIDS sub-categories; expenditures specifically for young people and finally estimated future expenditures for population from 2012 and 2013 inclusively. The estimates are mainly based upon the estimated developments in the GDP (in US dollars) of the respective donor countries.<sup>(15)</sup>

In general, the CRS releases the data on a given year in December of the following year. The donor questionnaires are mailed in April of the year following the year to which the data pertains. In the most recent year (2011), the questionnaire was mailed to 121 key actors in the field of population and AIDS. These include donor countries that are part of the OECD/DAC and the EU Institutions, multilateral organisations and agencies, major private foundations and international NGOs that provide substantial Population Assistance.

A total of 68 organisations responded to the 2011 financial resource flows survey, including 24 OECD/DAC donor countries and the EU Institutions; 7 multilateral organisations; 12 major foundations, 23 international NGOs, 1 network organisation and 1 development bank. After data entry, a clearance report is sent to the data providers, who are given a final chance to check the data and to confirm that they are accurate.

<sup>(15)</sup> For more information see: Van Dalen, H.P. and M. Reuser, 2005, Projections of Funds for Population and AIDS activities, 2004-2006, Resource Flows Project, working paper.

## General Contributions to Multilateral Organisations

For many donors, including some of the largest donors to Population Assistance such as France, Germany and Denmark, general contributions account for a large share of total Population Assistance. The donor profiles include a breakdown of the ICPD categories plus general contributions to multilateral organisations. Tracking of these contributions does, however, involve some difficulties. First, donors report on these contributions themselves, which could mean both over- and underreporting due to political, constitutional and other considerations. Similarly, some donors are *de facto* contributing funds to organisations, without reporting it to the Resource Flows database. One example is the EC contribution to the Global Fund, which has never been reported to the Resource Flows database although it is included in official EU reporting.<sup>(16)</sup> Secondly, it should be noted that the list of organisations considered as multilaterals has expanded to include more organisations in recent years – which has also meant larger general contributions. While it is clear that many donors channel large amounts of aid through multilaterals, there is room for improvement in the tracking of these flows.

<sup>(16)</sup> Annual Report 2011 on the European Union's development and external assistance policies and their implementation in 2010 (2011) Available: [http://ec.europa.eu/europeaid/multimedia/publications/documents/annual-reports/annual-report-2011\\_en.pdf](http://ec.europa.eu/europeaid/multimedia/publications/documents/annual-reports/annual-report-2011_en.pdf)

### CRS CODES

<i>CRS code</i>	<i>Description</i>	<i>Accounted for</i>	<i>Category</i>
<b>11220</b>	Primary Education	10%	Repr. Health
<b>11230</b>	Basic Life Skills for Youth & Adults	10%	Repr. Health
<b>11240</b>	Early Childhood Education	10%	Repr. Health
<b>11320</b>	Secondary Education	10%	Repr. Health
<b>12110</b>	Health Policy Administrative Management	10%	Repr. Health
<b>12220</b>	Basic Health Care	25%	Repr. Health
<b>12230</b>	Basic Health Infrastructure	25%	Repr. Health
<b>12240</b>	Basic Nutrition	75%	Repr. Health
<b>12261</b>	Health Education	25%	Repr. Health
<b>12281</b>	Health Personnel Development	25%	Repr. Health
<b>13010</b>	Population Policy and Administrative Management		Basic Research
<b>13020</b>	Reproductive Health Care	100%	Repr. Health
<b>13030</b>	Family Planning	100%	Fam. Planning
<b>13040</b>	STD control, including HIV/AIDS	100%	STD, HIV/AIDS
<b>13081</b>	Personnel Development for Population and Reproductive Health	100%	Repr. Health
<b>16064</b>	Social Mitigation of HIV/AIDS	100%	STD, HIV/AIDS

Excerpt of UNFPA/NIDI Resource Flows Project Questionnaire to Donors: All stated percentages have been agreed with OECD specialists at the task force meeting of 9 April 1999 in The Hague, The Netherlands. However, these percentages can be changed by the donor themselves while completing the survey, based on their project expenditures in a given year.

## Annex 3: Donor Data Overview <sup>(17)</sup>

	<i>Total ODA (USD millions)</i>				<i>ODA per capita (USD)</i>				<i>Total Population Assistance (USD millions)</i>			<i>Family Planning (USD millions)</i>		
	2009	2010	2011	2012	2009	2010	2011	2012	2009	2010	2011	2009	2010	2011
Austria	1,142	1,208	1,111	1,112	136	143	132	132	8.32	7.30	4.98	0.05	0.03	0.02
Belgium	2,610	3,004	2,807	2,303	242	249	263	207	75.39	72.49	51.00	0	0	0.24
Denmark	2,810	2,871	2,931	2,718	488	483	598	494	147.37	171.28	151.47	0.37	7.34	7.34
Finland	1,290	1,333	1,406	1,320	245	280	261	243	71.09	69.39	79.28	0	0.09	0.02
France	12,600	12,915	12,997	12,106	228	200	202	190	345.48	398.17	353.57	0	0.73	0
Germany	12,079	12,985	14,093	13,108	147	155	177	161	421.34	367.26	390.66	10.98	11.23	7.80
Greece	607	508	425	324	54	45	38	29	11.19	1.9	0.23	0	0	0
Ireland	1,006	895	914	809	228	173	200	182	79.58	61.76	66.50	0.02	0.02	0.15
Italy	3,297	2,996	4,326	2,639	49	61	71	45	26.97	26.08	39.95	0.002	0	0.03
Luxembourg	415	403	409	432	873	840	790	886	28.80	31.70	20.27	0.07	0.06	0
Netherlands	6,426	6,357	6,343	5,524	388	383	380	329	588.70	586.35	566.98	5.00	2.33	3.57
Portugal	513	649	708	567	48	61	67	53	5.10	2.43	5.94	0	0	0.38
Spain	6,584	5,949	4,173	1,948	144	129	90	43	330.48	278.46	142.62	7.08	10.37	0.79
Sweden	4548	4,533	5,603	5,242	488	483	593	549	304.76	263.27	319.68	0	0	0
UK	11,283	13,053	13,832	13,659	183	210	224	216	832.48	1,009.07	1,055.42	25.21	49.30	70.18
<b>EU-15</b>	<b>67,210</b>	<b>69,661</b>	<b>72,078</b>	<b>63,811</b>	<b>263</b>	<b>260</b>	<b>272</b>	<b>251</b>	<b>3,277.05</b>	<b>3,346.96</b>	<b>3,248.53</b>	<b>48.76</b>	<b>81.50</b>	<b>90.52</b>
Bulgaria	17	23	25	22	6	5	7	3	n/a	n/a	n/a	n/a	n/a	n/a
Cyprus	46	29	20	15	54	46	34	13	n/a	n/a	n/a	n/a	n/a	n/a
Czech Republic	215	228	250	219	33	22	24	21	n/a	n/a	n/a	n/a	n/a	n/a
Estonia	18	10	13	13	14	14	18	10	n/a	n/a	n/a	n/a	n/a	n/a
Hungary	117	114	140	119	12	11	14	12	n/a	n/a	n/a	n/a	n/a	n/a
Latvia	21	9	10	12	9	7	9	6	n/a	n/a	n/a	n/a	n/a	n/a
Lithuania	42	21	27	30	10	11	17	10	n/a	n/a	n/a	n/a	n/a	n/a
Malta	14	8	10	10	33	33	48	25	n/a	n/a	n/a	n/a	n/a	n/a
Poland	375	378	417	438	10	10	11	11	n/a	n/a	n/a	n/a	n/a	n/a
Romania	138	65	85	85	7	5	8	4	n/a	n/a	n/a	n/a	n/a	n/a
Slovakia	75	74	86	78	14	13	16	14	n/a	n/a	n/a	n/a	n/a	n/a
Slovenia	71	59	63	57	35	29	31	28	n/a	n/a	n/a	n/a	n/a	n/a
EU Institutions	13,444	12,679	17,390	17,570	n/a	n/a	n/a	n/a	209.88	197.00	272.79	0.25	1.47	0
<b>EU-27 + EU Inst.</b>	<b>81,801</b>	<b>83,358</b>	<b>90,614</b>	<b>82,479</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>3,486.93</b>	<b>3,543.96</b>	<b>3,521.32</b>	<b>49.00</b>	<b>82.98</b>	<b>90.52</b>
Iceland	35	29	26	26	109	90	80	81	n/a	n/a	n/a	n/a	n/a	n/a
Norway	4,086	4,580	4,756	4,754	844	895	960	987	250.04	256.58	287.12	0.09	1.00	4.47
Switzerland	2,310	2,300	3,051	3,022	388	300	386	380	47.32	52.75	68.64	0	0	0
Turkey	707	967	1,273	2,532	10	13	17	34	n/a	n/a	n/a	n/a	n/a	n/a
Australia	2,762	3,826	4,983	5,440	126	172	223	240	115.88	155.90	259.13	0.53	6.07	9.96
Canada	4,000	5,209	5,459	5,678	119	153	158	166	196.41	151.41	116.96	4.18	3.56	4.94
Japan	9,457	11,021	10,831	10,494	75	87	85	82	351.73	330.45	137.79	0.12	0.07	9.46
Korea	816	1,174	1,325	1,551	17	24	27	31	n/a	n/a	n/a	n/a	n/a	n/a
New Zealand	309	342	424	455	72	78	96	105	16.92	16.82	20.42	0	0	0.25
USA	28,831	30,353	30,745	30,460	94	98	99	96	5,139.53	5,531.39	5,980.61	477.67	429.60	519.30
<b>Grand Total</b>	<b>135,114</b>	<b>143,158</b>	<b>153,487</b>	<b>146,891</b>	<b>95</b>	<b>96</b>	<b>108</b>	<b>107</b>	<b>9,604.75</b>	<b>10,039.26</b>	<b>10,392.00</b>	<b>531.60</b>	<b>523.36</b>	<b>638.89</b>

(17) The Donor Data Overview contains both OECD and RF data

HIV/AIDS (USD millions)			Basic Research (USD millions)			Reproductive Health (USD millions)			General Contributions (USD millions)			
2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	
2.49	1.43	0.25	0.04	0.50	0.07	3.15	3.05	3.13	2.60	2.74	1.52	Austria
16.92	10.81	7.75	4.05	4.92	0.57	19.08	23.07	29.82	35.35	33.68	12.63	Belgium
39.64	49.31	49.31	0.45	4.70	0.54	22.64	23.89	46.50	84.27	86.04	47.76	Denmark
4.24	5.19	4.32	0.40	0.75	1.27	9.16	10.67	11.01	57.28	52.69	62.66	Finland
19.51	33.97	23.37	8.54	8.33	14.11	61.39	111.78	60.57	256.04	243.36	255.52	France
104.30	89.34	93.15	1.77	0.66	0.44	94.09	87.67	88.58	210.20	178.36	200.68	Germany
7.85	0	0	0	0	0	3.33	1.90	0.23	0	0.05	n/a	Greece
53.83	37.65	41.19	0.09	1.35	0.21	19.60	16.54	18.26	6.04	6.19	6.70	Ireland
12.43	5.12	13.86	0.39	1.41	0.15	12.12	15.15	22.76	2.02	4.40	3.14	Italy
8.03	4.93	3.42	1.66	3.15	0.63	10.22	14.01	7.87	8.83	9.55	8.36	Luxembourg
91.29	66.11	55.22	0.77	0.78	4.38	228.48	225.82	221.19	263.18	291.30	282.62	Netherlands
0.69	0.42	2.15	0	0	0.19	2.24	0.93	1.67	2.17	1.08	1.56	Portugal
22.12	9.19	4.89	9.61	5.72	2.69	109.12	106.32	55.25	182.55	146.86	79.00	Spain
83.50	62.33	79.64	0.01	0.55	0.46	55.77	55.63	54.88	165.47	144.75	184.69	Sweden
239.53	274.69	159.03	44.12	35.22	41.35	321.48	345.13	575.46	202.13	304.73	209.39	UK
<b>706.39</b>	<b>650.51</b>	<b>537.55</b>	<b>71.89</b>	<b>67.58</b>	<b>67.05</b>	<b>971.87</b>	<b>1,041.57</b>	<b>1,197.18</b>	<b>1,478.13</b>	<b>1,505.80</b>	<b>1,356.23</b>	EU-15
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Bulgaria
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Cyprus
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Czech Republic
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Estonia
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Hungary
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Latvia
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Lithuania
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Malta
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Poland
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Romania
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Slovakia
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Slovenia
29.93	39.92	30.33	21.46	42.17	89.68	158.24	113.43	152.78	0	0	0	EU Institutions
<b>736.33</b>	<b>690.43</b>	<b>567.88</b>	<b>93.35</b>	<b>109.75</b>	<b>156.73</b>	<b>1,130.11</b>	<b>1,155.00</b>	<b>1,349.96</b>	<b>1,478.13</b>	<b>1,505.80</b>	<b>1,356.23</b>	EU-27 + EU Inst.
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Iceland
58.67	45.18	39.20	-0.06	1.78	8.24	56.77	57.65	63.73	134.57	150.92	171.49	Norway
2.57	2.50	6.24	0.29	1.34	0	14.00	15.63	24.64	30.46	33.28	37.75	Switzerland
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Turkey
69.90	78.45	89.90	0.83	0.12	0.07	36.64	62.58	140.00	7.98	8.68	19.21	Australia
47.06	39.48	49.44	6.90	1.70	1.66	120.47	6.91	37.17	17.78	99.75	23.77	Canada
16.85	24.47	15.27	0.48	10.50	0.008	122.36	121.93	78.90	211.93	173.48	34.16	Japan
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Korea
0.95	2.24	3.28	0.30	0	0	7.15	9.27	11.04	8.52	5.30	5.85	New Zealand
4,208.85	4,437.66	4,960.46	13.50	16.96	35.32	390.99	567.69	425.72	48.50	79.47	39.83	USA
<b>5,141.19</b>	<b>5,320.40</b>	<b>5,731.65</b>	<b>115.59</b>	<b>142.17</b>	<b>202.02</b>	<b>1,878.50</b>	<b>1,996.66</b>	<b>2,131.16</b>	<b>1,937.87</b>	<b>2,056.67</b>	<b>1,688.29</b>	Grand Total

## Annex 4: Definitions

**CONSTANT DOLLARS** - In the chapter on Population Assistance, constant dollars are current dollars (see definition below) that have been adjusted to measure a value over a series of years at the prices prevailing during a particular year. 1993 - the year in which the ICPD cost estimates were made - was selected as the base year.

**CURRENT DOLLARS** - Current dollars are dollar figures prevailing at the time of measurement. In the chapter on Population Assistance, current dollars were taken as reported by the organisations surveyed. Non-dollar currencies were converted to US dollars using the International Monetary Fund (IMF) period-average exchange rates for the year the funds were expended for Population Assistance.

**DONOR COUNTRIES** - In this report, donor countries refer to the 26 developed donor countries and the European Union, all of which are members of the Development Assistance Committee of the Organisation for Economic Co-operation

and Development (OECD/DAC). The 26 donors are Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, The Netherlands, New Zealand, Norway, Portugal, the Slovak Republic, South Korea, Spain, Sweden, Switzerland, the UK and the USA.

**EUROPEAN UNION** - European Union Institutions (European Parliament, the Council of the European Union and the European Commission) and Member States of the European Union.

**EU-12** - This refers to the Member States who joined the EU in 2004 and 2007: Cyprus, Czech Republic, Bulgaria, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

**EU-15** - This refers to the Member States of the European Union until Eastern Enlargement in 2004: Austria, Belgium, Denmark, France, Finland, Germany, Greece, Italy, Ireland, Luxembourg, The Netherlands, Portugal, Spain, Sweden and the UK.

**FINAL EXPENDITURES** - Final expenditures refer to funds that have been received by developing countries directly from donor governments or through intermediate donors. The final recipients may be developing-country Governments, national NGOs, or donors' field offices in developing countries. The programmes in which expenditures are made do not necessarily have to be located in developing countries and may include activities, such as research, that benefit more than one developing country or region.

**PRIMARY FUNDS** - Primary funds refer to the financial resources contributed by a primary donor for population activities. Primary funds may be provided by a donor either directly to the developing country or to an intermediate donor such as a multilateral organisation or international NGO. Primary funds also include self-generated income of intermediate donors as well as contributions which they receive from donor countries that are not members of OECD/DAC.



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