

# Arab States

## Financial Resource Flows and Revised Cost Estimates for Population Activities

“Twenty years ago, the landmark International Conference on Population and Development put people’s rights at the heart of development. It affirmed sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world.”

*United Nations Secretary-General Ban Ki-moon, Foreword to the 20<sup>th</sup> anniversary edition of the Programme of Action of the International Conference on Population and Development, 2014*

### Why Fund Population Activities?

Population dynamics and reproductive health are central to development and must be an integral part of development planning and poverty reduction strategies. The Millennium Development Goals, especially the eradication of extreme poverty and hunger, will not be achieved if issues of population and reproductive health are not adequately addressed. Implementing the ICPD Programme of Action, especially the reproductive health goal, is essential for meeting the Millennium Development Goals directly related to health, including child mortality, maternal health and HIV/AIDS prevention, and social and economic outcomes, including gender equality and poverty eradication.

### What Did Cairo Say About Funding To Achieve the ICPD Objectives?

At the ICPD in 1994, the international community agreed that US \$17 billion would be needed in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015 to finance programmes in the area of population dynamics, reproductive health, including family planning, maternal health and the prevention of sexually transmitted diseases, as well as programmes that address the collection, analysis and dissemination of population data. Two thirds of the required amount would be mobilized by developing countries themselves and one third, or \$5.7 billion in 2000, \$6.1 billion in 2005, \$6.8 billion in 2010, and \$7.2 billion in 2015 was to come from the international community.

### What Will It Take to Achieve the ICPD Objectives Today: Revised Cost Estimates

To ensure adequate funding for the implementation of the ICPD Programme of Action, the United Nations Population Fund (UNFPA) reviewed the existing estimates for the four categories of the ICPD costed population package (ICPD para. 13.14) and revised them to meet current needs. These revised estimates are much higher than the original ICPD targets agreed upon in 1994 because they take into account both current needs and current costs and because they include interventions such as AIDS treatment and care, and reproductive cancer screening and treatment, that were not part of the original costed population package. The revised costs are considered minimum estimates required to finance interventions in the areas of family planning, reproductive health, STD/HIV/AIDS, and basic research, data and population and development policy analysis.



**Table 1. Revised ICPD Global Cost Estimates, 2009-2015 (Millions of US \$)**

	2009	2010	2011	2012	2013	2014	2015
<b>Sexual/Reproductive Health/Family Planning</b>	<b>23,454</b>	<b>27,437</b>	<b>30,712</b>	<b>32,006</b>	<b>32,714</b>	<b>33,284</b>	<b>33,030</b>
<i>Family Planning Direct Costs</i>	2,342	2,615	2,906	3,209	3,529	3,866	4,097
<i>Maternal Health Direct Costs</i>	6,114	7,868	9,488	11,376	13,462	15,746	18,002
<i>Programmes and Systems Related Costs</i>	14,999	16,954	18,319	17,422	15,723	13,672	10,931
<b>HIV/AIDS</b>	<b>23,975</b>	<b>32,450</b>	<b>33,107</b>	<b>33,951</b>	<b>34,734</b>	<b>35,444</b>	<b>36,189</b>
<b>Basic Research/ Data/Policy Analysis</b>	<b>1,551</b>	<b>4,837</b>	<b>3,943</b>	<b>2,239</b>	<b>1,181</b>	<b>864</b>	<b>591</b>
<b>TOTAL</b>	<b>48,980</b>	<b>64,724</b>	<b>67,762</b>	<b>68,196</b>	<b>68,629</b>	<b>69,593</b>	<b>69,810</b>

Source : United Nations (2009), Report of the Secretary-General on *The Flow of Financial Resources for the Implementation of the Programme of Action of the International Conference on Population and Development*, E/CN.9/2009/5. UNFPA (2009), *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*.

## Global Progress Towards the ICPD Financial Commitments

By 2012, international population assistance increased stood at almost \$11.4 billion. This includes funding from developed countries, the United Nations system, foundations, NGOs, and development banks. Based on past trends, this number is projected to increase further in 2013 and 2014.

The largest proportion of total population assistance – 65 per cent- goes to fund HIV/AIDS activities. In actual dollar amounts, funding for family planning, which had plummeted to \$393.5 million in 2006 has begun to increase, reaching a high of almost \$1.2 billion in 2012 and accounting for 9 per cent of total final expenditures that year.

The Resource Flows Project estimates that developing countries and countries in transition mobilized almost \$55.5 billion for population activities in 2012. Domestic resources include government, national NGO and private out-of-pocket expenditures.

The global figure of domestic expenditures reflects the commitment of developing countries, regardless of the amount mobilized, although it contains significant variations among countries in their ability to mobilize resources for population activities. Most domestic resources originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, are not able to generate the necessary resources to finance their own population programmes. They rely to a large extent on donor assistance.

## Financial Resource Flows in the Arab States Region

### Resource Requirements for Population Activities in the Arab States Region

**Table 2. Revised ICPD Cost Estimates for the Arab States Region, 2009-2015 (Millions of US \$)**

	2009	2010	2011	2012	2013	2014	2015
<b>Sexual/Reproductive Health/Family Planning</b>	<b>1,733</b>	<b>2,017</b>	<b>2,278</b>	<b>2,422</b>	<b>2,501</b>	<b>2,571</b>	<b>2,587</b>
<i>Family Planning Direct Costs</i>	151	178	208	240	274	310	335
<i>Maternal Health Direct Costs</i>	519	652	796	951	1,114	1,285	1,454
<i>Programmes and Systems Related Costs</i>	1,063	1,187	1,274	1,232	1,113	976	798
<b>HIV/AIDS</b>	<b>707</b>	<b>987</b>	<b>1,005</b>	<b>1,025</b>	<b>1,042</b>	<b>1,060</b>	<b>1,080</b>
<b>Basic Research/ Data/Policy Analysis</b>	<b>43</b>	<b>54</b>	<b>28</b>	<b>28</b>	<b>78</b>	<b>345</b>	<b>105</b>
<b>TOTAL</b>	<b>2,483</b>	<b>3,058</b>	<b>3,311</b>	<b>3,475</b>	<b>3,621</b>	<b>3,976</b>	<b>3,772</b>

Source : United Nations (2009), Report of the Secretary-General on *The Flow of Financial Resources for the Implementation of the Programme of Action of the International Conference on Population and Development*, E/CN.9/2009/5. UNFPA (2009), *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*.

## International Assistance for Population Activities in the Arab States Region

Countries in the Arab States region received \$252.3 million in population assistance in 2012 (Table 3). A total of 15 countries in the Arab States region benefited from population assistance in 2012. Somalia received the most assistance of any country in the region--\$48.1 million, followed by Jordan--\$43.9 million and Sudan--\$39.5 million. A total of \$10.9 million was spent on regional programmes. Map 1 shows the per capita population assistance in the region.

**Table 3. Population Assistance to Countries in the Arab States Region, 2003-2012**

Country	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Algeria	1,379	1,079	2,140	3,485	1,811	5,120	2,673	1,824	1,451	786
Djibouti	3,237	694	4,758	4,363	4,607	4,390	3,961	3,480	4,139	4,060
Egypt	33,417	40,447	35,400	38,679	48,792	51,906	41,428	36,451	16,898	10,753
Iraq	14,330	8,832	6,324	61,211	44,197	13,593	6,157	6,663	5,367	19,956
Jordan	27,202	25,602	9,678	3,006	4,361	20,532	28,887	34,805	38,044	43,856
Lebanon	1,261	1,702	1,615	5,527	4,179	5,065	3,537	4,786	4,168	4,602
Libyan Arab Jamahiriya	0	53	3	536	1,539	11,206	4,342	114	8,859	894
Morocco	9,123	9,518	11,925	16,832	17,323	20,782	23,710	21,593	19,032	18,114
Oman	162	6	79	6	30	30	866	503	656	616
Palestine	12,613	8,837	13,364	18,882	11,237	9,587	13,738	5,609	2,342	5,432
Somalia	3,240	1,380	6,032	8,854	8,747	5,936	20,148	20,238	33,488	48,070
Sudan	11,875	9,550	22,425	43,513	22,058	68,086	88,565	94,414	50,226	39,513
Syrian Arab Republic	3,550	2,538	3,304	3,367	2,257	2,311	8,244	7,668	5,192	4,498
Tunisia	1,474	1,374	558	5,224	7,030	6,263	6,241	7,008	4,244	3,457
Yemen	7,816	10,836	22,981	23,896	27,065	28,646	36,491	37,068	20,691	36,812
Regional	9,926	14,599	12,380	9,347	32,125	31,100	37,481	13,151	15,010	10,905
<b>Total</b>	<b>140,605</b>	<b>137,047</b>	<b>152,966</b>	<b>246,728</b>	<b>237,358</b>	<b>284,553</b>	<b>326,469</b>	<b>295,375</b>	<b>229,807</b>	<b>252,323</b>

Source: UNFPA/NIDI Resource Flows database and *Financial Resource Flows for Population Activities*, selected years.

**Table 4. Population Assistance to countries in the Arab States Region by ICPD category (in percentages), 2008-2012 (Totals in Thousands of US \$) \***

Country	2008					2009					2010					2011					2012				
	FP	RH	aids	BR	Total	FP	RH	aids	BR	Total	FP	RH	aids	BR	Total	FP	RH	aids	BR	total	FP	RH	aids	BR	To
Regional Middle East and North Africa	19	35	15	30	28,744	21	46	26	7	38,178	16	52	6	27	13,392	12	50	9	29	40,780	15	27	35	24	10,9
Algeria	0	34	46	20	5,120	0	53	43	4	2,672	0	40	55	5	1,824	0	45	52	3	1,184	0	71	8	20	7
Djibouti	0	10	90	0	4,390	0	87	12	1	4,377	1	64	33	1	3,707	0	27	73	0	3,366	0	66	31	4	4,0
Egypt	57	36	5	2	51,906	41	44	9	5	43,273	34	51	9	5	40,687	37	54	7	3	15,600	16	41	22	21	10,7
Iraq	0	100	0	0	13,593	5	53	0	42	6,391	4	85	0	11	18,618	0	99	1	1	1,210	7	84	0	9	19,9
Jordan	55	35	3	7	20,532	40	49	8	3	29,337	33	62	1	3	38,735	41	52	2	4	37,533	45	53	1	1	43,8
Lebanon	16	29	0	55	5,065	6	82	2	9	3,609	2	80	6	12	5,242	0	74	2	24	3,235	6	77	4	14	4,6
Libyan Arab Jamahiriya	0	58	20	22	11,206	0	99	1	0	4,342	0	100	0	0	114	0	2	0	98	8,859	3	40	0	57	8
Morocco	4	61	21	13	20,782	5	69	22	4	24,832	5	57	31	7	21,908	4	41	44	12	18,121	5	52	37	6	18,1
Oman	0	100	0	0	30	23	23	0	54	866											94	2	0	4	6
Palestine	0	95	5	1	9,587	0	92	3	4	14,946	1	63	13	23	5,609	0	100	0	0	432	1	39	58	2	5,4
Somalia	0	36	64	0	5,936	0	75	24	1	20,148	0	35	58	6	20,860	8	50	42	0	29,436	12	70	13	5	48,0
Sudan	3	42	55	0	68,086	9	42	41	8	89,507	6	56	37	2	96,303	10	39	51	0	40,820	12	51	32	5	39,5
Syrian Arab Republic	0	92	7	0	2,311	12	74	4	10	8,379	4	80	4	12	7,668	0	90	10	0	2,045	1	67	11	21	4,4
Tunisia	0	70	23	7	6,263	0	49	47	4	6,446	0	28	60	13	7,008	0	35	36	29	3,386	15	41	41	3	3,4
Yemen	8	80	8	4	28,646	20	68	11	1	37,888	21	64	14	2	37,897	9	89	1	1	19,023	8	87	1	4	36,8

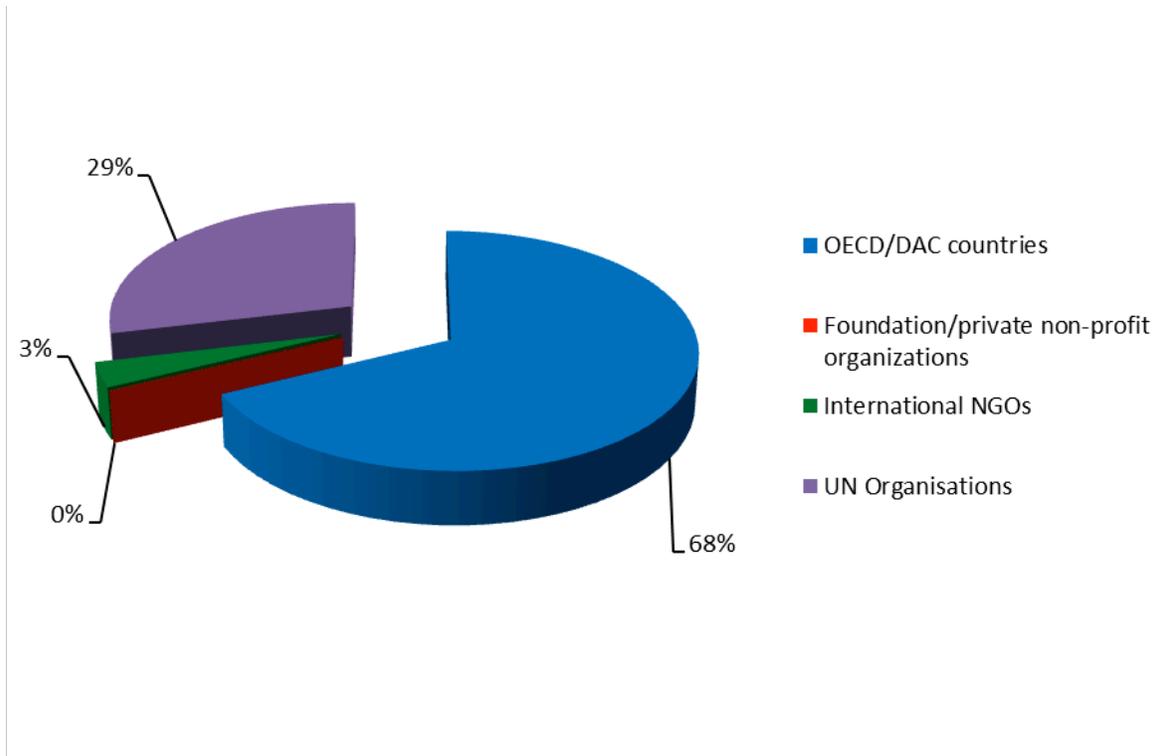
Source: UNFPA/NIDI Resource Flows database and *Financial Resource Flows for Population Activities*, selected years

\* Percentages have been rounded off and may not add to 100 per cent.



OECD/DAC donor countries contributed the most population assistance, accounting for 68 per cent of assistance in 2012. This was followed by United Nations organizations, and international NGOs (Figure 1).

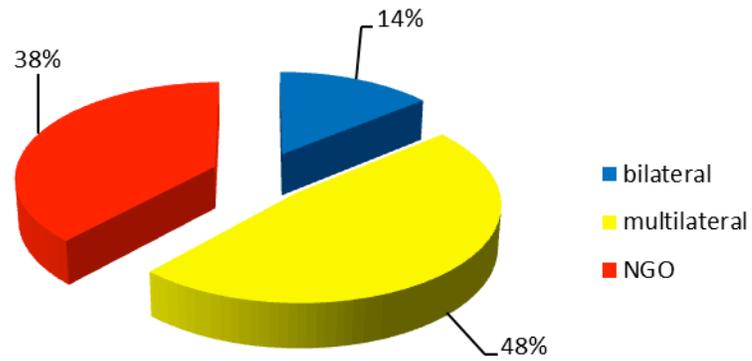
**Figure 1. Population Assistance by Type of Donor, Arab States Region, 2012**



Source: UNFPA/NIDI Resource Flows database

Of the total amount spent for population assistance in the Arab States region in 2012, 14 per cent was channeled through bilateral programmes, 48 per cent was channeled through multilateral organizations and 38 per cent was spent by international NGOs (Figure 2).

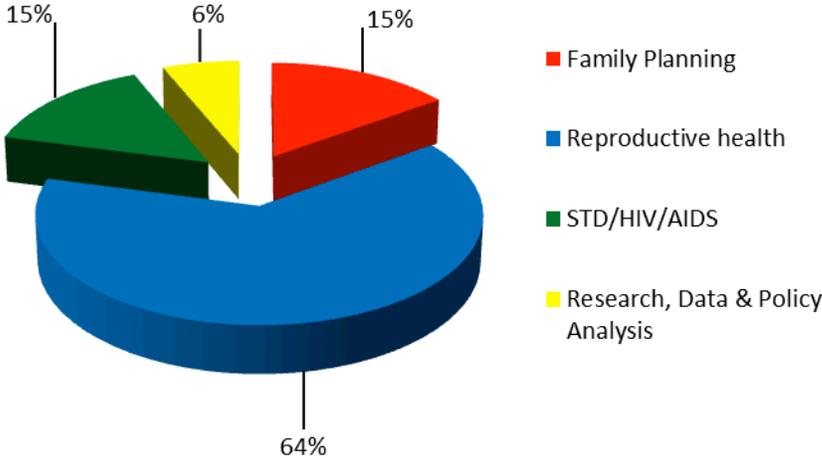
**Figure 2. Population Assistance by Channel of Distribution, Arab States Region, 2012**



Source: UNFPA/NIDI Resource Flows database

Figure 3 shows total population assistance in the Arab States region by ICPD category. The largest percentage of assistance went to reproductive health - 64 per cent, followed by 15 per cent each for family planning and STD/HIV/AIDS, and 6 per cent for research, data and population and development policy analysis. It is important to point out that because of integration of services, some funding for family planning could in fact be reported under STD/HIV/AIDS or reproductive health expenditures.

**Figure 3. Population Assistance by ICPD Category, Arab States Region, 2012**



Source: UNFPA/NIDI Resource Flows database

## Domestic Resources for Population Activities in the Arab States Region

Domestic financial resources for population activities originate from the following major sources: Governments, NGOs, the private sector and consumers. The number and complexity of sources make it much more difficult to monitor domestic resource flows than international assistance for population. Although it is possible to collect information from Governments and NGOs, it is more difficult to track this information from the private sector and individual consumers due to insufficient data. Table 5 provides estimates of domestic expenditures for population activities by source of funds.

**Table 5. Estimated Domestic Expenditures for Population Activities in the Arab States Region, By Source of Funds, 2013-15 (Thousands of US \$)**

Year	Government	NGO	Consumers*	Total	Percentage spent on AIDS
2013	478,206	63,838	292,662	834,707	21 %
2014	497,338	65,360	304,371	867,068	21 %
2015	521,793	67,236	319,337	908,366	21 %

\*Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by the WHO for health care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

Source: Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2013-2015*, The Hague, 2014.

## Key Areas Requiring Further Action

Current funding levels are far below what is required to meet needs. Given the lingering effects of the global financial crisis and the uncertainty of future funding levels, full implementation of the ICPD Programme of Action may be in jeopardy. To accelerate the implementation of the Cairo agenda and to achieve the Millennium Development Goals, the international community should continue to:

- Ensure that population and reproductive health are seen as an integral part of the achievement of the Millennium Development Goals and that they figure prominently in national development programmes and poverty reduction strategies
- Mobilize sufficient resources to fully implement the ICPD Programme of Action and ensure that family planning and reproductive health issues receive the attention they deserve at a time when the increased focus is on combating HIV/AIDS
- Establish an effective partnership of donor and recipient countries based on mutual trust, accountability and donor coordination in support of country goals
- Increase attention to cost-effectiveness and programme efficiency so that resources reach all segments of the population, especially those that are most in need
- Enhance the role of the private sector in the mobilization of resources for population and development, in monitoring population expenditures and ensuring that financial targets and equity objectives are met
- Establish a system of monitoring of resource flows to identify funding gaps and for budgeting and planning purposes. Governments are urged to make a special effort to monitor all expenditures going to population activities, including those at subnational levels and those that are part of integrated social and health projects and sector-wide approaches so that all efforts at resource mobilization can be captured in UNFPA's annual reports

The success of the ICPD depends greatly upon the willingness of Governments, local communities, the non-governmental sector, the international community and all concerned organizations and individuals to turn the ICPD recommendations into action.

The challenge before the international community is to mobilize the additional resources required in all areas of the ICPD costed population package: family planning services, reproductive health services, STD/HIV/AIDS activities and basic research, data and population and development policy analysis. Both international and domestic allocation of resources to population activities must increase from present levels to meet current needs.

## Annex I. The Resource Flows Project

**Why Monitor Resource Flows?** - UNFPA complies with General Assembly resolutions 49/128 and 50/124 to monitor progress towards the financial targets set out in the ICPD Programme of Action. It also responds to a request made at the twenty-eighth session of the Commission on Population and Development for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. UNFPA collaborates with the Netherlands Interdisciplinary Demographic Institute (NIDI), the Indian Institute of Health Management Research (IIHMR), the African Population and Health Research Center (APHRC) and UNAIDS in the data collection.

Each year, UNFPA presents its findings in the *Report of the Secretary-General on The Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development* which is submitted to the Commission on Population and Development. The Fund also prepares an annual advocacy brochure, *Financing the ICPD Programme of Action* and the report on *Financial Resource Flows for Population Activities*. The information is useful for policy and planning as well as for advocacy and mobilization of resources. The reports are intended to be a tool for donor and developing country Governments, multilateral organizations and agencies, private foundations and non-governmental organization to monitor progress in achieving the financial resource targets agreed to at the ICPD, to identify funding gaps and coordinate financing of population programmes. Development cooperation officers and policy makers in developing countries can use the reports to identify the domestically generated resources and complementary resources from donors needed to finance population and reproductive health programmes.

**What Do We Monitor?** The Resource Flows Project tracks financial resource flows based on the “costed population package” as described in paragraph 13.14 of the ICPD Programme of Actions: 1) Family planning services; 2) Basic reproductive health services; 3) Sexually transmitted diseases and HIV/AIDS prevention; 4) Basic research, data and population and development policy analysis. The ICPD recognized (paras 13.17 to 13.19) that the “costed package” did not include all interventions necessary for the achievement of universal access to reproductive health. It has since become possible to cost and include some additional elements, particularly in the context of the Millennium Development Goals. To simplify reporting procedures and to harmonize resource tracking with UNAIDS, data on AIDS expenditures are obtained directly from UNAIDS.

**How Do We Monitor Resource Flows?** Data on population assistance are gathered with the use of a detailed questionnaire sent to major players in the field of population and AIDS which account for most population assistance. These include donor countries that are part of the OECD/DAC and the European Union, multilateral organizations and agencies, major private foundations and other international NGOs that provide substantial population assistance. Most information for donor countries is obtained from the OECD/DAC database.

Data on domestic resources are collected via an annual survey sent by e-mail to UNFPA Country Offices for further distribution to government departments and national NGOs. A separate questionnaire for national consultants asks for information on the national budget, future commitments, private sector, coverage, quality of data, problems facing follow-up and response. Data collected are 1) based on primary sources; 2) actual expenditures (not commitments); 3) restricted to public sector (government and NGOs, not private household or out-of-pocket expenditures, employers, etc); and 4) include project level information to avoid double counting.

Questionnaires for governments are for distribution to those departments that are involved in population activities, for example, Ministries of Health, Population, Education, or Central Statistical Offices, government-run research centers or universities. Questionnaires for national NGOs are for distribution to national non-governmental, not-for-profit organizations involved in population activities that are responsible for more than about one percent of the total funds for population activities in the country. This means that national foundations, research centers, etc can also fill out the NGO questionnaire.

UNFPA Country Offices are responsible for the distribution, follow up and collection of the questionnaires. They are expected to check the responses and assist respondents in completing the forms or making estimates, if necessary. In many cases, Country Offices hire national consultants for this purpose. To build national capacity to monitor resource flows, ensure country ownership and sustainability of the project, UNFPA Country Offices are encouraged to identify an institution which will be responsible for data collection, preferably one which is tasked with MDG monitoring. This could be a government ministry, NGO, or an academic or research institution.

The Resource Flows Project provides a summary of the data gathered in the form of feedback reports. The Resource Flows Project is part of the Population and Development Branch of the Technical Division under the coordination of Ann

Pawliczko (pawliczko@unfpa.org). At NIDI, the project is coordinated by Leo van Wissen and Erik Beekink is directly responsible (beekink@nidi.nl).



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For more information, please visit the Resource Flows Web Site at: [www.resourceflows.org](http://www.resourceflows.org)