



FINANCIAL RESOURCE  
FLOWS FOR POPULATION  
ACTIVITIES IN 2007



# Financial Flows for Family Planning, Countdown to 2015 Women Deliver Conference

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# Objectives of the Presentation

- Highlight **Donor financial resources flow trends for Family Planning (1999 – 2008)** in the context of population and reproductive health programmes;
- Address **Resource Requirements for Family Planning** in relation to the ICPD and the Millennium Development Goals;
- Further **inform the Policy Dialogue (global, country) in positioning and leveraging for Family Planning** as part of an integrated package of services.

# Methodology

- **Resource Flows**, based on the UNFPA publication “Financial Resource Flows for Population Activities in 2007” (Oct. 09) and 2008 (Preliminary).
- **Family Planning Future Resource Requirements** taken from the High Level Taskforce on Innovative International Financing for Health Systems, ‘Constraints to Scaling-Up Health related MDGs: Costing & Financial Gap Analysis’ (WHO) and UNFPA, ‘Revised Cost Estimates for the Implementation of the Programme of Action of the ICPD: A Methodological Report’ (2009).

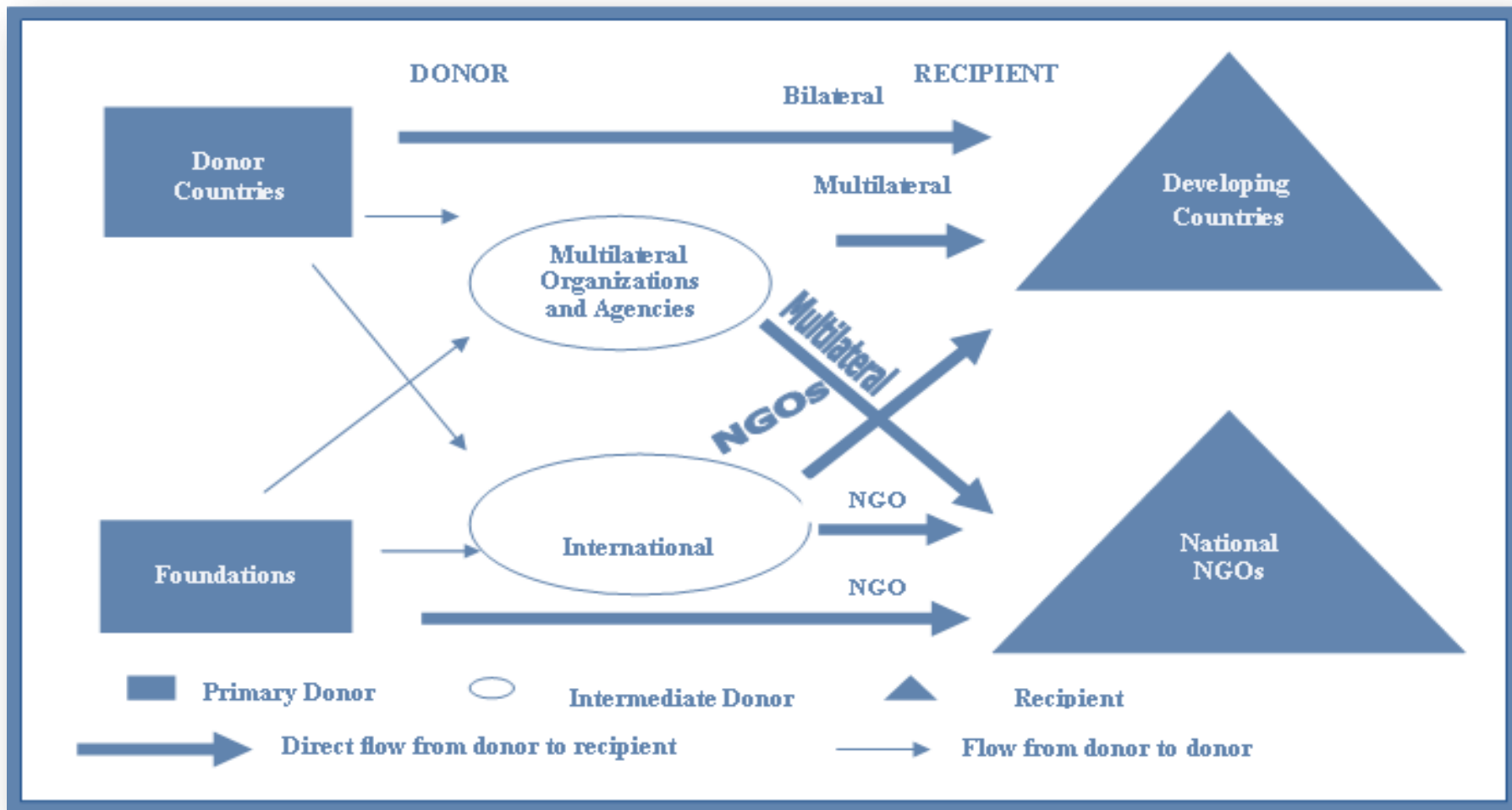
# Why Monitor Financial Resource Flows?

- **Monitoring financial resources is critical for:**
  - Country planning and budgeting processes;
  - Reviewing & assessing financial performance;
  - Informing the policy dialogue (country, global);
- **Tracking financial resources is key to:**
  - addressing where and how funds are utilised :
  - monitoring equity, efficiency, and effectiveness issues;
  - strengthening mutual accountability;
  - advocating to mobilise additional resources.

# Challenges in tracking Family Planning Financial Data

- With the integration of services its **difficult to disaggregate individual components** such as Family Planning from a comprehensive package of services;
- **Harmonised donor financing modalities**, such as Joint Financing, Basket Funding, Sector Budget Support and General Budget Support make it complex to track the level of funding going to Family Planning.

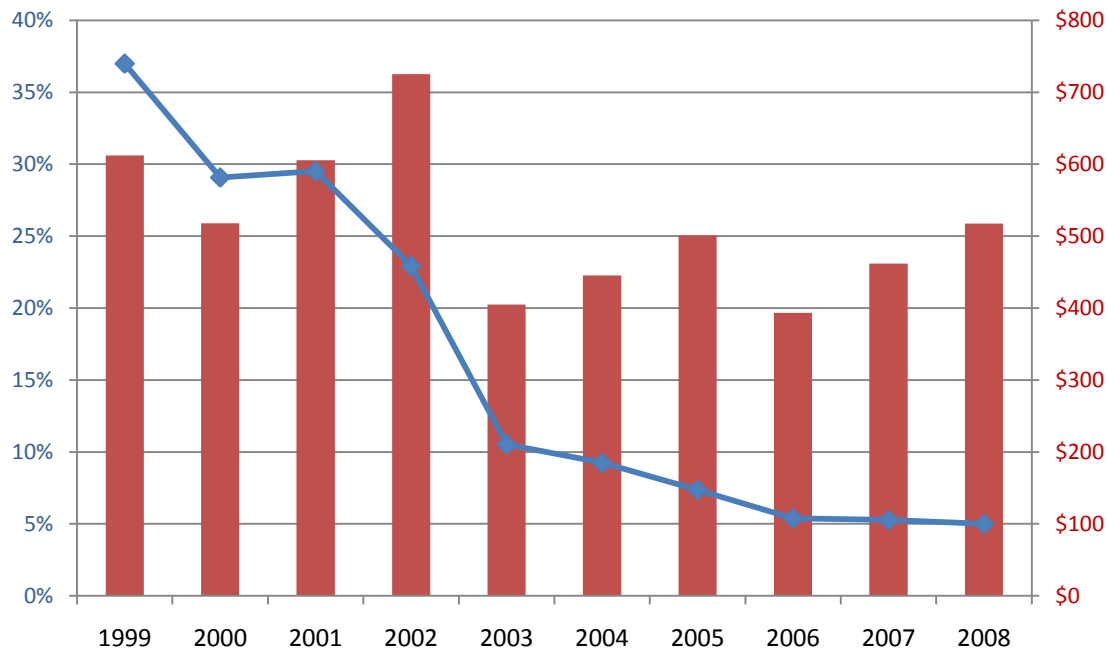
# Family Planning Financial Flows



# Trends in FP Financing

**TRENDS IN TOTAL DONOR FINANCING FOR FAMILY PLANNING  
(1999-2008)**

As % of Total Donor  
Funding for SRH

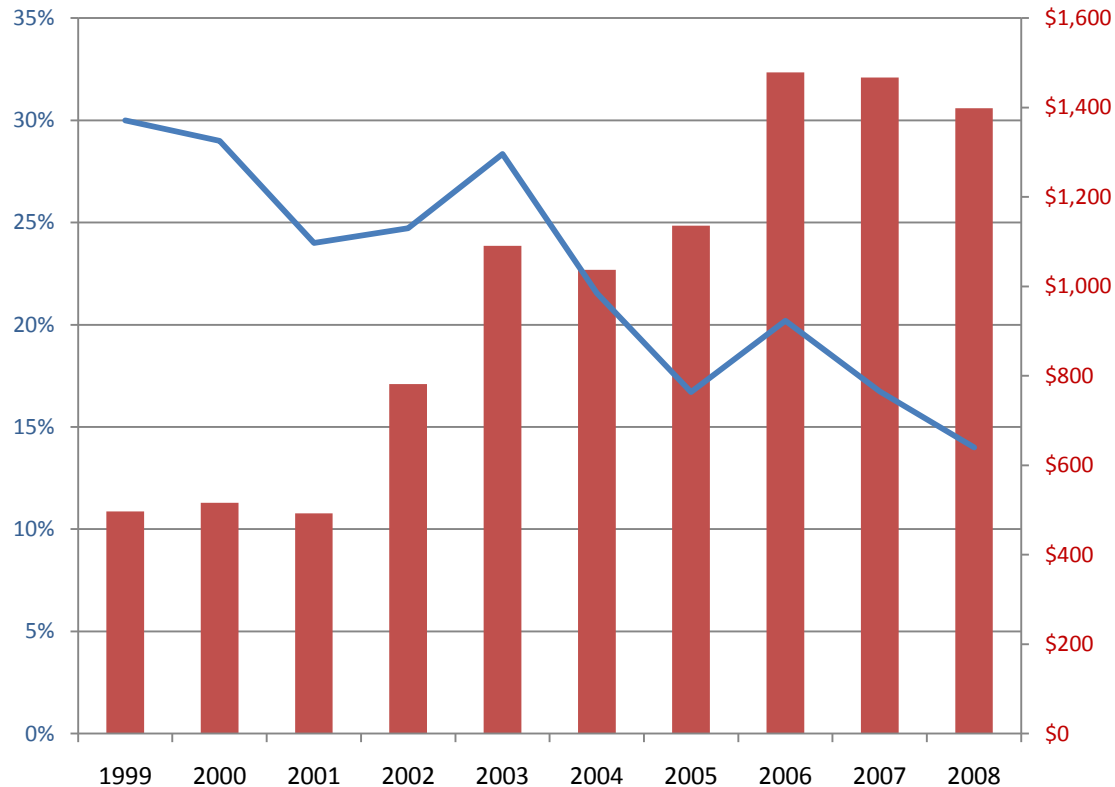


Absolute US \$  
(Millions)

# Trends in Total Donor Financing for Basic RH-Services

TRENDS IN TOTAL DONOR FINANCING FOR BASIC RH-SERVICES  
(1999-2008)

As % of Total  
Donor Funding  
for SRH



Absolute US \$  
(Millions)

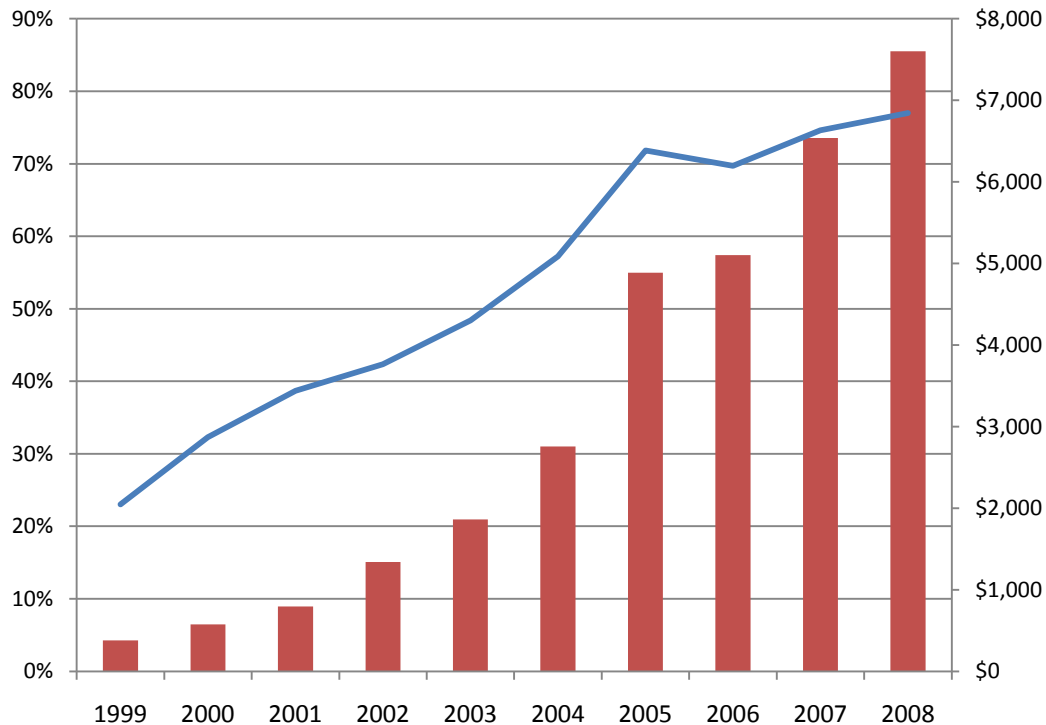


# Trends in Total Donor Financing for STIs & HIV/AIDS

## TRENDS IN TOTAL DONOR FINANCING FOR STIs & HIV/AIDS

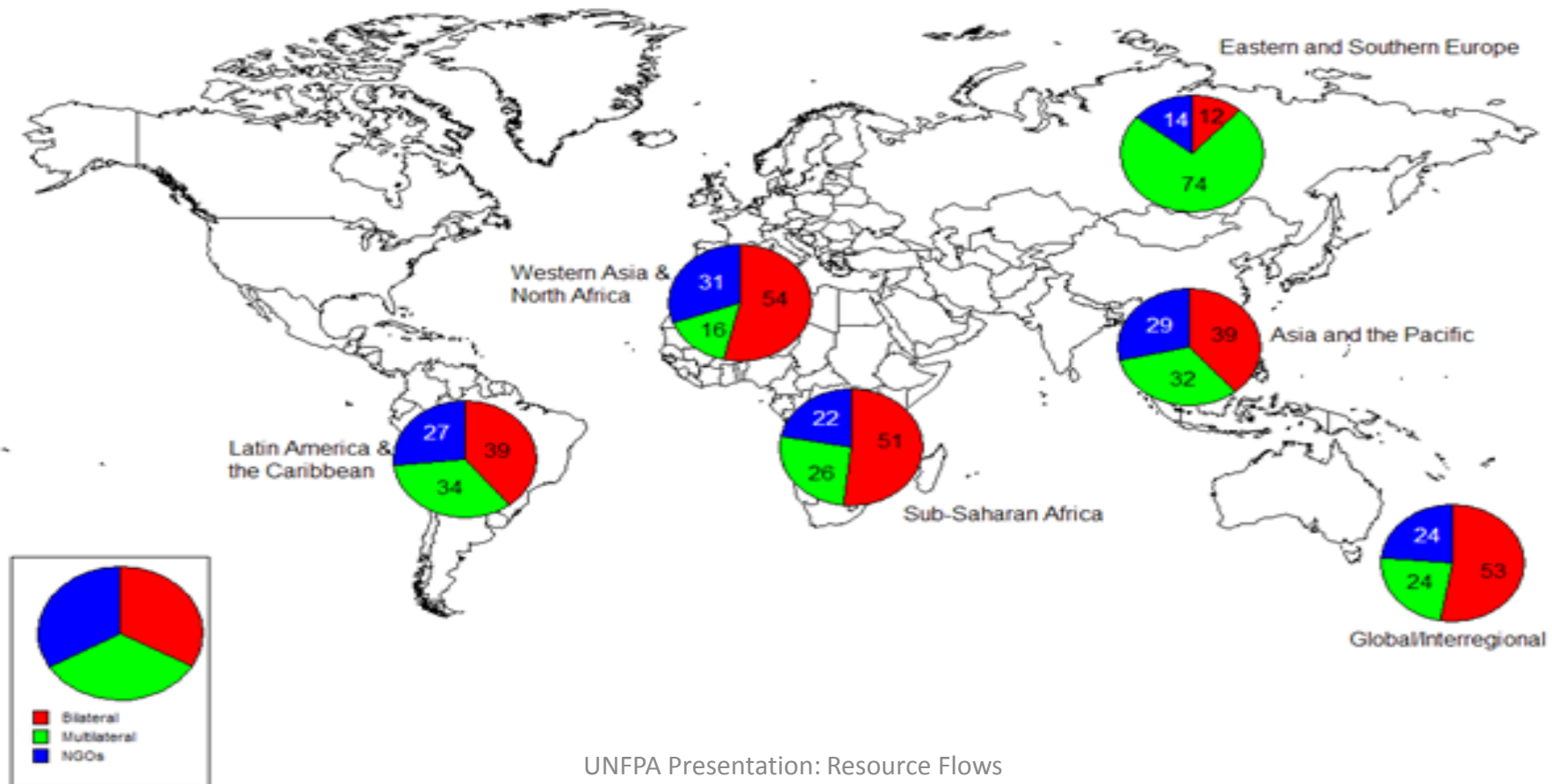
(1999-2008)

As % of Total Donor  
Funding for SRH



Absolute US \$  
(Millions)

# Donor Spend for Population Assistance, incl. Family Planning 2007



# Resource Requirements for Family Planning



# **High Level Taskforce on Innovative International Financing for Health Systems: WHO Estimates**

# **HLTF calculations for 49 IDA countries (subset of the total). Costs were divided into programs and systems costs.**

Programs (26% of total costs)

**Management of childhood illness**

**Immunizations**

**Maternal Health**

**Family Planning**

**TB**

**Malaria**

**HIV/AIDS**

**Essential Drugs (NCD, MH, Parasitic Diseases)**

Systems (74% of total costs)

**Governance**

**Infrastructure**

**Equipment and Vehicles**

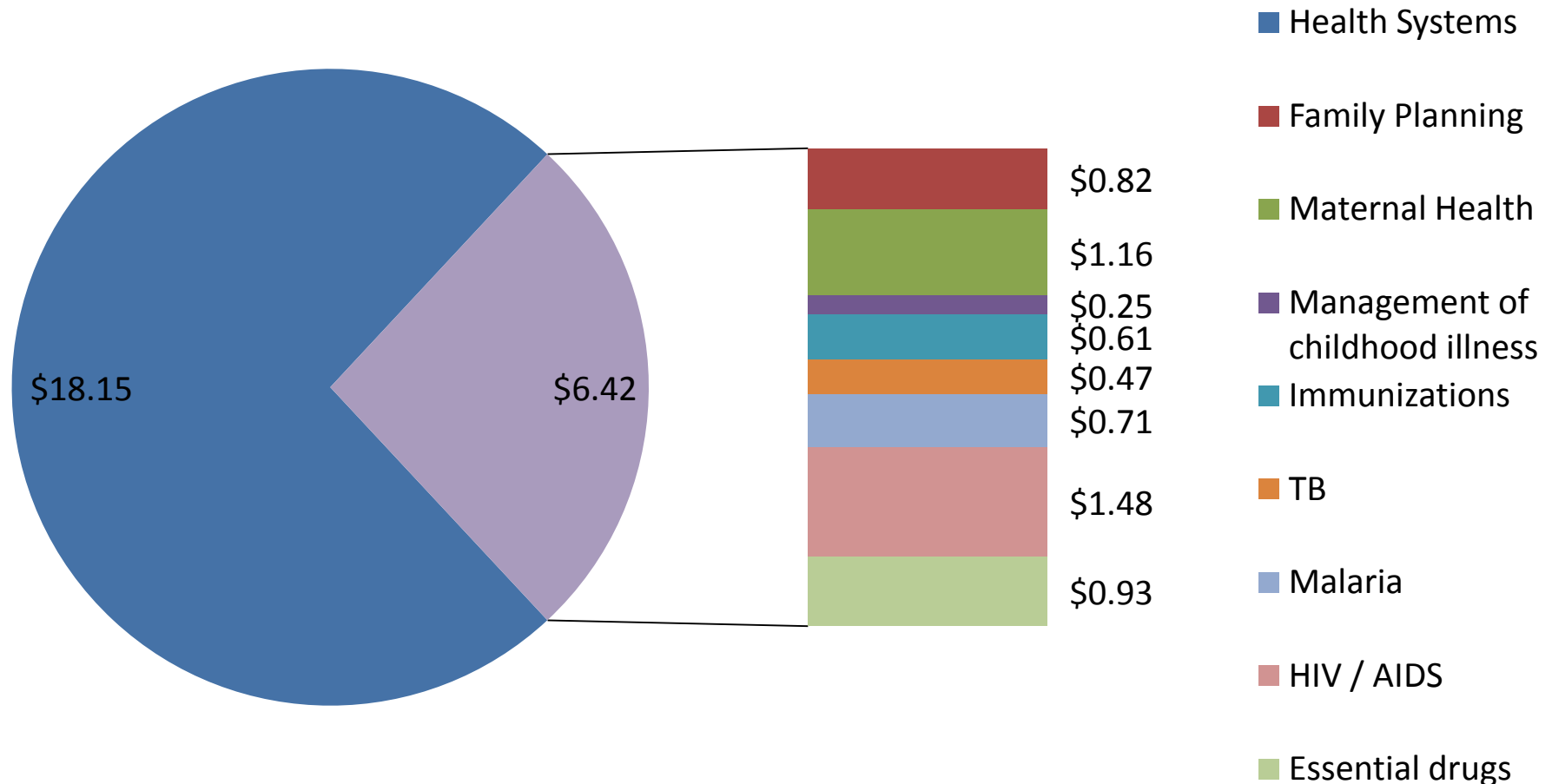
**Human Resources**

**Supply Chain/Logistics**

**Health Information Systems**

**Financing**

Programs costs comprised 76% of the total costs. Family planning costs were less than \$1 per capita per year.



- Family Planning program costs were estimated to cost a total of **\$8.4 B from 2009-2015** in order to achieve Universal Access, **less than \$1 per capita per year.**
- Universal Access was defined as **reducing current unmet need to 0** while assuming the same contraceptive method mix
- These 49 IDA countries had a population of around 1.5 Billion or about 20-25% of the population in less developed and least developed countries.

# ICPD @ 15 Costing



The ICPD costing exercise estimated the costs for developing countries was estimated using 5 cost categories: Family planning related activities belonged to two of those categories

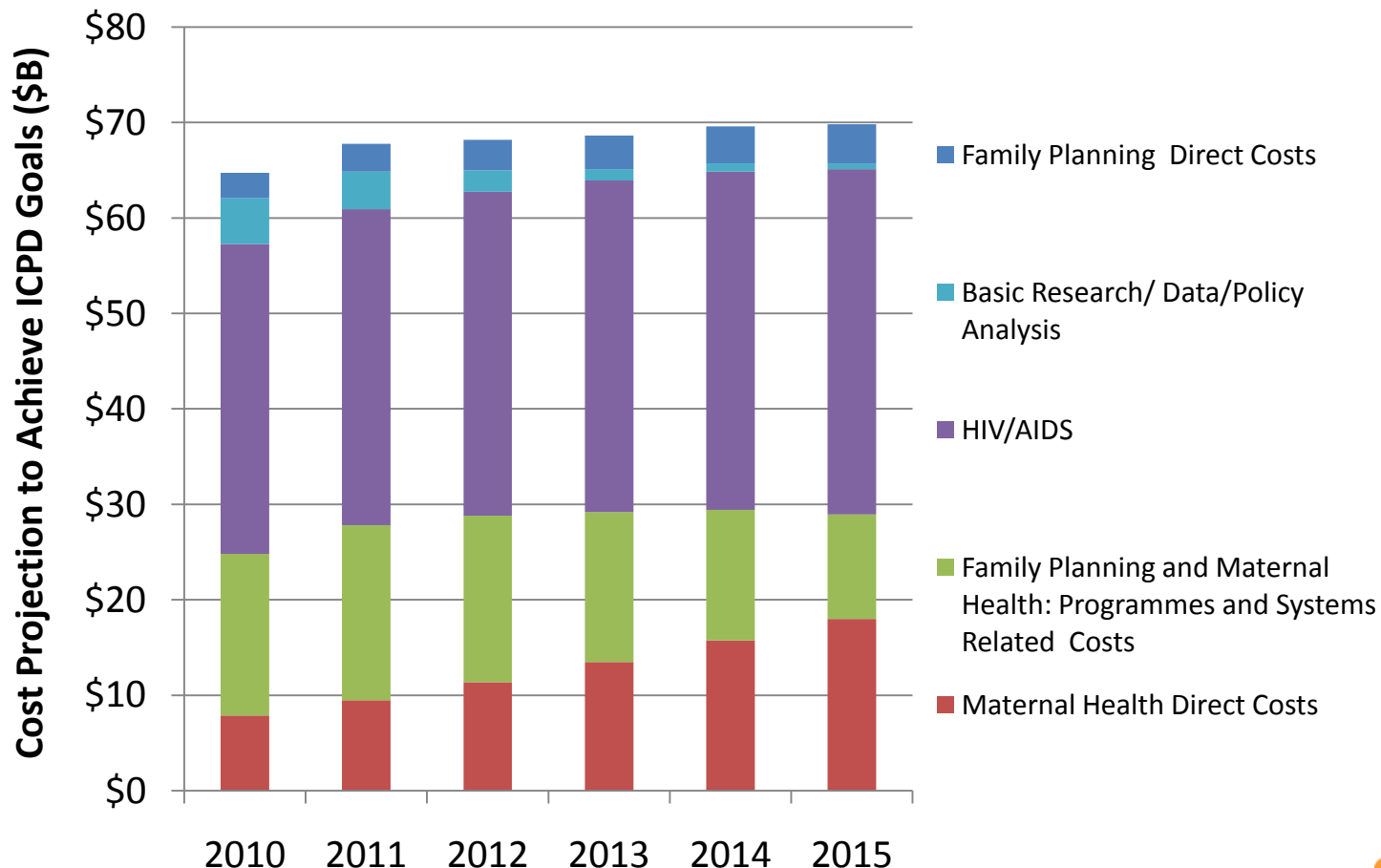
## Cost Categories

- (1) HIV/AIDS
- (2) Basic Research/ Data/Policy Analysis

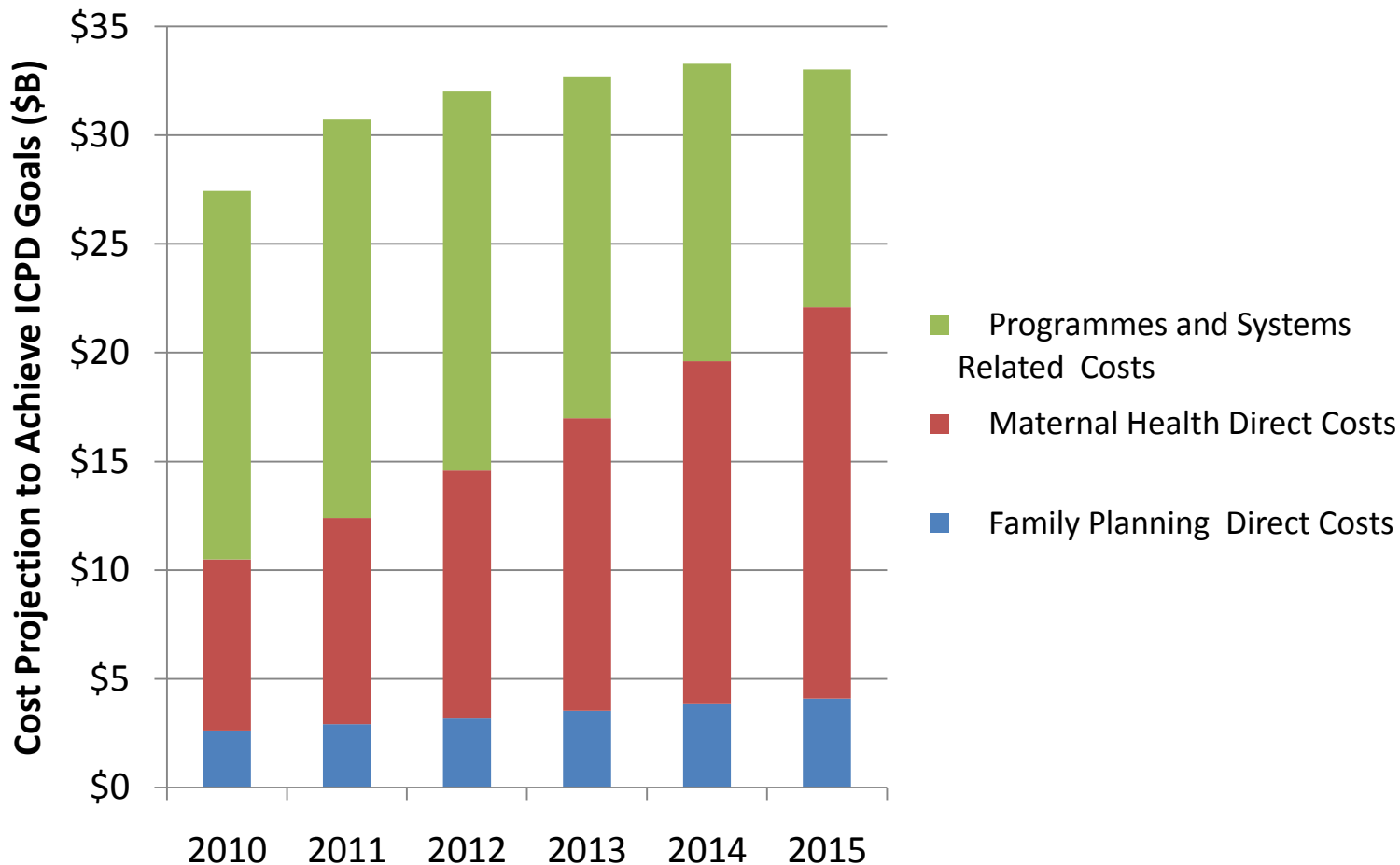
### Sexual/Reproductive Health/Family Planning

- (3) Maternal Health Direct Costs
- (4) **Family Planning Direct Costs**
- (5) **Programmes and Systems Related Costs related to maternal health and family planning**

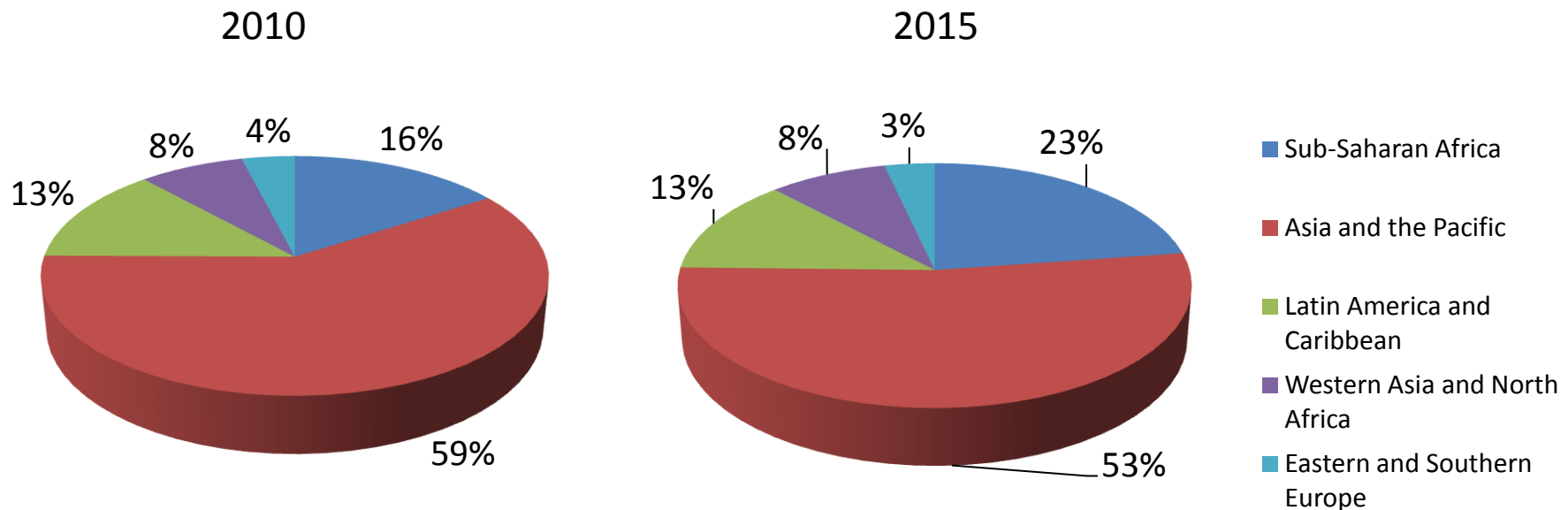
Family planning direct costs (drugs supplies and personnel) were projected to rise to around \$4 B by 2015. These costs were significantly smaller than 3 of the other 4 cost categories.



Family planning direct costs were projected to be significantly smaller than the health systems costs needed to support family planning and maternal health.



The majority of the family planning direct costs were projected to be in Asia and the Pacific with sub-Saharan Africa's percent increasing over time



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