DONORS DELIVERING FOR SRHR

REPORT 2021

Tracking OECD Donor Funding for Sexual and Reproductive Health and Rights

ABOUT DSW

Deutsche Stiftung Weltbevölkerung (DSW) is a global development organisation that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services, supplies, and economic empowerment for youth. We achieve this by engaging in advocacy, capacity development, and reproductive health initiatives, so that young people are empowered to lead healthy and self-determined lives.

With our headquarters in Hannover, Germany, DSW operates two liaison offices in Berlin and Brussels, as well as maintaining a strong presence in Ethiopia, Kenya, Tanzania, and Uganda.

For more information please visit **www.dsw.org/en/eu/**

DSW Deutsche Stiftung Weltbevölkerung youth car

ABOUT EPF

The **European Parliamentary Forum for Sexual and Reproductive Rights** (EPF) is a network of members of parliament from across Europe who are committed to protecting the sexual and reproductive health of the world's most vulnerable people, both at home and overseas.

We believe that women should always have the right to decide upon the number of children they wish to have, and should never be denied the education or other means to achieve this that they are entitled to by law.

We believe that it makes sense personally, economically and environmentally for governments to devote development aid to initiatives protecting people's sexual and reproductive health and rights.

EPF's Secretariat is based in Brussels, Belgium.

For more information please visit **www.epfweb.org**

EPF European Parliamentary Forum for Sexual & Reproductive Rights

ACKNOWLEDGMENTS

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PREFACE by Sophia Sadinsky

Well into the second year of the COVID-19 pandemic, the international community is confronting new global health challenges and grappling with long-standing vulnerabilities that the pandemic has brought into focus. COVID-19 has intensified inequities in access to quality health care, as seen increasingly in disparities in global vaccination progress; it has disrupted service delivery, overburdened health facilities and much more.

While it will take years to get a full picture of the pandemic's toll on communities worldwide, it is likely to have long-lasting consequences for gender equality. For example, UNFPA estimates that we could see an additional two million cases of female genital mutilation and 13 million cases of child marriage over the next decade due to breakdowns in health systems, program disruptions and school closures.[1]

These sobering new realities are unfolding on top of existing needs. Even before the emergence of COVID-19, there were significant gaps in sexual and reproductive health care, particularly in low- and middle-income countries. For example, as of 2019, there were 218 million women who wanted to avoid pregnancy but were not using a modern form of contraception; annually, this led to 111 million unintended pregnancies and 35 million unsafe abortions.[2]

Given these facts, it is heartening to see that many smaller countries stepped up their financial commitments to sexual and reproductive health and rights (SRHR) in 2019 as part of their Official Development Assistance (ODA), outperforming larger countries in terms of their relative spending. Such investments have far-reaching and well-documented benefits, which we must continue to highlight to motivate greater prioritisation of SRHR in ODA.

This report's importance as a mechanism for advocacy and accountability is only heightened by the UK government's decision to cut funding to ODA in 2021 from 0.7% to 0.5%. The impact is predicted to be dire; the announcement includes an 85% cut to the UNFPA Supplies Partnership, the largest provider of donated contraceptives and a main source of reproductive health care in humanitarian crisis settings.

The combined force of funding and political will is critical to ensure that SRHR are not further destabilised as the pandemic surges on. At this critical juncture, we must harness the lessons learned thus far to secure policy and funding decisions that will protect sexual and reproductive health as the essential and lifesaving care it is. This includes embracing positive policy developments and adaptations, such as some countries' efforts to sustain sexual and reproductive health services throughout the pandemic. It means creating the conditions for equitable access to telehealth options that are growing in popularity for those who seek out-of-facility care.
And it calls upon us to deliver on the catalytic commitments that global initiatives like the Generation Equality Forum have set in motion.

This report comes at a unique moment of real-time health policy making on a global scale, prompting decisions that will shape our collective priorities for years to come. Meaningful progress on SRHR in this new global landscape requires developing coordinated strategies and partnerships — both financial and political — to deliver equitable and enduring gains for all.

[1] https://www.unfpa.org/news/child-marriage-female-genital-mutilation-urgent-priorities-pandemic-threatens-progress
[2] Sully E et al., Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute, 2020, https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019

INTRODUCTION

Neil Datta
EPF Secretary

Jan Kreutzberg
DSW Executive Director

We are pleased to present the latest edition of Donors Delivering for Sexual and Reproductive Health and Rights (SRHR), an important tool to support both European policymakers and advocates in the field to **track funding for the full SRHR agenda**. The analysis is based on the comprehensive SRHR definition published by the 2018 landmark report from the Guttmacher – Lancet Commission on SRHR (please see Annex 2), and on the updated Muskoka 2 Methodology developed by the London School of Hygiene and Tropical Medicine (LSHTM).

While several excellent expert reports exist to track funding for reproductive, maternal, and newborn health, family planning (FP), and gender, no methodology has thus far captured the full breadth of SRHR, especially the 'rights' aspect. **Donors Delivering for SRHR brings a complementary approach** with changes made to our previous Euromapping methodology. First of all, the current report tracks support to three elements relevant to SRHR - connected and not independent from each other:

1. Reproductive, maternal, newborn, and child health (RMNCH) as SRHR is increasingly integrated into broader approaches, for which tracking is based on the revised Muskoka 2 methodology approved by donors and experts;

2. FP, a subset of SRHR with a specific tracking based on percentages agreed at the 2012 FP2020 Summit; and finally,

3. A tracking of sexual and reproductive rights (SRR) to highlight the importance of the support in particular from European donors, who politically support the whole SRHR agenda and do not report on specific elements of the full agenda.

All data is based on the Organisation of Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database, reported by donors, publicly available, allowing for any interested party to crosscheck and use this methodology. It is a theoretical exercise whereby the same methodology is applied to all OECD donors, to enable comparison and to rank European funders against other donors.

We analysed the data in both total amounts and relative to the donor's total Official Development Assistance (ODA) allowing for comparison between different economies and their 'prioritisation' of SRHR in their external action.

It is important to note that there are overlaps between the funding tracked for RMNCH, FP, and SRHR. The three elements can therefore not be added together to a total amount but should be looked at separately.

This year's edition highlights similar unexpected rankings as seen in the 2020 edition, where larger countries and donors are not necessarily spending more in relative terms; showing a lack of political prioritisation, a stabilisation and stagnation of funding for our issues.

In recent years, we have witnessed increased contestation of SRHR, gender equality, and women and girls' rights in Europe and around the world. In parallel, numerous reports highlight the growing prevalence of harmful practices against women and girls, increases in teenage pregnancy rates and constricted access to SRHR services.

It is simply unacceptable that in 2021 millions of individuals, especially women and girls lack access to essential health services related to sexuality and are unable to make decisions over their own bodies. The current health and economic crisis linked to COVID-19 is taking a severe toll on gender equality and sexual and reproductive health across the world, and is threatening commitments at a time when SRHR funding should, and must be prioritised.

We would like to thank the Advisory Committee for their continued support and in these critical times, we are confident Donors Delivering for SRHR will prove useful to European SRHR advocates and champions, in renewing political commitments and, more importantly, translating them into actions.

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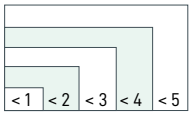
EXECUTIVE SUMMARY

A COMPARISON OF OECD DAC DONORS' SRHR DISBURSEMENTS IN 2019

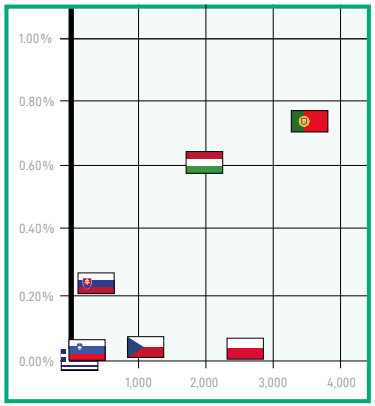
TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF ODA IN 2019

Certain countries (the US, the UK, the Netherlands, Canada, and Sweden) clearly prioritise funding to SRHR as an important part of their ODA. Other donors' (Germany, France, and Japan) substantial disbursements to SRHR only represent a small percentage of their total ODA. In relative terms, smaller donors such as Luxembourg, Iceland, Ireland, Denmark, and Norway outperform many larger donors. This tendency becomes even clearer when looking at SRHR disbursements as a percentage of Gross National Income (GNI), which is reflected by the size of the flag in the graph below. For example, while the US is the top donor for both total SRHR disbursements and as a percentage of ODA, it only ranks 8th place when looking at the SRHR disbursements as a percentage of its GNI. It was outperformed by Luxembourg, Sweden, Norway, Denmark, the UK, the Netherlands, and Canada.

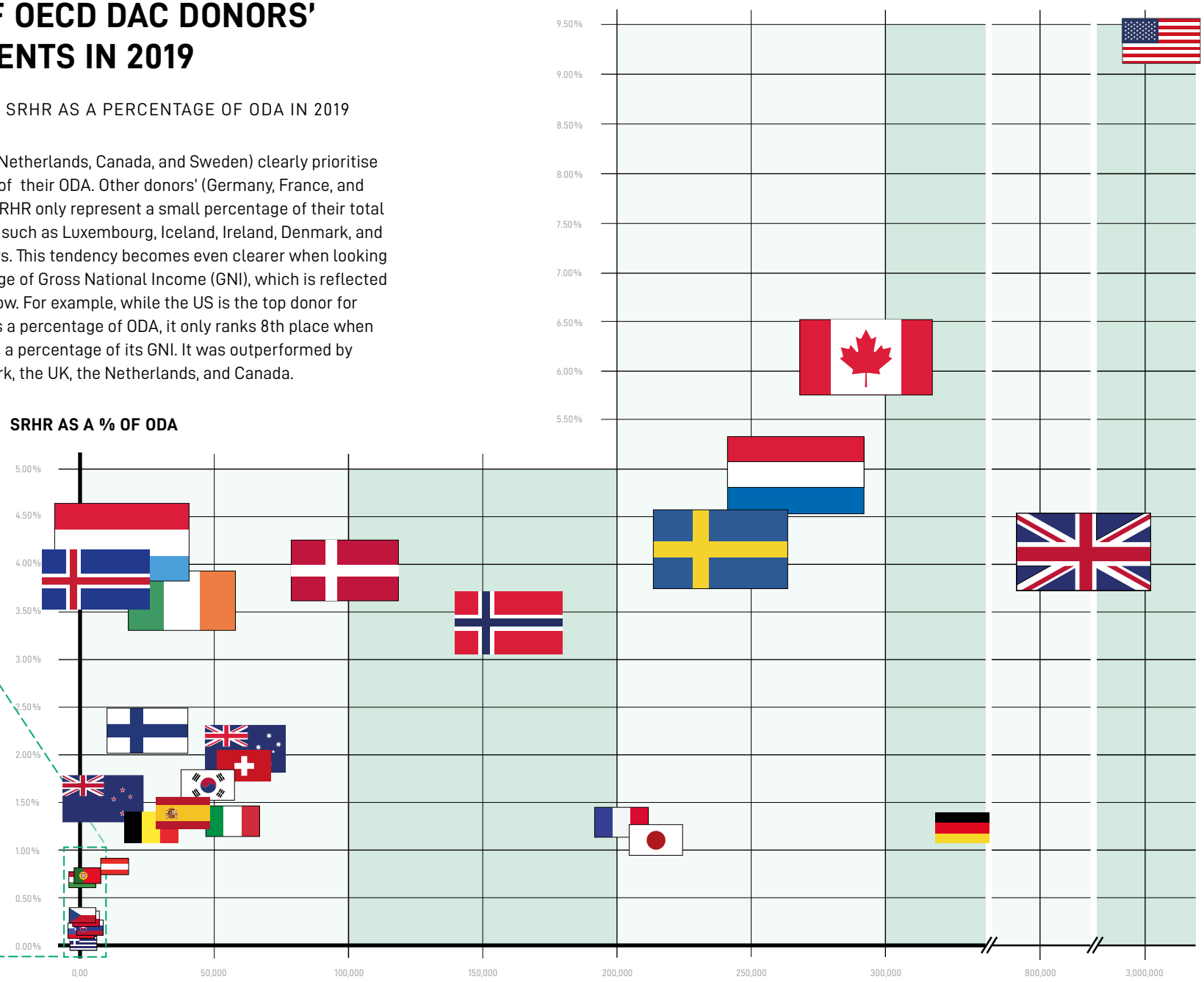
SRHR AS A % OF GNI
FLAG SIZES



Box below: enlarged view of lower left part



SRHR AS A % OF ODA



Note: The upper end of the x-axis is divided for a more compact visualisation.

TOTAL SRHR IN MILLION USD

RANKING OF SRHR DONORS IN EUROPE (2019)

Within Europe, for some smaller countries, SRHR is clearly a greater priority in their ODA spending than for some larger countries. The top five SRHR donors as a percentage of total ODA in 2019 were the Netherlands, Luxembourg, Sweden, the UK, and Iceland. They outperformed larger countries such as France and Germany, which do not seem to prioritise SRHR. The donors who met the long-standing UN target for developed countries to give 0.7% of their GNI as ODA in 2019 were also the countries that prioritised SRHR (more than 3% of their ODA). The only exceptions were the Netherlands, Ireland and Iceland who prioritised SRHR but did not reach the 0.7% target. It seems that the countries that are the furthest away from the 0.7% ODA target (such as the Slovak Republic, the Czech Republic, Poland, Slovenia, and Greece) are also those who prioritise SRHR the least in their ODA.

SRHR GROSS DISBURSEMENTS AS A PERCENTAGE OF ODA

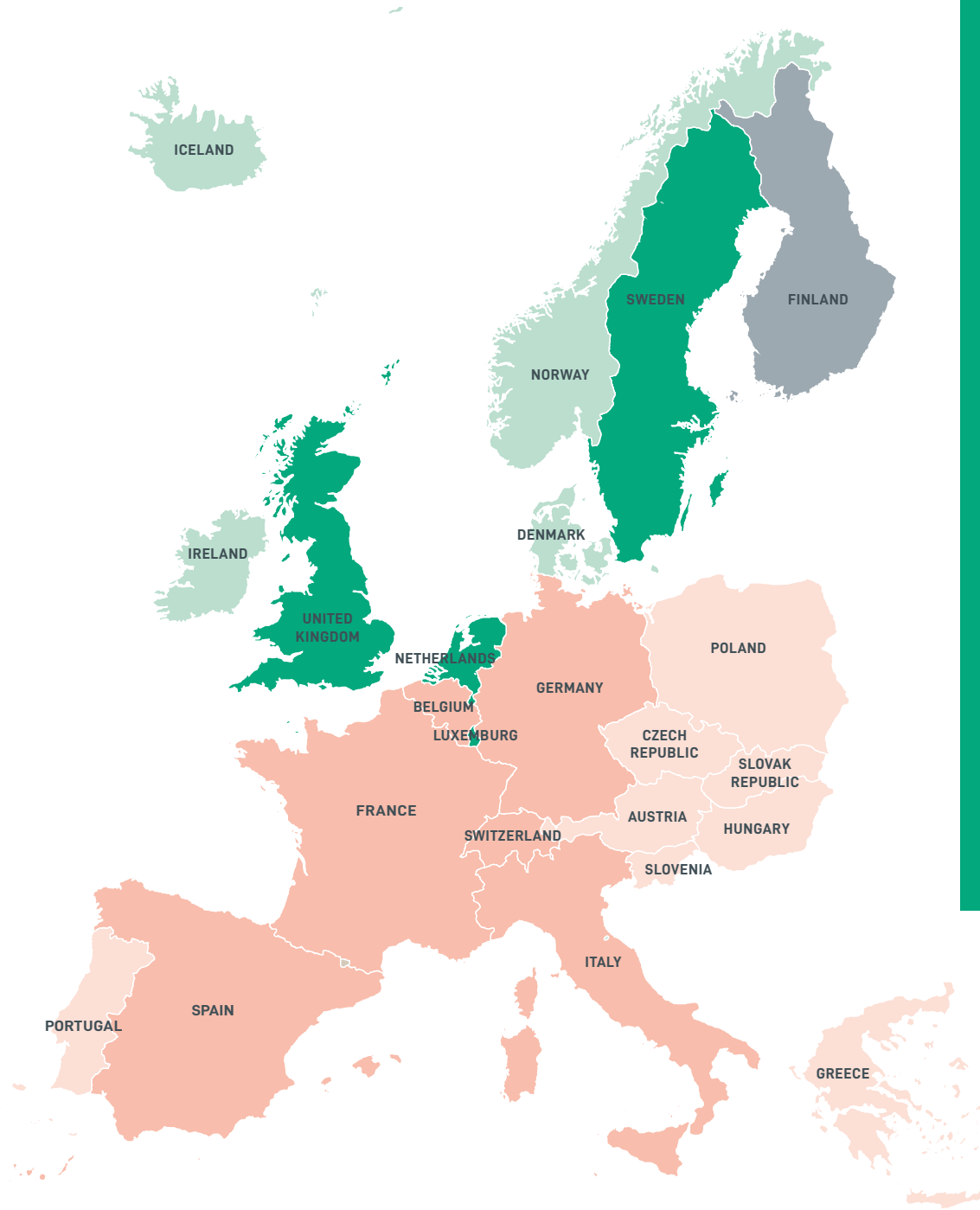
Netherlands	4.93%
Luxembourg	4.24%
Sweden	4.18%
United Kingdom	4.16%
Iceland	3.87%
Denmark	3.61%
Ireland	3.58%
Norway	3.45%
Finland	2.25%
Switerland	1.83%
Spain	1.37%
France	1.35%
Italy	1.30%
Germany	1.21%
Belgium	1.20%
Austria	0.78%
Portugal	0.75%
Hungary	0.61%
Czech Rep.	0.37%
Poland	0.33%
Slovak Rep.	0.27%
Slovenia	0.20%
Greece	0.02%

> 4%

3 – 4%

1 – 2%

0 – 1%



COMPARISON OF 2019 EU CONTRIBUTIONS TO SRHR, FP AND RMNCH

TOTAL EUROPEAN UNION (EU) INSTITUTIONS* AND MEMBER STATE DISBURSEMENTS TO SRHR, FP AND RMNCH COMPARED TO TOTAL ODA SPENDING.

*EU Institutions disbursements refers to all disbursements made through EU funding instruments financed by the central EU budget

ODA from the EU Institutions and EU Member States that are part of the OECD DAC represented more than half of all ODA disbursed by all OECD DAC members in 2019. Of their total combined ODA spending, 2.19% went to SRHR, 0.75% to FP, and 4.17% to RMNCH. These amounts are more or less the same as in 2018. While jointly the largest ODA donors, the EU Institutions and EU Member States are smaller actors when it comes to supporting SRHR. Jointly they accounted for only 38.3% of all donors' SRHR disbursements in 2019. In particular in comparison to the high SRHR disbursements by the US, both in absolute and relative terms, the EU is far from being an SRHR champion. The setbacks to the global SRHR agenda experienced during the COVID-19 pandemic add to the urgency of substantial increases by European donors, far beyond the modest volume increases registered.

ODA
Official Development Assistance

$ 112,049 M

SRHR Sexual and Reproductive Health and Rights

$ 2,457 M
2.19 %

FP
Family Planning

$ 837 M
0.75 %

RMNCH Reproductive, Maternal, Newborn and Child Health

$ 4,675 M
4.17 %

SRHR SPENDING IN 2019

SRHR total disbursements in 2019 compared to 2017
(in 2018 constant prices)

Between 2017 and 2019 some countries increased their SRHR disbursements, while others decreased the amount spent on SRHR. The UK, Canada, Germany, Italy, and Norway show the biggest increase. The US, the EU Institutions, Japan, Australia, and Belgium on the other hand show the largest decrease of total SRHR disbursements between 2017 and 2019. It is important to note, however, that US data might change as it is still being updated.

GREATEST INCREASES IN DISBURSEMENTS

1	UK	**+ $41.32 M**
2	CANADA	**+ $39.39 M**
3	GERMANY	**+ $25.44 M**
4	ITALY	**+ $23.20 M**
5	NORWAY	**+ $19.74 M**

GREATEST DECREASES IN DISBURSEMENTS

1	US	**- $1,353.85 M**
2	EU INSTITUTIONS	**- $71.93 M**
3	JAPAN	**- $27.61 M**
4	AUSTRALIA	**- $25.25 M**
5	BELGIUM	**- $19.38 M**

2019 POLITICAL SITUATION

At the time of writing, the global context for SRHR is greatly impacted by the COVID-19 pandemic and also by the UK Government's decision to cut funding to ODA in 2021 from 0.7% to 0.5% with immediate effect. This includes 85% cuts to the United Nations Population Fund (UNFPA) Supplies Partnership and significant cuts to flagship SRHR programmes.

However, such impacts will not yet be reflected in this report's findings, as the data in the Creditor Reporting System (CRS) is typically reported and published with a two-year time lag. So while the publishing year of this report is 2021, the data in the report is from 2019 and thus it is important to consider the political backdrop in 2019.

2019 was a mixed bag for SRHR. On one hand, the Nairobi Summit to mark 25 years since the landmark International Conference on Population and Development (ICPD) offered global momentum to escalate efforts towards universal access to SRHR. Donors including Austria, Denmark, Finland, Germany, Iceland, Italy, the Netherlands, Norway, Sweden, the UK, and the European Commission, made significant financial commitments amounting to around 1 billion USD in support. It is not clear, however, how well these commitments will be fulfilled given competing priorities such as those related to the impact of COVID-19.

On the other hand, despite a global increase of ODA in 2019 and the substantial benefits of investing in SRHR, SRHR remained a politicised topic in many countries. Anti-gender advocacy organisations were active worldwide, across the US and Europe, as well as in many low- and middle-income countries, including in Africa, Latin America, and the Caribbean. There was also substantial money behind them. Since 2009, annual anti-gender spending in Europe has increased fourfold to reach 96 million USD in 2018. In total, 707.2 million USD of anti-gender funding originated from organisations in the US, the Russian Federation, and Europe over the 2009–2018 period.

In the US, the Mexico City Policy, also known as the Global Gag Rule, was further expanded in 2019 with application to the activities of sub-recipients of complying organisations. It is however important to note that whereas the Global Gag Rule affects which organisations can get funding, it does not affect (reduce) the amount of funding allocated to SRHR by Congress. The Trump administration took a strong stand against SRHR at the UN General Assembly High-Level meeting dedicated to Universal Health Coverage in September 2019, a move that was countered by a joint statement of 58 Governments across the world in support of SRHR, gender equality and women's rights. At the time of writing, the harmful Mexico City Policy has been revoked and the decision to resume US funding to UNFPA has been made thanks to the commitment of the new Biden administration. Despite the position of the Trump administration, the US remained by far the largest SRHR funder.

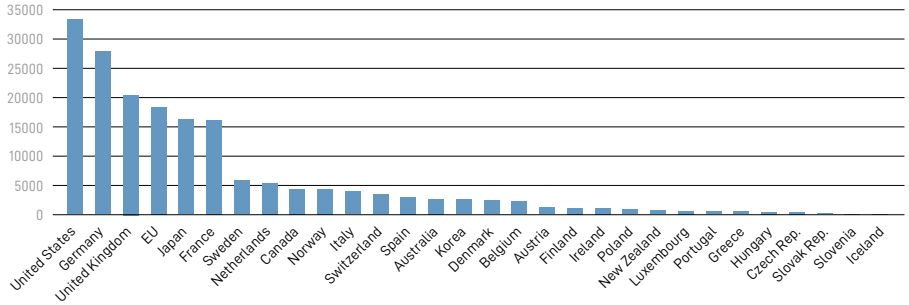
With conservatism on the rise and so many women and girls still being denied their most fundamental rights around the world, **SRHR must be a priority for nations and donors worldwide. Political will is crucial, as is funding. ODA is one of the critical tools we need to allocate global financial and human resources for FP and maternal health in every country.**

ODA

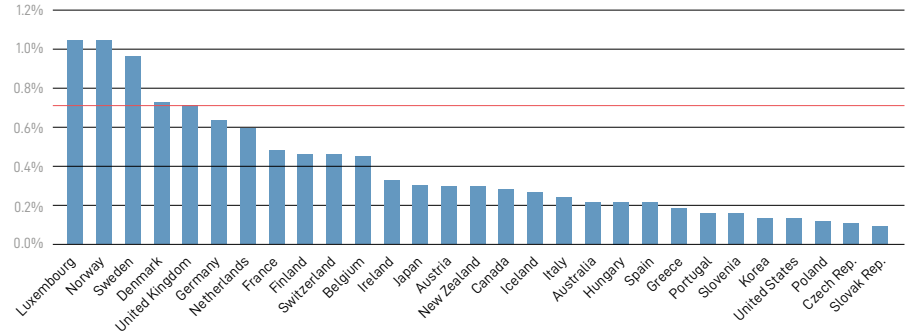
The total ODA disbursements by DAC donors slightly decreased in 2019 compared to 2018 (from 184.8 billion USD to 182.9 billion USD). This is a continuation of the decrease that started in 2017. Similar to 2018, five countries - Denmark, Luxembourg, Norway, Sweden, and the UK - reached the long-pledged commitment to allocate 0.7% of their GNI to ODA.

As in 2018, the collective ODA (reported under the OECD DAC) from the EU Institutions and those Member States that are members of the OECD DAC outweighs the ODA from all other OECD DAC donors. As a result, European ODA represented around 60% of the total global development assistance by all OECD DAC donors. As the UK left the EU in January 2020, the EU's share of ODA is expected to drop in the coming years.

2019 ODA Disbursements in million USD constant prices



2019 ODA Disbursements as a percentage of GNI

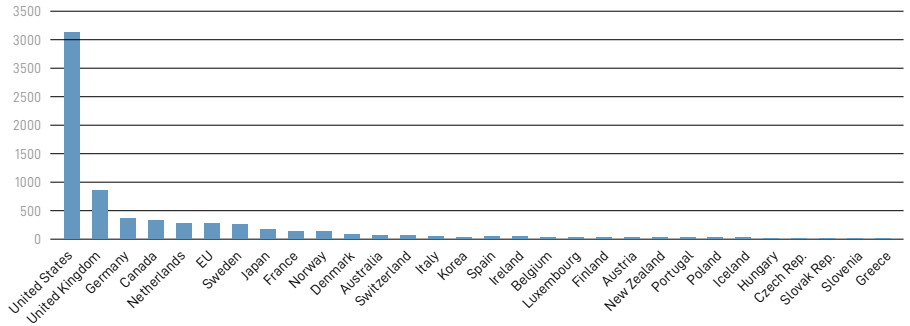


SRHR DISBURSEMENTS

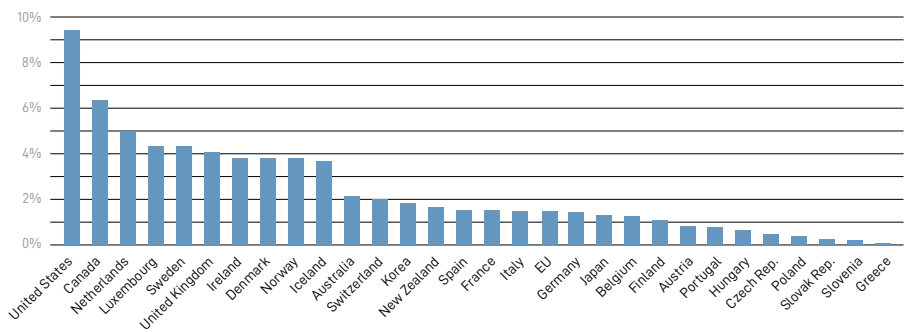
The overall amount disbursed to SRHR by OECD DAC donors decreased between 2017 and 2019 (from 7.73 billion USD to 6.41 billion USD). This decrease can partially be explained by what appears to be a strong decrease (more than 1 billion USD) in US SRHR disbursements - this data might however be updated. The US nevertheless clearly remained the lead donor, followed by the UK, Germany, Canada, and the Netherlands.

When it comes to SRHR disbursements as a percentage of ODA, the US, Canada and the Netherlands remain part of the top five. However, smaller donors such as Luxembourg, Iceland and Ireland outranked Germany, the EU Institutions, Japan and France. The latter countries were in the upper half when taking into account gross disbursements to SRHR (respectively 3rd, 6th, 8th and 9th place), however they scored poorly when amounts disbursed are compared to ODA (respectively 20th, 18th, 22nd and 17th place).

2019 SRHR Disbursements in million USD constant prices



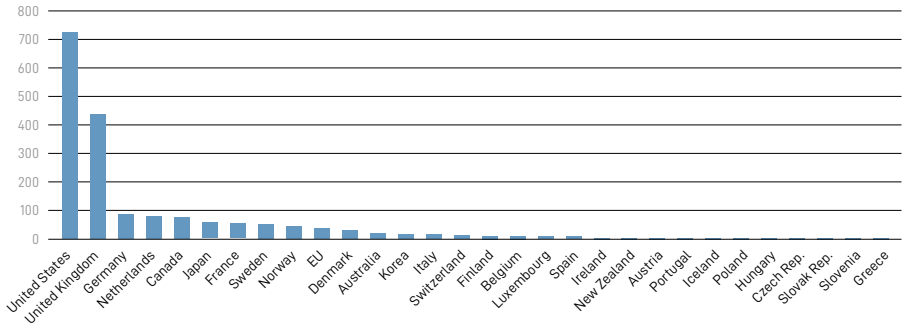
2019 Disbursements to SRHR as a percentage of ODA



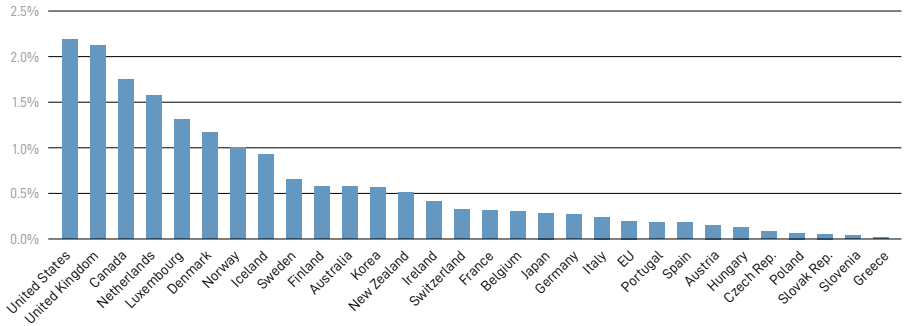
FP DISBURSEMENTS

In 2019, the total volume of FP disbursements from the 30 OECD DAC donors was close to 1.8 billion USD. A 10% decrease compared to 2018, which might be principally due to the previously mentioned reporting issue around US data that might still be updated. Still, the US and the UK had by far the largest disbursements to FP. This also holds true when looking at FP disbursements as a percentage of ODA, although the gap with other donors such as Canada, the Netherlands and Luxembourg becomes significantly smaller. While in 2016, Luxembourg still had the largest share of its ODA dedicated to FP (2.65%), it moved to 5th place in 2019. Similar to Luxembourg, some other small donors such as Iceland and Finland also scored very well when looking at FP disbursements as a share of ODA. In particular, Iceland's FP disbursements have significantly increased - quadrupled since 2017. The opposite holds true for Germany, France, and the EU institutions, who ranked in the top 10 when looking at total FP disbursements, but moved to the lower half of the ladder when looking at FP disbursements as a percentage of ODA.

2019 FP Disbursements in million USD constant prices



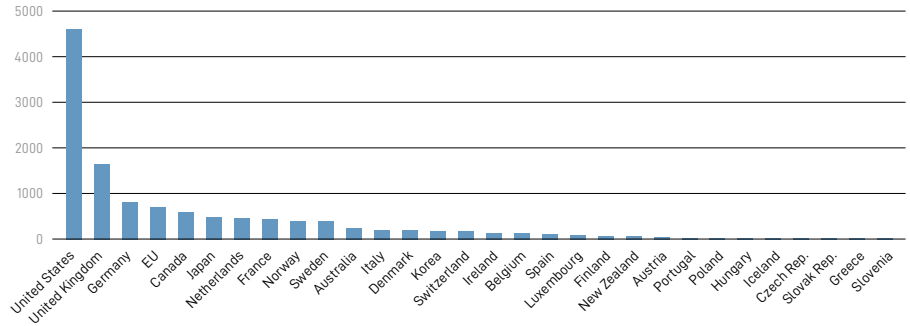
2019 FP Disbursements as a percentage of GNI



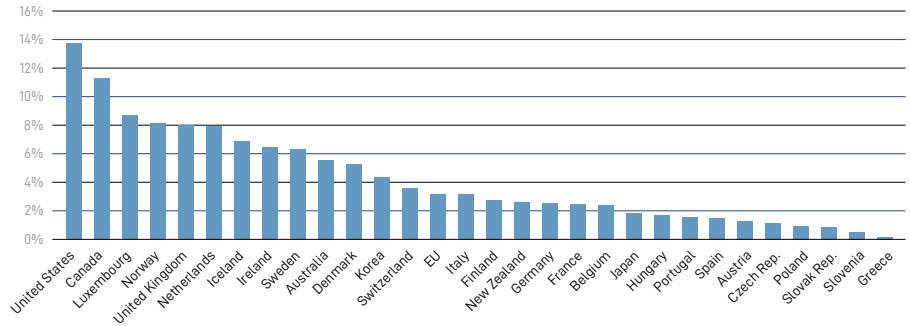
RMNCH DISBURSEMENTS

The total volume of RMNCH disbursements from the 30 DAC donors for 2019 was 11.0 billion USD, which is considerably lower than the 12.2 billion USD total in 2018. This might however be largely due to the decline in US funding which might be linked to US data still being updated. The US remained by far the biggest donor, amounting to around 41% of the total disbursements for RMNCH, which is again lower than the 46% in the previous year. The US is followed by the UK, Germany, the EU Institutions and Canada to complete the top five. While the US still remained the top donor when looking at RMNCH disbursements as a percentage of ODA, some of the other top donors, including Germany, the EU Institutions, Japan and France moved to the lower half of the ranking. Smaller donors, including Luxembourg, Ireland and Denmark, moved up in the ranking with a much larger share of their ODA dedicated to RMNCH. This again holds especially true for Iceland, which moved from the bottom five to the top seven. Donors such as Canada, Norway, the Netherlands and the UK disbursed a considerable amount to RMNCH, both as total disbursement and as a percentage of ODA.

2019 RMNCH Disbursements in million USD constant prices



2019 Disbursements to RMNCH as a percentage of ODA



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METHODOLOGY

METHODOLOGY

The first edition of the annual Donors Delivering Report was published in 2020 and introduced a new methodology. The basis for this new SRHR tracking methodology is the Muskoka 2 methodology, developed by the LSHTM. Via the Muskoka 2 methodology, it is possible to track funds specifically to RMNCH as well as towards its sub-components, individually. In this dis-aggregation, RH refers to reproductive health of non-pregnant women, MNH to health of pregnant and postpartum women and of babies under one month old, and CH to health of children aged one month to five years.

The Muskoka 2 methodology estimates the value of RMNCH, RH, MNH and CH by applying imputed percentages for 25 OECD - DAC purpose codes (health and population sectors (120/130); water and sanitation sector (140); humanitarian sector (720, 730, 740) and general budget support (51010)). A percentage of the value of each disbursement in the CRS data is allocated towards RMNCH and additionally also to RH, MNH and CH (See annex 1). The sum of all this provides an estimate of a donor's ODA benefitting RMNCH and its three components.

The Muskoka 2 methodology is applied to all OECD DAC donors as if they were following this method to allow for comparison. Additional data is needed to estimate the ODA going to SRR. The CRS codes that could include SRR projects were identified in line with the 2018 Guttmacher-Lancet SRHR report and the International Conference on Population and Development (ICPD). In a next step, all projects in the period 2013 – 2017 under these codes were analysed. Whenever the project was considered SRR-related, the full or partial amount was counted. The weight of SRR projects for a specific CRS code was calculated based on the total amount spent on SRR under this code versus the total ODA under this code. To avoid double counting, only CRS codes that are not considered in Muskoka 2 are taken into account.

This new methodology thus tracks ODA to SRHR by combining a donor's ODA for RH and MNH (according to Muskoka 2) and SRR (new methodology).

Under this methodology, the percentages for core contributions to multilaterals are not fixed and can vary every year. The proportion of core contributions to each multilateral that benefit SRHR, FP and RMNCH are calculated as the proportion of all disbursements from the multilateral that benefit SRHR, FP and RMNCH each year. For example, 21.1% of the value of disbursements from the Global Fund in 2019 were considered to support SRHR, according to the updated SRHR tracking methodology; thus 21.1% of each bilateral donor's core contributions to the Global Fund in 2019 were counted towards that bilateral donor's SRHR contribution. The only exceptions are the RMNCH contributions for GAVI, UNFPA and UNICEF

Muskoka 2
RH + MNH

+

Tracking method for ODA allocation to SRR

for which the Muskoka 2 methodology foresees fixed percentages. Furthermore, it was decided to only include the multi-lateral organisations that contribute more than 5% of their disbursements to RMNCH according to the calculations of the LSHTM.

Donors' disbursements to FP were analysed using a methodology developed at the FP2020 Summit in 2012. This methodology uses part of the Muskoka OECD CRS codes and multilateral organisations and assigns different percentages to them (see table below).

In this Donors Delivering report, only disbursements are assessed. Disburse-ments represent the actual payments of the committed funds, or the provision of goods or services, to a recipient. Disburse-ments cannot be construed as representing the payments of funds fully committed by donors at a specific point in time.

The key feature that distinguishes the Donors Delivering report from other methodologies is its innovative tracking of support to SRR. There have been various important initiatives to measure donors' financial contributions to RMNCH and FP, most of which rely on the OECD DAC CRS database. Some follow pre-defined imputed percentages to CRS codes, the purpose of which is to safeguard or improve RMNCH (such as the Muskoka methodology), others attribute weights according to project keywords (such as the Institute for Health Metrics and Evaluation), and others work directly with donors to assess their FP disbursements in the OECD DAC CRS data (Kaiser Family Foundation (KFF)).

Examples of additional relevant approaches include the annual trend analysis of European donor support to SRH/ FP, from the Countdown 2030 Europe consortium, that aligns with donors' national reporting and coding systems, plus the OECD RMNCH policy marker, which is based on donors' scoring of individual CRS projects. Since 2012 KFF and FP2020 have used a consistent OECD DAC method and process of working with donors to clarify and confirm data in order to track trends in donor government funding for FP. There are other tracking initiatives that do refer to the full SRHR agenda – cases in point are the Partnership for Maternal, Newborn, and Child Health report and the Donor Tracker reports -, which rely on the sector code 130, 'Population Policies/ Programmes & Reproductive Health' only, but exclude other purpose codes that support bodily autonomy and decision-making.

All these initiatives have their own added value, focusing on tracking access to health services. The Donors Delivering methodology thus adds the feature of including financial contributions to SRR, based on predefined percentages of non-health related CRS codes, allowing for cross-country comparability.

2 | Antonia Dingle, Marco Schäferhoff, Josephine Borghi, Miriam Lewis Sabin, Leonardo Arregoces, Melisa Martinez-Alvarez, Catherine Pitt (2020). Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002–17. Lancet Global Health
3 | Catherine Pitt, Christopher Grollman, Melisa Martínez-Álvarez, Leonardo Arregoces, Joy E Lawn, Josephine Borghi (2017). Countdown to 2015: an analysis of donor funding for prenatal and neonatal health, 2003–2013. BMJ Global Health.

SELECTED PERCENTAGES PER OECD DAC CRS CODE UNDER THE MUSKOKA 2 METHODOLOGY AND FP METHODOLOGY

	Bilateral DAC purpose codes	RMNCH	RH	MNH	SRR	SRHR	FP
11230	Basic life skills for youth and adults	0%	0%	0%	2%	2.00%	0,00%
15150	Democratic participation and civil society	0%	0%	0%	1%	1.00%	0,00%
15160	Human Rights	0%	0%	0%	7%	7.00%	0,00%
15170	Women's equality organisations and institutions	0%	0%	0%	17%	17.00%	0,00%
15180	Ending violence against women and girls	0%	0%	0%	41%	41.00%	0,00%
16064	Social mitigation of HIV & AIDS	0%	0%	0%	9%	9.00%	0,00%
12110	Health policy & administrative management	40%	1.90%	13,50%	0%	15.40%	5,00%
12181	Medical education/training	40%	1.00%	15,10%	0%	16.10%	5,00%
12182	Medical Research	0%	0%	0%	0%	0.00%	0,00%
12191	Medical services	40%	1.80%	15.70%	0%	17.50%	5,00%
12220	Basic health care	40%	0.60%	9.40%	0%	10.00%	5,00%
12230	Basic health infrastructure	40%	0.70%	12.90%	0%	13.60%	5,00%
12240	Basic nutrition	100%	0.50%	37.90%	0%	38.40%	0,00%
12250	Infectious disease control	40%	0.50%	1.50%	0%	2.00%	0.00%
12261	Health education	40%	6.20%	11.00%	0%	17.20%	5,00%
12262	Malaria control	varies*	0,00%	15,00%	0%	15,00%	0,00%
12263	Tuberculosis control	varies*	0,00%	0,00%	0%	0,00%	0,00%
12281	Health personnel development	40%	0,60%	16,40%	0%	17,00%	5,00%
13010	Population policy and administrative management	40%	23,40%	12,00%	0%	35,40%	5,00%
13020	Reproductive health care	100%	15.80%	58.90%	0%	74.70%	20.00%
13030	Family planning	100%	97.30%	2.00%	0%	99.30%	100.00%
13040	Std control including HIV & AIDS	varies*	varies*	0.00%	0%	0.00%	3.00%
13081	Personnel development for population & reproductive health	100%	14.50%	70.10%	0%	84.60%	5.00%
14030	Basic drinking water supply and basic sanitation	15%	0.00%	0.00%	0%	0.00%	0.00%
14031	Basic drinking water supply	15%	0.00%	0.00%	0%	0.00%	0.00%
14032	Basic sanitation	15%	0.00%	0.00%	0%	0.00%	0.00%
51010	General budget support-related aid	varies*	varies*	0.00%	0%	0.00%	0.50%
72010	Material Relief assistance and services	4.40%	0.10%	0.90%	0%	1.00%	0.00%
72040	Emergency Food Aid	1.90%	0.00%	0.60%	0%	0.60%	0.00%
72050	Relief coordination; protection and support services	2.10%	0.10%	0.50%	0%	0.60%	0.00%
73010	Reconstruction relief and rehabilitation	1.40%	0.00%	0.40%	0%	0.40%	0.00%
74010	Disaster prevention and preparedness	1.50%	0.00%	0.40%	0%	0.40%	0.00%

	2017			2018			2019		
Multilateral Agency/Initiative	RMNCH	SRHR	FP	RMNCH	SRHR	FP	RMNCH	SRHR	FP
GAVI	91.00%	2.00%	0.00%	91.00%	**2.00%**	0.00%	91.00%	2.00%	0.00%
Global Fund to Fight Aids, TB and Malaria	39.90%	23.46%	5.00%	39.90%	22.10%	5.00%	38.15%	22.10%	5.00%
IDA	5.90%	2.49%	1.00%	5.90%	2.70%	1.00%	4.76%	2.10%	1.00%
UNFPA	49.00%	51.59%	20.00%	49.00%	52.57%	20.00%	49.00%	52.20%	20.00%
UNICEF	15.00%	4.24%	0.00%	15.00%	4.52%	0.00%	15.00%	4.42%	0.00%
UNAIDS	34.10%	36.50%	0.00%	34.10%	40.49%	0.00%	5.04%	13.07%	0.00%
UNRWA	7.00%	1.74%	0.00%	7.00%	1.58%	0.00%	6.06%	1.51%	0.00%
World Food Programme	5.90%	2.53%	0.00%	5.90%	1.36%	0.00%	2.21%	0.75%	0.00%
World Health Organisation	37.90%	16.63%	5.00%	37.90%	16.26%	5.00%	31.25%	14.64%	5.00%
Asian Development Bank	1.60%	0.23%	0.00%	1.60%	0.64%	0.00%	1.85%	0.30%	0.00%
African Development Fund	0.30%	0.17%	0.00%	0.30%	0.23%	0.00%	0.43%	0.22%	0.00%

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DONOR PROFILES

HOW DO THE DONOR PROFILES WORK?

DONOR'S POLITICAL PROFILE
Brief description of a donor's policies that are relevant for RMNCH, SRHR and FP, and interesting funding trends that come out of our analysis.

2019 DISBURSEMENTS Overview of disbursements between 2017 and 2019.

HOW MUCH MONEY DID THE DONOR DISBURSE TO SRHR, FP AND RMNCH FROM 2017 – 2019
The graph shows the total volume of the donor's disbursements to SRHR, FP and RMNCH from 2017 – 2019. RMNCH and SRHR are collected based on the Muskoka 2 methodology and the additional SRHR tracking method. For FP, the FP2030 methodology is used.

HOW MUCH DID THE DONOR PRIORITISE SRHR, FP AND RMNCH IN THEIR ODA BETWEEN 2017 AND 2019?
The graph provides a historical overview of the donor's disbursements as percentages of ODA towards SRHR, FP and RMNCH, as reported against the Muskoka 2 methodology, the updated SRHR methodology and the FP2020 methodology.

THE CURRENCY
All development finance statistics are measured here in constant prices with reference to the year 2018, as per OECD DAC. This allows for a closer idea of volume of flows over time, as adjustments have been made to cover inflation and exchange rates between the donor's currency and USD.

DUPLICATION
The DAC CRS codes to track funding to SRHR, FP and RMNCH overlap. Adding the outcomes of a donor's funding to SRHR, FP and RMNCH together will therefore lead to a duplication of results, and should be avoided. Rather SRHR, FP and RMNCH should be seen as three different issues that provide different overlapping pictures.

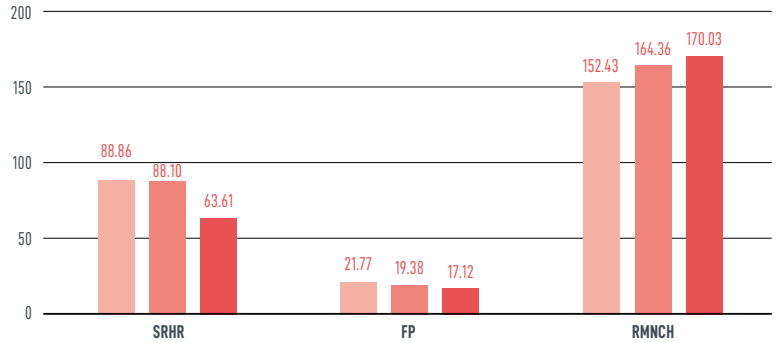
N.B. Each donor profile graph uses a tailored scale according to the donor's results and cannot be compared.

AUSTRALIA

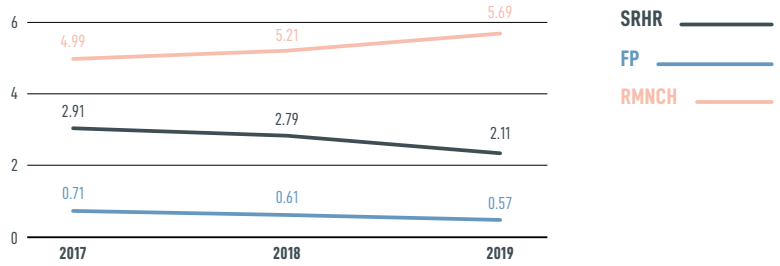
Australia prioritises global health in its development aid and released a Health for Development Strategy 2015-2020, that includes clear commitments to investment in MNCH and FP. The development of a new international development policy was paused as a result of the government's focus on the domestic and international response to COVID-19. Australia's latest development policy, 'Partnerships for Recovery: Australia's COVID-19 Development Response', launched in May 2020, is oriented towards COVID-19 response and recovery efforts, and includes sexual and reproductive health (and FP) under the priority area 'health security'.

Despite political commitments, a declining trend in Australia's funding for SRHR and FP has been ongoing since 2017, both in absolute terms, as well as a share of ODA. Australia's disbursements to RMNCH, on the other hand, saw a significant increase from 2017 to 2019.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



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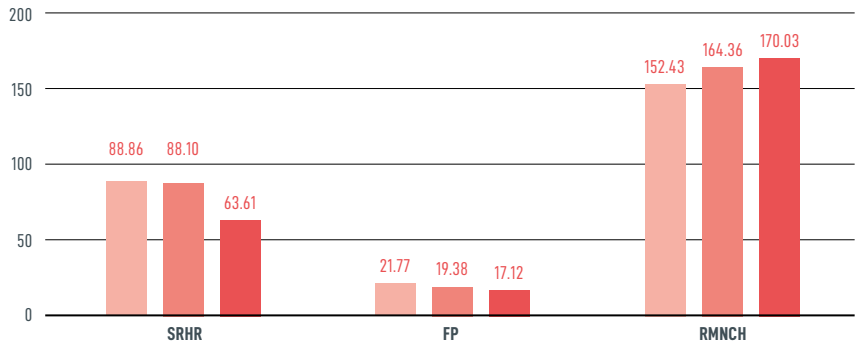

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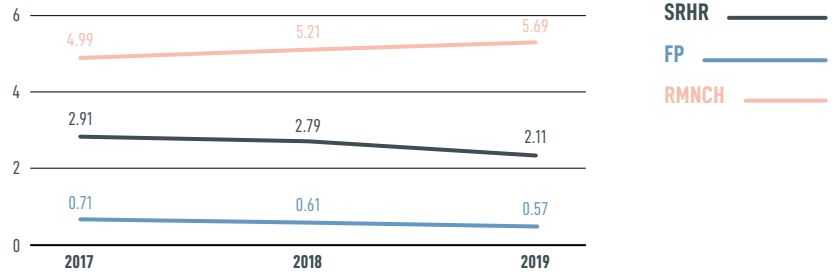


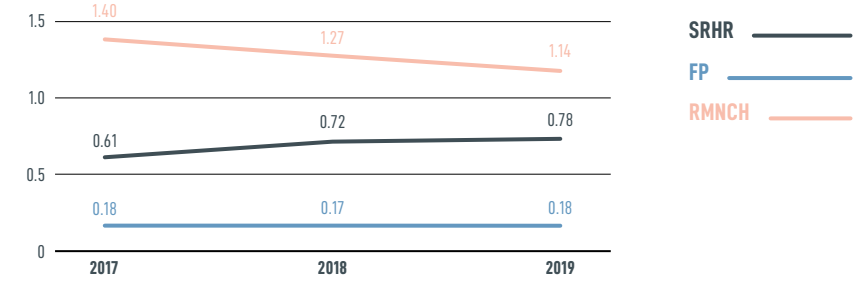
AUSTRIA

Austria listed access to health, including SRHR, as a major field of activity in its Three-Year Programme on Austrian Development Policy 2019 – 2021, where the promotion of SRHR and FP is mentioned as a central instrument to achieve health for all. In the 2019 – 2021 programme, gender equality is included as a cross-cutting issue and this includes amongst others combating sexual and gender-based violence as well as female genital mutilation.

Austria's RMNCH disbursements decreased quite substantially from 2017 to 2019 while for SRHR an opposite trend took place. When taking into account the disbursements as a percentage of ODA, we see an increase for SRHR over the three years. FP disbursements remained fairly stable.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019

Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

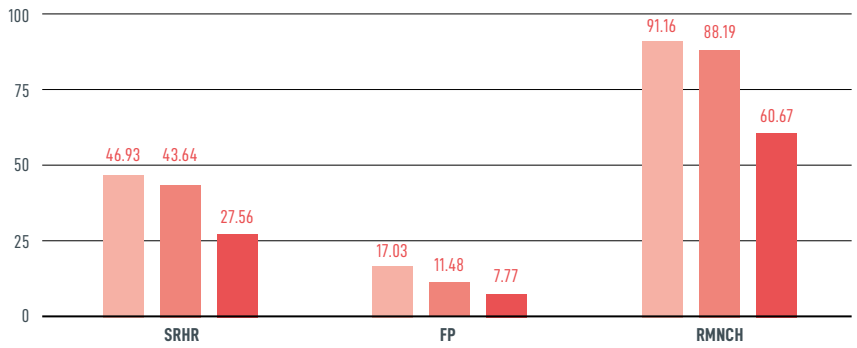


BELGIUM

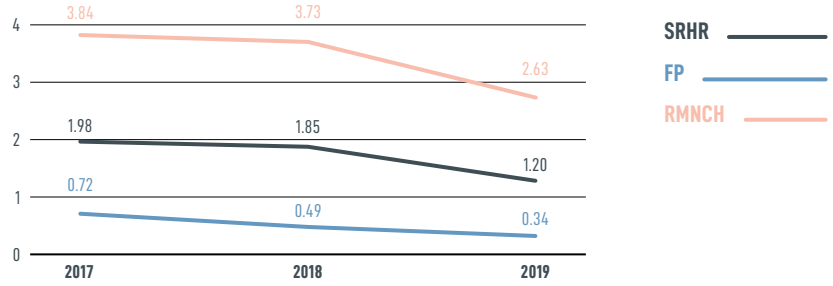
In its 2013 federal law on development cooperation, Belgium stressed the importance of SRHR for sustainable development and prioritised RH in its bilateral cooperation. SRHR was also a priority in operational policy documents on health and gender in development. In light of the COVID-19 pandemic, Belgium published a response to the challenges faced in partner countries and partner organisations of Belgian development cooperation and humanitarian aid. This report recognised the lower level of access for women to SRHR services and the higher risk of gender-based violence. SRHR interventions are expected to remain central to Belgian's development cooperation, including throughout the COVID-19 pandemic.

Despite these political commitments, Belgium's disbursements on SRHR, FP and RMNCH (both in total amounts and as a percentage of total ODA) decreased from 2017 to 2019, yet they stand to increase for 2020 and 2021 with the roll out of the She Decides-bilateral programmes.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



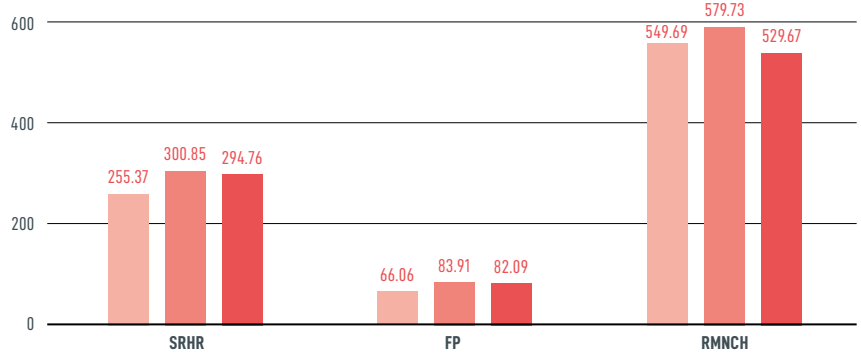
CANADA

In 2017, Canada adopted a feminist international assistance policy, which focuses on empowering women and girls and promoting gender equality. In addition, it commits to supporting its SRHR work with an investment of 650 million USD over three years. Canada's global health policy lists SRHR and health of women and children, including increased access to a full range of health services, such as FP; comprehensive sexuality education; and safe and legal abortion, as key areas of action.

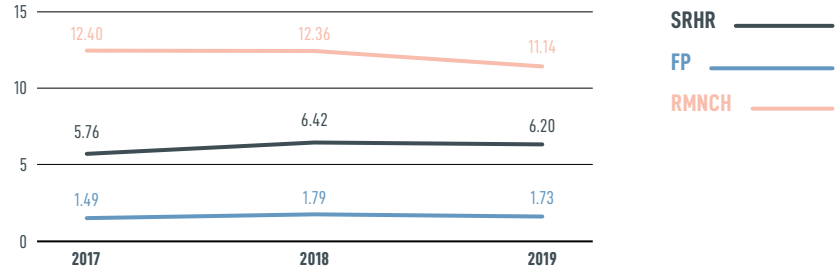
These commitments were strengthened at the Women Deliver Conference in Vancouver in July 2019 and at the Nairobi Summit in November 2019, where Canada committed to increasing support for women, adolescents and children's health to an average of 1.4 billion USD annually by 2023, with an average of 700 million USD committed to SRHR annually.

Canada's funding for SRHR and FP increased between 2017 and 2019, with a peak in 2018, both in terms of total disbursements and as percentage of ODA. RMNCH disbursements stayed stable in 2018 to then fall below 2017 funding levels in 2019.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

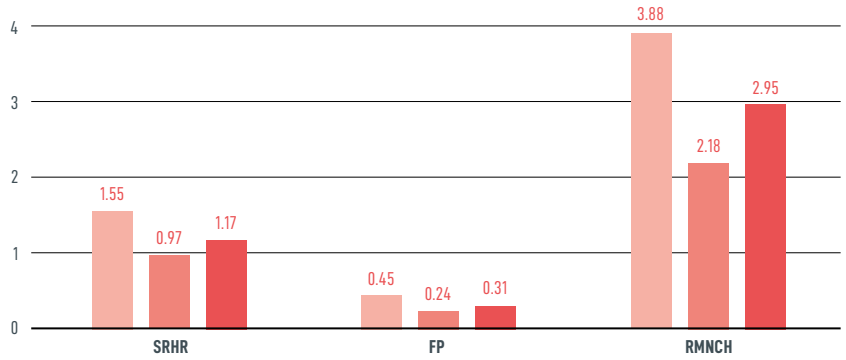


CZECH REPUBLIC

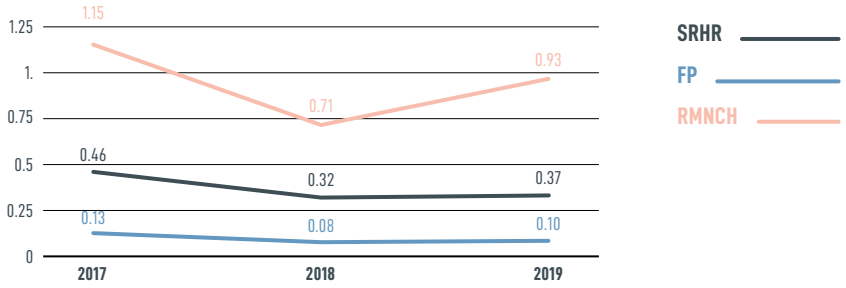
Social development, including education, health care and support for social inclusion, is one of the priorities of the Czech development aid policy for 2018 - 2030. Respect for human rights, including gender equality and empowerment of women and girls are considered as cross-cutting issues. However, the strategy does not specifically refer to SRHR, FP or RMNCH. Czech bilateral aid focuses on Balkan and Eastern European countries, in addition to the Global South. The priority countries are Bosnia and Herzegovina, Cambodia, Ethiopia, Georgia, Moldova, and Zambia.

Already rather low, Czech disbursements to SRHR, FP and RMNCH significantly decreased from 2017 to 2018. While there was a slight increase for all disbursements in 2019, they did not mirror 2017 figures.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

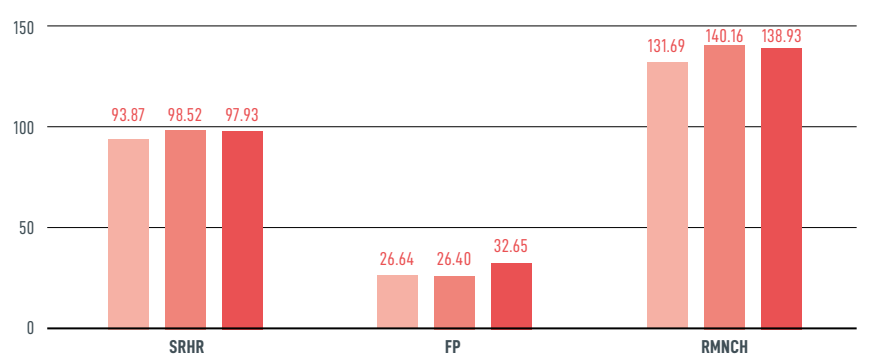


DENMARK

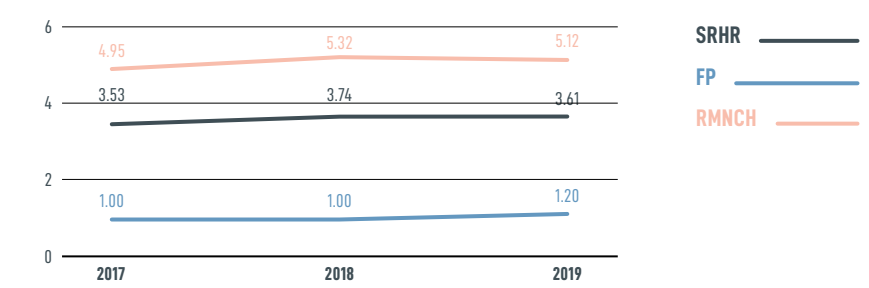
In its 2017 Development Cooperation Strategy 'The World in 2030', Denmark continued to stress the importance of SRHR and gender equality as main priorities. This focus builds on Denmark's long standing status as an SRHR champion. Denmark is one of the co-founders of 'AmplifyChange' and continues to support this fund. In addition, Denmark was also one of the co-launchers of the SheDecides Initiative in 2017 and co-hosted the ICPD25 Summit in 2019. This focus on SRHR was also confirmed by the overview of the development assistance budget (2020 - 2023 and 2021 - 2024). Denmark clearly foresees contributions to SRHR through multilateral channels, but has also explicitly stated that SRHR is part of a broader development assistance effort, including under bilateral country programmes. Denmark is set to launch a Development and Humanitarian Strategy in 2021, which is expected to maintain its strong focus on SRHR, gender equality and human rights.

Denmark's disbursements to SRHR and RMNCH have slightly increased between 2017 and 2019, with a clear peak in 2018. The FP disbursements on the other hand, remained stable from 2017 to 2018, with a substantial increase in 2019.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

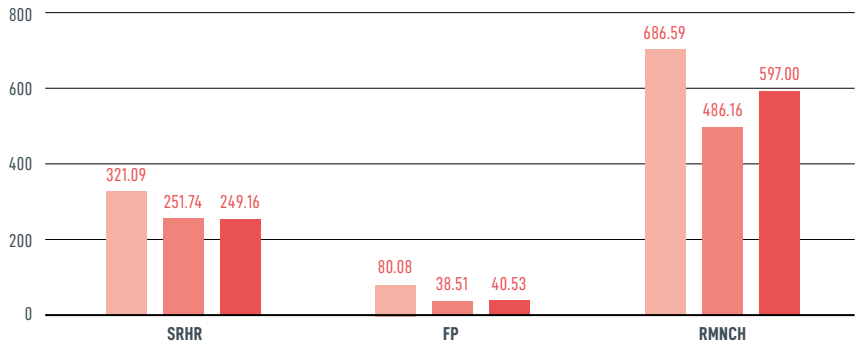


EU INSTITUTIONS

The EU shows a strong political commitment to SRHR in its international cooperation, which is, among others, reflected in the EU Consensus on Development. Also the 2020 adopted Gender Action Plan III recognises SRHR as an essential priority for the achievement of gender equality. At the end of 2020, the EU's seven year Multiannual Financial Framework and the existing funding instruments came to an end. From 2021 onwards, EU development cooperation will be funded by the Neighbourhood, Development and International Cooperation Instrument - Global Europe (NDICI), which includes strong references to SRHR. In addition, the European Commission is set to convene a "Team Europe Initiative" on SRHR in sub-Saharan Africa led by Sweden and other EU member states, that will hopefully complement the NDICI work in the region.

Despite these political commitments, there was a general decrease of SRHR, FP and RMNCH funding from 2017 to 2019, with a clear dip in 2018. From 2018 to 2019, funding for SRHR, FP and RMNCH increased again but it remains below the level of 2017. This is the case for both the total disbursements and for the disbursements as a percentage of ODA.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



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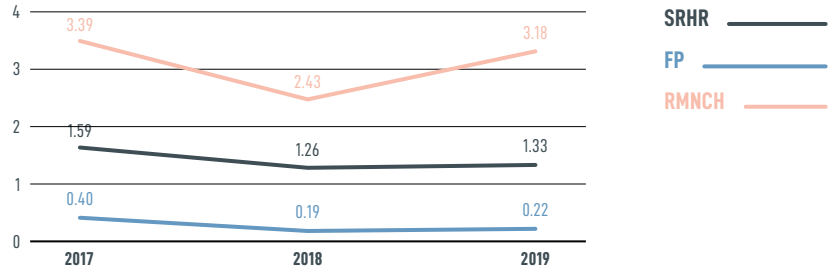


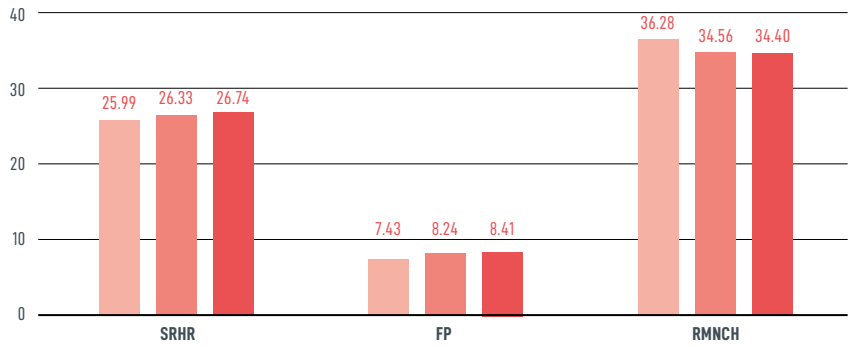
FINLAND

There is strong political and financial commitment to supporting SRHR globally in the Finnish development policy. The 2016 Government Report: 'One World, One Future – Towards Sustainable Development' recognised the rights of women and girls with strong emphasis on SRH/FP as a key priority for its development policy.

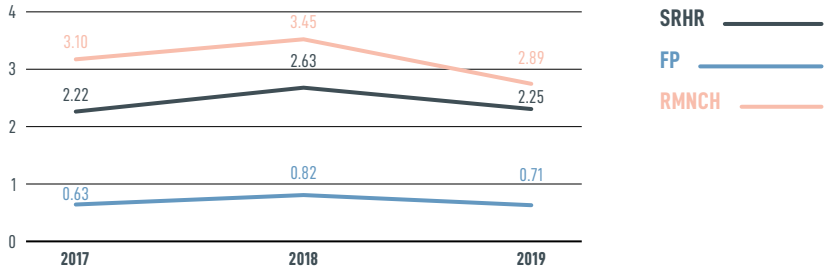
Finland clearly prioritises multilateral channels for its funding on SRHR, FP and RMNCH, with more funding being disbursed via multilateral agencies than bilaterally. UNFPA remains the largest receiver of Finnish funding to UN organisations (excluding the World bank), which indicates that Finland's commitment still lies with SRH/FP related issues. At the Nairobi ICPD25 Summit, Finland committed to significantly increase funding to UNFPA. Also in 2019, Finland released its Humanitarian Policy in which SRHR is one of the key priorities. In 2021 the Government adopted the Report on Development Policy across Parliamentary Terms reaffirming strong commitment to funding UNFPA.

There was a slight increase in Finland's total SRHR, FP and RMNCH disbursements between 2017 and 2019. As a percentage of ODA however, disbursements fell from 2018 to 2019, linked to an increase in total ODA spending.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

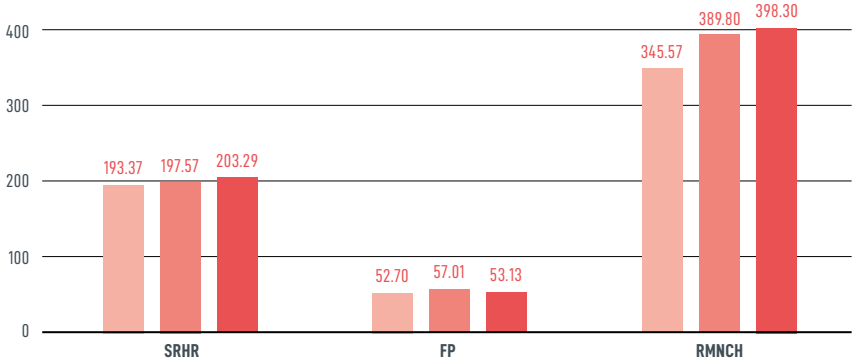


FRANCE

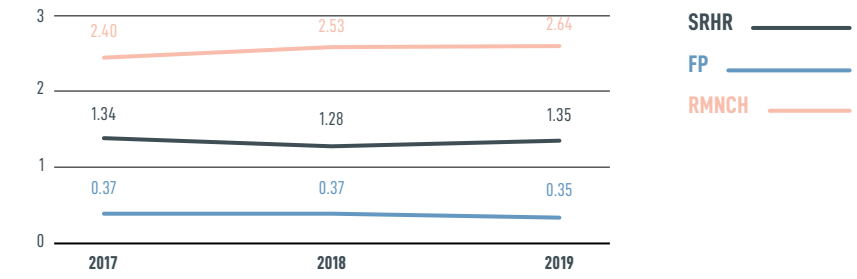
Since 2017, France has made gender equality a priority of its foreign policy. France has taken several key steps to implement its feminist diplomacy, including: a dedicated SRHR strategy in its external action, joining the SheDecides initiative in 2018 and co-funding the Muskoka Initiative (followed by the creation of the Fonds Français Muskoka). In 2020, France launched a support fund of 120 million EUR for feminist organisations in the Global South, with a significant focus on SRHR/FP. In 2021, France announced an additional commitment to SRHR of 20 million EUR annually for 5 years, including 18 million EUR to UNFPA Supplies. Other contributions include the SEMA initiative, the ODAS programme on safe abortion, and the launch of the Partnership Forum on Comprehensive Sexuality Education (UNFPA-UNESCO)

France is the sixth-largest donor country in terms of total ODA disbursements but allocates only 0.4% to FP and 1.3% to SRHR and therefore ranks quite low (16th and 17th respectively) when it comes to prioritising these issues in its ODA. France's FP and SRHR disbursements as a percentage of ODA have remained fairly stable since 2017. While its disbursements as percentage of ODA to RMNCH have increased, they are yet to reach 2016 levels (3% of total ODA).

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

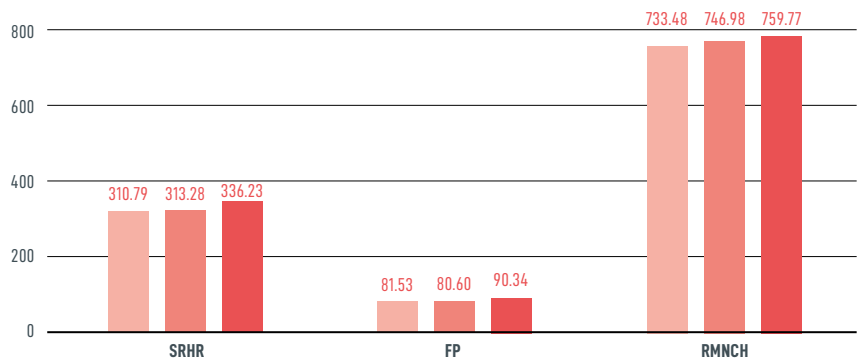


GERMANY

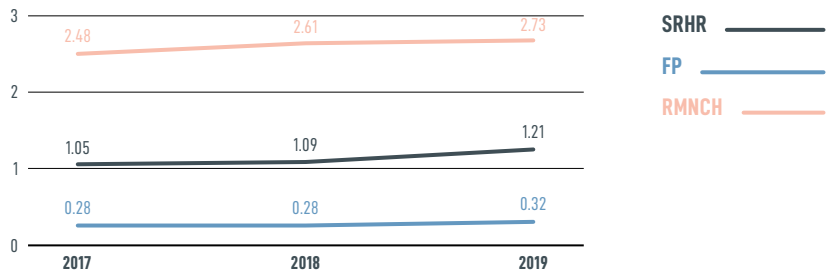
Germany's SRHR policy is well established mainly based on the 2008 policy paper 'Sexual and Reproductive Health and Rights and Population Dynamics'. In 2019, Germany announced that its Rights-Based FP and Maternal Health initiative would be prolonged until 2023 (funding of approximatively 100 million EUR per year since 2011). In 2020, Germany published the 'BMZ 2030 Reform Strategy', which includes an initiative area on population development and FP. As a response to the COVID-19 pandemic, the external cooperation budget for 2020 was significantly increased, and included additional core funding for both UNFPA (+€30 million EUR) and IPPF (+€3 million EUR).

Both Germany's total disbursements for SRHR, FP and RMNCH and disbursements as a percentage of ODA increased from 2017 to 2019. Only Germany's total disbursements to FP slightly decreased between 2017 and 2018. A significant share of Germany's overall disbursements to SRHR, FP and RMNCH comes from core multilateral contributions, namely to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

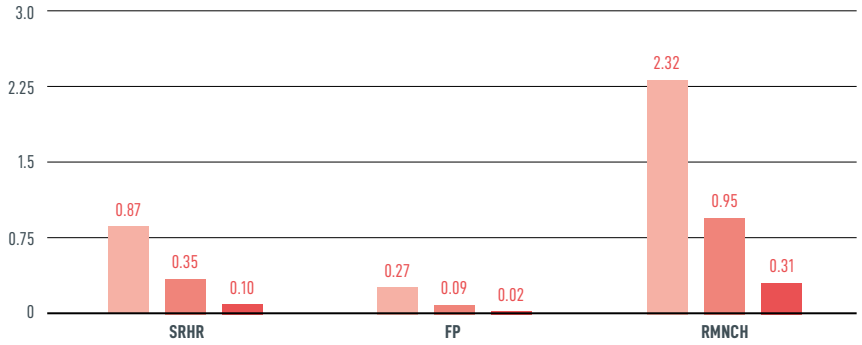


GREECE

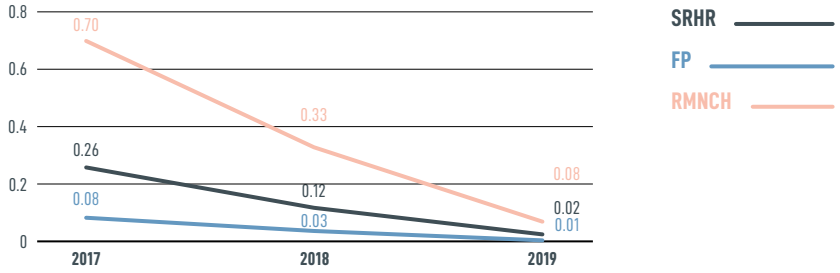
According to the 2019 OECD Development Co-operation Peer Review, Greek development co-operation has traditionally focused on poverty, hunger, health, education and culture, and peace and security. Gender equality and the empowerment of women and girls is considered a cross-cutting priority. There are no specific references to SRHR, FP or RMNCH.

While Greek ODA decreased dramatically between 2017 to 2018, it rose again in 2019 to a slightly higher level than in 2017. This increase is not reflected in Greek funding for SRHR, FP and RMNCH. Both the total disbursements and the disbursements as a percentage of ODA decreased heavily. As a percentage of its ODA, Greece disburses less than any other OECD DAC donor tracked in this report to SRHR, FP and RMNCH.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



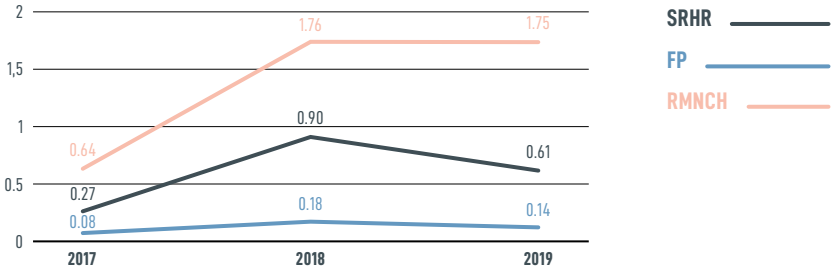
HUNGARY

In its 2014 – 2020 development policy, Hungary listed human development, including health and education, as one of the priority sectors. In addition, improving the situation of women, education and health is considered a priority for sub-Saharan Africa. At the end of 2019, Hungary adopted a new International Development Cooperation Strategy (2020-2025), which strives to address major global challenges in line with the SDGs. Under this new strategy, no specific references to gender or SRHR is made, although health and education are listed as priorities.

From 2017 to 2018, there was a strong increase in the Hungarian disbursements to SRHR, FP and RMNCH (both in total amounts and as a percentage of ODA). RMNCH disbursement continued to slightly increase in 2019, whereas FP support remained stable and SRHR disbursements slightly decreased. FP and RMNCH disbursements as a percentage of ODA remained more or less at the same level in 2019, while the SRHR disbursements as a percentage of ODA decreased again (yet remaining higher than in 2017).

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019

Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

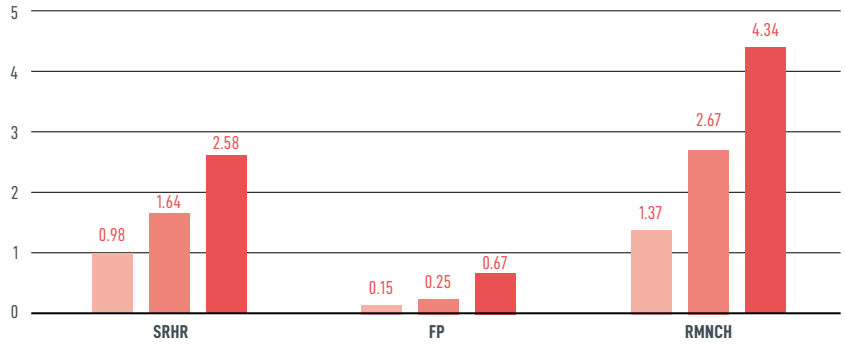


ICELAND

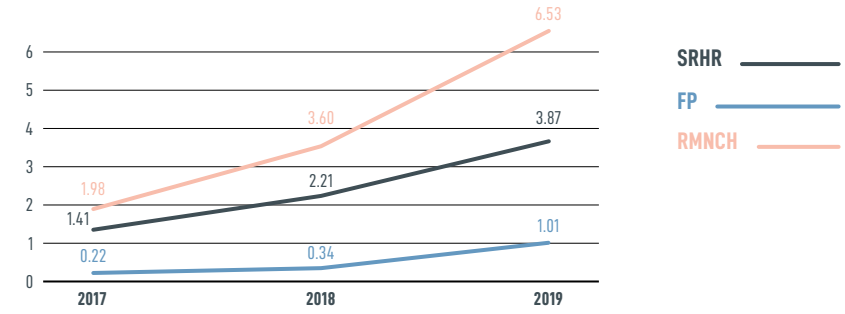
Quality basic health care and decreased maternal and neonatal mortality are considered priorities in Iceland's Policy for International Development Cooperation 2019 – 2023. SRHR is also listed specifically as part of this priority. In addition, gender equality and human rights are recognised as key issues to guide Iceland's international development cooperation. Iceland targets most of its bilateral cooperation towards two partner countries in sub-Saharan Africa: Malawi and Uganda. Furthermore, UNFPA is considered a key partner for Iceland's multilateral cooperation.

Iceland's disbursements to SRHR, FP and RMNCH have increased significantly between 2017 and 2019, both in terms of total amounts and as a percentage of ODA. Iceland's SRHR and RMNCH disbursements have tripled, and disbursement to FP has more than quadrupled.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



IRELAND

In 2019, Ireland adopted its new international development policy 'A Better World', which includes a proactive, rights-based approach to SRH. SRHR is mainstreamed throughout the document, which includes a commitment to a new initiative on SRHR, the incorporation of SRHR into humanitarian programming and a commitment to Universal Health Coverage (UHC).

Ireland's overall ODA level increased year on year from 2017 to 2019. SRHR and FP funding, both as total disbursements and as a percentage of total ODA remained fairly stable, while there was a decrease in RMNCH funding.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019

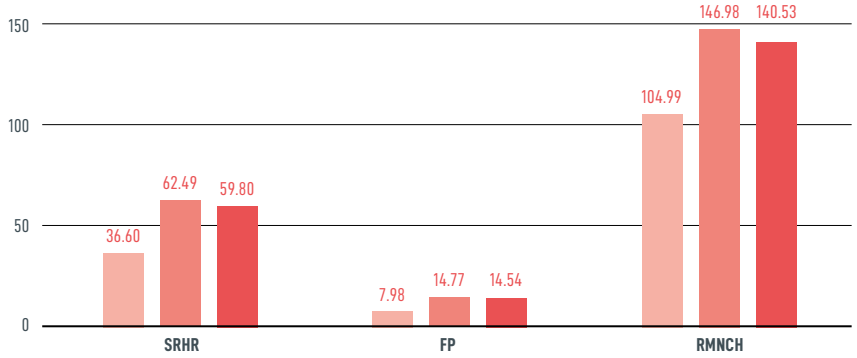
Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

ITALY

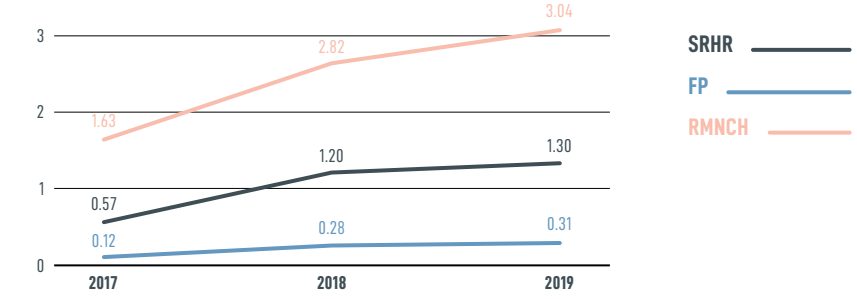
Italy's strategic priorities for development cooperation were spelled out in the 'Programming Guidelines and Directions for Italian Development Cooperation 2017 – 2019'. Within these guidelines, health, including MNCH was identified as a strategic priority and gender equality was mentioned as a cross-cutting theme. In 2020, Italy published new guidelines for the 2019 to 2021 period. Health has remained one of the key priorities, with significant contributions to GAVI and to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The COVID-19 pandemic has intensived this focus further.

Italy's disbursements to SRHR, FP and RMNCH increased substantially between 2017 and 2018, with SRHR and FP disbursements doubling both in total amounts and as a percentage of ODA. From 2018 to 2019, the SRHR, FP and RMNCH disbursements as a percentage of ODA increased moderately, whereas total disbursements slightly decreased.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

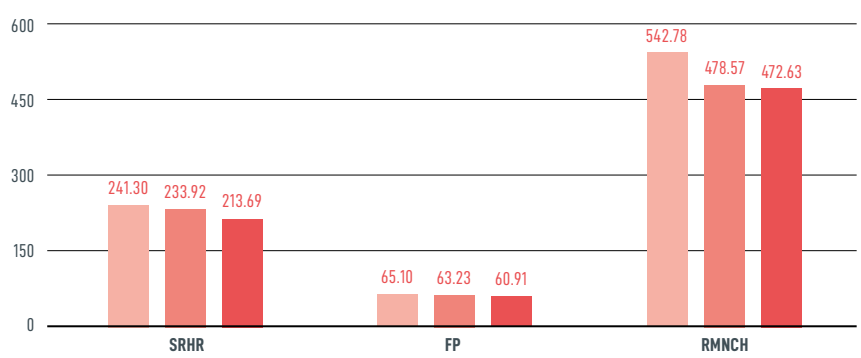


JAPAN

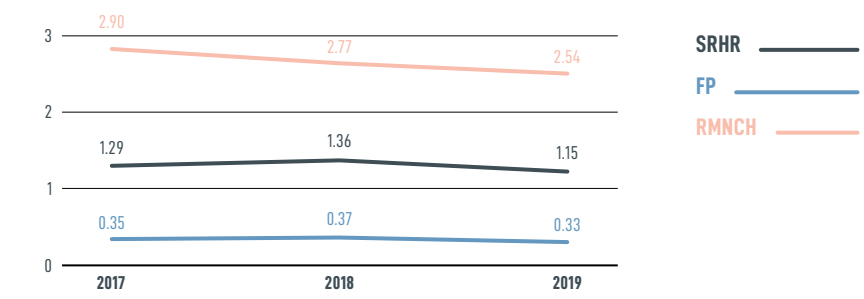
In its Development Cooperation Charter, last updated in 2015, Japan highlights global health, UHC and the fight against infectious diseases as key priorities to address global challenges. Based on this Charter, Japan, in 2016, formulated a Development Strategy for Gender Equality and Women's Empowerment, which defined women's health, including reproductive, maternal health and access to FP services as key areas of focus. Education, gender and women's empowerment are also included in Japan's development aid policy, which targets all regions with a specific focus on Asia and Oceania. In addition, in its 2018 White Paper on Development Cooperation, Japan considers health, including UHC, a priority, and defines that primary healthcare services under UHC comprise amongst others maternal and child health, sexual and reproductive health, infectious disease control and non-communicable disease control.

Japan's funding for SRHR, FP and RMNCH both in terms of total disbursements and as a percentage of ODA have slightly decreased from 2017 to 2019. It's total ODA funding remained stable over the course of these three years.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

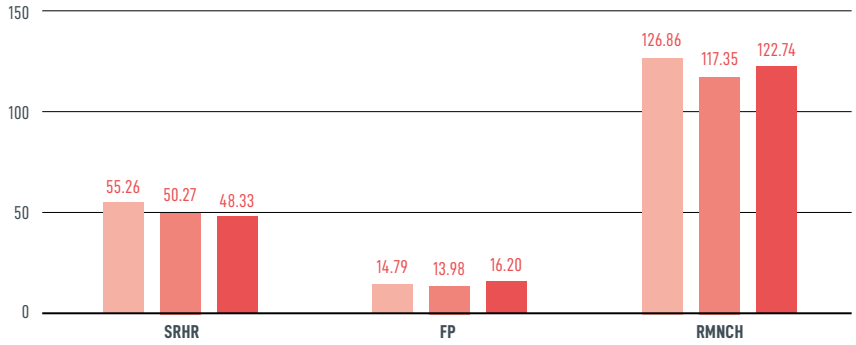


KOREA

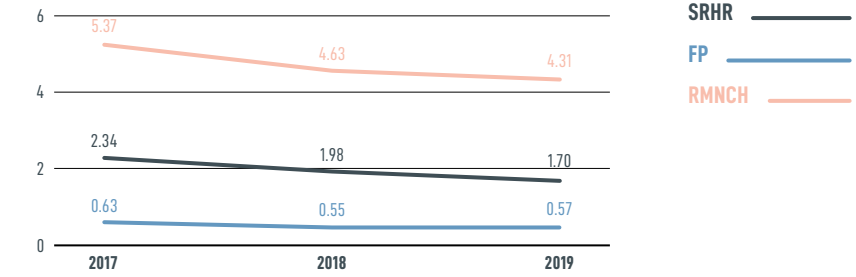
South Korea channels most of its ODA bilaterally and particularly focuses on its Southeast Asian neighbours. The Framework Act on International Development Cooperation outlines the overarching principles of South Korean development cooperation, among which are gender equality and the human rights of women, children and adolescents. Supporting developing countries to achieve the SDGs and protecting the human rights of adolescents were added with amendments made in 2018. Funding girls' health and education was defined as a strategic priority in South Korea's second five-year Strategic Plan for International Development Cooperation (2016-2020).

Despite these commitments, Korea's disbursements to RMNCH, SRHR and FP as a percentage of ODA have decreased since 2017. RMNCH and FP total disbursements slightly increased from 2018 to 2019, while SRHR disbursements remained fairly stable. In recent years, Korea has increased its collaboration with multilaterals on gender equality including with UNFPA.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

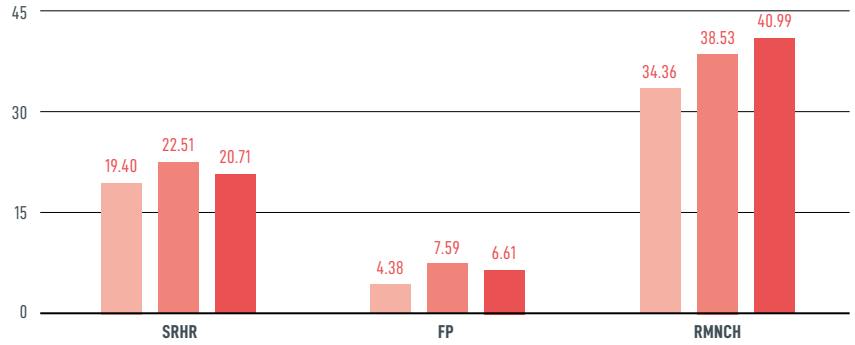


LUXEMBOURG

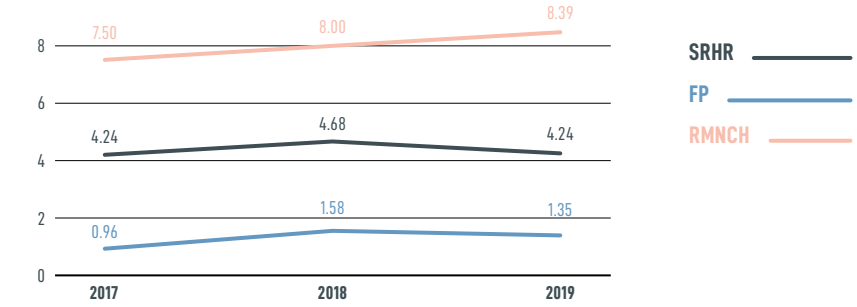
Luxembourg includes health and education in its development aid priorities, with a cross-cutting focus on gender. Within global health, it defined maternal and child health, including SRHR in the list of priorities, as presented in its latest development aid strategy 'The Road to 2030', launched in May 2018.

Although SRHR and FP disbursements as a percentage of total ODA in 2019 slightly decreased when compared to 2018, Luxembourg is one of the leading European donors alongside Sweden, the UK and the Netherlands when it comes to prioritising SRHR and FP in its development aid. Its share of ODA dedicated to RMNCH has steadily increased since 2017. Luxembourg also meets the target of allocating 0.7% of its GNI to ODA.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

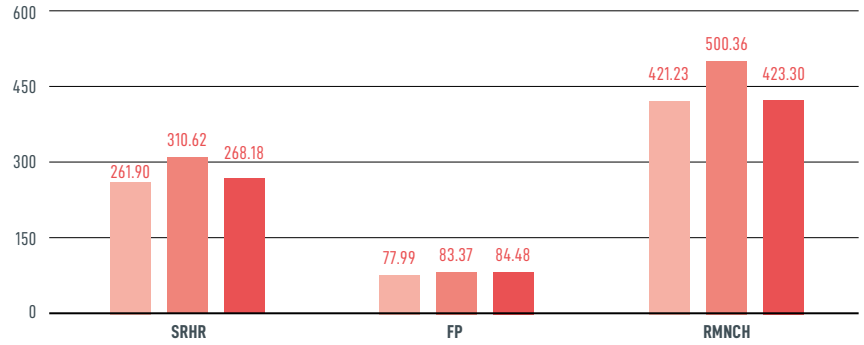


THE NETHERLANDS

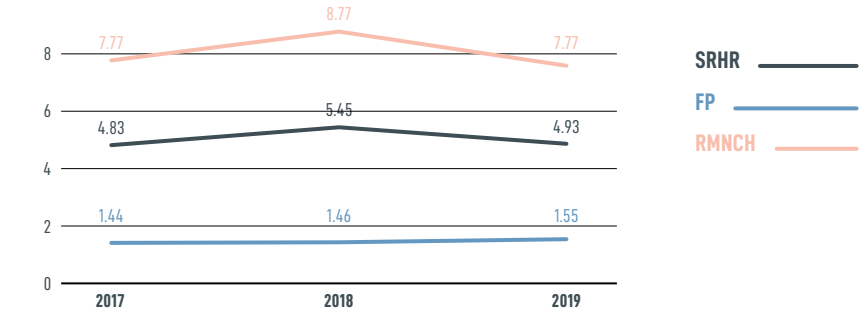
In the policy 'Investing in Global Prospects' adopted in 2018, SRHR continues to be a priority for the Netherlands. The Netherlands reaffirmed its commitment to SRHR by launching the SheDecides initiative in 2017 and funding it with 29 million EUR in 2017 and 2018. Within the framework of FP2020, the Netherlands committed to enabling access to contraceptives for 6 million women and girls for the period 2016 to 2020. For the period 2021 – 2025, the Dutch SRHR partnership fund has a budget of 315 million EUR. The Minister for Development Cooperation made a commitment to keep SRHR on the agenda during the COVID-19 pandemic, and in 2020, the Netherlands co-sponsored a joint statement of 81 countries on the importance of SRHR.

In 2019, the Netherlands was one of the European donor countries giving highest priority to SRHR in its development assistance, allocating almost 5% of its ODA, which constitutes a slight decrease when compared to 2018 (5,4%). Since 2017, its share of ODA dedicated to RMNCH, SRHR and FP has remained stable.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

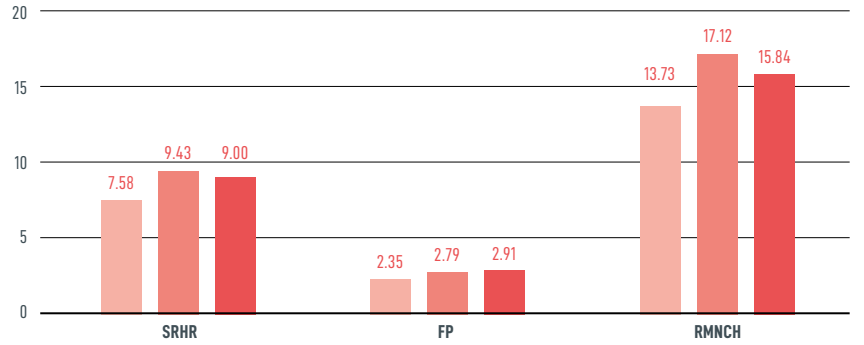


NEW ZEALAND

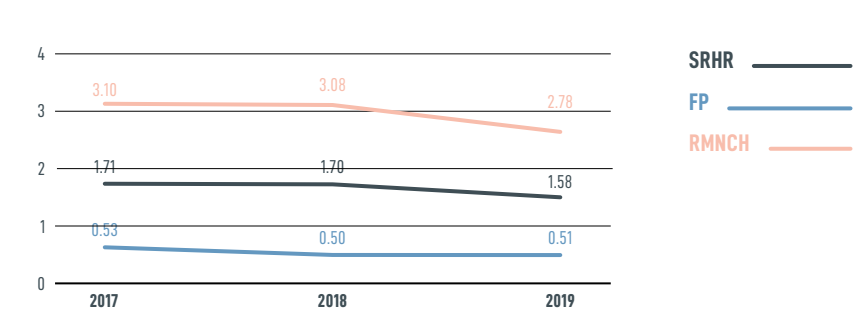
In the New Zealand Aid Programme Strategic Plan 2015 - 2019, education and health, with a particular focus on RH and FP, were listed as priorities. In addition, gender equality and women's empowerment was considered a cross-cutting issue in New Zealand's development cooperation. The geographic focus of the country's development policy is the Pacific neighbourhood where SRHR are particularly under threat (low usage of contraceptives, high incidence of early marriage, and high levels of violence experienced by women and girls).

New Zealand's 2019 RMNCH, SRHR and FP disbursements as a percentage of total ODA all decreased since 2017, with RMNCH seeing the biggest drop. Total RMNCH and SRHR disbursements increased from 2017 to 2019 with a peak in 2018, while FP disbursements slightly but steadily increased in that period.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

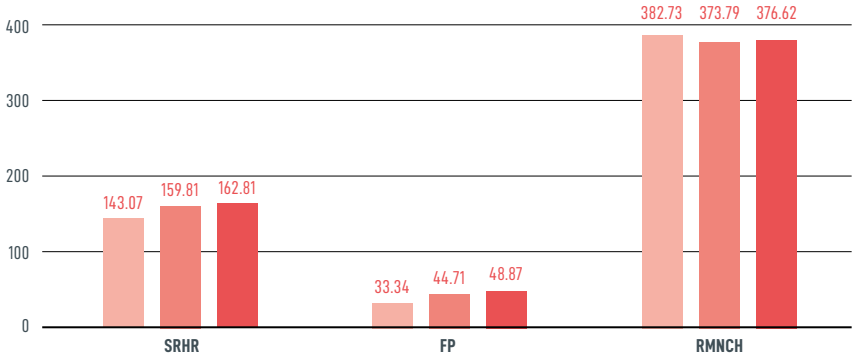


NORWAY

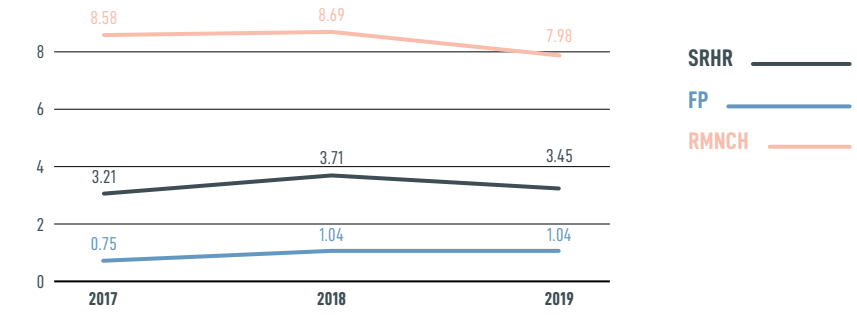
Global health is a top priority for Norway and women's rights and gender equality are considered overarching guiding principles in its external policies. SRHR are included both as part of the women's rights and gender equality, and the global health agendas. Since 2016, Norway has stepped up its support for SRHR and FP following the reinstatement of the Global Gag Rule, mainly through SheDecides and FP2020, and with its International Strategy to Eliminate Harmful Practices (2019). At the Nairobi Summit, Norway committed 9.6 billion NOK (960 million EUR) to SRHR (2020 - 2025) and 760 million NOK (73 million EUR) to end harmful practices (2020 - 2023). 2020 was the fifth year in which Norway provided funding to the Global Financing Facility (GFF) in support of the UN Strategy on Women, Children and Adolescent Health (annual commitment of NOK 600 million (€60 million EUR). Norway also allocated an additional 300 million NOK (€30 million EUR) to the GFF in 2020 in response to the COVID-19 pandemic.

Norway is one of the ten top donors for SRHR, FP and RMNCH in terms of total volumes and as a share of its ODA, although 2019 saw a slight decrease in comparison to 2018.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

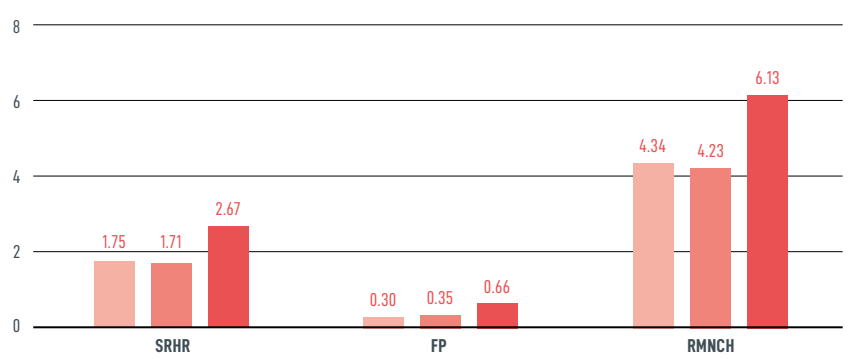


POLAND

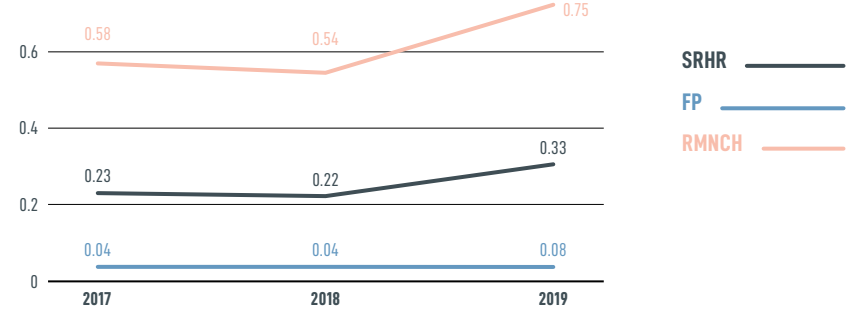
The priorities of Polish development aid, listed in its 'Multi-Annual Development Cooperation Programme 2016 – 2020' and the corresponding 2019 plan include improving health care quality, in particular access to health care for mothers and children, but do not specifically refer to RH or FP. The fight against maternal mortality is listed as a priority for the sub-Saharan African countries where Poland offers assistance, but SRR are not mentioned in Polish development aid.

Poland ranks in the bottom five for SRHR and FP disbursements in percentage of total ODA, despite an increase in RMNCH, SRHR and FP disbursements in 2019. Poland mainly channels its cooperation bilaterally, with a focus on its Eastern European partner countries and selected partner countries in Africa and Asia, and intends to support multilaterals when development objectives cannot be achieved otherwise.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

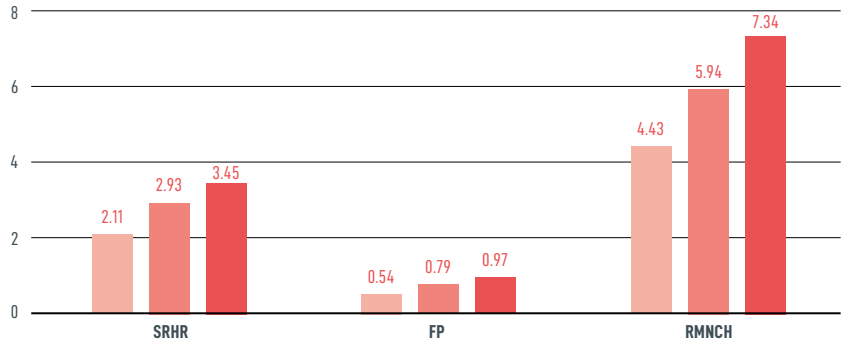


PORTUGAL

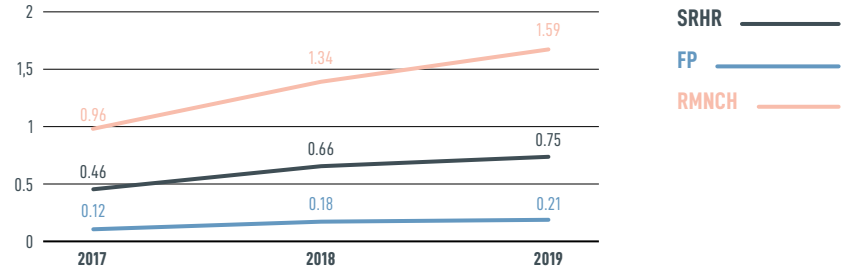
Portugal prioritises education, gender equality and health in its development aid policy. SRHR and MNCH are listed as priorities with regards to global health. Amongst priority actions are the reduction of child mortality, the improvement of maternal and child healthcare and women's health, the fight against sexually transmitted diseases (STDs), Malaria, Tuberculosis and other Neglected Tropical Diseases (NTDs). At the bilateral level, the Portuguese development cooperation actions are focused on the Portuguese-speaking African countries and East Timor, targeting two or three priority sectors in each country.

After a significant drop in 2017, the Portuguese disbursements as part of ODA for RMNCH, FP and SRHR steadily increased again, with 2019 levels almost matching 2016 disbursements. As a result, the country moves upwards in the ranking for its support of RMNCH and FP as a share of its ODA.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

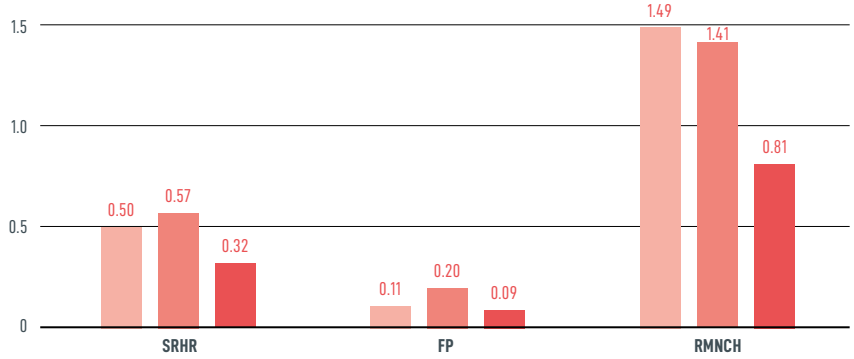


SLOVAK REPUBLIC

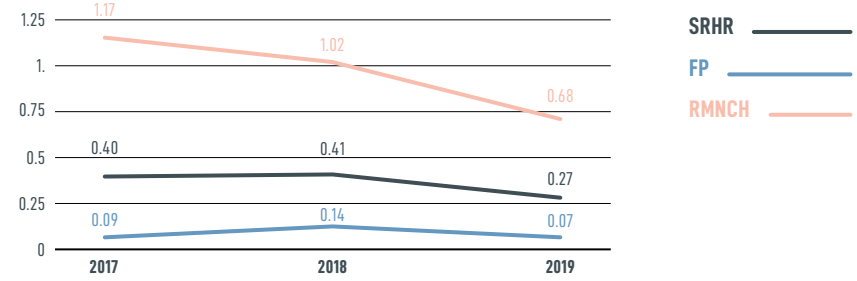
The majority of the Slovak Republic's ODA is channelled through the multilateral system, particularly the EU institutions. In its bilateral cooperation, the Slovak Republic defines different sectoral priorities for each recipient country (Afghanistan, Kenya, Moldova and South Sudan). Improving healthcare, especially for mothers and children is listed as one priority for at least two countries, though with no specific reference to SRHR and FP.

After a significant increase from 2016 to 2018, Slovakia's disbursements for SRHR, FP and RMNCH as a percentage of total ODA almost halved in 2019, moving the country down in the rankings to the bottom three donors when it comes to prioritising RMNCH, SRHR and FP.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

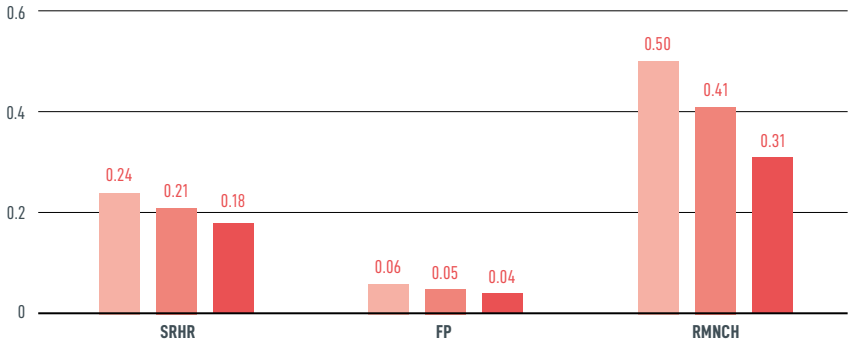


SLOVENIA

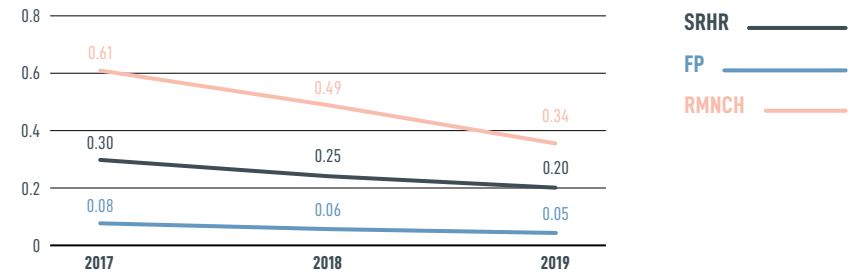
Slovenian bilateral development cooperation is focused mostly on the Western Balkan countries. Although gender equality and the empowerment of women has been defined as a cross-cutting theme in Slovenia's development cooperation strategy, the country prioritises economic growth and employment, good governance, and climate change in its development assistance.

Slovenian RMNCH, SRHR and FP disbursements as part of total ODA have all decreased since 2017, placing Slovenia in the bottom three countries of all rankings.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

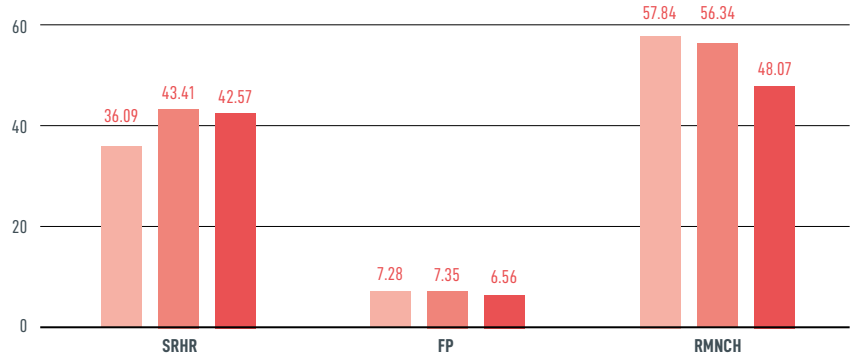


SPAIN

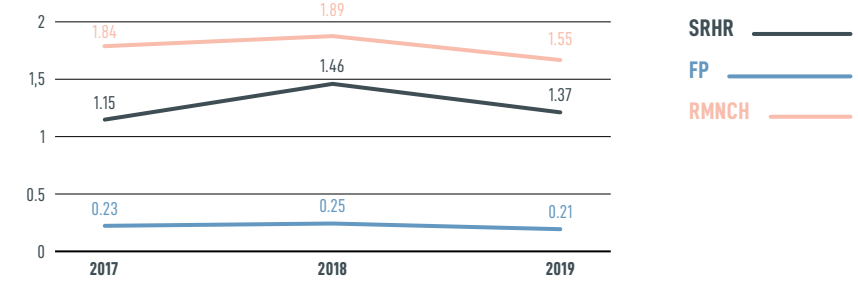
Spain's masterplan for development cooperation 2018 – 2021 stresses the importance of mainstreaming cross-cutting issues, including gender equality, in line with the 2030 Agenda. Health and SRH are defined as one of the seven strategic goals. The protection of health services, including those related to SRHR and FP are also a priority of the new Spanish Humanitarian Action Strategy (2019 - 2026). In 2019 and 2020, Spain strengthened its position on SRH/FP among like-minded countries in UN processes, and the current government consistently expresses support to SRH/FP and a feminist approach to international cooperation. In March 2021, the Ministry of Foreign Affairs launched 'Spain's Feminist Foreign Policy', including a specific focus on promoting SRHR.

Since 2016, Spain significantly prioritised its support for SRHR, FP and RMNCH with a marked increase in disbursements as percentages of total ODA. However, 2019 marks a halt in this trend with a decrease in all RMNCH, SRHR and FP disbursements as part of total ODA, as a result of reduced financial support for multilaterals.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

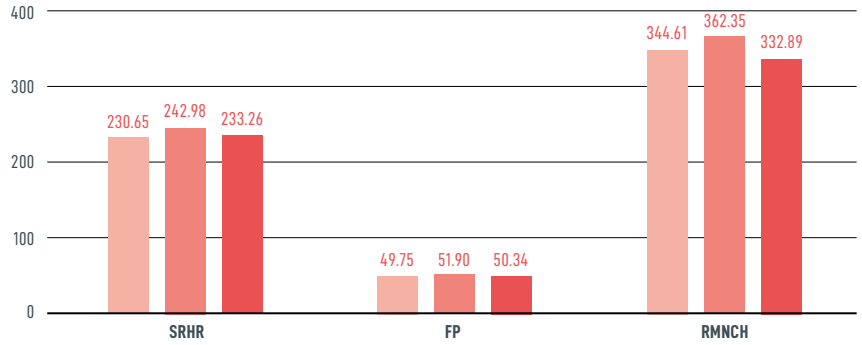


SWEDEN

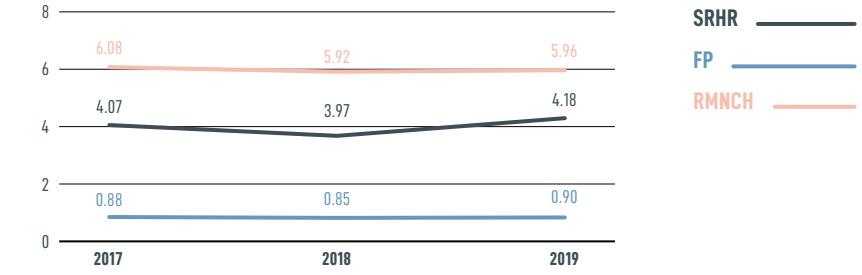
SRHR is one of the key priorities in Swedish international cooperation. In 2014, Sweden was the first country in the world to launch a feminist foreign policy, allowing it to utilise all of its foreign policy tools to address gender inequality globally. SRHR is one of the six objectives of this strategy. This approach culminated in 2018 with the publication of the Handbook of Sweden's feminist foreign policy and a second action plan for the period 2019 - 2022. In 2018, Sweden launched its 2018 – 2022 strategy for development cooperation for gender equality and women and girls' rights, which recognises the setback of SRR worldwide. In 2019, the new Government Statement on Foreign Policy guaranteed Sweden's aim to safeguard and protect SRHR. In 2021, the Swedish Ministry of Foreign Affairs assigned its development cooperation agency Sida to produce a basis for a new and strengthened Swedish strategy for SRHR in sub-Saharan Africa (2022–2026).

This strong commitment is reflected in Sweden's high prioritisation of RMNCH, SRHR and FP disbursements as percentages of ODA. Over the years, these percentages have remained stable and Sweden is among the top five donors when it comes to prioritising SRHR in its development assistance.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

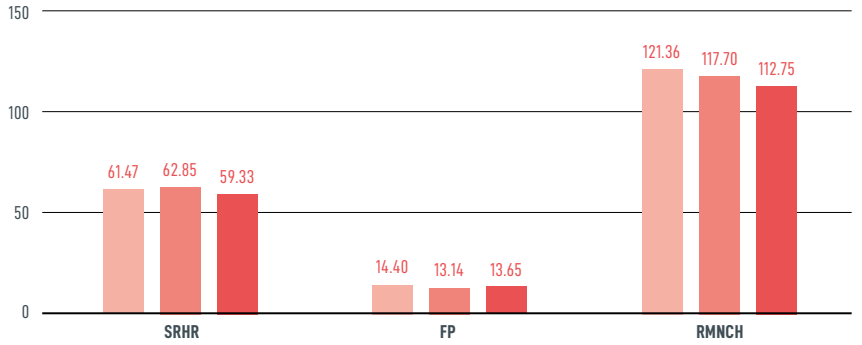


SWITZERLAND

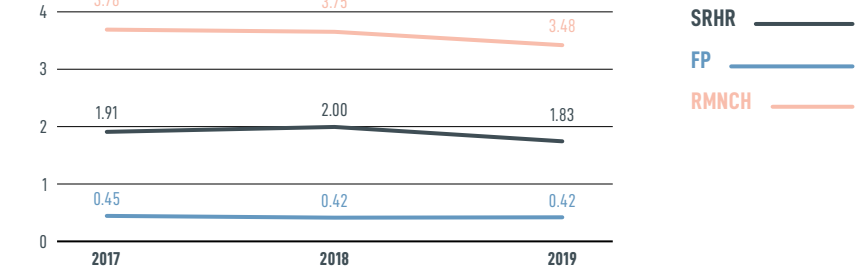
Switzerland's support for SRHR is articulated around three angles: health, human rights and gender equality. Gender equality is a lead objective of the 2017 - 2020 dispatch on international cooperation that set Switzerland's vision for development. The Federal Department of Foreign Affairs of Switzerland also published its first 'Gender Equality and Women's Rights Strategy' in September 2017 and outlined the promotion of SRHR as a key strategic objective to reach the Agenda 2030. In addition, in the Swiss Health Foreign Policy 2019 – 2024, SRHR is considered an integral part of person-centred healthcare provision, which is essential for sustainable healthcare. In 2020, the Swiss Parliament approved a new Dispatch (2021- 2024) referring to the global programme on health, which asks for the promotion of SRHR.

Despite this clear priority at policy level, in 2019, Switzerland's disbursements for RMNCH and SRHR as part of total ODA slightly decreased after a steady growth between 2016 and 2018, while the prioritisation of FP in development assistance remained stable.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



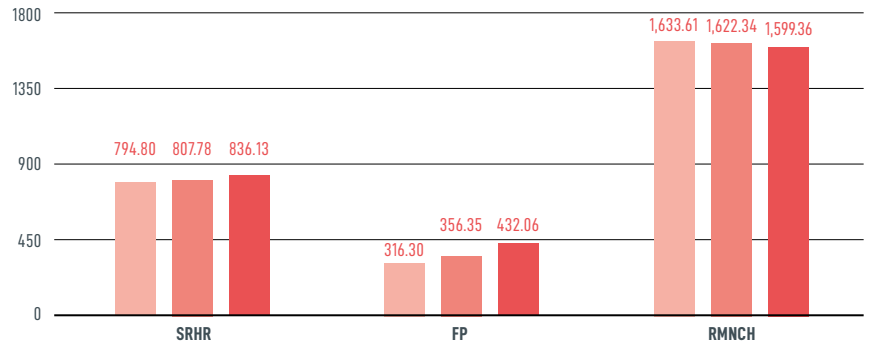
UNITED KINGDOM

The UK has been one of the largest donors of ODA (reaching the target of 0.7% GNI to ODA) and a continuous supporter of SRHR and FP. This commitment is reflected in its 'Strategic Vision for Gender Equality'. In 2019 the UK announced an additional 671 million EUR in funding for FP between 2020 - 2025, including a renewed investment in UNFPA Supplies and made a further commitment to prioritise ending preventable deaths of mothers, new-born babies and children in the developing world by 2030.

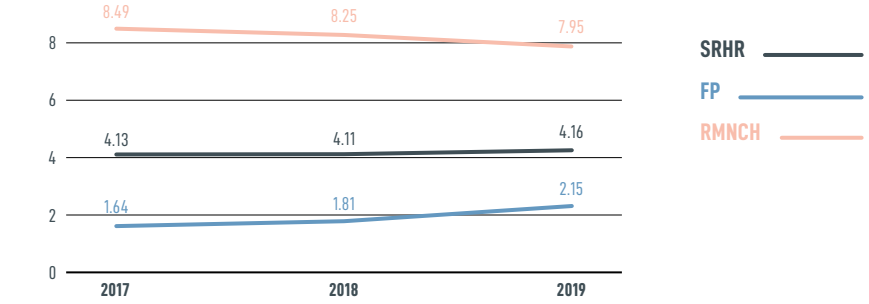
However, the UK made significant cuts to ODA in 2021 due to both a decrease in GNI as a result of a shrinking economy and a decision to reduce ODA from 0.7% to 0.5% with immediate effect. This included 85% cuts to the UNFPA Supplies Fund and significant cuts to flagship SRHR programmes.

In 2019, the UK was the leading European donor for FP both in terms of total disbursement and as a share of ODA. It was also the leading European donor in terms of volumes of SRHR disbursements, just ahead of Germany. While the FP disbursements as a percentage of ODA showed a strong increase in 2019, the RMNCH disbursements have slightly but steadily decreased since 2017.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019

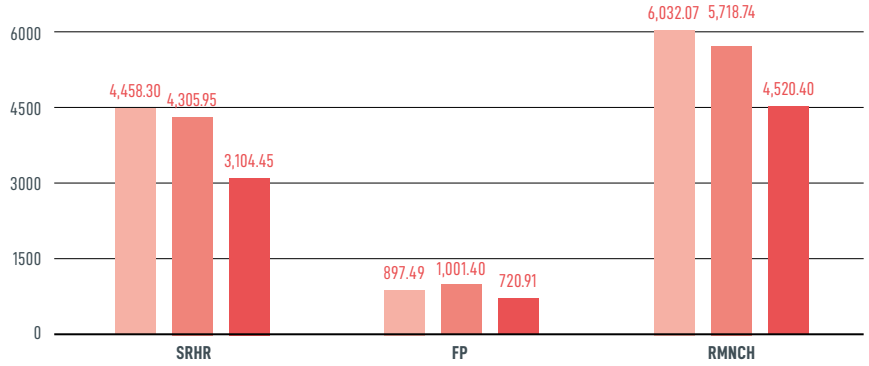


UNITED STATES OF AMERICA

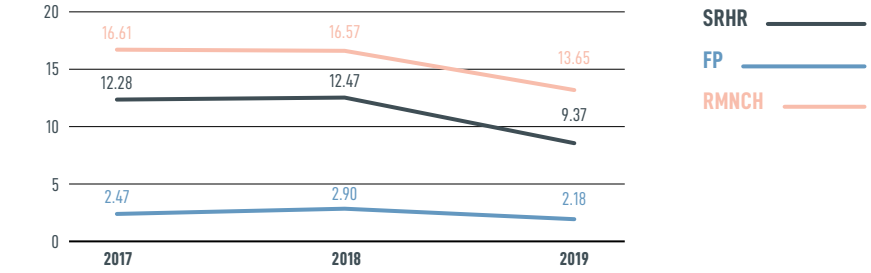
The US is the all-time top ODA, RMNCH, FP and SRHR donor. Under the Trump administration, development assistance was strongly linked to US national security concerns and economic growth. While RH, FP and controlling the HIV & AIDS epidemic were still listed as strategic health areas on the USAID website, there was no reference to SRR. In 2017, the Trump administration re-introduced the Mexico City Policy, also known as the Global Gag Rule. As a result, NGOs outside the US were no longer eligible for US global health assistance if they used funding – from any source – for abortion-related activities. In addition, the US completely cut its funding to UNFPA from 2017 onwards. One week after taking office in January 2021, President Joe Biden revoked the Mexico City Policy and restarted funding UNFPA.

US disbursements to SRHR, FP and RMNCH remained quite stable between 2017 and 2018. However, while the US remains the largest SRHR, FP and RMNCH donor, there appears to have been a strong decrease in US funding from 2018 to 2019, both in total disbursements and as a percentage of ODA. It is important to note, however, that this apparent decrease might still be ‚corrected', as these amounts may change as US OECD DAC data are still being updated.

SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices, for 2017 2018 2019



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2017–2019



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ANNEXES

ANNEX 1 | ABBREVIATIONS

BMZ
Federal Ministry for Economic Cooperation and Development

CH
Child Health

CRC
Creditor Reporting System

DAC
Development Assistance Committee

DSW
Deutsche Stiftung Weltbevölkerung

EP
European Parliament

EPF
European Parliamentary Forum on Population and Development

EU
European Union

EUR
Euros

EWEC
Every Woman Every Child

FP
Family Planning

GAP
Gender Action Plan

GAVI
The Vaccine Alliance

GBP
British Pounds

GFF
Global Financing Facility for Women, Children and Adolescents

GNI
Gross National Income

HIV& AIDS
Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome

ICPD
International Conference on Population and Development

ICPD
International Conference on Population and Development

IDA
International Development Association

KFF
Kaiser Family Foundation

LSHTM
London School of Hygiene and Tropical Medicine

MFF
Multiannual Financial Framework

MNCH
Maternal, Neonatal and Child Health

MNH
Maternal and Neonatal Health

NDICI
Neighbourhood, Development and International Cooperation Instrument

NOK
Norwegian Krone

NTD
Neglected Tropical Disease

ODA
Official Development Assistance

OECD
Organisation for Economic Cooperationand Development

PNH
Prenatal and Neonatal Health

RH
Reproductive Health

RMNCH
Reproductive, Maternal, Newborn and Child Health

RMNCAH
Reproductive, Maternal, Newborn, Child and Adolescent Health

SDGs
Sustainable Development Goals

SRH
Sexual and Reproductive Health

SRHR
Sexual and Reproductive Health and Rights

SRR
Sexual and Reproductive Rights

STD
Sexually Transmitted Diseases

UHC
Universal Health Coverage

UK
United Kingdom of Great Britain and Northern Ireland

UN
United Nations

UNDP
United Nations Development Programme

UNFPA
United Nations Population Fund

UNHCR
United Nations Refugee Agency

UNICEF
United Nations Children's Fund

UNRWA
United Nations Relief and Works Agency for Palestine Refugees in the Near East
US United States of America

US
United States of America

USD
United States Dollars

WFP
United Nations World Food Programme

WHO
World Health Organization

ANNEX 2 | DEFINITION OF TERMS

Constant prices
In DAC publications, flow data is expressed in USD. To give a truer idea of the volume of flows over time, data can be presented in constant prices and exchange rates, with a reference year specified. This means that adjustments have been made to cover both inflation in the donor's currency between the year in question and the reference year, and changes in the exchange rate between that currency and the USD over the same period.

Development Assistance Committee (DAC)
The committee of the OECD that deals with development co-operation matters. Currently there are 30 members of the DAC: Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, the United States and the European Union.

Disbursements
The release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. In the case of activities carried out in donor countries, such as training, administration or public awareness programmes, disbursement is taken to have occurred when the funds have been transferred to the service provider or the recipient. They may be recorded gross (the total amount disbursed over a given accounting period) or net (the gross amount minus any repayments of loan principal or recoveries on grants received during the same period). It can take several years to disburse a commitment.

Donors
For Donors Delivering for SRHR 2020, donors refer to the 30 members of the OECD DAC.

Family Planning (FP)
According to UNFPA, family planning is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. FP also includes information about how to become pregnant when it is desirable, as well as treatment of infertility.

Official Development Assistance (ODA)
Resource flows to countries and territories on the DAC List of ODA Recipients (developing 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. In addition to financial flows, technical co-operation is included in aid. Grants, loans and credits for military purposes and transactions that have primarily commercial objectives are excluded. Transfer payments to private individuals (e.g. pensions, reparations or insurance payouts) are in general not counted.

Sexual and Reproductive Health and Rights (SRHR)
The methodology for this report is based on the Guttmacher-Lancet Commission Report - Accelerate progress: Sexual and Reproductive Health and Rights for All's definition of SRHR.

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being.

All individuals have a right to make decisions governing their bodies and to access services that support that right.

Achieving sexual and reproductive health relies on realising sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence

ANNEX 3 | DONOR DATA OVERVIEW

Total disbursement to SRHR, FP and RMNCH (in million USD, 2018 constant prices)
Disbursements to SRHR, FP and RMNCH as a percentage of ODA

DISBURSEMENTS

	2017							2018	
COUNTRIES	**ODA**	**RMNCH**	**SRHR**	**FP**	**RMNCH %**	**SRHR %**	**FP %**	**ODA**	**RMNCH**
Australia	3,053.830	152.430	88.865	21.770	4.99%	2.91%	0.71%	3,152.200	164.361
Austria	1,336.780	18.669	8.171	2.451	1.40%	0.61%	0.18%	1,176.610	14.922
Belgium	2,374.620	91.159	46.934	17.029	3.84%	1.98%	0.72%	2,.363.070	88.185
Canada	4,433.360	549.693	255.367	66.063	12.40%	5.76%	1.49%	4,689.470	579.728
Czech Republik	335.620	3.876	1.554	0.450	1.15%	0.46%	0.13%	305.370	2.175
Denmark	2,662.730	131.694	93.868	26.636	4.95%	3.53%	1.00%	2,633.080	140.156
Finland	1,170.140	36.280	25.986	7.428	3.10%	2.22%	0.63%	1,002.580	34.561
France	14,408.800	345.570	193.369	52.700	2.40%	1.34%	0.37%	15,382.810	389.797
Gemany	29,586.020	733.475	310.788	81.528	2.48%	1.05%	0.28%	28,636.720	746.976
Greece	329.860	2.323	0.873	0.266	0.70%	0.26%	0.08%	290.440	0.949
Hungary	157.800	1.008	0.434	0.127	0.64%	0.27%	0.08%	284.940	5.020
Iceland	69.110	1.365	0.976	0.150	1.98%	1.41%	0.22%	74.210	2.669
Ireland	884.150	64.471	34.401	4.554	7.29%	3.89%	0.52%	934.250	63.392
Italy	6,430.970	104.994	36.601	7.976	1.63%	0.57%	0.12%	5,206.550	146.976
Japan	18,736.890	542.775	241.301	65.097	2.90%	1.29%	0.35%	17,250.010	478.568
Korea	2,363.000	126.862	55.258	14.786	5.37%	2.34%	0.63%	2,533.800	117.353
Luxembourg	457.960	34.360	19.404	4.379	7.50%	4.24%	0.96%	481.400	38.533
Netherlands	5,418.450	421.228	261.904	77.985	7.77%	4.83%	1.44%	5,704.160	500.357
New Zealand	442.510	13.731	7.577	2.353	3.10%	1.71%	0.53%	556.030	17.120
Norway	4,461.770	382.733	143.067	33.343	8.58%	3.21%	0.75%	4,303.290	373.778
Poland	746.650	4.339	1.751	0.302	0.58%	0.23%	0.04%	785.930	4.231
Portugal	460.320	4.432	2.105	0.544	0.96%	0.46%	0.12%	443.410	5.940
Slovak Republic	127.380	1.488	0.504	0.109	1.17%	0.40%	0.09%	137.750	1.408
Slovenia	81.120	0.498	0.242	0.063	0.61%	0.30%	0.08%	83.510	0.410
Spain	3,135.950	57.836	36.087	7.279	1.84%	1.15%	0.23%	2,977.600	56.340
Sweden	5,666.780	344.614	230.648	49.749	6.08%	4.07%	0.88%	6,116.300	362.351
Switzerland	3,214.790	121.359	61.470	14.400	3.78%	1.91%	0.45%	3,136.000	117.699
United Kingdom	19,242.890	1,633.612	794.803	316.302	8.49%	4.13%	1.64%	19,656.350	1,622.343
United States of America	36,314.720	6,032.071	4,458.298	897.488	16.61%	12.28%	2.47%	34,520.920	5,718.738
EU Institutions	20,245.470	686.591	321.091	80.082	3.39%	1.59%	0.40%	20,022.570	486.163
All DAC	188,350.070	12,645.535	7,733.699	1,853.386	**6.71%**	**4.11%**	**0.98%**	184,841.330	12,281.198
EU MS & Institutions UK still included	115,260.460	4,722.516	2,421.51	737.937	**4.10%**	**2.10%**	**0.64%**	114,625.400	4,712.185

DISBURSEMENTS

2018					2019						
SRHR	**FP**	**RMNCH %**	**SRHR %**	**FP %**	**ODA**	**RMNCH**	**SRHR**	**FP**	**RMNCH %**	**SRHR %**	**FP %**
88.104	19.380	5.21%	2.79%	0.61%	3,016.51	170.028	63.608	17.117	5.64%	2.11%	0.57%
8.419	2.017	1.27%	0.72%	0.17%	1,283.00	14.595	9.976	2.349	1.14%	0,78%	0,18%
43.638	11.481	3.73%	1,85%	0.49%	2,303.54	60.668	27.555	7.772	2.63%	1.20%	0.34%
300.851	83.909	12.36%	6.42%	1.79%	4,752.75	529.673	294.762	82.088	11.14%	6.20%	1.73%
0.970	0.244	0.71%	0.32%	0.08%	316.36	2.951	1.174	0.314	0.93%	0.37%	0.10%
98.517	26.404	5.32%	3.74%	1.00%	2,711.30	138.931	97.929	32.651	5.12%	3.61%	1.20%
26.325	8.241	3.45%	2.63%	0.82%	1,189.94	34.395	26.739	8.414	2.89%	2.25%	0.71%
197.566	57.014	2,53%	1,28%	0,37%	15,110.97	398.298	203.285	53.125	2.64%	1.35%	0.35%
313.281	80.599	2,61%	1,09%	0,28%	27,827.74	759.765	336.233	90.342	2.73%	1.21%	0.32%
0.348	0.087	0,33%	0,12%	0,03%	384.69	0.311	0.095	0.024	0.08%	0.02%	0.01%
2.578	0.502	1.76%	0.90%	0.18%	321.58	5.643	1.961	0.447	1.75%	0.61%	0.14%
1.638	0.251	3.60%	2.21%	0.34%	66.51	4.341	2.575	0.669	6.53%	3.87%	1.01%
35.499	5.178	6.79%	3.80%	0.55%	1,016.63	62.912	36.385	5.082	6.19%	3.58%	0.50%
62.492	14.773	2.82%	1.20%	0.28%	4,616.73	140.531	59.801	14.538	3.04%	1.30%	0.31%
233.916	63.231	2.77%	1.36%	0.37%	18,574.94	472.632	213.692	60.912	2.54%	1.15%	0.33%
50.267	13.980	4.63%	1.98%	0.55%	2,850.15	122.740	48.328	16.199	4.31%	1.70%	0.57%
22.508	7.589	8.00%	4.68%	1.58%	488.41	40.988	20.707	6.612	8.39%	4.24%	1.35%
310.619	83.365	8.77%	5.45%	1.46%	5,444.48	423.295	268.181	84.480	7.77%	4.93%	1.55%
9.431	2.787	3.08%	1.70%	0.50%	570.64	15.841	9.004	2.911	2.78%	1.58%	0.51%
159.812	44.707	8.69%	3.71%	1.04%	4,716.70	376.619	162.808	48.867	7.98%	3.45%	1.04%
1.706	0.346	0.54%	0,22%	0.04%	813.04	6.128	2.666	0.659	0.75%	0.33%	0.08%
2.926	0.794	1.34%	0.66%	0.18%	460.69	7.336	3.450	0.968	1.59%	0.75%	0.21%
0.569	0.196	1.02%	0.41%	0.14%	118.95	0.806	0.318	0.089	0.68%	0.27%	0.07%
0.205	0.049	0.49%	0.25%	0.06%	90.10	0.305	0.179	0.041	0.34%	0.20%	0.05%
43.409	7.349	1.89%	1.46%	0.25%	3,100.78	48.073	42.572	6.557	1.55%	1.37%	0.21%
242.977	51.900	5.92%	3.97%	0.85%	5,586.25	332.887	233.264	50.338	5.96%	4.18%	0.90%
62.845	13.140	3.75%	2.00%	0.42%	3,242.54	112.754	59.334	13.648	3.48%	1.83%	0.42%
807.777	356.345	8.26%	4.11%	1.81%	20,107.57	1,599.362	836.130	432.057	7.95%	4.16%	2.15%
4,305.949	1,001.393	16.57%	12.47%	2.90%	33,120.49	4,520.399	3,104.448	720.913	13.65%	9.37%	2.18%
251.741	38.513	2.43%	1.26%	0.19%	18,756.93	597.000	249.157	40.532	3.18%	1.33%	0.22%
7,686.882	1,995.766	**6.64%**	**4.16%**	**1.08%**	182,960.910	11,000.212	6,416.316	1,800.715	**6.01%**	**3.51%**	**0.98%**
2,474.069	752.988	**4.11%**	**2.16%**	**0.66%**	112,049.680	4,675.183	2,457.757	837.392	**4.17%**	**2.19%**	**0.75%**

ANNEX 3.1 | GNI OVERVIEW

Total disbursement to SRHR, FP and RMNCH (in million USD, 2018 constant prices)
Disbursements to SRHR, FP and RMNCH as a percentage of GNI

	2019 DISBURSEMENTS			
COUNTRIES	GNI	RMNCH	SRHR	FP
Australia	1,318,288.829	170.028	63.608	17.117
Austria	523,401.343	14.595	9.976	2.349
Belgium	636,198.569	60.668	27.555	7.772
Canada	1,880,085.812	529.673	294.762	82.088
Czech Republik	430,725.658	2.951	1.174	0.314
Denmark	361,175.182	138.931	97.929	32.651
Finland	286,402.390	34.395	26.739	8.414
France	3,389,393.606	398.298	203.285	53.125
Gemany	4,770,423.255	759.765	336.233	90.342
Greece	328,255.406	0.311	0.095	0.024
Hungary	322,776.348	5.643	1.961	0.447
Iceland	24,634.235	4.341	2.575	0.669
Ireland	341,404.218	62.912	36.385	5.082
Italy	2,700,084.028	140.531	59.801	14.538
Japan	5,525,331.440	472.632	213.692	60.912
Korea	2,228,622.239	122.740	48.328	16.199
Luxembourg	45,471.075	40.988	20.707	6.612
Netherlands	1,035,519.695	423.295	268.181	84.480
New Zealand	218,823.892	15.841	9.004	2.911
Norway	420,117.613	376.619	162.808	48.867
Poland	1,244,981.094	6.128	2.666	0.659
Portugal	369,389.010	7.336	3.450	0.968
Slovak Republic	174,373.786	0.806	0.318	0.089
Slovenia	84,650.019	0.305	0.179	0.041
Spain	1,991,324.243	48.073	42.572	6.557
Sweden	582,443.858	332.887	233.264	50.338
Switzerland	582,443.858	112.754	59.334	13.648
United Kingdom	3,182,906.081	1,599.362	836.130	432.057
United States of America	21,690,015.000	4,520.399	3,104.448	720.913

DISBURSEMENTS		
RMNCH %	SRHR %	FP %
0.01290%	0.00483%	0.00130%
0.00279%	0.00191%	0.00045%
0.00954%	0.00433%	0.00122%
0.02817%	0.01568%	0.00437%
0.00069%	0.00027%	0.00007%
0.03847%	0.02711%	0.00904%
0.01201%	0.00934%	0.00294%
0.01175%	0.00600%	0.00157%
0.01593%	0.00705%	0.00189%
0.00009%	0.00003%	0.00001%
0.00175%	0.00061%	0.00014%
0.01762%	0.01045%	0.00271%
0.01843%	0.01066%	0.00149%
0.00520%	0.00221%	0.00054%
0.00855%	0.00387%	0.00110%
0.00551%	0.00217%	0.00073%
0.09014%	0.04554%	0.01454%
0.04088%	0.02590%	0.00816%
0.00724%	0.00411%	0.00133%
0.08965%	0.03875%	0.01163%
0.00049%	0.00021%	0.00005%
0.00199%	0.00093%	0.00026%
0.00046%	0.00018%	0.00005%
0.00036%	0.00021%	0.00005%
0.00241%	0.00214%	0.00033%
0.05715%	0.04005%	0.00864%
0.01936%	0.01019%	0.00234%
0.05025%	0.02627%	0.01357%
0.02084%	0.01431%	0.00332%

ANNEX 4 | LIST OF NATIONAL POLICIES

Australia | Health for Development Strategy 2015–2020 | Partnerships for Recovery: Australia's COVID-19 Development Response

Austria | The future needs development. Development needs a future : Three-Year Programme on Austrian Development Policy 2016–2018 | Working together. For our world: Three-Year Programme on Austrian Development Policy 2019–2021

Belgium | Wet betreffende de Belgische Ontwikkelingssamenwerking - 19 Maart 2013 | Policy Note: The Rights to Health and Healthcare | Strategy - Gender in the Belgium Development cooperation | Antwoord van de Belgische ontwikkelings-samenwerking en humanitaire hulp op de uitdagingen van de covid-19-pandemie in de partnerlanden en partnerorganisaties

Canada | Canada's Feminist International Assistance Policy - #HerVoiceHerChoice

Czech Republic | Development Cooperation Strategy of the Czech Republic 2018–2030

Denmark | The World 2030: Denmark's strategy for development cooperation and humanitarian action |Priorities of the Danish Government for Danish Development Assistance (2021-2024) - Overview of the development assistance budget 2021-2024

EU Institutions | The New European Consensus on Development 'Our World, Our Dignity, Our Future' | Joint Staff Working Document - Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016–2020 (Gender Action Plan GAP) | European Commission Proposal for a Regulation of the European Parliament and the Council establishing the Neighbourhood, Development and International Cooperation Instrument (NDICI)

Finland | Finland's Development Policy: One world, common future – towards sustainable development

France | France's external action on the issues of population and sexual and reproductive health and rights 2016–2020 | Strategy report, 2016 France's strategy for global health, Strategy report, 2017

Germany | Sexual and Reproductive Health and Rights, and Population Dynamics - A BMZ Policy Paper, BMZ Initiative on Rights-based Family Planning and Maternal Health

Greece | OECD Development Co-operation Peer Reviews: Greece 2019

Hungary | International Development Cooperation Strategy and Strategic Concept for International Humanitarian Aid of Hungary 2014–2020

Iceland | Parliamentary Resolution on Iceland's policy for international development cooperation for 2019–2023.

Italy | International Development Cooperation: Three year programming and policy planning document 2017–2019.

Japan | Priority Policy for Development Co-operation - FY 2017 (2017) | White Paper on Development Cooperation (2018) | Japan's Official Development Assistance Charter (2015) | Development Strategy for Gender Equality and Women's Empowerment

Korea | Framework Act on International Development Cooperation, (amended in 2018) | Mid-term Strategy for Development Cooperation (2016–2020)

Luxembourg | Luxembourg's General Development Cooperation Strategy - The Road to 2030 (2018)

Netherlands | Investing in Global Prospects - For the World, For the Netherlands Policy, Document on Foreign Trade and Development Cooperation (2018)

New Zealand | New Zealand Aid Programme Strategic Plan 2015 - 2019 | New Zealand's International Cooperation for Effective Sustainable Development ICESD (2019) | New Zealand's Humanitarian Action Policy (2019)

Norway | White Paper on development and the sustainable development goals (2017) | Freedom, empowerment and opportunities - Action Plan for Women's Rights and Gender Equality in Foreign and Development Policy 2016–2020 | Norway's Humanitarian Strategy An effective and integrated approach (2018)

Poland | Multiannual Development Cooperation Programme for 2016–2020 (amended in 2018)

Portugal | Strategic Concept for Portuguese Development Cooperation 2014–2020

Slovenia | Slovenian Development Strategy 2030 (2017)

Spain | Master Plan on 2018–2021 Spanish Cooperation (2018) | Humanitarian Action Strategy of the Spanish Cooperation 2019-2026 (2019)

Sweden | Swedish Foreign Service action plan for feminist foreign policy 2015–2018 including focus areas for 2018 | Swedish Foreign Service Action Plan for Feminist Foreign Policy 2019–22 including focus areas 2019 | Strategy for Sweden's development cooperation for global gender equality and women's and girls' rights 2018–2022 (2018), The Handbook on feminist foreign policy (2018) | Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa (2015–2019)

Switzerland | FDFA Strategy on Gender equality and Women's rights (2017) | Swiss Health Foreign Policy 2019–2024 (2019)

United Kingdom | DFID Strategic Vision for Gender Equality: Her Potential, Our Future, (2018) | Agenda 2030: The UK Government's approach to delivering the Global Goals for Sustainable Development – at home and around the world (2017)

United States | Congressional Research Service - Foreign Aid: An Introduction to U.S. Programs and Policy (2019)

ANNEX 5 | OECD DAC CRS CODES

CRS Code	Description	Clarification
11230	Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adults education); literacy and numeracy training. Excludes health education (12261) and activities related to prevention of noncommunicable diseases. (123xx).
15150	Democratic participation and civil society	Support to the exercise of democracy and diverse forms of participation of citizens beyond elections (15151); direct democracy instruments such as referenda and citizens' initiatives; support to organisations to represent and advocate for their members, to monitor, engage and hold governments to account, and to help citizens learn to act in the public sphere; curricula and teaching for civic education at various levels. (This purpose code is restricted to activities targeting governance issues. When assistance to civil society is for non-governance purposes use other appropriate purpose codes.)
15160	Human Rights	Measures to support specialised official human rights institutions and mechanisms at universal, regional, national and local levels in their statutory roles to promote and protect civil and political, economic, social and cultural rights as defined in international conventions and covenants; translation of international human rights commitments into national legislation; reporting and follow-up; human rights dialogue. Human rights defenders and human rights NGOs; human rights advocacy, activism, mobilisation; awareness raising and public human rights education. Human rights programming targeting specific groups, e.g. children, persons with disabilities, migrants, ethnic, religious, linguistic and sexual minorities, indigenous people and those suffering from caste discrimination, victims of trafficking, victims of torture. (Use code 15230 when in the context of a peacekeeping operation and code 15180 for ending violence against women and girls. Use code 15190 for human rights programming for refugees or migrants, including when they are victims of trafficking.Use code 16070 for Fundamental Principles and Rights at Work, i.e. Child Labour, Forced Labour, Non-discrimination in employment and occupation, Freedom of Association and Collective Bargaining.)
15170	Women's equality organisations and institutions	Support for feminist, women-led and women's rights organisations and movements, and institutions (governmental and non-governmental) at all levels to enhance their effectiveness, influence and substainability (activities and core-funding). These organisations exist to bring about transformative change for gender equality and/or the rights of women and girls in developing countries. Their activities include agenda-setting, advocacy, policy dialogue, capacity development, awareness raising and prevention, service provision, conflict-prevention and peacebuilding, research, organising, and alliance and network building.

15180	Ending violence against women and girls	Support to programmes designed to prevent and eliminate all forms of violence against women and girls/gender-based violence. This encompasses a broad range of forms of physical, sexual and psychological violence including but not limited to: intimate partner violence (domestic violence); sexual violence; female genital mutilation/cutting (FGM/C); child, early and forced marriage; acid throwing; honour killings; and trafficking of women and girls. Prevention activities may include efforts to empower women and girls; change attitudes, norms and behaviour; adopt and enact legal reforms; and strengthen implementation of laws and policies on ending violence against women and girls, including through strengthening institutional capacity. Interventions to respond to violence against women and girls/gender-based violence may include expanding access to services including legal assistance, psychosocial counselling and health care; training personnel to respond more effectively to the needs of survivors; and ensuring investigation, prosecution and punishment of perpetrators of violence.
16064	Social mitigation of HIV & AIDS	Special programmes to address the consequences of HIV & AIDS, e.g. social, legal and economic assistance to people living with HIV & AIDS including food security and employment; support to vulnerable groups and children orphaned by HIV & AIDS; human rights of HIV & AIDS affected people.
12110	Health policy & administrative management	Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; including health system strengthening and health governance; unspecified health activities.
12181	Medical education/training	Medical education and training for tertiary level services.
12182	Medical Research	General medical research (excluding basic health research and research for prevention and control of NCDs (12382)).
12191	Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; medical rehabilitation. Excludes noncommunicable diseases (123xx).
12220	Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care; activities aimed at achieving universal health coverage.
12230	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialised hospitals and clinics (12191).
12240	Basic nutrition	Micronutrient deficiency identification and supplementation; Infant and young child feeding promotion including exclusive breastfeeding; Non-emergency management of acute malnutrition and other targeted feeding programs (including complementary feeding); Staple food fortification including salt iodization; Nutritional status monitoring and national nutrition surveillance; Research, capacity building, policy development, monitoring and evaluation in support of these interventions. Use code 11250 for school feeding and 43072 for household food security.
12250	Infectious disease control	Immunisation; prevention and control of infectious and parasite diseases, except malaria (12262), tuberculosis (12263), HIV & AIDS and other STDs (13040). It includes diarrheal diseases, vector-borne diseases (e.g. river blindness and guinea worm), viral diseases, mycosis, helminthiasis, zoonosis, diseases by other bacteria and viruses, pediculosis, etc.

12261	Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns; promotion of improved personal hygiene practices, including use of sanitation facilities and handwashing with soap.
12262	Malaria control	Prevention and control of malaria.
12263	Tuberculosis control	Immunisation, prevention and control of tuberculosis.
12281	Health personnel development	Training of health staff for basic health care services.
13010	Population policy and administrative management	Population/development policies; demographic research/analysis; reproductive health research; unspecified population activities. (Use purpose code 15190 for data on migration and refugees. Use code 13096 for census work, vital registration and migration data collection.)
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
13040	Std control including HIV & AIDS	ll activities related to sexually transmitted diseases and HIV & AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population & reproductive health	Education and training of health staff for population and reproductive health care services.
14030	Basic drinking water supply and basic sanitation	Programmes where components according to 14031 and 14032 cannot be identified. When components are known, they should individually be reported under their respective purpose codes: water supply [14031], sanitation [14032], and hygiene [12261].
14031	Basic drinking water supply	Rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, small distribution systems typically with shared connections/points of use. Urban schemes using handpumps and local neighbourhood networks including those with shared connections.
14032	Basic sanitation	Latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities. (Use code 12261 for activities promoting improved personal hygiene practices.)
51010	General budget support-related aid	Unearmarked contributions to the government budget; support for the implementation of macroeconomic reforms (structural adjustment programmes, poverty reduction strategies); general programme assistance (when not allocable by sector).
72010	Material Relief assistance and services	Shelter, water, sanitation, education, health services including supply of medicines and malnutrition management, including medical nutrition management; supply of other nonfood relief items (including cash and voucher delivery modalities) for the benefit of crisis affected people, including refugees and internally displaced people in developing countries, Includes assistance delivered by or coordinated by international civil protection units in the immediate aftermath of a disaster (in-kind assistance, deployment of specially-equipped teams, logistics and transportation, or assessment and coordination by experts sent to the field). Also includes measures to promote and protect the safety, well-being, dignity and integrity of crisis-affected people including refugees and internally displaced persons in developing countries. (Activities designed to protect the security of persons or properties through the use or display of force are not reportable as ODA.)
72040	Emergency Food Aid	Provision and distribution of food; cash and vouchers for the purchase of food; non-medical nutritional interventions for the benefit of crisis-affected people, including refugees and internally displaced people in developing countries in emergency situations. Includes logistical costs. Excludes non-emergency food assistance (52010), food security policy and administrative management (43071), household food programmes (43072) and medical nutrition interventions (therapeutic feeding) (72010 and 72011)
72050	Relief coordination; protection and support services	Measures to co-ordinate the assessment and safe delivery of humanitarian aid, including logistic, transport and communication systems; direct financial or technical support to national governments of affected countries to manage a disaster situation; activities to build an evidence base for humanitarian financing and operations, sharing this information and developing standards and guidelines for more effective response; funding for identifying and sharing innovative and scalable solutions to deliver effective humanitarian assistance.
73010	Reconstruction relief and rehabilitation	Social and economic rehabilitation in the aftermath of emergencies to facilitate recovery and resilience building and enable populations to restore their livelihoods in the wake of an emergency situation (e.g. trauma counselling and treatment, employment programmes). Includes infrastructure necessary for the delivery of humanitarian aid; restoring pre-existing essential infrastructure and facilities (e.g. water and sanitation, shelter, health care services, education); rehabilitation of basic agricultural inputs and livestock. Excludes longer-term reconstruction ("build back better") which is reportable against relevant sectors.
74010	Disaster prevention and preparedness	Building the responsiveness, capability and capacity of international, regional and national humanitarian actors to disasters. Support to the institutional capacities of national and local government, specialised humanitarian bodies, and civil society organisations to anticipate, respond and recover from the impact of potential, imminent and current hazardous events and emergency situations that pose humanitarian threats and could call for a humanitarian response. This includes risk analysis and assessment, mitigation, preparedness, such as stockpiling of emergency items and training and capacity building aimed to increase the speed and effectiveness of lifesaving assistance delivered in the occurrence of crisis.

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EPF
European Parliamentary Forum
for Sexual & Reproductive Rights

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