



**DONORS  
DELIVERING  
FOR SRHR**



**REPORT  
2022**

Tracking OECD Donor Funding  
for Sexual and Reproductive  
Health and Rights

## ABOUT DSW

### **Deutsche Stiftung Weltbevölkerung (DSW)**

is a global development organisation that addresses the challenges faced by youth to exercise their sexual and reproductive health and rights (SRHR) and to meet their need for health services. We work with young people to raise awareness on SRHR, gender equality, and improving access to modern contraceptives. We work with policy-makers to ensure political and financial support for SRHR and youth-friendly services, and advocate for political commitment and critical investments into global health and Research & Innovation (R&I) for poverty-related and neglected diseases. We work in close collaboration with partners to address SRHR challenges through multisectoral approaches and with research based organisations, academia, and product development partnerships on PRND advocacy.

With headquarters in Hannover, Germany, DSW operates two liaison offices in Berlin and Brussels, as well as country offices in east Africa (Ethiopia, Kenya, Tanzania, and the partner organisation Action 4 Health Uganda). We combine advocacy expertise in different geographies, youth-oriented programmes in east Africa, and research activities generating unique insights about effectively advancing the SRHR agenda to pursue our vision: a world where all youth - especially girls and young women - live free from disease and make independent and informed choices about their sexual and reproductive lives with full access to sexuality education, health services, and modern contraceptives.

For more information please visit [www.dsw.org/en/eu/](http://www.dsw.org/en/eu/)



## 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 on the number of children they wish to have, and should never be denied the education or other means to achieving this goal 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 which protect people's sexual and reproductive health and rights.

EPF's Secretariat is based in Brussels, Belgium.

For more information please visit [www.epfweb.org](http://www.epfweb.org)

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### ACKNOWLEDGMENTS

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## ABOUT THE ADVISORY COMMITTEE

The Donors Delivering for SRHR Advisory Committee consists of several experts on tracking OECD DAC donor funding for SRHR. They have supported the development of the Donors Delivering

Methodology. The results of each tracking exercise and the report have been discussed with the Advisory Committee members for their input, comments, and suggestions.



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## PREFACE by Jason Bremner

Over the last decade, we have seen both incredible progress as well as heart-breaking setbacks to bodily autonomy and sexual and reproductive health and rights. We have seen new funders and champions emerge as supporters of SRHR, while also seeing regressive policies and legal decisions. We have seen great gains in technologies, service delivery, and methods that are increasing access to a wide range of choices for women, girls, and all people, while also dealing with disruptions such as conflict, natural disasters, Ebola, Zika, and COVID-19 that challenge our ability to deliver Universal Access to SRHR.

Through both the good and the bad, remaining consistent in our tracking of data is critical to understanding progress and setbacks and being resilient in the face of turbulence. Efforts to annually track donor support for SRHR have become a key part of this consistent tracking of data. This year's Donors Delivering for SRHR Report gives us insight into overall trends in donor country financing of SRHR as well as individual profiles of each OECD donor country.

Just like the last decade, this year's findings suggest both progress and challenges. After two years of decrease, the total Official Development Assistance (ODA) disbursements for the 30 OECD DAC donor countries increased in 2020, as donors responded to the threat of the COVID-19 pandemic and supported low- and middle-income countries in their response. Overall SRHR disbursements increased as well, and two thirds of OECD DAC donors increased their SRHR disbursements, in some cases because donors included protections to SRHR in their funds to support response to the pandemic.

The data suggests, however, that the majority of donor countries do not prioritize SRHR, and SRHR remains a small share of overall ODA. Only three of the 30 OECD countries profiled spent more than 5% of their ODA on SRHR and nearly half spent less than 2%. While several countries increased SRHR funding to multilaterals and to bilateral programmes as a response to COVID-19, it is unclear whether this will translate into additional SRHR funding in the years ahead as the global economy struggles with inflation and a recession, and ODA budgets come under pressure due to responses to the conflict in Ukraine as well as shifting domestic priorities.

One thing that has not changed over the last decade, however, is the growing number of people demanding universal access to SRHR. More people than ever before are accessing health care, demanding quality services, and seeking a variety of choices. Donor financing remains a key aspect of SRHR financing as countries take different paths and trajectories toward Universal Health Coverage (UHC). This Donors Delivering for SRHR report along with the efforts of many other partners who are tracking SRHR and its components, including family planning (FP), HIV and more are an important part of ensuring that we meet their demands, rights, and choices.

## INTRODUCTION



**Neil Datta**

EPF

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**Jan Kreutzberg**

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Executive Director

We are pleased to present the 2022 edition of Donors Delivering for SRHR Report. This report is an important tool to support both policy-makers and advocates by tracking, analysing, and comparing funding from different donors for the full SRHR agenda. The methodology used in the report is based on the updated Muskoka 2 Methodology developed by the London School of Hygiene and Tropical Medicine (LSHTM), adding a few elements in order to allow to track funding for SRHR according to the comprehensive SRHR definition published in the groundbreaking 2018 report from the Gutmacher-Lancet Commission.

Amongst the several excellent methodologies and reports tracking funding for Reproductive, Maternal, Neonatal and Child Health (RMNCH), Sexual and Reproductive Health (SRH), and FP that exist, the Donors Delivering for SRHR methodology provides a complementary approach by capturing the full breadth of SRHR. This includes importantly the Sexual and Reproductive Rights (SRR) aspect. It uses average percentages applied to data reported by

donors to the OECD DAC database and as such builds on the previous Euromapping Methodology (2011–2018). The same methodology is applied to all OECD DAC donors to enable comparison and to rank funders in terms of their support of SRHR as part of their ODA.

The Donors Delivering for SRHR Report tracks support in three (partially) overlapping categories which cannot be added together to a total amount, but should instead be looked at separately for a differentiated picture of a donor's profile:

- 1. SRHR** to highlight the importance of the support of the whole SRHR agenda.
- 2. FP**, a subset of SRHR with a specific tracking method agreed at the 2012 FP2020 Summit.
- 3. RMNCH** as part of SRHR is increasingly integrated into broader programmes. RMNCH-tracking is based on the revised Muskoka 2 Methodology approved by donors and experts.

All data is retrieved from the Organisation of Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database, where data is officially reported by donors and made publicly available, allowing for any interested party to crosscheck this methodology.

This report analyses both the total amounts disbursed to SRHR, FP, and RMNCH as well as the disbursements relative to the donor's total ODA. It therefore allows for an assessment of donors' prioritisation (or de-prioritisation) of SRHR in their international cooperation.

Similar to the previous two editions, this year's Donors Delivering Report confirms the disappointing tendency that some of the larger donors did not necessarily spend more on SRHR (in relative terms as a percentage of ODA), which shows a lack of political prioritisation. While the data shows some limited increases or decreases for SRHR, FP, and RMNCH disbursements, both the total and relative funding for these areas remained more or less stable.

This general lack of prioritisation of SRHR in international cooperation funding sadly is a reflection of the current political situation. In recent years, we have witnessed increased contestation of SRHR, gender equality, and women and girls' rights globally, including in Europe. The most striking example of this strengthened opposition is the recent overturning of *Roe v. Wade* by the United States Supreme Court, a case that almost fifty years ago was critical to granting women across the

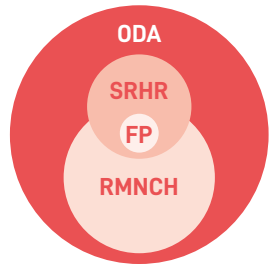
US access to safe and legal abortion care, a right which is now being dismantled. Furthermore, it is clear that the COVID-19 crisis has led to a global de-prioritisation of SRHR, as it was considered non-essential in many contexts. The Russian invasion of Ukraine, which has forced in particular European countries to step up their support to humanitarian action, is now also causing both energy and food security crises which further threaten the diversion of critical ODA funds to addressing the consequences of the war.

This de-prioritisation of SRHR, both in policies and in funding, is leading to a lack of access to essential health services related to sexuality for millions of individuals, especially women and girls, who are unable to make independent and informed decisions over their own bodies. It is simply unacceptable that this is still the case in 2022. In these critical times, we are confident that the Donors Delivering for SRHR Report will prove useful to SRHR advocates and champions, both from civil society and government, in renewing political commitments and, more importantly, translating them into actions.

We would like to thank the Advisory Committee for their continued support, expertise, and valuable input on the report.

## EXECUTIVE SUMMARY

### TRACKING DONOR SUPPORT TO SRHR AS PART OF THEIR ODA



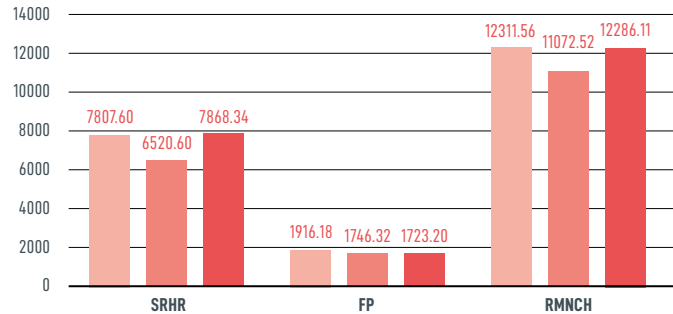
The Donors Delivering for SRHR Report is an annual publication about the state of global funding for SRHR, RMNCH, and FP. Specifically, it tracks the total funding support and the share of ODA that OECD DAC donors dedicate to these areas. The report does this by combining the Muskoka 2 Methodology, developed by the LSHTM, with tracking donors' ODA allocation to SRR. The findings of the current report are based on ODA disbursements in 2020 as the most recent confirmed data available.

### OVERALL SRHR SUPPORT INCREASED IN 2020

In 2020, after a drop in disbursements in 2019, donors' SRHR funding was back to the level of 2018. This is mainly due to several large donors increasing the total amount of their SRHR disbursements, including the US, Canada, Germany, Japan, and the EU Institutions.

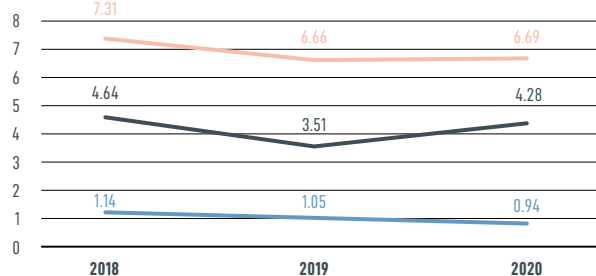
**SRHR, FP and RMNCH total disbursements trend for all OECD DAC donors** in million USD, 2020 constant prices, for

2018 2019 2020

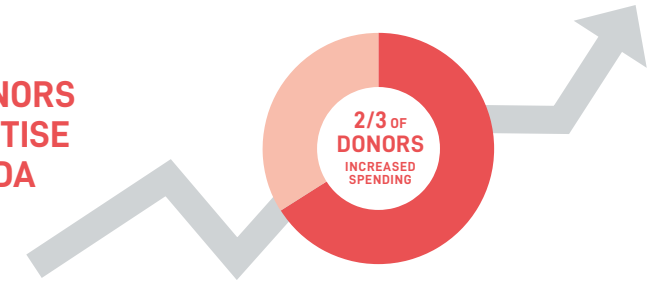


**SRHR, FP and RMNCH as percentage of ODA for all OECD DAC donors - trend** as a percentage of total ODA, 2018 - 2020

SRHR  
FP  
RMNCH



### MANY LARGE DONORS FAILED TO PRIORITISE SRHR IN THEIR ODA IN 2020



Almost half of OECD DAC donors (14/30) spent <2% of their ODA on SRHR



Disappointingly, the latest data confirms a trend from previous years of large donors failing to prioritise SRHR funding in their ODA. This means that many countries who contribute the highest amount of SRHR funding in real terms only allocate a comparatively small percentage of their ODA to supporting SRHR. Accordingly, donors such as Germany, the EU Institutions, or France, who are some of the leading donors in 'real terms', lag behind smaller donors such as Iceland and the Netherlands when it comes to prioritising SRHR by allocating a larger percentage of ODA to SRHR.

Only 5 out of 30 donors spent >4% of their ODA on SRHR



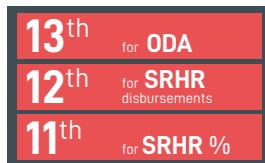
The US is the biggest donor by far (both in total and relative terms) with almost 12% of ODA spent on SRHR. Other top donors (relative to ODA) include Canada, the Netherlands, Iceland, and Sweden, all spending between 4.09% and 8.02% of their ODA on SRHR.

### THE EU: STRONG ON ODA BUT NOT ON SRHR FUNDING

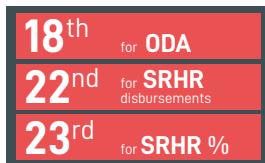
While jointly the largest ODA donors (accounting for more than 50% of all ODA), the EU Institutions and EU Member States taken together account for only 25.12% of all donors' SRHR disbursements in 2020.

## EXECUTIVE SUMMARY: DONOR RANKING

 AUSTRALIA



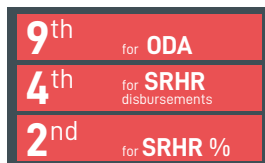
 AUSTRIA



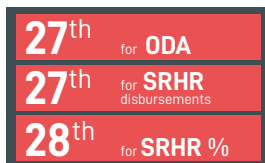
 BELGIUM



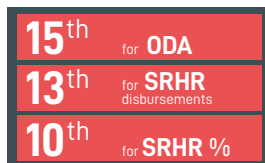
 CANADA



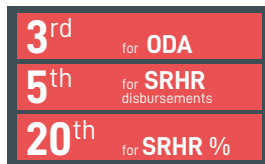
 CZECH REP.



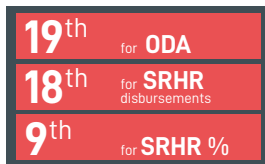
 DENMARK



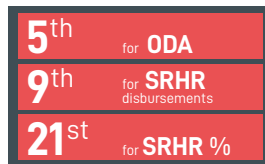
 EU INSTITUT.



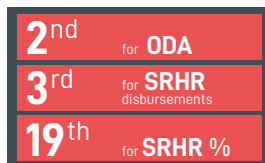
 FINLAND



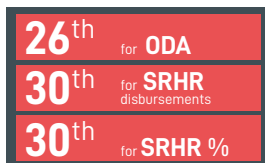
 FRANCE



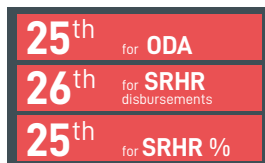
 GERMANY



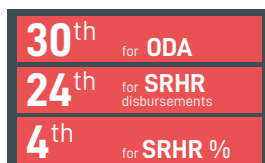
 GREECE



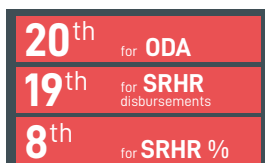
 HUNGARY



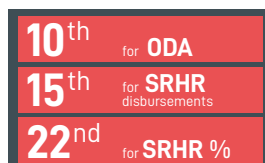
 ICELAND



 IRELAND

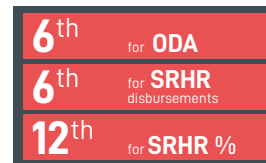


 ITALY

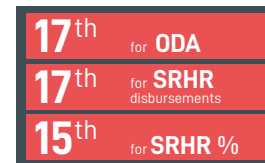


DONORS IN ALPHABETICAL ORDER, OUT OF 30 OECD DAC DONORS.

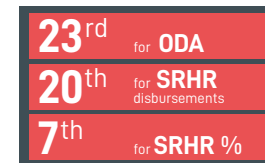
 JAPAN



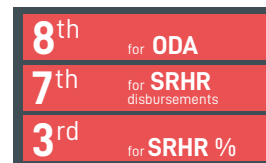
 KOREA



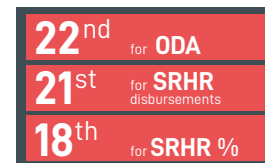
 LUXEMBOURG




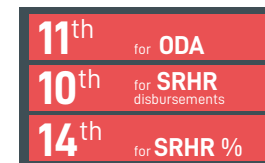
 NETHERLANDS



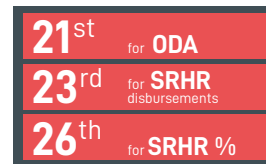
 NEW ZEALAND



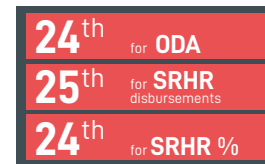
 NORWAY



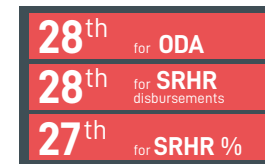
 POLAND



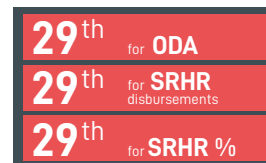
 PORTUGAL




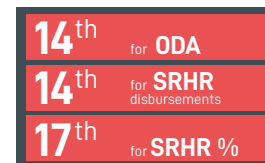
 SLOVAK REP.



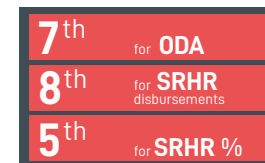
 SLOVENIA



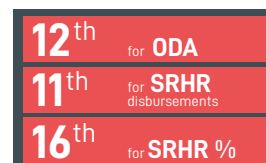
 SPAIN



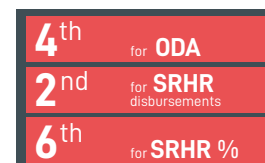
 SWEDEN



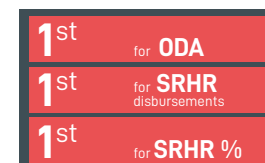
 SWITZERLAND



 UK



 USA





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# MAIN FINDINGS



## POLITICAL SITUATION IN 2020

2020 was a year dominated by the global spread of COVID-19. WHO declared a worldwide pandemic in March 2020. This was followed by lockdowns, travel restrictions, pressure on health care systems, and human tragedy. In 2022, while the world started to emerge from this long COVID-19 slumber and slowly returned to 'normal' life including in-person interactions, public gatherings, and international travel, the long-term impact of the pandemic started to become visible. In its 2022 SDG report, the UN estimates that COVID-19 erased more than four years of progress against poverty, disrupted essential health services and intensified violence against women and girls. Data on the impact of COVID-19 on women's SRH and specifically their access to FP is still limited. The 2021 FP2030 progress report found that FP advocates and providers have shown a strong resilience. The disruptions and shutdowns of the pandemic seem to have had less impact on women's SRH than initially expected. However, further and more in-depth research is still needed.

In 2020 and subsequent years, the area of SRHR has also been one of great contrast.

The global community convened in Paris in June 2021 at the Generation Equality Forum (GEF) and made a series of ambitious commitments around gender equality, including SRHR, totalling over 40 billion USD. A few weeks later in June 2021, the European Parliament adopted its most ambitious report on SRHR in decades, known as the Matic Report, named after its author, centre-left Croatian member of parliament Predrag Fred Matic, which called on EU Institutions and Member States to make SRHR a priority in their development cooperation. In the US, the new administration of President Biden rescinded the Global Gag Rule (and related restrictions), paving the way to restore funding to SRHR actors, including civil society organisations and UNFPA. However, 2021 was also the year that the UK officially left the EU and that the UK government announced to cut funding to ODA from 0,7% to 0,5% of Gross National Income (GNI) including an 85% cut of the UK's contribution to the UNFPA Supplies Partnership and significant cuts to other flagship SRHR programmes. The magnitude of the actual reductions remains to be seen over the next few years. In addition, in June 2022, women in the US woke up one

morning to learn that the US Supreme Court had decided to revoke the constitutionally guaranteed right to abortion, which had been in place since 1973. This provoked an avalanche of legislative actions and litigation across the US, but also around the world, aiming to restrict access to abortion and other SRH services for some actors, or to enshrine the right to abortion and SRR in law by others.

Finally, it would not be possible to consider the political situation without referring to the multiple humanitarian crises that the world is facing today. The complex crises in Afghanistan, Ethiopia, Somalia, South Sudan, the Syrian Arab Republic and Yemen have fuelled mass population movements and severely tested health systems in host countries. Most recently, the war in Ukraine created one of the largest movements of people in recent history (7 million refugees outside Ukraine and 7 million internally displaced) in a few short months. This conflict also cruelly exposes the centrality of SRHR in humanitarian and conflict settings. In addition to the systematic sexual aggression committed by invading forces, there is also the destruction of health and educational facilities which

will have serious implications for meeting the immediate basic needs of a country with a population of 44 million, as well as more long-term consequences. Moreover, this conflict is having ripple effects around the world as a result of the disruption in food exports and skyrocketing energy prices, placing many low- and middle-income countries in a precarious situation in relation to food security and indeed even political stability.

While the data on ODA, SRHR, FP, and RMNCH presented in the 2022 Donors Delivering for SRHR Report covers 2020, we should keep in mind the above developments as they may have an impact on donors' SRHR funding in the years to come.

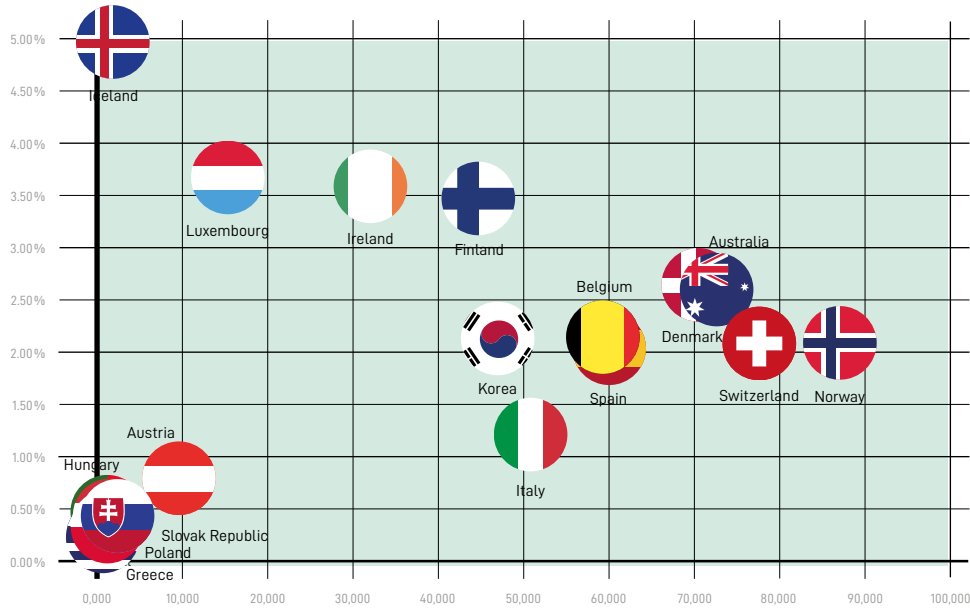
Despite these many challenges, the general public and decision-makers alike around the world understand that SRHR are central to well-being and indeed human dignity. One crucial way to ensure that everyone, in particular women and girls, are able to enjoy their sexual and reproductive rights is for donor countries to play their part and support SRHR through their ODA.

# HOW OECD DAC DONORS PERFORMED ON SRHR SUPPORT IN 2020 – A COMPARISON

## TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF ODA IN 2020

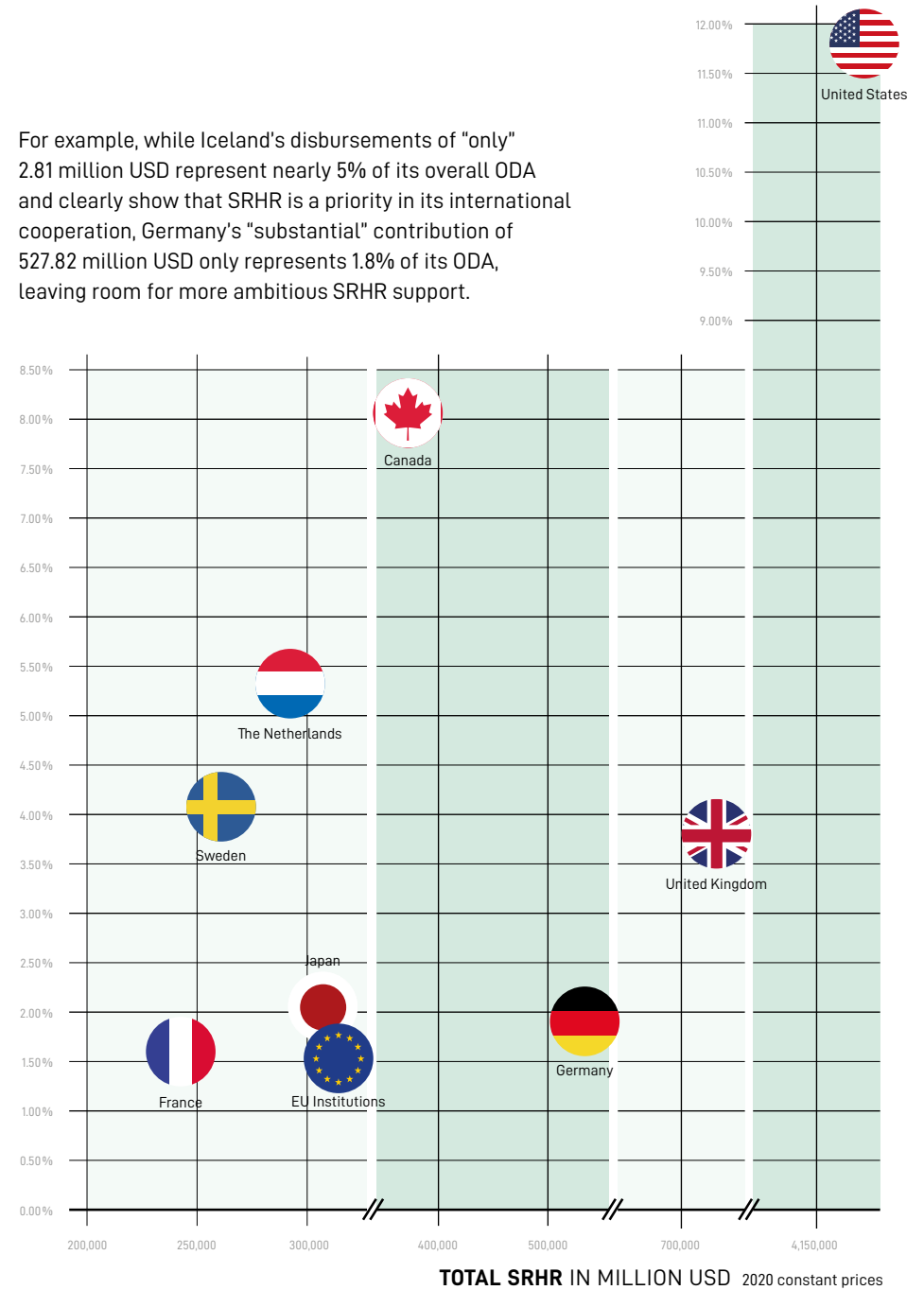
The US continues to be the overall biggest supporter of SRHR in 2020, both in terms of total disbursements (4.174 billion USD) and in relative terms, spending almost 12% of their ODA budget on SRHR. The US alone provided more than half of all SRHR ODA funding in 2020. But Canada, the Netherlands, Iceland, and Sweden also clearly stand out as SRHR champions by prioritising funding of SRHR as an important part of their ODA (reaching between 8.02% and 4.09%). Some other smaller donors such as Luxembourg, Ireland and Denmark also outperform many larger donors (including Germany, France, and the EU institutions) by spending between 3.6% and 2.65% of their ODA on SRHR. Other donors' substantial disbursements to SRHR only represent a small percentage of their total ODA (less than 2%). This is the case for, amongst others, Germany, France, Italy, Spain, and the EU Institutions.

### SRHR AS A % OF ODA



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

For example, while Iceland's disbursements of "only" 2.81 million USD represent nearly 5% of its overall ODA and clearly show that SRHR is a priority in its international cooperation, Germany's "substantial" contribution of 527.82 million USD only represents 1.8% of its ODA, leaving room for more ambitious SRHR support.

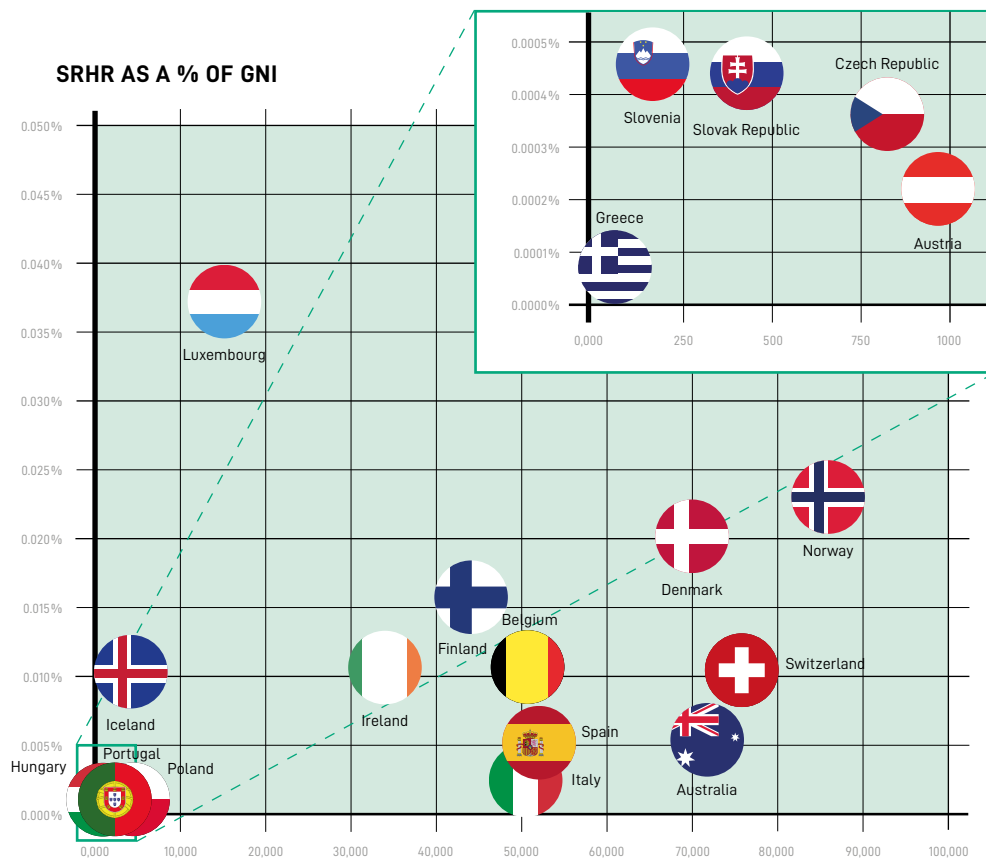


TOTAL SRHR IN MILLION USD 2020 constant prices

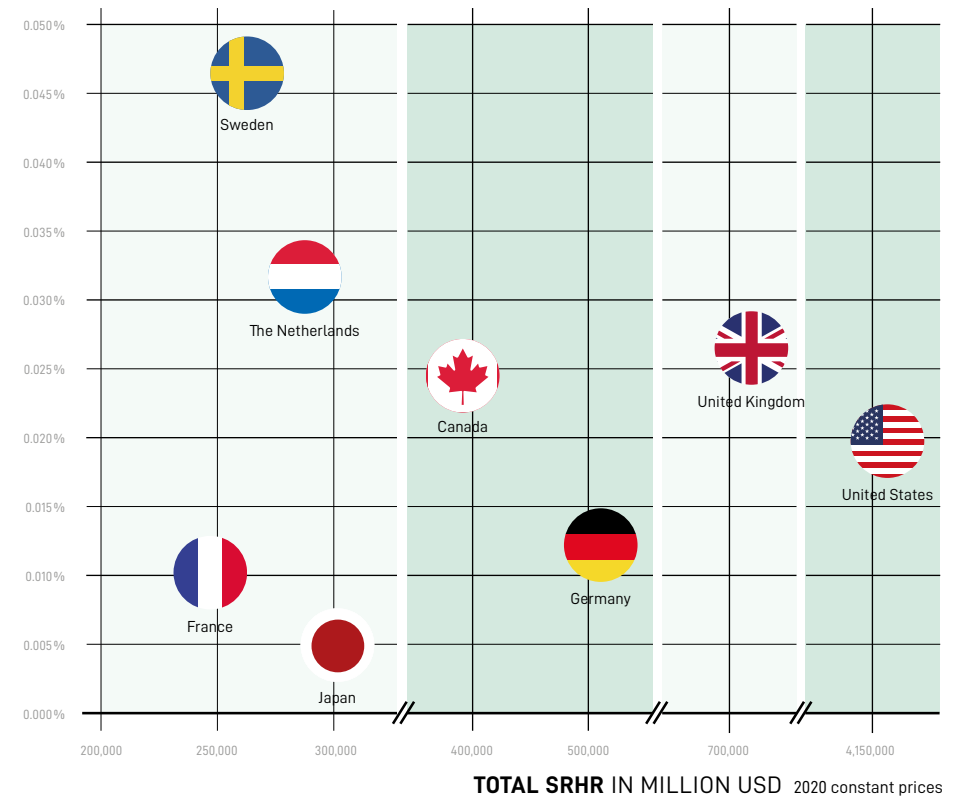
# PUTTING THE NUMBERS INTO PERSPECTIVE:

## TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF GNI IN 2020

The tendency that many bigger donors seem to "punch below their weight" while some smaller donors invest a larger part of their budget into SRHR ODA becomes even more apparent when looking at SRHR disbursements as a percentage of GNI. The graph below puts donors' total SRHR disbursements in 2020 into perspective by comparing it with their GNI.



For example, while the US is the top donor for both total SRHR disbursements and SRHR as a percentage of ODA, it only ranks seventh when looking at SRHR disbursements as a percentage of its GNI. It is outperformed by Sweden, Luxembourg, the Netherlands, the UK, Canada, and Norway.


























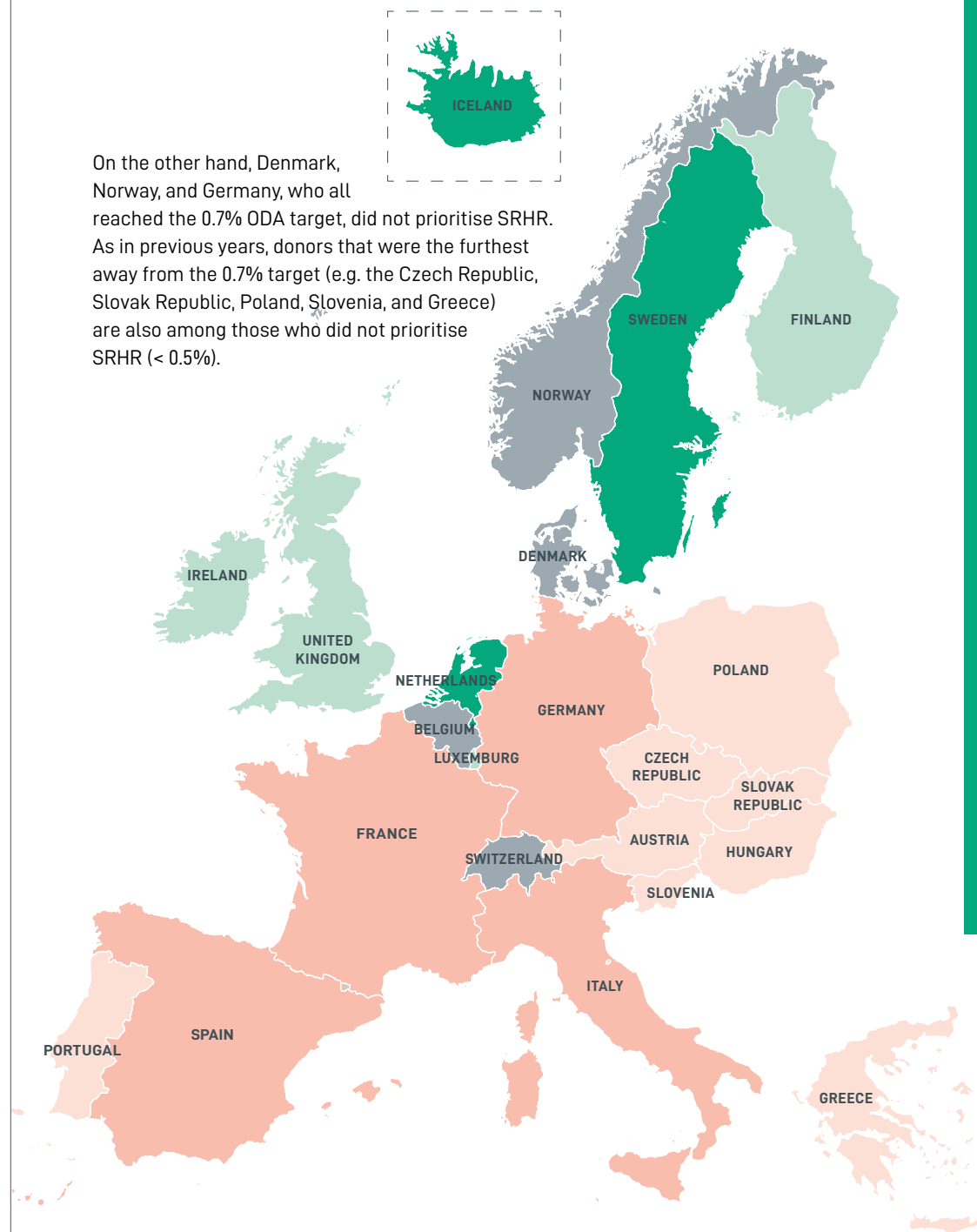
TOTAL SRHR IN MILLION USD 2020 constant prices

## ZOOMING IN ON EUROPE: RANKING OF SRHR DONORS

Global trends are also reflected in Europe: when looking at SRHR as a percentage of ODA, the top three donors in 2020 were the Netherlands, Iceland, and Sweden (> 4%), closely followed by the UK, Luxembourg, Ireland, and Finland (> 3.4%). They outperform countries such as France and Germany which have substantially bigger ODA budgets but are not prioritising SRHR (< 2%). Previously, the donors who met the UN target to allocate 0.7% of their GNI to ODA were also the ones that prioritised SRHR (> 3%). This was not the case in 2020. The top two countries for SRHR funding as a percentage of ODA (the Netherlands and Iceland) did not reach the 0.7% target.

### SRHR DISBURSEMENTS AS A PERCENTAGE OF ODA IN 2020

	Netherlands	5.39%	<b>&gt; 4%</b>
	Iceland	4.86%	
	Sweden	4.09%	
	United Kingdom	3.75%	<b>3 – 4%</b>
	Luxembourg	3.60%	
	Ireland	3.54%	
	Finland	3.45%	
	Denmark	2.65%	<b>2 – 3%</b>
	Belgium	2.20%	
	Norway	2.09%	
	Switzerland	2.06%	<b>1 – 2%</b>
	Spain	1.95%	
	Germany	1.80%	
	France	1.54%	
	Italy	1.20%	
	Austria	0.71%	
	Portugal	0.55%	
	Hungary	0.42%	
	Poland	0.38%	<b>0 – 1%</b>
	Slovak Rep.	0.31%	
	Czech Rep.	0.30%	
	Slovenia	0.26%	
	Greece	0.04%	

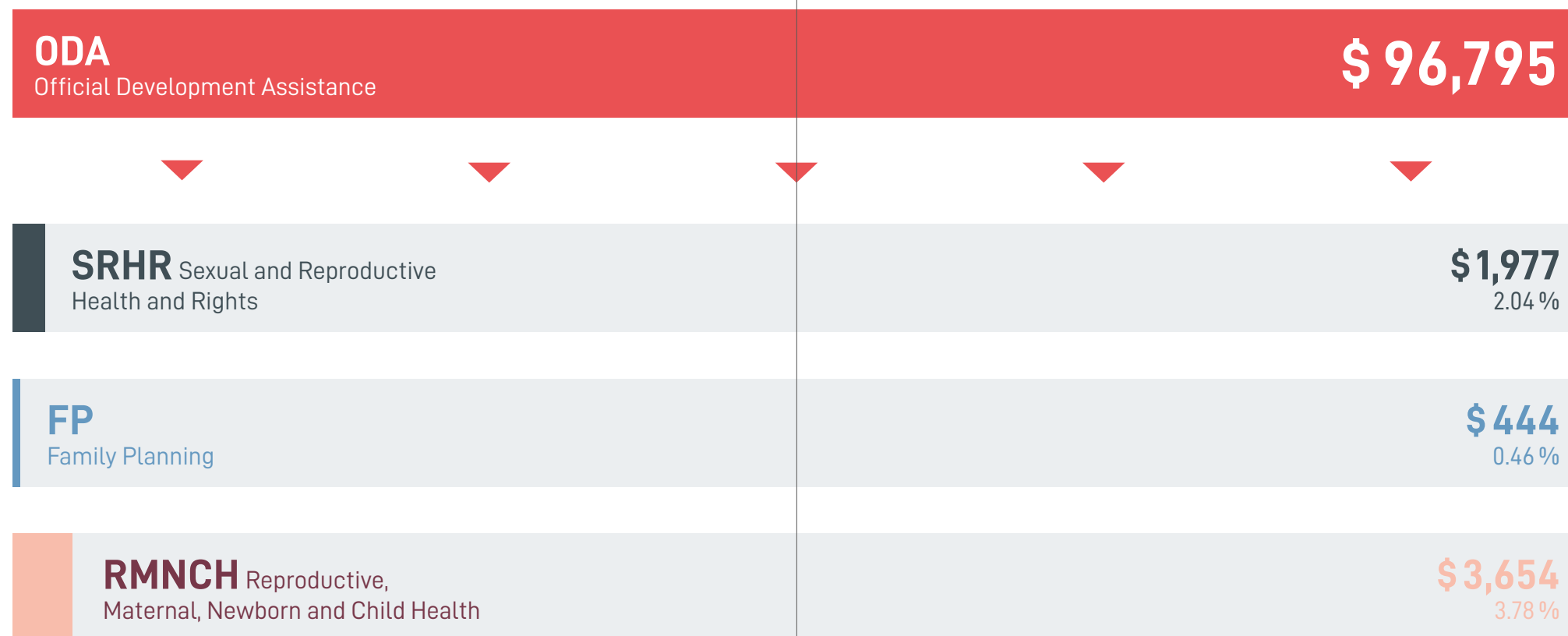


On the other hand, Denmark, Norway, and Germany, who all reached the 0.7% ODA target, did not prioritise SRHR. As in previous years, donors that were the furthest away from the 0.7% target (e.g. the Czech Republic, Slovak Republic, Poland, Slovenia, and Greece) are also among those who did not prioritise SRHR (< 0.5%).

## ZOOMING IN ON THE EU: CONTRIBUTIONS TO SRHR, FP, AND RMNCH

In 2020, only 2.04% of the total combined ODA spending of EU Institutions and EU Member States went to SRHR, 0.46% to FP, and 3.78% to RMNCH. In all three areas, these are considerably lower shares than in 2019.

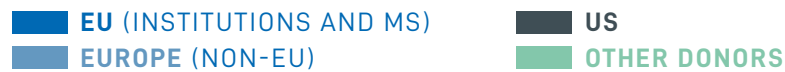
TOTAL DISBURSEMENTS IN MILLION USD (2020 constant prices)



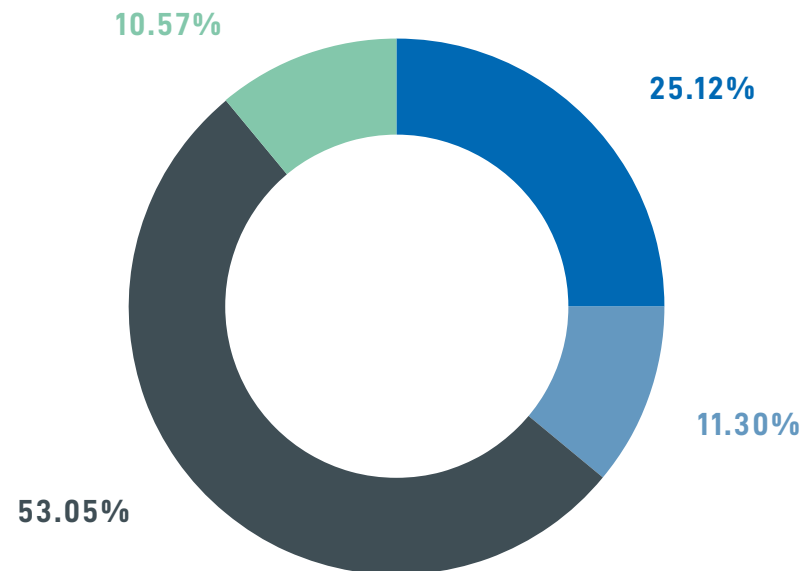
The total ODA (96.79 billion USD) from the EU Institutions' central budget and the national budgets of the EU Member States which are part of the OECD DAC represented more than half (52.19%) of all ODA disbursed globally by OECD DAC members in 2020. This is considerably lower than the 62% in 2019, which is however mainly due to the UK's formal departure from the EU in January 2020. As the UK is one of the main ODA donors (in absolute disbursements only preceded by the US, Germany, and the EU Institutions), its departure has had a considerable impact on the share of ODA disbursements of EU Institutions and Member States. When excluding UK disbursements from the 2019 data, the total ODA disbursements of the EU and the Member States in 2020 actually increased by 14.14 billion USD compared to 2019.

## THE EU: STRONG ON ODA BUT NOT ON SRHR SUPPORT

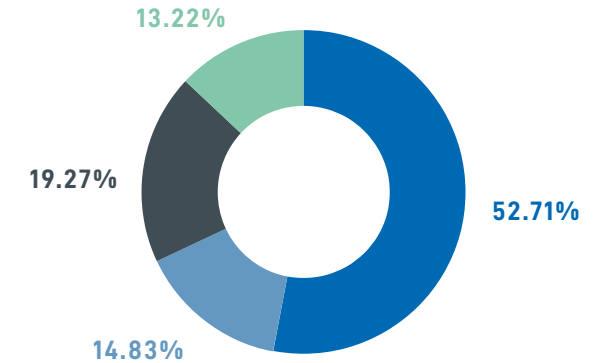
While jointly the largest ODA donors, the EU Institutions and EU Member States are smaller actors when it comes to supporting SRHR: jointly they account for only 25.12% of all donors' SRHR disbursements in 2020. In particular, in comparison to the high SRHR disbursements by the US, both in absolute and in relative terms (more than half of all SRHR disbursements came from the US), the EU is far from being an SRHR champion. The setbacks to the global SRHR agenda experienced during the COVID-19 pandemic and the expected consequences of current food and energy crises add to the urgent need for substantial increases by European donors. A similar trend can be witnessed for FP and RMNCH disbursements.



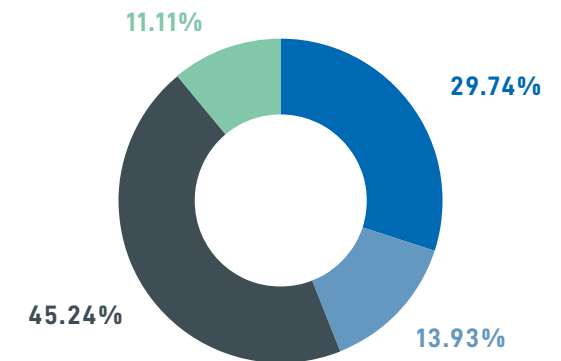
DONORS' SHARE OF TOTAL **SRHR** DISBURSEMENTS



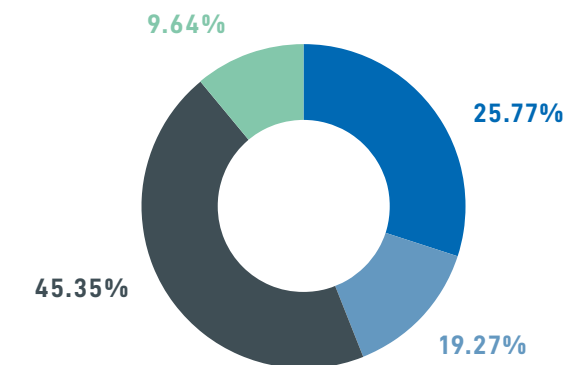
DONORS' SHARE OF TOTAL **ODA** DISBURSEMENTS



DONORS' SHARE OF TOTAL **RMNCH** DISBURSEMENTS



DONORS' SHARE OF TOTAL **FP** DISBURSEMENTS

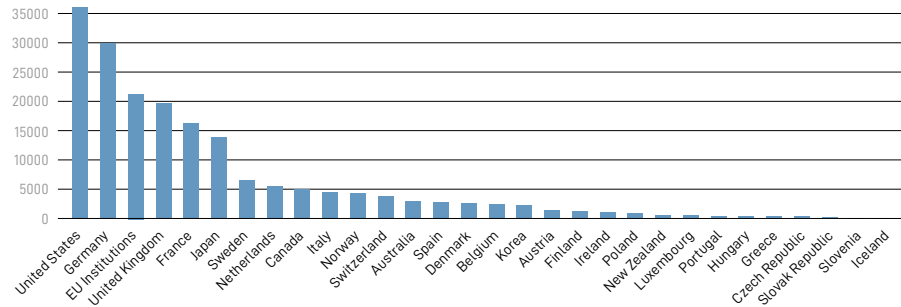


## ODA

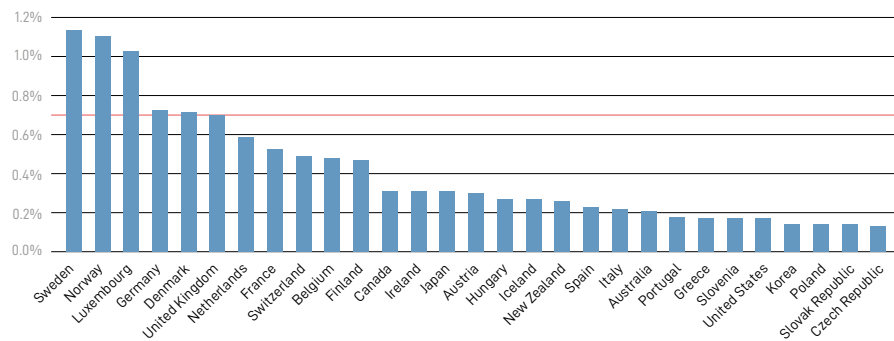
After two years of decrease, the total ODA disbursements from all OECD DAC donors combined increased substantially from 166.3 billion USD in 2019 to 183.6 billion USD in 2020. In addition, while only five countries (Denmark, Luxembourg, Norway, Sweden, and the UK) reached the long-pledged commitment to allocate 0.7% of their GNI to ODA in 2019, they were joined by Germany in 2020. Similar to previous years, in 2020 the collective ODA, as reported

under the OECD DAC, of EU Institutions and EU Member States that are members of the OECD DAC outweighed the ODA from all other OECD DAC donors. However, due to the UK, a substantial ODA donor, leaving the EU officially on January 31 in 2020, the EU's and EU Member States' share dropped from more than 60% in 2019 to slightly over 52% in 2020. As a consequence, the share of OECD DAC members that are not part of the EU increased by more than 10% in 2020.

**2020 ODA Disbursements** in million USD, 2020 constant prices



**2020 ODA Disbursements as a percentage of GNI**

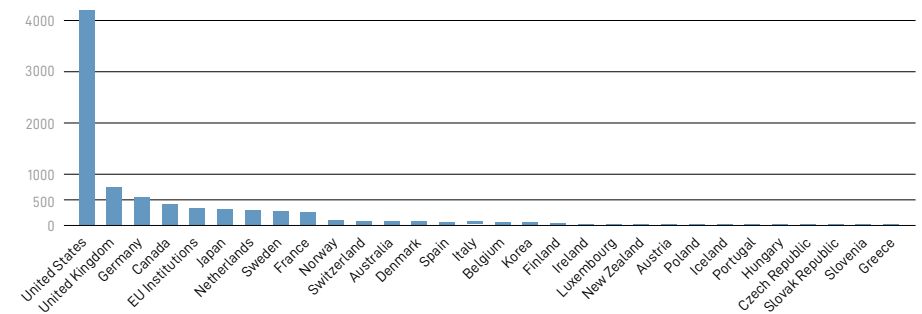


## SRHR DISBURSEMENTS

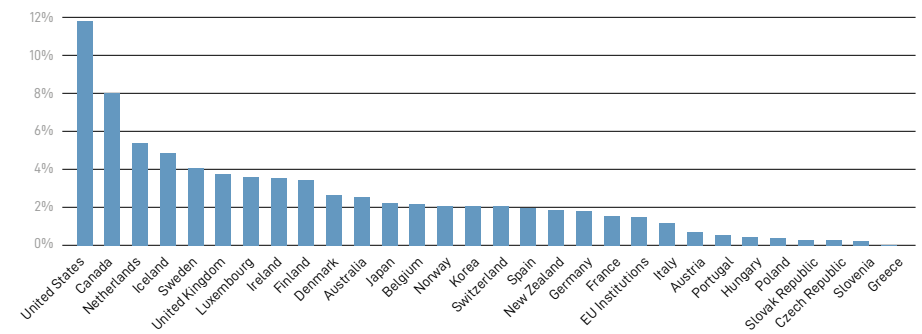
After a decrease in 2019, the total SRHR funding disbursed by all OECD DAC donors in 2020 returned to its 2018 level (7.8 billion USD). This can mainly be explained by a strong increase (slightly less than 1 billion USD) of SRHR disbursements by the US. But a number of other strong donors (Canada, Germany, Japan, and the EU Institutions) also increased their SRHR disbursements. While the UK decided to substantially cut its ODA only in 2021, it already decreased its SRHR funding by 16.7% in 2020. The US and the UK nevertheless remained the top SRHR donors

in 2020, followed by Germany, Canada, and the EU Institutions. When it comes to SRHR disbursements as a percentage of ODA, the US and Canada head the ranking, accompanied by the Netherlands, Iceland, and Sweden in the top five. The UK, Luxembourg, Ireland, Finland, and Denmark complete the top ten. Donors such as Germany, the EU Institutions, and France, who rank in the upper half when looking at total disbursements to SRHR (3<sup>rd</sup>, 5<sup>th</sup> and 9<sup>th</sup> place respectively), score poorly when amounts disbursed are compared to overall ODA (19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> place respectively).

**2020 SRHR Disbursements** in million USD, 2020 constant prices



**2020 Disbursements to SRHR as a percentage of ODA**

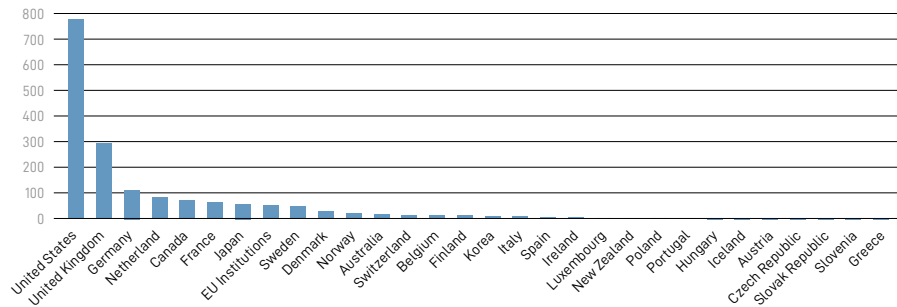


## FP DISBURSEMENTS

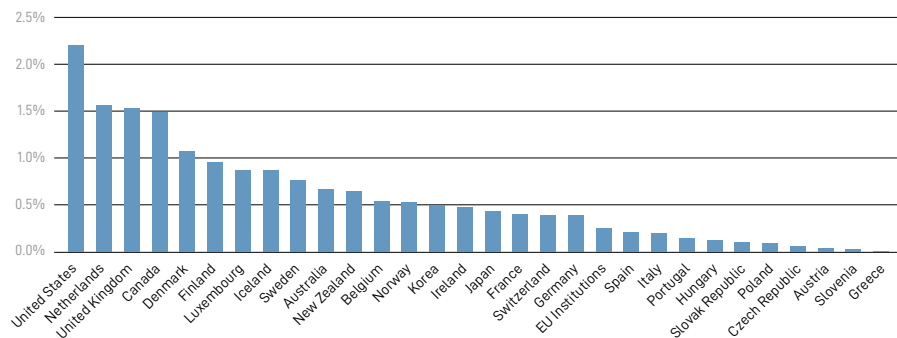
In 2020, the total volume of FP disbursements from the thirty OECD DAC donors was slightly over 1.7 billion USD. This is a small decrease compared to 2019. Similar to previous years, the US and the UK made by far the largest disbursements to FP, followed by Germany, the Netherlands, and Canada. The US still ranks in first place by a large margin when looking at FP disbursements as a percentage of ODA, although the gap with other donors such as the Netherlands, the UK, and Canada has become significantly smaller. While in 2016, Luxembourg still

ranked in first place with 2.65% of its ODA dedicated to FP, it moved to 7th place in 2020. As a result, Denmark entered the top five in 2020. Similar to the SRHR disbursements, smaller donors such as Finland and Iceland also scored very highly when looking at FP disbursements as a share of ODA. The opposite holds true for Germany, France, and the EU institutions, who rank in the top ten when looking at total FP disbursements but move to the lower half of the ladder when looking at FP disbursements as a percentage of ODA.

**2020 FP Disbursements** in million USD, 2020 constant prices



**2020 FP Disbursements as a percentage of ODA**

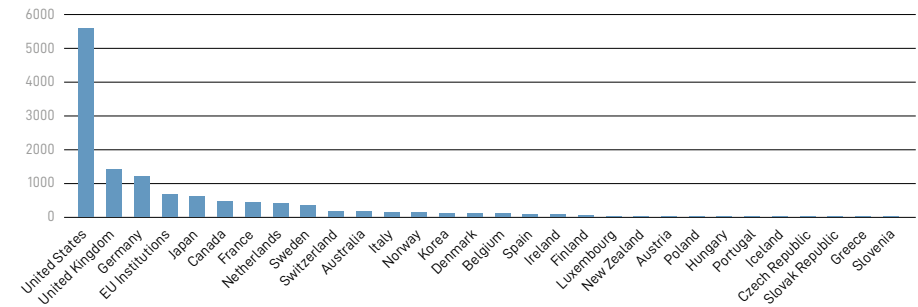


## RMNCH DISBURSEMENTS

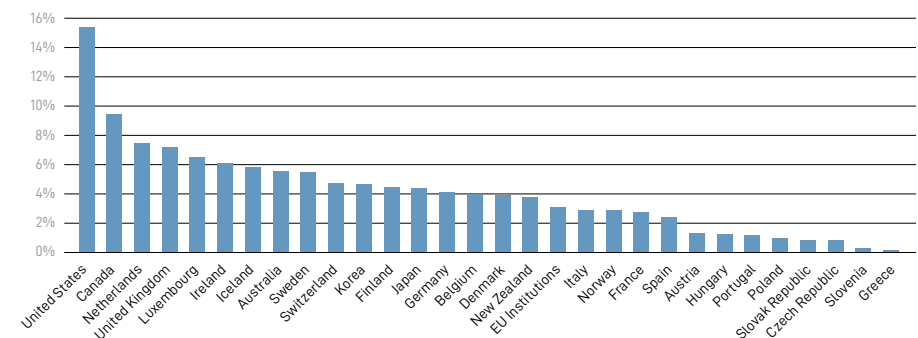
The total volume of RMNCH disbursements from the thirty DAC donors for 2020 was close to 12.3 billion USD, which, after a significant decrease in 2019, is back at 2018 levels. Similar to SRHR and FP, the US remains by far the largest donor of ODA to RMNCH, amounting to around 45% of the total disbursements for RMNCH. The UK, Germany, the EU Institutions, and Japan complete the top five. While the US still remains the top donor when looking at RMNCH disbursements as a percentage of ODA, some of the other top donors, such as Germany, the EU Institutions, and

Japan, move to the lower half of the ranking. Smaller donors on the other hand, including Luxembourg, Ireland, Iceland, and Denmark, move up in the ranking with a much larger share of their ODA dedicated to RMNCH. This again holds especially true for Iceland, moving from the bottom five to the top seven. Donors such as Canada, the Netherlands, and the UK disbursed a considerable amount to RMNCH, both as total disbursement and as a percentage of ODA.

**2020 RMNCH Disbursements** in million USD, 2020 constant prices



**2020 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 to track ODA funding to SRHR, based on the Muskoka 2 Methodology developed by the LSHTM. Via the Muskoka 2 Methodology, it is possible to track funding specifically for RMNCH as well as towards its subcomponents individually. In this disaggregation, 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. The sum of all this provides an estimate of a donor's ODA benefitting RMNCH and its three components.

In this report, the Muskoka 2 Methodology is applied to all OECD DAC donors as if they were following this method to allow for comparison. However, to track a donor's funding to SRHR, 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 a 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 already included in Muskoka 2 were taken into account. This exercise resulted in the identification of six additional CRS codes that should be considered when analysing donor disbursements to SRR.

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

Following 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 benefits SRHR, FP, and RMNCH is calculated as the proportion of all disbursements from the multilateral that benefit SRHR, FP, and RMNCH each year. For example, 30.4% of the value of disbursements from the Global Fund in 2020 were considered to support SRHR, according to the updated SRHR tracking

Muskoka 2  
RH + MNH



Tracking method for  
ODA allocation to SRR

methodology. Therefore, 30.4% of each bilateral donor's core contribution to the Global Fund in 2020 was counted towards that bilateral donor's SRHR contribution. The only exceptions are the RMNCH and the RH, MNH, and CH contributions for GAVI, UNFPA, and UNICEF for which the Muskoka 2 Methodology foresees fixed percentages. Furthermore, only multilateral organisations that contribute more than 5% of their disbursements to RMNCH according to the calculations of the LSHTM were included.

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).

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 SRHR/ 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.

1 | One of the Humanitarian Aid CRS codes (74010: Disaster prevention and preparedness) no longer exists in the OECD DAC list. Therefore it was decided to use instead code 74020: Multi-Hazard response preparedness. The same percentage was kept.

## SELECTED PERCENTAGES PER OECD DAC CRS CODE UNDER THE MUSKOKA 2, THE DONORS DELIVERING, AND THE FP METHODOLOGY

Bilateral DAC purpose codes		RMNCH	RH	MNH	SRR	SRHR	FP
11230	Basic life skills for adults	0.00%	0.00%	0.00%	2.00%	2.00%	0.00%
11231	Basic life skills for youth	0.00%	0.00%	0.00%	2.00%	2.00%	0.00%
15150	Democratic participation and civil society	0.00%	0.00%	0.00%	1.00%	1.00%	0.00%
15160	Human Rights	0.00%	0.00%	0.00%	7.00%	7.00%	0.00%
15170	Women's equality organisations and institutions	0.00%	0.00%	0.00%	17.00%	17.00%	0.00%
15180	Ending violence against women and girls	0.00%	0.00%	0.00%	41.00%	41.00%	0.00%
16064	Social mitigation of HIV & AIDS	0.00%	0.00%	0.00%	9.00%	9.00%	0.00%
12110	Health policy & administrative management	40.00%	1.90%	13.50%	0.00%	15.40%	5.00%
12181	Medical education/training	40.00%	1.00%	15.10%	0.00%	16.10%	5.00%
12182	Medical Research	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
12191	Medical services	40.00%	1.80%	15.70%	0.00%	17.50%	5.00%
12220	Basic health care	40.00%	0.60%	9.40%	0.00%	10.00%	5.00%
12230	Basic health infrastructure	40.00%	0.70%	12.90%	0.00%	13.60%	5.00%
12240	Basic nutrition	100.00%	0.50%	37.90%	0.00%	38.40%	0.00%
12250	Infectious disease control	40.00%	0.50%	1.50%	0.00%	2.00%	0.00%
12261	Health education	40.00%	6.20%	11.00%	0.00%	17.20%	5.00%
12262	Malaria control	varies*	0.00%	15.00%	0.00%	15.00%	0.00%
12263	Tuberculosis control	varies*	0.00%	0.00%	0.00%	0.00%	0.00%
12281	Health personnel development	40.00%	0.60%	16.40%	0.00%	17.00%	5.00%
13010	Population policy and administrative management	40.00%	23.40%	12.00%	0.00%	35.40%	5.00%
13020	Reproductive health care	100.00%	15.80%	58.90%	0.00%	74.70%	20.00%
13030	Family planning	100.00%	97.30%	2.00%	0.00%	99.30%	100.00%
13040	STD control including HIV & AIDS	varies*	varies*	0.00%	0.00%	0.00%	3.00%
13081	Personnel development for population & reproductive health	100.00%	14.50%	70.10%	0.00%	84.60%	5.00%
14030	Basic drinking water supply and basic sanitation	15.00%	0.00%	0.00%	0.00%	0.00%	0.00%
14031	Basic drinking water supply	15.00%	0.00%	0.00%	0.00%	0.00%	0.00%
14032	Basic sanitation	15.00%	0.00%	0.00%	0.00%	0.00%	0.00%
51010	General budget support-related aid	varies*	varies*	0.00%	0.00%	0.00%	0.50%
72010	Material relief assistance and services	4.40%	0.10%	0.90%	0.00%	1.00%	0.00%
72040	Emergency food aid	1.90%	0.00%	0.60%	0.00%	0.60%	0.00%
72050	Relief coordination; protection and support services	2.10%	0.10%	0.50%	0.00%	0.60%	0.00%
73010	Reconstruction relief and rehabilitation	1.40%	0.00%	0.40%	0.00%	0.40%	0.00%
74020	Multi-hazard response preparedness	1.50%	0.00%	0.40%	0.00%	0.40%	0.00%

Multilateral Agency/Initiative	2018			2019			2020		
	RMNCH	SRHR	FP	RMNCH	SRHR	FP	RMNCH	SRHR	FP
GAVI	91.00%	2.00%	0.00%	91.00%	<b>2.00%</b>	0.00%	91.00%	2.00%	0.00%
Global Fund to Fight AIDS, TB and Malaria	41.40%	22.10%	5.00%	40.90%	21.10%	5.00%	42.90%	30.40%	5.00%
IDA	5.50%	2.50%	1.00%	4.80%	2.10%	1.00%	5.90%	2.60%	1.00%
UNFPA	49.00%	52.60%	20.00%	49.00%	52.20%	20.00%	49.00%	50.50%	20.00%
UNICEF	15.00%	4.50%	0.00%	15.00%	4.60%	0.00%	15.00%	4.60%	0.00%
UNAIDS	39.20%	40.80%	0.00%	5.00%	5.00%	0.00%	0.00%	9.00%	0.00%
UNRWA	6.40%	1.60%	0.00%	6.10%	1.50%	0.00%	6.30%	1.60%	0.00%
World Food Programme	3.90%	1.40%	0.00%	2.20%	0.70%	0.00%	3.80%	1.30%	0.00%
World Health Organisation	37.60%	16.30%	5.00%	31.20%	14.60%	5.00%	29.70%	12.70%	5.00%
Asian Development Bank	2.90%	0.60%	0.00%	1.90%	0.30%	0.00%	6.40%	3.60%	0.00%
African Development Fund	0.50%	0.20%	0.00%	0.40%	0.20%	0.00%	1.20%	0.30%	0.00%



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# DONOR PROFILES

# HOW TO READ THE DONOR PROFILES

## DONOR'S POLITICAL PROFILE

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

## HOW MUCH MONEY DID THE DONOR DISBURSE TO SRHR, FP AND RMNCH FROM 2018 – 2020?

The graph shows the total volume of a donor's disbursements to SRHR, FP, and RMNCH between 2018 – 2020. RMNCH and SRHR are collected based on the Muskoka 2 Methodology and the additional SRHR tracking method. For FP, the FP2030 Methodology is used.

## TO WHAT EXTENT DID THE DONOR PRIORITISE SRHR, FP AND RMNCH IN THEIR ODA BETWEEN 2018 AND 2020?

The graph provides a historical overview of a 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 FP2030 Methodology.

## DONOR RANKING 2020

Overview of where a donor ranks in terms of ODA, total SRHR disbursements and SRHR disbursements as a percentage of ODA compared to the other OECD DAC donors.



### THE CURRENCY

All development finance statistics are measured in USD constant prices with reference to the year 2020, as per OECD DAC database. This allows for a closer idea of the volume of flows over time, as adjustments have been made to cover inflation and exchange rates between a 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 would therefore lead to a duplication of results. Rather, SRHR, FP, and RMNCH should be seen as three overlapping issues which have been looked at separately here.

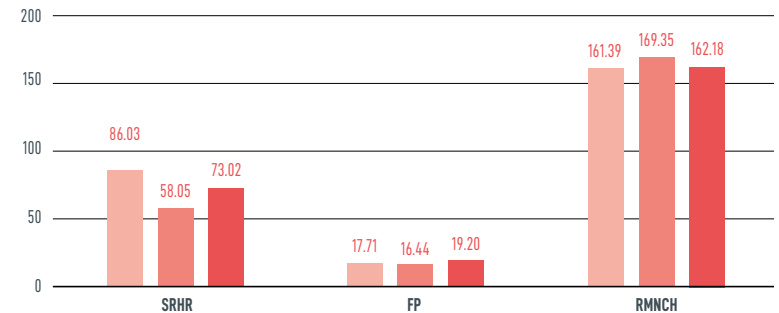
N.B. Donor profile graphs use a tailored scale according to a donor's results and can therefore not be compared.

## AUSTRALIA

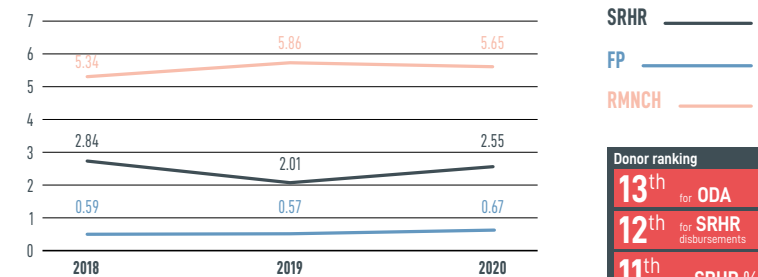
In May 2020, Australia launched its new development policy: 'Partnerships for Recovery: Australia's COVID-19 Development Response'. This new strategy aims to support Australia's partners in the region, who are vulnerable to both the health and economic impact of the pandemic, in their COVID-19 response and recovery efforts. Health security is one of the three main areas of this response which also includes support to local organisations to combat gender-based violence (GBV) and deliver essential sexual and reproductive health (SRH) services that have been disrupted due to the pandemic.

While a declining trend in Australia's funding for SRHR and FP had been ongoing since 2016, this changed in 2020. Disbursements to SRHR have increased again but remain below the 2018 level, while disbursements for FP have even exceeded the 2018 level. [...]

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



SRHR  
FP  
RMNCH

**Donor ranking**

**13<sup>th</sup>** for ODA

**12<sup>th</sup>** for SRHR disbursements

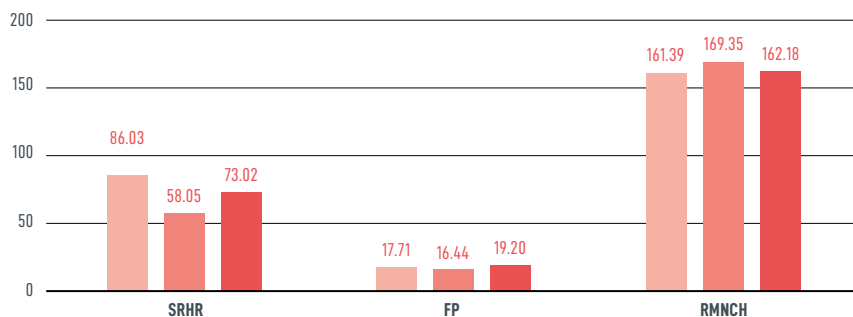
**11<sup>th</sup>** for SRHR %  
out of 30 OECD DAC donors

# AUSTRALIA

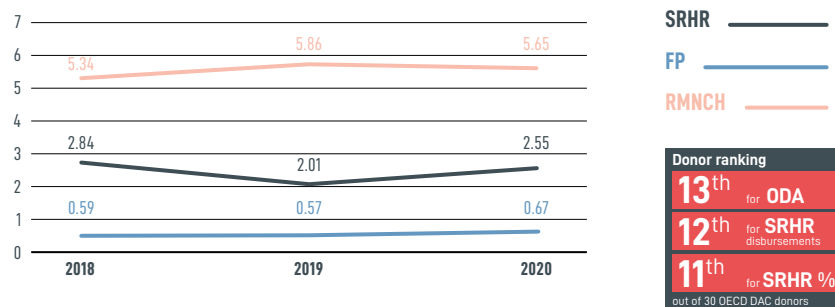
In May 2020, Australia launched its new development policy: 'Partnerships for Recovery: Australia's COVID-19 Development Response'. This new strategy aims to support Australia's partners in the region, who are vulnerable to both the health and economic impact of the pandemic, in their COVID-19 response and recovery efforts. Health security is one of the three main areas of this response which also includes support to local organisations to combat gender-based violence (GBV) and deliver essential sexual and reproductive health (SRH) services that have been disrupted due to the pandemic.

While a declining trend in Australia's funding for SRHR and FP had been ongoing since 2016, this changed in 2020. Disbursements to SRHR have increased again but remain below the 2018 level, while disbursements for FP have even exceeded the 2018 level. This holds true for disbursements both in absolute terms as well as relative to ODA. Australia's disbursements to RMNCH, on the other hand, saw a decrease from 2019 to 2020 but funding remains above the 2018 level.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

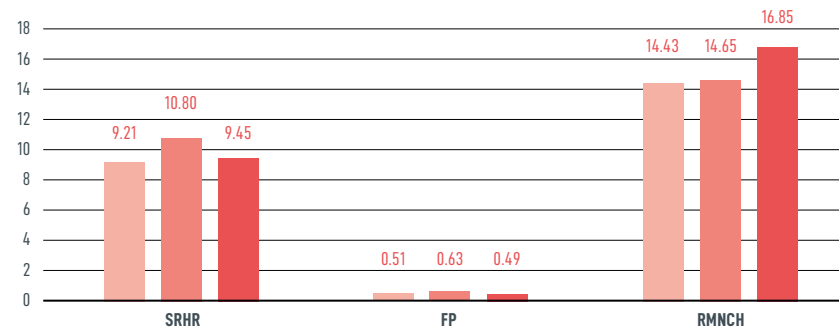


# AUSTRIA

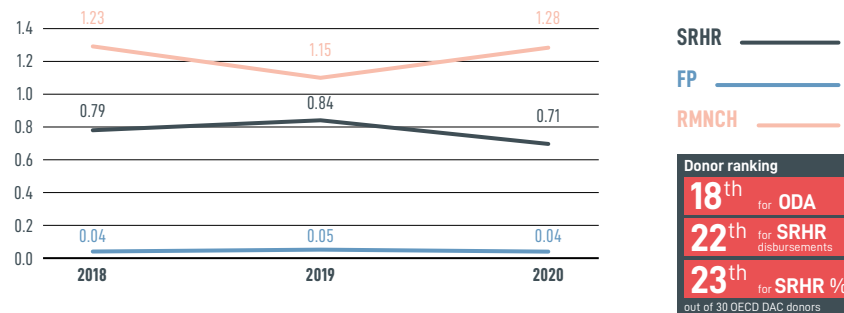
Austria listed access to health, including SRHR, as a major field of activity in its Three-Year Programme on Austrian Development Policy 2019 – 2021. In this programme, the promotion of both SRHR and FP is mentioned as a central instrument to achieve health for all. In addition, gender equality is included as a cross-cutting issue and it refers, among others, to combating sexual and gender-based violence (SGBV) as well as to female genital mutilation (FGM). A new three-year programme for the period 2022 - 2024 is currently being developed but not publicly available yet. In addition, Austria has also developed a policy on 'Gender Equality and the Empowerment of Women and Girls' which is strongly linked to the implementation of the EU Gender Action Plan II (GAP II). This policy document includes strong references to SRHR (including sexual education) and to sexual orientation and gender identity (SOGI).

Austria's RMNCH disbursements (both the total disbursements and the disbursements as a percentage of ODA) saw an increase between 2018 and 2020. The SRHR disbursements increased from 2018 to 2019 but then decreased again in 2020. Despite an increase of FP disbursements in 2019, in 2020 they reached a similar level as in 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

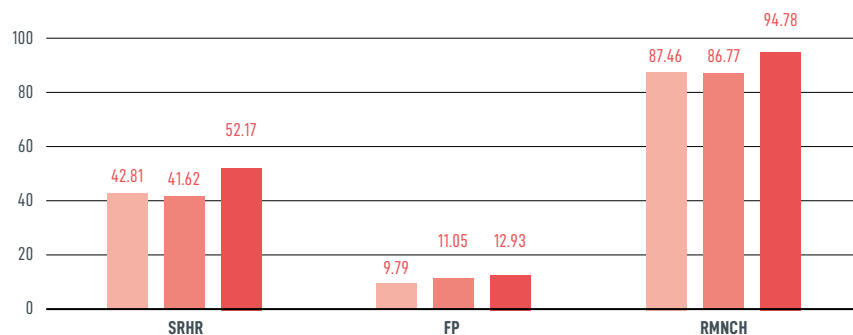


## BELGIUM

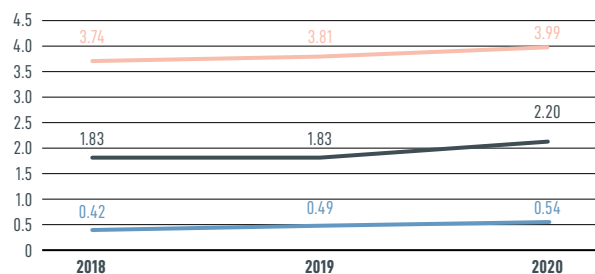
In its [2013 law on development cooperation](#), Belgium stressed the importance of SRHR for sustainable development and prioritised RH in its bilateral cooperation. Belgium is one of the driving forces behind the 'She Decides' movement. Current Prime Minister Alexander de Croo has been a She Decides Champion since the start and under current Minister of Development Cooperation Meryame Kitir, the Belgian government hosted the 2022 'She Decides +5' conference. During the COVID-19 pandemic, Belgium published a [response to the challenges faced by partner countries and organisations](#) which recognised the reduced access for women to SRHR services and the higher risk of GBV. While SRHR remains a priority in Belgium's bilateral cooperation, the emphasis is shifting to mainstreaming rather than SRHR-specific programme support.

In line with these political commitments, Belgium's disbursements on SRHR, FP, and RMNCH (both in total amounts and as a percentage of total ODA) increased from 2018 to 2020. Further increases are expected in 2021 and 2022 with the roll-out of ongoing She Decides government-to-government programmes. When they will end in 2023, new investments will be required to avoid a drop in SRHR funding.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



SRHR  
FP  
RMNCH

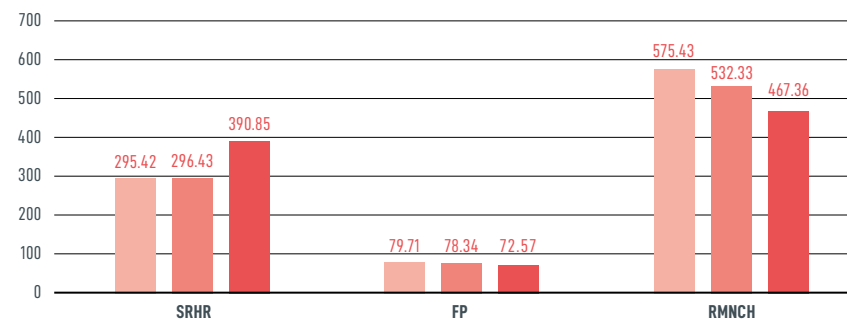
Donor ranking  
**16<sup>th</sup>** for ODA  
**16<sup>th</sup>** for SRHR disbursements  
**13<sup>th</sup>** for SRHR %  
out of 30 OECD DAC donors

## CANADA

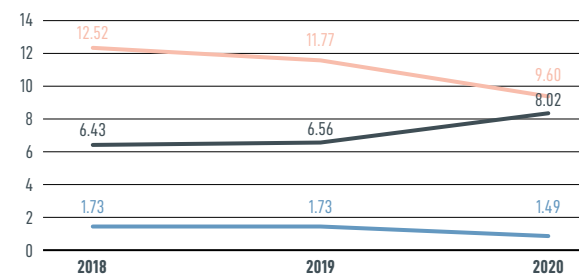
In 2017, Canada adopted a [feminist international assistance policy](#) that focuses on empowering women and girls and promoting gender equality. As part of this policy, it committed to supporting SRHR as a key area of action with an investment of 650 million USD over three years. More specifically, Canada is scaling up investments in underfunded areas, including access to safe abortion and post-abortion care, SRHR and Comprehensive Sexuality Education (CSE) for adolescents, support for FP, and advocacy for SRHR and the prevention of SGBV. These commitments were strengthened at the Women Deliver Conference in Vancouver in July 2019 and at the Nairobi Summit in November 2019. Canada committed to increasing support for women's, 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.

While remaining at a similar level between 2018 and 2019, Canada's SRHR funding increased substantially in 2020, both in terms of total disbursements and as a percentage of ODA. The opposite holds true for Canada's RMNCH and FP disbursements. Especially RMNCH funding, in terms of total disbursements and as a percentage of ODA, strongly decreased from 2018 to 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



SRHR  
FP  
RMNCH

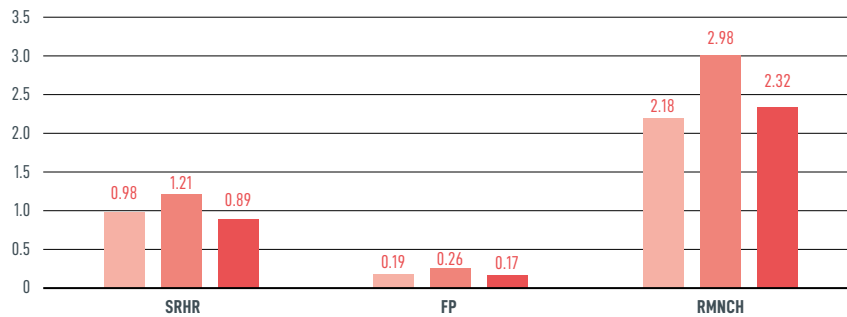
Donor ranking  
**9<sup>th</sup>** for ODA  
**4<sup>th</sup>** for SRHR disbursements  
**2<sup>nd</sup>** for SRHR %  
out of 30 OECD DAC donors

## CZECH REPUBLIC

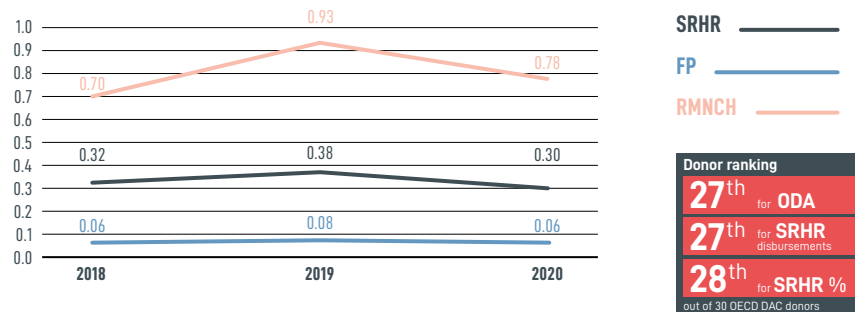
Social development, including education, health care, and support for social inclusion, is one of the priorities listed in the Czech [2018–2030 Development Cooperation Strategy](#). Respect for human rights, including gender equality and empowerment of women and girls are considered as cross-cutting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

There was a slight increase in Czech disbursements to SRHR, FP, and RMNCH from 2018 - 2019. However, it decreased again in 2020 to a slightly lower level of funding as in 2018 for SRHR and FP and a slightly higher level for RMNCH. This holds true for both total disbursements and for the disbursements as a percentage of ODA.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

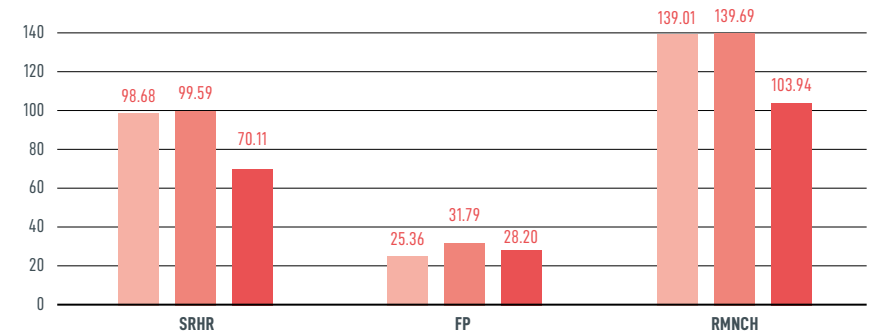


## DENMARK

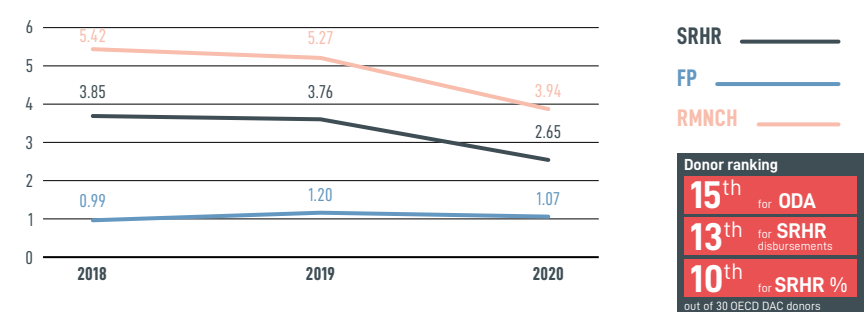
'The world we share - Denmark's strategy for development cooperation' confirms that gender equality and girls' and women's rights remain a cross-cutting priority in Denmark's humanitarian work and development interventions. It includes a specific focus on SRHR, both in terms of defending SRHR in international negotiations and supporting local SRHR initiatives. The government's [priorities for Danish development cooperation in 2022](#) also confirm this focus. In its [2022 Foreign and Security Policy](#), Denmark explicitly states that it wants to lead the fight for women's and girls' SRHR. Denmark contributes to SRHR through multilateral channels but also via bilateral country programmes. Previous government priorities have shown similar commitments: Denmark was one of the co-launchers of the 'She Decides' Initiative in 2017 and co-hosted the ICPD25 Summit in 2019.

Despite these strong commitments, Denmark's disbursements to SRHR, FP, and RMNCH decreased from 2019 to 2020. Both the SRHR and RMNCH funding (in total disbursements and as percentages of ODA) were significantly lower in 2020 than in 2018. FP disbursements on the other hand remained above the level of 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020





## EU INSTITUTIONS

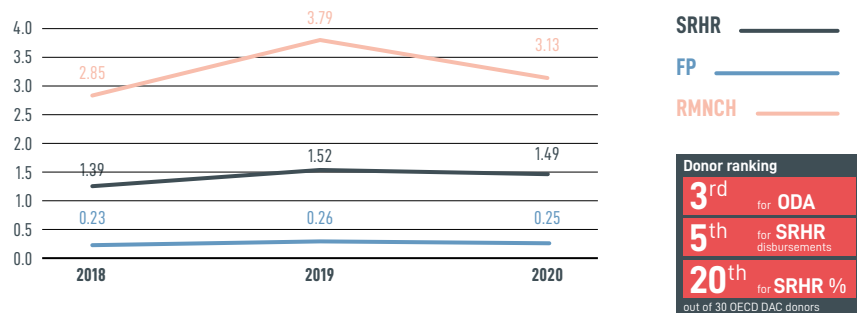
The EU shows a strong political commitment to SRHR in its international cooperation, which is, among others, reflected in the [EU Consensus on Development](#). The 2020 [Gender Action Plan III](#) (GAP III) also recognises SRHR as an essential priority for the achievement of gender equality. EU development cooperation is funded by the [Neighbourhood, Development and International Cooperation Instrument - Global Europe \(NDICI\)](#), which includes strong references to SRHR. These commitments are also reflected in the programming: especially in sub-Saharan Africa, more than twenty of the 2021-2027 country programmes contain references to SRHR or SRHR-related issues such as human development, UHC and gender equality and women's empowerment (GEWE). In addition, the European Commission, jointly with eleven other member states (including Germany and Sweden), is convening a Team Europe Initiative on SRHR in sub-Saharan Africa to complement the NDICI work in that region.

The total disbursements for SRHR, FP, and RMNCH show a clear increase of total funding in 2020. Despite this increase, the disbursements made up a smaller share of ODA in 2020 because they did not grow proportionally to the increase of overall ODA in 2020 compared to 2019.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020



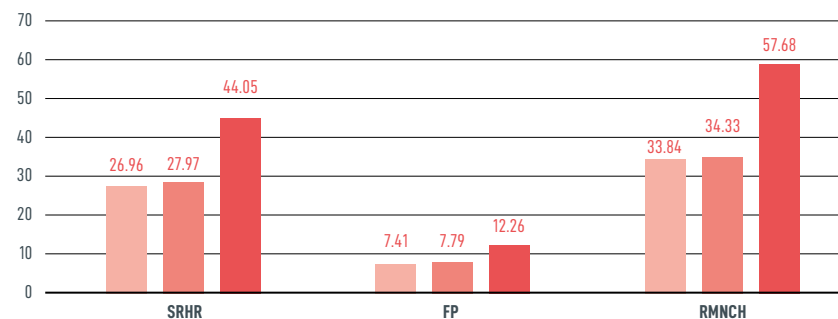
## FINLAND

In May 2021, the Finnish government adopted the ['Report on Development Policy across Parliamentary Terms'](#) that presents, among others, the main goals of Finland's development cooperation. One of these goals is promoting the rights of women and girls, including SRHR. This includes access to high-quality and non-discriminatory SRH services and CSE. It explicitly refers to the inclusion of men and boys in the realisation of these rights. SRHR is also one of the key priorities in [Finland's Humanitarian Policy](#) that was released in 2019.

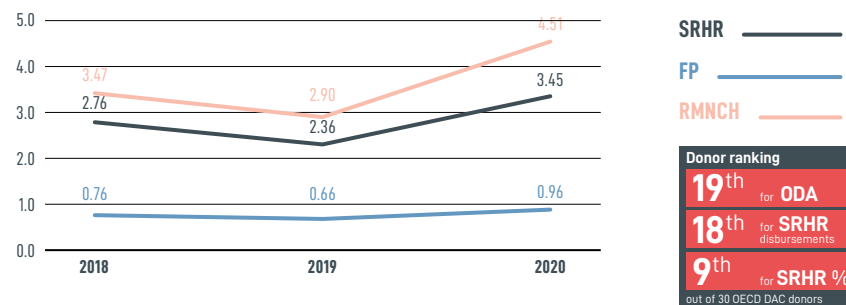
Finland clearly prioritises multilateral channels for its funding of SRHR, FP, and RMNCH, with more funding being disbursed via multilateral agencies than bilaterally. At the Nairobi ICPD25 Summit, Finland committed to significantly increasing funding to UNFPA.

While Finland's total SRHR, FP, and RMNCH funding remained at a similar level in 2018 and 2019, there was a significant increase in 2020. As a percentage of ODA however, disbursements fell from 2018 to 2019, linked to an increase in total ODA spending. In 2020, they increased again strongly to reach a level significantly higher than in 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020

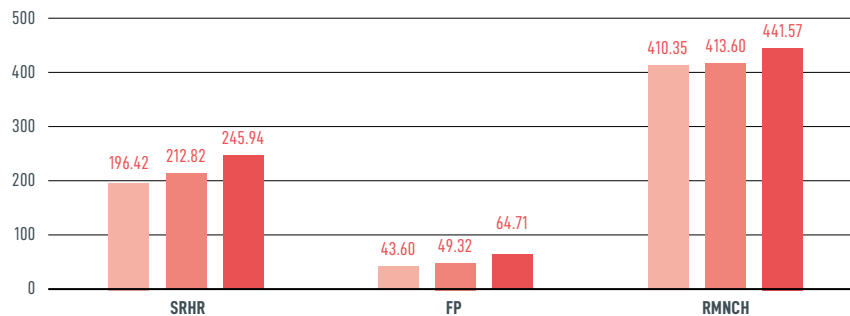


## FRANCE

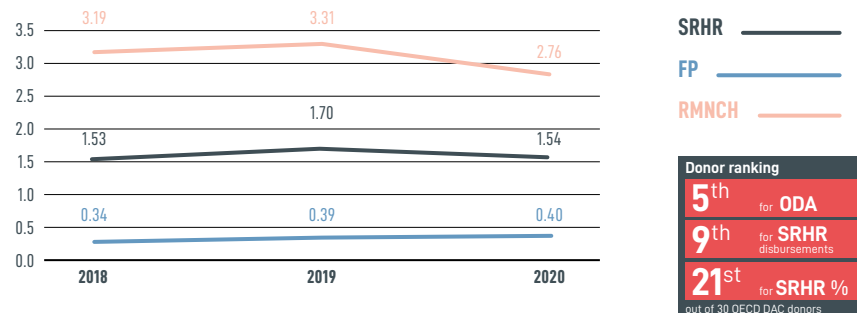
In 2021, France adopted its [Law on Inclusive Development and Combating Global Inequalities](#). Before the adoption of that law, France had already undertaken several key steps to implement a feminist diplomacy, including a [dedicated SRHR strategy in its external action](#), joining the She Decides 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 five years, including 18 million EUR to UNFPA Supplies. Other contributions are allocated e.g. to the SEMA initiative, the ODAS programme on safe abortion, and the Partnership Forum on Comprehensive Sexuality Education (UNFPA-UNESCO).

France's funding of SRHR, FP, and RMNCH, both total disbursements and disbursements as a percentage of ODA, only minimally increased between 2018 and 2019. In 2020, the total disbursements to SRHR, FP, and RMNCH increased more strongly while the percentage of ODA for all three either remained around the same level (FP) or dropped (SRHR and RMNCH). This is the result of a significant increase in France's total ODA, while the funding for SRHR, FP, and RMNCH only increased to a lesser extent.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## GERMANY

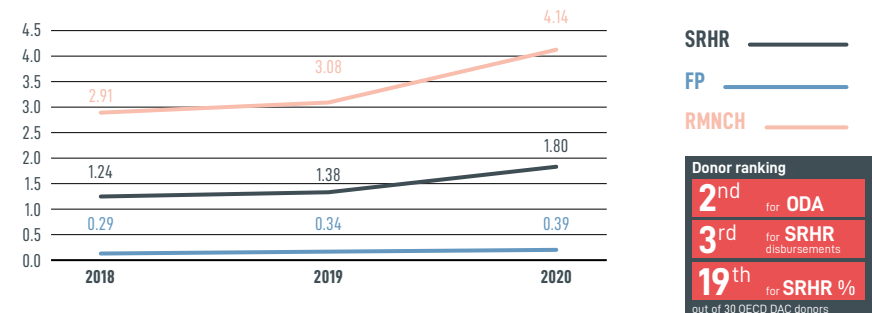
In September 2021, the new development minister announced a feminist development policy, meaning German development cooperation will actively address gender inequalities and promote the rights of women, girls, and other marginalised groups. Germany's SRHR policy is well established and mainly based on the 2008 policy paper 'Sexual and Reproductive Health and Rights and Population Dynamics' that will likely be updated as part of the BMZ health strategy in 2023. In response to the COVID-19 pandemic, the external cooperation budget for 2020 significantly increased, with additional core funding for both UNFPA (an additional 30 million EUR) and IPPF (an additional 3 million EUR). While slightly reduced in 2021, the investments for UNFPA (an additional 15 million) and IPPF (an additional 5 million) increased in 2022 as a reaction to the war in Ukraine to above pre-COVID level. Contributions to UNFPA Supplies were reduced from 2 million EUR to 750,000 EUR in 2021.

German disbursements for SRHR, FP, and RMNCH (both the total disbursements and disbursements as a percentage of ODA) increased significantly from 2018 to 2020. A significant share of Germany's overall disbursements to SRHR, FP, and RMNCH comes from core multilateral contributions.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## GREECE

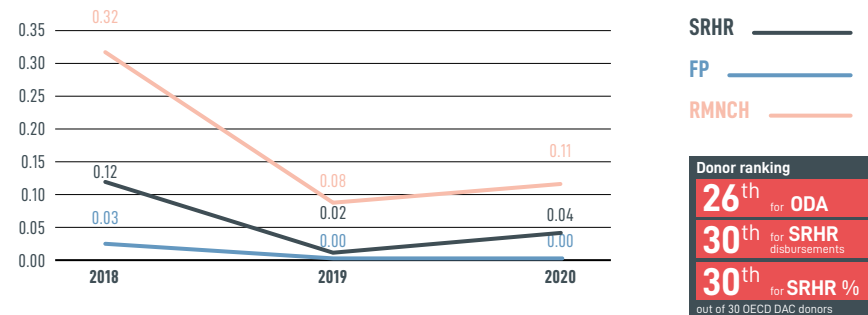
According to the 2019 OECD Development Co-operation Peer Review, Greek development cooperation has traditionally focused on poverty, hunger, health, education and culture, and peace and security. Gender equality and the empowerment of women and girls is considered a cross-cutting priority. There are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

Greek ODA increased between 2018 and 2020, with a clear peak in 2019. 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 in 2019 with a slight recovery in 2020 for both SRHR and RMNCH. When it comes to SRHR, FP, and RMNCH disbursements as a percentage of ODA, Greece disbursed a smaller share than any other OECD DAC donor.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## HUNGARY

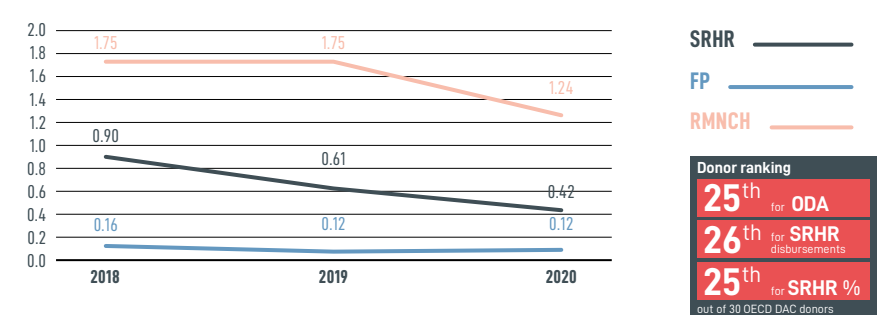
In 2020, Hungary adopted a new International Development Cooperation Strategy (2020–2025) which strives to address major global challenges in line with the SDGs. The strategy determines the thematic priorities for Hungary's development cooperation, including access to water and sanitation, healthcare, education, agriculture and information technology. No specific references to gender or SRHR are made.

Hungary's ODA significantly increased between 2018 and 2020 (from 278 million USD to 418 million USD), while the total disbursements to FP and RMNCH increased less significantly and the disbursements to SRHR even decreased. As a result, the disbursements as a percentage of ODA to SRHR, FP, and RMNCH decreased. The percentage of ODA that Hungary spent on SRHR in 2020 is less than half of the percentage spent in 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

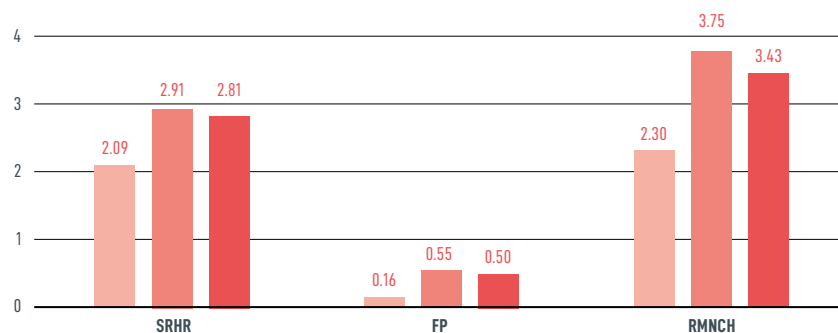


## ICELAND

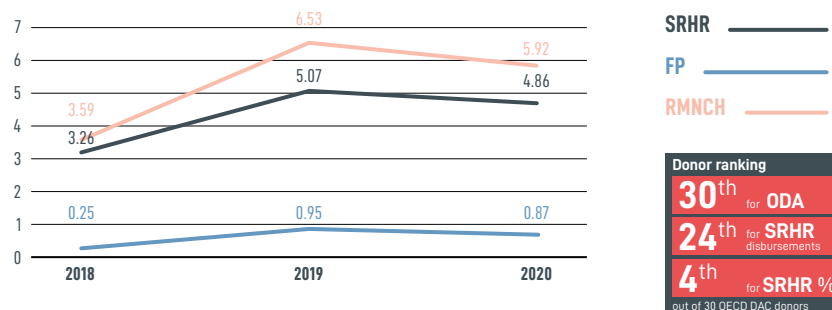
Quality basic health care and decreased maternal and neonatal mortality are considered priorities in Iceland's Policy for International Development Cooperation 2019 – 2023. SRHR is also listed specifically as part of these priorities. In addition, gender equality and human rights are recognised as key principles 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 is a small ODA donor, but clearly an SRHR champion. Its disbursements to SRHR, FP, and RMNCH, both in terms of total amounts and as percentages of ODA, increased significantly between 2018 and 2020, with a peak in 2019. Iceland's disbursements to FP more than tripled in that period.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

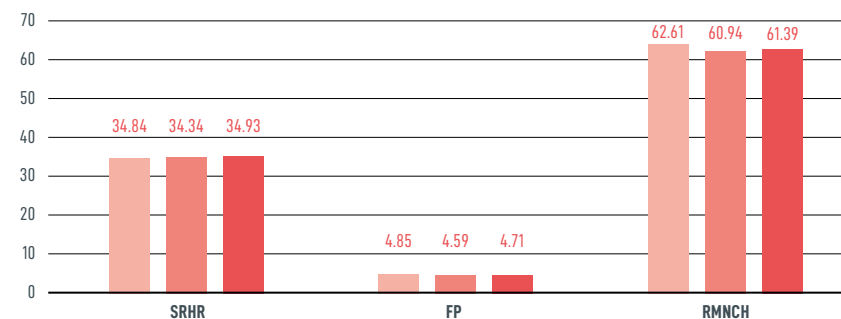


## IRELAND

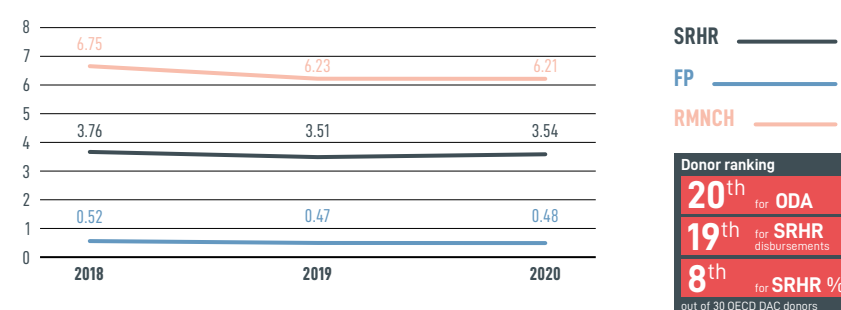
In 2019, Ireland adopted its new international development policy 'A Better World', which includes a proactive, rights-based approach to SRH. SRHR is mainstreamed throughout the document, which includes a commitment to a new initiative on SRHR, the incorporation of SRHR into humanitarian programmes and a commitment to UHC. Ireland considers UNFPA a key partner in delivering SRHR and has committed to an annual core contribution, amounting to 4 million EUR in 2022.

Ireland's overall ODA level increased year on year from 2018 to 2020. SRHR, FP, and RMNCH funding, both as total disbursements and as a percentage of total ODA, remained fairly stable.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## ITALY

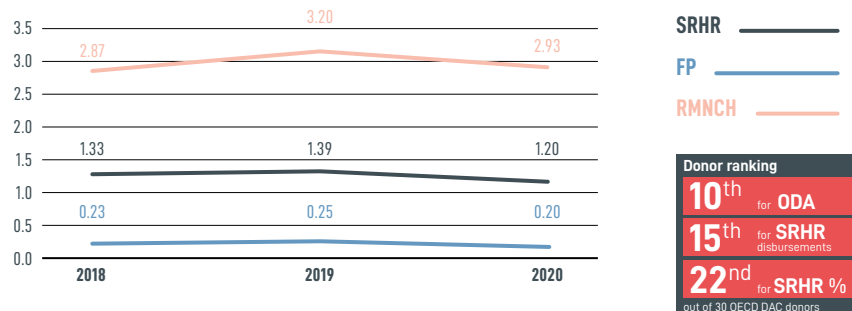
Italy's strategic priorities for development cooperation are spelled out in the 'Three-year cooperation programming and policy orientation plan 2021–2023'. Priority is amongst others given to initiatives aimed at promoting gender equality and empowerment of women; combating all forms of violence; ensuring access to SRH; strengthening health systems; and supporting research, production and equitable distribution of medicines, treatments and vaccines so that they are accessible to all. Gender equality is mentioned as a cross-cutting theme. Global health has remained a key priority, with significant contributions to GAVI and to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The COVID-19 pandemic has intensified this focus further.

Italy's total disbursements to SRHR, FP, and RMNCH have steadily decreased from 2018 to 2020. However, disbursements as a percentage of ODA remained more or less at the same level, with an increase in 2019.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

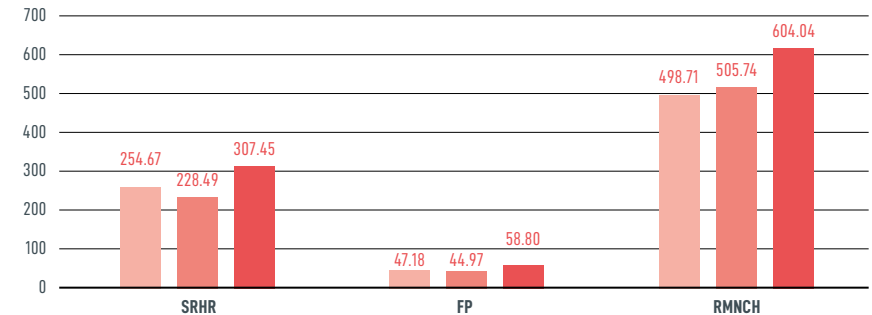


## JAPAN

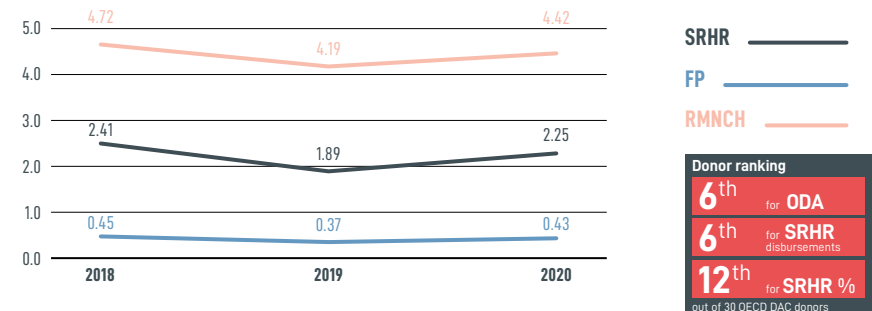
In its Development Cooperation Charter, last updated in 2015, Japan highlights global health, UHC and the fight against infectious diseases as key priorities to address global challenges. Based on this charter, Japan, in 2016 formulated a Development Strategy for Gender Equality and Women's Empowerment, which defined women's health, including reproductive and maternal health and access to FP services as key focus areas. Education, gender and women's empowerment are also included in Japan's development aid policy, which has a specific focus on Asia and Oceania. In addition, in the 2018, 2019 and 2020 edition of its 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 total disbursements for SRHR, FP, and RMNCH increased from 2018 to 2020. However, as these increases were not proportional to Japan's overall ODA funding increases, the funding for SRHR, FP, and RMNCH as a percentage of ODA slightly decreased.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



 KOREA

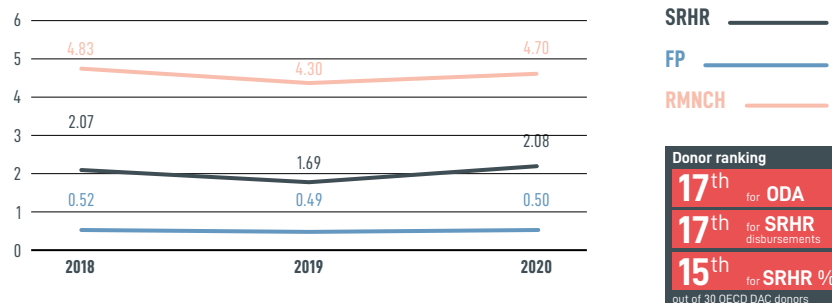
South Korea recently adopted its '2021–2025 Comprehensive Basic Plan for International Co-operation'. The main priorities for South Korean development cooperation listed in this strategy are digital partnership, higher education, inclusive and sustainable rural development, and removal of explosives, smart city development, and inclusive transport. There are no specific references to SRHR or health. In recent years, South Korea has increased its collaboration with multilaterals, including with UNFPA, on gender equality.

South Korea's SRHR funding, both the total disbursements and as percentage of ODA decreased from 2018 to 2019, and increased again in 2020. The RMNCH funding as a percentage of ODA follows a similar pattern while the total funding to RMNCH has remained stable over the years. Funding to FP, both as total disbursements and as percentage of ODA, has remained stable since 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

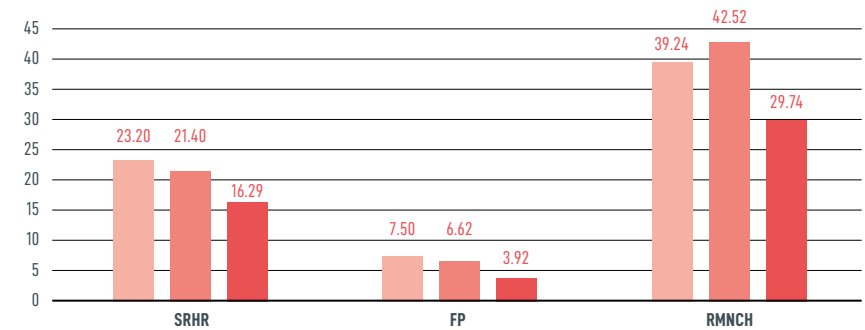


 LUXEMBOURG

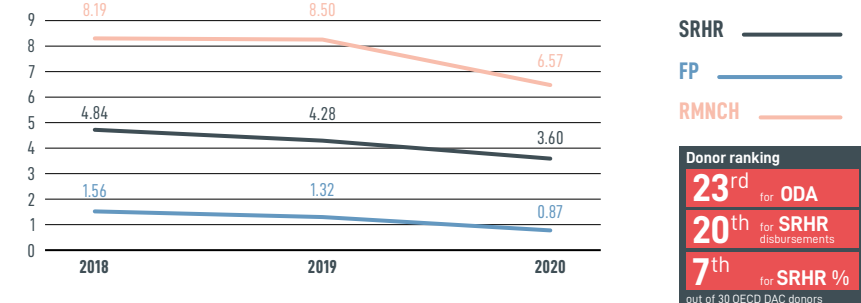
Luxembourg includes health and education in its development aid priorities, with a cross-cutting focus on gender. Maternal and child health, including SRHR, are mentioned in the list of global health priorities as presented in Luxembourg's 2018 development aid strategy 'The Road to 2030'.

Although SRHR, FP, and RMNCH disbursements as a percentage of total ODA decreased considerably in 2020 when compared to 2018 and 2019, Luxembourg is still one of the leading European donors alongside Sweden and the Netherlands when it comes to prioritising SRHR and FP in its development aid. Luxembourg is also one of the six donors that meet the 0.7% ODA target.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

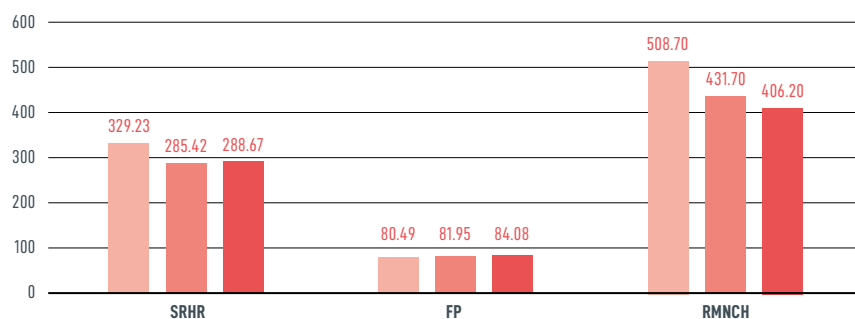


## THE NETHERLANDS

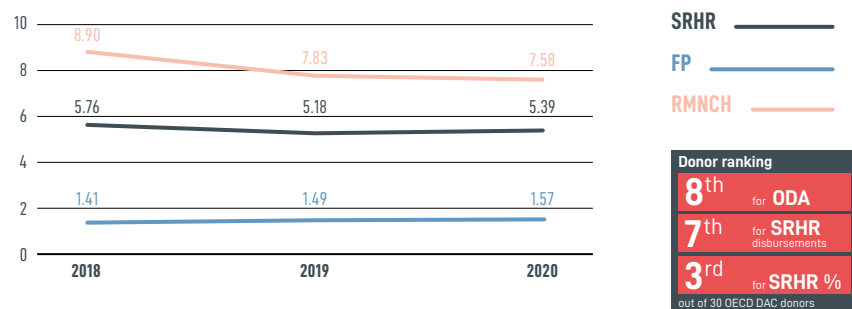
SRHR is a priority in the 2018 development policy 'Investing in Global Prospects'. The Netherlands reaffirmed its commitment to SRHR by launching the She Decides initiative in 2017 and funding it with 29 million EUR in 2017 and 2018. Within the framework of FP2020, the Netherlands committed to enable access to contraceptives for 6 million women and girls for the period of 2016 - 2020. For the period of 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, on the occasion of the 25th Anniversary of the Beijing Declaration and Platform for Action, the Netherlands co-signed a joint statement of 81 countries on the importance of SRHR. In May 2022, the Minister of Foreign Affairs and the Minister for Foreign Trade and Development Cooperation announced that the Netherlands will pursue a feminist foreign policy. The new policy document 'Doing what the Netherlands is good at' released in June 2022 confirms that SRHR remains one of the focus areas for development cooperation in the future.

From 2018 to 2020, the Netherlands decreased its total funding for SRHR and RMNCH and only slightly increased its funding for FP. Despite this decrease, the Netherlands still honoured its political commitment by prioritising SRHR in its ODA disbursements.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020

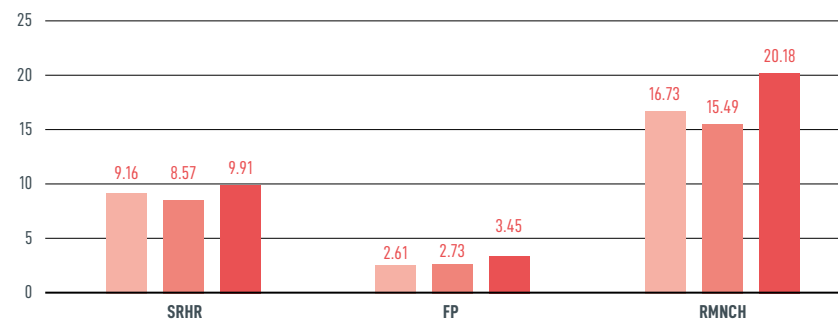


## NEW ZEALAND

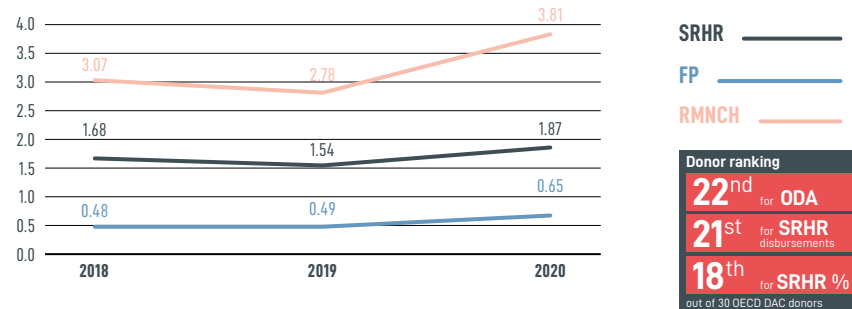
New Zealand has developed a number of thematic action plans to support its general development cooperation strategy, including the '2021-2025 Gender Action Plan'. The main objective of this plan is to ensure that development cooperation supports transformative change through advancing gender equality and women's empowerment. The plan contains specific references to SRHR. New Zealand has also developed a 'Child & Youth Well-being Strategic Action Plan 2021-2025'. This action plan also considers the promotion of SRHR essential to developing positive and equal relationships with peers and to realising young people's potential. 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. 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).

After a decrease in 2019, New Zealand's 2020 SRHR and RMNCH funding, both as total disbursements and as a percentage of ODA, increased and reached a higher level than in 2018. The funding for FP strongly increased from 2018 to 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020

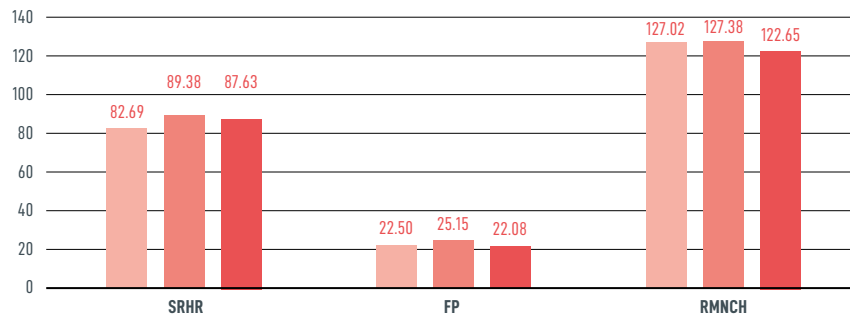


## NORWAY

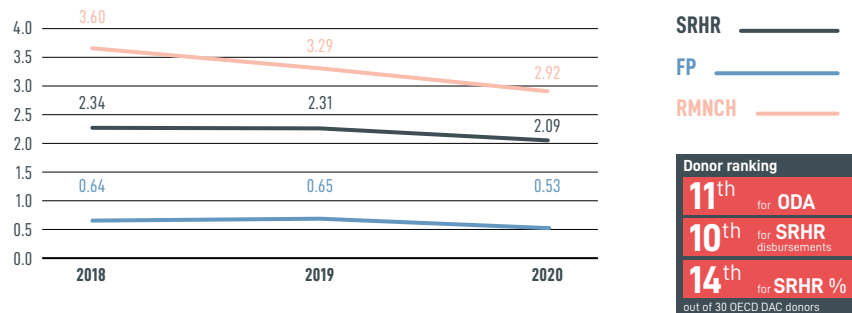
Global health is one of the five top priorities for Norway and women's rights and gender equality are considered overarching guiding principles in its external policies. SRHR is included both in the women's rights and gender equality agenda and in the global health agenda. Since 2016, Norway has stepped up its support for SRHR and FP following the (temporary) reinstatement of the Global Gag Rule, mainly through supporting the She Decides Initiative 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 ending 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 600 million NOK (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's total funding for SRHR increased slightly from 2018 - 2020, while the funding for FP remained at the same level (with a small peak in 2019) and funding for RMNCH decreased slightly. SRHR, FP, and RMNCH disbursements as a percentage of ODA decreased from 2018 to 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020

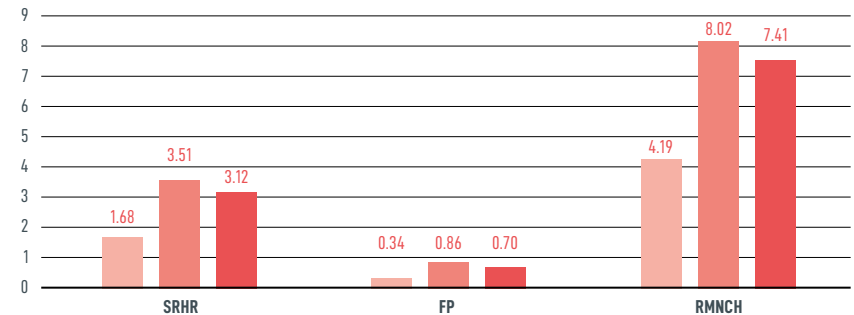


## POLAND

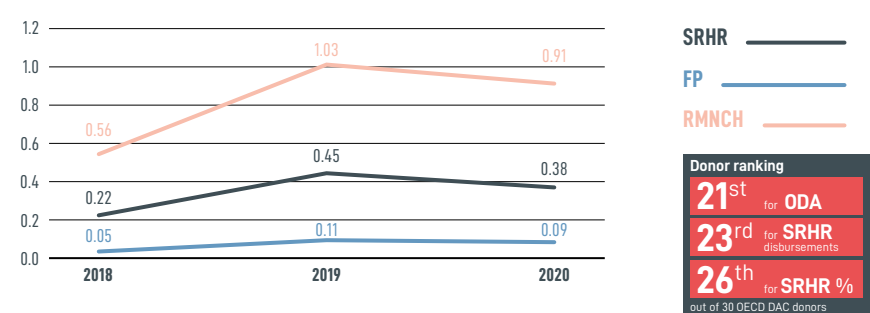
The priorities of Poland's development cooperation are listed in the 'Multiannual Programme for Development Cooperation for 2021-2030: Solidarity for Development'. While health is one of these priorities, the programme mainly focuses on improving the quality and accessibility of healthcare, especially for women and children. It contains no specific references to SRHR or FP. Poland mainly channels its cooperation bilaterally, with a focus on its Eastern European partner countries and selected partner countries in the Middle East, North Africa, and sub-Saharan Africa.

Poland's funding for SRHR, FP, and RMNCH, both as total disbursement and as a percentage of ODA, increased from 2018 to 2020, with a peak in 2019. However, despite this increase, Poland still ranks in the bottom five for SRHR, FP, and RMNCH disbursements relative to total ODA.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020





## PORTUGAL

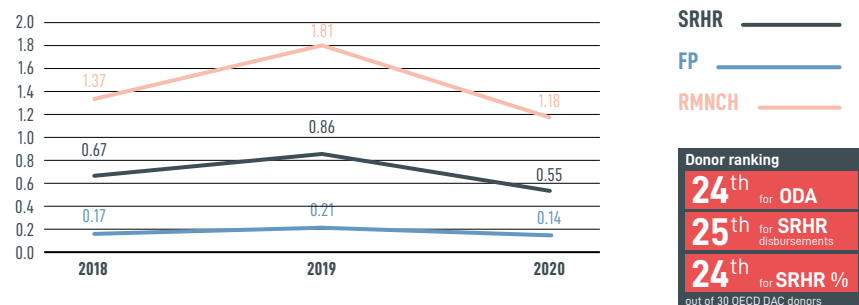
In its 2014–2020 Strategic concept for Portuguese Development Cooperation, Portugal prioritises human development, including education and health, governance and the rule of law. SRH and MNCH are listed as priorities with regards to global health. Amongst priority actions are the reduction of child mortality, 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 increase in 2019, the Portuguese SRHR, FP, and RMNCH funding, both as total disbursements and as a percentage of ODA, dropped again in 2020 to a level below that of 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

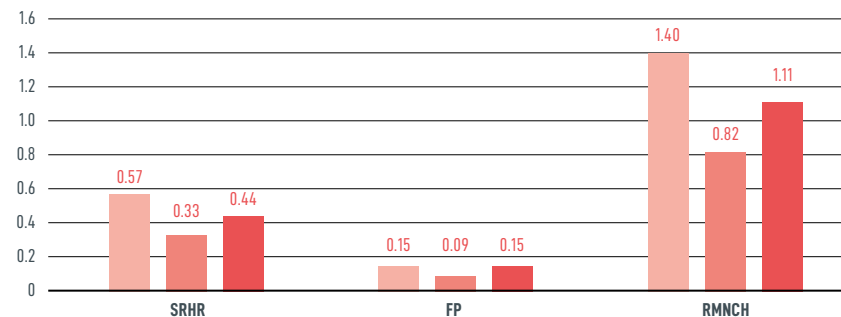


## SLOVAK REPUBLIC

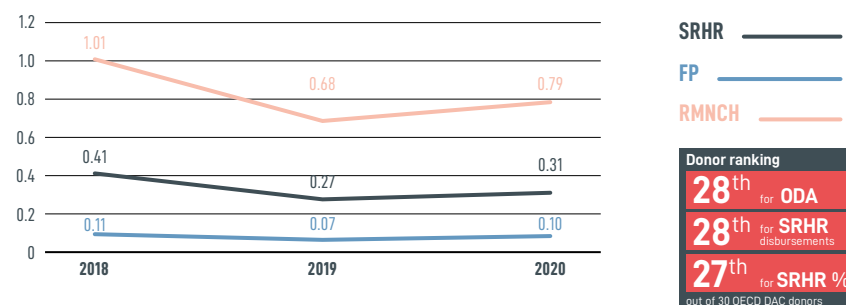
The majority of the Slovak Republic's ODA is channelled through the multilateral system, particularly the EU Institutions. Geographically, the Slovak Republic focuses on the Western Balkans, the Eastern Partnership of the EU, East Africa, and the Middle East. Health is considered one of the six priority sectors in the Slovak Republic's development cooperation. There are however no specific references to SRHR, FP, or any related issues such as gender.

The Slovak Republic's funding for SRHR, FP, and RMNCH, both as total disbursements and as a percentage of ODA, slightly increased from 2019 to 2020. However, for SRHR and RMNCH, this still means a considerable decrease compared to the funding levels of 2018, while funding for FP is back at the same level as in 2018.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## SLOVENIA

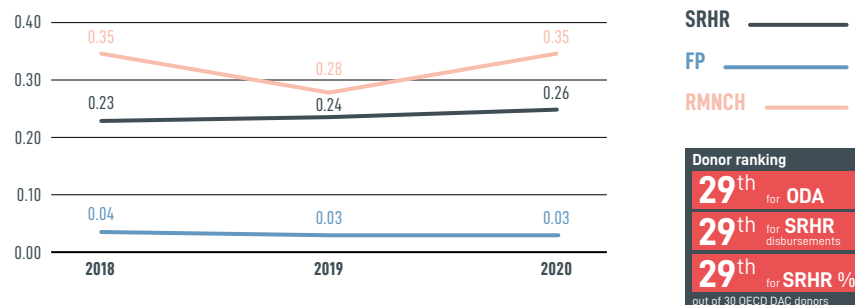
The 'Development Cooperation and Humanitarian Aid Strategy of the Republic of Slovenia until 2030' is the main strategic document for Slovenian development cooperation. Its bilateral cooperation is focused mostly on the Western Balkan countries. The two thematic priorities are the promotion of peaceful and inclusive societies, with an emphasis on good governance, equal opportunities, gender equality and quality education; and the fight against climate change, with an emphasis on the sustainable management of natural resources and energy. Gender equality has been defined as a cross-cutting issue in Slovenia's development cooperation strategy. There are no specific references to SRHR or FP.

Slovenian SRHR and RMNCH disbursements slightly increased from 2018 to 2020, while FP disbursements slightly decreased. A similar pattern is visible in the SRHR, RMNCH, and FP disbursements as percentages of ODA. In general, ODA funding for SRHR, RMNCH, and FP was rather low, meaning that Slovenia ranks among the bottom two donors for all three areas.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

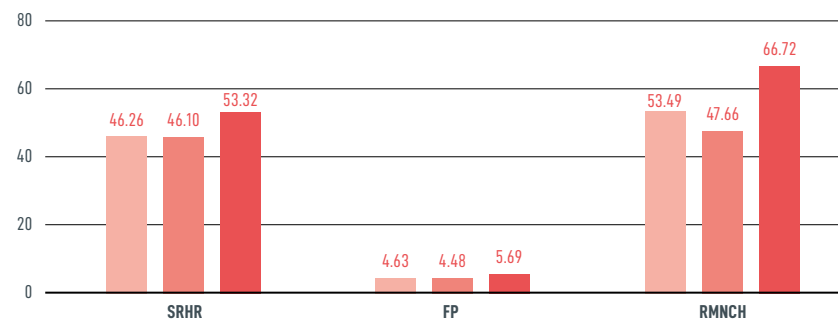


## SPAIN

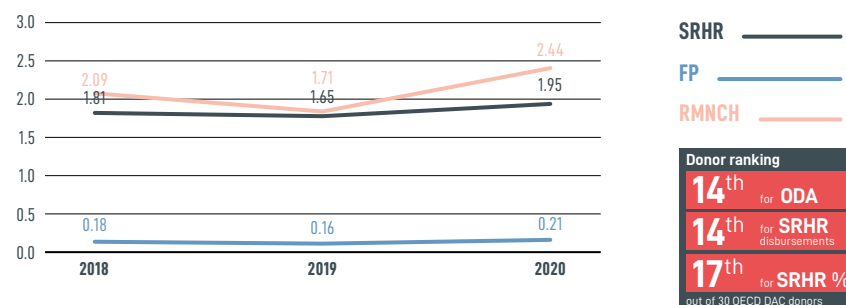
Spain recently published its '2021–2024 foreign action strategy' which prioritises global health, nutrition, education, climate change, and gender equality and complements the '2018–2021 masterplan for development cooperation'. This masterplan stresses the importance of mainstreaming cross-cutting issues, 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 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' which includes a specific focus on SRHR. Furthermore, the Parliament is currently discussing Spain's new law on international cooperation, which includes a commitment to SRHR, and will most likely adopt it at the end of 2022.

Spain increased its funding for SRHR, FP, and RMNCH from 2018 to 2020, both in total disbursements and as a percentage of ODA. The decrease of SRHR, FP, and RMNCH-funding in 2019 was the result of reduced financial support for multilaterals.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020



## SWEDEN

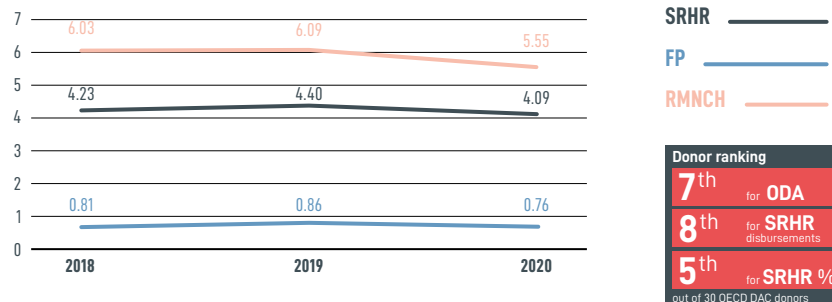
SRHR is one of the key priorities in Swedish international cooperation. In 2014, Sweden was the first country in the world to launch a feminist foreign policy, allowing it to utilise all of its foreign policy tools to address gender inequality globally. SRHR is one of the six objectives of this policy. It was sharpened and expanded in 2018 with the publication of the 'Handbook of Sweden's feminist foreign policy' and the corresponding 'Annual Action plans'. Sweden's '2018 – 2022 strategy for development cooperation for gender equality and women and girls' rights' recognises the setback of SRHR worldwide and the 'Strategy for Sweden's global development cooperation in sustainable social development 2018–2022' spells out SRHR as one of three focus areas. Sweden's 'Strategy for SRHR in Africa (2022–2026)' addresses the unmet SRHR needs in Africa and takes into account the damaging effect of the COVID-19 pandemic. However, in October 2022, the new Swedish government decided to abandon its commitment to spend 1% of its GNI on ODA and its feminist foreign policy, while confirming that gender equality remains key for development cooperation.

Despite a decrease in 2019, Sweden's 2020 SRHR, FP, and RMNCH funding was back to 2018 levels. SRHR, FP, and RMNCH disbursements as a percentage of ODA decreased, but Sweden was still among the top five donors when it comes to prioritising SRHR in its development assistance.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

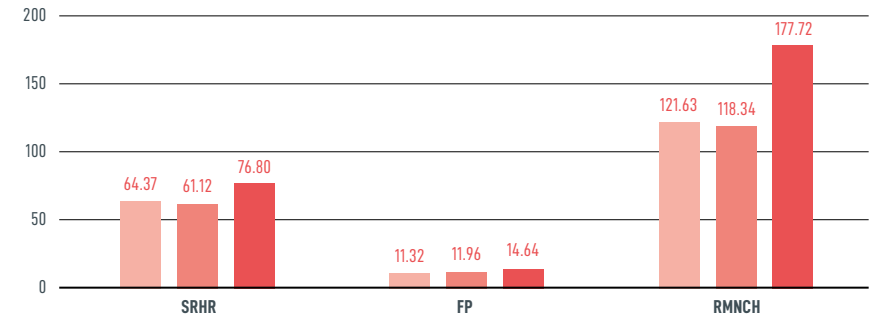


## SWITZERLAND

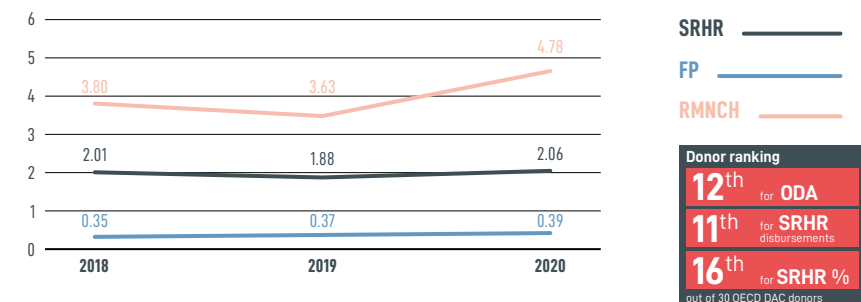
Switzerland recently adopted a new 'International Cooperation Strategy 2021–2024' that lists human development, including healthcare and education, as one of its objectives. The promotion of health, SRHR, maternal and child health, and the fight against communicable and non-communicable diseases are included in the global programme on health. Furthermore, 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 addition to these key international cooperation documents, Switzerland recently adopted its 'Health Guidance 2022 – 2024' that provides an institutional framework to guide the Swiss Agency for Development and Cooperation's engagement at partner country, regional and global level. 'Advancing UHC' is a focus area in this strategy and it includes strengthening health systems to respond better to public health challenges such as maternal and child health, and SRHR.

Switzerland's funding for SRHR and RMNCH, both as total disbursements and as a percentage of ODA, substantially increased from 2018 to 2020. Funding for FP also increased but to a more moderate extent.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018–2020

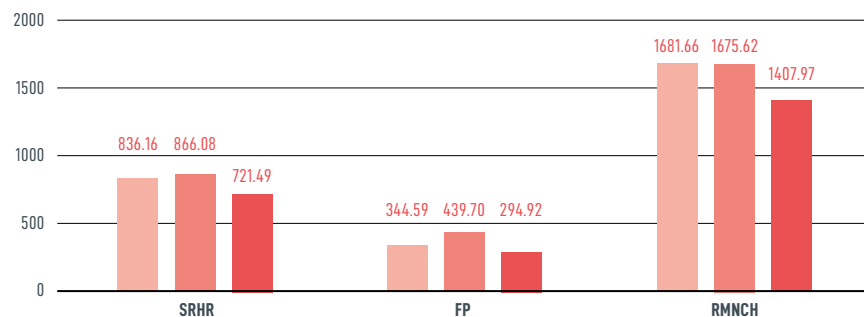


## UNITED KINGDOM

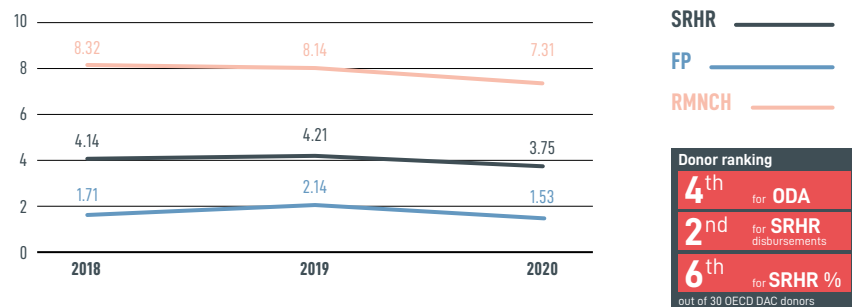
The UK has been one of the largest ODA donors (reaching the target of allocating 0.7% of GNI to ODA) and a strong supporter of both SRHR and FP in the past. This commitment is reflected in its 'Strategic Vision for Gender Equality'. The UK's 2021 approach paper 'Ending Preventable Deaths of Mothers, Babies and Children' includes a pillar on 'Human rights, gender and equality' with clear references to SRHR. In the 'Girls' Education Action Plan 2021-2026', the government included a policy commitment to FP2030. However, in November 2020, the UK announced an ODA reduction from 0.7% to 0.5% including significant cuts to flagship SRHR programmes, such as an 85% cut to the UNFPA supplies partnership. The magnitude of the actual reductions remains to be seen over the next few years. A report by the Guttmacher Institute found that the FP disbursements in the fiscal year 2021 - 2022 will be cut by more than half. The impact of these decisions will become clear in future Donors Delivering for SRHR Reports.

UK funding for SRHR, FP, and RMNCH, both the total disbursements and disbursements as a percentage of ODA, decreased in 2020. Despite the decrease, the UK was still the leading European donor for SRHR, FP, and RMNCH in total disbursements. However, when looking at SRHR, FP, and RMNCH disbursements as a percentage of ODA, the UK only makes the top three for FP. For SRHR and RMNCH, it ranks 6th and 4th respectively.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020

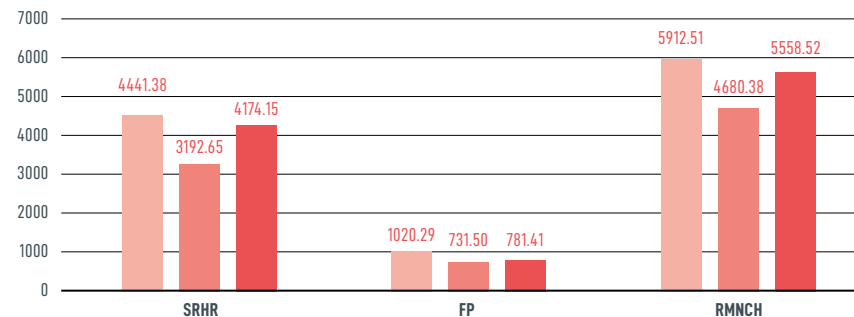


## UNITED STATES OF AMERICA

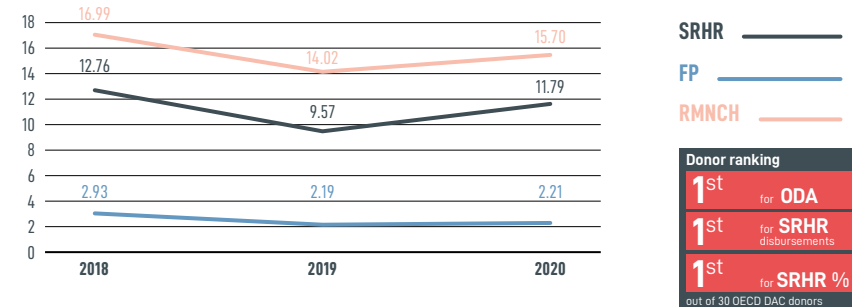
The US is the overall top ODA, SRHR, FP and RMNCH donor. The Trump administration strongly linked development assistance to US national security concerns and economic growth. In 2017, they re-introduced the Mexico City Policy, also known as the Global Gag Rule, making NGOs outside the US ineligible for US global health assistance if they conducted any abortion-related activities. The US also completely cut its funding to UNFPA from 2017 onwards. One week after taking office in January 2021, President Biden revoked the Mexico City Policy and restarted funding to UNFPA. In 2022, the US Department of State and USAID launched a new 'Joint Strategic Plan FY 2022 - 2026'. It includes addressing global health challenges, such as FP and RH, as an objective. In addition, the USAID website lists FP and RH as key global health areas that are supported in 24 partner countries. Several American Country Development Cooperation Strategies include references to RH and SRHR-related issues, such as GEWE and GBV. USAID is also a key partner in the FP2030 and the Ouagadougou Partnership.

While the US remains the largest SRHR, FP, and RMNCH donor, there was a decrease in US funding from 2018 to 2020, both in total disbursements and as a percentage of ODA. Although disbursements increased from 2019 to 2020, they remained below the 2018 level. More than half of US disbursements on SRHR come from its support to STD control, including HIV & AIDS.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2018 2019 2020



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2018-2020





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# ANNEXES

## ANNEX 1 | ABBREVIATIONS

### CH

Child Health

### CRC

Creditor Reporting System

### CSE

Comprehensive Sexuality Education

### DAC

Development Assistance Committee

### DSW

Deutsche Stiftung Weltbevölkerung

### EP

European Parliament

### EPF

European Parliamentary Forum on Population and Development

### EU

European Union

### EUR

Euros

### FGM

Female Genital Mutilation

### FP

Family Planning

### GAP

Gender Action Plan

### GAVI

The Vaccine Alliance

### GBV

Gender-Based Violence

### GEF

Generation Equality Forum

### GEWE

Gender Equality and Women's Empowerment

### GFF

Global Financing Facility for Women, Children and Adolescents

### ICPD

International Conference on Population and Development

### IPPF

International Planned Parenthood Federation

### IDA

International Development Association

### KFF

Kaiser Family Foundation

### LSHTM

London School of Hygiene and Tropical Medicine

### MNH

Maternal and Neonatal Health

### NDICI

Neighbourhood, Development and International Cooperation Instrument

### NOK

Norwegian Krone

### NTDs

Neglected Tropical Diseases

### ODA

Official Development Assistance

### ODAS

Organization for Safe Abortion Dialogue

### OECD

Organisation for Economic Cooperation and Development

### RH

Reproductive Health

### RMNCH

Reproductive, Maternal, Newborn and Child Health

### SOGI

Sexual Orientation and Gender Identity

### SGBV

Sexual and Gender Based Violence

### 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

### UNAIDS

Joint United Nations Programme on HIV & AIDS

### UNDP

United Nations Development Programme

### UNESCO

United Nations Educational, Scientific and Cultural Organization

### 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

### USD

United States Dollars

### WFP

United Nations World Food Programme

### WHO

World Health Organization

## ANNEX 2 | DEFINITION OF TERMS

### Constant prices

In OECD DAC publications, flow data is expressed in USD. To give a more accurate 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. The amounts shared in the Donors Delivering for SRHR 2022 Report are all shown in 2020 constant prices.

### 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 as gross amounts (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 2022, donors refer to the 30 members of the OECD DAC. This includes 29 bilateral donors and the EU Institutions.

### 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 cooperation 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 generally not counted.

### Sexual and Reproductive Health and Rights (SRHR)

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

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 recognise 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 concerning their bodies and to access services that support this 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

## DISBURSEMENTS

COUNTRIES	2018							2019	
	ODA	RMNCH	SRHR	FP	RMNCH %	SRHR %	FP %	ODA	RMNCH
Australia	3,025.100	161.394	86.030	17.707	5.34%	2.84%	0.59%	2,887.930	169.347
Austria	1,169.590	14.435	9.214	509	1.23%	0.79%	0.04%	1,277.660	14.645
Belgium	2,336.560	87.460	42.810	9.788	3.74%	1.83%	0.42%	2,276.280	86.771
Canada	4,594.810	575.434	295.416	79.709	12.52%	6.43%	1.73%	4,521.280	532.330
Czech Republic	310.030	2.182	982	193	0.70%	0.32%	0.06%	318.880	2.976
Denmark	2,563.200	139.011	98.682	25.362	5.42%	3.85%	0.99%	2,650.730	139.686
Finland	976.400	33.843	26.959	7.409	3.47%	2.76%	0.76%	1,184.840	34.334
France	12,873.620	410.353	196.418	43.598	3.19%	1.53%	0.34%	12,508.440	413.600
Germany	25,698.570	749.023	319.096	74.355	2.91%	1.24%	0.29%	24,946.140	767.853
Greece	278.790	906	335	84	0.32%	0.12%	0.03%	371.230	300
Hungary	277.870	4.867	2.513	436	1.75%	0.90%	0.16%	312.380	5.479
Iceland	64.070	2.300	2.090	163	3.59%	3.26%	0.25%	57.430	3.748
Ireland	926.970	62.612	34.839	4.852	6.75%	3.76%	0.52%	978.400	60.938
Italy	5,026.000	144.297	66.699	11.522	2.87%	1.33%	0.23%	4,426.710	141.535
Japan	10,566.530	498.707	254.673	47.184	4.72%	2.41%	0.45%	12,072.130	505.737
Korea	2,269.660	109.648	46.908	11.774	4.83%	2.07%	0.52%	2,518.120	108.235
Luxembourg	479.270	39.240	23.198	7.498	8.19%	4.84%	1.56%	500.490	42.524
Netherlands	5,715.060	508.696	329.226	80.491	8.90%	5.76%	1.41%	5,510.240	431.703
New Zealand	544.380	16.732	9.158	2.611	3.07%	1.68%	0.48%	557.650	15.489
Norway	3,530.000	127.019	82.687	22.503	3.60%	2.34%	0.64%	3,872.410	127.382
Poland	755.340	4.192	1.684	344	0.56%	0.22%	0.05%	780.090	8.016
Portugal	388.390	5.312	2.596	659	1.37%	0.67%	0.17%	396.050	7.176
Slovak Republic	139.540	1.404	571	152	1.01%	0.41%	0.11%	120.650	817
Slovenia	83.420	295	192	30	0.35%	0.23%	0.04%	90.410	254
Spain	2,561.050	53.489	46.256	4.627	2.09%	1.81%	0.18%	2,787.910	47.663
Sweden	5,895.600	355.691	249.610	48.001	6.03%	4.23%	0.81%	5,427.360	330.591
Switzerland	3,204.420	121.634	64.371	11.316	3.80%	2.01%	0.35%	3,258.580	118.338
United Kingdom	20,209.780	1,681.659	836.157	344.588	8.32%	4.14%	1.71%	20,591.480	1,675.618
United States	34,805.930	5,912.514	4,441.384	1,020.290	16.99%	12.76%	2.93%	33,378.200	4,680.377
EU Institutions	17,078.490	487.211	236.852	38.428	2.85%	1.39%	0.23%	15,791.850	599.062
<b>All DAC</b>	<b>168,348.440</b>	<b>12,311.560</b>	<b>7,807.608</b>	<b>1,916.183</b>	<b>7.31%</b>	<b>4.64%</b>	<b>1.14%</b>	<b>166,371.950</b>	<b>11,072.521</b>
<b>EU MS &amp; Institutions</b>	<b>105,743.540</b>	<b>4,786.178</b>	<b>2,524.890</b>	<b>702.925</b>	<b>4.53%</b>	<b>2.39%</b>	<b>0.66%</b>	<b>103,248.220</b>	<b>4,811.539</b>

UK still included in 2018 and 2019  
no longer included in 2020

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

2019					2020						
SRHR	FP	RMNCH %	SRHR %	FP %	ODA	RMNCH	SRHR	FP	RMNCH %	SRHR %	FP %
58.049	16.440	5.86%	2.01%	0.61%	2,868.76	162.184	73.018	19.197	5.65%	2.55%	0.67%
10.796	630	1.15%	0.84%	0.17%	1,321.38	16.851	9.446	493	1.28%	0.71%	0.04%
41.624	11.055	3.81%	1.83%	0.49%	2,376.38	94.780	52.170	12.933	3.99%	2.20%	0.54%
296.426	78.344	11.77%	6.56%	1.79%	4,870.85	467.358	390.849	72.566	9.60%	8.02%	1.49%
1.210	264	0.93%	0.38%	0.08%	299.14	2.324	886	171	0.78%	0.30%	0.06%
99.587	31.793	5.27%	3.76%	1.00%	2,640.86	103.935	70.114	28.203	3.94%	2.65%	1.07%
27.972	7.792	2.90%	2.36%	0.82%	1,277.89	57.684	44.051	12.256	4.51%	3.45%	0.96%
212.825	49.319	3.31%	1.70%	0.37%	16,013.14	441.575	245.940	64.706	2.76%	1.54%	0.40%
343.190	84.110	3.08%	1.38%	0.28%	29,320.38	1,213.782	527.821	114.946	4.14%	1.80%	0.39%
92	0	0.08%	0.02%	0.03%	325.44	374	132	5	0.11%	0.04%	0.00%
1.901	383	1.75%	0.61%	0.18%	417.88	5.188	1.774	516	1.24%	0.42%	0.12%
2.913	546	6.53%	5.07%	0.34%	57.90	3.428	2.811	501	5.92%	4.86%	0.87%
34.345	4.593	6.23%	3.51%	0.55%	987.79	61.386	34.930	4.713	6.21%	3.54%	0.48%
61.508	10.984	3.20%	1.39%	0.28%	4,395.87	128.855	52.688	8.609	2.93%	1.20%	0.20%
228.491	44.972	4.19%	1.89%	0.37%	13,660.18	604.037	307.449	58.802	4.42%	2.25%	0.43%
42.597	12.382	4.30%	1.69%	0.55%	2,292.78	107.729	47.603	11.539	4.70%	2.08%	0.50%
21.396	6.624	8.50%	4.28%	1.58%	452.34	29.739	16.290	3.917	6.57%	3.60%	0.87%
285.416	81.954	7.83%	5.18%	1.46%	5,358.94	406.202	288.670	84.079	7.58%	5.39%	1.57%
8.574	2.729	2.78%	1.54%	0.50%	529.74	20.179	9.905	3.447	3.81%	1.87%	0.65%
89.379	25.146	3.29%	2.31%	1.04%	4,195.68	122.655	87.634	22.076	2.92%	2.09%	0.53%
3.506	858	1.03%	0.45%	0.04%	811.95	7.407	3.122	701	0.91%	0.38%	0.09%
3.410	823	1.81%	0.86%	0.18%	420.50	4.955	2.317	608	1.18%	0.55%	0.14%
325	90	0.68%	0.27%	0.14%	141.20	1.113	438	147	0.79%	0.31%	0.10%
217	30	0.28%	0.24%	0.06%	90.73	318	233	24	0.35%	0.26%	0.03%
46.101	4.475	1.71%	1.65%	0.25%	2,739.27	66.720	53.319	5.692	2.44%	1.95%	0.21%
238.709	46.433	6.09%	4.40%	0.85%	6,348.35	352.181	259.402	48.394	5.55%	4.09%	0.76%
61.119	11.956	3.63%	1.88%	0.42%	3,720.82	177.717	76.798	14.640	4.78%	2.06%	0.39%
866.076	439.702	8.14%	4.21%	1.81%	19,253.43	1,407.967	721.489	294.918	7.31%	3.75%	1.53%
3,192.653	731.499	14.02%	9.57%	2.90%	35,396.41	5,558.525	4,174.154	781.406	15.70%	11.79%	2.21%
240.194	40.396	3.79%	1.52%	0.19%	21,055.89	658.961	312.888	52.994	3.13%	1.49%	0.25%
6,520.599	1,746.324	<b>6.66%</b>	<b>3.92%</b>	<b>1.08%</b>	183,641.870	12,286.109	7,868.341	1,723.198	<b>6.69%</b>	<b>4.28%</b>	<b>0.94%</b>
2,540.399	822.310	<b>4.66%</b>	<b>2.46%</b>	<b>0.66%</b>	96,795.320	3,654.329	1,976.630	444.106	<b>3.78%</b>	<b>2.04%</b>	<b>0.46%</b>



## ANNEX 3.1 | GNI OVERVIEW

COUNTRIES	2020 DISBURSEMENTS			
	GNI	RMNCH	SRHR	FP
Australia	1,340,301.34	162.18	73.02	19.20
Austria	429,589.64	16.85	9.45	0.49
Belgium	489,970.37	94.78	52.17	12.93
Canada	1,626,367.43	467.36	390.85	72.57
Czech Republic	236,768.98	2.32	0.89	0.17
Denmark	368,470.65	103.94	70.11	28.20
Finland	273,321.94	57.68	44.05	12.26
France	2,665,742.45	441.57	245.94	64.71
Germany	3,910,153.85	1,213.78	527.82	114.95
Greece	188,096.59	0.37	0.13	0.00
Hungary	154,300.11	5.19	1.77	0.52
Iceland	21,533.80	3.43	2.81	0.50
Ireland	323,344.73	61.39	34.93	4.71
Italy	1,901,602.28	128.85	52.69	8.61
Japan	5,223,483.17	604.04	307.45	58.80
Korea	1,650,686.22	107.73	47.60	11.54
Luxembourg	43,897.44	29.74	16.29	3.92
Netherlands	904,693.22	406.20	288.67	84.08
New Zealand	203,706.20	20.18	9.91	3.45
Norway	378,299.62	122.65	87.63	22.08
Poland	577,343.44	7.41	3.12	0.70
Portugal	224,419.51	4.95	2.32	0.61
Slovak Republic	102,543.63	1.11	0.44	0.15
Slovenia	52,047.11	0.32	0.23	0.02
Spain	1,284,116.24	66.72	53.32	5.69
Sweden	557,429.23	352.18	259.40	48.39
Switzerland	725,163.55	177.72	76.80	14.64
United Kingdom	2,659,843.53	1,407.97	721.49	294.92
United States of America	21,286,637.00	5,558.52	4,174.15	781.41

Total disbursement to SRHR, FP and RMNCH (in million USD, 2020 constant prices)  
Disbursements to SRHR, FP and RMNCH as a percentage of GNI

DISBURSEMENTS		
RMNCH %	SRHR %	FP %
0.01210%	0.00545%	0.00143%
0.00392%	0.00220%	0.00011%
0.01934%	0.01065%	0.00264%
0.02874%	0.02403%	0.00446%
0.00098%	0.00037%	0.00007%
0.02821%	0.01903%	0.00765%
0.02110%	0.01612%	0.00448%
0.01656%	0.00923%	0.00243%
0.03104%	0.01350%	0.00294%
0.00020%	0.00007%	0.00000%
0.00336%	0.00115%	0.00033%
0.01592%	0.01306%	0.00233%
0.01898%	0.01080%	0.00146%
0.00678%	0.00277%	0.00045%
0.01156%	0.00589%	0.00113%
0.00653%	0.00288%	0.00070%
0.06775%	0.03711%	0.00892%
0.04490%	0.03191%	0.00929%
0.00991%	0.00486%	0.00169%
0.03242%	0.02317%	0.00584%
0.00128%	0.00054%	0.00012%
0.00221%	0.00103%	0.00027%
0.00108%	0.00043%	0.00014%
0.00061%	0.00045%	0.00005%
0.00520%	0.00415%	0.00044%
0.06318%	0.04654%	0.00868%
0.02451%	0.01059%	0.00202%
0.05293%	0.02713%	0.01109%
0.02611%	0.01961%	0.00367%

## ANNEX 4 | OECD DAC CRS CODES

CRS Code	Description	Clarification
<b>11230</b>	Basic life skills for adults	Formal and non-formal education for basic life skills for adults (adult education); literacy and numeracy training. Excludes health education (12261) and activities related to prevention of noncommunicable diseases. (123xx).
<b>11231</b>	Basic life skills for youth	Formal and non-formal education for basic life skills for young people.
<b>15150</b>	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.)
<b>15160</b>	Human Rights	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.)
<b>15170</b>	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 sustainability (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.

<b>15180</b>	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.
<b>16064</b>	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.
<b>12110</b>	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.
<b>12181</b>	Medical education/training	Medical education and training for tertiary level services.
<b>12182</b>	Medical Research	General medical research (excluding basic health research and research for prevention and control of NCDs (12382)).
<b>12191</b>	Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; medical rehabilitation. Excludes noncommunicable diseases (123xx).
<b>12220</b>	Basic health care	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.
<b>12230</b>	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialised hospitals and clinics (12191).
<b>12240</b>	Basic nutrition	Micronutrient deficiency identification and supplementation; infant and young child feeding promotion including exclusive breastfeeding; nonemergency 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 schoolfeeding and 43072 for household food security.
<b>12250</b>	Infectious disease control	Immunisation; prevention and control of infectious and parasitic 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.

<b>12261</b>	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.
<b>12262</b>	Malaria control	Prevention and control of malaria.
<b>12263</b>	Tuberculosis control	Immunisation, prevention, and control of tuberculosis.
<b>12281</b>	Health personnel development	Training of health staff for basic health care services.
<b>13010</b>	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. Usecode 13096 for census work, vital registration and migration data collection.)
<b>13020</b>	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.
<b>13030</b>	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
<b>13040</b>	STD control including HIV & AIDS	Activities related to sexually transmitted diseases and HIV & AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
<b>13081</b>	Personnel development for population & reproductive health	Education and training of health staff for population and reproductive health care services.
<b>14030</b>	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].
<b>14031</b>	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.
<b>14032</b>	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.)
<b>51010</b>	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).

<b>72010</b>	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.)
<b>72040</b>	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)
<b>72050</b>	Relief coordination; protection and support services	Measures to coordinate 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.
<b>73010</b>	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.
<b>74020</b>	Multi-hazard response 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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