



**DONORS
DELIVERING
FOR SRHR**

A stylized logo consisting of three concentric, semi-circular arcs. The innermost arc is red, the middle one is white, and the outermost one is black. They are arranged in a way that they appear to be part of a larger, continuous pattern, similar to the abstract graphic at the top of the page.

**REPORT
2023**

Tracking OECD Donor Funding
for Sexual and Reproductive
Health and Rights

ABOUT DSW

Deutsche Stiftung Weltbevölkerung (DSW) is an international development organisation, which focuses on the health, needs, and potential of the largest youth generation in history. Our objective is to empower young people, especially young women and girls, by creating demand for and access to youth-friendly health information and services, including modern contraceptives, and by securing the right to bodily autonomy.

With offices in Europe and East Africa, we achieve this through a combination of youth-oriented programmes and gender transformative advocacy that

also champions global health, including investments in research and innovation to fight poverty-related and neglected diseases.

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

ACKNOWLEDGMENTS

DSW would like to thank the following researchers, writers, editors and partners for their valuable contributions to the updated Donors Delivering for SRHR Methodology and the 2023 report: Andreia Oliveira, the members of the Donors Delivering for SRHR advisory committee, Countdown 2030 Europe, the Organisation for Economic Cooperation and Development (OECD), the DSW team. DSW would also like to thank UNFPA for their role in reviewing the technical content of the report.

Layout & design: Johannes Stoll / JHNSTL

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ABOUT THE ADVISORY COMMITTEE

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

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



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INTRODUCTION



Angela Bähr

DSW, Director Projects & Programmes
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It is with great pleasure that DSW presents the 2023 edition of the Donors Delivering for SRHR Report, an essential tool for policy-makers and advocates to keep track of donor's financial support of the full SRHR agenda. Based on the updated Muskoka 2 Methodology developed by the London School of Hygiene and Tropical Medicine (LSHTM), the report adds a number of elements in order to capture a comprehensive definition of SRHR, as put forward by the Guttmacher-Lancet Commission. DSW has been consulted and involved in an international cross-stakeholder working group on SRHR and RMNCH ODA tracking convened by Germany during its G7 presidency. The Donors Delivering methodology is well recognised as a sound tool for accountability, including by this working group, consisting of both donor representatives and international experts.

While most important comparable tracking initiatives focus on sexual and reproductive health, the Donors Delivering for SRHR Report makes the rights dimension of SRHR an essential

component of its analysis, acknowledging the fact that health and rights are deeply intertwined and depend on each other.

In order to capture the full breadth of SRHR, the Donors Delivering Report looks separately at three partially overlapping categories for a differentiated picture of donors' profiles.

These three categories are:

- 1. SRHR**, referring to donors' support of the full SRHR agenda.
- 2. Family Planning (FP)**, which can be considered a subset of SRHR, and is based on the KFF methodology as reported in the FP2030 Progress Report.
- 3. Reproductive, Maternal, Neonatal and Child Health (RMNCH)**, based on a revised Muskoka 2 Methodology approved by donors and experts, and increasingly integrated into broader SRHR programmes.

The data is retrieved from the Organisation of Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database, where it is officially reported by donors and made publicly available. The report analyses the total amounts disbursed to SRHR, FP, and RMNCH, as well as the disbursements relative to the donor's total Official Development Assistance (ODA). This allows for an assessment of donors' prioritisation (or de-prioritisation) of SRHR in their international cooperation.

UNFPA's recently published flagship report '8 Billion Lives, Infinite Possibilities: the case for rights and choices' unveils the risks related to governments' attempts to restrict women's control over their bodies in order to influence fertility rates and demographic development. It makes the case for gender equality and the realisation of human rights as being the only and true transformative change needed to support humanity in the face of different demographic challenges. Yet, amid multi-layered and compounding crises in the world, the progress towards gender equality is stalling.

With this in mind and given the setbacks SRHR have faced in recent years, we are calling for increased global efforts, in the form of ambitious policies and their timely implementation, persistent diplomacy and targeted financial support of the SRHR agenda as part of international ODA. This is essential to achieve progress. Monitoring donors' ODA disbursements in the areas of SRHR, FP, and RMNCH and putting the numbers into perspective with

donors overall ODA efforts, allows to spot worrying funding trends but also to celebrate those who champion SRHR in their development cooperation.

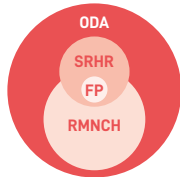
Equipped with a refreshed methodology, this year's Donors Delivering for SRHR Report unfortunately reveals once again that some larger donors fail to prioritise SRHR in their ODA funding. Despite seemingly progressive and supportive policies, they show a lack of political will to 'walk the talk' and support women and girls in their right to make decisions over their bodies, and to access the health services they need in order to uphold this fundamental right.

The Donors Delivering for SRHR Report is a tool for advocates and policy-makers to better understand funding trends, allowing us to collectively address challenges more effectively. I hope the insights from this report will help us move faster in the direction of universal access to SRHR.

I would like to thank the Advisory Committee for their valuable input, support, and expertise, and all of those who will dedicate some of their time to read this year's edition of the Donors Delivering for SRHR Report.

EXECUTIVE SUMMARY

TRACKING OECD DAC DONOR SUPPORT TO SRHR AS PART OF THEIR ODA



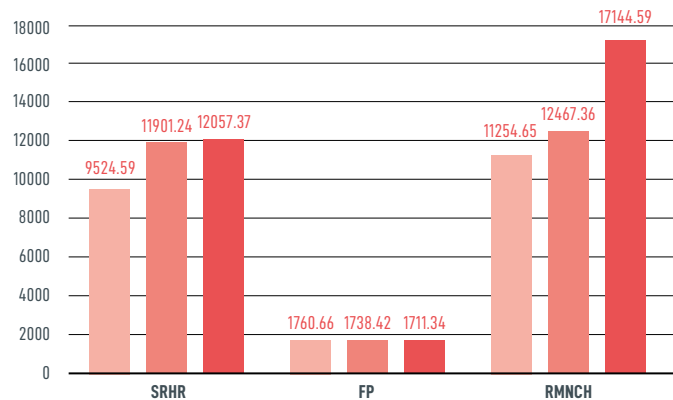
The Donors Delivering for SRHR Report is an annual publication about the state of global funding for SRHR, RMNCH, and FP. It tracks the total funding support and the share of ODA that OECD DAC donors dedicate to these areas. The findings of the current report are based on ODA disbursements in 2021 as the most recent confirmed data available.

OVERALL SRHR SUPPORT INCREASED FROM 2019 TO 2021

After a significant increase from 2019 to 2020, donors' total SRHR funding continued to increase in 2021, albeit to a lesser extent. The joint SRHR funding of all OECD DAC donors as a percentage of their total ODA also increased significantly from 2019 to 2020. The percentage decreased again in 2021 because the increase of all OECD DAC donors' ODA was considerably higher than the increase of SRHR disbursements.

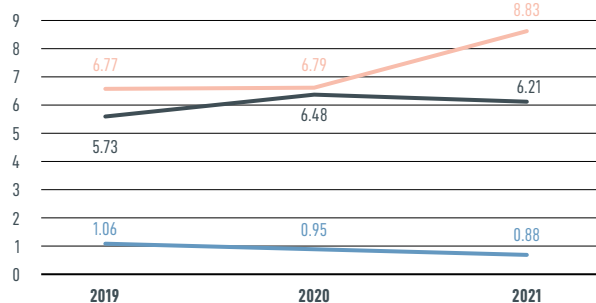
SRHR, FP and RMNCH total disbursements trend for all OECD DAC donors in million USD, 2020 constant prices, for

2019 2020 2021

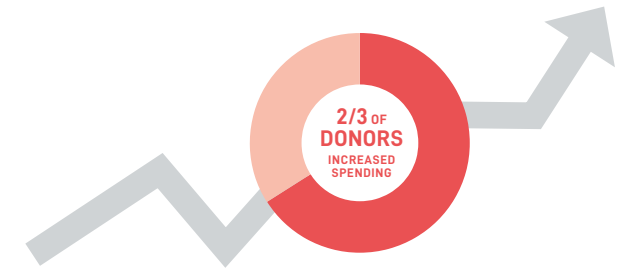


SRHR, FP and RMNCH as percentage of ODA for all OECD DAC donors trend as a percentage of total ODA, 2019–2021

SRHR
FP
RMNCH



MORE THAN 2/3 OF OECD DAC DONORS INCREASED SRHR DISBURSEMENTS

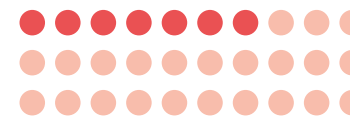


Room for improvement: Many donors fail to prioritise SRHR in their ODA in 2021. 11/30 donors spent < 2% of their ODA on SRHR.



Despite the increase of donors' total funding towards SRHR, the sometimes considerable amounts of SRHR funding often only represent a small share of donors' total ODA. Just as in previous years, especially some of the larger donors such as the EU Institutions, Italy, Germany or France fail to prioritise SRHR funding in their international cooperation, leaving room for improvement. Italy and the EU spent 1.76% and 1.92% respectively, while Germany and France allocated just slightly over 2% of their ODA to SRHR.

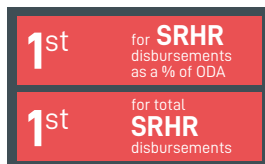
Only 7 out of 30 donors spent >5% of their ODA on SRHR



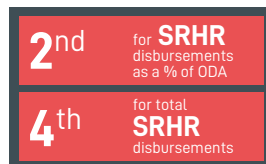
A number of countries truly champion SRHR in their international collaboration: the US was the largest SRHR donor by far (both in absolute and relative terms), with over 16% of its ODA spent on SRHR. This was the result of its strong support towards STD control including the fight against HIV & Aids. Other SRHR champions include Canada, the Netherlands, Sweden, Iceland, Norway and Luxembourg, who allocated between 5.26% and 8.33% of their ODA to SRHR.

EXECUTIVE SUMMARY: DONOR RANKING

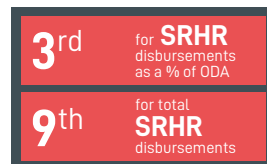
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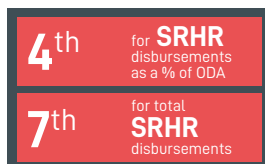
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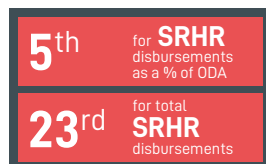
 NETHERLANDS



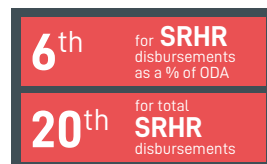
 SWEDEN



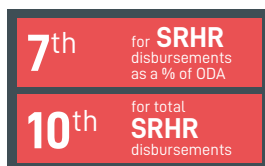
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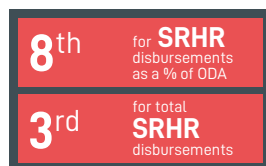
 LUXEMBOURG



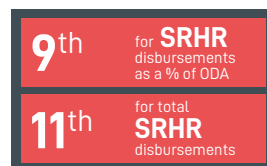
 NORWAY



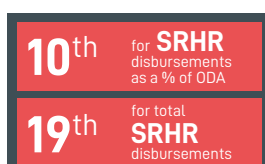
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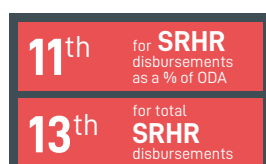
 AUSTRALIA



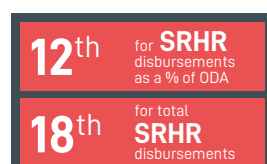
 IRELAND



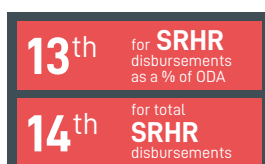
 DENMARK



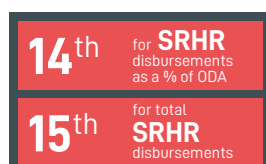
 FINLAND



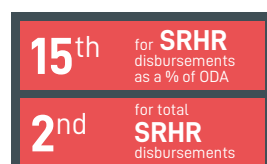
 SWITZERLAND



 BELGIUM

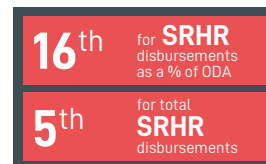


 GERMANY

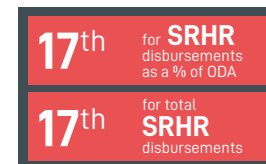


30 OECD DAC DONORS RANKED ACCORDING TO THEIR SRHR DISBURSEMENTS AS A PERCENTAGE OF ODA

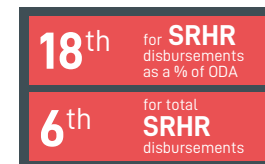
 FRANCE



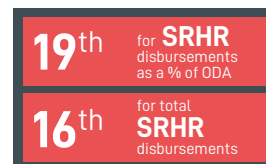
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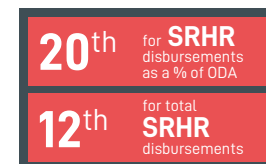
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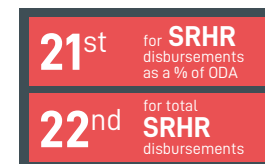
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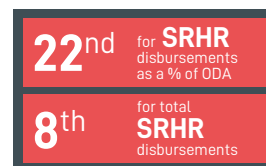
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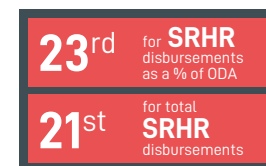
 NEW ZEALAND



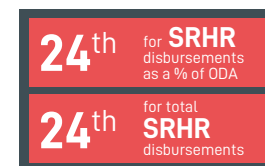
 EU INSTITUT.



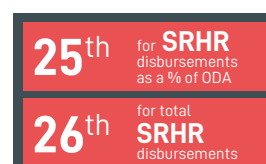
 AUSTRIA



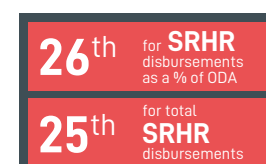
 PORTUGAL



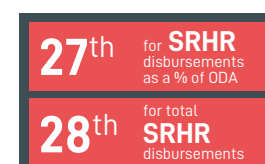
 CZECH REP.



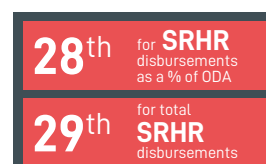
 HUNGARY



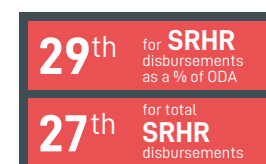
 SLOVAK REP.



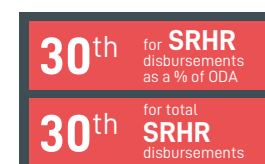
 SLOVENIA



 POLAND



 GREECE





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MAIN FINDINGS

POLITICAL SITUATION IN 2021

In 2021, global, human, and political developments continued to be influenced by measures such as lockdowns and travel restrictions due to the COVID-19 pandemic. Human tragedy and the severe pressure on health care systems and the economy continued to be seen and felt across the globe. The increase of violence that women and girls faced during COVID, as well as the severe setbacks that global efforts to ensure universal access to health care and SRHR suffered were only seriously considered in the pandemic's aftermath. When, in 2022, the situation slowly improved, and the long-term impact of the pandemic became visible, Russia's war of aggression against Ukraine began. The conflict's ripple effects, including disrupted food exports and skyrocketing energy prices, were felt far beyond the Ukrainian borders, placing many low- and middle-income countries at risk of food insecurity and political instability. Further, the destruction of health care and educational facilities, coupled with systematic sexual aggression, have highlighted the importance of SRHR in humanitarian and conflict settings.

In 2021 and subsequent years, the area of SRHR has been one of great contrast. Looking at the US, President Biden's new administration rescinded the Global Gag Rule put in place by the Trump

administration, allowing the reinstatement of funding to SRHR actors, such as civil society organisations and UNFPA. However, in June 2022, the US Supreme Court overturned Roe v. Wade, revoking the landmark ruling that had affirmed the constitutional right to abortion since 1973. The brutal verdict came in the wake of a conservatism shift that has been sweeping the political landscapes in other countries too, including Poland and Hungary. In January 2021, Poland enforced a near-total abortion ban, forcing many women seeking abortions and safe maternal health care to travel abroad. Hungary followed by tightening its abortion rules in September 2022, in line with Prime Minister Orban's right-wing traditionalistic policies. 2021 was also the year in which the UK officially left the EU, and announced to cut funding to ODA from 0,7% to 0,5% of Gross National Income (GNI), including a devastating 85% cut of the UK's contribution to the UNFPA Supplies Partnership and significant cuts to other flagship SRHR programmes. Another long-time champion of gender equality, Sweden, decided to abandon its groundbreaking feminist foreign policy in 2022. While Sweden confirmed that gender equality shall remain a core value for its foreign policy, it no longer wants to label it as feminist. The impact of this shift still remains to be seen.

Despite these many setbacks to SRHR, there have also been important improvements. In June 2021, the international community gathered at the Generation Equality Forum (GEF) in Paris, where a series of ambitious commitments around gender equality, including SRHR, were made, with financial commitments totalling over 40 billion USD. And despite the intensified right-wing opposition attacking SRHR and gender equality, in May 2023 members of the European Parliament voted to back the accession to the Istanbul Convention – the first legally binding international instrument on preventing and combating violence against women and girls, taking a stance to protect women's safety and rights. Additionally, the emergence of feminist foreign policies in several countries over the past few years such as Canada, France, Spain, Luxembourg, Mexico, Chile, Colombia, Liberia and Germany, as a counterforce to the backlash on SRHR in several parts of the world, is a positive sign that could lead to a stronger recognition of SRHR and governments' will to fund and implement them accordingly. Finally, when considering the evolution of the political situation from 2021 to today, it is important to assess the overarching political atmosphere and trends, recognizing their complexity. It has become painfully clear that in times of

global crisis, women's and girls' rights and safety tend to be overlooked and neglected. These losses are further exacerbated by the political pushbacks and controversial funding developments in the field of SRHR as seen in recent years.

While the data on ODA, SRHR, FP and RMNCH presented in the 2023 Donors Delivering for SRHR Report covers 2021 (as the latest available confirmed data set), it is important to keep in mind the above developments as they might have an impact on donors' SRHR funding in the years to come.

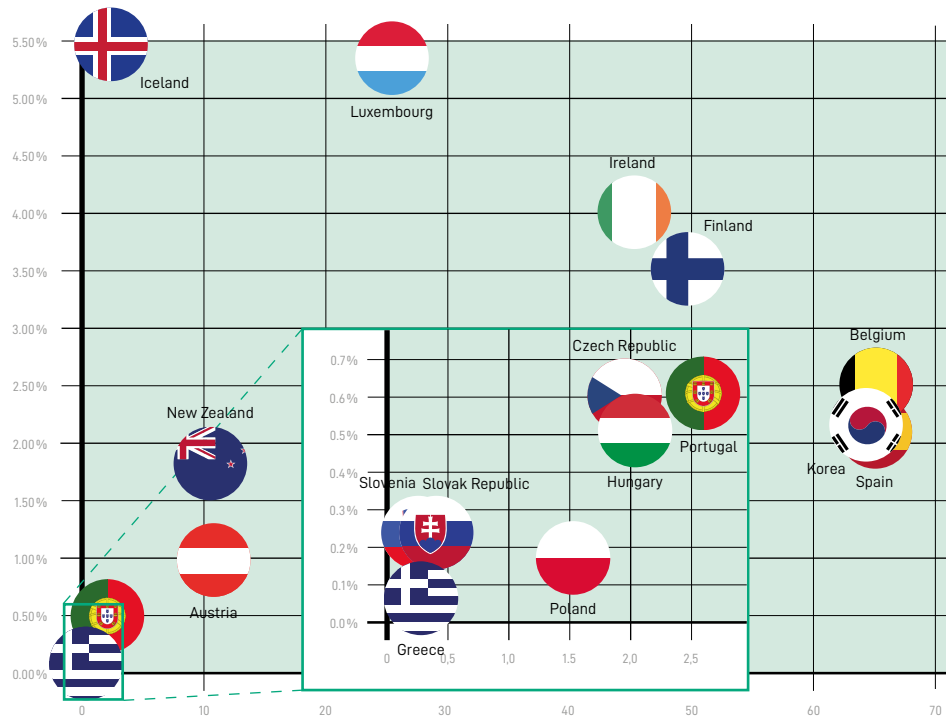
SRHR are central to people's well-being and a prerequisite for human development and human dignity. One crucial way to ensure that everyone, in particular women and girls, are able to enjoy their sexual and reproductive rights is for donor countries to play their part and support SRHR through their ODA.

HOW OECD DAC DONORS PERFORMED ON SRHR SUPPORT IN 2021 – A COMPARISON

TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF ODA IN 2021

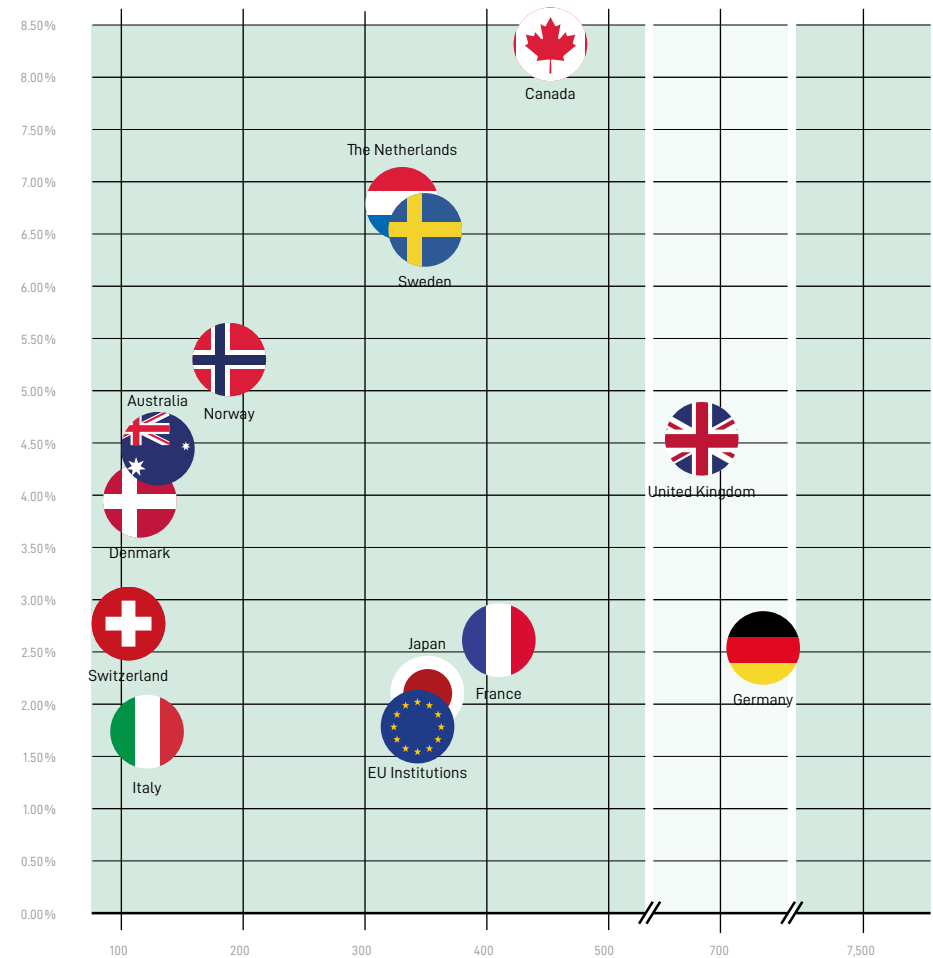
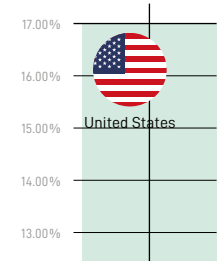
Once again, the US alone provided more than half of all SRHR ODA funding in 2021 (more than 7.32 billion USD). Spending more than 16% of their ODA budget on SRHR, the US stands out even more than in previous years, among other important SRHR champions such as Canada, the Netherlands, Sweden, Iceland, Luxembourg and Norway who also clearly prioritise funding for SRHR as an important part of their ODA (reaching between 8.33% and 5.26%). Being smaller economies, for some of these donors (e.g. Luxembourg and Iceland), total SRHR disbursements are naturally rather limited, but they do represent an important proportion of their ODA. When it comes to prioritising SRHR, they outperform many larger donors including Germany, France and the EU institutions who are spending less than 2.62% of their ODA on SRHR.

SRHR AS A % OF ODA



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

For example, Iceland's limited SRHR disbursements of 3.49 million USD in 2021 represent 5.48% of its ODA. Meanwhile, France's substantial SRHR disbursements of 410.48 million USD account for only 2.57% of its ODA. Despite its low level of total SRHR disbursements, Iceland is thus clearly a strong SRHR champion, especially compared to France which clearly could be more ambitious when it comes to including SRHR in its international cooperation.

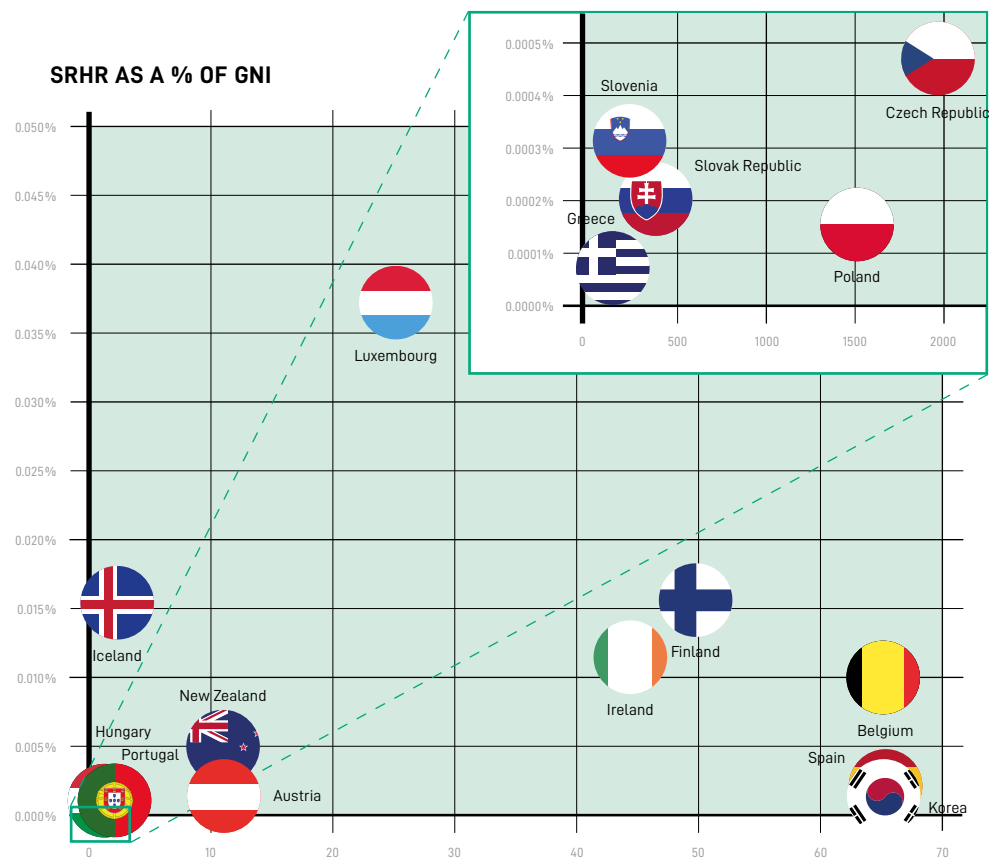


TOTAL SRHR IN MILLION USD 2020 constant prices

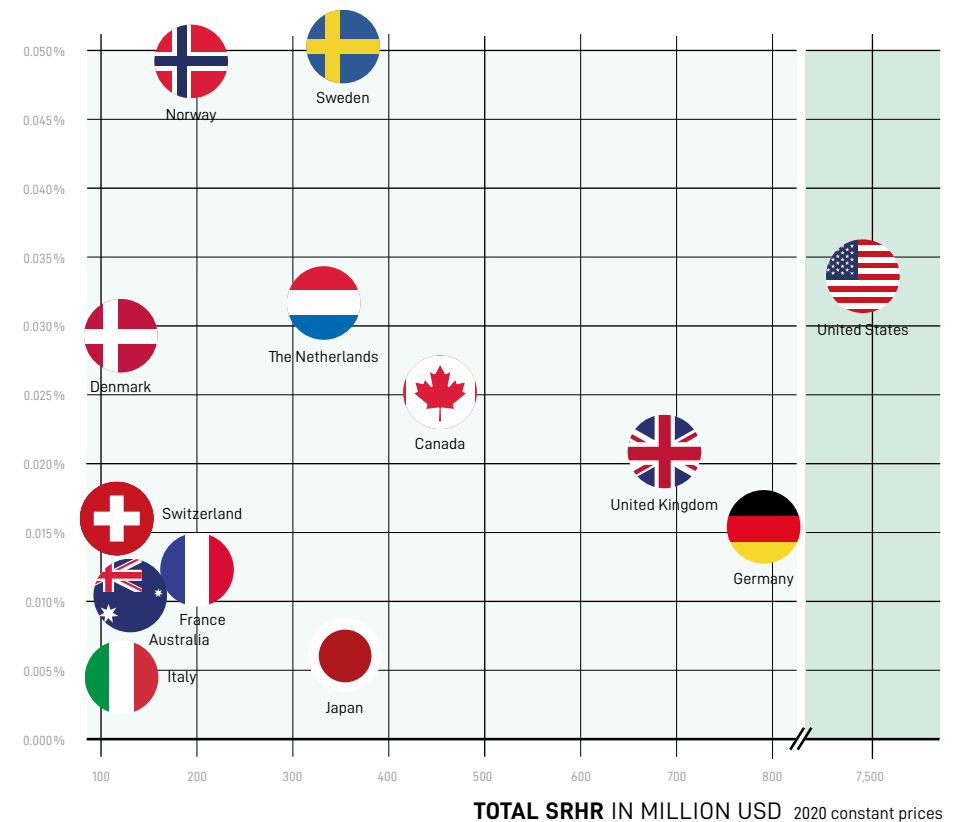
PUTTING THE NUMBERS INTO PERSPECTIVE:

TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF GNI IN 2021

The same disappointing trend of many bigger donors seeming to „punch below their weight“ while some smaller donors clearly prioritise SRHR as part of their ODA is even more pronounced when looking at SRHR disbursements as a percentage of GNI. The graph below puts donors' total SRHR disbursements in 2021 into perspective by comparing it with their GNI.



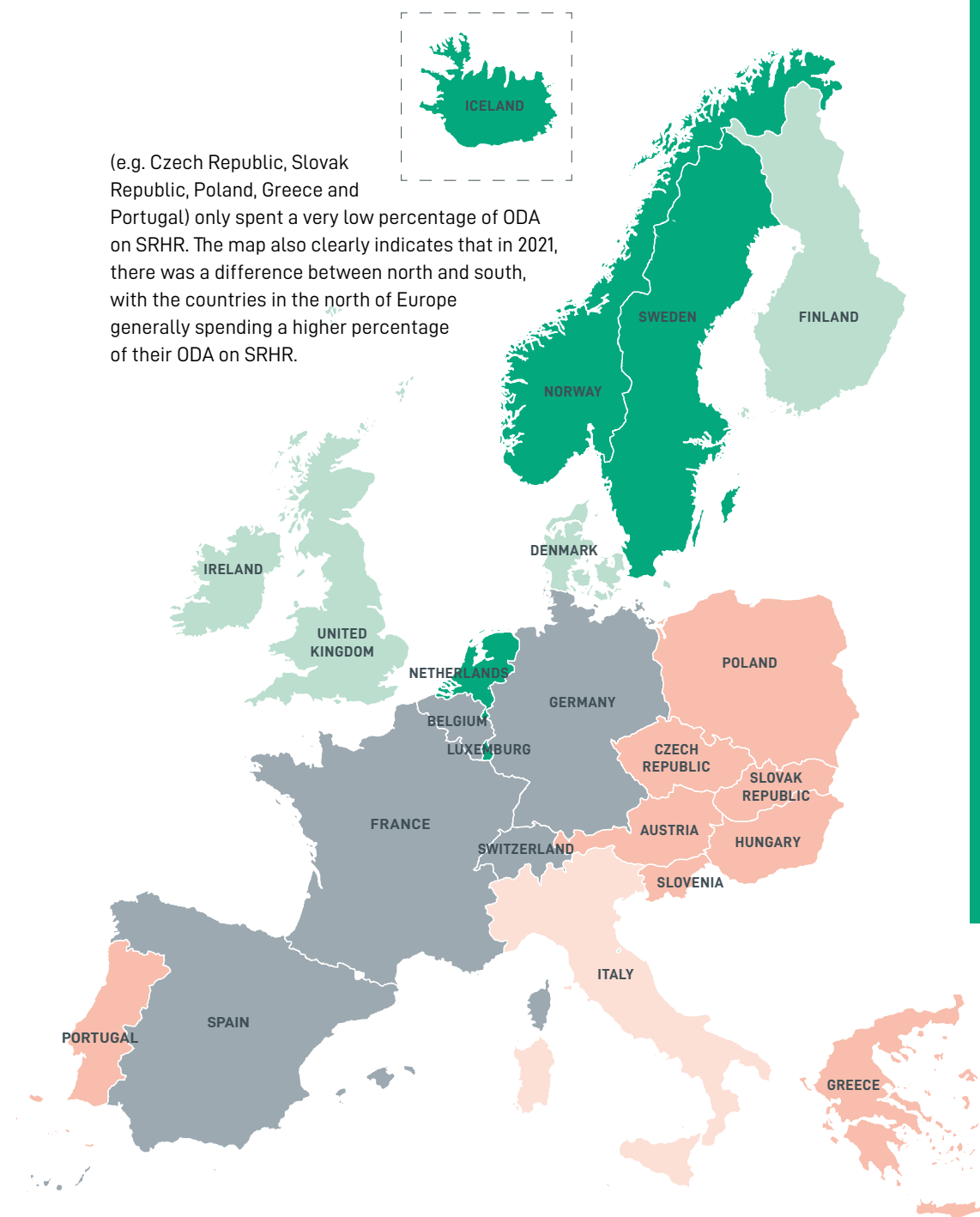
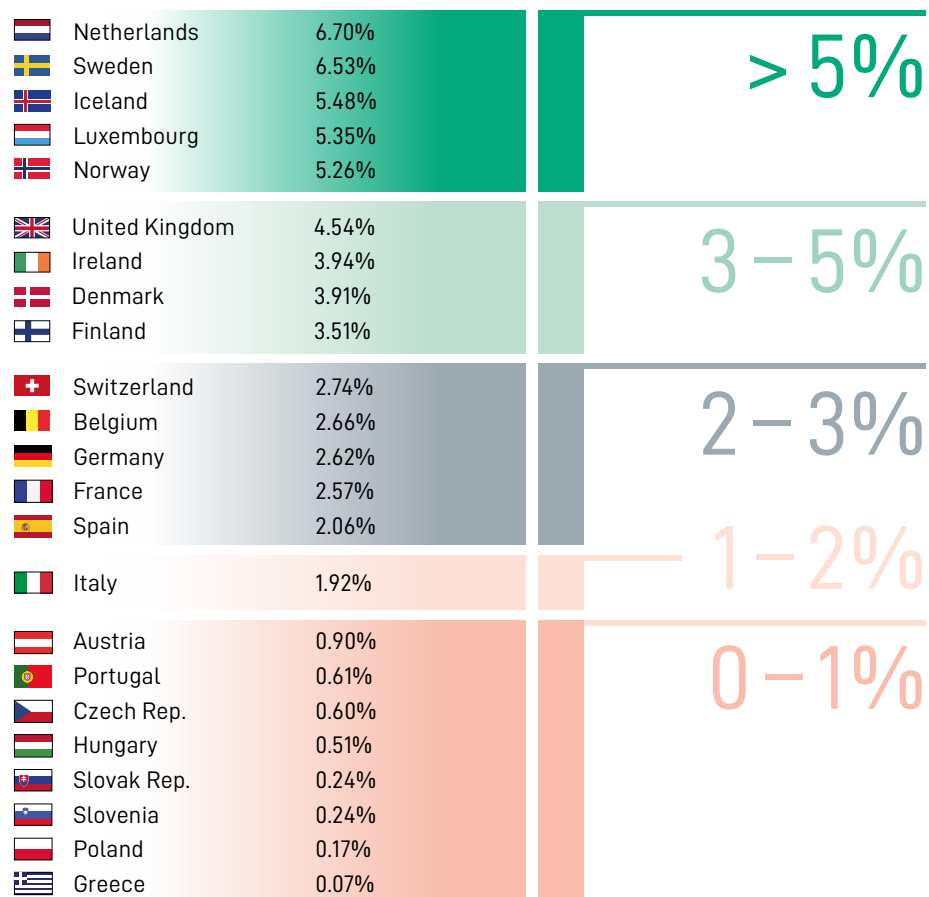
When looking at SRHR disbursements as a percentage of GNI, the US no longer holds its top position. While it is the top donor for both total SRHR disbursements and SRHR as a percentage of ODA, it only ranks fourth when looking at SRHR disbursements as a percentage of its GNI. It is outperformed by Sweden, Norway and Luxembourg, and closely followed by the Netherlands.



ZOOMING IN ON EUROPEAN DONOR COUNTRIES: RANKING OF SRHR DONORS

When looking at SRHR as a percentage of ODA, the top two European donors in 2021 were the Netherlands and Sweden (> 6%), closely followed by Iceland, Luxembourg and Norway (> 5%). Interestingly, three out of the five top SRHR donors (Netherlands, Luxembourg and Norway) also reached the 0.7% ODA target relative to the countries' GNI. These SRHR champions outperformed countries such as Germany and France which had substantially larger ODA budgets, with Germany even reaching the 0.7% ODA target, yet without prioritising SRHR (< 3%). As in previous years, donors that were the furthest away from the 0.7% target

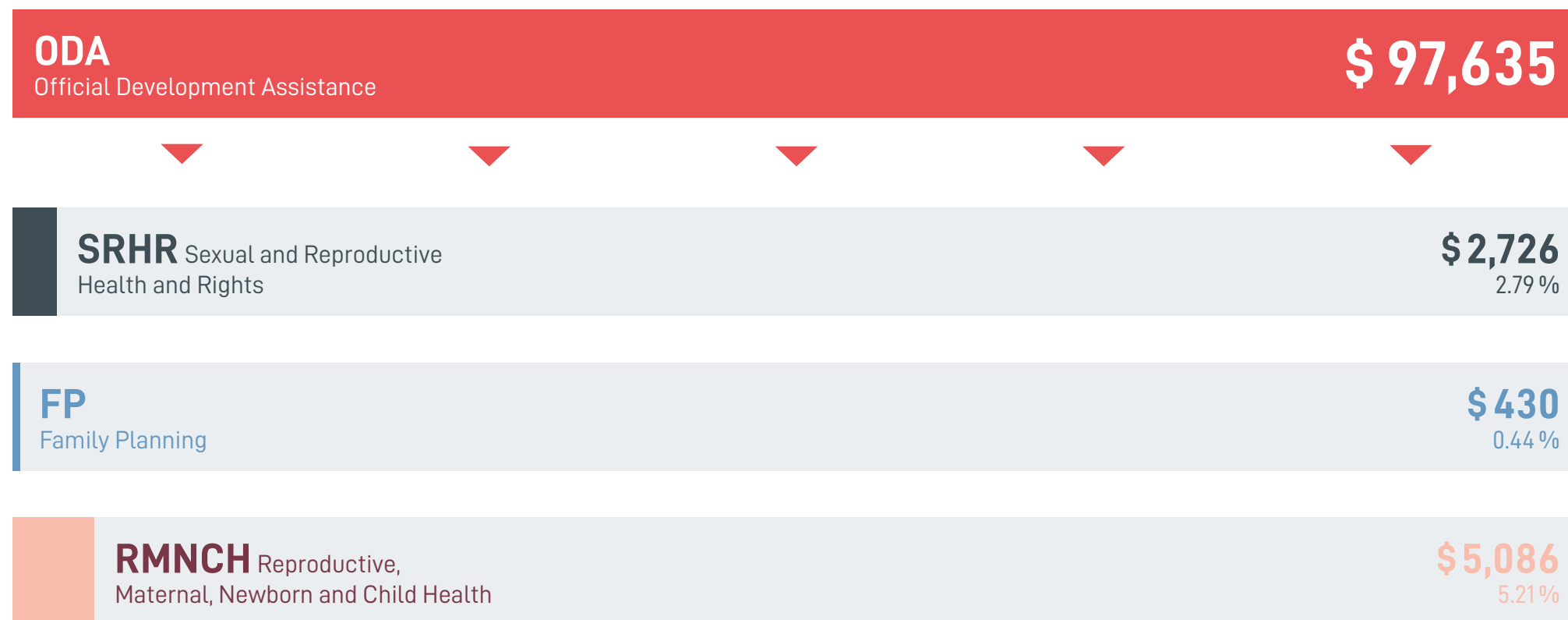
SRHR DISBURSEMENTS AS A PERCENTAGE OF ODA IN 2021



ZOOMING IN ON THE EU INSTITUTIONS AND MEMBER STATES: CONTRIBUTIONS TO SRHR, FP, AND RMNCH

In 2021, only 2.79% of the total combined ODA spending of EU Institutions and EU Member States went to SRHR, 0.44% to FP, and 5.21% to RMNCH. Both the SRHR and the RMNCH percentage decreased from 2019 to 2020 and increased again in 2021.

TOTAL DISBURSEMENTS IN MILLION USD (2020 constant prices)

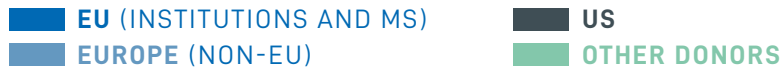


However, while the 2021 SRHR percentage remained below the level of 2019, the RMNCH percentage increased to a significantly higher level. The percentage for FP also decreased considerably from 2019 to 2020, but remained stable afterwards.

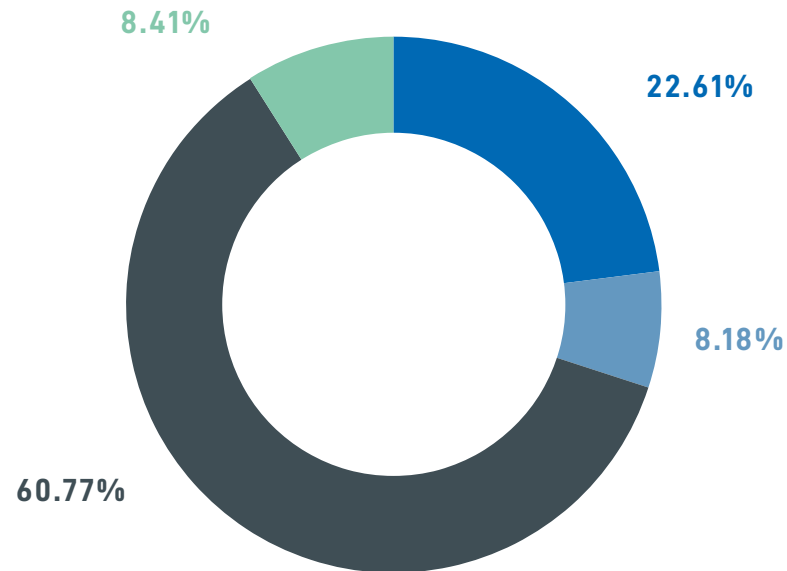
The total ODA (97.64 billion USD) from the EU Institutions' central budget and the national budgets of the EU Member States which are part of the OECD DAC represented more than half (50.27%) of all ODA disbursed globally by OECD DAC members in 2021. This is slightly lower than the 52.70% in 2020.

THE EU: STRONG ON ODA BUT NOT ON SRHR SUPPORT

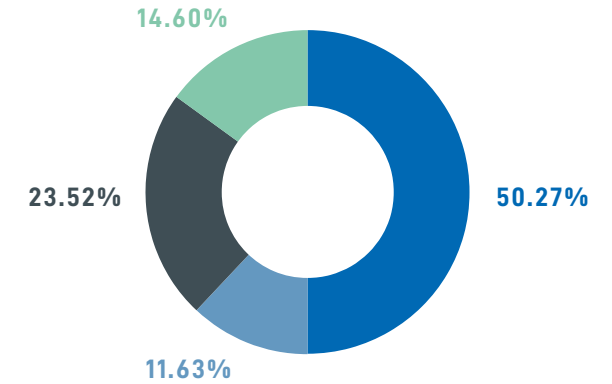
The EU Institutions and EU Member States are jointly the largest ODA donor, responsible for more than 50% of all ODA in 2021. They are however smaller actors when it comes to supporting SRHR, jointly accounting for only 22.61% of the total 2021 SRHR disbursements. Compared to the US, which accounts for more than 60% of all 2021 SRHR disbursements, the EU and Member States are clearly underachieving and could definitely be much more ambitious. A similar trend emerges for FP and RMNCH: the EU and Member States are responsible for only 25.14% of FP and 29.67% of RMNCH disbursements in 2021.



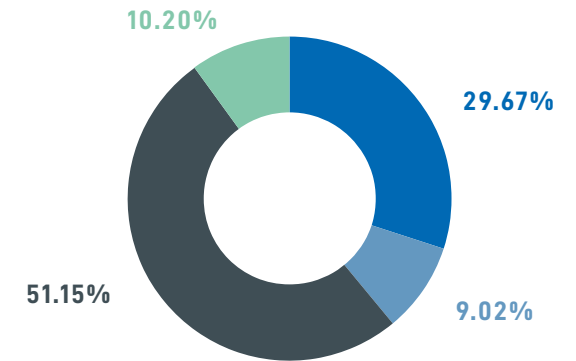
DONORS' SHARE OF TOTAL **SRHR** DISBURSEMENTS



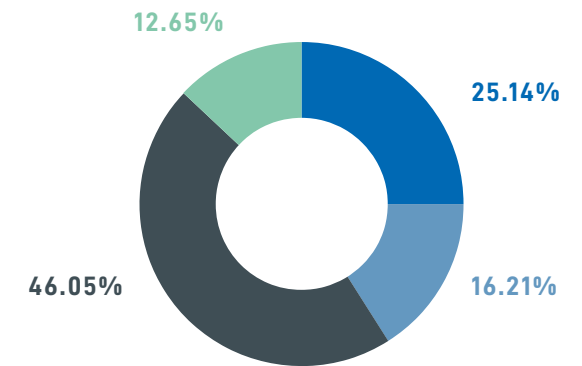
DONORS' SHARE OF TOTAL **ODA** DISBURSEMENTS



DONORS' SHARE OF TOTAL **RMNCH** DISBURSEMENTS



DONORS' SHARE OF TOTAL **FP** DISBURSEMENTS

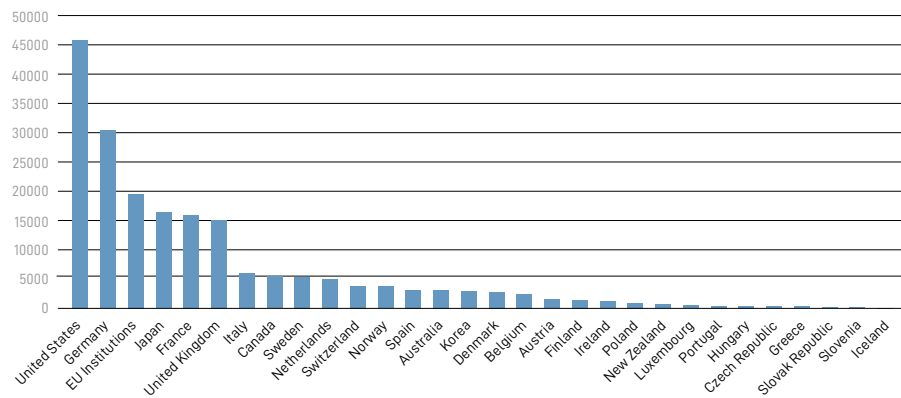


ODA

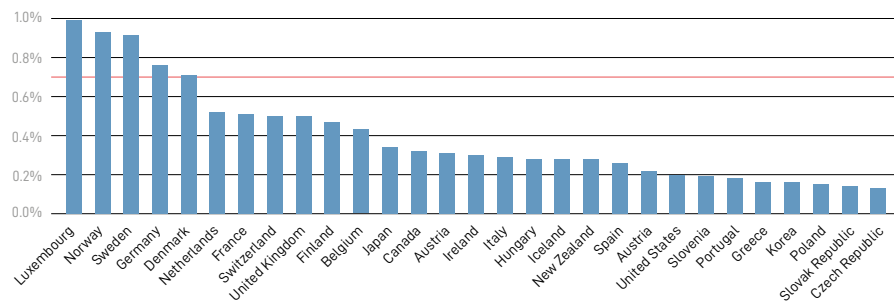
The total ODA from all OECD DAC donors combined increased from 2019 (166.3 billion USD) to 2021 (194.2 billion USD). However, while in 2020 six countries (Denmark, Luxembourg, Norway, Sweden, Germany and the UK) reached the long-pledged commitment to allocate 0.7% of their GNI to ODA, the UK dropped to 0.5% in 2021, in line with its announcement from 2020 to reduce ODA. Similar to previous years,

EU Institutions and EU Member States that are members of the OECD DAC jointly disbursed slightly more than 50% of all ODA. Despite being collectively the largest donor, the highest increase in ODA does not come from the EU institutions and EU Member States, but from non-European countries such as the US and Japan, whose ODA increased by 10 billion USD and 3 billion USD respectively.

2021 ODA disbursements in million USD, 2020 constant prices



2021 ODA disbursements as a percentage of GNI

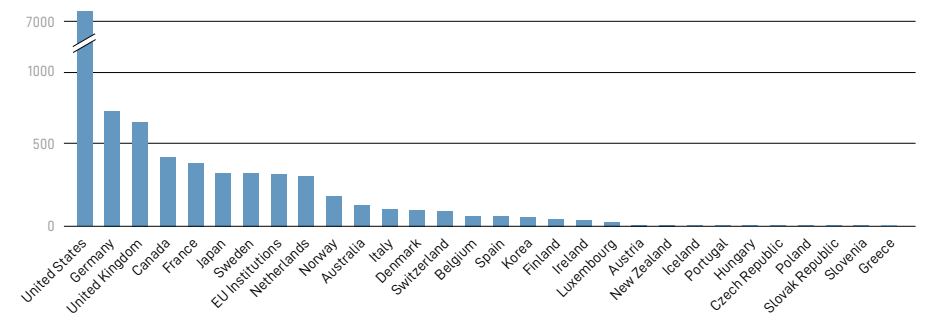


SRHR DISBURSEMENTS

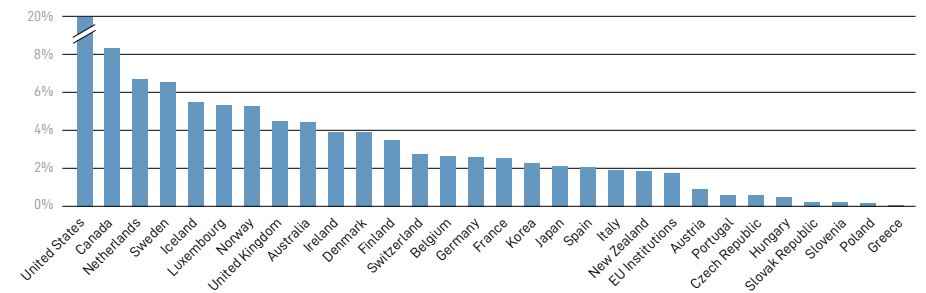
Between 2019 and 2021, the total SRHR disbursements of all OECD DAC donors increased from 9.5 billion USD to 12.1 billion USD, with the main increase happening between 2019 and 2020. This is linked to a strong increase of SRHR disbursements by the US (slightly less than 2 billion USD) and a number of other strong donors (Canada, Germany, Japan, and the EU Institutions). Despite being a long-term SRHR champion, UK funding for SRHR decreased by 26.8% between 2019 and 2021. While in previous years the UK was still the second largest SRHR donor, in 2021 its place was taken by Germany. The US is still the number one

donor, followed by Germany, the UK, Canada and France. When it comes to SRHR disbursements as a percentage of ODA, the US and Canada head the ranking, accompanied by the Netherlands, Sweden and Iceland in the top five. Australia and Norway pushed Japan and Finland out of the top 10. Donors such as Germany, France and the EU Institutions, who rank in the top ten when looking at total disbursements to SRHR (2nd, 5th and 8th place respectively), score poorly when amounts disbursed are compared to overall ODA (15th, 16th and 22nd place respectively).

2021 SRHR disbursements in million USD, 2020 constant prices



2021 SRHR disbursements as a percentage of ODA

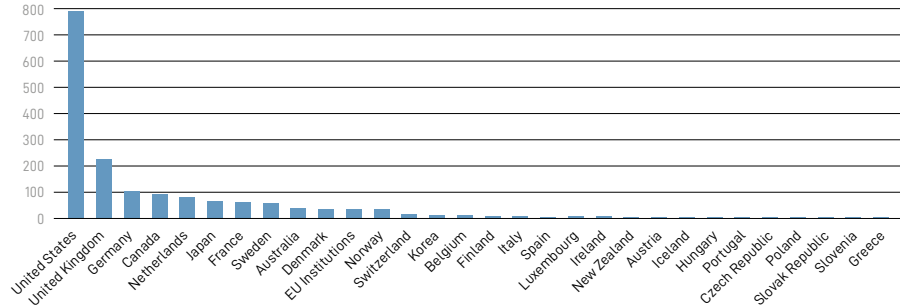


FP DISBURSEMENTS

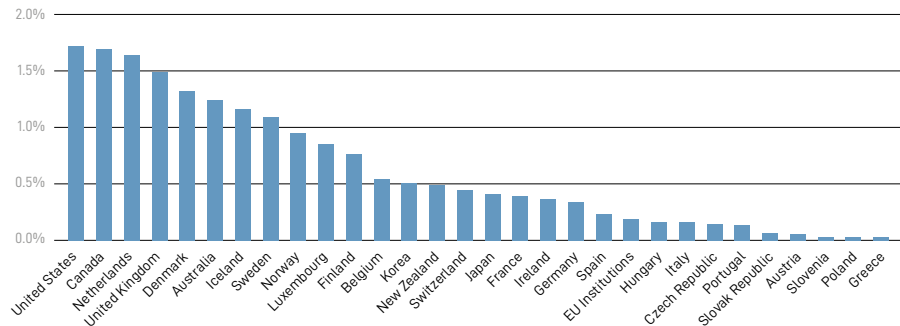
In 2021, the total volume of FP disbursements from the thirty OECD DAC donors was slightly over 1.7 billion USD, which is a slight decrease compared to 2020 and 2019. Similar to previous years, the US and the UK made by far the largest disbursements to FP, followed by Germany, Canada and the Netherlands. When looking at FP disbursements as a percentage of ODA, the US still ranks highest but the difference with other donors such as Canada and the Netherlands is minimal. The UK and Denmark complete the top five. Similar to the SRHR disburse-

ments, smaller donors such as Iceland and Luxembourg also score very highly when looking at FP disbursements as a share of ODA. The opposite holds true for Germany and France 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. The EU institutions only rank in 12th place when looking at total FP disbursements and 21st place when it comes to FP disbursements as a percentage of ODA. This is a clear decrease compared to 2020.

2021 FP disbursements in million USD, 2020 constant prices



2021 FP disbursements as a percentage of ODA

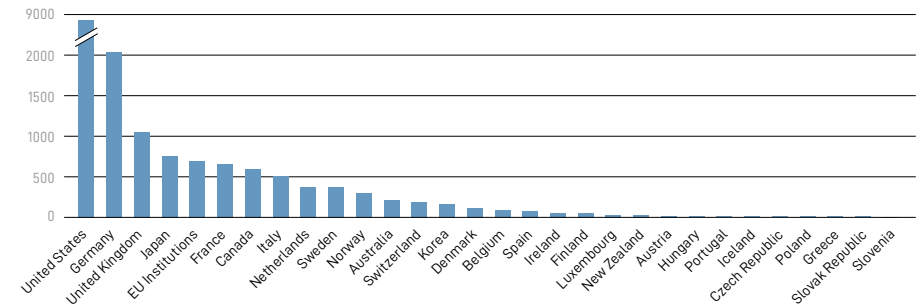


RMNCH DISBURSEMENTS

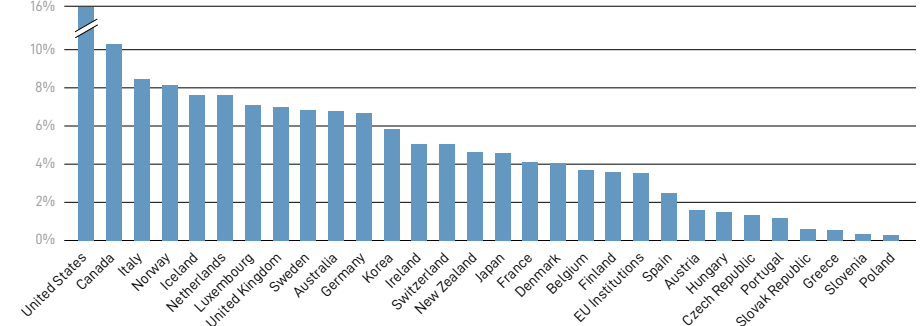
The total volume of RMNCH disbursements from the thirty DAC donors for 2021 was more than 17.1 billion USD, which is a significant increase compared to 2020. Similar to SRHR, the US remains by far the largest donor of ODA to RMNCH, amounting to more than 50% of the total disbursements for RMNCH. Germany, the UK, Japan and the EU Institutions 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 the

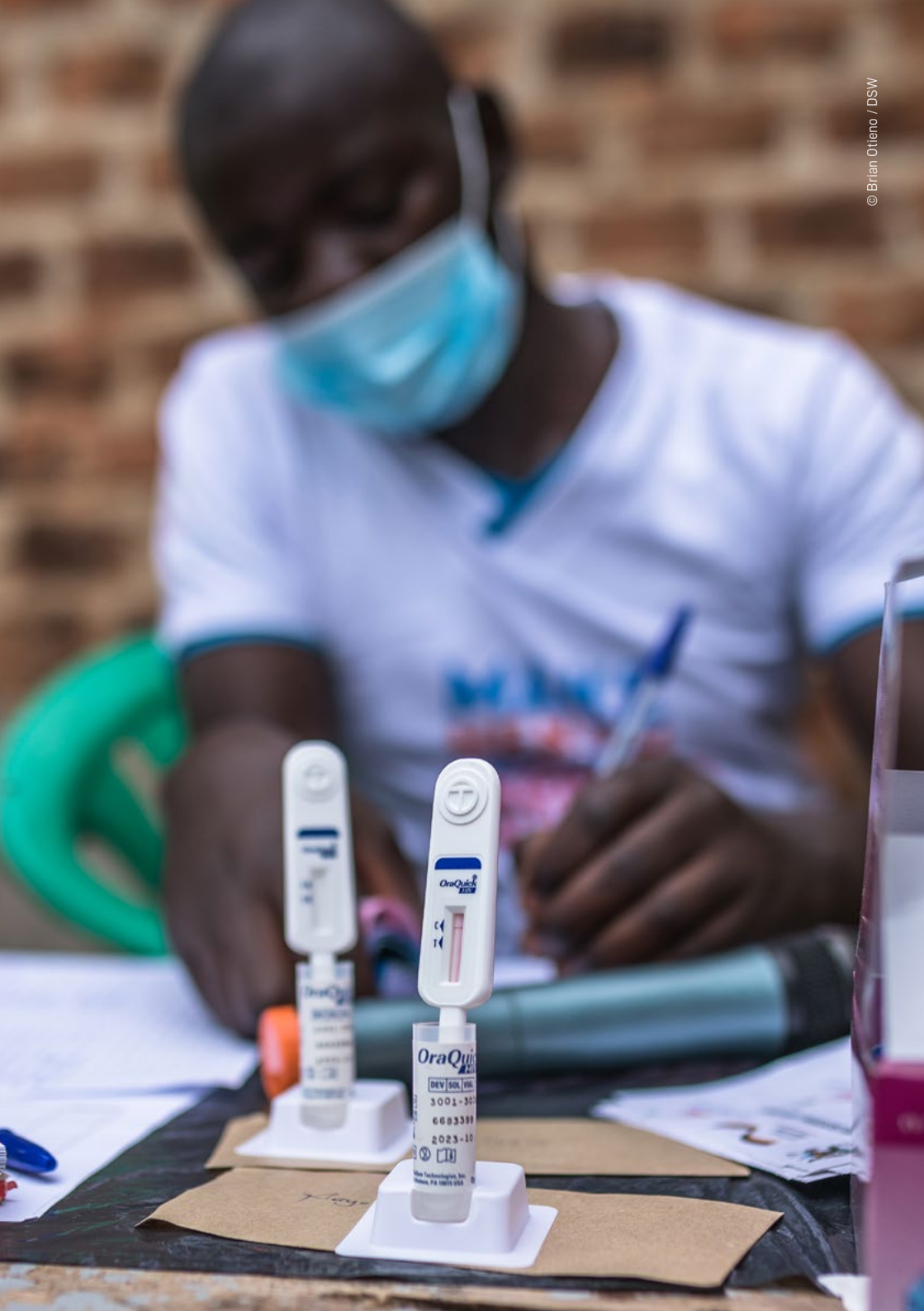
EU Institutions, Japan and France move to the lower half of the ranking. Smaller donors on the other hand, including Luxembourg, Ireland and Iceland move up in the ranking with a much larger share of their ODA dedicated to RMNCH. This holds especially true for Iceland, moving from the bottom six to the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

2021 RMNCH disbursements in million USD, 2020 constant prices



2021 RMNCH disbursements as a percentage of ODA





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METHODOLOGY

METHODOLOGY

The annual Donors Delivering for SRHR Report tracks ODA to RMNCH via the Muskoka 2 Methodology and to FP via the KFF methodology as reported in the FP2030 Progress Report. These methodologies apply a set of imputed percentages for specific OECD DAC CRS purpose codes to calculate a donor's total funding towards RMNCH and FP. To track a donor's funding towards SRHR with specific attention to the rights aspect, a separate Donors Delivering for SRHR Methodology, based on the Muskoka 2 Methodology, was developed. The CRS codes that could include SRR projects were identified in line with the 2018 Guttmacher-Lancet SRHR report's and the International Conference on Population and Development (ICPD)'s definition of SRHR. For the methodology used in the first editions of the Donors Delivering Report, all projects in the period 2013 – 2017 under these codes were analysed and the percentage of SRR-funding defined. This SRR tracking was then combined with a donor's ODA for Reproductive Health (RH) and Maternal and Neonatal Health (MNH) (following the Muskoka 2 Methodology) in order to have the complete picture of a donor's support of the full SRHR agenda.

When the original Donors Delivering for SRHR Methodology was developed, it was already evident that an update of the identified percentages of donors' SRHR spending under specific CRS codes would be needed at some point. In line with this suggestion, DSW conducted a thorough review in 2023. After extensive consultation with relevant experts and stakeholders, DSW opted for an updated methodology that no longer defines SRHR funding as the combined funding for RH, MNH and SRR. Rather, based on the mechanism of the Muskoka 2 Methodology (applying imputed percentages to CRS codes), the updated methodology is tracking SRHR in its entirety.

The analysis that forms the basis of the updated methodology focused on updating the percentages for two sets of CRS codes:

1. Those codes that the initial research for the Donors Delivering for SRHR Methodology identified as relevant for SRHR, but that are not included in the Muskoka 2 Methodology.¹
2. A set of CRS codes already included under Muskoka 2, that did not include the full overview of SRHR but only the proportion of funding benefiting Sexual Reproductive Maternal Neonatal Health (SRMNH) without the 'rights' element.²

All projects from OECD DAC bilateral members plus the EU institutions, reported under the CRS codes above in the period 2018 – 2021, were analysed. Whenever the project was considered SRHR-related, the full or a partial amount was counted. The proportion of SRHR projects for a specific CRS code was calculated based on the total amount spent on SRHR versus the total ODA under this code.

In line with the initial Donors Delivering for SRHR Methodology, the percentages for core contributions to multilaterals that count as SRHR funding remain variable and are calculated as the proportion of all disbursements from the multilateral that benefit SRHR each year. The only exception is the percentage for UNFPA, which has SRHR at the core of its mandate. Based on a joint analysis with UNFPA staff, it was decided to apply the same 'variable percentage mechanism' as with other multilaterals but to change the

percentages of the CRS codes to calculate SRHR funding. Funding under all CRS codes that UNFPA reported on is counted as 100% SRHR funding, with the exception of codes 13010 (Population policy and administrative management), which is where support to censuses is reported, and 16062 (statistical capacity building). Funding under these codes is not counted. Furthermore, 3.2% of UNFPA's funding under code 51010 (general budget support) is considered SRHR-funding, which is in line with the average percentage for this code under the Donors Delivering for SRHR Methodology.

The full overview of CRS codes and the multilaterals with the corresponding percentages for SRHR (Donors Delivering for SRHR Methodology), FP (KFF methodology as reported in the FP2030 Progress Report) and RMNCH (Muskoka 2 Methodology) can be found in the table on the next page.

¹ 2 codes linked to basic education (1230 basic life skills for adults; 11231 basic life skills for youth); 4 codes under the government and civil society sector (15150 – democratic participation and civil society; 15160 – Human Rights; 15170 – women's rights organisations; 15180 – Ending VAWG); code 16064 on social mitigation of HIV/Aids

² 2 codes under the Population policies/programmes and reproductive health section (13020 – Reproductive Health Care; 13040 – STD control including HIV/Aids); all the codes for humanitarian aid

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

Bilateral DAC purpose codes		RMNCH	SRHR	FP
11230	Basic life skills for adults	0%	4.4%	0%
11231	Basic life skills for youth	0%	9.4%	0%
12110	Health policy & administrative management	40%	15.4%	5%
12181	Medical education/training	40%	16.1%	5%
12182	Medical Research	0%	0.0%	0%
12191	Medical services	40%	17.5%	5%
12220	Basic health care	40%	10.0%	5%
12230	Basic health infrastructure	40%	13.6%	5%
12240	Basic nutrition	100%	38.4%	0%
12250	Infectious disease control	40%	2.0%	0%
12261	Health education	40%	17.2%	5%
12262	Malaria control	varies*	15.0%	0%
12263	Tuberculosis control	varies*	0.0%	0%
12281	Health personnel development	40%	17.0%	5%
13010	Population policy and administrative management	40%	35.4%	5%
13020	Reproductive health care	100%	83.7%	20%
13030	Family planning	100%	99.3%	100%
13040	Std control including hiv/aids	varies*	100.0%	3%
13081	Personnel development for population & reproductive health	100%	84.6%	5%
14030	Basic drinking water supply and basic sanitation	15%	0.0%	0%
14031	Basic drinking water supply	15%	0.0%	0%
14032	Basic sanitation	15%	0.0%	0%
15150	Democratic participation and civil society	0%	1.2%	0%
15160	Human Rights	0%	6.3%	0%
15170	Women's equality organisations and institutions	0%	7.6%	0%
15180	Ending violence against women and girls	0%	41.5%	0%
16064	Social mitigation of HIV and Aids	0%	50.0%	0%
51010	General budget support-related aid	varies*	0.0%	0.5%
72010	Material Relief assistance and services	4.4%	2.3%	0%
72040	Emergency Food Aid	1.9%	0.1%	0%
72050	Relief coordination; protection and support services	2.1%	0.7%	0%
73010	Reconstruction relief and rehabilitation	1.4%	0.6%	0%
74020	Multi-hazard response preparedness	1.5%	0.3%	0%

Multilateral Agency/Initiative	2019			2020			2021		
	RMNCH	SRHR	FP	RMNCH	SRHR	FP	RMNCH	SRHR	FP
GAVI	91.00%	8.76%	0.00%	91.00%	6.12%	0.00%	91.00%	8.52%	0.00%
Global Fund to Fight AIDS, TB and Malaria	40.92%	36.21%	5.00%	42.87%	55.50%	5.00%	43.85%	58.49%	5.00%
IDA	4.76%	2.27%	0.00%	5.86%	2.76%	0.00%	6.04%	2.69%	0.00%
UNFPA	49.00%	84.46%	20.00%	49.00%	85.71%	20.00%	49.00%	81.33%	20.00%
UNICEF	15.00%	6.61%	0.00%	15.00%	6.21%	0.00%	15.00%	6.15%	0.00%
UNAIDS	5.03%	55.37%	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%	0.00%
UNRWA	6.06%	1.61%	0.00%	6.26%	1.64%	0.00%	6.49%	1.70%	0.00%
World Food Programme	2.21%	0.47%	0.00%	1.03%	3.75%	0.00%	3.96%	1.02%	0.00%
World Health Organisation	31.25%	17.27%	5.00%	29.72%	14.78%	5.00%	26.55%	9.92%	5.00%
Asian Development Bank	1.85%	0.36%	0.00%	6.37%	6.96%	0.00%	2.40%	0.39%	0.00%
African Development Fund	0.43%	0.13%	0.00%	1.18%	0.31%	0.00%	1.21%	0.13%	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 resulting from our analysis.

HOW MUCH MONEY DID THE DONOR DISBURSE TO SRHR, FP AND RMNCH FROM 2019 – 2021?

The graph shows the total volume of a donor's disbursements to SRHR, FP, and RMNCH between 2019 – 2021. Data for RMNCH are collected based on the Muskoka 2 Methodology, while SRHR data are collected based on the updated Donors Delivering for SRHR Methodology. For FP, the the KFF methodology as reported by the FP2030 Progress Report is used.

TO WHAT EXTENT DID THE DONOR PRIORITISE SRHR, FP AND RMNCH IN THEIR ODA BETWEEN 2019 AND 2021?

The graph provides a historical overview of a donor's disbursements as percentages of ODA towards SRHR, FP, and RMNCH as against the updated Donors Delivering for SRHR methodology, the KFF Methodology as reported by the FP2030 Progress Report and the Muskoka 2 Methodology.

DONOR RANKING 2021

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 OECD 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 to provide a full picture of a donor's funding.

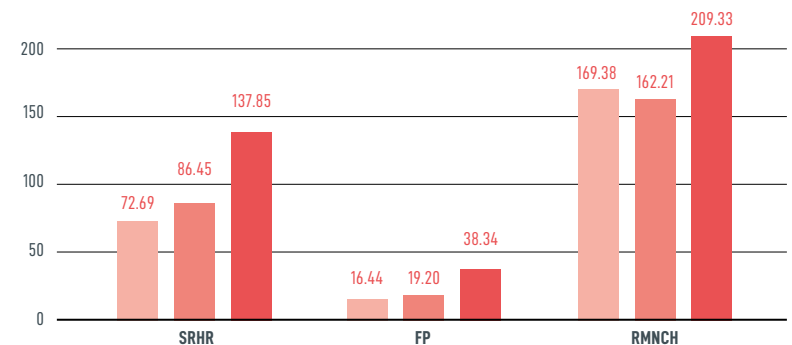
N.B. Donor profile graphs use a tailored scale according to a donor's results and can therefore not be compared.

AUSTRALIA

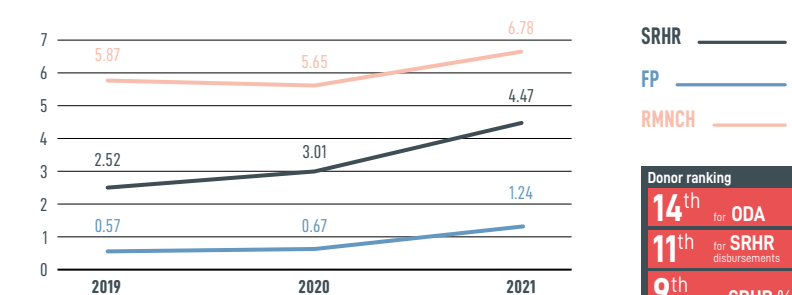
Gender equality is one of the key objectives in Australia's development programme. Its 2016 '[Gender Equality and Women's Empowerment Strategy](#)' has a strong focus on sexual and gender-based violence (SGBV) and on SRHR in humanitarian emergencies and responses. It also confirms that in its health programmes Australia will support universal access to SRHR. Health security is one of the three main areas of response in Australia's '[Partnerships for Recovery: Australia's COVID-19 Development Response](#)'. This includes support to local organisations to combat GBV and deliver essential SRH services that were disrupted due to the pandemic. Australia is expected to launch a new policy to set the long-term direction for its international development engagement in 2023.

Australia's SRHR and FP funding, both in total disbursements and as a percentage of ODA, have increased since 2019. The largest increase took place from 2020 to 2021: SRHR funding increased by more than one third and funding for FP nearly doubled in this period. Australia's total RMNCH disbursements and its RMNCH funding as percentage of ODA decreased from 2019 to 2020 and increased sharply in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



Donor ranking

14th for ODA

11th for SRHR disbursements

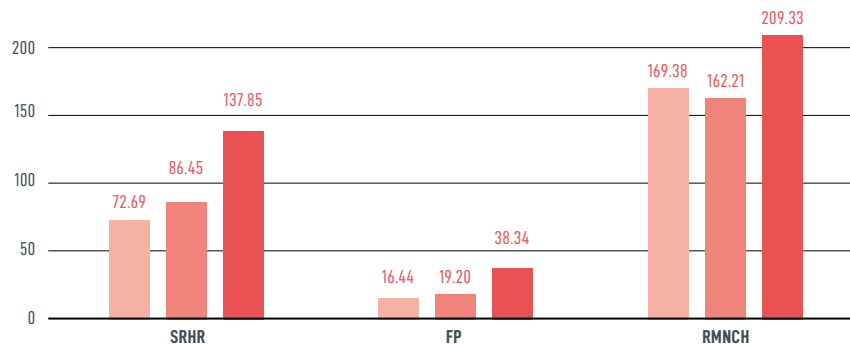
9th for SRHR %
out of 30 OECD DAC donors

AUSTRALIA

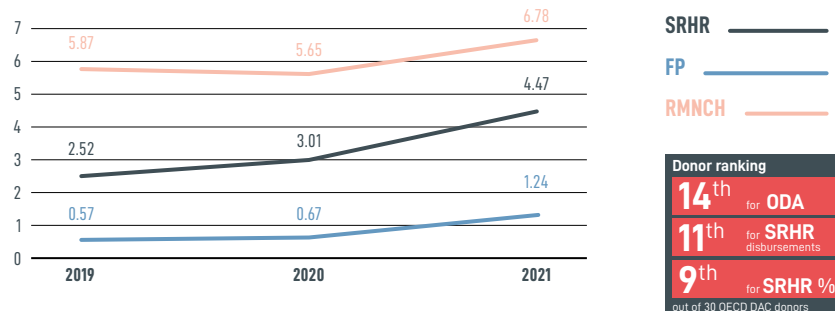
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SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

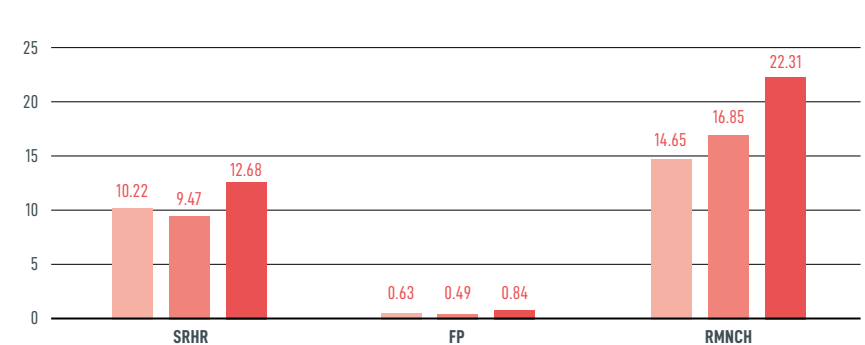


AUSTRIA

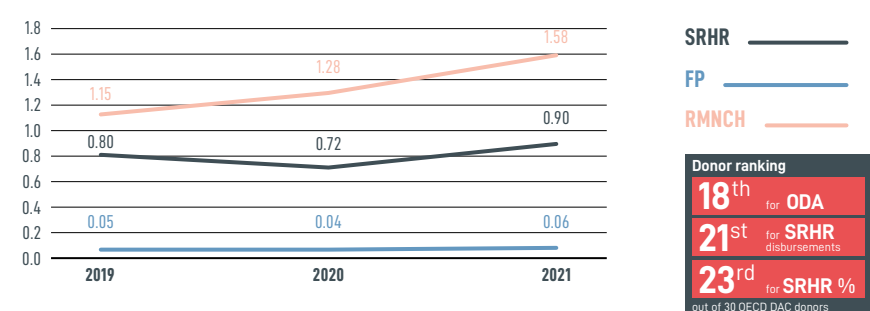
The main priorities of Austrian development cooperation are listed in the 'Three-Year Programme on Austrian Development Policy 2022 – 2024'. SRHR, FP, the health of mothers and children, preventing and combatting HIV & Aids, combatting GBV and female genital mutilation (FGM) are listed under two separate priorities in this strategy (health and the empowerment of women and girls). Austria's policy on 'Gender Equality and the Empowerment of Women and Girls' is strongly linked to the implementation of the EU's Gender Action Plan II (GAP II) and includes strong references to SRHR (including sexual education) and to sexual orientation and gender identity. While the EU has already adopted a successor to GAP II, Austria has not yet updated its implementation strategy.

Austria's SRHR, FP and RMNCH funding, both the total disbursements and the funding as a percentage of ODA, increased from 2019 to 2021. While the RMNCH funding increased gradually over the years, both SRHR and FP funding first decreased slightly in 2020 and increased again in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

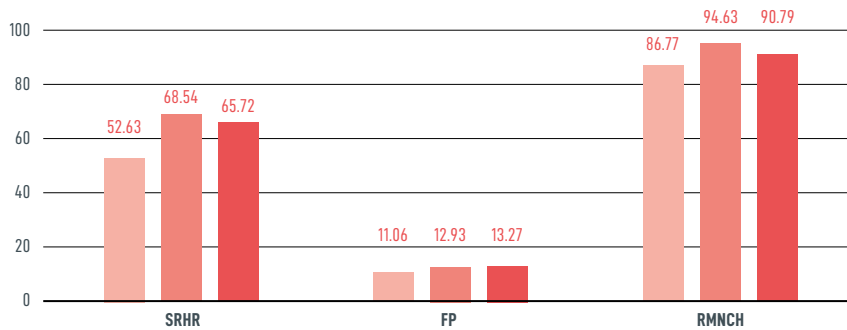


BELGIUM

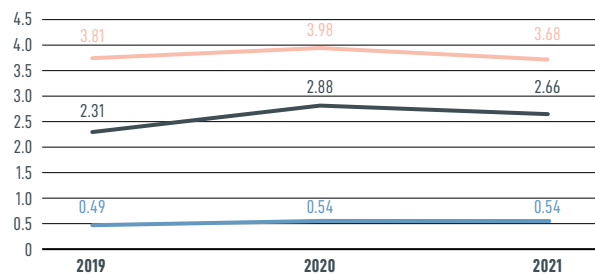
In its [2013 law on development cooperation](#), Belgium stressed the importance of SRHR and prioritised Reproductive Health (RH) in its bilateral cooperation. This is confirmed in multiple operational policy documents, including in Belgium's 2016 [Strategy Note on Gender in Development Cooperation](#). At the international level, Belgium is one of the driving forces behind the 'She Decides' movement. Belgium's Minister of Development Cooperation Caroline Gennez joined the movement as a SheDecides champion in March 2023. Current Prime Minister Alexander de Croo has been a SheDecides champion since the start of the initiative, when Belgium hosted the 2017 pledging conference. Belgium equally hosted the 2022 'She Decides +5' conference.

Belgian support for SRHR is channelled through both attention for SRHR in bilateral cooperation programmes, and the multilateral level, with strong support for UNFPA (including UNFPA supplies). In line with these political commitments, Belgium's total disbursements on SRHR, FP and RMNCH increased from 2019 to 2021, with a slight peak in 2020. A similar trend appears when looking at SRHR disbursements as a percentage of ODA, while the FP disbursements as a percentage of ODA remained stable and the RMNCH disbursements as a percentage of ODA decreased from 2019 – 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



SRHR
FP
RMNCH

Donor ranking

17th for ODA

15th for SRHR disbursements

14th for SRHR %

out of 30 OECD DAC donors

CANADA

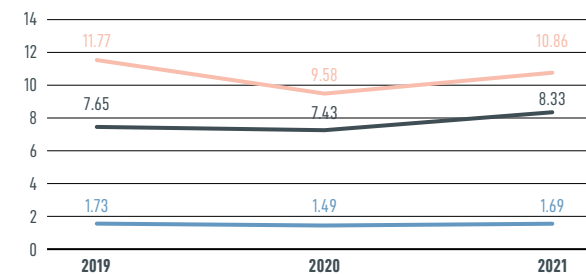
Canada's international cooperation is guided by its '[Feminist International Assistance Policy](#)', which commits to closing gaps in SRHR for women and girls, amongst others by supporting increased access to FP and modern contraception; comprehensive sexuality education (CSE); safe and legal abortion and post-abortion care; and prevention and treatment of HIV & Aids. In addition, it also includes strong commitments to reduce SGBV, early and forced marriage, and FGM/cutting. At the 2019 Women Deliver Conference and at the Nairobi Summit, Canada committed to increasing support for women's, adolescents', and children's health with an average of 1.4 billion USD annually by 2023, with an annual average of 700 million USD to SRHR.

Canada's (substantial) total SRHR disbursements increased from 2019 to 2021. Its total FP and RMNCH disbursements first decreased in 2020 and increased again in 2021 to a significantly higher level than in 2019. The SRHR, FP and RMNCH disbursements as a percentage of total ODA followed this trend: they decreased from 2019 to 2020 and increased again in 2021. The 2021 FP and RMNCH percentages are lower than in 2019, for SRHR the percentage is considerably higher. Given its strong political and financial commitment, Canada can be considered an SRHR champion.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



SRHR
FP
RMNCH

Donor ranking

8th for ODA

4th for SRHR disbursements

2nd for SRHR %

out of 30 OECD DAC donors

CZECH REPUBLIC

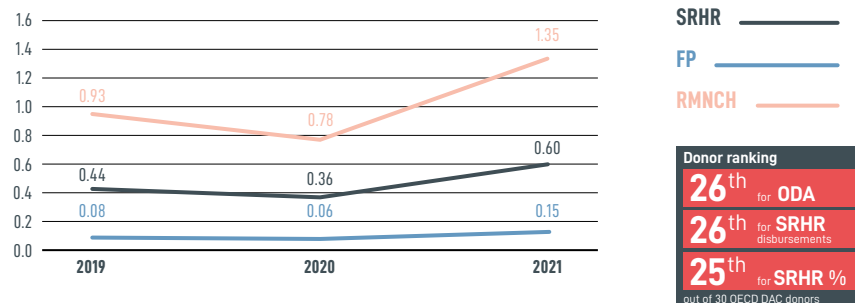
The key policy document for Czech international cooperation is the '2018 - 2030 Development Cooperation Strategy', which considers inclusive social development as one of five key priorities. This includes, amongst others, health (promoting a healthy life and generally the quality of life in partner countries) and education. Respect for human rights, including gender equality and the empowerment of women and girls, is considered a cross-cutting priority. The Czech strategy makes no specific references to SRHR, FP or RMNCH.

While Czech funding to SRHR, FP and RMNCH (both the total disbursements and the disbursements as a percentage of ODA) decreased from 2019 to 2020, it increased significantly from 2020 to 2021. This was due to a significant increase in Czech funding for health-specific bilateral programmes (medical services, basic health care, basic health infrastructure).

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

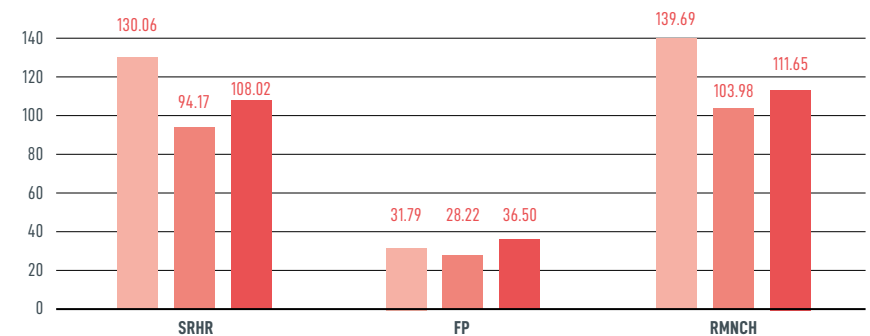


DENMARK

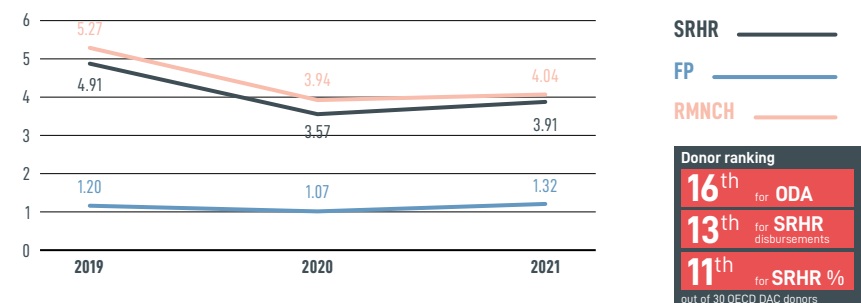
In its 2021 strategy, 'The world we share - Denmark's strategy for development cooperation', Denmark confirms that it will continue to support the global fight for gender equality and the protection of girls' and women's rights. This includes a specific focus on SRHR, both in terms of defending SRHR in international negotiations and supporting local SRHR initiatives. The 'priorities of the Danish Government for Development Cooperation (2022 - 2025)' also confirm this strong support for SRHR. Furthermore, Denmark was one of the co-launchers of the 'She Decides' Initiative and co-hosted the ICPD25 Summit in 2019. Its contributions to SRHR go through multilateral channels (including UNFPA, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and UN Women), but for the purpose of mainstreaming, SRHR is also part of the bilateral country programmes.

Despite these strong commitments, Denmark's SRHR, FP and RMNCH disbursements (both in total funding terms and as a percentage of ODA) decreased from 2019 to 2020. From 2020 to 2021 disbursements increased again slightly, but for SRHR and RMNCH they did not exceed the 2019 levels. On the other hand, Denmark's FP disbursements increased in 2021 to a higher level than in 2019.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

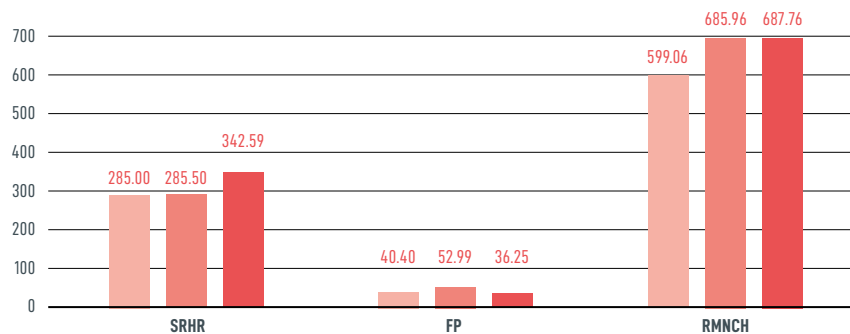


EU INSTITUTIONS

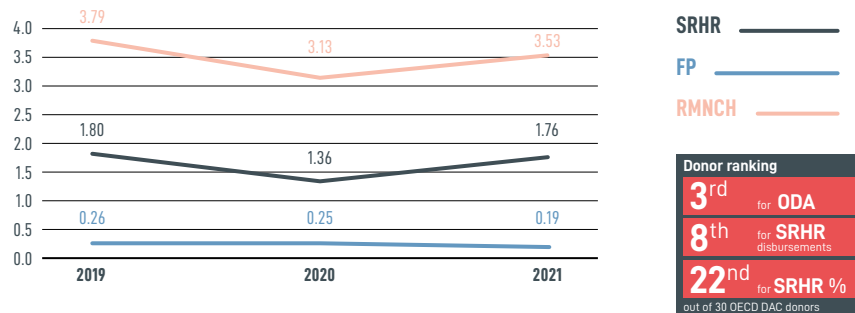
The EU's strong political commitment to SRHR is included in the 'New EU Consensus on Development'. More recently, SRHR has also been included in several key development policies, such as the EU's 2020 [Gender Action Plan \(GAP III\)](#), the 2022 [Youth Action Plan \(YAP\)](#) and the [Global Health Strategy \(GHS\)](#). SRHR is also referenced in the EU's '[Neighbourhood, Development and International Cooperation Instrument \(NDICI\)](#)', and in its geographic programmes. 21 out of 45 Sub-Saharan African (SSA) country programmes include SRH as a priority. Many other [country programmes](#) prioritise related issues (e.g. universal health coverage (UHC), gender equality and the fight against SGBV). The EU's thematic programmes on 'Human Rights and Democracy' and 'Global Challenges' also include SRHR. Finally, jointly with 10 Member States, the EU has set up a [Team Europe Initiative on SRHR in SSA](#).

The EU Institutions' SRHR and RMNCH total disbursements increased from 2019 to 2021. Its FP disbursements increased from 2019 to 2020, and then dropped to a lower level than in 2019. For the SRHR, FP and RMNCH disbursements as a percentage of ODA, a different trend emerges. Both the SRHR and the RMNCH percentages decreased in 2020 and then increased again in 2021, remaining below the 2019 percentage. The FP percentage simply decreased from 2019 to 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

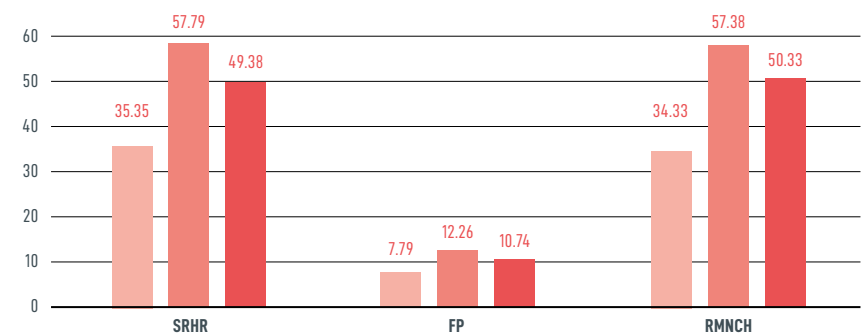


FINLAND

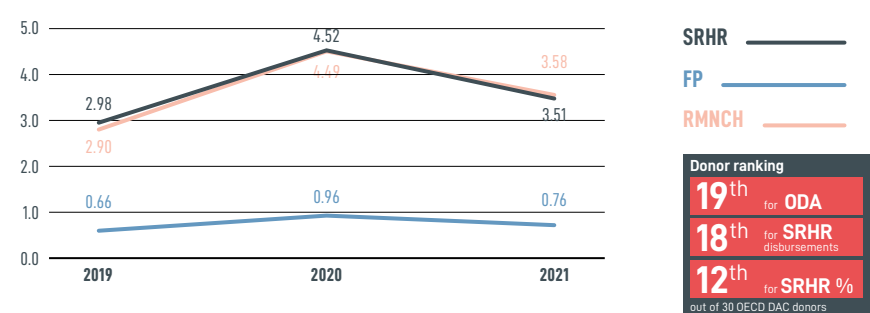
In May 2021, the Finnish government adopted the '[Report on Development Policy across Parliamentary Terms](#)' that presents promoting the rights of women and girls, including SRHR, as one of the goals of Finland's development cooperation. This includes access to high-quality and non-discriminatory SRH services and CSE. It explicitly refers to the inclusion of men and boys in the realisation of these rights. Finland clearly prioritises multilateral channels for its funding of SRHR, FP, and RMNCH. At the Nairobi ICPD25 Summit, Finland committed to significantly increasing funding for UNFPA. As a result, its core contributions to UNFPA went up from 23 million USD in 2019 to 36 million USD in 2021, with a peak of 37 million USD in 2020.

Finland's overall SRHR, FP and RMNCH disbursements significantly increased between 2019 and 2021, with a clear peak in 2020. This holds true for both the total disbursements and the disbursements as a percentage of ODA. Interestingly, in 2019 and 2020 Finland's total SRHR disbursements and its SRHR disbursements as a percentage of ODA were higher than the RMNCH disbursements. This changed in 2021, but the difference remained minimal. Finland thus clearly focuses on the rights aspect of SRHR.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

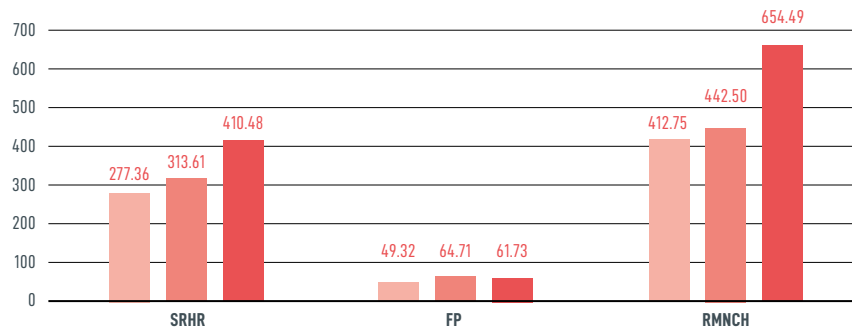


FRANCE

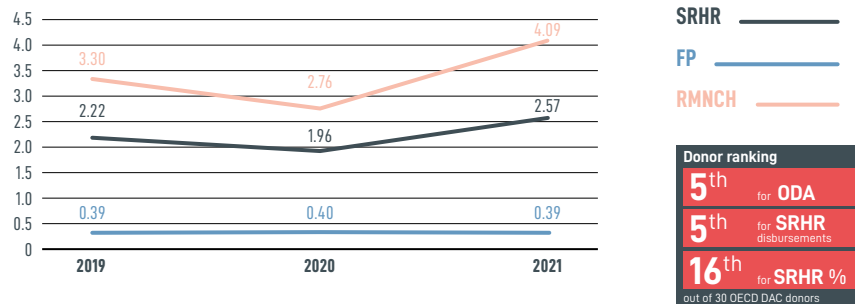
In 2021, France adopted its [Law on Inclusive Development and Combating Global Inequalities](#). It refers explicitly to the country's feminist diplomacy, has a mainstreaming objective on gender equality and prioritises free and equal access to Sexual and Reproductive Health (SRH) services. In March 2023, France also launched its new [international SRHR strategy \(2023 – 2027\)](#), which prioritises amongst others access to safe abortion, access to quality SRH services and products, ending sexual and gender-based violence (SGBV), and LGBTIQ+ rights. At the Generation Equality Forum (GEF, Beijing +25), that took place in Paris in 2021, France committed to allocating an additional 100 million EUR to SRHR over five years, with the majority of the funding allocated to UNFPA Supplies.

France's total disbursements to SRHR, FP, and RMNCH increased from 2019 to 2021. Despite this increase in total SRHR, FP and RMNCH disbursements, the disbursements as a percentage of ODA either remained stable (FP) or dropped (SRHR and RMNCH) from 2019 to 2020. This is the result of a significant increase in France's total ODA in 2020, while the funding for SRHR, FP, and RMNCH only increased to a lesser extent. In 2021, France's total ODA remained stable, while the SRHR and RMNCH disbursements increased considerably, leading to a higher percentage.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

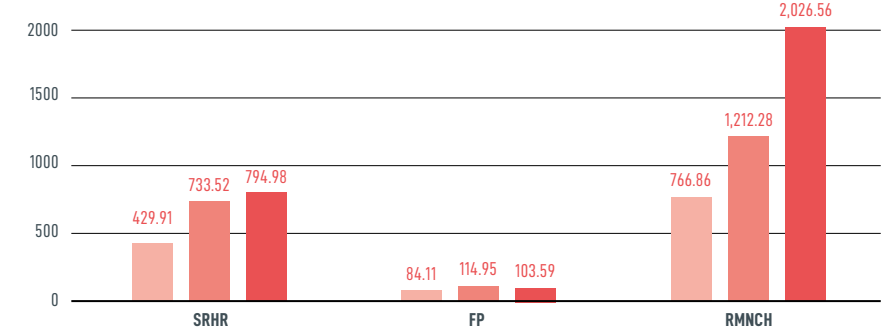


GERMANY

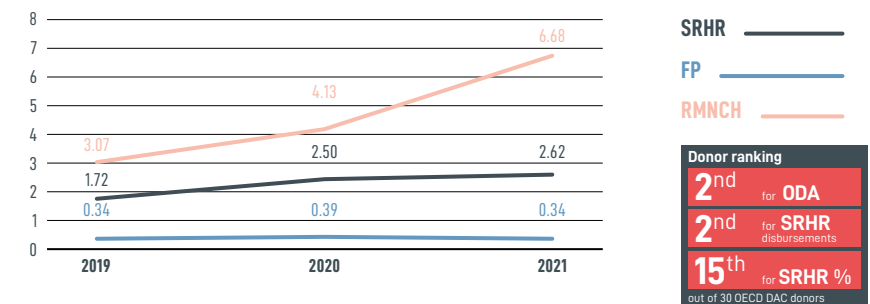
In March 2023, Germany presented its new [Feminist Development Policy](#). German development cooperation will actively address gender inequalities and promote the rights of women, girls, and other marginalised groups. Furthermore, the German Development Ministry commits to earmarking 93% of all new project funding to projects that advance gender equality by 2025. At the same time, Germany also presented its [Guidelines for a Feminist Foreign Policy](#) addressing both specific foreign policies and the way of working of the foreign office, to mitigate the structural disadvantages that people in many parts of the world still face. Both these policies include concrete references to SRHR.

Germany's disbursements for SRHR and RMNCH (both the total disbursements and disbursements as a percentage of ODA) increased from 2019 to 2021. The strong increase of RMNCH disbursements from 2020 to 2021 is caused by a significant increase of funding for GAVI. Funding for FP either slightly increased (total disbursements) or remained stable (disbursements as a percentage of ODA). A significant share of Germany's overall disbursements to SRHR, FP, and RMNCH comes from core contributions to multilaterals.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

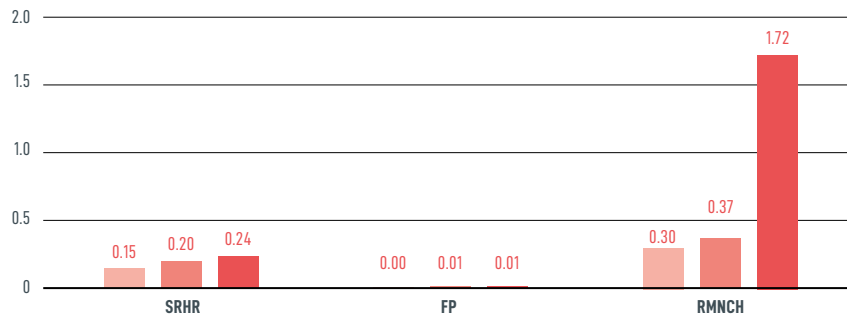


GREECE

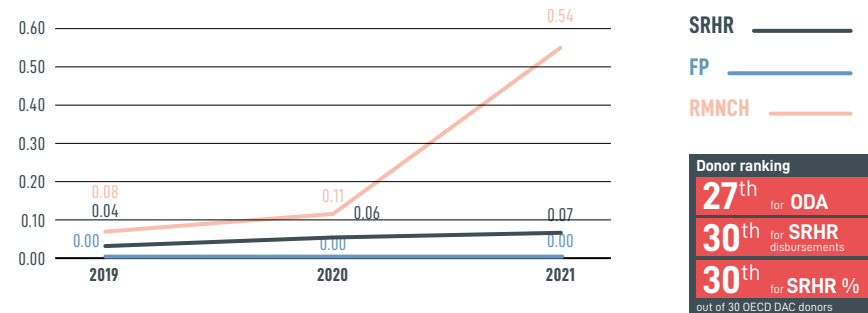
Greece has recently started its four-year National Programme for International Development Cooperation 2022-2025. It focuses on a limited number of selected countries in Sub-Saharan Africa, the Middle East, the Balkans and the Black Sea. Unfortunately, no further information on this programme is available. However, it seems that Greece is providing at least some funding to RMNCH and SRHR related issues in certain partner countries. It has for example set up a 2022 - 2025 programme in Armenia on Foetal Medicine and Prenatal Control.

Greece's SRHR, FP and RMNCH funding, both the total disbursements and the disbursements as a percentage of ODA, increased from 2019 to 2021. Regarding RMNCH, total funding in 2021 even represented more than five times the amount of 2019 and funding as a percentage of ODA was nearly seven times as high. Despite these increases, for both the total funding and the funding as a percentage of ODA Greece remained last in the ranking of all OECD DAC donors regarding SRHR and FP and third to last in the ranking for RMNCH.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021



HUNGARY

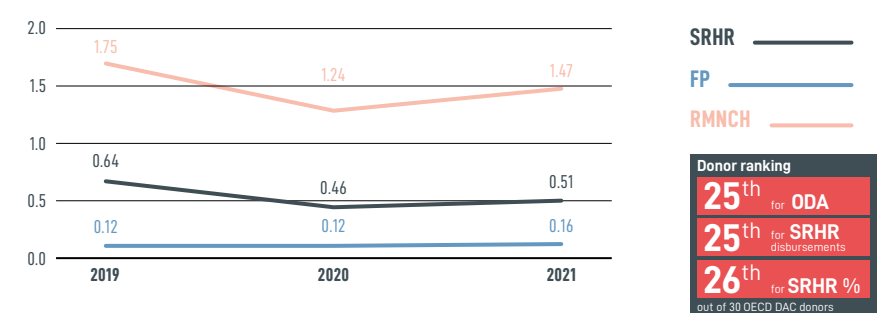
Hungary's International Development Cooperation Strategy for the period 2020-2025 seeks to contribute to the sustainable development of partner countries in a manner consistent with their needs and demands, and socio-environmental concerns. The priorities of Hungary's international cooperation include access to water and sanitation, health care, education, agriculture and information technology. The strategy makes no references to gender or SRHR.

Hungary's total SRHR, FP and RMNCH disbursements increased from 2019 to 2021. However, disbursements for SRHR and RMNCH first decreased in 2020 before increasing again in 2021. Hungary's SRHR and RMNCH disbursements as a percentage of ODA follow the same trend. However, for both SRHR and RMNCH the 2021 percentage remained below the 2019 one. The percentage of ODA that Hungary spent on FP increased gradually from 2019 to 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021



ICELAND

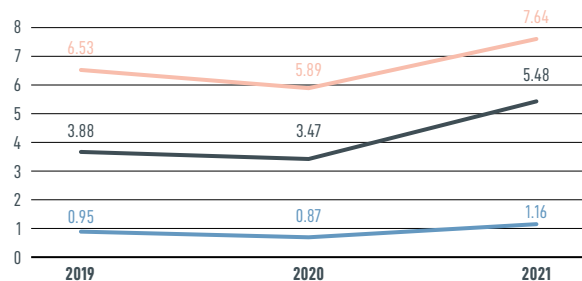
While Iceland is a rather small donor (in 2021 it spent only 63 million USD or 0.28% of its GNI on ODA), it can be considered an SRHR champion. With its 'Policy for International Development Co-operation 2019-2023' Iceland aims to reduce poverty and hunger and promote general well-being on the basis of human rights, gender equality, and sustainable development. Quality basic health care, including SRHR, and decreased maternal and neonatal mortality are considered priorities in this strategy. Gender equality and the empowerment of women are both cross-cutting and specific objectives in Iceland's development cooperation, which also puts an emphasis on combatting SGBV.

In line with these political commitments, Iceland's funding for SRHR, FP and RMNCH (both the total disbursements and the disbursements as a percentage of ODA) increased sharply in 2021 after a slight decrease in 2020. This was the result of a strong increase of Iceland's bilateral funding for reproductive health and its humanitarian aid. Despite being a small donor, Iceland was the top 5 donor when looking at SRHR disbursements as a percentage of ODA in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



SRHR
FP
RMNCH

Donor ranking
30th for ODA
23rd for SRHR disbursements
5th for SRHR %
out of 30 OECD DAC donors

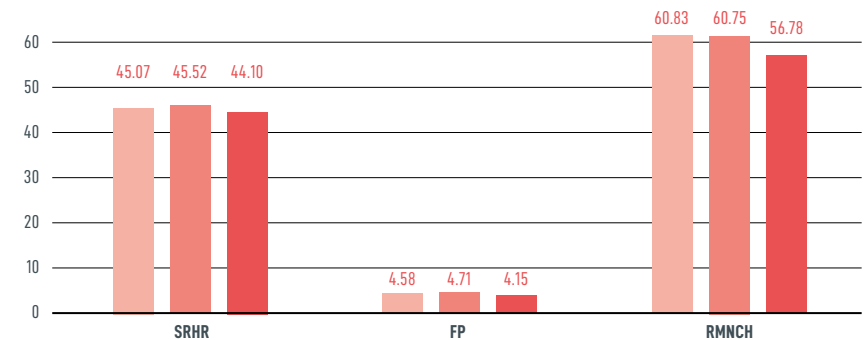
IRELAND

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 support UHC, and also a new initiative on SRHR. This initiative has not yet been published, despite its announcement in 2019. According to the Department of Foreign Affairs it will be published in the second half of 2023.

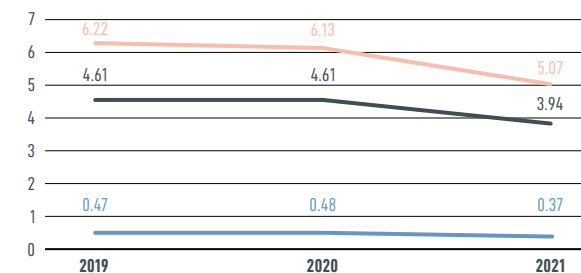
UNFPA is a key partner in delivering SRHR. Ireland made annual core contributions of 3.5 million EUR in 2019 and 2021 and increased its core contribution to 4 million EUR in 2022. A further increase sees core funding to UNFPA at €4.5 million in 2023. An additional €1 million was allocated to UNFPA's response to the earthquake in Turkey, and there is a commitment of €2 million to UNFPA supplies for 2023. It is the first time Ireland has supported the programme since 2017.

Ireland's SRHR, FP, and RMNCH funding, both as total disbursements and as a percentage of total ODA, remained stable from 2019 to 2020 and decreased slightly in 2021. As core contributions to multilaterals remained stable, it seems this is the result of a decrease in bilateral funding.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



SRHR
FP
RMNCH

Donor ranking
20th for ODA
19th for SRHR disbursements
10th for SRHR %
out of 30 OECD DAC donors

ITALY

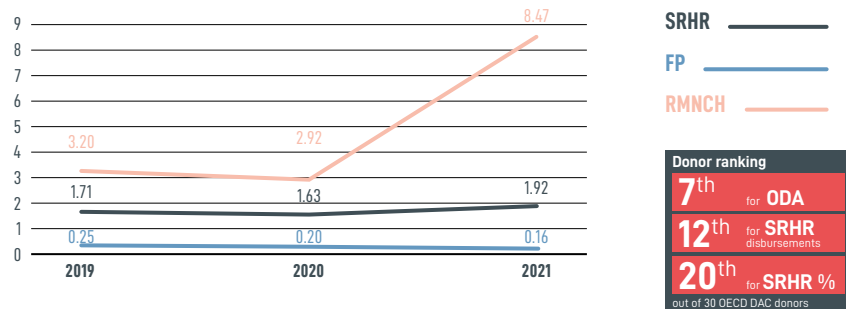
Italy's strategic priorities for development cooperation are spelled out in the Three-Year Cooperation Programming and Policy Orientation Plan 2021 – 2023. Priority is given to initiatives aimed at promoting gender equality and women's empowerment (GEWE); combating all forms of violence; ensuring access to SRH; strengthening health systems; and supporting research, production and equitable distribution of medicines, treatments and vaccines, among other goals. Gender equality is a cross-cutting theme. Global health has remained a key priority, with significant contributions to GAVI, the Vaccine Alliance, and to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The COVID-19 pandemic has intensified this focus further, leading to a very strong increase of core contributions to GAVI in 2021.

Italy's total disbursements to SRHR, FP and RMNCH decreased from 2019 to 2020 and increased again in 2021. Both SRHR and RMNCH disbursements increased strongly, with RMNCH disbursements even amounting to a level 4 times higher than in 2020. This increase was the result of a strong increase in core contributions to GAVI in 2021. A similar trend is visible for the SRHR and RMNCH disbursements as a percentage of ODA. FP disbursements as a percentage of ODA show a slight decrease from 2019 to 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

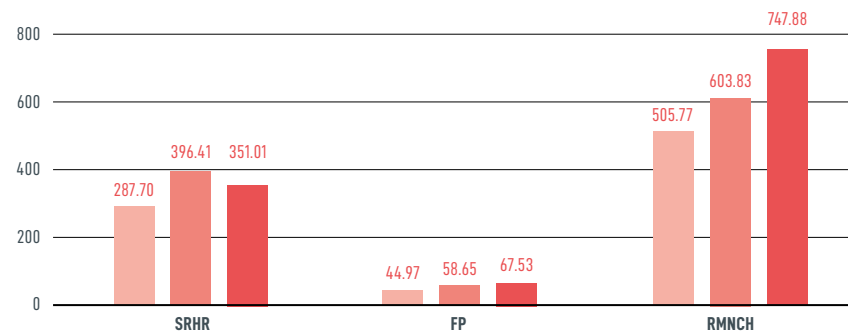


JAPAN

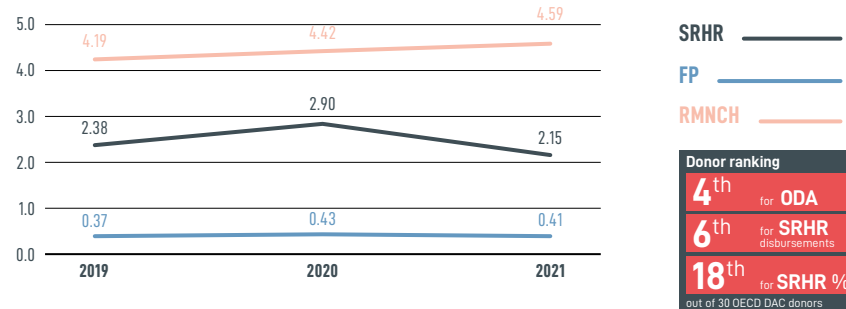
Japan's 2015 Development Cooperation Charter lists global health and UHC as key priorities to address global challenges. In addition to UHC, the Medium-Term Plan of the Japanese International Cooperation Agency (2022 - 2026) includes maternal and child health, and the promotion of gender equality as priorities. Japan's White Paper on Development Cooperation 2021 mentions both health and gender and women's empowerment, including the elimination of SGBV as key priorities. UNFPA and IPPF are considered key partners to promote maternal and child health, including SRH services.

Japan's SRHR funding, both the total disbursements and the disbursements as percentage of ODA increased strongly in 2020 but decreased again in 2021. Total disbursements for FP and RMNCH simply increased from 2019 to 2021. The same trend appeared for RMNCH disbursements as a percentage of ODA, while for FP disbursements the percentage remained stable with a slight peak in 2020. While in previous years, the majority of Japan's SRHR, FP and RMNCH funding was disbursed via the multilateral channels, this shifted to a focus on bilateral funding in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

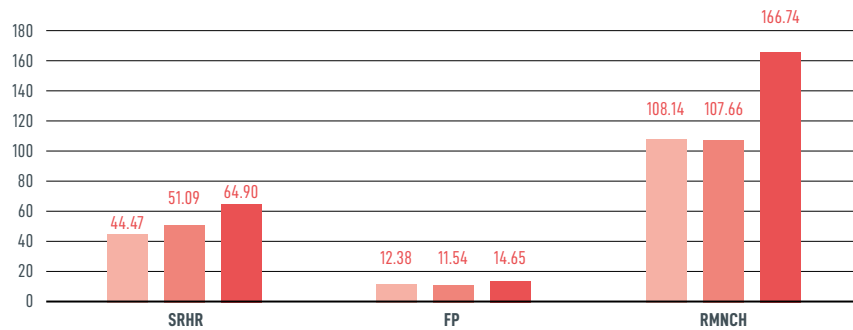


KOREA

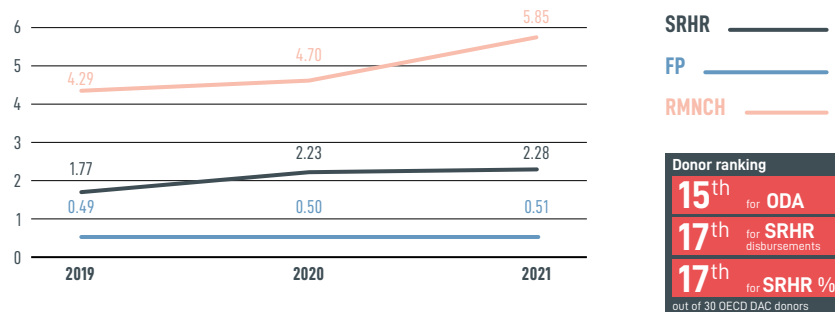
Korea's development cooperation is steered by its '2021-2025 Comprehensive Basic Plan for International Cooperation'. The main priorities listed in this strategy are digital partnership, higher education, inclusive and sustainable rural development, removal of explosives, smart city development, and inclusive transport. There are no specific references to SRHR or health. However, several of the 2021-2025 Country Partnership Strategies do include health as a priority. The strategy for Ethiopia even makes specific references to reproductive health and contraceptives. In recent years, South Korea has increased its collaboration with multilaterals, including with UNFPA, on gender equality.

Korea's total funding for SRHR increased from 2019 to 2021, while total funding for both FP and RMNCH slightly decreased in 2020 before increasing again in 2021. SRHR, FP and RMNCH disbursements as a percentage of ODA simply increased from 2019 to 2021. Total disbursements to RMNCH strongly increased in 2021. This was the result of a significant increase of funding for health (medical services and infectious disease control) and to a lesser extent for reproductive health.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

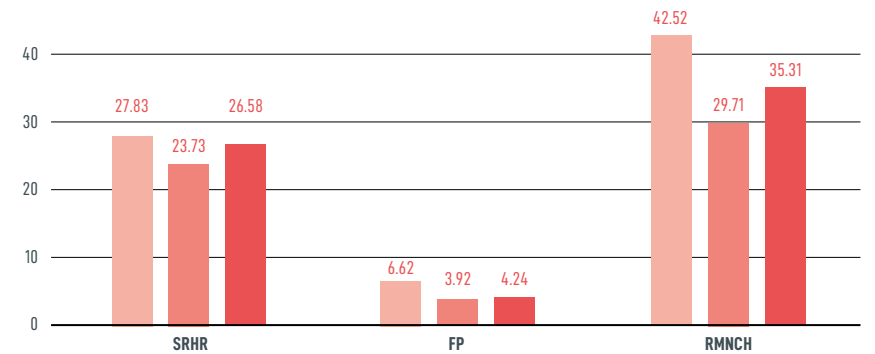


LUXEMBOURG

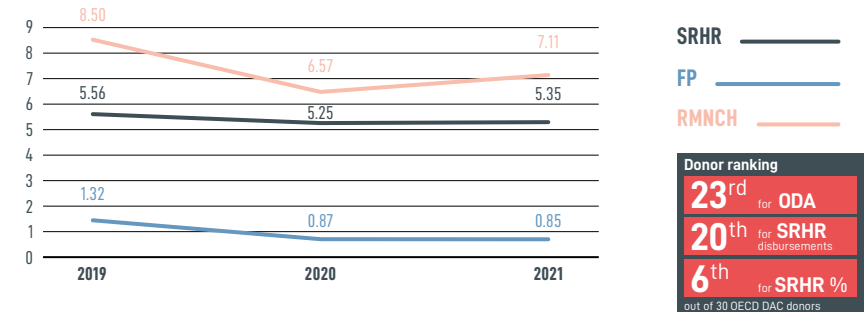
Health, including maternal and child health, SRHR and the fight against communicable diseases with a specific focus on HIV & Aids, is a key priority in Luxembourg's General Development Cooperation Strategy 'The Road to 2030'. Gender equality is one of the three cross-cutting priorities of the strategy, jointly with human rights and environmental sustainability.

Luxembourg's total disbursements to SRHR, FP and RMNCH decreased in 2020. While these disbursements increased again in 2021, they all remained below the 2019 levels. The same trend appeared for the RMNCH disbursements as a percentage of ODA and to a lesser extent also for the SRHR percentage. The percentage of ODA that Luxembourg spent on FP simply decreased from 2019 to 2021. The large decrease of RMNCH funding in 2020 seems to have been caused by a decrease of some of Luxembourg's general health funding (Health policy and administrative management) and its FP and HIV & Aids related funding. While in 2019 and 2020 Luxembourg was still part of the top 5 donors spending the largest percentage of ODA on SRHR, it only ranked 6th in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

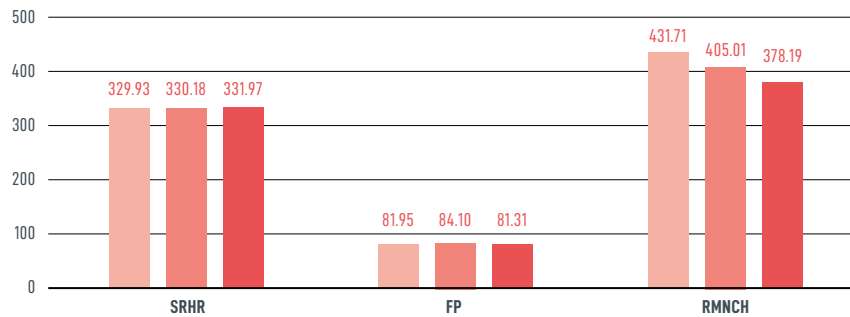


THE NETHERLANDS

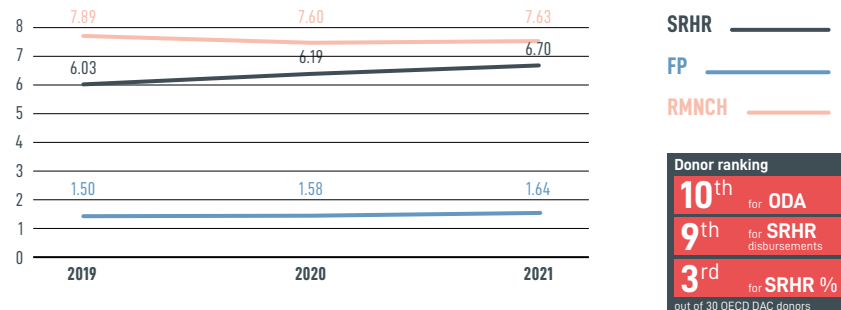
In its new 'Policy Document for Foreign Trade and Development Cooperation: Do what we do best', adopted in 2022, the Netherlands confirmed that it will focus more on themes in which it has a specific expertise, including SRHR. The government will invest in the full range of SRHR activities, including safe abortion, sex education and LGBTIQ+ rights. It also confirms that the government will pursue a feminist foreign policy that is currently being developed. In addition, the Netherlands published its [Global Health Strategy](#) in October 2022, which mentions SRHR as a priority. Within the framework of FP2020, the Netherlands committed to enabling access to contraceptives for 6 million women and girls in the period of 2016 – 2020. The Netherlands reconfirmed this support in the framework of FP2030, by committing to enabling access to contraceptives for 3.5 million women and girls in 2022.

The Netherlands' total SRHR and FP disbursements remained stable from 2019 to 2021, while SRHR and FP disbursements as a percentage of ODA slightly increased. Regarding the RMNCH disbursements, the opposite trend (a decrease) can be observed.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



NEW ZEALAND

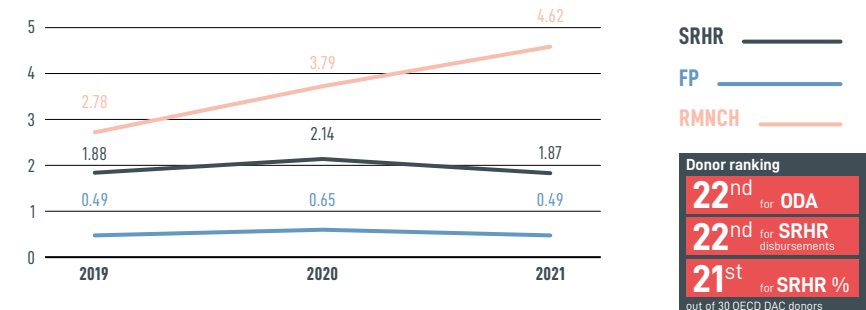
To support its general development cooperation strategy, New Zealand has developed a number of thematic action plans. This includes the '2021–2025 Gender Action Plan', which contains commitments to scaling up gender-related investments including in SRHR and to enhancing women's and girls' health and well-being, including their SRHR. New Zealand also developed a 'Child & Youth Well-being Strategic Action Plan 2021–2025'. One of the priorities of this plan is the promotion of SRHR for youth in order to develop positive and equal relationships with peers and realising young people's potential.

As the result of a significant increase of New Zealand's core contribution to GAVI (from 0 USD in 2019 to 11 million USD in 2021), its RMNCH funding, both the total disbursements and the disbursements as a percentage of ODA, increased. Total disbursements going towards SRHR increased in 2020 and remained stable in 2021. However, SRHR disbursements as a percentage of ODA increased in 2020 and decreased in 2021. This difference was caused by a significant increase of New Zealand's ODA in 2021. A similar trend appeared for New Zealand's FP funding.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

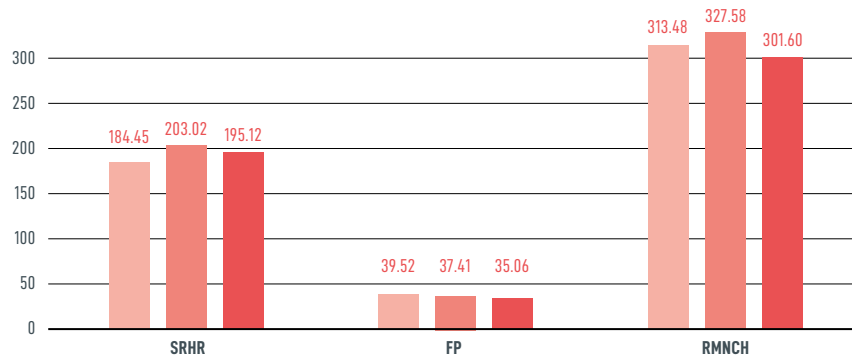


NORWAY

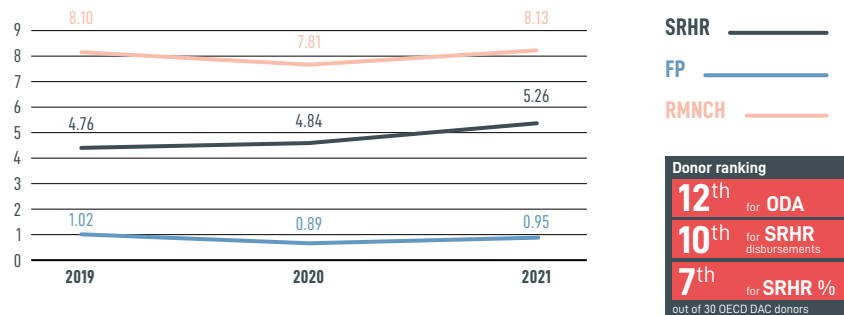
Norway, as a long-term strong supporter of SRHR, shows its commitment in a number of key strategic documents such as its 'International Strategy to Eliminate Harmful Practices'. Currently, global health, including SRHR, is one of the seven top priorities of the Norwegian Agency for Development Cooperation. In 2022, Norway adopted its 'Guidelines for Sexual and Reproductive Health and Rights', which clearly state that SRHR and gender equality are priorities in Norway's development policy and that it will promote universal access to SRHR for all. At the Nairobi Summit, Norway committed to funding both support to SRHR and to ending harmful practices. At the Generation Equality Forum (GEF) in June 2021, Norway reaffirmed its commitments to SRHR but made no financial commitments.

Norway's total disbursements for SRHR and RMNCH increased from 2019 to 2020, followed by a decrease in 2021. Total disbursements for FP decreased gradually. With regards to disbursements as a percentage of ODA, SRHR disbursements gradually increased, while FP disbursements decreased. RMNCH disbursements as a percentage of ODA decreased from 2019 to 2020 and increased again in 2021. The majority of Norway's SRHR and RMNCH funding comes from core contributions to multilaterals.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021



POLAND

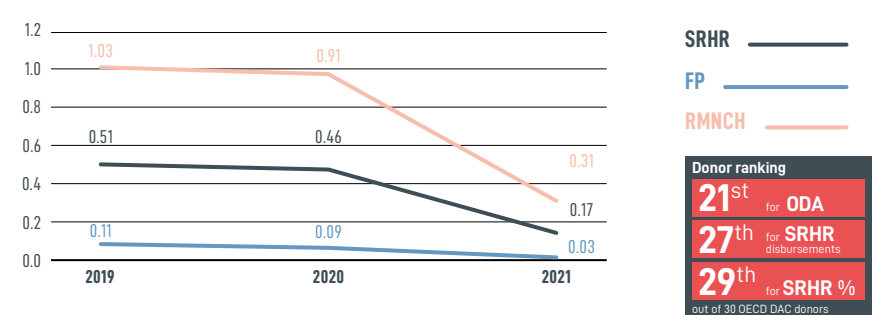
Poland's development cooperation priorities are listed in its 'Multiannual Programme for Development Cooperation for 2021 – 2030: Solidarity for Development', which is closely correlated with the Sustainable Development Goals (SDGs). Although health is one of the priorities listed in the strategy, this only refers to improving the quality and accessibility of health care, especially for women and children. There are no references to SRHR or FP, which is in line with Poland's internal national policies that ban abortion, strictly limit sexuality education, and denounce LGBTQI+ rights. The strategy contains some references to gender equality, but this seems to be limited to equality between men and women.

Poland's funding for medical services decreased significantly from 2019 to 2021 (from 11 million USD to 0.2 million USD). As a result its SRHR, FP and RMNCH funding, both the total disbursements and the disbursements as a percentage of ODA, also decreased significantly.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

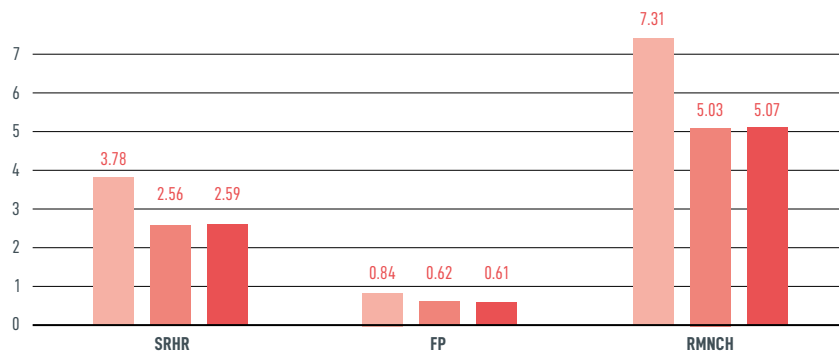


PORTUGAL

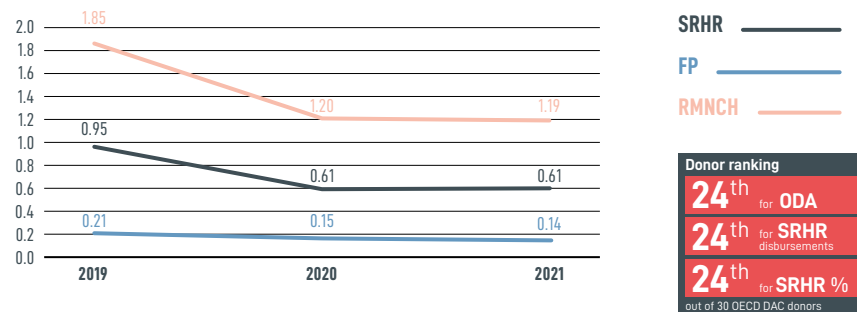
Portugal recently launched its 'Portuguese Development Cooperation Strategy 2030', which very clearly states that human development, including health, will be the central thematic focus of Portuguese development cooperation. Gender equality and the empowerment of women are considered a cross-cutting priority. Unfortunately, no further details on this strategy are available, so it is unclear whether health also includes SRHR, human development, including health issues such as SRH, MNCH and the fight against sexually transmitted diseases (STDs), malaria, tuberculosis and other neglected tropical diseases (NTDs), was also a priority in the previous '2014-2020 Strategic Concept for Portuguese Development Cooperation'.

Portugal's funding for SRHR, FP and RMNCH dropped significantly from 2019 to 2020, but remained stable from 2020 to 2021. This was the case for both the total disbursements and for disbursements as a percentage of ODA. It seemed to be linked to a decrease in bilateral funding for medical services and for reproductive health programmes. The majority of Portugal's funding for SRHR, FP and RMNCH comes from its bilateral programmes.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021



SLOVAK REPUBLIC

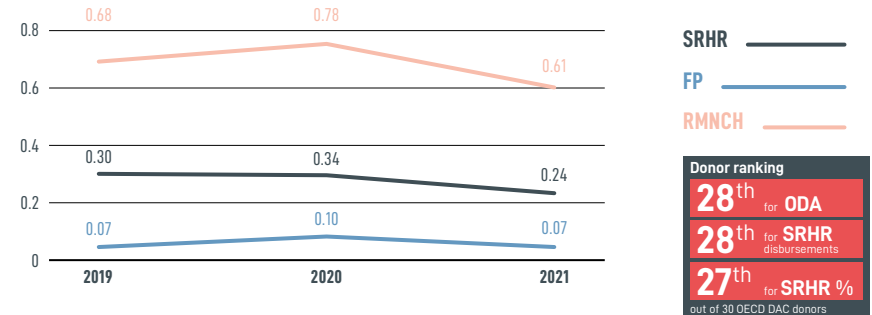
In 2019, the Slovak Republic launched its 'Mid-term Strategy for Development Cooperation of the Slovak Republic 2019-23'. This strategy is anchored in the implementation of the SDGs. Good health, including health care for mothers and children, is one of the six thematic priorities. Gender equality is listed as a cross-cutting priority. This includes the elimination of all forms of discrimination against women and girls as well as GBV, including harmful practices and habits (such as early or forced marriages and FGM).

The Slovak Republic's funding for SRHR, FP and RMNCH, both the total disbursements and the disbursements as a percentage of ODA, increased in 2020 and then decreased again in 2021. This was the result of an increase in bilateral funding for basic health care in 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

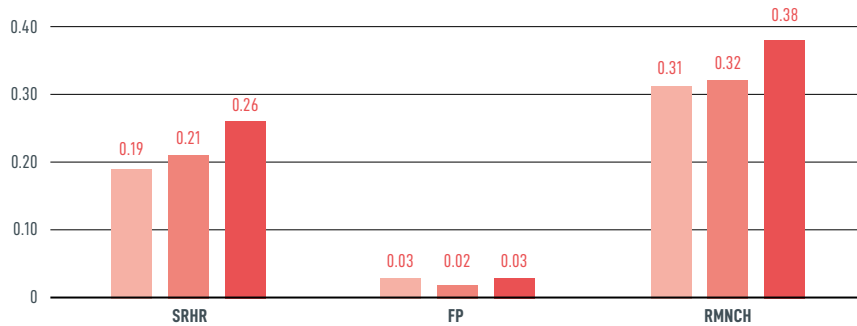


 SLOVENIA

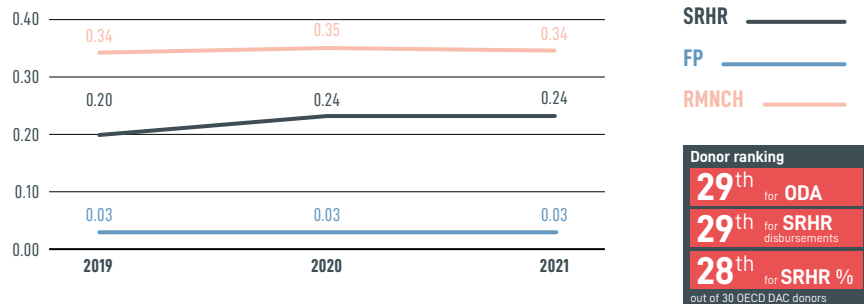
The 'Development Cooperation and Humanitarian Aid Strategy of the Republic of Slovenia until 2030' makes reference to two thematic priorities: the promotion of peaceful and inclusive societies, with an emphasis on good governance, equal opportunities, gender equality and quality education; and the fight against climate change. Gender equality has been defined as a cross-cutting issue, meaning that within its thematic priorities Slovenia will also pay attention to ensuring SRHR and address the prevention of all forms of violence against women and girls.

Slovenia's total SRHR and RMNCH disbursements increased from 2019 to 2021, while its total FP disbursements remained stable. Both the RMNCH and the FP disbursements as a percentage of ODA remained stable from 2019 to 2021, while the percentage of ODA that Slovenia spent on SRHR increased from 2019 to 2020 and remained stable afterwards.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

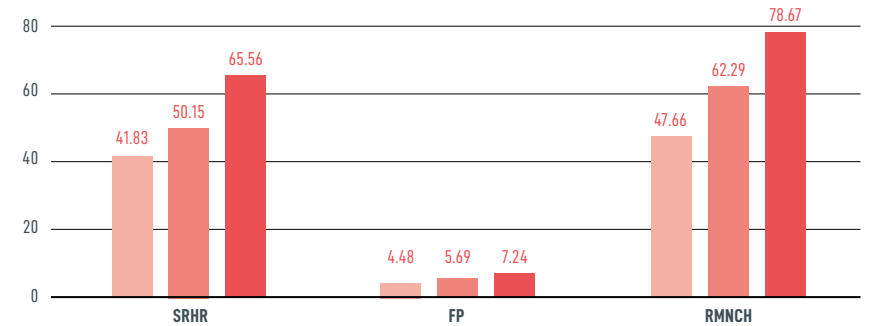


 SPAIN

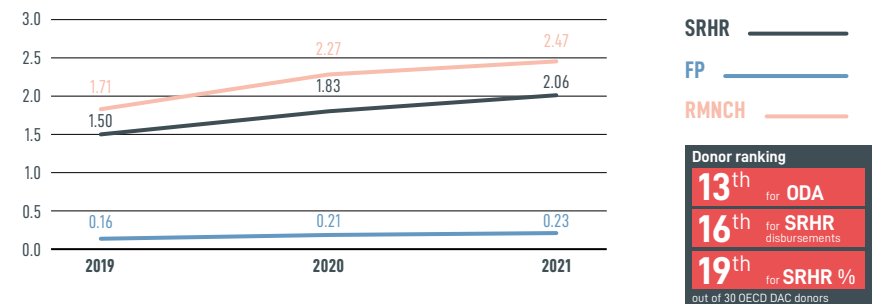
In 2023, Spain adopted its new 'Law on Cooperation for Sustainable Development and Global Solidarity', which incorporates a feminist approach into its development cooperation. This is in line with Spain's 2021 'Feminist Foreign Policy' that promotes gender equality as a crosscutting issue and includes a specific focus on SRHR. Furthermore, in Spain's '2021 – 2024 Foreign Action Strategy', global health and gender equality are prioritised. Spain's focus on global health and gender equality is rather consistent as these were also two out of seven priorities of the 'Master Plan for Spanish Cooperation 2018-2021'.

Both Spain's total disbursements to SRHR, FP and RMNCH and the disbursements as a percentage of total ODA increased from 2019 to 2021. While core contributions to multilaterals increased from 2019 to 2021, the majority of Spain's disbursements to SRHR, FP and RMNCH comes from bilateral funding.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019–2021

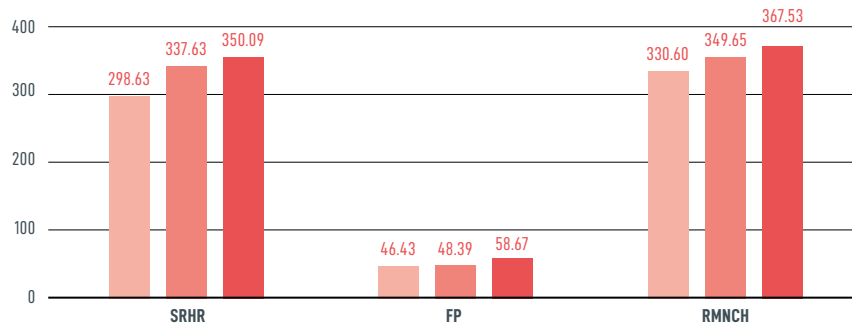


SWEDEN

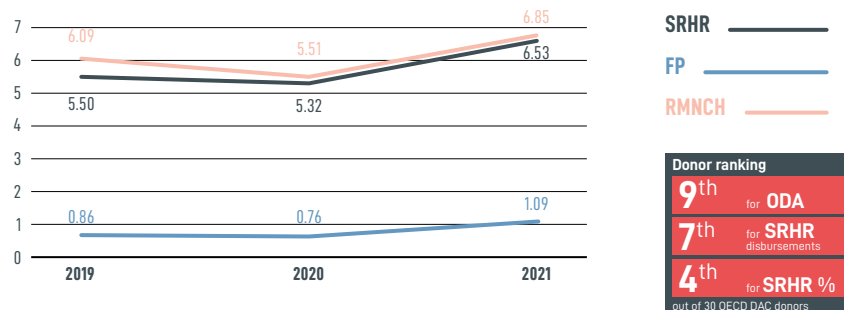
Sweden has a long track record of championing SRHR and gender equality in international cooperation. In 2014, Sweden was the first country in the world to launch a feminist foreign policy, including SRHR as one of the objectives. It was expanded in 2018 with the ['Handbook of Sweden's Feminist Foreign Policy'](#). The ['Strategy for Sweden's Global Development Cooperation in Sustainable Social Development 2018-2022'](#) spells out SRHR as one of three focus areas and its ['Strategy for SRHR in Africa \(2022-2026\)'](#) addresses the unmet SRHR needs on the continent and takes into account the damaging effect of the COVID-19 pandemic. However, in October 2022, the new Swedish government announced that it will no longer call its foreign policy 'feminist'. The impact of this decision on Sweden's funding for SRHR, FP and RMNCH still remains to be seen.

Sweden's total funding for SRHR, FP and RMNCH increased from 2019 to 2021. A similar trend can be witnessed concerning the SRHR, FP and RMNCH disbursements as a percentage of ODA, although these percentages first decreased in 2020 before increasing again to a higher level in 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

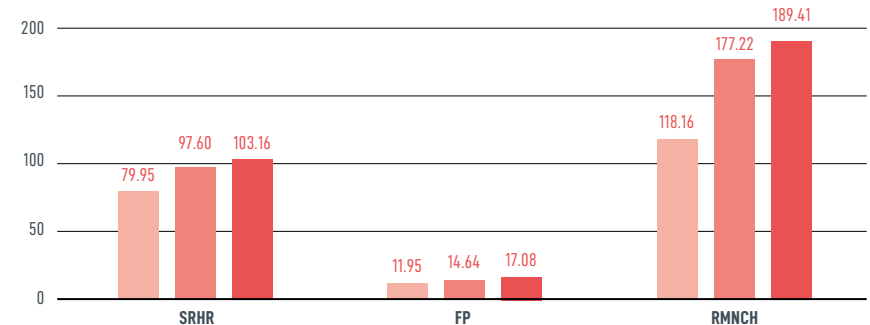


SWITZERLAND

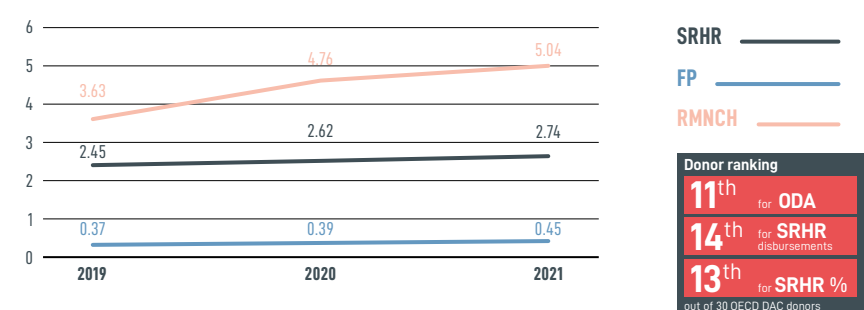
Switzerland's ['International Cooperation Strategy 2021-2024'](#) lists human development, including health care and education, as one of its objectives. It also wants to address global challenges, including health, via global programmes. The ['Global Health Programme'](#) includes several key references to SRHR, including under the 'gender equality' objective. In addition, Switzerland's ['Health Guidance 2022-2024'](#) provides an institutional framework for the Swiss Agency for Development and Cooperation's engagement at partner country, regional and global level. 'Advancing UHC' is a focus area in this framework and it includes strengthening health systems to better respond to public health challenges such as maternal and child health, and SRHR.

Switzerland's funding for SRHR, FP and RMNCH, both as total disbursements and as a percentage of ODA, substantially increased from 2019 to 2021. For SRHR and RMNCH the strongest increase took place between 2019 and 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

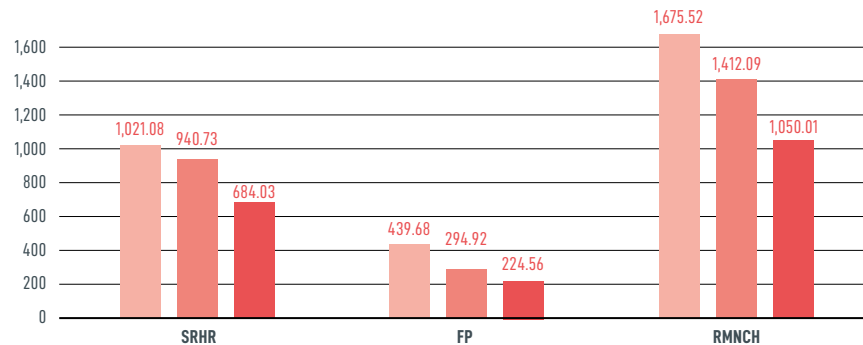


UNITED KINGDOM

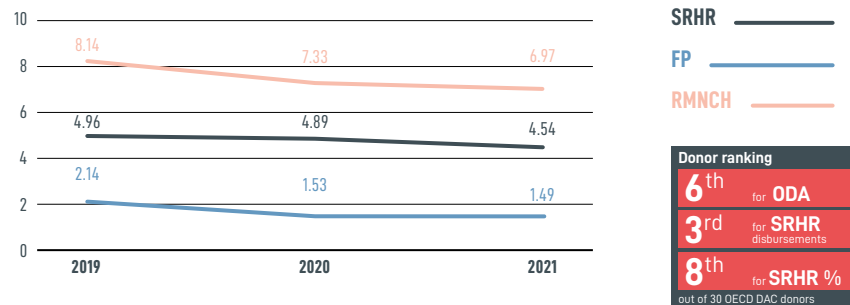
The UK has a long tradition of strongly supporting SRHR in its international cooperation. It is included in various strategies, including the 2021 [Ending Preventable Deaths of Mothers, Babies and Children](#) approach paper, and the 2022 [International Development Strategy](#). The [Action Plan on Girls' Education](#) also includes a specific policy commitment to FP2030. The UK's support of SRHR was most recently reflected in their 2023 [International Women and Girls' Strategy](#), which has a focus on neglected areas of SRHR, including safe abortion, comprehensive sexuality education, support for women with disabilities and SRHR in humanitarian emergencies, and also acknowledges that the global rollback on women and girls' rights, which is well funded and well organised, is one of the SRHR's greatest threats.

For a long time, the UK had 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. However, in November 2020, the UK announced an ODA reduction from 0.7% to 0.5% of its GNI, including significant cuts to flagship SRHR programmes, such as an 85% cut to the UNFPA supplies partnership from 2020-2021. This is reflected in the UK's funding for SRHR, FP and RMNCH. Both the total disbursements and the disbursements as percentage of ODA reduced drastically from 2019 to 2021.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021

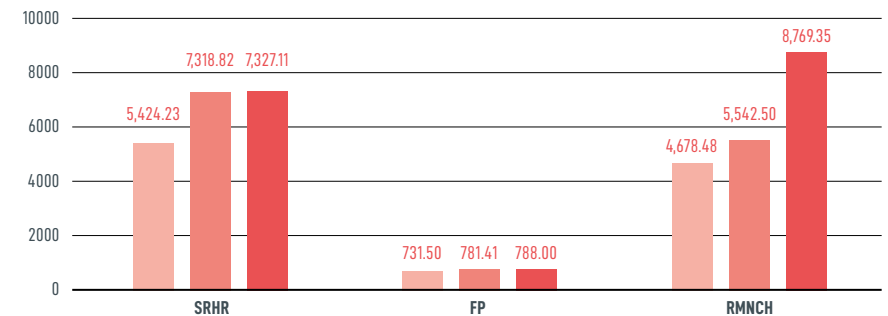


UNITED STATES OF AMERICA

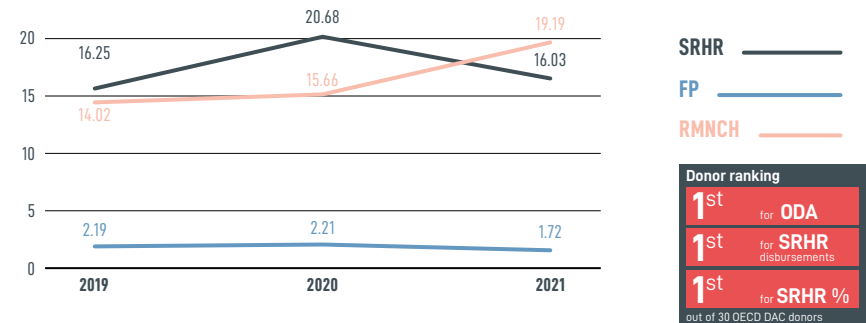
The US [Joint Strategic Plan FY 2022 – 2026](#) aims, among other goals, to address global health challenges, such as those related to FP and RH. Several US country development cooperation strategies include references to RH and SRHR-related issues, such as GEWE and GBV. USAID is also a key partner in the FP2030 and the Ouagadougou Partnership. In March 2023, USAID launched its updated [Gender Equality and Women's Empowerment Policy](#) that amongst others aims to improve access to and quality of health care for all individuals, including gender-diverse and LGBTQI+ individuals, with a particular focus on SRHR.

While the US's substantial total SRHR and FP disbursements increased in 2020 and remained around the same level in 2021, total RMNCH disbursements strongly increased in 2021 as a result of additional funding for GAVI. RMNCH disbursements as a percentage of ODA increased significantly between 2019 and 2021, while the FP percentage decreased slightly and the SRHR percentage peaked in 2020. More than half of US' SRHR disbursements and a large part of its FP and RMNCH disbursements came from its support to STD control including HIV & Aids. Due to this large amount of HIV & Aids related funding, SRHR disbursements were significantly higher than the RMNCH disbursements in 2019 and 2020.

SRHR, FP and RMNCH disbursements in million USD, 2020 constant prices, for 2019 2020 2021



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2019-2021





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ANNEXES

ANNEX 1 | ABBREVIATIONS

CRC

Creditor Reporting System

CSE

Comprehensive Sexuality Education

DAC

Development Assistance Committee

DDSRHR

Donors Delivering for SRHR

DSW

Deutsche Stiftung Weltbevölkerung

EU

European Union

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

GNI

Gross National Income

ICPD

International Conference on Population and Development

IPPF

International Planned Parenthood Federation

LGBTQI+

Lesbian, Gay, Bisexual, Transgender, Queer and others

LSHTM

London School of Hygiene and Tropical Medicine

MNH

Maternal and Neonatal Health

NDICI

Neighbourhood, Development and International Cooperation Instrument

NORAD

Norwegian Agency for Development Cooperatio

NTD

Neglected Tropical Diseases

ODA

Official Development Assistance

OECD

Organisation for Economic Cooperation and Development

PRND

Poverty-Related and Neglected Diseases

R&I

Research & Innovation

RH

Reproductive Health

RMNCH

Reproductive, Maternal, Newborn and Child Health

SDGs

Sustainable Development Goals

SGBV

Sexual and Gender Based Violence

SRH

Sexual and Reproductive Health

SRHR

Sexual and Reproductive Health and Rights

SRR

Sexual and Reproductive Rights

SSA

Sub-Saharan countries

STD

Sexually Transmitted Diseases

UHC

Universal Health Coverage

UK

United Kingdom of Great Britain and Northern Ireland

UNAIDS

Joint United Nations Programme on HIV & Aids

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

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 2023 Report are all shown in 2020 constant prices.

Development Assistance Committee (DAC)

The committee of the OECD that deals with development cooperation 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 2023, 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	2019							2020	
	ODA	RMNCH	SRHR	FP	RMNCH %	SRHR %	FP %	ODA	RMNCH
Australia	2,887.926	169.382	72.687	16.440	5.87%	2.52%	0.57%	2,868.760	162.209
Austria	1,277.656	14.648	10.215	0.630	1.15%	0.80%	0.05%	1,321.380	16.852
Belgium	2,276.278	86.774	52.631	11.055	3.81%	2.31%	0.49%	2,376.380	94.631
Canada	4,521.278	532.310	345.863	78.334	11.77%	7.65%	1.73%	4,870.850	466.761
Czech Republic	318.883	2.976	1.391	0.264	0.93%	0.44%	0.08%	299.140	2.324
Denmark	2,650.732	139.687	130.063	31.793	5.27%	4.91%	1.20%	2,640.860	103.979
Finland	1,184.840	34.334	35.354	7.792	2.90%	2.98%	0.66%	1,277.890	57.377
France	12,508.435	412.747	277.357	49.319	3.30%	2.22%	0.39%	1,6013.140	442.504
Germany	24,946.140	766.856	429.908	84.110	3.07%	1.72%	0.34%	29,320.380	1212.283
Greece	371.226	0.300	0.152	0.000	0.08%	0.04%	0.00%	325.670	0.374
Hungary	312.376	5.479	2.002	0.383	1.75%	0.64%	0.12%	417.880	5.188
Iceland	57.426	3.748	2.227	0.546	6.53%	3.88%	0.95%	57.900	3.410
Ireland	978.402	60.828	45.073	4.580	6.22%	4.61%	0.47%	987.790	60.572
Italy	4,426.710	141.540	75.802	10.984	3.20%	1.71%	0.25%	4,395.870	128.469
Japan	12,072.128	505.773	287.698	44.972	4.19%	2.38%	0.37%	13,660.180	603.832
Korea	2,518.122	108.141	44.472	12.382	4.29%	1.77%	0.49%	2,292.780	107.659
Luxembourg	500.490	42.524	27.829	6.624	8.50%	5.56%	1.32%	452.340	29.708
Netherlands	5,473.110	431.705	329.931	81.954	7.89%	6.03%	1.50%	5,329.970	405.008
New Zealand	557.653	15.488	10.492	2.729	2.78%	1.88%	0.49%	529.740	20.076
Norway	3,872.413	313.477	184.451	39.517	8.10%	4.76%	1.02%	4,195.690	327.577
Poland	780.092	8.017	3.945	0.858	1.03%	0.51%	0.11%	811.950	7.407
Portugal	396.046	7.307	3.777	0.840	1.85%	0.95%	0.21%	420.500	5.028
Slovak Republic	120.646	0.817	0.368	0.090	0.68%	0.30%	0.07%	141.200	1.106
Slovenia	90.415	0.307	0.185	0.030	0.34%	0.20%	0.03%	90.730	0.318
Spain	2,787.915	47.659	41.826	4.475	1.71%	1.50%	0.16%	2,739.270	62.290
Sweden	5,427.365	330.597	298.628	46.433	6.09%	5.50%	0.86%	6,348.350	349.645
Switzerland	3,258.576	118.163	79.947	11.954	3.63%	2.45%	0.37%	3,720.820	177.215
United Kingdom	20,581.242	1,675.523	1,021.080	439.680	8.14%	4.96%	2.14%	19,253.430	1,412.093
United States	33,378.202	4,678.478	5,424.233	731.499	14.02%	16.25%	2.19%	35,396.410	5,542.503
EU Institutions	15,791.847	599.063	285.001	40.396	3.79%	1.80%	0.26%	21,055.890	658.962
All DAC	166,324.571	11,254.651	9,524.589	1,760.664	6.77%	5.73%	1.06%	183,613.140	12,467.361
EU MS & Institutions	103,200.845	4,809.689	3,072.518	822.291	4.66%	2.98%	0.80%	96,766.580	3,644.026

UK still included in 2019 and 2020
no longer included in 2021

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

DISBURSEMENTS

2020					2021						
SRHR	FP	RMNCH %	SRHR %	FP %	ODA	RMNCH	SRHR	FP	RMNCH %	SRHR %	FP %
86.446	19.197	5.65%	3.01%	0.67%	3,085.533	209.333	137.853	38.345	6.78%	4.47%	1.24%
9.465	0.493	1.28%	0.72%	0.04%	1415.323	22.314	12.682	0.843	1.58%	0.90%	0.06%
68.541	12.933	3.98%	2.88%	0.54%	2,470.331	90.790	65.722	13.267	3.68%	2.66%	0.54%
362.052	72.567	9.58%	7.43%	1.49%	5,444.817	591.358	453.743	92.222	10.86%	8.33%	1.69%
1.081	0.171	0.78%	0.36%	0.06%	326.415	4.413	1.967	0.473	1.35%	0.60%	0.15%
94.169	28.223	3.94%	3.57%	1.07%	2,761.685	111.648	108.015	36.500	4.04%	3.91%	1.32%
57.792	12.256	4.49%	4.52%	0.96%	1,405.268	50.331	49.384	10.743	3.58%	3.51%	0.76%
313.610	64.706	2.76%	1.96%	0.40%	15,993.407	654.486	410.480	61.733	4.09%	2.57%	0.39%
733.519	114.946	4.13%	2.50%	0.39%	30,352.552	2,026.564	794.984	103.593	6.68%	2.62%	0.34%
0.203	0.005	0.11%	0.06%	0.00%	320.000	1.723	0.238	0.012	0.54%	0.07%	0.00%
1.916	0.516	1.24%	0.46%	0.12%	399.204	5.884	2.025	0.648	1.47%	0.51%	0.16%
2.006	0.501	5.89%	3.47%	0.87%	63.705	4.868	3.490	0.737	7.64%	5.48%	1.16%
45.518	4.712	6.13%	4.61%	0.48%	1120.010	56.777	44.101	4.148	5.07%	3.94%	0.37%
71.761	8.609	2.92%	1.63%	0.20%	5,956.221	504.402	114.476	9.542	8.47%	1.92%	0.16%
396.411	58.652	4.42%	2.90%	0.43%	16,308.432	747.875	351.014	67.526	4.59%	2.15%	0.41%
51.086	11.539	4.70%	2.23%	0.50%	2,851.477	166.741	64.898	14.645	5.85%	2.28%	0.51%
23.728	3.917	6.57%	5.25%	0.87%	496.793	35.305	26.583	4.239	7.11%	5.35%	0.85%
330.177	84.097	7.60%	6.19%	1.58%	4,955.041	378.192	331.969	81.314	7.63%	6.70%	1.64%
11.332	3.447	3.79%	2.14%	0.65%	606.604	28.019	11.334	2.967	4.62%	1.87%	0.49%
203.020	37.407	7.81%	4.84%	0.89%	3,707.684	301.602	195.122	35.055	8.13%	5.26%	0.95%
3.727	0.701	0.91%	0.46%	0.09%	925.463	2.907	1.562	0.246	0.31%	0.17%	0.03%
2.556	0.616	1.20%	0.61%	0.15%	426.981	5.073	2.586	0.607	1.19%	0.61%	0.14%
0.485	0.147	0.78%	0.34%	0.10%	146.377	0.896	0.348	0.098	0.61%	0.24%	0.07%
0.214	0.024	0.35%	0.24%	0.03%	109.293	0.375	0.257	0.033	0.34%	0.24%	0.03%
50.145	5.692	2.27%	1.83%	0.21%	3,186.541	78.665	65.562	7.239	2.47%	2.06%	0.23%
337.626	48.394	5.51%	5.32%	0.76%	5,361.746	367.526	350.090	58.670	6.85%	6.53%	1.09%
97.603	14.640	4.76%	2.62%	0.39%	3,761.660	189.407	103.157	17.083	5.04%	2.74%	0.45%
940.730	294.918	7.33%	4.89%	1.53%	15,056.674	1,050.011	684.033	224.559	6.97%	4.54%	1.49%
7,318.818	781.406	15.66%	20.68%	2.21%	45,704.051	8,769.353	7,327.105	788.003	19.19%	16.03%	1.72%
285.504	52.994	3.13%	1.36%	0.25%	19,506.488	687.756	342.592	36.253	3.53%	1.76%	0.19%
11,901.242	1,738.425	6.79%	6.48%	0.95%	194,225.775	17,144.594	12,057.373	1,711.344	8.83%	6.21%	0.88%
2,431.738	444.151	3.77%	2.51%	0.46%	97,635.138	5,086.027	2,725.623	430.202	5.21%	2.79%	0.44%

ANNEX 3.1 | GNI OVERVIEW

COUNTRIES	2021 DISBURSEMENTS			
	GNI	RMNCH	SRHR	FP
Australia	1,337,492.43	209.333	137.853	38.345
Austria	511,654.52	22.314	12.682	0.843
Belgium	641,703.96	90.790	65.722	13.267
Canada	1,753,361.48	591.358	453.743	92.222
Czech Republic	409,925.99	4.413	1.967	0.473
Denmark	372,635.01	111.648	108.015	36.500
Finland	290,990.23	50.331	49.384	10.743
France	3,361,705.90	654.486	410.480	61.733
Germany	4,844,669.43	2,026.564	794.984	103.593
Greece	310,075.87	1.723	0.238	0.012
Hungary	324,992.38	5.884	2.025	0.648
Iceland	21,691.00	4.868	3.490	0.737
Ireland	366,036.17	56.777	44.101	4.148
Italy	2,728,275.55	504.402	114.476	9.542
Japan	5,360,762.73	747.875	351.014	67.526
Korea	2,537,057.58	166.741	64.898	14.645
Luxembourg	55,894.41	35.305	26.583	4.239
Netherlands	1,000,378.90	378.192	331.969	81.314
New Zealand	226,724.74	28.019	11.334	2.967
Norway	400,980.33	301.602	195.122	35.055
Poland	1,088,754.06	2.907	1.562	0.246
Portugal	356,829.91	5.073	2.586	0.607
Slovak Republic	174,251.45	0.896	0.348	0.098
Slovenia	86,153.13	0.375	0.257	0.033
Spain	1,823,095.31	78.665	65.562	7.239
Sweden	617,742.35	367.526	350.090	58.670
Switzerland	584,045.52	189.407	103.157	17.083
United Kingdom	3,221,733.36	1,050.011	684.033	224.559
United States of America	21,845,433.89	8,769.353	7,327.105	788.003

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 %
0.01565%	0.01031%	0.00287%
0.00436%	0.00248%	0.00016%
0.01415%	0.01024%	0.00207%
0.03373%	0.02588%	0.00526%
0.00108%	0.00048%	0.00012%
0.02996%	0.02899%	0.00980%
0.01730%	0.01697%	0.00369%
0.01947%	0.01221%	0.00184%
0.04183%	0.01641%	0.00214%
0.00056%	0.00008%	0.00000%
0.00181%	0.00062%	0.00020%
0.02244%	0.01609%	0.00340%
0.01551%	0.01205%	0.00113%
0.01849%	0.00420%	0.00035%
0.01395%	0.00655%	0.00126%
0.00657%	0.00256%	0.00058%
0.06316%	0.04756%	0.00758%
0.03780%	0.03318%	0.00813%
0.01236%	0.00500%	0.00131%
0.07522%	0.04866%	0.00874%
0.00027%	0.00014%	0.00002%
0.00142%	0.00072%	0.00017%
0.00051%	0.00020%	0.00006%
0.00044%	0.00030%	0.00004%
0.00431%	0.00360%	0.00040%
0.05950%	0.05667%	0.00950%
0.03243%	0.01766%	0.00293%
0.03259%	0.02123%	0.00697%
0.04014%	0.03354%	0.00361%

ANNEX 4 | OECD DAC CRS CODES

CRS Code	Description	Clarification
11230	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).
11231	Basic life skills for youth	Formal and non-formal education for basic life skills for young people.
12110	Health policy & administrative management	Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; including health system strengthening and health governance; unspecified health activities.
12181	Medical education/training	Medical education and training for tertiary level services.
12182	Medical Research	General medical research (excluding basic health research and research for prevention and control of NCDs (12382)).
12191	Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; medical rehabilitation. Excludes noncommunicable diseases (123xx).
12220	Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care; activities aimed at achieving universal health coverage. Excludes noncommunicable diseases (123xx).
12230	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialised hospitals and clinics (12191).
12240	Basic nutrition	Micronutrient deficiency identification and supplementation; infant and young child feeding promotion including exclusive breastfeeding; 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 school feeding and 43072 for household food security.
12250	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.
12261	Health education	Information, education, and training of the population for improving health knowledge and practices; public health and awareness campaigns; promotion of improved personal hygiene practices, including use of sanitation facilities and handwashing with soap.

12262	Malaria control	Prevention and control of malaria.
12263	Tuberculosis control	Immunisation, prevention, and control of tuberculosis.
12281	Health personnel development	Training of health staff for basic health care services.
13010	Population policy and administrative management	Population/development policies; demographic research/analysis; reproductive health research; unspecified population activities. (Use purpose code 15190 for data on migration and refugees. Use code 13096 for census work, vital registration and migration data collection.)
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
13040	Std control including HIV & AIDS	Activities related to sexually transmitted diseases and HIV & AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population & repr. health	Education and training of health staff for population and reproductive health care services.
14030	Basic drinking water supply and basic sanitation including HIV & A.	Programmes where components according to 14031 and 14032 cannot be identified. When components are known, they should individually be reported under their respective purpose codes: water supply [14031], sanitation [14032], and hygiene [12261].
14031	Basic drinking water supply	Rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, small distribution systems typically with shared connections/points of use. Urban schemes using handpumps and local neighbourhood networks including those with shared connections.
14032	Basic sanitation	Latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities. (Use code 12261 for activities promoting improved personal hygiene practices.)
15150	Democratic participation and civil society	Support to the exercise of democracy and diverse forms of participation of citizens beyond elections (15151); direct democracy instruments such as referenda and citizens' initiatives; support to organisations to represent and advocate for their members, to monitor, engage and hold governments to account, and to help citizens learn to act in the public sphere; curricula and teaching for civic education at various levels. (This purpose code is restricted to activities targeting governance issues. When assistance to civil society is for non-governance purposes, use other appropriate purpose codes.)

15160	Human Rights	Human Rights Measures to support specialised official human rights institutions and mechanisms at universal, regional, national, and local levels in their statutory roles to promote and protect civil and political, economic, social, and cultural rights as defined in international conventions and covenants; translation of international human rights commitments into national legislation; reporting and follow-up; human rights dialogue. Human rights defenders and human rights NGOs; human rights advocacy, activism, mobilisation; awareness raising and public human rights education. Human rights programming targeting specific groups, e.g. children, persons with disabilities, migrants, ethnic, religious, linguistic and sexual minorities, indigenous people and those suffering from caste discrimination, victims of trafficking, victims of torture. (Use code 15230 when in the context of a peacekeeping operation and code 15180 for ending violence against women and girls. Use code 15190 for human rights programming for refugees or migrants, including when they are victims of trafficking. Use code 16070 for Fundamental Principles and Rights at Work, i.e. Child Labour, Forced Labour, Non-discrimination in employment and occupation, Freedom of Association and Collective Bargaining.)
15170	Women's equality organisations and institutions	Support for feminist, women-led and women's rights organisations and movements, and institutions (governmental and non-governmental) at all levels to enhance their effectiveness, influence, and 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.
15180	Ending violence against women and girls	Support to programmes designed to prevent and eliminate all forms of violence against women and girls/gender-based violence. This encompasses a broad range of forms of physical, sexual and psychological violence including but not limited to: intimate partner violence (domestic violence); sexual violence; female genital mutilation/cutting (FGM/C); child, early and forced marriage; acid throwing; honour killings; and trafficking of women and girls. Prevention activities may include efforts to empower women and girls; change attitudes, norms and behaviour; adopt and enact legal reforms; and strengthen implementation of laws and policies on ending violence against women and girls, including through strengthening institutional capacity. Interventions to respond to violence against women and girls/gender-based violence may include expanding access to services including legal assistance, psychosocial counselling and health care; training personnel to respond more effectively to the needs of survivors; and ensuring investigation, prosecution and punishment of perpetrators of violence.
16064	Social mitigation of HIV & AIDS	Special programmes to address the consequences of HIV & AIDS, e.g. social, legal and economic assistance to people living with HIV & AIDS including food security and employment; support to vulnerable groups and children orphaned by HIV & AIDS; human rights of HIV & AIDS affected people.
51010	General budget support-related aid	Unearmarked contributions to the government budget; support for the implementation of macroeconomic reforms (structural adjustment programmes, poverty reduction strategies); general programme assistance (when not allocable by sector).

72010	Material Relief assistance and services	Shelter, water, sanitation, education, health services including supply of medicines and malnutrition management, including medical nutrition management; supply of other nonfood relief items (including cash and voucher delivery modalities) for the benefit of crisis affected people, including refugees and internally displaced people in developing countries. Includes assistance delivered by or coordinated by international civil protection units in the immediate aftermath of a disaster (in-kind assistance, deployment of specially-equipped teams, logistics and transportation, or assessment and coordination by experts sent to the field). Also includes measures to promote and protect the safety, well-being, dignity and integrity of crisis-affected people including refugees and internally displaced persons in developing countries. (Activities designed to protect the security of persons or properties through the use or display of force are not reportable as ODA.)
72040	Emergency Food Aid	Provision and distribution of food; cash and vouchers for the purchase of food; non-medical nutritional interventions for the benefit of crisis-affected people, including refugees and internally displaced people in developing countries in emergency situations. Includes logistical costs. Excludes non-emergency food assistance (52010), food security policy and administrative management (43071), household food programmes (43072) and medical nutrition interventions (therapeutic feeding) (72010 and 72011)
72050	Relief coordination; protection and support services	Measures to 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.
73010	Reconstruction relief and rehabilitation	Social and economic rehabilitation in the aftermath of emergencies to facilitate recovery and resilience building and enable populations to restore their livelihoods in the wake of an emergency situation (e.g. trauma counselling and treatment, employment programmes). Includes infrastructure necessary for the delivery of humanitarian aid; restoring pre-existing essential infrastructure and facilities (e.g. water and sanitation, shelter, health care services, education); rehabilitation of basic agricultural inputs and livestock. Excludes longer-term reconstruction ("build back better") which is reportable against relevant sectors.
74020	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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