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PROGRAMA UNIVERSITARIO DE  
ESTUDIOS DE GENERO - U. N. A. M.

Distr.  
GENERAL  
E/CN.9/1997/6

ORIGINAL: ENGLISH

Commission on Population and Development  
Thirtieth session  
24-28 February 1997  
Item 4 of the provisional agenda

FLOWS OF FINANCIAL RESOURCES IN INTERNATIONAL ASSISTANCE  
FOR POPULATION

Report of the Secretary-General

The present report responds to a request made at the twenty-eighth session of the Commission on Population and Development to prepare an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the ICPD (E/1995/27). The report forms part of the work programme of the Commission on Population and Development in its role in monitoring the response of the world community to the implementation of the Programme of Action, in particular paragraph 14.11. The report follows from General Assembly resolutions 49/128 and 50/124 which request the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action. The report also responds to suggestions made at the twenty-ninth session of the Commission regarding the need for comprehensive reporting of financial flows.

Following the ICPD, the international donor community, national Governments and NGOs have shown commitment to the Programme of Action and progress has been made to implementing it. There is evidence of an increasing flow of resources in the form of external assistance for the implementation of the Programme of Action in 1994 and again in 1995. The report describes domestic resource flows in some developing countries based on provisional data, and indicates how information on both international and domestic flows will be systematized in the future through a cooperative agreement between UNFPA and an international non-governmental research institution.

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## INTRODUCTION

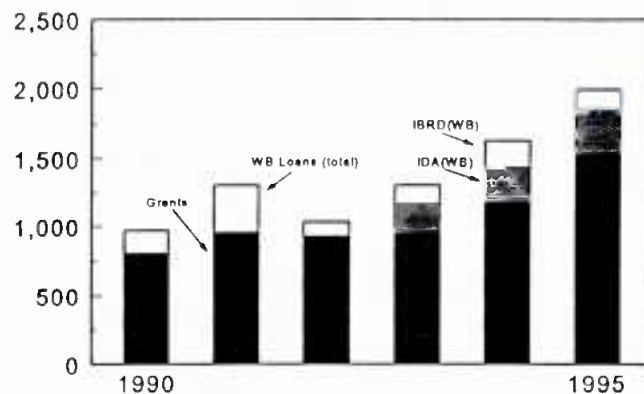
1. As part of the work programme of the Commission on Population and Development in its role in monitoring the response of the world community to the Programme of Action of the International Conference on Population and Development (ICPD), the Commission is called upon to review on a regular basis the flow of financial resources and the funding mechanisms for implementing the Programme of Action (Economic and Social Council resolution 1995/55; General Assembly resolutions 49/128 and 50/124). The Commission requested the United Nations Population Fund (UNFPA) to coordinate the preparation of the report on resource flows, taking into account the inputs of all member states and of relevant parts of the United Nations system and of both intergovernmental and non-governmental organizations.

2. Since 1986, UNFPA, on behalf of the Secretary-General, had prepared biennial monitoring reports for the Population Commission on multilateral population assistance. These reports provided information on resources made available for population activities by development banks, and by various agencies and organizations of the United Nations system. Starting in 1987, UNFPA has also published annually the *Global Population Assistance Report* on flows of international assistance for population.

3. The first annual report to the Commission on Population and Development on the flow of financial resources was presented to its twenty-ninth session of in February 1996 (E/CN.9/1996/6). It concluded that the international donor community had demonstrated commitment to the Programme of Action and that some donors had made significant progress towards implementing it. There was some evidence of an increasing flow of resources in the form of external population assistance. Many Governments of developing countries were revising their population and development policies in line with the goals of ICPD. The Commission, in accepting the report, requested that further efforts be made to improve reporting on financial flows, including a clear account of levels and trends in funding by national, international and non-governmental sources. The present report takes into account the discussions at the twenty-ninth session of the Commission and, to the extent possible, incorporates several of its suggestions.

4. This report is principally based on data collected through questionnaires. Data on flows of international financial assistance for 1994 are based on 118 responses from 188 questionnaires mailed to countries and organizations which provide population assistance (see UNFPA, *Global Population Assistance Report, 1994*). Questionnaires for collecting 1995 data on international assistance were mailed to 187 countries and organizations in August 1996 and, as of 20 November 1996 (the cut-off date for inclusion in this report), 57 responses had been received, including eight from donor agencies. In order to collect data on domestic financial flows in developing countries and countries with economies in transition, questionnaires were sent out to UNFPA Representatives in 107 countries to be filled out in consultation with Government authorities. By the cut-off date, 43 responses had been received.

Figure 1. Trend in International Population Assistance, 1990-95  
 (US\$ Millions)



Note: 1995 data are provisional.

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## I. INTERNATIONAL FINANCIAL RESOURCE FLOWS

5. The first report of the Secretary-General on the flow of financial resources showed trends in international resource flows up to, and including, the year 1993, and served as a benchmark by which to compare responses to the commitments made at the International Conference on Population and Development. The present report includes all replies to the annual questionnaires for 1994 concerning financial flows of donor and multilateral agencies as well as all responses to the 1995 questionnaire that have been received by UNFPA by the deadline for submission of the present report. Where provisional data for 1996 were available, they have been included in the report as well.

6. Total population assistance in primary funds<sup>1</sup> expanded substantially from 1993 to 1994 as interest in population issues heightened during preparations for the International Conference on Population and Development. As can be seen from Figure 1, the total amount of international grants and loans for population programmes surged in 1994 to \$1,637 millions. Of this total, \$1,201 million were in the form of grants for development and \$436 million in the form of multi-year loans, mostly from the World Bank. The United States was by far the largest donor for population activities in 1994 (\$463 million), providing almost one half of all bilateral assistance for population.

7. Although a final assessment of international population assistance for 1995 is not yet possible, it appears, based on provisional information, that another substantial increase occurred in 1995 compared to the previous year's total. Total assistance for 1995 in fact may approach the \$2 billion level, in spite of a decline in official development assistance (ODA), even in nominal terms, from \$59 billion in 1994 to \$52 billion in 1995.<sup>2</sup>

Trends in donor-country assistance

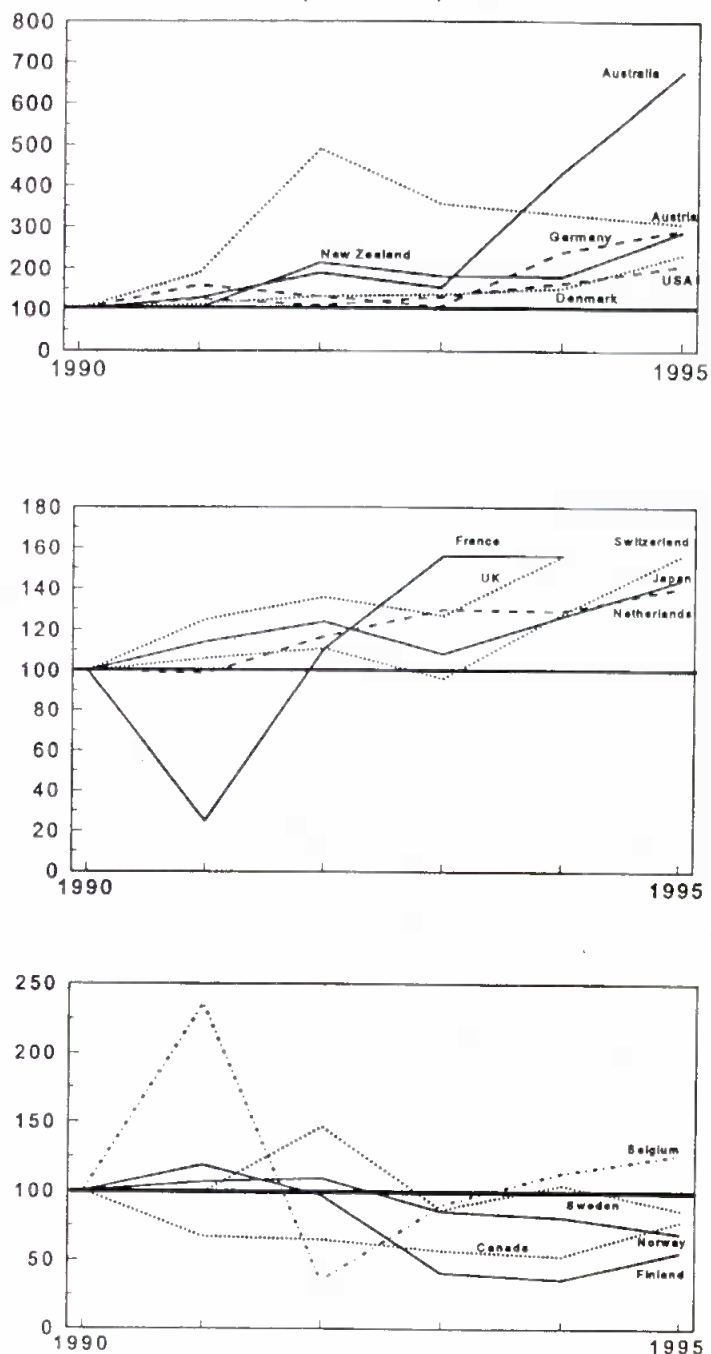
8. Grants from donor countries make up the largest part of total international population assistance. In 1990, \$669 million of such aid was given for population, increasing to about \$977 million in 1994. The 1994 total represented a substantial increase of about 26 per cent over the 1993 figure, reflecting the importance that the international community has given to the challenges set out by the ICPD. It appears, from partial and not yet complete data collection, that the 1995 overall flow of financial assistance from donor countries may have increased over the 1994 total by more than 20 per cent and is likely in the range of \$1,100 to \$1,200 million.<sup>3</sup>

9. Trends in bilateral population assistance since 1990 are depicted in Figure 2. As is clear from this figure, immediately prior to the ICPD -- comparing 1993 flows to 1994 flows -- several countries, including Australia, Germany, Sweden, Switzerland, UK and USA, substantially increased population assistance. Only three countries, Canada, Finland and Norway had decreased population assistance compared to 1990.

10. Returned questionnaires and other unofficial sources indicate, as mentioned above, that a substantial increase in primary population assistance occurred in 1995 compared to 1994. Six countries made notable increases in 1995: Australia, Denmark, Germany, New Zealand, Switzerland and USA. Belgium, Finland, Canada, and Japan also increased their funding in 1995 over the previous year.

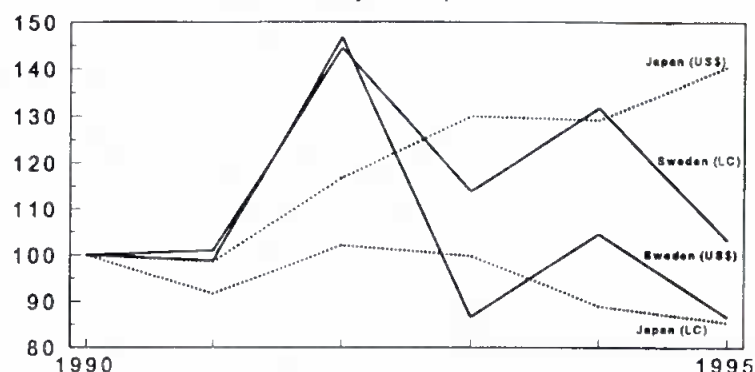
Only in the cases of Austria, Norway, and Sweden do flows appear to have declined slightly in 1995. To a degree which is difficult to quantify, part of the 1995 increase is due to a broader definition of "population assistance" used post ICPD (see Section IV below) rather than increased aid *per se*.

Figure 2. Trends in Bilateral Population Assistance  
(1990 = 100)



11. When donor flows are expressed in terms of US dollars, as in the above analysis, increases in local currencies (or decreases) may not be truly reflected due to countervailing trends in currency exchange rates. A comparison showed that, for the most part, trends in donor financial flows denominated in US dollars closely followed the trends denominated in local currencies over the period 1990-1995. Only for two countries, Japan and Sweden, did such trends diverge widely. As can be seen in Figure 3, in dollar terms Japan's population assistance has risen steadily since 1990, but in yen terms there has actually been a slight decline over the same period. The case of Sweden is the opposite, if not as dramatic: in Kronor terms there has been an overall increase -- marked by wide year-to-year fluctuations -- during the period, whereas in dollar terms the overall trend has been one of decline.

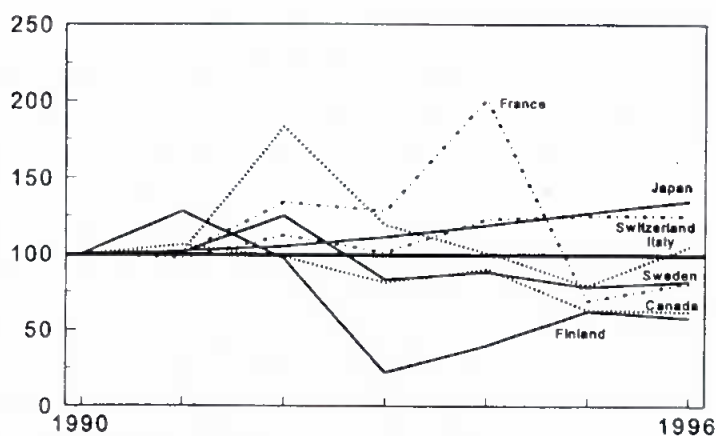
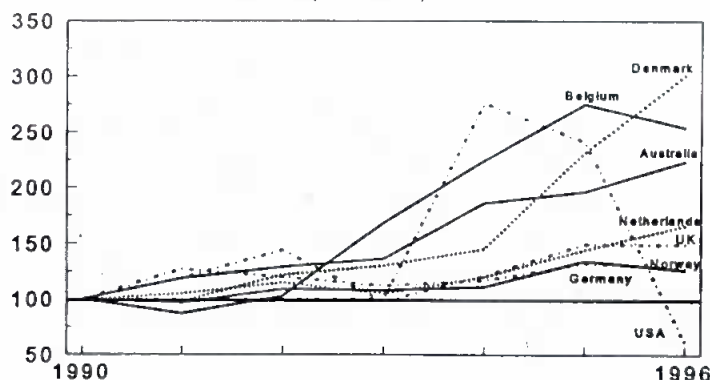
Figure 3. Trends in Bilateral Population Assistance  
 Local Currency vs. Equivalent US\$



12. It is also useful to compare flows of population assistance in relation to other measures which influence countries' decisions on aid for population activities. In Table 1, two such measures are shown: population assistance as a proportion of gross national product and as a share of total official development assistance. Of the countries in the table with 1995 data available, donor countries ranged from Denmark which provided \$364 for population assistance out of every \$1 million of GNP, to several countries, including Austria, Portugal and Spain, which gave less than \$5 per \$1 million of GNP. Over the 1990-95 period, eleven of 15 countries increased their population assistance as a proportion of GNP: this measure grew in Australia, Austria, Denmark, Germany, and New Zealand by over 200 per cent and, in Australia, it almost quintupled.

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Figure 4. Trends in Donor Assistance to UNFPA Core Resources  
 (100 = 1990)\*



\*1996 = UNFPA forecasts; for USA, 100 = 1993

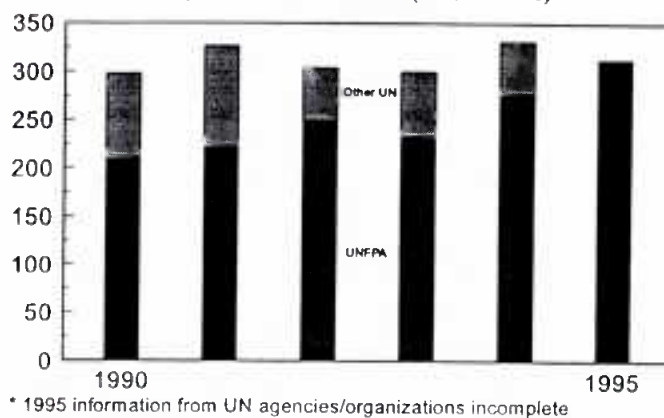


over 1990-96 and five have decreased. Two of these decreases (UK and USA), however, only affect the 1996 forecasts; otherwise, the trends for these two donors were rising ones up to 1995.

#### Trends in multilateral grant assistance

16. Multilateral population assistance is provided by several United Nations agencies and organizations that engage in population-related or reproductive health activities. For many of these organizations, their population activities are primarily financed through UNFPA funding support and to a lesser extent from their own regular budgets and from other funding sources. UNFPA is the principal source of multilateral population grant assistance. It is the major source of population funding for other United Nations organizations and it supports a large quantity of activities directly in developing countries. In 1994, around 80 per cent of all multilateral population grant assistance was channelled through UNFPA, a proportion which has not varied much during the 1990s.

Figure 6. Trends in Multi-Lateral Population Assistance  
Expenditures/Allocations (US\$ millions)\*



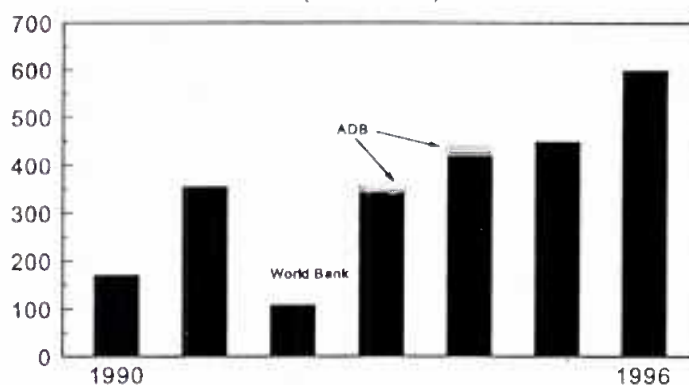
17. Over the period 1990-1995, UNFPA annual income has increased from \$212 million to \$313 million. As was shown above in Figure 4, UNFPA's major contributing countries have maintained an increasing trend in their support to UNFPA's core activities through 1996 (1996 figures are forecasts). Preliminary estimates for 1996, however, indicate that UNFPA's income will not increase above the 1995 level, chiefly due to a decreased contribution from one major donor country. UNFPA's multi-bilateral funding arrangements, whereby bilateral donors channel assistance through UNFPA to specific projects, has fluctuated between \$10 and \$15 million annually. In 1995, multi-bilateral arrangements with UNFPA totalled \$14.7 million and the forecast for 1996 is around \$13 million. There is a trend for this channel to be used by donor countries for broader targets, such as "ICPD implementation", or for wide regional areas.

18. In 1990, the United Nations system -- excluding UNFPA -- provided \$86 million, or 9 per cent of the total amount of assistance for population. In 1994, multilateral funds from the United Nations system, excluding UNFPA, amounted to \$107 million, contributing less than 7 per cent of total external population resources.<sup>4</sup> The trends over this period can be seen in Figure 6. Apart from UNFPA, the organizations and agencies reporting support for population activities include the International Labour Organization (ILO), the United Nations Department for Economic and Social Information and Policy Analysis (UN/DESIPA), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), as well as the regional commissions, in particular ECLAC (CELADE).

Trends in multilateral loan assistance

19. The World Bank is another major multilateral source of population assistance through its loan agreements with developing countries. World Bank assistance -- as well as that of the Asian Development Bank -- is treated separately because such assistance is in the form of loans rather than grants. Moreover, the World Bank's projects are multi-year commitments, recorded in the year in which they are approved but being drawn on over the full term of the agreement -- usually four or five years. As can be seen in Figure 7, World Bank loans have increased dramatically since 1990<sup>5</sup> when they amounted to \$169 million or 17 per cent of total population assistance. The World Bank made available \$448 million for population and reproductive-health assistance in 1995 and \$599 million in 1996.

Figure 7. Trends in Multi-Lateral Development Loans for Population\*  
(in US\$ millions)



\* ADB loans for 1995 and 1996 not available

20. Through fiscal year 1994, the World Bank reported separately loan components of Population, Health and Nutrition projects that were earmarked for family planning service delivery, fertility surveys and policy development. Since then, The Bank's reports have used a broader definition which includes elements of reproductive health programmes such as prenatal care, delivery services and the diagnosis and treatment of STDs including HIV/AIDS. For example, part of the total commitment of \$424 million in fiscal 1994 were for two large loans to Brazil (\$150 million) and Uganda (\$50 million) for STD projects consisting of sub-components for the prevention of HIV/AIDS transmission, AIDS impact mitigation, and AIDS surveillance and treatment. Similarly, a large AIDS project to Kenya (\$40 million) was negotiated in fiscal 1995. In 1995, only two of 24 new projects approved had population as the primary activity -- totalling \$85 million; another five included population components. In total, the Bank reported committing \$448 million in fiscal 1995 under the expanded population/reproductive health definition.

21. In fiscal year 1996, the Bank reported a total of \$599 million in commitments for population and reproductive health. Included in this total were two loan agreements, totalling \$67 million, which had improvement of reproductive health and/or family planning as their main objectives. One other 1996 agreement, for \$18.5 million, contained a major reproductive health component among its proposed activities. As mentioned, the policy trend at the World Bank is towards integrating family planning activities into wider projects with reproductive health and mother/child care elements. Another ten projects negotiated in 1996 provide general support to the health sector, some of which may indirectly aid population/reproductive health programmes. Over the 1990-96 period the Bank loans for population assistance have been concentrated in Africa and, to a lesser extent, in Asia.

22. International Development Assistance (IDA) loans, made at concessionary rates, continued to comprise 55-60 per cent of the total loan commitments of the World Bank, the remainder being in the form



of loans from the International Bank for Reconstruction and Development (IBRD), made at prevailing commercial rates. In fiscal year 1995, however, 68 per cent of World Bank commitments were in the form of IDA loans.

23. The Asian Development Bank (ADB) also makes development loans in the area of population and reproductive health. The ADB began lending for population activities in 1993 under a new population assistance strategy. The implementation of this strategy can be gauged through the increasing population share within its health projects. This share has increased from 2.1 per cent between 1978-89 to 17.6 per cent between 1993-95. In 1994, the ADB had two ongoing projects principally supporting population activities in its loan portfolio, and another five loans with large population components. A further project was devoted to improving women's health. ADB's loan portfolio in 1995 shows an essentially unchanged share for population.

#### Trends in private assistance

24. Private sources of population assistance, such as benevolent foundations and some international NGOs, have steadily increased their presence in the 1990s as important providers of international population assistance. In 1990 such institutions provided \$48 million, around 5 per cent of total assistance. By 1994, the amount contributed by private sources had increased considerably to \$117 million (10 per cent of the total). Preliminary estimations for 1995, however, indicate that private international flows did not increase over the 1994 amount, and may have even decreased marginally.

25. Over this period, the principal institutions making financial population grants were the Ford Foundation, the Rockefeller Foundation, the MacArthur Foundation, the Population Council, the Mellon Foundation, the Hewlett Foundation, and the International Planned Parenthood Foundation (IPPF). A new programme of the Wellcome Trust, which started in October

Figure 8. Trends in Population Assistance from Private Sources (1990 = 100)\*

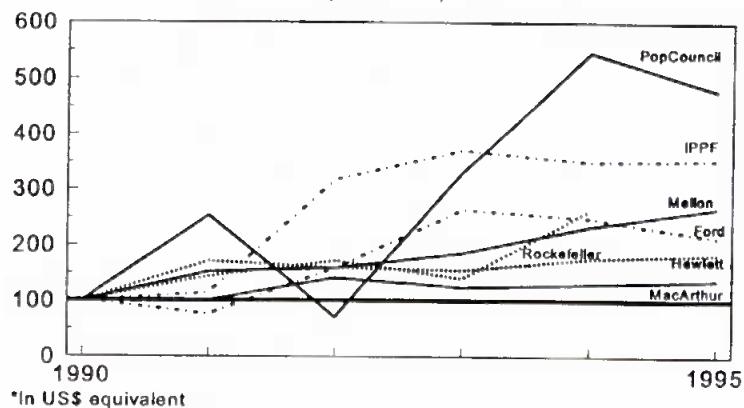
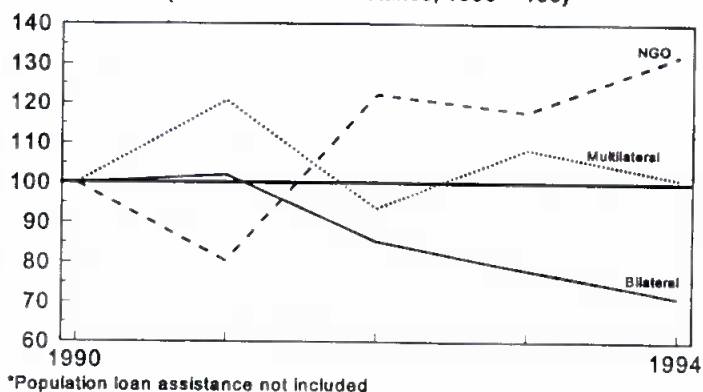


Figure 9. Trends in Channels of Population Assistance\* (Share of Total Assistance; 1990 = 100)



\*Population loan assistance not included

1995, will spend about \$15 million annually for five years on population-related research. The Rockefeller Foundation is actively engaged in a programme of policy research and policy dialogue to support global resource mobilization. This programme aims at fostering the mobilization of the human and financial resources needed to satisfy all unmet demand for fertility regulation among men and women of the developing countries. Figure 8 shows the trends in population assistance from these major private donors since 1990. As can be seen clearly, most of these foundations and NGOs have greatly increased their funding of population activities over the 1990s. Overall, private flows have increased over the 1990-1995 period by over 230 per cent.

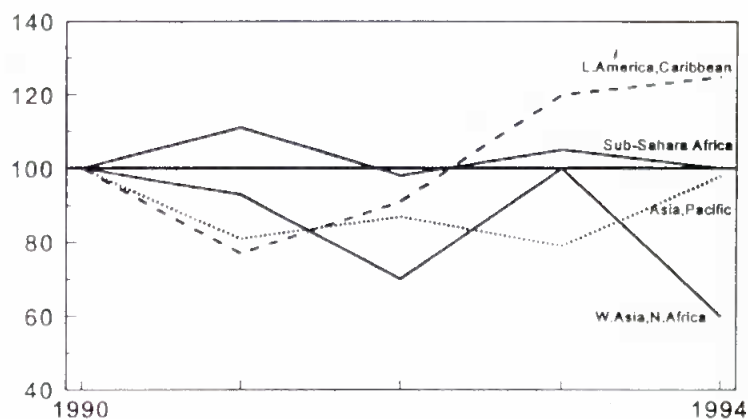
#### Expenditures by geographical region

26. During the 1990-1994 period, international population expenditures for all developing regions tended to increase except for western Asia and northern Africa. The relative shares of external resources destined for each region, shown in Figure 10, fluctuated with no clear trends. The Latin America and the Caribbean region has increased its share since 1991, but it remains to be seen if this is a short-term phenomenon or not. The share for sub-Saharan Africa, which received about 25 per cent of total expenditures in 1990, increased to 27 per cent in 1993, but declined again in 1994 despite the high proportion of Least Developed Countries in that region. Political unrest and other factors affecting absorptive capacity may be restricting the growth of population assistance to the region. Interregional programmes increased as a proportion of total expenditures in the early 1990s, but have declined again since then. From around 16 per cent in 1990, the share of total expenditures devoted to interregional or global activities has fallen to 14 per cent in 1994.

## II. FLOWS OF DOMESTIC FINANCIAL RESOURCES FOR POPULATION IN 1995

27. The previous report to the twenty-eighth Commission on resource flows (E/CN.9/1996/6) presented some preliminary evidence indicating that several developing countries had formulated national plans of action as called for in the ICPD Programme of Action and that many countries had begun to disseminate the results of the ICPD and carry out advocacy efforts to promote understanding of the ICPD approach. In the area of reproductive health, including family planning and sexual health, some countries had started to develop more integrated systems that offered a fuller range of services. Domestic resource flows were not reported, only a sketch of post-ICPD changes in resource priorities in selected developing countries. In discussion of that report, the Commission at its twenty-ninth session welcomed the effort to obtain information on domestic resource flows for population and development, but at the same time urged that a more systematic approach be adopted given the importance of knowing the amount of domestic resources which constituted a major component for post-ICPD implementation.

Figure 10. Trends in Population Assistance by Region of Destination  
(1990 Share of Total Assistance = 100)



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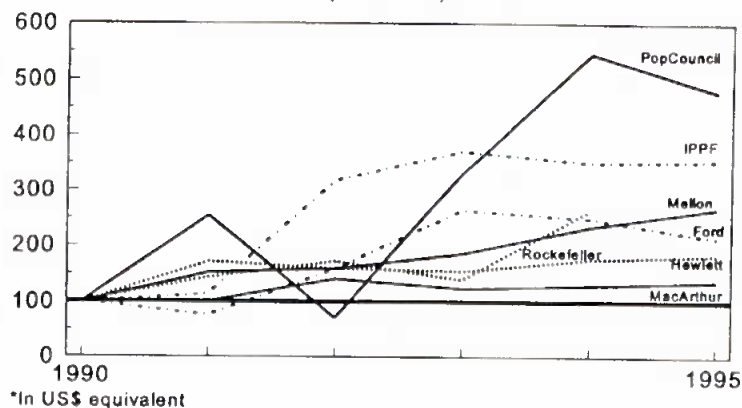
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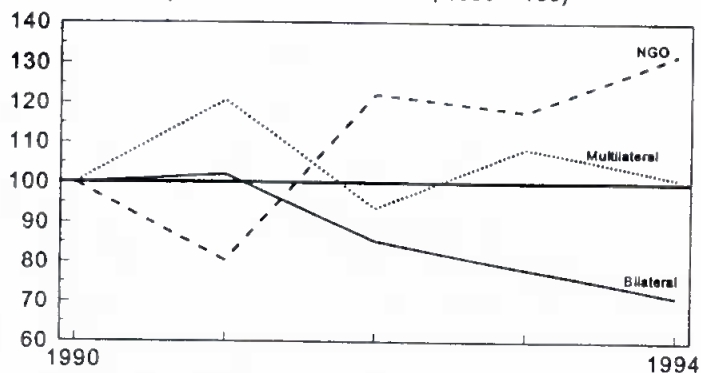
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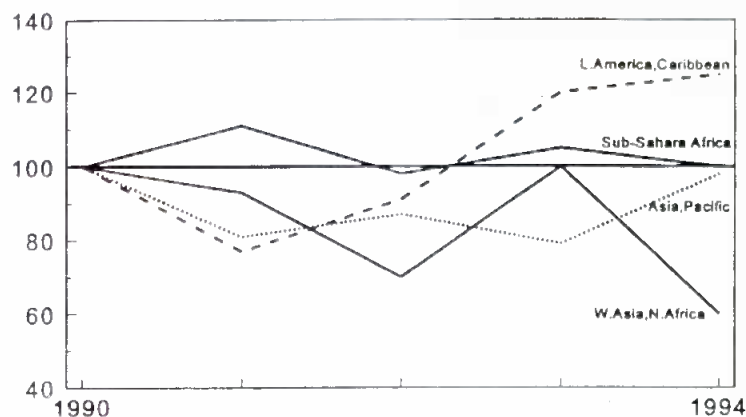
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28. Up to now, little information about domestic flows in developing countries for population and reproductive health activities has been collected. Probably the most comprehensive study was an unpublished assessment of family planning expenditures in 79 countries for the period 1990-93.<sup>6</sup> There have also been analyses in individual developing countries of domestic resources flowing into governmental family planning activities. However, no systematic assessment using the expanded ICPD framework which includes basic reproductive health and elements of HIV/AIDS prevention has been undertaken.

29. To remedy this situation, and as recommended by the Commission, UNFPA has adopted a two-phase approach. For the present report, data were sought through UNFPA's network of offices in the developing countries via a concise questionnaire, realizing that, given the small size of UNFPA field offices and the fact that field offices do not have a data-collection function as part of their regular responsibilities, the data gathered would be preliminary and fragmentary in nature. At the same time, however, UNFPA has been actively engaged in arranging for a collaborative project with an independent institution to systematically gather adequate, comprehensive data and to maintain a database on resource flows, both domestic and international. This endeavour is described in Section IV of this report.

30. The questionnaire sent to UNFPA field offices requested information on the following topics: (1) national plans of action for implementing the Programme of Action; (2) special meetings on implementation; (3) allocations and expenditures on basic reproductive health, family planning, maternal and child care, STD prevention, population data, research and policy analysis, and population IEC; (4) allocations and expenditures for the primary health care system; (5) resources available through NGOs; (6) private sector funding for population; (7) resource mobilization through cost-recovery schemes; and (8) requests for supplementary international assistance.

31. Responses to the questionnaire varied: in some countries, the relevant data in the form requested were supplied; in other cases, no information at all was available, often because the ICPD population elements sought were not reported separately in Government accounts, especially in health systems where reproductive health and family planning may be integrated into general health care. In some of the poorest countries, all resources for population activities were reported to come from external sources. Most responses reported allocations rather than actual expenditures: often budget documents follow a programmatic order of presentation, while expenditures tend to be reported using less informative functional categories.

32. The information collected on domestic resource flows gathered from the UNFPA questionnaire as well as data from other sources are contained in Table 3. The first column (A) of Table 3 contains the total reported domestic funding in 1995 for population/reproductive health activities of governmental agencies. Allocations are given in the table because they were available more often than expenditures. Allocations in many cases overstate what will actually be spent. Some countries were able to report allocations/expenditures according to the six disaggregated elements of the ICPD population package, but most combined some of the categories, often reproductive health, family planning and maternal-child health services being jointly reported. In the cases of Jordan and Nicaragua, the amounts shown in column A represent allocations to the whole primary health care system.

33. Column B of Table 3 shows total assistance for population from international sources (not counting development loan assistance) for the year 1994. It was not possible to calculate the corresponding totals for 1995 since not all donor information has been received so far. As described above, international population assistance may have risen by around 20 per cent from 1994 to 1995, so donor assistance to individual

countries will have risen, on average, also. For this reason, the percentages shown in column C, again on average, would tend to overestimate the true proportion of financial resources for population programmes that are raised domestically. With these caveats in mind, a wide variation between countries is found in terms of the domestic proportion of financial resources. Burundi, Cambodia, Cameroon, El Salvador, Kenya, Madagascar, and Philippines supply less than 20 per cent of total resources for population-related activities. At the other end of the spectrum, many countries' domestic financial flows account for more than 80 or even 90 per cent of the total resources for population, including Iran, Kiribati, Malaysia, Maldives, Pakistan, Papua New Guinea, Thailand, Tunisia and Zaire. Viet Nam contributes on its own 63 per cent of resources for population activities.

34. Data from the survey mentioned above on domestic resource flows for family planning<sup>7</sup> are shown in column D of the table. This information was obtained from a number of sources including questionnaires sent to key informants (primarily representatives of donor agencies involved in the countries' population programmes as well as government officials implementing family planning programmes). A comparison of this data set with the UNFPA-gathered information in column A shows that a reasonable correspondence exists in many cases, while in others, it points to the difficulties of obtaining accurate data through a simple "mail-out" questionnaire approach. As references for comparison, Table 3 also contains data on domestic allocations for primary health care services derived from the UNFPA questionnaire and statistics from the World Bank on annual health care expenditures from domestic and foreign resources combined (columns E and F, respectively).

35. Several countries were able to provide breakdowns of domestic flows by specific elements of population programmes. In the cases of Madagascar, Morocco and Viet Nam, domestic financial data on basic reproductive health were not available; reproductive health and family planning elements were combined in the case of Nicaragua; and in Viet Nam MCH financial data were unavailable. The share of domestic resources for population going to family planning programmes varies greatly: in Burundi 6 per cent of "population" allocations go to family planning, but in Bangladesh fully 90 per cent does. Thailand now devotes 85 per cent of its domestic population flows to AIDS prevention.

#### Contributions of NGOs to National Programmes

36. Information was also collected through the questionnaire on the contributions of NGOs -- either national or international ones operating in developing countries -- to the implementation of the ICPD. In general, reports received did not allow quantitative financial description of these contributions. Until reporting systems in countries permit financial contributions to be better recorded (see Section IV), qualitative assessments can still give an overall impression of NGO involvement. Responses to the UNFPA questionnaire indicate that in about half of the reporting countries NGOs have taken up the challenge of Cairo and have committed additional resources for population activities. In the remaining countries, no additional NGO activity was noted, often because NGOs were not able to mobilize non-domestic financial resources.

37. The only active NGO in Iran, the Family Planning Association of Iran (FPAI), was revitalized in 1995, following the ICPD. The FPAI still receives its major financial support from IPPF. However, in a drive to raise funds, the FPAI has recently reached an agreement for accepting donations from the Municipality of Tehran.

38. In Jordan, JAFPP, the leading NGO in family planning, has intensified its activities post Cairo. In 1995, JAFPP conducted two national forums aimed at speeding up the implementation of the Programme of Action. It also organized meetings for parliamentarians and for the national media as well as conducting several workshops on population issues. In Morocco, major NGOs play key roles in IEC activities in support of reproductive health and family planning. One NGO addresses the issue of adolescent sexual health; another carries out sensitization activities on the AIDS pandemic.

39. In Nepal, the Family Planning Association of Nepal (FPAN) has taken positive steps to respond to the challenges set out by the ICPD. Numerous meeting and workshops have been held, including one with parliamentarians. FPAN has rethought its post-ICPD strategy and formed a plan through the year 2003. A symposium of adolescent reproductive health was organized and media blitzes on the topic have been undertaken. In the Maldives, the Government has increasingly mobilized NGOs in expanding services to outer islands. The first family planning clinic was established in 1995 in the Maldives with the help of IPPF. Similarly, an island-level health post managed by a community organization was inaugurated in 1995.

40. In Namibia, the Namibian Planned Parenthood Association (NAPPA) was launched in January 1996 and is already the lead NGO in reproductive health. The Namibian National Women's Organization is also very active in working for the empowerment of women.

41. NGOs have made invaluable contributions towards achieving national population goals in Bangladesh. They participate actively and effectively, collaborating with the Government in all important areas including service delivery, motivation and training. Hundreds of NGOs are active in Bangladesh and are particularly effective in bringing programmes to inaccessible, low performing and under served areas. In addition, well known NGOs such as the Grameen Bank and the Bangladesh Rural Advancement Committee (BRAC) engage in activities promoting education, health services and income-generation for the rural poor, particularly women, and through these mechanisms have made a positive impact on family planning acceptance. NGOs have generally committed increased resources to national population activities since the ICPD.

### III. RESOURCE MOBILIZATION AND RESOURCE REQUIREMENTS FOR THE IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

#### The population component of the Programme of Action

42. The ICPD was the first United Nations conference to spell out a schedule of resource mobilization to achieve a specific set of development objectives. The estimated cost of these measures is \$17 billion a year by 2000, increasing to \$21.7 billion in 2015 (in constant 1994 dollars). The Programme of Action recommended that, globally, approximately two-thirds of the needed resources in developing countries will have to come from domestic sources in the future. Therefore, one-third of the projected resource requirements would have to come from external sources: \$5.7 billion in the year 2000, increasing to \$7.2 billion by 2015.

43. The Programme of Action explicitly acknowledged that the two-thirds/one-third formula would apply globally, not to each country individually. Many countries in sub-Saharan Africa will require special assistance programmes for implementing the population measures of the ICPD. In situations where the constraints on domestic resources are most severe due to weak economic performance, inadequate

infrastructure, and the shortage of trained personnel, it is expected that most of the needed resources will be supplied through external population assistance. On the other hand, a substantial proportion of the resources for many national programmes in other developing regions is expected to be mobilized from within the countries themselves. Countries with economies in transition still have significant but temporary needs for technical assistance to facilitate the transformation of their population and reproductive health programmes for the provision of quality family-planning information and services.

#### Related social sectors referenced in the Programme of Action

44. Countries will also need to support other socio-economic development programmes which are similarly vital for achieving the ICPD goals. For example, the Programme of Action calls for the empowerment of women and recognizes the role of education as a means of achieving this. To do this, resources for basic education have to be increased substantially. Drinking water and sanitary conditions must also be improved from current levels. Achieving these goals, and others, will require increased resource allocations from current levels and beyond the costed out elements of the ICPD's basic population package. The burden of increasing resources in all these activities will have to be shared by mobilizing both domestic and international resources and by involving all relevant international and national organizations.

45. The 20/20 Initiative to mobilize resources to give all people access to basic social services was noted by the ICPD Programme of Action. The World Summit for Social Development, in its Programme of Action, invited interested developed and developing country partners to undertake mutual commitments concerning official development assistance and national budget levels for basic social programmes. Under the 20/20 initiative, donors commit themselves to allocate 20 per cent of development assistance to improving basic social services, while developing countries also agree to allocate 20 per cent of their development budgets for the same purpose. Consultation among United Nations agencies and organizations over the last year have further refined the concepts involved. The Norwegian and Netherlands Governments sponsored an international meeting in April 1996 in Oslo to discuss the operationalization of such agreements among interested countries. The Government of the Netherlands is committed to the 20/20 Initiative and assuring that 20 per cent of its development cooperation budget is devoted to basic social services, that is, basic health, basic education, water and sanitation, nutrition, and reproductive health and population. The rubric "reproductive health and population" encompasses reproductive health services, family planning services, HIV/AIDS prevention, and data, policy and analysis. Decisions such as the Netherlands' one are positive responses towards assuring an adequate flow of resources for population.

#### Initiatives on Resource Flows

46. In the two years since the ICPD, a number of initiatives, both internationally and nationally, have focused on the question of increasing resource flows for the implementation of the ICPD Programme of Action. As described below, these initiatives represent important steps for exchanging information on resource requirements.

47. At the time of the twenty-ninth session of the Commission on Population and Development in February 1996, a consultation on resource mobilization was convened by the Executive Director of UNFPA. Noting that resource mobilization in 1995 had been encouraging, the Executive Director she specifically mentioned the Republic of Korea's pledge to make the transition from recipient to donor as an encouraging sign. She went on to express concern that there were no assurances that the increases noted for 1995 would



continue. Some concern was expressed at the meeting that donors were including different sets of activities under the heading "population" in response to the broad agenda of the ICPD. The meeting also stressed the need for advocacy to maintain momentum for resource mobilization, the importance of assuring the effectiveness of interventions in the population sector and the ability to demonstrate successes by measuring impacts.

48. One of the most encouraging signs of increased commitment for population and reproductive health since the Cairo Conference has been the number of donor countries that have pledged to increase their support. These include, in particular, United States, Germany, Japan, United Kingdom, Netherlands, Denmark, Switzerland and Australia as well as the European Union. As described in the succeeding paragraphs, several of these pledges are multi-year commitments, showing a determination to follow the ICPD strategy agreed to in Cairo.

49. In 1994, the Japanese Government announced a new Global Issue Initiative on Population and AIDS under which \$3 billion will be allocated, from 1994 to 2000, to address global population problems and prevent the spread of HIV/AIDS. Of the total amount, it was expected that \$1 billion would be utilized for core population and family planning activities. The first year (April 1994 to March 1995) resulted in expenditures of \$465 million: \$12 million for AIDS prevention, \$75 million for direct population activities and \$377 million for "indirect population" programmes. This latter category is comprised of primary health care, primary education and vocational training and literacy education for women.

50. The German Government's commitment to spend more than \$2 billion over the period 1995-2000 on population programmes has resulted in it overtaking Japan to become the second largest donor of population assistance after the United States. Germany has a dual strategy of population assistance, supporting family-planning services on the one hand and a combination of health education, HIV/AIDS and women's empowerment activities on the other. Germany has expanded direct bilateral project assistance to several countries. At the same time, the German parliament has restricted funding through multilateral channels to 30 per cent of total assistance, a policy which may constrain the Government's capacity to quickly increase the overall flow of assistance to the proposed level.

51. After the ICPD, the United Kingdom pledged to increase aid for population and reproductive health by approximately 65 per cent, for a total of about \$160 million over the following two years. The British Overseas Development Administration (ODA) takes a broad reproductive health approach to population assistance while maintaining a special focus on family planning. The increased commitment has been paralleled by growth in ODA bilateral projects in developing countries, focusing on 20 of the lowest income countries.

52. In 1995, the Danish Government gave UNFPA a contribution of \$36.1 million, which included of \$6.3 million earmarked for the implementation of the ICPD in sub-Saharan Africa and \$2.2 million for social science issues in connection with sexual and reproductive health. In 1996, Denmark increased its contribution to UNFPA to \$47 million, of which \$8.6 million are earmarked for additional ICPD activities in sub-Saharan Africa and \$2.1 million for social science issues.

53. The policy of the Netherlands regarding population assistance was set out in a 1994 memorandum titled "Family Planning and Reproductive Health in Development Cooperation". Following the urging of the Parliament of the Netherlands to increase population funding as a proportion of the overseas development

budget, Dutch policy now encompasses a 4 per cent target for population assistance. This will bring the Netherlands funding level for international population assistance to about \$125 million by the year 1998.

54. The Government of Australia is in the middle of a four-year initiative through 1998 to earmark \$130 million to population and family-planning programmes in developing countries. As seen in an earlier section of the paper, Australia has significantly increased population funding through differing channels in the recent past.

55. The Government of Finland has recently defined its approach to development assistance in a cabinet document issued in September 1996 entitled "Decision-in-Principle on Finland's Development Cooperation" issued by the Ministry of Foreign Affairs. Under the poverty-reduction goal, the document emphasizes support for "efforts to improve family planning and reproductive health as a part of basic health services". After the severe economic recession in the early 1990s, Finland has gradually been restoring the level of its population assistance to earlier levels.

56. The European Commission has set a policy target of approximately \$375 million annually on programming in the area of population and reproductive health by the year 2000. In 1994, however, less than \$40 million was expended in the population area, partially because of limited technical resources available for programming among its staff. One modality being used by the EU is to contribute some of its assistance to developing countries through UNFPA country programmes. An agreement for more than \$31 million between the European Commission and UNFPA was recently reached on an important initiative involving population programmes in several Asian countries.

#### Multilateral resource flows

57. Following the Cairo Conference, UNFPA -- along with several other donor institutions -- has made major changes in its strategic framework, in structure and in organization to meet the challenges of implementing the ICPD Programme of Action. A post-Cairo strategy was crafted in 1995 and described in the report to the UNFPA Executive Board on programme priorities and future directions of UNFPA (DP/1995/25). A UNFPA Mission Statement was adopted by the Executive Board in 1996. The allocation of resources to programmes in developing countries and countries with economies in transition was reviewed and a new system responding to the goals of the Programme of Action and the needs of the poorest countries was adopted by the Executive Board: see the report of the Executive Director of UNFPA "A Revised Approach for the Allocation of UNFPA Resources to Country Programmes" (DP/1996/15). Countries in Group A, those that are poorest and furthest from meeting the ICPD goals, will receive 65-69 per cent of UNFPA assistance in the future. UNFPA is also continuing to strengthen its administrative, technical and field structure to be better able to take a lead role in meeting the increased demand post ICPD for population and reproductive health programmes in the developing world. National execution of projects and decentralized approval authority to UNFPA field offices have become major features of national programmes. To assure adequate monitoring, auditing and oversight of a decentralizing structure, modifications of the organizational structure at UNFPA headquarters are being introduced.

58. The World Bank has indicated that it will increase resources for population and development in the future. At the ICPD, the Bank stated its intention to increase spending by 50 per cent over the next three years. In addition to expanding the levels of its financial assistance in education and environmental programmes that are in harmony with the objectives of the Programme of Action, the Bank has also

increased its lending to population, health and nutrition (PHN) programmes that directly or indirectly address reproductive and primary health issues contained in the Programme of Action. In fiscal 1995, PHN loan commitments amounted to \$1.2 billion and in 1996 this amount rose to \$2.4 billion representing around 11 per cent of all commitments. Of the \$2.4 billion committed, slightly over one third was in the form of "soft" IDA loans.

59. The Bank has given serious consideration to the ICPD Programme of Action as can be seen by increased loans for reproductive health, including the safe motherhood initiative as well as the prevention of HIV/AIDS and other STDs. However, since its reporting system now records population and reproductive health as a single category, core population and family planning elements cannot now be tracked separately. The fact that fewer 1996 loans have those elements as significant loan components may mean that less resources are flowing to family planning activities than before.

#### Resource requirements for population and development

60. Besides resource flows, the ICPD Programme of Action specifically calls upon the international community to review on a regular basis the specific needs of countries in the field of population and development (paragraph 16.28). Although the Programme of Action provided global estimates of required resources, and an ICPD background document gave estimated requirements at the subregional level, country-level estimates are also needed. Efforts to improve information in this area are summarized in the following paragraphs.

61. UNFPA, in collaboration with other international agencies, has continued to undertake Programme Review and Strategy Development (PRSD) missions to work with governments to assess the needs and priorities of countries in matters concerning population and development. These reports serve as a mechanism to assess specific programme and resource requirements. Another important source of information on resource requirements is the internationally-supported programme, the Global Initiative on Contraceptive Requirement and Logistics Management Needs in the 1990s, administered by UNFPA. The programme assesses contraceptive requirements and logistic management needs in individual countries. A total of 15 countries have been studied to date from all regions of the world and the results published. Three more countries will soon be undertaking such assessments and four follow-up studies are planned for countries that have already completed, some years ago, an initial requirement study.

62. More recently, UNFPA has completed Country Profiles for all countries of the developing world. These profiles include descriptions of national status on key social, health and demographic indicators, preliminary estimates of resource requirements for the national population and development programmes and a summary of relevant national population policies. Priority is being given to the dissemination of the profiles before the end of 1996.

#### IV. SYSTEMATIC DATA ON FINANCIAL RESOURCE FLOWS

63. Looking to the future, the mobilization of resources to implement the Programme of Action should be more fully monitored than at present. A mechanism needs to be developed to coordinate the work of all agencies engaged in support for population programmes. UNFPA currently monitors on an annual basis the amount of international assistance for programmes dealing with population and development, and publishes the *Global Population Assistance Report*. UNFPA also collects annually descriptive information on

population projects throughout the developing world, compiling them in the comprehensive report *Inventory of Population Projects in Developing Countries around the World*. The data-collection efforts made in preparing this report also mark a step forward towards a global system for monitoring resource flows.

#### Collaborative project for information system on resource flows

64. As mentioned above, UNFPA has actively taken up this challenge in 1996 by seeking the collaboration of an international NGO to systematically collect, edit, and record data on the flows of financial resources for population and development programmes, both internationally and domestically, to create and maintain a dynamic database, and to perform basic analyses of the data and disseminate such findings. The objective in developing this system is to obtain a complete picture of global resource flows in the area of population and development.

65. In mid-1996 UNFPA solicited bids from interested institutions to design and implement such a system. More than 20 institutions with a wide geographical distribution were contacted. The Netherlands Interdisciplinary Demographic Institute (NIDI), a well respected institution in the area of population and development studies, was selected through a competitive bid procedure. NIDI will begin a two-year contract at the start of 1997, with the possibility of further extensions, contingent on a favourable evaluation of the products prepared and subject to possible project modification to satisfy additional data needs discovered during the initial phase of implementation.

#### Classification of population activities

66. The classification of population activities used in preparing this report closely followed the ICPD "costed population package" (cf. paragraph 13.14 of the ICPD Programme of Action). The questionnaires asked for financial flows to be broken down into the following sub-categories: basic reproductive health services, family planning services, maternal, infant and child care health services, prevention of STDs, basic research and policy analysis, and population information, education and communication. The Development Assistance Committee of the OECD has adopted an alternative classification scheme under the general rubric of Population Policies/Programmes and Reproductive Health, with the following four sub-categories: population policy and administrative management, reproductive health care, family planning, and STD control including HIV/AIDS.

67. Three main issues in classification have been noted with regard to the "costed population package". First, there has been some tendency to merge certain elements, such as submerging family planning into overall reproductive health or reporting on a combined "population and reproductive health" category, which makes continuity of reporting difficult. Second, the reporting of support for HIV/AIDS prevention varies from agency to agency: in some cases it is not possible to isolate activities that conform to the ICPD definition of this element<sup>8</sup> from overall assistance for AIDS programmes. Third, the ICPD population package includes assistance for services of basic reproductive health care given at the primary-health-care level, while some agencies' statistical recording systems aggregate reproductive health activities undertaken at all health care levels.

## V. CONCLUSIONS

68. This report analyzes financial flows for population for 1994 and, provisionally, for 1995. In these two years, international assistance for population, via bilateral, multilateral and private-sector channels, as well as from development banks, grew substantially. Around 20 per cent growth was recorded in both 1994 and 1995. Most donors registered notable increases during this two-year period and donor flows for population increased, on average, both as a percentage of countries' GNPs and as a share of their total official development assistance. Changes in categorizing population assistance in 1995 to take account of the reproductive health focus recommended for population programmes following the ICPD, however, mean that 1994 and 1995 financial flows are not strictly comparable. In part, the 1994-95 increase reflects that financial flows for a wider range of activities were recorded in 1995 than were reported in earlier years; part of the increase, nonetheless, is probably accounted for by a real growth of financial flows for population.

69. Information was gathered on domestic financial flows in developing countries and countries with economies in transition. The data, although incomplete, gave rough estimates of the effort many countries themselves are putting into implementing the ICPD Programme of Action. The domestic financial flows of several countries, in fact, account for 80 or even 90 per cent of the total national resources available for population programmes in their own territories. Other developing countries, by contrast, have not been able to contribute significantly to such programmes and remain largely dependent on external funding sources for population activities.

70. This report represents a significant improvement in documenting financial flows at all levels, building on the constructive guidance provided by the Commission in its comments on the previous report. There is, nevertheless, an obvious need for a systematic approach to reporting on global financial flows. A new arrangement between UNFPA and NIDI, an internationally recognized population research institute, will, beginning in 1997, produce a database of financial flows which will progressively meet the international community's need for global financial flow data in the area of population and development. It will thus become possible in future reports to gauge national efforts to allocate more resources to implementation of the ICPD agenda.

71. The rising trend in resource flows documented for the 1994-95 period is encouraging. A great deal has been accomplished with relatively modest investments and must count as one of the real successes in global development efforts. But the successful implementation of the Programme of Action is still dependent upon higher levels of resource mobilization as well as increasing efficiency in resource utilization. Additional resources are urgently required to better identify and satisfy unmet needs in areas related to population and development, as was clearly enunciated by Member States at the recent General Assembly consideration of follow up to the ICPD Programme of Action. Sub-Saharan Africa and parts of Asia, and least developed countries everywhere, will need a much larger share of resources from the international community, but all countries should redouble efforts to increase their own resources for population and reproductive health.

72. Although several donor countries have shown early and laudable commitments through announcements of increased funds for population activities, overall official development assistance has declined in recent years. In spite of the commendable initiative in addressing the ICPD goals shown by some, most donors still need to review their development assistance policies and increase resources for global population activities accordingly. To realize the concrete and achievable goals clearly set out by the ICPD,

the mobilization of resources must be placed high on the global development agenda and the implications of increasing financial resources to the level of \$17 billion by the year 2000, as called for in the Programme of Action, must be faced squarely. At Cairo it was agreed that donor assistance needed to reach \$5.7 billion by the year 2000, whereas in 1995 international assistance totaled only \$2 billion. All financial institutions should take into account the resources for population that will be required over the next 20 years and devise policies and strategies for resource mobilization that will allow the ICPD programme to succeed.

#### Notes

1. The term "primary funds" refers to funds provided by primary donors for population assistance in the year shown.
2. UNDP, *Human Development Report 1996*; and OECD Web site, [www.oecd.org](http://www.oecd.org).
3. From a pooled set of data on bilateral flows representing about 90 per cent of the total, the 1995 pooled total was 22 per cent higher than the corresponding 1994 total.
4. The total of \$107 includes \$72 million reported by UNICEF. Because UNICEF's operational activities are highly decentralized, UNICEF reported that it was not possible to extract the information required from its database. UNICEF's broader definition of population assistance includes support for basic education and literacy, especially for women, as well as enhancing the status of women. In the *Global Population Assistance Report 1993*, \$6.2 million of UNICEF's reported total of \$63 million was included as population assistance according to pre-ICPD categories of assistance.
5. The World Bank operates on a fiscal year which runs from July to June. Thus, fiscal year 1996 ran from July 1995 to June 1996.
6. Shanti Conly *et al.*, 1996, "Family planning expenditures in 79 countries: a current assessment", Population Action International, Washington D.C.
7. cf. Conly *et al.*, 1996.
8. Paragraph 13.14 of the ICPD Programme of Action describes this component: "...mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behaviour and expanded distribution of condoms".

Table 1. Population Assistance of Donor Countries in Relation to GNP and Total ODA Assistance

	Per Million of GNP			Change 1990-95 %	Per Cent of ODA			Change 1990-95 %
	US\$ 1990	US\$ 1994	US\$ 1995		% 1990	% 1994	% 1995	
Australia	19	57	91	379	0.56	1.65	2.56	358
Austria	1	4	4	277	0.06	0.11	0.11	80
Belgium	13	13	15	13	0.28	0.40	0.36	28
Canada	77	43	59	(23)	1.74	1.01	1.49	(14)
Denmark	170	232	364	114	1.83	2.25	3.54	93
Finland	161	83	122	(24)	2.53	2.68	3.83	52
France	7	10	na	-	0.09	0.16	0.00	-
Germany	31	56	74	137	0.75	1.68	2.16	188
Ireland	na	5	9	-	na	0.20	0.31	-
Italy	2	17	na	-	0.05	0.65	0.00	-
Japan	22	18	23	5	0.71	0.62	0.67	(5)
Luxembourg	na	8	na	-	na	0.21	0.00	-
Netherlands	125	132	156	25	1.34	1.74	1.74	30
New Zealand	10	16	27	173	0.45	0.68	1.10	145
Norway	487	377	314	(36)	4.16	3.58	3.22	(23)
Portugal	na	1	0	-	na	0.02	0.00	-
Spain	na	1	2	-	na	0.04	0.09	-
Sweden	192	237	172	(10)	2.12	2.46	2.10	(1)
Switzerland	27	30	40	47	0.85	0.84	1.08	27
U.K.	39	56	94	142	1.41	1.81	3.27	132
U.S.A.	51	69	91	79	2.47	4.66	8.18	231
<b>TOTAL</b>	<b>43</b>	<b>49</b>	<b>72</b>	<b>67</b>	<b>1.21</b>	<b>1.65</b>	<b>2.61</b>	<b>116</b>

Note: 1994 GNP used (World Bank, "World Tables"); where 1990-95 change is unavailable, 1990-94 is calculated; provisional 1995 ODA (OECD, [www.oecd.org](http://www.oecd.org))

Table 2. Contributions from DAC Countries to UNFPA Core Resources, 1990-1995 (US\$ 1,000)

	1990	1991	1992	1993	1994	1995
Australia	998	1,189	1,285	1,361	1,860	1,956
Belgium	836	727	865	1,409	1,875	2,297
Canada	11,184	11,806	10,968	9,063	10,085	7,015
Denmark	15,605	15,370	19,012	20,297	22,665	36,070
Finland	18,708	23,870	18,067	4,178	7,449	11,669
France	952	957	1,278	1,223	1,912	653
Germany	24,303	23,460	26,445	26,169	26,945	32,590
Italy	1,575	1,587	2,878	1,869	1,592	1,250
Japan	40,830	41,700	42,900	45,400	48,700	51,800
Netherlands	26,934	28,170	30,881	28,323	32,422	38,821
Norway	22,075	28,130	26,462	24,765	25,881	29,131
Sweden	21,197	21,432	26,591	17,664	18,608	16,501
Switzerland	5,735	5,578	6,450	5,772	7,040	7,177
U.K.	10,961	13,067	15,737	10,718	13,303	16,325
U.S.A.	0	0	0	14,500	40,000	35,000

Table 3. Financial Resource Flows in Developing Countries: Latest Annual Expenditures

	Domestic Allocations/ Expenditures US\$ 1000 1995 (A)	Donor Assistance US\$ 1000 1994 (B)	Per cent Domestic* % 1994-95 (C)	Domestic Family Planning Expenditures US\$ 1000 1990-93 (D)	Primary Health Care Allocations US\$ 1000 1995 (E)	Annual Health Care Expenditures US\$ 1000 1990-94 (F)
Afghanistan		0		0		
Algeria		1,200		4,000		
Angola		1,100				
Antigua and Barbuda		200				
Argentina		500				
Bahamas, The		100				
Bahrain		0				140,426
Bangladesh	38,365	100,900	28	32,000	6,861	
Barbados		200				
Belize		300				33,342
Benin		1,300		na		
Bhutan		700				4,679
Bolivia	8,530	9,200	48	2,000	99,400	93,680
Botswana		2,100		0		74,995
Brazil	13,508	14,900	48	22,000		
Burkina Faso		3,600		1,000		
Burundi	475	3,400	12	na		
Cambodia	360	3,800	9			
Cameroon	615	3,600	15	na	424	91,459
Cape Verde		600				
Central African Rep.		1,500		0		
Chad		800		0		
Chile		2,800				1,094,104
China		11,300		1,230,000		141,115
Colombia		4,600		6,000		
Comoros		500				
Congo		400		0		
Costa Rica		1,700		4,000		560,799
Cote d'Ivoire		5,300		0		
Cuba		1,100				
Djibouti		100				
Dominica		100				
Dominican Republic		5,800		0		
Ecuador		7,600		0		
Egypt, Arab Rep. of		12,500		9,000		346,037
El Salvador	802	6,400	11	2,000		53,368
Equatorial Guinea		600				
Eritrea		100				
Ethiopia		7,200		0		
Fiji	138	400	26			45,427
Gabon		100		na		
Gambia		800				



	Domestic Allocations/ Expenditures US\$ 1000 1995 (A)	Donor Assistance US\$ 1000 1994 (B)	Per cent Domestic* % 1994-95 (C)	Domestic Family Planning Expenditures US\$ 1000 1990-93 (D)	Primary Health Care Allocations US\$ 1000 1995 (E)	Annual Health Care Expenditures US\$ 1000 1990-94 (F)
Ghana		18,200		2,000		90,257
Grenada		200				
Guatemala		9,100		1,000		
Guinea		7,400		1,000		
Guinea-Bissau		900		0		
Guyana		400				
Haiti		10,400		na		
Honduras		5,100		1,000		
India	346,200	33,700	91	255,000		787,527
Indonesia		24,100		161,000		717,072
Iran, Islamic Rep. of	10,667	1,200	90	14,000		
Iraq		0				
Jamaica		2,600		2,000		
Jordan	45,600	2,300	95	1,000	40,000	100,056
Kenya	1,244	25,900		1,000	1,418	125,709
Kiribati	75	0	100		1,191	
Korea, D.P.R.		800				
Korea, Republic of		100		10,000		976,337
Lao PDR		1,200				
Lebanon		600				
Lesotho		500		0		39,705
Liberia		100		0		
Libya		0				
Madagascar	1,314	6,300	17	0	204	26,534
Malawi		4,700		0		
Malaysia	10,794	1,300	89	10,000	112,397	947,633
Maldives	4,085	100	98			
Mali		4,900		4,000		
Malta		0				97,930
Marshall Islands		300				
Mauritania	755	1,300	37	0		
Mauritius		600		2,000	6,525	68,488
Mexico	927,853	19,100	98	65,000		
Micronesia		900				
Mongolia		1,500		na		3,540
Morocco	11,356	15,400	42	8,000	86,989	252,050
Mozambique		4,200		1,000		
Myanmar		100			3,053	339,507
Namibia		1,100				
Nepal		9,600		2,000		28,366
Nicaragua	62,650	5,100	92	2,000	37,000	73,498
Niger		6,300		na		
Nigeria		18,300		1,000		
Oman		300				306,112

	Domestic Allocations/ Expenditures US\$ 1000 1995 (A)	Donor Assistance US\$ 1000 1994 (B)	Per cent Domestic* % 1994-95 (C)	Domestic Family Planning Expenditures US\$ 1000 1990-93 (D)	Primary Health Care Allocations US\$ 1000 1995 (E)	Annual Health Care Expenditures US\$ 1000 1990-94 (F)
Pakistan	78,146	12,700	86	20,000	28,736	
Panama		1,000		0		460,600
Papua New Guinea	9,956	2,200	82	na	76,923	129,131
Paraguay	2,478	1,500	62	na		65,495
Peru		12,900		0		
Philippines	4,236	24,000	15	6,000		430,033
Puerto Rico		0				
Reunion		0				
Rwanda		4,500		1,000		
St. Kitts and Nevis		0				
St. Lucia		300				
St. Vincent	128	100	56		3,730	
Sao Tome and Prin.		300				
Senegal		5,100		0		
Seychelles		100				
Sierra Leone		500		na		
Solomon Islands		400				
Somalia		100				
South Africa		900		45,000		
Sri Lanka	4,400	1,600	73	11,000	31,960	149,236
Sudan		1,300		na		
Suriname		400				
Swaziland		2,000				
Syrian Arab Republic		2,700				84,554
Tanzania		9,900		1,000		
Thailand	58,890	1,500	98	23,000		1,365,079
Togo		1,700		na		
Tonga		100				5,114
Trinidad and Tobago		400		0		
Tunisia	11,343	1,900	86	7,000	89,034	330,568
Turkey		4,700		33,000		1,343,881
Uganda		10,500		0		
Uruguay	461	600	43		861	186,987
Vanuatu		600				
Venezuela		700				
Viet Nam	20,545	12,300	63	8,000	29,818	
Western Samoa		100				
Yemen, Republic of		2,900		na		87,919
Zaire	30,969	100	100	0		
Zambia		4,800		0		
Zimbabwe	2,508	7,700	25	3,000		

\* 1994 donor assistance compared to 1995 domestic allocations

Sources: Columns A, B and E: UNFPA; column D: S. Conly et al.; column F: World Bank "World Tables"