



# European Donor Support to Sexual & Reproductive Health & Family Planning

## Trends Analysis 2016-17

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## Section A: Setting the scene

Countdown 2030 Europe (C2030E) is a consortium of European NGOs advocating to ensure universal access to sexual and reproductive health (SRH) and family planning (FP) in developing countries through holding European governments to account on their international policy and financial commitments on SRH/FP. There are fifteen partners, based in twelve European countries as well as the European Institutions in Brussels, with the secretariat at the International Planned Parenthood Federation European Network (IPPF EN).

To achieve its mission, amongst other activities, the consortium partners track policy and financial trends in support of SRH/FP from their respective European donor countries. The dual feature of the C2030E methodology, which sees European donor SRH/FP policy trends presented alongside financial expenditure flows, allows for a more nuanced and contextualised view of donor trends in SRH/FP financing, thereby supporting advocacy and accountability efforts with a stronger evidence base.

This report presents the outcomes of the policy and financial tracking for the year 2016-2017<sup>1</sup>. The first section (A) presents a summary of the key data trends on both the policy and financial side, providing a view across all C2030E countries. Section B takes a more qualitative perspective on the policy trends, drawing out key events and important dynamics influencing SRH/FP resource flows from European donors. This is then complemented by Section C which looks at where the money is going. Lastly, Section D summarises by highlighting the key issues to consider in the year ahead based on this trends analysis.

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### 1. Overview of SRH/FP global policy and financing environment 2016-17

This past year has seen political change throughout many European countries, as well as globally. An increasingly vocal conservative voice in several European countries continues to challenge the SRH/FP achievements of recent years. At the same time, the effects of the global economic crisis continue and have resulted in further cuts to Official Development Assistance (ODA), and numerous countries are further depleting available funds through diverting ODA to cover domestic costs of the refugee crisis. How this affects the SRH/FP European donor funding support will be set out in further detail in section C. However, **despite these significant challenges**, the past year has seen **sexual and reproductive health (SRH) and family planning (FP) feature prominently in a range of global fora**, bringing with it a sense of momentum for change. SRH/FP continues to feature as a key component of ODA policies across European countries, complemented by new policy documents, strategic papers and plans endorsed by European governments.

**European donors remain committed to improving SRH/FP through political support and new funding commitments**, a testament to the strong foundations that have been established by the SRH/FP community over the years. Numerous new policies and strategic plans from C2030E countries have been

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<sup>1</sup> Information presented in this report corresponds to the year from which data is currently available; for financial data this is from 2016, and for policy updates this is from 2017. Financial data from 2016 from the EU Institutions was not confirmed at the time of writing, so has largely been excluded from the 2015-2016 trend analyses, unless otherwise stated. For more information on the methodology, please see annex 1.

published this year, confirming this commitment through progressive programming strategies and funding streams. Section B provides more detail on policy highlights. The commitment to SRH/FP has been further evidenced by the **SheDecides Initiative** which was launched in January 2017 in response to the reinstatement of the Global Gag Rule (GGR) by the US President Donald Trump's administration which could potentially affect approximately \$2.2 billion in global health funding<sup>2</sup> and could leave a funding gap for FP and SRH of \$575 million<sup>3</sup> (US bilateral family planning assistance amount in 2016 to which the GGR now applies). Launched as a global movement to protect the fundamental rights of girls and women to decide freely and for themselves about their sexual lives, including whether, when, with whom and how many children they have, many European countries pledged their support to the initiative at (or following) a conference hosted in Belgium in March 2017, which was attended by more than 50 government representatives and 450 participants. In July 2017, there was also the **FP Summit** held in London which brought together many policymakers, donors and advocates from around the world, and where also European governments made new or increased commitments in support of enabling an additional 120 million women to access FP by 2020. As reported by FP2020 in their annual progress report<sup>4</sup>, by July 2017, the number of women and girls using a modern method of contraception had reached 309 million; 38.8 million more than had been using in 2012 when FP2020 was launched.

2017 has also been a crucial year for SRH/FP in terms of implementing the **2030 Agenda and Sustainable Development Goals (SDGs)**, since SRH/FP related targets as part of SDG 3 and 5 were under review. Four C2030E countries (Sweden, Netherlands, Denmark and Belgium) carried out their Voluntary National Review (VNR) on the SDG implementation this year. SRH/FP was referred to as a priority in these VNRs and in national action plans for the implementation of the SDGs. Further, SRH/FP featured prominently in speeches and reports of European donor governments in global and regional accountability spaces.

## 2. Highlights on European donors most recent SRH/FP funding and policy trends

The prominence of SRH/FP in policy support in several of the C2030E countries can be seen in the funding trends for SRH/FP in 2016. Funding for population assistance between 2015 and 2016, including FP, was increased or sustained<sup>5</sup> at similar levels to 2015 in seven countries (i.e. Belgium, Germany, Ireland, the Netherlands, Norway, Sweden and Switzerland<sup>6</sup>), with Belgium and the Netherlands experiencing the greatest percentage growth in funding for SRH/FP year on year. The combined figure for all 12 European donor countries<sup>7</sup> gives an estimated support of 1,035 billion Euros for 2016, although overall across all countries this is 11% less than 2015, representing a fall of over 127 million Euros in funding compared to 2015. The UK, Norway, the Netherlands and Sweden continue to be the largest overall contributors to SRH/FP funding amongst the C2030E countries. In 2016, other countries reported an overall decrease in

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<sup>2</sup> Figures obtained from the latest [report from the Kaiser Family Foundation](#)

<sup>3</sup> Figure obtained from the PAI webpage, Understanding the Global Gag Rule: <https://pai.org/understanding-the-policy/#>

<sup>4</sup> New Report on Global Family Planning Charts Increase in Voluntary Use of Contraceptives by Women and Girls in the World's Poorest Countries, published 5<sup>th</sup> December 2017. Available from: <http://www.familyplanning2020.org/articles/21700>

<sup>5</sup> For the purposes of this analysis, sustained funding is considered to cover the range -5% to 0% variance from the previous year, and figures take into account exchange rate fluctuations.

<sup>6</sup> Switzerland appears to have slightly decreased funding to SRH/FP in 2016, but this is due to exchange rate fluctuations between 2015 and 2016; in local currency, their disbursements had actually slightly increased in 2016.

<sup>7</sup> Financial data from 2016 from the EU Institutions was not confirmed at the time of analysis and writing, so EU Institutions data for 2016 has largely been excluded from the 2015-2016 trend analyses, unless otherwise stated.

funding for SRH/FP compared to 2015 funding levels (i.e. Denmark, Finland, France, Spain, and the UK). It should be noted however that this is happening against the background of a general decrease of ODA for several countries, and that in countries such as Denmark and the Netherlands, despite the overall decrease in ODA in 2016, the percentage of ODA to SRH/FP has increased. In other countries, such as Belgium, Germany, and Spain, the ODA budgets have increased in 2016, mainly to support the refugee crisis, and the percentage of ODA to SRH/FP has subsequently decreased.

In 2016, funding towards UNFPA, was increased or maintained at similar levels to 2015 in eight countries (i.e. France, Germany, Denmark, Sweden<sup>8</sup>, Belgium, the Netherlands, Ireland and Switzerland<sup>9</sup>). The combined figure for UNFPA funding for all 12 European donor countries (excluding European Institutions) gives an estimated support of 335 million Euros for 2016, which is a decrease of 11% compared to the previous year. This represents nearly 40.8 million Euros less in available funding for UNFPA, largely driven by decreases to UNFPA Core funding, as the level of funds being channelled to the UNFPA Supplies programme were sustained. This highlights the funding crisis evident at the global level for international family planning programmes, UNFPA Core in particular – please see Section C for further analysis of funding to this programme.

Encouragingly, on the policy side, European donors have retained their commitment and focus on SRH/FP. The new policy and strategy documents that have been endorsed over this period are testament to this. At the FP Summit in July 2017, new commitments were also made by European governments to FP2020<sup>10</sup>, which will be monitored by C2030E, namely: Belgium who committed 36 million Euros over the next four years (2017-2020) to support UNFPA Core and Finland who committed 21.3 million Euros for SRH/FP multilateral, bilateral and INGO support. The UK, who co-hosted the FP Summit, increased its existing FP2020 commitment by 25% to an average of £225 million (€254 million) a year, and extended its commitment by a further two years.

Table 1 presents a snapshot view of SRH/FP policy and financial trends across C2030E partner countries and EU Institutions. The table has been formatted to facilitate a snapshot view of the trends: **text in red indicates a negative trend**; **text in green indicates a positive trend**; and text in black has been used to indicate levels have been maintained to the previous year or present background information.

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<sup>8</sup> Sweden increased its funding to UNFPA in 2016 by 4% in local currency, but when converted to Euro this appears to be a decrease of -8% in 2016.

<sup>9</sup> Switzerland sustained its funding to UNFPA in 2016 in local currency, but this is due to exchange rate fluctuations between 2015 and 2016; the disbursements in Euros appear to have decreased in 2016

<sup>10</sup> <http://summit2017.familyplanning2020.org/new-commitments.html>

Table 1: Snapshot view of European trends in SRH/FP policies and financing

C2030E Country	General ODA Trends <sup>11</sup>	SRH/FP Policy Stance	SRH/FP Financing <sup>12</sup> 2016 <sup>13</sup> (Euros)				Past year or upcoming political impacts
			Proportional change 2015-16				
			Funding to UNFPA	Multilateral Funding	Population Assistance	Transparency of bilateral funding	
Belgium	2016: Belgium spent 2.05 billion Euros in net ODA, representing 0.49% of its GNI, an increase compared to 1.7 billion Euros - equivalent to 0.42% - in 2015.	Belgium's federal law on development cooperation (2013) stresses the importance of SRHR, including FP, for sustainable development and prioritizes SRH and HIV in bilateral cooperation; reaffirmed by the Belgian Minister for Development Cooperation in his 2014-2019 Policy Declaration and the inclusion of a submodule on SRHR in the 2017 Strategy Note on Health.	7,000,000 0%	21,663,109 +11%	29,907,287 +31%	Low transparency and accessibility	None of note, next federal election to take place in 2019.
Denmark	Danish net ODA went from 2.3 billion Euros or 0.85 % of GNI in 2015 to 2.1 billion Euros or 0.7 % of GNI in 2016.	Ensuring the rights of women and girls, including SRH/FP, is a key priority. The Danish All Party Parliamentary Group on SRHR has more than 50 members, representing all political parties. In 2017 a broad majority of Danish political parties adopted the strategy, <i>The world 2030 – Denmark's strategy for development cooperation and humanitarian action</i> , including SRHR/FP in one of four main strategic aims.	26,082,631 +15%	43,094,433 -7%	55,262,066 -31%	Low transparency and accessibility	None of note, general elections were last held in 2015.

<sup>11</sup> Sources of ODA figures come from C2030E partner Policy Updates and/or DAC Member (<http://www.oecd.org/dac/>) and/or OECD net ODA tracking (<https://data.oecd.org/oda/net-oda.htm>). ODA figures are presented online in USD but for purposes of this report have been converted to Euros using an exchange rate of \$1 = €1.1229

<sup>12</sup> The four indicators presented in this table are the four core indicators for C2030E from 2016 onwards, they are: 1) core funding to UNFPA + funding to the UNFPA Supplies Programme; 2) multilateral funding for SRH/FP (core funding + earmarked funding for SRH/FP); 3) funding to population assistance (through all streams except country to country bilateral funding); and 4) transparency of bilateral funding, as measured using a 3-point scale (high/moderate/low) – see page 14-15 for more details

<sup>13</sup> Total values in Euros for 2016 are presented for each country for each indicator alongside the percentage variance compared to reporting for 2015.

C2030E Country	General ODA Trends <sup>11</sup>	SRH/FP Policy Stance	SRH/FP Financing <sup>12</sup> 2016 <sup>13</sup> (Euros) Proportional change 2015-16				Past year or upcoming political impacts
			Funding to UNFPA	Multilateral Funding	Population Assistance	Transparency of bilateral funding	
European Institutions	European institutions remained the fourth biggest donor globally in 2015, with a total amount of 15.6 billion Euros and following only the United States, the United Kingdom and Germany.	European institutions remain committed to SRH/FP, as can be seen by the adoption of the revised European Consensus on Development. Being the framework for action for EU development cooperation in line with the 2030 Agenda for Sustainable Development, the Consensus reinstates strong commitment to SRH/FP. In 2016, the European institutions also published a Communication on a post-Cotonou framework on the future relations with the African, Caribbean and Pacific (ACP) Group of States, which recommit to the promotion of reproductive health care as a way to empower women and youth.	<i>N/A only preliminary data available at time of writing</i>	<i>N/A only preliminary data available at time of writing</i>	<i>N/A only preliminary data available at time of writing</i>	Moderate transparency and accessibility	The next EU election will take place in 2019. The UK's decision to leave the EU will impact on SRH/FP dynamics, as the UK is a leading contributor of EU development budget and has been supportive of RH/FP at the political level as well.
Finland	Finland has experienced further austerity measures in ODA: the 2016 ODA budget was 944 million Euros (0.44% of GNI), a drop from 0.56% in 2015 which represented 1.15 billion Euros in net ODA.	The last policy document issued was the <i>Government Report on Development Policy: One World, One Future – Towards Sustainable Development</i> in 2016 which sets the rights of girls and women as the first key priority of Finnish development policy with strong emphasis on SRHR, including FP, particularly in fragile states.	19,000,000 -46%	21,570,546 -60%	24,908,049 -57%	Low transparency and accessibility	None of note, next parliamentary elections to take place in 2019.
France	Net ODA remained below 4% for a 3 <sup>rd</sup> year in a row, but increased marginally in 2016 to 8.5 billion Euros in net ODA (or 0.38% of GNI) up from 8.2 billion Euros (or 0.37% of GNI) in 2015.	The first Development law, adopted in June 2014, specifically mentions sexual and reproductive health and contraception. In October 2016, the Ministry of Foreign Affairs published a Population/SRHR Strategic Paper (2016-2020); the first ever reference document on the issue. In 2017, the 'Serment de Paris' was issued, committing to defend women's rights worldwide, with SRH as the first priority and being the first time the topic is put this high on the agenda.	750,000 +36%	20,064,109 -11%	38,064,109 -69%	Moderate transparency and accessibility	New government and president in place since May 2017, committing to allocate 55% of GNI to ODA by 2022. With further cuts to ODA in 2017, and only USD 100 million increase predicted for 2018, achieving this commitment remains unclear.

C2030E Country	General ODA Trends <sup>11</sup>	SRH/FP Policy Stance	SRH/FP Financing <sup>12</sup> 2016 <sup>13</sup> (Euros) Proportional change 2015-16				Past year or upcoming political impacts
			Funding to UNFPA	Multilateral Funding	Population Assistance	Transparency of bilateral funding	
Germany	Net ODA increased from 15.85 billion Euros (representing 0.52% of GNI) in 2015 to 22 billion Euros representing 0.7% of GNI in 2016. This increase is mainly due to the increased expenditure on refugees in Germany.	Germany is one of the largest bilateral donors in SRH/FP and has a long tradition in this field. Annual commitments to the Muskoka pledge have been upheld, as well as to BMZ's Initiative on Rights-Based Family Planning and Maternal Health will continue with €100 million per year until 2019. The Marshall-Plan with Africa was also published by the Development Ministry, including a statement that Germany will enlarge BMZ initiative for the training of skilled health workers and training on family planning and maternal health.	22,000,000 +16%	38,198,660 +11%	55,198,660 +7%	Low transparency and accessibility	In the federal elections in September 2017, the three parties of the governing coalition lost votes, with the right-wing Alternative for Germany (AfD) entered the Bundestag for the first time ever. Formation of the new government is ongoing.
Ireland	Ireland has increased its net ODA from 0.32% of GNI, or 0.64 billion Euros in 2015 to 0.33% of GNI, or 0.72 million Euros in 2016.	The Irish government consistently makes statements of support for the International Conference on Population and Development (ICPD) in intergovernmental and in national policy forums, including in parliament. Irish Aid's overseas development policy statement 'One World, One Future' includes a strong commitment to ICPD. Ireland's second National Action Plan on Women, Peace and Security (2015-2018) also includes a commitment to support access to reproductive healthcare, including FP services, for women and girls in humanitarian crises.	2,800,000 0%	8,108,492 -22%	12,957,346 -1%	Low transparency and accessibility	A new Prime Minister took office in 2017 and recently reaffirmed the government's commitment to increasing the ODA budget in the years ahead.



C2030E Country	General ODA Trends <sup>11</sup>	SRH/FP Policy Stance	SRH/FP Financing <sup>12</sup> 2016 <sup>13</sup> (Euros) Proportional change 2015-16				Past year or upcoming political impacts
			Funding to UNFPA	Multilateral Funding	Population Assistance	Transparency of bilateral funding	
The Netherlands	Net ODA in 2015 was 0.75% of GNI. The previous government decreased ODA by Euro 750 million per year in the period 2014-2016. In 2016, ODA was reduced to 4.5 billion Euros, equivalent to 0.65% of GNI.	SRHR, including FP, is one of four policy priorities. SRH/FP budget cuts have so far been safeguarded. The newly formed government has indicated in the government plans that SRHR will remain one of the policy priorities.	69,000,000 +12%	123,359,133 +11%	183,150,486 +29%	High transparency and accessibility	In March 2017, general elections took place and a new government was installed by the end of October. Although plans to increase the ODA budget with a total of 1.75 billion for the 2018-2021 period, this will not reverse the structural ODA budget cuts that have been applied by the previous government.
Norway	Net ODA increased slightly from 1.05% of GNI in 2015 (3.83 billion Euros) to 1.1% of GNI in 2016 or 3.87 billion Euros.	SRHR, including FP, is one of 5 priority areas within the new foreign relations action plan on women's rights and gender equality (presented Sep 2016). In 2017, Norway issued a new White Paper 'Meld.St.24 Felles ansvar for Felles framtid' on Norway's development policy and relation to the SDGs, committing to a continued priority of SRHR within health and gender equality.	43,340,106 -19%	148,800,082 -11%	190,385,973 -1%	High transparency and accessibility	Elections took place in September 2017 with the right-wing coalition holding onto power for four more years
Spain	Net ODA increased from 0.12% in 2015 to 0.33% in 2016. This is largely due to a debt forgiveness operation carried out with Cuba and increasing expenditure on the refugee crisis. So far increased ODA not fed through to SRH/FP funding.	The two-year Strategic Partnership agreement signed in 2015 aims to strengthen and deepen the existing relationship between the Spanish Cooperation and UNFPA.	200,000 -43%	4,529,455 -15%	4,529,455 15%	Moderate transparency and accessibility	The New Master Plan in Development Cooperation and Policy 2017-2020, which includes Spain's strategic development priorities, is expected to be presented in 2017.

C2030E Country	General ODA Trends <sup>11</sup>	SRH/FP Policy Stance	SRH/FP Financing <sup>12</sup> 2016 <sup>13</sup> (Euros)				Past year or upcoming political impacts
			Proportional change 2015-16				
			Funding to UNFPA	Multilateral Funding	Population Assistance	Transparency of bilateral funding	
Sweden	In 2015, Sweden provided 6.3 billion Euros in net ODA, which represented 1.4% of GNI. In 2016, ODA dropped to 0.937% of GNI, equivalent to 4.3 billion Euros.	Sweden, with its feminist foreign policy, remains committed to SRHR as a prioritized area within development cooperation and Agenda 2030. The budget proposal for 2018 also included increased finances for humanitarian aid, with a special focus on women, girls and SRHR.	52,575,029 -8% (but in local currency this was +4%)	148,301,765 +19%	183,150,386 +18%	Moderate transparency and accessibility	None of note, next general election to take place in 2018.
Switzerland	Slight increase in net ODA from 3.12 billion Euros, representing 0.52% of GNI in 2015, to 3.17 billion Euros, or 0.54% of GNI, in 2016.	SRHR, including FP, forms one of three policy priorities for better health. Investment in SRHR is mentioned in the dispatch of the Federal Council on Switzerland's International Cooperation 2017-2020. In 2017, a <i>Gender Equality and Women's Rights Strategy</i> of the Federal Department of Foreign Affairs was published.	14,528,285 -13% (but in local currency this was 0% change)	41,031,030 -7% (but in local currency this was +7%)	46,388,335 -6% (but in local currency this was +3%)	Moderate transparency and accessibility	None of note; last federal elections were held in Switzerland in October 2015
The UK	The DFID budget remains ring-fenced. In 2013 the UK met the target of 0.7% GNI to ODA, and since then this commitment was enshrined in law. In 2015, the UK net ODA was 0.71% of GNI (or 16.65 billion Euros), in 2016 this was 0.7% of GNI (16 billion Euros).	The UK continues to work towards the commitment of 24 million additional FP users between 2012 – 2020 (by March 2017, 8.5 million additional women had been reached). There is a strong emphasis on health, SRH/FP, and on women and girls.	77,692,353 -22%	159,524,125 -30%	211,021,320 -22%	High transparency and accessibility	In the EU Referendum in June 2016, Britain voted to leave the EU.

This table provides a snapshot view of financing and policy trends in European Donor funding to SRH/FP over the past year. As is evident, a complex picture of both positive and more worrying trends emerges. These trends are discussed in more detail over the following sections.

## Section B: Policy Trends and Highlights

## 2016-17 SNAPSHOT



Across Europe, SRH/FP continues to feature prominently within ODA policies. Several new policy documents, strategic papers and action plans were endorsed by European governments, as well as new outcome documents related to SRH/FP. These were supported by vocal government representatives placing SRH/FP at the centre of their strategies for development overseas. Details are set out below. This positive picture is all the more notable within the context of the challenges that the SRH/FP world is facing at this moment in time. Shrinking ODA budgets for some countries and growing ODA budgets for others but not necessarily for SRH/FP (mostly channelled for refugees), coupled with huge political change that has been seen in 2016 and 2017, both within Europe as well as in other parts of the world. The dynamics of these political shifts, that increasingly take a more conservative and budget-restrictive approach, could challenge the support for SRH/FP. Going forward, careful attention will need to be paid to ensure advocacy efforts maintain the strong stance on SRH/FP that is currently evident across Europe.

**EUROPEAN VOICES FOR SRH/FP WITHIN THE BROADER GLOBAL HEALTH ARENA:** 2017 is the second year since the adoption of the 2030 Agenda and Sustainable Development Goals (SDGs). European countries and institutions were important advocates for SRH/FP inclusion within the SDGs and its prominence is testament to their success<sup>14</sup>. The 2030 Agenda encourages active engagement by countries through regular follow-up of progress through voluntary national reviews (VNRs)<sup>15</sup>. Of the 43 VNRs presented at the High-level Political Forum on Sustainable Development in 2017, four C2030E countries featured (Belgium, Denmark, the Netherlands and Sweden). Their VNRs referred to SRH/FP as a priority, and SRH/FP has been reflected in a number of national action plans for the implementation of the SDGs by C2030E countries. Finally, SRH/FP featured prominently in speeches and reports by C2030E countries in global and regional accountability spaces.

**A YEAR OF POLITICAL CHANGE:** Five C2030E countries held elections in 2017: France, Germany, the Netherlands, Norway and the UK. Following the referendum in the UK in 2016 on leaving the EU, the impacts of what is now termed 'Brexit' remain unknown but are likely to be felt by Ireland, whose political

<sup>14</sup> Within the SDGs, SRH/FP is explicitly mentioned in Target 3.7 within the Health Goal, Target 4.7 within the Education Goal, and Target 5.6 within the Gender Equality Goal. In addition, progress in SRH/FP indirectly contributes to the achievement of many other goals.

<sup>15</sup> <https://sustainabledevelopment.un.org/hlpf/2017> accessed on 7th December 2017

and economic situation is closely pegged to that of the UK, as well as more broadly in EU policy where Britain has a prominent and strong pro-SRH/FP voice. The 2016 outcome of the American elections as well as political shifts in Europe are likely to strengthen a more conservative voice towards SRH/FP globally as well as in Europe. New governments in C2030E countries such as France and The Netherlands on the other hand also create new opportunities for a stronger European voice in support of SRH/FP in the coming years.

**EUROPEAN SRH/FP POLICIES:** Despite cuts in ODA across some of the C2030E countries, SRH/FP generally continues to feature prominently. Importantly, 2017 has seen the endorsement of four new SRH/FP related policy documents:

- **Denmark:** The World 2030 – Denmark’s strategy for development cooperation and humanitarian action
- **EU Institutions :** European Consensus on Development
- **Norway:** New White Paper ‘Meld.St.24 Felles ansvar for Felles framtid’ on Norway’s development policy and relation to the SDGs, committing to a continued priority of SRHR within health and gender equality
- **Switzerland:** Gender Equality and Women’s Rights Strategy

In addition to these policy documents, other government documents have been published in which SRH/FP feature prominently, including:

- **Belgium:** New Strategy Note on Health, including a module on integrated services with a submodule on SRHR.
- **France:** The ‘Serment de Paris’, a commitment to defend women’s rights worldwide, with SRH as the first priority and it being the first time the topic is put this high on the agenda.
- **Germany:** The Marshall-Plan with Africa, published by the Development Ministry, including a statement that Germany will enlarge BMZ initiative for the training of skilled health workers and training on family planning and maternal health.
- **Europe:** Council conclusions on Renewed impetus for the Africa-EU Partnership, reaffirming the EU's commitment to SRH/FP; and Joint Communication on the renewed partnership between ACP and EU countries, including the promotion of equal access to reproductive health care.
- **UK:** Agenda 2030: The UK Government’s approach to delivering the Global Goals for Sustainable Development - at home and around the world; and Bilateral and Multilateral Development Reviews for 2016.

These new policy commitments and outcome documents were supported by vocal government representatives placing SRH/FP at the centre of their strategies for development overseas. Joined efforts of the C2030E Consortium partners managed to keep SRH/FP high on the EU institutions agendas. A key achievement is the recognition of SRH/FP as an important area of investment in the European Consensus for Development, the main policy paper defining a shared vision and framework for action for development cooperation for the EU and its Member States and the political basis for the planning of the next 7-year EU budget (2020-2027).

Going forwards, careful attention will need to be paid to ensure advocacy efforts maintain the strong stance on SRH/FP that is currently evident across Europe.

**THE IMPACT OF THE REFUGEE CRISIS:** the rising domestic costs of the refugee crisis are increasingly being taken from ODA budgets, meaning that although overall budgets may not appear to be reducing, the share for health (and within that, for SRH/FP) are reduced. For example, in Spain over 10% of the ODA budget is going towards the refugee crisis, but the overall ODA budget has not been significantly increased. In other countries such as the Netherlands, although increased funds are allocated to support refugees, SRH/FP funding has so far been safeguarded.

**A FOCUS ON HUMANITARIAN AID AND FRAGILE STATES:** as the world faces humanitarian crises and a greater number of states are becoming more fragile, a focus on humanitarian aid and funding to fragile states has been high on the global agenda in 2017, including at the FP Summit. A number of C2030E governments are increasing their attention on ensuring funding for SRH/FP is channelled to those living in these areas. For example, support to fragile states are emphasized in Finland's development cooperation policy and funding, with SRH/FP support going to Afghanistan, Pakistan, Somalia and Myanmar; Denmark has pledged 2.7 million euros to FP and nutrition/humanitarian assistance in Ethiopia; Sweden's 2018 budget proposal includes increased funding for humanitarian aid, with a special focus placed on women's and girl's situation and SRHR; the Norwegian government stated SRHR in humanitarian settings as a priority in its speech at the FP Summit; and the Netherlands has allocated a portion of 5 million euros for SRHR in humanitarian assistance.

### GLOBAL INITIATIVES TRIGGERING NEW FUNDING COMMITMENTS

In 2017, new funding announcements were made in the context of the **SheDecides** initiative and at the **FP Summit**, by seven of the C2030E countries: Belgium, Denmark, Finland, the Netherlands, Norway, Sweden and the UK. The Netherlands, Belgium, Denmark and Sweden were instrumental in the launch of the SheDecides campaign, and by July 2017, over 84 million Euros had been committed by six of the C2030E countries (see the SheDecides Spotlight report for more details<sup>16</sup>). The FP Summit saw commitments from new donor countries- Belgium and Finland- for achieving the FP2020 goals (for full details on new donor commitments following the Summit, see the FP2020 website<sup>17</sup>). Countries such as the UK were not new donors, but increased their existing commitment by 25% to an average of 254 million Euros a year and extended its commitment by a further two years.

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<sup>16</sup> [http://www.countdown2030europe.org/storage/app/media/SheDecidesSpotlightonEurope\\_C2030E\\_Report\\_FINAL\\_.pdf](http://www.countdown2030europe.org/storage/app/media/SheDecidesSpotlightonEurope_C2030E_Report_FINAL_.pdf)

<sup>17</sup> <http://summit2017.familyplanning2020.org/new-commitments.html>

## Section C: Where is the money going? Trends in European donor financing for SRH/FP

### 2016-17 SNAPSHOT<sup>18</sup>

#### Funding to UNFPA

(core funding + funding to UNFPA Supplies):  
334,968,404 Euros (11% decrease on 2015)



5 countries reporting  
an increase



3 countries with  
funding sustained<sup>19</sup> at  
2015 levels



4 countries reporting a  
decrease

#### Funding to population assistance

(reporting through all streams excl. bilateral):  
1,034,923,472 Euros (11% decrease on 2015)



5 countries reporting an  
increase



2 countries with  
funding sustained at  
2015 levels



5 countries reporting a  
decrease

The **C2030E methodology** employed to track European donor funding for SRH/FP since 2009 is centred on the use of a core set of indicators to track trends in SRH/FP financing over time<sup>20</sup>. Currently, data is analysed using the following indicators:

- 1) **Core contributions to UNFPA:** Analysis of this indicator continues as per previous years. This analysis tracks core funding for UNFPA as well as funding going towards the UNFPA Supplies Programme. This measure of funding to UNFPA is a robust proxy measure for tracking funding to SRH/FP.
- 2) **Multilateral funding of SRH/FP:** This indicator presents core funding going towards SRH/FP (% provided by NIDI) for the multilaterals that are tracked as part of this methodology (UNFPA, UNICEF, UNIFEM/UN Women, WHO, World Bank, UNAIDS, UNDP), plus all earmarked SRH/FP multilateral funding.
- 3) **SRH/FP funding through all streams:** To present a more comprehensive picture of funding being channelled through all the streams that C2030E partners report on, the analysis also calculates the total of all SRH/FP funding streams reported by partners (i.e. core funding to multilaterals + project funding to multilaterals + funding to international organisations/initiatives/research<sup>21</sup>). This measure is equivalent to the former indicator of funding to Population Assistance and does not include bilateral donor to recipient country funding.
- 4) **Transparency in bilateral funding of SRH/FP:** This is a qualitative indicator rather than a numerical indicator like the others. Through tracking transparency in reporting of bilateral funding of SRH/FP, partners are generating a clearer picture of the key challenges, changes and trends in how their country reports

<sup>18</sup> This analysis excludes funding from EU Institutions as confirmed data was not available at the time of writing. Please see section C3(b) for further EU Institutions information.

<sup>19</sup> For the purposes of this analysis, sustained funding is considered to cover the range -5% to 0% variance from the previous year.

<sup>20</sup> Please see annex 1 for an overview of the C2030E financial tracking methodology. Please note, this methodology has been updated for use from 2017 onwards.




<sup>21</sup> This includes a change to the funding proportion to the GFATM specific to FP based on the proportion agreed at the 2012 London FP Summit, based on the Muskoka Methodology (this was previously 56% but has been updated to 5%). Data for 2016 has this 5% rate applied, but historic data has also been updated with this rate to allow comparability between 2009-2016. This also includes the removal of GAVI funding from trend analysis. A final change relates to the number of SRH/FP international organisations/initiatives/research that are funded; this has now been capped at the top 3 most funded SRH/FP organisations/initiatives. For comparability from 2009-2016, the top 3 SRH/FP organisations/initiatives from historic years have also been selected (as opposed to more that were presented prior to 2016).

on bilateral funding data for SRH/FP. This qualitative indicator is based on a judgement by the partner as to how transparent / accessible their country's data on bilateral funding of SRH/FP is. There is a 3-point scale by which partners can judge this:

- 1: *High transparency and accessibility*: detailed disaggregated data is available through regular government reports from which it is easy to identify SRH/FP specific bilateral funding;
- 2: *Moderate transparency and accessibility*: high level reporting on bilateral funding is available with some indication of the amount going towards SRH/FP although no further detail on the specifics of programmes or recipient countries is available;
- 3: *Low transparency and accessibility*: Government reporting on bilateral funding is not disaggregated in sufficient detail to identify SRH/FP expenditure; only general bilateral, or perhaps health sector spend is accessible.

## 1. Funding to UNFPA

Overall, across all C2030E countries there was a **11% decrease in funding to UNFPA between 2015-2016**, a decrease of 40.77 million Euros. Despite this downward trend however, the grand total that C20305E countries contributed to UNFPA (core + UNFPA Supplies) equated to nearly **335 million Euros in 2016**. Following peaks and drops in funding levels since 2009, when the consortium started this tracking, the funding amount in 2016 has now returned to the 2009 level. At a more detailed country level for 2016 this means:

-  **Increased levels**: Five countries reported an increase in funding to UNFPA in 2016: France (36%), Germany (16%), Denmark (15%), the Netherlands (12%), and Sweden (4%)<sup>22</sup> reported an increase, representing an additional 14 million Euros in funding to UNFPA than was provided by the same countries in 2015. Of note, the largest increase was reported by the Netherlands, amounting to 7.5 million Euros channelled to the UNFPA Supplies Programme.
-  **Maintained levels**<sup>23</sup>: Three countries (Belgium (0%), Ireland (0%), and Switzerland (0%)<sup>24</sup>) maintained 2015 levels of funding in 2016.
-  **Decreased levels**: Four countries reported a decrease in levels of funding to UNFPA: Finland (-46%), Spain (-43%), the UK (-22%), and Norway (-19%). This represents an estimated 48 million Euros less than was funded in 2015 by the same countries. Of particular note, is the drop in funding from the UK (21.8 million Euros), Finland (16 million Euros) and Norway (10 million Euros)<sup>25</sup>. This was in part due to ODA cuts or economic crises, like in Spain which stopped funding core UNFPA after 2014 (but has re-started funding UNFPA Core support from 2017 by committing 450,000 Euros), and although

<sup>22</sup> In local currency (SEK), Sweden increased funding to UNFPA Core by 4% in 2016. However, due to exchange rate fluctuations, when converted to Euros, Sweden appears to have decreased funding to UNFPA Core by 8% year on year.

<sup>23</sup> For the purposes of this analysis, taking into account exchange rate fluctuations, sustained funding is considered to cover the range -5% to 0% variance from the previous year.

<sup>24</sup> Switzerland sustained its funding to UNFPA in 2016 in local currency, but this is due to exchange rate fluctuations between 2015 and 2016; the disbursements in Euros appear to have decreased in 2016.

<sup>25</sup> This represents the change converted into Euros between 2015 and 2016. In local currency, the change was a drop in 30,000,000 NOK to UNFPA.

Spain has since started funding the UNFPA Supplies Programme, funding to it in 2016 was 43% below the 2015 levels. Norway ceased funding the UNFPA Supplies Programme in 2015, but plans to re-start funding in 2018.

Figure 1 Variance over time of European donor funding to UNFPA Core and Supplies Programme combined (Euros)

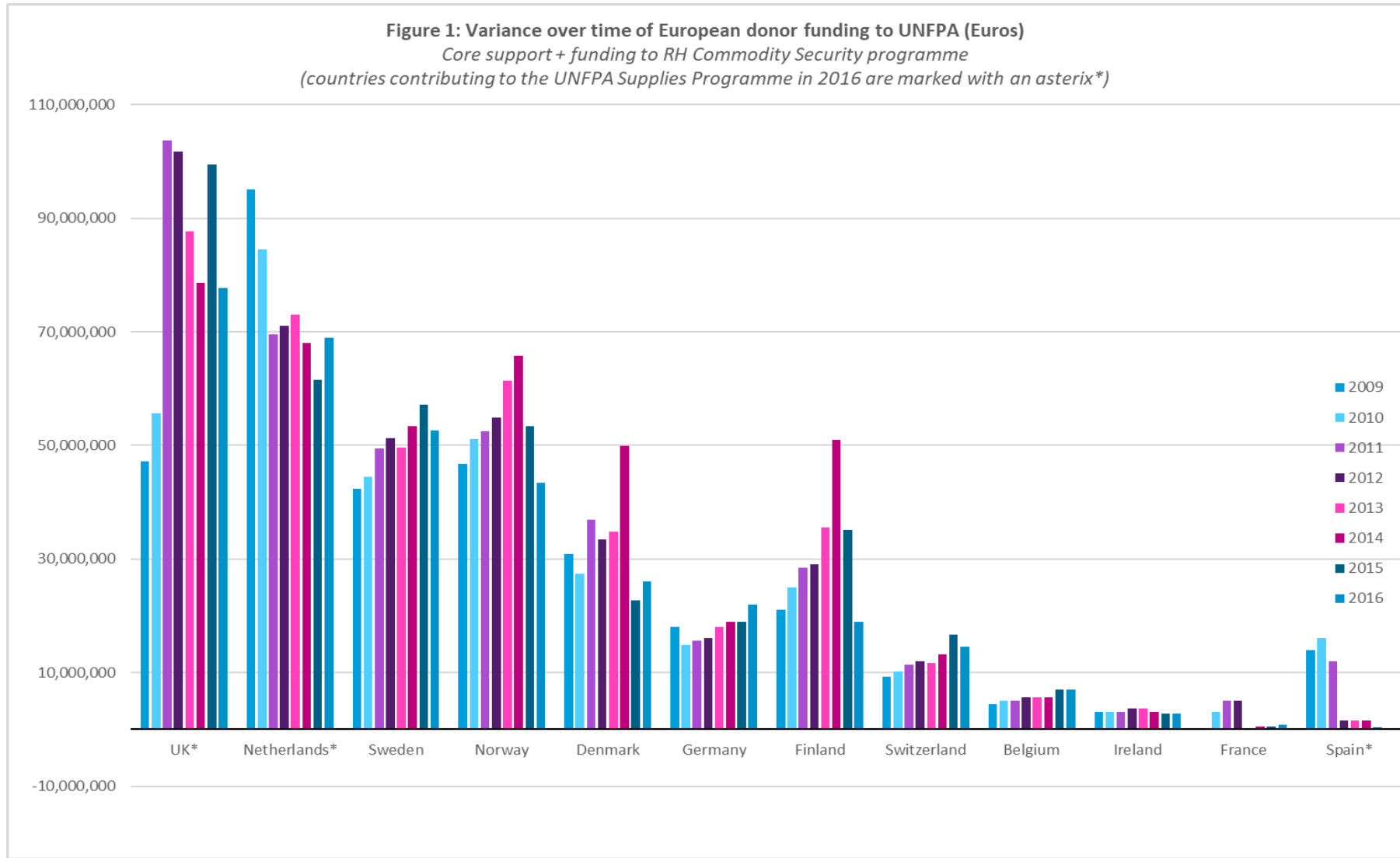




Table 2: Funding to UNFPA by country and year (UNFPA core support + UNFPA Supplies)

Table 2: Comparison of cross-European support to UNFPA 2009-2016, in Euros (UNFPA core support + UNFPA Supplies Programme) Ranked by total amount of funding in 2016										Variance between 2009 and 2016	Variance between 2015 and 2016
Rank	Country	2009	2010	2011	2012	2013	2014	2015	2016	% change	% change
1	UK*	47,240,000	55,641,020	103,620,000	101,664,000	87,741,631	78,618,170	99,508,046	77,692,353	64%	-22%
2	Netherlands*	95,089,474	84,450,563	69,565,026	71,000,000	73,000,000	68,000,000	61,500,000	69,000,000	-27%	12%
3	Sweden	42,300,000	44,467,500	49,450,500	51,232,500	49,624,800	53,350,000	57,230,000	52,575,029	24%	-8%
4	Norway	46,679,552	51,183,719	52,412,128	54,868,947	61,372,128	65,844,000	53,444,000	43,340,106	-7%	-19%
5	Denmark	30,820,000	27,470,000	36,850,000	33,500,000	34,840,000	49,848,000	22,648,000	26,082,631	-15%	15%
6	Germany	18,000,000	14,800,000	15,600,000	16,000,000	18,000,000	19,000,000	19,000,000	22,000,000	22%	16%
7	Finland	21,000,000	25,000,000	28,500,000	29,000,000	35,550,000	50,970,000	35,060,000	19,000,000	-10%	-46%
8	Switzerland	9,268,000	10,136,000	11,368,000	11,952,000	11,707,200	13,168,000	16,656,000	14,528,285	57%	-13%
9	Belgium	4,500,000	5,000,000	5,000,000	5,700,000	5,700,000	5,700,000	7,000,000	7,000,000	56%	0%
10	Ireland	3,000,000	3,050,000	3,050,000	3,600,000	3,600,000	3,100,000	2,800,000	2,800,000	-7%	0%
11	France	0	3,000,000	5,000,000	5,000,000	0	550,000	550,000	750,000	-	36%
12	Spain*	14,000,000	16,000,000	12,000,000	1,500,000	1,500,500	1,500,000	350,000	200,000	-99%	-43%
<b>Total (Euros)</b>		<b>331,897,026</b>	<b>340,198,802</b>	<b>392,415,654</b>	<b>385,017,447</b>	<b>382,636,259</b>	<b>409,648,170</b>	<b>375,746,046</b>	<b>334,968,404</b>	<b>1%</b>	<b>-11%</b>

\*countries contributing to the UNFPA Supplies Programme in 2016

Figure 1 and Table 2 provide an overview of the financing trends for the C2030E indicator on funding to UNFPA and highlight that funding levels to UNFPA peaked in 2014 but have since seen a downward trend, and 2016 funding levels are now similar to those from 2009<sup>26</sup>.

It is also important to disaggregate to look at the two different flows that make up this composite indicator, in particular to highlight European donor financing flows to the UNFPA Supplies Programme<sup>27</sup>. **Funding for FP commodities is currently facing a crisis, and UNFPA Supplies, the largest provider of donated contraceptives, needs an additional 623 million Euros for 2017-2020** to sustain its work and continue to serve growing target populations<sup>28</sup>. There is

<sup>26</sup> Please note that fluctuations in exchange rates can contribute to some of these downward trends. For example, in the case of Sweden and Switzerland, funding to UNFPA was increased or sustained in local currency but due to fluctuations in the exchange rate, appear in Table 2 as decreased amounts in 2016 compared to 2015. For the UK, funding to the Supplies Programme increased in local currency (and was sustained to UNFPA Core) but once converted to Euros, the contribution appears as a decrease compared to 2015.

<sup>27</sup> This programme was recently renamed. It was previously called the UNFPA Global Programme on Reproductive Health Commodity Supplies (GPRHCS)

<sup>28</sup> 623 million Euros is converted from USD 700 million published on this UNFPA website: <http://www.unfpa.org/unfpa-supplies> accessed on 30th November 2017

currently a call to action across the global health community to raise awareness, and thereby increase funding for international FP programmes, and specifically for UNFPA Supplies. Therefore, the analysis presented here is pertinent to the work of the consortium as well as to the rest of the global health community.

As Table 3 below illustrates, of the seven C2030E countries (including EU institutions) that have contributed to the UNFPA Supplies programme since the tracking started in 2009, only one (the Netherlands), increased funding to the programme in 2016. The UK remains the largest contributor to the UNFPA Supplies programme, followed by the Netherlands. Annual funding amounts do often fluctuate due to programmed schedules of disbursement, and frontloading in some cases; this is the case for the Netherlands who has committed 100 million Euros for the 2014-2019 period, with disbursements not equal each year which explains why the amount was lower in 2015. However, the picture presented here illustrates the need to focus attention on the funding gap, and use this data as evidence to support advocacy efforts to address it. Although there is one country less funding the UNFPA Supplies Programme in 2016 (Denmark), the overall **contributions to the UNFPA Supplies Programme from the selected European donor countries were sustained (0% change) between 2015-2016**. In Table 3, funding to UNFPA from EU Institutions has been considered separately due to the unavailability of 2016 figures at the time of writing, and to avoid skewing 2015-2016 trend analyses. Preliminary data suggests that UNFPA received approximately 24 million Euros in 2016 from EU Institutions, and the UNFPA Supplies Programme received a renewed commitment of 20 million Euros in 2016.

Table 3: Detailed breakdowns Core vs. UNFPA Supplies support to UNFPA, 2009-2015, in Euros (showing only countries who have contributed to UNFPA Supplies between 2009-2016)

Comparison of Support to UNFPA Core Funding vs. UNFPA Supplies Programme 2009-2016, in Euros Overall ranking shown (by total amount of funding in 2016)										Variance 2009- 2016	Variance 2015- 2016
Rank	Country	2009	2010	2011	2012	2013	2014	2015	2016	% change <sup>1</sup>	% change
<b>1</b>	<b>UK (total)</b>	<b>47,240,000</b>	<b>55,641,020</b>	<b>103,620,000</b>	<b>101,664,000</b>	<b>87,741,631</b>	<b>78,618,170</b>	<b>99,508,046</b>	<b>77,692,353<sup>29</sup></b>	<b>64%</b>	<b>-22%</b>
	Core	22,440,000	24,641,020	23,020,000	24,660,000	24,800,000	24,800,000	38,216,500	22,263,781	-1%	-42%
	UNFPA Supplies	24,800,000	31,000,000	80,600,000	77,004,000	62,941,631	53,818,170	61,291,546	55,428,571	124%	-10%
<b>2</b>	<b>Netherlands (total)</b>	<b>95,089,474</b>	<b>84,450,563</b>	<b>69,565,026</b>	<b>71,000,000</b>	<b>73,000,000</b>	<b>68,000,000</b>	<b>61,500,000</b>	<b>69,000,000</b>	<b>-27%</b>	<b>12%</b>
	Core	58,500,000	55,987,929	42,538,000	40,000,000	40,000,000	35,000,000	35,000,000	35,000,000	-40%	0%
	UNFPA Supplies	36,589,474	28,462,634	27,027,026	31,000,000	33,000,000	33,000,000	26,500,000	34,000,000	-7%	28%
<b>4</b>	<b>Norway (total)</b>	<b>46,679,552</b>	<b>51,183,719</b>	<b>52,412,128</b>	<b>54,868,947</b>	<b>61,372,128</b>	<b>65,844,000</b>	<b>53,444,000</b>	<b>43,340,106</b>	<b>-7%</b>	<b>-19%</b>
	Core	37,848,000	41,500,000	42,496,000	44,488,000	51,456,000	53,444,000	53,444,000	43,340,106	15%	-19%
	UNFPA Supplies	8,831,552	9,683,719	9,916,128	10,380,947	9,916,128	12,400,000	-	-	-100%	
<b>5</b>	<b>Denmark (total)</b>	<b>30,820,000</b>	<b>27,470,000</b>	<b>36,850,000</b>	<b>33,500,000</b>	<b>34,840,000</b>	<b>49,848,000</b>	<b>22,648,000</b>	<b>26,082,631</b>	<b>-15%</b>	<b>15%</b>
	Core	30,820,000	27,470,000	34,170,000	33,500,000	32,830,000	47,838,000	20,860,000	26,082,631	-15%	25%
	UNFPA Supplies	-	-	2,680,000	-	2,010,000	2,010,000	1,788,000	0		-100%
<b>10</b>	<b>Ireland (total)</b>	<b>3,000,000</b>	<b>3,050,000</b>	<b>3,050,000</b>	<b>3,600,000</b>	<b>3,600,000</b>	<b>3,100,000</b>	<b>2,800,000</b>	<b>2,800,000</b>	<b>-7%</b>	<b>0%</b>
	Core	3,000,000	3,050,000	3,050,000	3,100,000	3,100,000	3,100,000	2,800,000	2,800,000	-7%	0%
	UNFPA Supplies	-	-	-	500,000	500,000	-	-	-		
<b>12</b>	<b>Spain (total)</b>	<b>14,000,000</b>	<b>16,000,000</b>	<b>12,000,000</b>	<b>1,500,000</b>	<b>1,500,500</b>	<b>1,500,000</b>	<b>350,000</b>	<b>200,000</b>	<b>-99%</b>	<b>-43%</b>
	Core	14,000,000	16,000,000	12,000,000	1,500,000	1,500,000	1,500,000	-	-	-100%	
	UNFPA Supplies	-	-	-	-	500	-	350,000	200,000		-43%
	<b>Sub-total contributions UNFPA</b>	<b>236,829,026</b>	<b>237,795,302</b>	<b>277,497,154</b>	<b>266,132,947</b>	<b>262,054,259</b>	<b>266,910,170</b>	<b>240,250,046</b>	<b>219,115,090</b>	<b>-7%</b>	<b>-9%</b>
	<b>Sub-total core contributions</b>	<b>166,608,000</b>	<b>168,648,949</b>	<b>157,274,000</b>	<b>147,248,000</b>	<b>153,686,000</b>	<b>165,682,000</b>	<b>150,320,500</b>	<b>129,486,518</b>	<b>-22%</b>	<b>-14%</b>
	<b>Sub-total conts. To UNFPA Supplies</b>	<b>70,221,026</b>	<b>69,146,353</b>	<b>120,223,154</b>	<b>118,884,947</b>	<b>108,368,259</b>	<b>101,228,170</b>	<b>89,929,546</b>	<b>89,628,571</b>	<b>28%</b>	<b>0%</b>
-	<b>EU Institutions (total)</b>	-	-	<b>18,853,310</b>	<b>24,400,000</b>	<b>8,300,000</b>	<b>19,188,169</b>	<b>16,314,746</b>	<b>N/A<sup>30</sup></b>		
	Core	-	-	-	-	-	15,328,034	16,314,746	N/A		
	UNFPA Supplies	-	-	18,853,310	24,400,000	8,300,000	3,860,135	-	N/A		
	<b>Total contributions UNFPA</b>	<b>236,829,026</b>	<b>237,795,302</b>	<b>296,350,464</b>	<b>290,532,947</b>	<b>270,354,259</b>	<b>286,098,339</b>	<b>256,564,792</b>	<b>219,115,090</b>	<b>-7%</b>	<b>-15%</b>
	<b>Total core contributions</b>	<b>166,608,000</b>	<b>168,648,949</b>	<b>157,274,000</b>	<b>147,248,000</b>	<b>153,686,000</b>	<b>181,010,034</b>	<b>166,635,246</b>	<b>129,486,518</b>	<b>-22%</b>	<b>-22%</b>
	<b>Total conts. To UNFPA Supplies</b>	<b>70,221,026</b>	<b>69,146,353</b>	<b>139,076,464</b>	<b>143,284,947</b>	<b>116,668,259</b>	<b>105,088,305</b>	<b>89,929,546</b>	<b>89,628,571</b>	<b>28%</b>	<b>0%</b>

<sup>29</sup> In local currency (GBP), UK funding to the UNFPA Supplies Programme increased in 2016 (and was sustained to UNFPA Core) but once converted to Euros, the contribution appears as a decrease compared to 2015.

<sup>30</sup> Confirmed figures were not available at the time of writing for UNFPA contributions by EU Institutions.

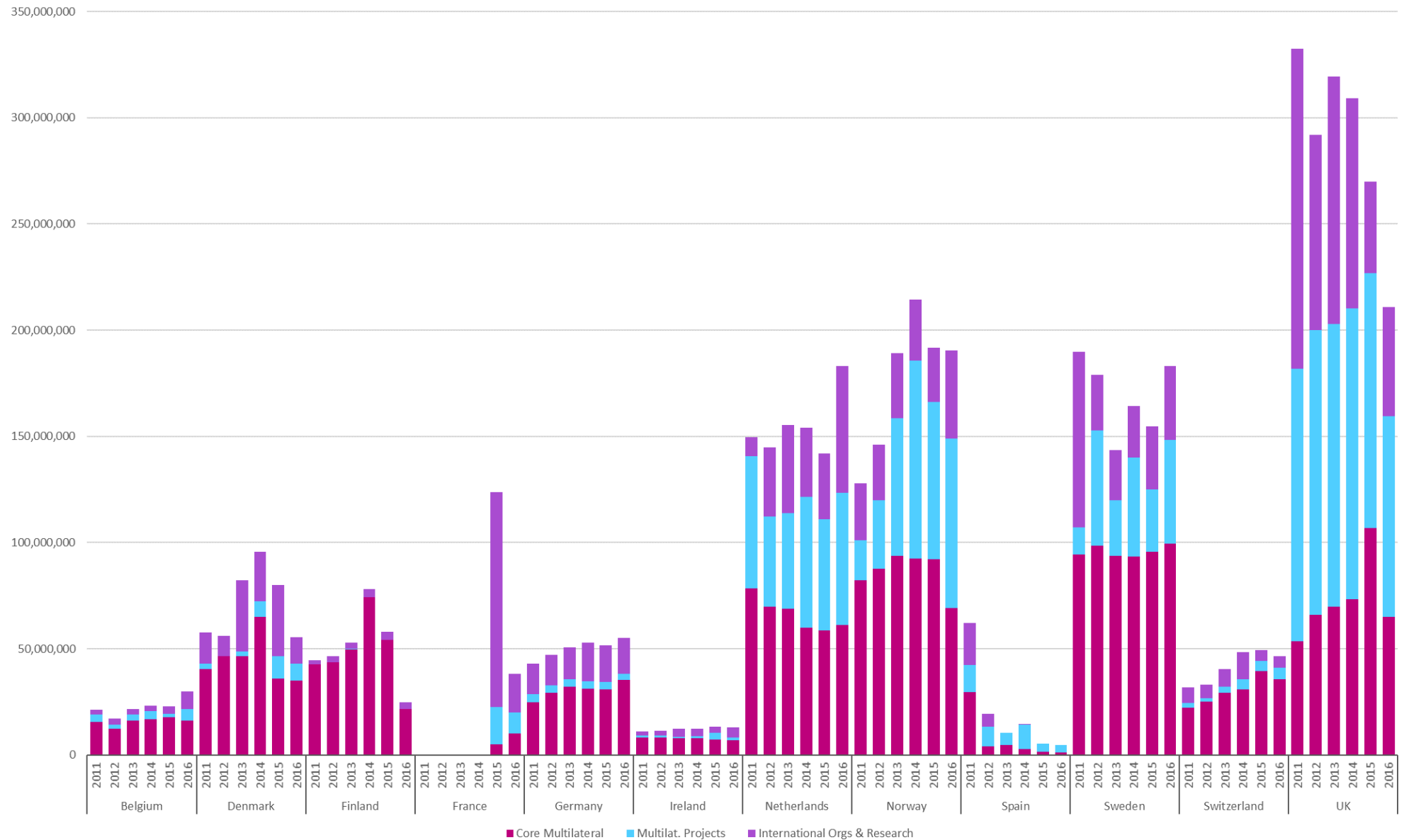
## 2. Multilateral Funding of SRH/FP

Overall, **in 2016 there was a 10% decrease in multilateral funding to SRH/FP**, compared to 2015. Based on core funding to multilaterals (UNFPA, UNICEF, UNIFEM/UN Women, WHO, World Bank, UNAIDS, UNDP) plus all earmarked SRH/FP multilateral funding, a total of 778,244,938 Euros was allocated to multilateral funding in 2016; this represented a decrease of 87, 808,666 Euros from the previous year. However, some countries (Belgium, Germany, the Netherlands and Sweden) increased funding via this funding stream<sup>31</sup>. The UK, Norway and Sweden remain the largest contributors in monetary terms to multilateral funding. Downward funding trends can be observed in Figure 2 (on following page) in several countries in 2016, especially Finland, Ireland and Spain who experienced the largest proportional decrease year-on-year.

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<sup>31</sup> In local currency, Switzerland increase multilateral funding of SRH/FP in 2016 compared to 2015 but due to exchange rate fluctuations, once converted to Euros, this funding appears to have decreased year on year.

**Figure 2: Comparison of European support to Core Multilaterals and Multilateral Projects**  
 2011-2016 (Euros). We are presenting data from 2011 onwards to ease readability



### 3. Funding to Population Assistance through all funding streams and trends for the European Institutions

#### a. Funding to Population Assistance through all funding streams


Between **2015-2016 funding to population assistance** through all streams that the C2030E partners report on (except bilateral country to country funding) **decreased by 11%**, representing a fall of 127,090,316 Euros in funding compared to the previous year. Overall, C2030E countries **contributed more than 1 billion Euros** (1,034,923,472 to be exact) **in funding to population assistance through all funding streams in 2016**.

Table 4: Funding to Population Assistance through all funding streams


Comparison of cross-European support to Population Assistance, 2009-2016, in Euros Ranked by total amount in 2016										Variance 2009- 2016	Variance 2015 - 2016
Rank	Country	2009	2010	2011	2012	2013	2014	2015	2016		
1	UK	128,559,261	167,437,934	332,414,893	291,989,967	319,243,321	309,153,012	269,941,015	211,021,320	64%	-22%
2	Norway	123,996,222	135,905,200	127,813,319	145,946,317	189,103,775	214,240,078	191,673,719	190,385,973	54%	-1%
3	Netherlands	169,548,550	161,215,776	149,705,102	144,650,343	155,369,596	154,028,333	141,937,639	183,150,486	8%	29%
4	Sweden	108,457,903	112,843,249	189,892,183	178,887,354	143,375,554	164,302,817	154,771,222	183,150,386	69%	18%
5	Denmark	78,817,074	62,189,645	57,690,162	56,069,160	82,226,461	95,772,314	79,882,775	55,262,066	-30%	-31%
6	Germany	58,844,587	41,818,492	42,830,026	46,986,276	50,565,945	52,867,131	51,580,274	55,198,660	-6%	7%
7	Switzerland	30,183,331	29,673,837	31,946,665	33,152,354	40,474,691	48,389,483	49,464,283	46,388,335	54%	-6%
8	France <sup>32</sup>	37,044,706	36,523,617	62,112,424	42,454,702	44,871,200	61,417,000	123,619,511	38,064,109	3%	-69%
9	Belgium	29,353,986	22,154,188	21,401,220	17,246,132	21,500,501	23,118,529	22,876,869	29,907,287	2%	31%
10	Finland	36,720,870	39,737,900	44,438,738	46,533,369	52,731,992	78,062,517	57,817,840	24,908,049	-32%	-57%
11	Ireland	9,844,500	10,792,100	10,956,500	11,236,300	12,229,600	12,206,500	13,126,500	12,957,346	32%	-1%
12	Spain	85,977,080	67,934,772	61,973,764	19,199,043	10,244,768	14,338,790	5,322,142	4,529,455	-95%	-15%
Total		897,348,070	888,226,708	1,133,174,996	1,034,351,317	1,121,937,404	1,227,896,504	1,162,013,788	1,034,923,472	15%	-11%

Disaggregating the Population Assistance data further (see Figure 3 below) provides additional context to some of the notable variances:

<sup>32</sup> In previous years, France had not been included in the main table due to some unavailability of historic data. Due to more reliable data since 2014, France has now been included in the main table, but variance in funding levels from 2012 to 2016 have not been included.

 **Increased levels:** Five countries (**Belgium, the Netherlands, Sweden, Germany and Switzerland**<sup>33</sup>) reported an increase in funding in 2016. In the case of **Belgium**-who reported a 31% increase in funding in 2016-, support to UNFPA was maintained and increased funds were channelled to earmarked multilateral projects and SHR/FP international organisations/initiatives. **The Netherlands** increased overall population assistance funding by 29%, with increases across all funding streams but especially for organisations/initiatives and earmarked multilateral projects (including to the UNFPA Supplies Programme). **Sweden** increased funding by 18%, with increases to all funding streams, in particular to earmarked multilateral projects. **Germany** reported a 7% increase in funding in 2016, with a decrease to SRH/FP international organisations/initiatives but an important increase to core multilateral funding. **Switzerland** also increased their funding to population assistance in local currency (+3%), but due to exchange rate fluctuations, their contribution appears as a drop of 6% in 2016 (for purposes of this disaggregation, it will be considered within increased levels of funding).

 **Maintained levels**<sup>34</sup>: Two countries (**Ireland and Norway**) maintained 2015 levels of funding in 2016.

 **Decreased levels:** Five countries reported a decrease in levels of funding in 2016: The UK, Denmark, Finland, France and Spain. A mixed picture of overall decreases alongside some increases, as follows:

- **The UK**, which remains the largest C2030E donor, reported a 22% decrease, a drop of nearly 59 million Euros. This overall decrease masks the positive trend in earmarked multilateral funding and to SRH/FP organisations/initiatives, however the substantial decrease in funding to Core multilaterals and earmarked multilateral projects (including the UNFPA Supplies programme above-mentioned) has brought the overall total down.
- **Denmark** reported a 31% decrease on funding to population assistance compared to 2015, to some extent affected by exchange rate fluctuations. This decrease masks some important increases such as those to UNFPA Core (discussed above), but nevertheless, an overall decrease was observed, especially driven by drops in funding to SRH/FP international organisations/initiatives.
- **Finland** reported a 57% decrease, representing a drop by nearly 33 million Euros compared to 2015. This was almost entirely due to cuts in core funding to multilaterals for population assistance. The government implemented strong austerity measures to ODA across the board, however UNFPA has remained as one of the priority UN organisations, remaining the largest receiver of multilateral funding, which is positive.
- **France** reported a 69% decrease in funding to population assistance in 2016. In previous years, analysis of France's data trends had not been included due to reliability of the data prior to 2014, but with increased visibility of funding in 2015 and 2016, this has now been included. France increased its support for Core multilaterals in 2016 (including to UNFPA), but this was overshadowed by the significant decreases in funding to SRH/FP international organisations/initiatives and earmarked multilateral projects.
- **Spain** reported a 15% decrease in funding to population assistance in 2016, however in monetary terms this only constituted a drop of 792,687 Euros, due to the decrease in funding to core multilaterals and earmarked multilateral projects.

<sup>33</sup> In Table 4, Switzerland appears to have slightly decreased funding to SRH/FP in 2016 (-6%), but this is due to exchange rate fluctuations between 2015 and 2016; in local currency, their disbursements had actually slightly increased in 2016 (+3%).

<sup>34</sup> For the purposes of this analysis, taking into account fluctuations in exchange rates, sustained funding is considered to cover the range -5% to 0% variance from the previous year

**Figure 3: Comparison of European support to population assistance, by category of funding 2011-2016 (Euros). We are presenting data from 2011 onwards to ease readability**

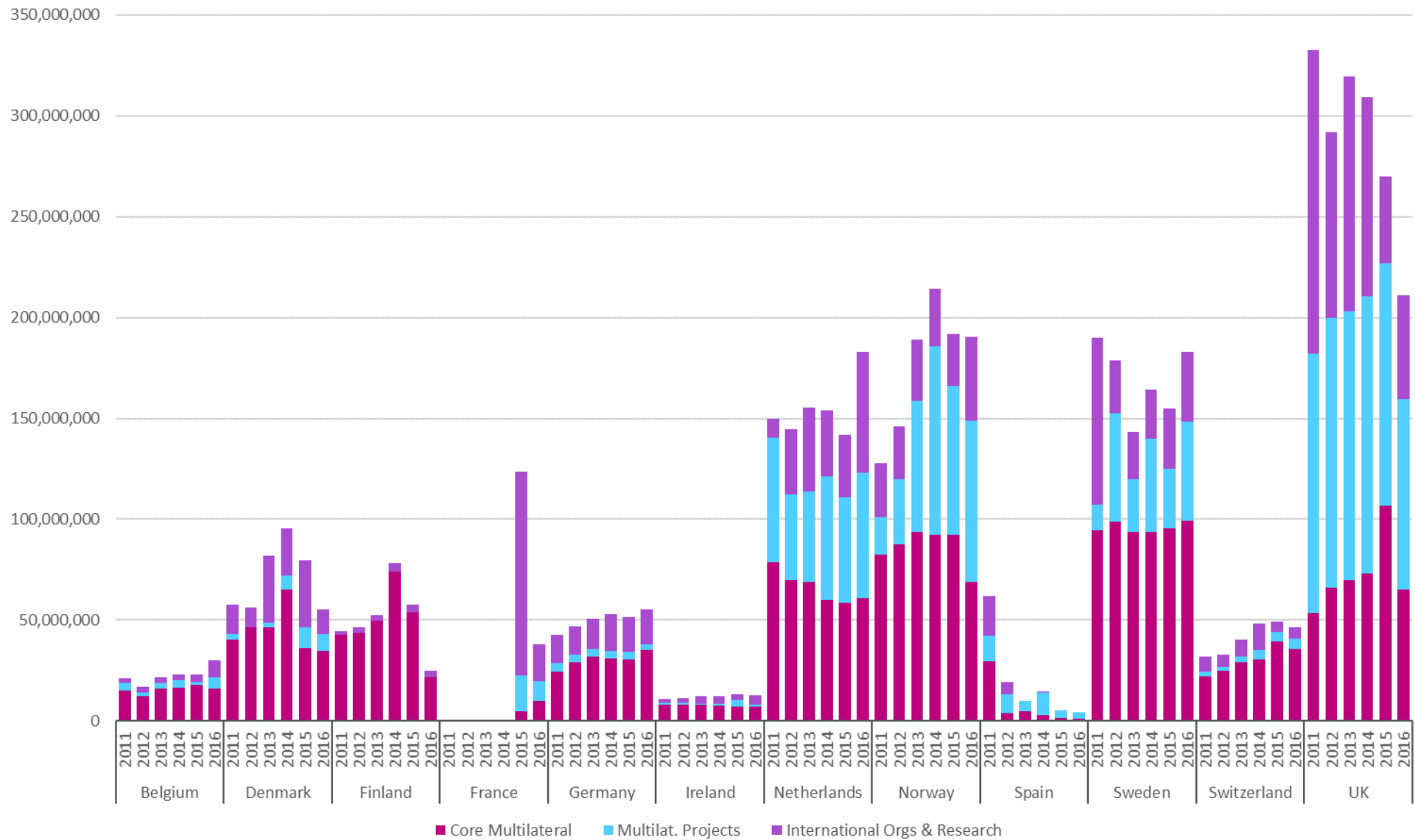




Figure 3 illustrates the variances in funding to population assistance by the C2030E countries that are presented in table 4 above, with the added disaggregation by three of the four indicators/funding streams under which the consortium analyses tracking data (core multilateral, earmarked multilateral projects and international organisations/initiatives/research)<sup>35</sup>. This highlights the differences in which the various countries structure their funding flows to SRH/FP. For instance, it is interesting to see the relatively high proportions of funding from the UK through multilateral projects or the focus that Finland, Norway and Sweden place on core multilateral funding.

### **b. Trends for the European Institutions**

C2030E also tracks donor financing trends for SRH/FP for the European Institutions, however due to the way that financial reporting is disaggregated, it is difficult to fit the figures to the C20305E data breakdowns. The EU Institutions are however a key donor and they remain the fourth biggest donor globally, with an indicative annual ODA contribution of 15.6 billion Euros, following the United States, the United Kingdom and Germany. In 2016, the EU and its Member States reached the highest level of ODA recorded to date, amounting to 75.5 billion Euros, an 11% increase on 2015. As is the case with other EU donors, it is important to note that this trend of increased general ODA can be linked to a significant expansion of in-donor refugee costs in 2016. European institutions provide a significant amount of their funding for health to multilateral institutions through specific earmarked projects. UNFPA is a recurrent recipient of EU funding, having received approximately 24 million Euros in 2016, and 20 million Euros as a renewed commitment to the UNFPA Supplies Programme. There is no available information as to how much of this was allocated to UNFPA Supplies.

Other multilaterals that are also of relevance to SRH/FP include UNICEF and WHO (under which EU voluntary contributions are targeted to reproductive, maternal, newborn, child and adolescent health, among others). European institutions continued their strong support to the GFATM (Global Fund to Fight AIDS, Tuberculosis, and Malaria), having renewed their commitment up to 470 million Euros for the period 2017-2019. This new pledge represents an increase of 100 million euros compared to the previous period. In 2016, European Institutions disbursed 242.1 million Euros to the GFATM, with 12.1 million Euros being counted under the C2030E methodology (see footnote 21) as going towards SRH/FP.

Finally, advocacy towards the European institutions also resulted in new funding commitments. In September at the UN General Assembly, the EU and UN agencies launched an EU-UN Spotlight Initiative on Violence against Women, with an envelope of 500 million Euro. As part of this, a call for proposals on gender equality has been launched, including specific activities on provision of services, including FP. Further, in public statements by the EC, SRH/FP has already been mentioned as one of the topics that the EU-UN initiative will seek to tackle, and further work is planned by the Consortium to ensure that new EU funding contributes significantly to SRH/FP.

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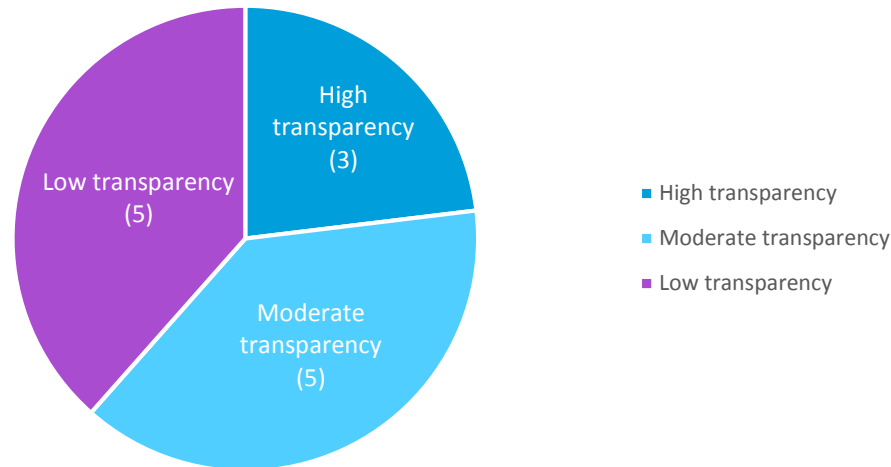
<sup>35</sup> Data from France prior to 2015 has not been included due to unreliability of the data.

#### 4. Transparency in bilateral funding of SRH/FP

C2030E partners were asked to score their country on how transparent and accessible the reporting on bilateral funding is; three reported high levels of transparency (the Netherlands, Norway and the UK); five reported moderate levels (EU Institutions, France, Spain, Sweden, and Switzerland), and five low levels (Belgium, Denmark, Germany, Finland, and Ireland) (see Figure 4 below).

How bilateral funding to SRH/FP is reported in each country varied, with many reporting that annual reporting to OECD DAC was their main source of information, whilst others reported access to this data via online databases or accessing figures directly from their Ministry of Foreign Affairs. In nearly all cases, partners reported a lack of detailed breakdown of the bilateral funding figures, limiting their accessibility to disaggregated data for SRH/FP more specifically. All C2030E partners confirmed that their governments fund broader health initiatives/health sector-wide initiatives (such as health system strengthening projects) which indirectly improve SRH/FP in many recipient countries.

Figure 4: Bilateral Funding Transparency Profile Across 13 Partners



The Consortium’s long-term experience in tracking funding by European donors had already shown that bilateral funding is the most challenging financial data to collect. Some of the reasons for this include: there is little transparency by the governments on allocation processes; different mechanisms exist in different countries; and many countries do not categorize how much of their bilateral funding goes to the detailed budget line of SRH/FP. C2030E therefore decided to contribute to the quality of aid, going beyond monitoring European funding and donor policies, pushing to **increase transparency in the bilateral government-to-government cooperation, and increasing the support to SRH/FP therein**. In 2017, an internal research report has been developed to collect evidence on country-specific bilateral cooperation processes, instruments and institutions to identify the moments and entry points for SRH/FP advocacy and a more enabling environment to do so, as well as to identify best practices. The research shows a general need to advocate for greater coherence between what are often strong, national-level commitments towards SRH/FP and the low prioritization of these issues when it comes to bilateral funding strategies and envelopes developed with European donors at recipient country level. The findings are currently being used to set country-tailored targets per C2030E country, ultimately aiming at more transparency and a stronger SRH/FP focus within the countries’ specific bilateral cooperation agreements. In 2018, case studies will be produced on best practices for sharing and learning with the SRH/FP community.

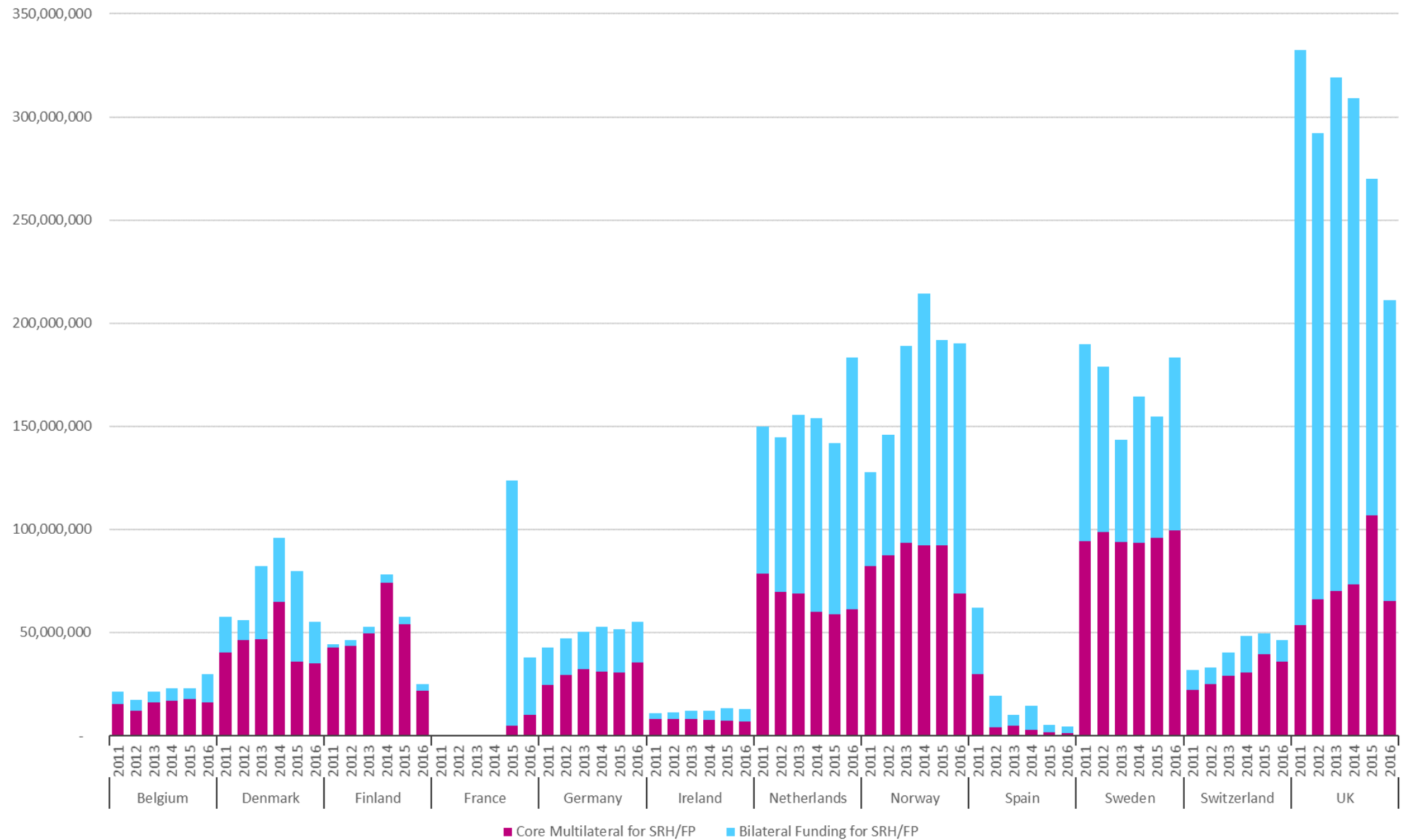
## 5. Financial analysis of C2030E data aligned to the OECD-DAC categories of funding

This section presents funding trends of C2030E data, aligned to the OECD DAC definitions used to categorize different streams of funding, to allow the data to be more comparable to external tracking mechanisms. Analysis of the C2030E data can be split into two OECD-DAC categories: multilateral and bilateral, as per the divisions in the table below:

C2030E category	OECD-DAC Category
Multilateral core	Multilateral Aid
Multilateral project	Bilateral
INGOs/ initiatives/ research	Bilateral
Bilateral country to country	Bilateral

Figure 5 below shows the trends in funding from C2030E countries, using the data collected by C2030E partners, but brought together following the OECD DAC categories as set out in the above table. It reveals that for many countries, multilateral aid, as per the OECD-DAC definition, is the predominant funding stream (Belgium, Denmark, Finland, Germany, Ireland, Sweden and Switzerland), whilst for others, funding for SRH/FP is given more often through bilateral support (France, the Netherlands, Norway, Spain, and the UK), as per the OECD-DAC definition of ‘bilateral’ (i.e. adding up data under C2030E categories of ‘multilateral project’ + ‘INGOs/initiatives/research’). Comparing 2016 funding trends to 2015, we can see that in eight countries (Belgium, Finland, the Netherlands, Norway, Spain, Sweden, Switzerland and the UK), the proportion of funding for SRH/FP has increased in 2016 through bilateral support (as defined by OECD-DAC). In three countries, this has decreased (Denmark, France and Germany) and in Ireland the proportion remained the same year on year.

**Figure 5: C2030E data aligned to OECD-DAC Methodology**  
 2011-2016 (Euros). We are presenting data from 2011 onwards to ease readability



#### Section D: Issues to consider for future SRH/FP advocacy

The strong policy commitment of European governments for SRH/FP continued through 2016-17 despite considerable challenges posed by falling levels of ODA, numerous elections and a growing pressure on resources due to the refugee crisis. Going forwards, advocacy will be key in maintaining this momentum and ensuring a continued focus on the critical issues of SRH/FP.

The past year has seen a great deal of change at the political level across Europe and there will likely be more to come in 2018. The full effect of decisions made in 2016, such as 'Brexit', are yet to be known and a great deal of uncertainty remains for the future. This uncertainty extends beyond Europe, and the impact of the 2016 US election on SRH/FP globally will continue to leave a significant gap in critical funding for SRH/FP, which can hopefully be further closed by commitments from governments, including as part of FP2020 and the SheDecides initiative. Again, the need for coherent, defined advocacy is vital. The C2030E welcomes the new financial commitments by European donors, and their strong voice on SRH/FP in regional and international spaces, but there are concerns that pledges are not always 'new money' or some governments are pledging the same pots of money in different fora. Going forward **increased accountability will be needed to fully track and monitor these pledged funds**, and demand transparency on when and how they are disbursed. Furthermore, current commitments will not be able to reverse the trend or address the funding crisis facing global SRH/FP programmes in the long-run. The C2030E consortium's role in tracking existing expenditures and advocacy for multi-year pledges sustaining investments will be crucial over the coming years.

2018 will bring a continued focus on implementing the 2030 Agenda and three C2030E countries (Ireland, Spain and Switzerland) will be going through the process of VNRs of progress related to the SDGs, presenting important dialogue and advocacy opportunities around SRH/FP. And finally, perhaps the most pressing issue for immediate advocacy will be addressing the funding crisis facing global family planning programmes, ensuring increased funding levels for RH commodities.

## Annex 1: Methodology and Added Value of Countdown 2030 Europe tracking

### Why was the Countdown 2030 Europe methodology created?

- ➔ C2030E is a group of European NGO partners working in 12 European countries and with the EU institutions to advocate with their governments for support to SRH/FP. The consortium is led by IPPF European Network.
- ➔ C2030E needed a consistent way to collect national data for local advocates – the C2030E Partners – to track what their national governments were committing and expending to SRH/FP, using national expenditure reports, easily to refer to in national advocacy activities
- ➔ C2030E Partners looked at the SRH/FP financial data available, but none were ideal for the local advocacy partners, namely:
  - Funding data categorised under OECD/DAC population assistance: Although systematised, official and in the public domain, the data was questioned by many national government counterparts. This is mostly because the data comes from official statistical units rather than SRH/FP-specific units within the government, and because there is huge scope for different interpretation and classification of the codes (either due to difficulty in assigning a specific CRS code onto a multi-faceted project, to lack of political motivation, or to lack of sufficient project information), thus affecting the quality of data. Further, the data gives too little detail on SRH and FP breakdowns, since many donor governments report on general budget support or sectoral budget support (e.g. to support health system strengthening), without specifying support to SRH/FP. The data is also not published quickly enough to be useful for national advocates to use for monitoring purposes.
  - NIDI's UNFPA Resource Flows data: Originally a good source to monitor SHR/FP flows, relying on the OECD/DAC data, but with the advantage of adding detail on SRH/FP to it through questionnaires directly sent to donors and multilateral agencies, UNFPA decided not to continue the Resource Flows project. Nevertheless, the % of a multilateral organisation's budget that goes to SRH/FP as reported by the multilateral agencies themselves is very useful for C2030E partners and part of its methodology. At the time of writing (December 2017), NIDI % rates to apply to multilaterals was not available but due to stable rates used over the last years, the 2015 rates were applied for the purposes of this exercise.
  - DSW and EPF's Euromapping reports: Whereas in the past Euromapping's methodology was based on OECD/DAC categories and NIDI data, the methodology had to be adapted with the end of the Resource Flows project. Currently, the new methodology is again starting from OECD/DAC data and applying the Muskoka Methodology (with adjustments made for FP as agreed at FP Summit in 2012) to it. The report is an excellent tool for Countdown 2030 Europe partners to depict cross-country comparisons in donor trends. It is, however, not an adequate tool for C2030E partners to monitor national budgets and expenditures in support of SRH/FP, due to the OECD/DAC data not being publicly available on time and due to the methodology and data categorization used in the report not being recognised by all C2030E donor country governments. More information: [www.euromapping.org](http://www.euromapping.org)
  - Kaiser Family Foundation's (KFF) "Donor Government Funding for FP" annual reports: Since the London FP Summit in 2012 KFF has been collecting OECD/DAC data on donor government funding for FP from 30 governments, including the European donor countries covered by C2030E. Since KFF encountered the same limitations of OECD/DAC data not being timely available and lacking detailed breakdowns on SRH/FP,

KFF, like C2030E, is collecting data directly with government officials in 10 countries, 7 of them European. Although the KFF report is a valuable resource, especially in comparing the major donor governments for FP funding globally, it is again not a sufficient tool for C2030E partners to use in their daily monitoring and advocacy towards European donor governments. C2030E governments need to recognise where the data come from aligned to categories used in the national expenditure reports instead of OECD/DAC categories, in order for C2030E partners' national advocacy to be effective. Also, C2030E partners need to collect the most recent data directly from governments for all 13 C2030E countries, not just the top 7. More information: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-family-planning-in-2016/>

- ➔ There was no systemised forum for presenting policy trends in SRH/FP across European donors, for example legislature, common development strategy approaches, or election effects. C2030E partners had this first-hand knowledge of their local scenes, and wanted to place financial trends within this wider context, but they lacked a forum to articulate the context; this made it difficult for them to 'match' policy commitments from their governments with funding allocations, a key component of advocacy and accountability.

### How does the Countdown 2030 Europe methodology tracking work?

- ➔ C2030E partners have been collecting data on their country's policy and financial support to SRH/FP since 2009. A methodology review in 2016 led to an updated methodology to guide the annual tracking and analysis process. The updated C2030E methodology employed to track European donor funding for SRH/FP is centred on the use of a core set of indicators to track trends in SRH/FP financing over time. Currently, data is analysed using the following indicators:
  - Core contributions to UNFPA: Analysis of this indicator continues as per previous years. This analysis tracks core funding for UNFPA as well as funding going towards the UNFPA Supplies Programme. This measure of funding to UNFPA is a robust proxy measure for tracking funding to SRH/FP.
  - Multilateral funding of SRH/FP: This indicator presents core funding going towards SRH/FP (% provided by NIDI) for the multilaterals that are tracked as part of this methodology (UNFPA, UNICEF, UNIFEM/UN Women, WHO, World Bank, UNAIDS, UNDP), plus all earmarked SRH/FP multilateral funding.
  - SRH/FP funding through all streams: To present a more comprehensive picture of funding being channelled through all the streams that C2030E partners report on, the analysis also calculates the total of all SRH/FP funding streams reported by partners (i.e. core funding to multilaterals + project funding to multilaterals + funding to international organisations/initiatives/research<sup>36</sup>). This measure is equivalent to the former indicator of funding to Population Assistance and does not include bilateral donor to recipient country funding.

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<sup>36</sup> This includes a change to the funding proportion to the GFATM specific to FP based on the proportion agreed at the 2012 London FP Summit, based on the Muskoka Methodology (this was previously 56% but has been updated to 5%). Data for 2016 has this 5% rate applied, but historic data has also been updated with this rate to allow comparability between 2009-2016. This also includes the removal of GAVI funding from trend analysis. A final change relates to the number of SRH/FP international organisations/initiatives/research that are funded; this has now been capped at the top 3 most funded SRH/FP organisations/initiatives. For comparability from 2009-2016, the top 3 SRH/FP organisations/initiatives from historic years have also been selected (as opposed to more that were presented prior to 2016).

- **Transparency in bilateral funding of SRH/FP:** This is a qualitative indicator rather than a numerical indicator like the others. Through tracking transparency in reporting of bilateral funding of SRH/FP, partners are generating a clearer picture of the key challenges, changes and trends in how their country reports on bilateral funding data for SRH/FP. This qualitative indicator is based on a judgement by the partner as to how transparent / accessible their country's data on bilateral funding of SRH/FP is. There is a 3-point scale by which partners can judge this:
  - 1: *High transparency and accessibility:* detailed disaggregated data is available through regular government reports from which it is easy to identify SRH/FP specific bilateral funding;
  - 2: *Moderate transparency and accessibility:* high level reporting on bilateral funding is available with some indication of the amount going towards SRH/FP although no further detail on the specifics of programmes or recipient countries is available;
  - 3: *Low transparency and accessibility:* Government reporting on bilateral funding is not disaggregated in sufficient detail to identify SRH/FP expenditure; only general bilateral, or perhaps health sector spend is accessible.
- Sources of data: C2030E partners obtain their data from national annual reports and from online national databases, followed by personal follow up with SRH/FP government counterparts and/or parliamentary questions. A handful of countries use the official statistics of OECD/DAC as the starting source of data.

#### What added value does the Countdown 2030 Europe tracking offer now?

- ➔ Obtaining data primarily from national annual reports allows for **reporting to be aligned to national reporting and coding systems**, rather than often less-detailed coding into OECD/DAC categories. This is nationally-owned and up-to-date data.
- ➔ The **process** of collecting data helps **build the relationship of trust and communication** between advocacy partner and government SRH/FP point person and broadens networks for advocacy with government departments beyond the traditional SRH/FP ones.
- ➔ Gathering the same data, in the same formats, within a network allows advocacy partners to compare their data availability and trends over time; this gives them the information to approach their national counterparts with requests for **more transparency**.
- ➔ Tracking both policy and financial data together allows for **analysis of trends within wider realistic contexts** (i.e. numbers, and increases/decreases in values over time, are not presented in isolation but instead understood within a wider context of what is going on in the country). This has led to significant advocacy gains in a few countries (case-studies available upon request), when budget allocations in recent years may not have matched with political commitment to SRH/FP but was caught out by advocacy partners including C2030E partners.
- ➔ Data collected by C2030E partners is the **most recent financial data available** in the country and **policy data is real-time**. For example, as elections happen, national advocacy partners are able to update the tracking with results and analysis about how results affect the SRH/FP scenario.
- ➔ Financial data is mostly obtained in direct communication with the SRH/FP-relevant point person in the relevant Ministries. This is possible because the **C2030E partners are local advocates** who have pre-existing relationships with the SRH/FP focal points in government, and **who know their**



**national context intimately.** This allows for interpretation and discussion around how data is categorised, unlike OECD/DAC data reported on the CRS system which is often completed by Statistics department who are not involved in the context of SRH/FP support.

- C2030E is unique in actively and routinely using the data it collects for increasing donors' accountability and transparency. C2030E thus **bridges research and advocacy**. Several case studies have highlighted how this has **improved donor accountability and data transparency** over time.