



**DONORS
DELIVERING
FOR SRHR**

**REPORT
2020**

Tracking OECD Donor Funding
for Sexual and Reproductive
Health and Rights

ABOUT DSW

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

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

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



ABOUT EPF

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

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

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

EPF's Secretariat is based in Brussels, Belgium.

For more information please visit www.epfweb.org

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TABLE OF CONTENT

INTRO

06 About the Advisory Committee

07 Preface

08 Introduction

EXECUTIVE SUMMARY

12 Comparison of OECD DAC Donor's SRHR disbursements in 2018 (graphic)

14 Ranking of SRHR donors in Europe SRHR disbursements (graphic)

16 Comparison of EU contributions to SRHR, FP and RMNCH (graphic)

18 SRHR spending in 2018
Who's increased/decreased?

20 Impact of the global gag rule

22 ODA/SRHR Disbursements

24 FP/RMNCH Disbursements

METHODOLOGY ANNEXES

28 Methodology

68 Annex 1
Abbreviations

70 Annex 2
Definition of terms

72 Annex 3
Donor data overview

76 Annex 4
List of national policies

78 Annex 5
OECD DAC CRS codes

DONOR PROFILES

34 How do the donor profiles work?

36 Donor profiles alphabetically

ABOUT THE ADVISORY COMMITTEE



Jason Bremner
FP2020



Kia Guarino
Bill & Melinda Gates
Foundation



Howard Friedman
UNFPA



Joke Lannoye
Countdown 2030 Europe,
Intl. Planned Parenthood
Federation - European Network



Alanna Galati
Guttmacher Institute



Marco Schäferhoff
Open Consultants



Dr Veloshnee Govender
Department of Sexual
and Reproductive Health
and Research, WHO



Charlotte Souлары
Reproductive Health
Supplies Coalition



Chrysoula Zacharopoulou
Member of the European
Parliament (France)

PREFACE

by Chrysoula Zacharopoulou, MEP

Sexual and Reproductive Health and Rights (SRHR) are fundamental rights. Beyond acronyms, these rights affect each of us, in our intimacy, our health, our choices and our lives. SRHR are key to ensuring that all women are equal and free to make empowered decisions in all aspects of their lives, without discrimination, without violence or coercion. The recent 25th anniversary of the International Conference on Population and Development (ICPD) and the upcoming anniversary of the adoption of the Beijing Declaration and Platform for Action, remind us of a political commitment to SRHR. However, we still have a long way to go. With conservatism on the rise and so many women and girls still being denied their most fundamental rights around the world, SRHR must be a priority for nations' and donors' worldwide. Political will is crucial, as is funding. Official Development Assistance (ODA) is one of the critical tools we need to allocate global financial and human resources for family planning and maternal health in every country.

This report therefore comes at a pivotal moment as the health crisis and the consequences of the lockdown have already restricted access to sexual and reproductive health and rights (SRHR) services and supplies. It is indeed estimated that the COVID-19 pandemic could result in an **additional 49 million women with unmet need for modern contraceptives**, and an additional 15 million unintended pregnancies over the course of a year.

On top of this sad reality lie uncertainties regarding the impact of the COVID-19 health and economic crisis on future ODA budgets. The existence of tools such as the Donors Delivering for SRHR report are therefore essential, not only to demonstrate current trends in ODA, but also to continue the commitment and momentum to support access to SRHR for the world's most vulnerable.

It was encouraging to see that European governments were quick off the mark to recognise the risks and commit to prioritise SRHR and universal health coverage in their COVID-19 response, with many complementing these promises with financial commitments as part of their ODA. Indeed, Europe has a key role to play here: with the reinstatement of the Mexico City Policy (better known as the Global Gag Rule) in 2017, the US' intention to withdraw from the WHO and attempts to compromise efforts gained by anti-gender groups, it is our responsibility to step up and make sure that life-saving funding for SRHR services and supplies do not disappear.

As policy-makers and SRHR allies, it is more important than ever to ensure that SRHR are high on the political agenda and to monitor ODA over the coming years. It is our role to continue to advocate for sustained international development support and women and girls' rights, to ensure that we truly leave no-one behind.

INTRODUCTION



Neil Datta
EPF Secretary



Jan Kreutzberg
DSW Executive Director

We are pleased to present our new accountability report, Donors Delivering for SRHR, which is the fruit of extensive reflections, analyses and consultations with experts including our strategic advisory committee. In these critical times, we are confident Donors Delivering for SRHR will provide both European policy-makers and advocates in the field with a new tool to track the full SRHR agenda, based on the SRHR definition published by the landmark report from the Guttmacher – Lancet Commission and on the updated Muskoka 2 Methodology developed by the London School of Hygiene and Tropical Medicine (LSHTM).

We have witnessed increased contestation of SRHR, gender equality and women's rights in Europe and throughout the world. In parallel, numerous reports highlight the increased prevalence of harmful practices, especially on girls, as well as an increase in teenage pregnancy rates. The COVID-19 pandemic has exacerbated these challenges, shining a spotlight on the need to focus on SRHR.

2020 is also a key milestone to assess the translation of political commitments into actional funding: with the anniversaries of Beijing+25 and ICPD, the end of the Family Planning (FP) 2020 framework and the start of the last decade to achieve the Sustainable Development Goals (SDGs), in particular SDG 3 on health and SDG 5 on gender equality so linked to SRHR.

While several excellent expert reports exist to track funding for reproductive, maternal and newborn health, family planning and gender, no methodology has thus far captured the full breadth of SRHR, especially the 'rights' aspect.

Donors Delivering for SRHR brings a complementary approach with changes made to our previous Euromapping methodology.

First of all, the current report tracks three elements relevant to SRHR - connected and not independent from each other:

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

2. Family Planning (FP), a subset of SRHR with a specific tracking based on percentages agreed at the 2012 FP 2020 Summit; and finally,

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

Similarly to our previous Euromapping reports, all data are based on the Organisation of Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database, reported by donors, publicly available, allowing for any interested party to cross-check and use this methodology. It is a theoretical exercise whereby the same methodology is applied to all OECD donors in order to enable comparisons between them and rank European funders against other donors.

We analysed the data in total amounts but also relative to the donor's total ODA allowing for comparisons between different economies and their 'prioritisation' in relative terms.

This year's edition reveals **some unexpected rankings where larger countries and donors are not necessarily spending in relative terms thus showing a lack of political prioritisation, a stabilisation of the funding on our issues and a potential stagnation.**

We look forward to seeing how this methodology can shed light on some trends in the future: are European donors allocating more funding for the full SRHR agenda? Which donors prioritise other connected concepts like FP and RMNCH? How will Brexit impact SRHR funding?

We thank the advisory committee for their support in exploring this new methodology and hope that this report will prove useful to European SRHR advocates and champions, in renewing political commitments and, more importantly, translating them into actions.

In 2020, it is simply unacceptable that millions of women die in childbirth, are not able to make decisions over their own bodies, or cannot access essential health services related to sexuality.

The current health and economic crisis linked to COVID-19 intensifies the urgency to address this for millions of women and girls around the globe.



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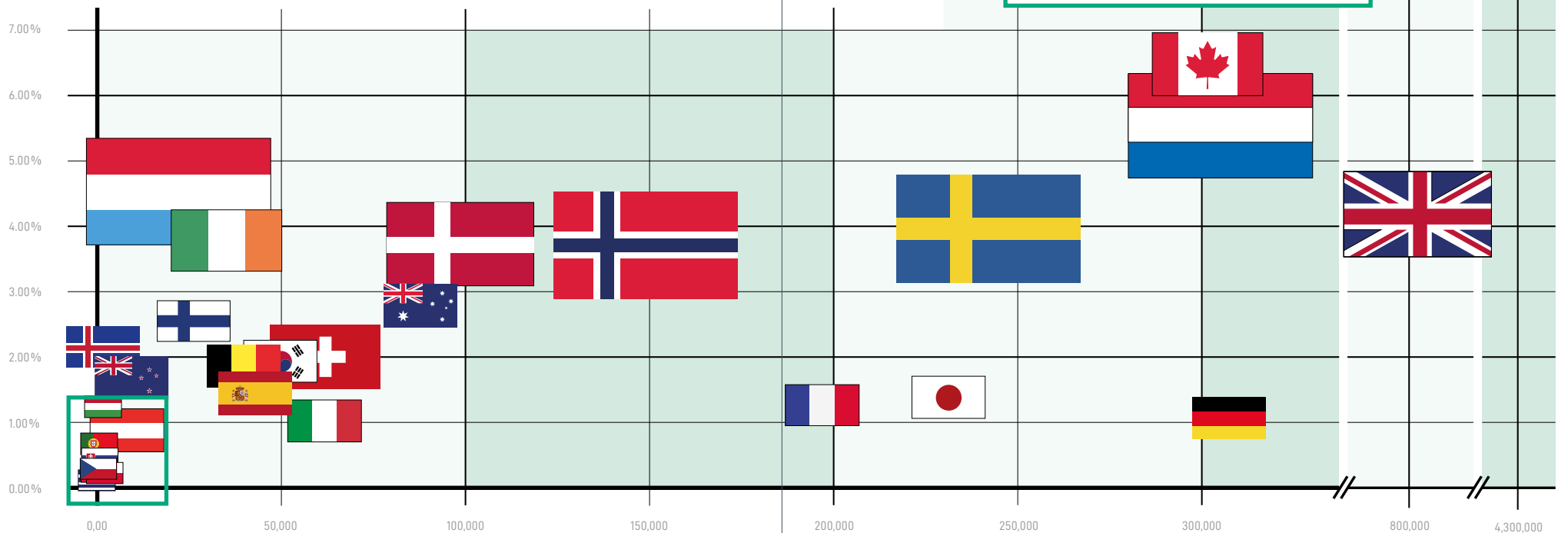
EXECUTIVE SUMMARY

A COMPARISON OF OECD DAC DONORS' SRHR DISBURSEMENTS IN 2018

COMPARISON OF ALL OECD DAC DONORS' TOTAL SRHR DISBURSEMENTS VS SRHR AS A PERCENTAGE OF ODA IN 2018

While certain countries (the US, the UK, the Netherlands, Canada and Sweden) disburse a high amount of funding to SRHR and prioritise it in their ODA, there are also donors like Germany, France and Japan that disburse a substantial amount to SRHR, albeit a small percentage of their total ODA. In this regard, smaller donors such as Luxembourg, Ireland, Denmark and Norway outperform the larger donors. This tendency of some smaller donors prioritising SRHR becomes even clearer when looking at the SRHR disbursements as a percentage of Gross National Income (GNI), which is reflected by the size of the flag. For example, in 2018 Luxembourg disursed a larger percentage of its GNI to SRHR than the US, which was the top donor both for total SRHR disbursements and SRHR disbursements as a percentage of ODA.

SRHR AS A % OF ODA


























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

TOTAL SRHR IN MILLION USD

RANKING OF SRHR DONORS IN EUROPE (2018)

SRHR GROSS DISBURSEMENTS AS A PERCENTAGE OF ODA

Within Europe, there is a big difference between the larger and smaller countries when it comes to SRHR disbursements as a percentage of ODA. For some countries SRHR is clearly a greater priority in their ODA spending than for others. The top five SRHR donors in relative terms as a percentage of total ODA are the Netherlands, Luxembourg, the United Kingdom, Sweden and Ireland. They outperform larger countries such as France and Germany, who do not seem to prioritise SRHR at all in their ODA spending. The 2018 top ODA donors who meet the long-standing UN target for developed countries to give 0.7% of their GNI in ODA are also the countries that prioritise SRHR (more than 3% of their ODA). The only exceptions are the Netherlands and Ireland, who prioritise SRHR, and though they are among the top ODA donors, they are not reaching the 0.7% GNI target.

	Netherlands	5.45%	> 4%
	Luxembourg	4.68%	
	United Kingdom	4.11%	
	Sweden	3.97%	3 – 4%
	Ireland	3.80%	
	Denmark	3.74%	
	Norway	3.71%	
	Finland	2.63%	2 – 3%
	Iceland	2.21%	
	Switzerland	2.00%	
	Belgium	1.85%	1 – 2%
	Spain	1.46%	
	France	1.28%	
	Italy	1.20%	
	Germany	1.09%	
	Hungary	0.90%	
	Austria	0.72%	0 – 1%
	Portugal	0.66%	
	Slovak Rep.	0.41%	
	Czech Rep.	0.32%	
	Slovenia	0.25%	
	Poland	0.22%	
	Greece	0.12%	

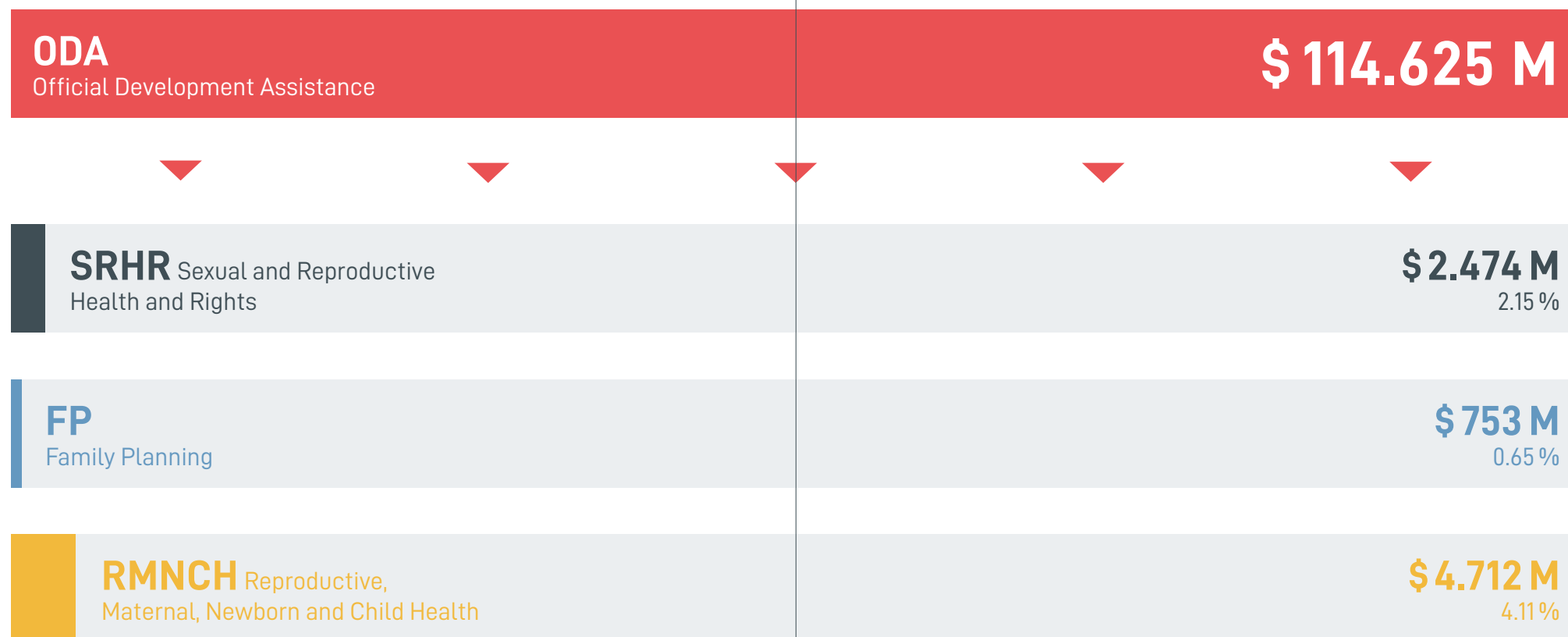


COMPARISON OF 2018 EU CONTRIBUTIONS TO SRHR, FP AND RMNCH

Total European Union (EU) Institutions and Member State disbursements to SRHR, FP and RMNCH compared to total ODA spending.

The EU Institutions and Member States represented more than half of overall ODA in 2018. Of their total ODA spending, 2.15% went to SRHR, 0.65% to FP and 4.11% to RMNCH. While jointly being the largest ODA donor, the EU Institutions and Member States are a

much smaller actor when it comes to supporting SRHR, FP and RMNCH. Jointly they account for only 32% of all donors' SRHR disbursements and 38% of all donor's FP and RMNCH disbursements. **The EU must do more to become an SRHR champion.**



SRHR SPENDING IN 2018

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

Between 2017 and 2018 some countries have increased their SRHR disbursements, while others have decreased the amount spent on SRHR. The Netherlands, Canada, Italy, Norway and the UK show the biggest increase in 2018, compared to their 2017 SRHR disbursements. The US, the EU Institutions, Japan, Korea and Belgium on the other hand show the largest decrease of SRHR disbursements between 2017 and 2018.

WHO'S INCREASED THE MOST?



WHO'S DECREASED THE MOST?



IMPACT OF THE GLOBAL GAG RULE

In January 2017, the US re-introduced and expanded the Mexico City Policy, also known as the Global Gag Rule, renaming the policy Protecting Life in Global Health Assistance. Under this policy, NGOs outside the US are not eligible for US family planning assistance if they use funding – from any source – to perform abortions in cases other than rape, incest, or a threat to the life of the woman; provide counselling and referral for abortion; or lobby to make abortion legal or more available in countries in which they operate.

While under previous Republican administrations, this policy applied specifically to international US FP/RH assistance, it was now extended to all US global health assistance including funding support for FP/RH, MNH, nutrition, HIV & AIDS, prevention and treatment of tuberculosis, malaria, infectious diseases, neglected tropical diseases, and even to water, sanitation, and hygiene programmes. This marks a significant expansion of its scope and results in hundreds of additional organisations having to choose between either complying with the Global Gag Rule or losing all their US global health funding, even if that funding is used for activities such as water, sanitation and hygiene programmes which are not related to abortion. The policy was further expanded in 2019 with application to the activities of sub-recipients of complying organisations.

This means that when an organisation complies, all its partners receiving any funding from them, no matter the source of that funding, must refrain from abortion-related activities.

The US continued providing funding under the Creditor Reporting System (CRS) codes that contribute to SRHR, FP and RMNCH and as a result, its funding to SRHR, FP and RMNCH, both in total disbursements and as a % of ODA, has remained stable between 2016 – 2018. This is the result of funding bills, advanced by the US Congress and signed into law that keep funding at the same levels as during the Obama administration. However, this does not mean that the Global Gag Rule has no impact. While it did not limit funding as such, it does limit the number of organisations eligible for that funding. While the Donors Delivering

methodology tracks total funding for SRHR, FP and RMNCH by applying set percentages to specific OECD DAC CRS codes, it does not look into the specific projects and programmes listed under these CRS codes. For example, the US is a champion when it comes to funding for Sexually Transmitted Diseases (STD) control, including HIV & AIDS (CRS code 13040) and funding under this CRS code remained consistent during the three years. Nonetheless, it is clear that the Global Gag Rule has an impact on the quality and availability of HIV services, including treatment, testing, and prevention, which are already suffering dramatically. The policy under President Trump is undoing decades of work to integrate sexual and reproductive health services with HIV services. To understand the difference in the nature of projects and programmes from the US since the Global Gag Rule, it is key to look into more detailed research.^{1,2}

Meanwhile, it seems that as a reaction to the Global Gag Rule, a number of other donors have stepped up their support to SRHR, FP and RMNCH. The US' share of the total SRHR, FP and RMNCH disbursements has dropped from 58.5% in 2016 to 56% in 2018, while the share of EU (Institutions and Member States) and non-European donors has increased in the same period from 41.5% to 44%. Countries such as Norway, Canada and the UK have significantly increased their disbursements to SRHR, FP and RMNCH. In addition, as a response to the Global Gag Rule, the Netherlands, Belgium, Denmark and Sweden launched the SheDecides initiative as a movement to support the rights of girls and women to decide freely and autonomously about their sexual lives, including whether, when, with whom and how many children they have.

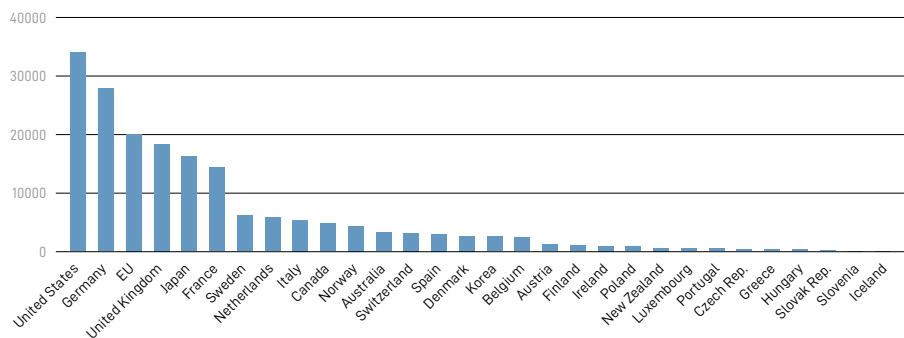
1 | Zara Ahmed, Guttmacher Institute (2020). The Unprecedented Expansion of the Global Gag Rule: Trampling Rights, Health and Free Speech.
2 | PAI (2020). It Is What It Is — Long-delayed Global Gag Rule Implementation Review Downplays Health Impacts.

ODA

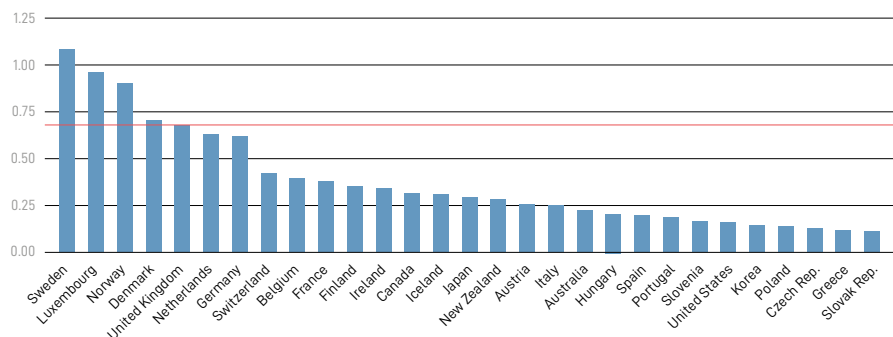
The total ODA disbursements by DAC donors have slightly decreased in 2018 compared to 2017 (from 188.3 billion USD to 184.8 billion USD). Similar to 2017, five countries - Denmark, Luxembourg, Norway, Sweden and the UK - have reached the long-pledged commitment to allocate 0.7% of their Gross National Income (GNI) to ODA. After reaching the threshold in 2016, Germany remained below the 0.7% line in 2017 and 2018 jointly with 22 other donors.

In 2018, the collective ODA from the European Union (EU) and its Member States (the UK still included) amounted to more than 74.4 billion EUR. As a result, European ODA represents almost 57% of the total global development assistance by all OECD DAC donors. If we add Norway, Switzerland and Iceland then the region's share surpasses 60%. As the UK left the EU in January 2020, the EU's share in ODA is expected to drop in the coming years.

2018 ODA Disbursements in million USD constant prices



2018 ODA Disbursements as a percentage of GNI

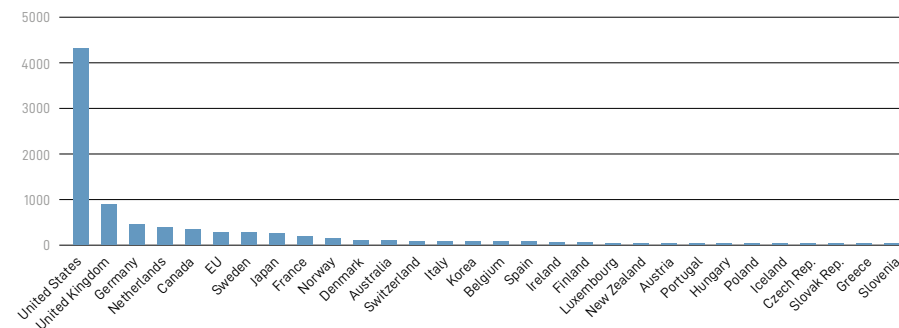


SRHR DISBURSEMENTS

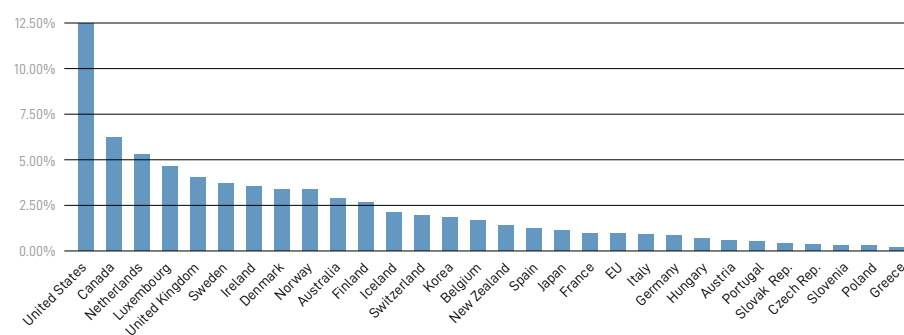
The overall amount of funding disbursed to SRHR for all OECD DAC donors has slightly increased between 2016 and 2018 (from 7.02 billion USD to 7.68 billion USD). The US is clearly the lead donor, followed by the UK, Germany, the Netherlands and Canada. When looking at the SRHR disbursements relative to total ODA, a different conclusion should be drawn. While the US is still the lead donor, Canada, the Netherlands and Luxembourg, also score highly.

When it comes to SRHR disbursements as a percentage of ODA, smaller donors such as Ireland, Finland and Luxembourg outrank Germany, the EU Institutions, Japan and France. The latter countries are in the upper half when taking into account 2018 gross disbursements to SRHR (respectively 3rd, 6th, 8th and 9th place), however they score poorly when amounts disbursed are compared to ODA (respectively 22nd, 20th, 18th and 19th place).

2018 SRHR Disbursements in million USD constant prices



2018 Disbursements to SRHR as a percentage of ODA

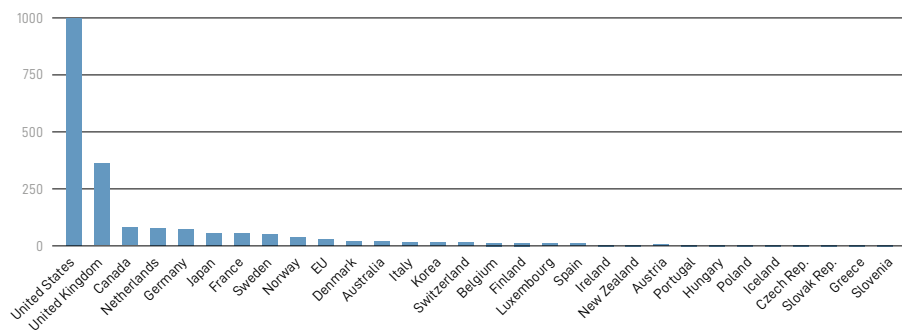


FP DISBURSEMENTS

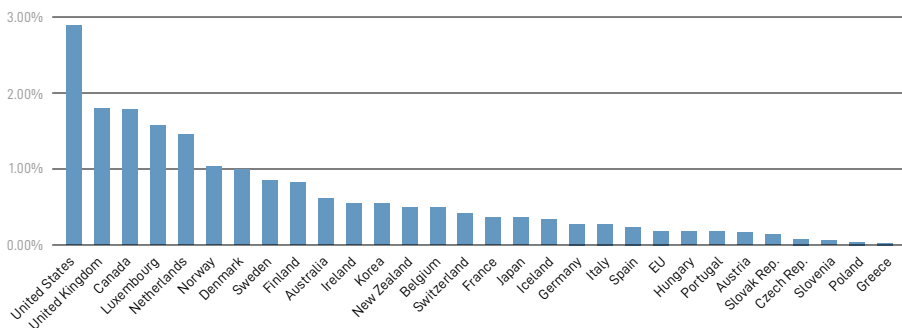
In 2018, the total volume of FP disbursements from the 30 OECD DAC donors was close to 2 billion USD – an increase of 7% compared to 2017. The US and the UK have the largest FP disbursements. However when looking at the FP disbursements relative to total ODA, the UK is around the same level as Canada, swiftly followed by Luxembourg and the Netherlands which also score highly. While in 2016, Luxembourg still had the largest share of its ODA dedicated to FP (2.65%),

it moved to 4th place in 2018. Similar to Luxembourg, some other small donors such as Ireland and Finland score well when looking at FP disbursements as a share of ODA. For both Norway and Italy, a significant increase of FP funding can be seen. The EU Institutions, Germany and France rank relatively high when looking at total gross disbursements, but score poorly when amounts disbursed are compared to ODA contributions.

2018 FP Disbursements in million USD constant prices



2018 FP Disbursements as a percentage of ODA

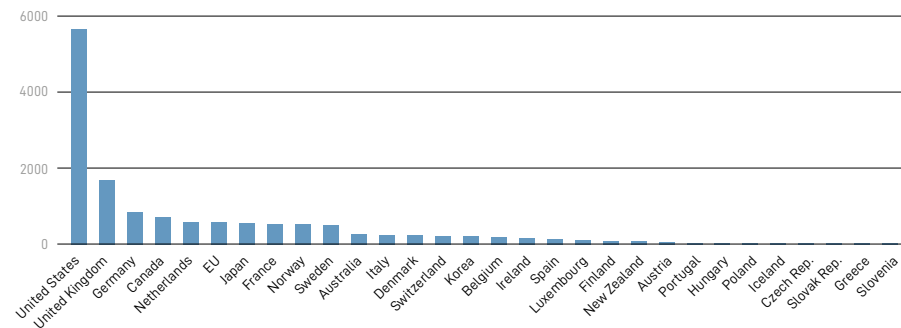


RMNCH DISBURSEMENTS

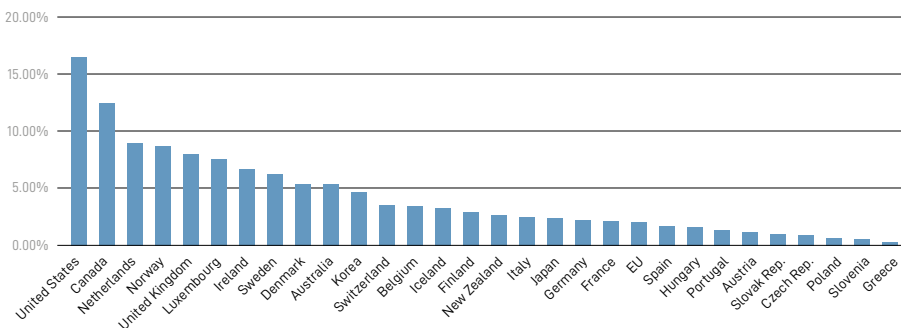
The total volume of RMNCH disbursements from the 30 DAC donors for 2018 was 12.2 billion USD, which is slightly lower than the 12.6 billion USD in 2017. The US remained by far the biggest donor, amounting to around 46% of the total disbursements for RMNCH. When looking at the disbursements to RMNCH as a percentage of ODA, while the US remains the biggest donor, the gap between the US and Canada, the UK, the Netherlands, Luxembourg and Norway is smaller.

While the absolute figures of ODA disbursements to RMNCH from donors like Germany, the EU Institutions, Japan and France are among the top six, they move to the lower half of the ranking when looking at RMNCH disbursements as a percentage of their ODA. Other donors, including Canada and the Netherlands, Luxembourg, Ireland and Denmark, move up in the ranking and have a much larger share of their ODA dedicated to RMNCH.

2018 RMNCH Disbursements in million USD constant prices



2018 RMNCH Disbursements as a percentage of ODA



METHODOLOGY



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METHODOLOGY

The basis for this new SRHR tracking methodology is the Muskoka 2 methodology², developed by LSHTM. Via the Muskoka 2 methodology, it is possible to track funds specifically to RMNCH as well as towards its subcomponents, individually. In this disaggregation, RH refers to reproductive health of non-pregnant women, MNH to health of pregnant and postpartum women and of babies under one month old, and CH to health of children aged one month to five years.

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

The Muskoka 2 methodology is applied to all OECD DAC donors as if they were following this method to allow for comparison. Additional data are needed to estimate the ODA going to SRR. The CRS codes that could include SRR projects were identified in line with the Guttmacher-

Lancet report and ICPD. In a next step, all projects in the period 2013 – 2017 under these codes were analysed. Whenever the project was considered SRR-related, the full or partial amount was counted. The weight of SRR projects for a specific CRS code was calculated based on the total amount spent on SRR under this code versus the total ODA under this code. To avoid double counting, only CRS codes that are not considered in Muskoka 2 were taken into account.

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

In order to ensure that both pregnant and non-pregnant women were taken into account in the tracking of SRHR funding, it was decided to include both the RH and MNH percentages under the Muskoka 2 methodology. As a result, the tracking will also include funding going to neonatal health. However, a 2017 article from the LSHTM analysing donor funding specifically for prenatal and neonatal health (PNH) clearly found that funding exclusively benefitting PNH remained extremely low.³

**Muskoka 2
RH + MNH**



**Tracking method for
ODA allocation to SRR**

Under this methodology, the percentages for core contributions to multilaterals are not fixed and can vary every year. The proportion of core contributions to each multilateral that benefit SRHR, FP and RMNCH are calculated as the proportion of all disbursements from the multilateral that benefit SRHR, FP and RMNCH each year. For example, 22.1% of the value of disbursements from the Global Fund in 2018 were considered to support SRHR, according to the updated SRHR tracking methodology; thus 22.1% of each bilateral donor's core contributions to the Global Fund in 2018 were counted towards that bilateral donor's SRHR contribution. The only exceptions are the RMNCH contributions for GAVI, UNFPA and UNICEF for which the Muskoka 2 methodology foresees fixed percentages. Furthermore, it was decided to only include the multilateral organisations in our calculation that contribute more than 5% of their disbursements to RMNCH according to the calculations of the LSHTM. Under the Muskoka 2 methodology, the percentages for disease-specific interventions (Malaria 12262, Tuberculosis 12263 and controlling STDs including

HIV & AIDS 13040) and general budget support (51010) vary depending on the disease burden, demography, and government health expenditure in each recipient country and year.

Donor's disbursements to FP were analysed using the official methodology developed by the FP 2020 Summit. This methodology uses part of the Muskoka OECD CRS codes and multilateral organisations and assigns different percentages to them (See below table).

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

2 | Antonia Dingle, Marco Schäferhoff, Josephine Borghi, Miriam Lewis Sabin, Leonardo Arregoces, Melisa Martínez-Alvarez, Catherine Pitt (2020).

Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002–17. *Lancet Global Health*

3 | Catherine Pitt, Christopher Grollman, Melisa Martínez-Alvarez, Leonardo Arregoces, Joy E Lawn, Josephine Borghi (2017).

Countdown to 2015: an analysis of donor funding for prenatal and neonatal health, 2003–2013. *BMJ Global Health*.

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

Bilateral DAC purpose codes		RMNCH	RH	MNH	SRR	SRHR	FP
11230	Basic life skills for youth and adults	0%	0%	0%	2%	2.00%	0.00%
15150	Democratic participation and civil society	0%	0%	0%	1%	1.00%	0.00%
15160	Human Rights	0%	0%	0%	7%	7.00%	0.00%
15170	Women's equality organisations and institutions	0%	0%	0%	17%	17.00%	0.00%
15180	Ending violence against women and girls	0%	0%	0%	41%	41.00%	0.00%
16064	Social mitigation of HIV & AIDS	0%	0%	0%	9%	9.00%	0.00%
12110	Health policy & administrative management	40%	1.90%	13.50%	0%	15.40%	5.00%
12181	Medical education/training	40%	1.00%	15.10%	0%	16.10%	5.00%
12182	Medical Research	0%	0%	0%	0%	0.00%	0.00%
12191	Medical services	40%	1.80%	15.70%	0%	17.50%	5.00%
12220	Basic health care	40%	0.60%	9.40%	0%	10.00%	5.00%
12230	Basic health infrastructure	40%	0.70%	12.90%	0%	13.60%	5.00%
12240	Basic nutrition	100%	0.50%	37.90%	0%	38.40%	0.00%
12250	Infectious disease control	40%	0.50%	1.50%	0%	2.00%	0.00%
12261	Health education	40%	6.20%	11.00%	0%	17.20%	5.00%
12262	Malaria control	varies*	0.00%	15.00%	0%	15.00%	0.00%
12263	Tuberculosis control	varies*	0.00%	0.00%	0%	0.00%	0.00%
12281	Health personnel development	40%	0.60%	16.40%	0%	17.00%	5.00%
13010	Population policy and administrative management	40%	23.40%	12.00%	0%	35.40%	5.00%
13020	Reproductive health care	100%	15.80%	58.90%	0%	74.70%	20.00%
13030	Family planning	100%	97.30%	2.00%	0%	99.30%	100.00%
13040	Std control including HIV & AIDS	varies*	varies*	0.00%	0%	0.00%	3.00%
13081	Personnel development for population & reproductive health	100%	14.50%	70.10%	0%	84.60%	5.00%
14030	Basic drinking water supply and basic sanitation	15%	0.00%	0.00%	0%	0.00%	0.00%
14031	Basic drinking water supply	15%	0.00%	0.00%	0%	0.00%	0.00%
14032	Basic sanitation	15%	0.00%	0.00%	0%	0.00%	0.00%
51010	General budget support-related aid	varies*	varies*	0.00%	0%	0.00%	0.50%
72010	Material Relief assistance and services	4.40%	0.10%	0.90%	0%	1.00%	0.00%
72040	Emergency Food Aid	1.90%	0.00%	0.60%	0%	0.60%	0.00%
72050	Relief coordination; protection and support services	2.10%	0.10%	0.50%	0%	0.60%	0.00%
73010	Reconstruction relief and rehabilitation	1.40%	0.00%	0.40%	0%	0.40%	0.00%
74010	Disaster prevention and preparedness	1.50%	0.00%	0.40%	0%	0.40%	0.00%

Multilateral Agency/Initiative	2016			2017			2018		
	RMNCH	SRHR	FP	RMNCH	SRHR	FP	RMNCH	SRHR	FP
GAVI	91.00%	2.00%	0.00%	91.00%	2.00%	0.00%	91.00%	2.00%	0.00%
Global Fund to Fight Aids, TB and Malaria	41.40%	25.97%	5.00%	39.90%	23.46%	5.00%	39.90%	22.10%	5.00%
IDA	5.20%	2.37%	1.00%	5.90%	2.49%	1.00%	5.90%	2.70%	1.00%
UNFPA	49.00%	51.75%	20.00%	49.00%	51.59%	20.00%	49.00%	52.57%	20.00%
UNICEF	15.00%	4.32%	0.00%	15.00%	4.24%	0.00%	15.00%	4.52%	0.00%
UNAIDS	34.10%	36.57%	0.00%	34.10%	36.50%	0.00%	34.10%	40.49%	0.00%
UNRWA	7.00%	1.74%	0.00%	7.00%	1.74%	0.00%	7.00%	1.58%	0.00%
World Food Programme	5.90%	2.93%	0.00%	5.90%	2.35%	0.00%	5.90%	1.36%	0.00%
World Health Organisation	37.90%	16.21%	5.00%	37.90%	16.63%	5.00%	37.90%	16.26%	5.00%
Asian Development Bank	1.60%	0.24%	0.00%	1.60%	0.23%	0.00%	1.60%	0.64%	0.00%
African Development Fund	0.90%	0.29%	0.00%	0.30%	0.17%	0.00%	0.30%	0.23%	0.00%



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DONOR PROFILES

HOW DO THE DONOR PROFILES WORK?

DONOR'S POLITICAL PROFILE

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

HOW MUCH MONEY DID THE DONOR DISBURSE FOR DEVELOPMENT ASSISTANCE (ODA), SRHR, FP AND RMNCH IN 2018?

The graph shows the total volume of the donor's disbursements to ODA, SRHR, FP and RMNCH in 2018. RMNCH and SRHR are collected based on the Muskoka 2 methodology and the additional SRHR tracking method. For FP, the FP2020 methodology is used.

HOW MUCH DID THE DONOR PRIORITISE SRHR, FP AND RMNCH IN THEIR DEVELOPMENT ASSISTANCE (ODA) FROM 2016-2018?

The graph provides a historical overview of the donor's disbursements as percentages of ODA towards SRHR, FP and RMNCH, as if reported against the Muskoka 2 methodology, the updated SRHR methodology and the FP2020 methodology.



THE CURRENCY

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



DUPLICATION

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

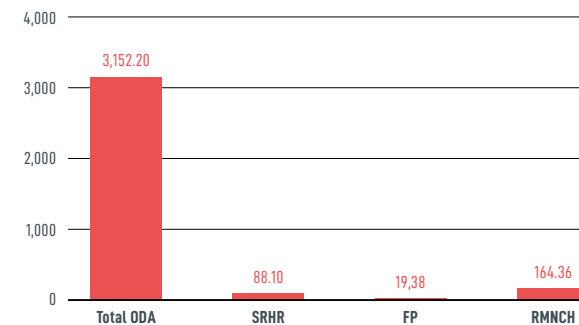
N.B. Each donor profile graph uses a tailored scale according to the donor's results and cannot be compared.

AUSTRALIA

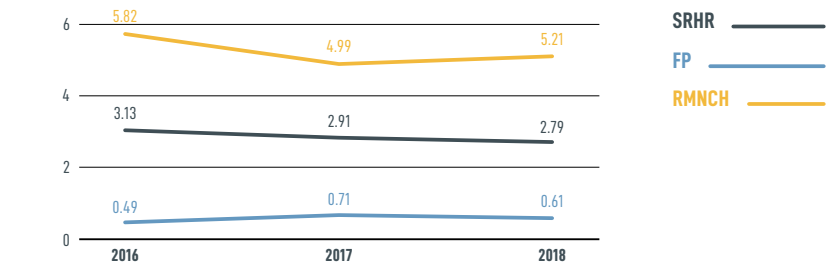
Australia prioritises global health in its development aid and has released a Health for Development Strategy 2015-2020. This strategy includes clear commitments on investment in RMNCH and FP. Australia's latest development policy, 'Partnerships for Recovery: Australia's COVID-19 Development Response', launched in May 2020, is oriented towards COVID-19 response and recovery efforts, and includes health, sexual and reproductive health (and FP), as a key pillar.

Despite political commitments, a steadily declining trend in Australia's funding for SRHR has been ongoing since 2016, both in absolute terms, as well as a share of ODA. Since a significant cut to funding between 2016 and 2017, Australia's funding and prioritising of RMNCH picked up slightly in 2018. The funding for FP remained fairly stable over this period.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

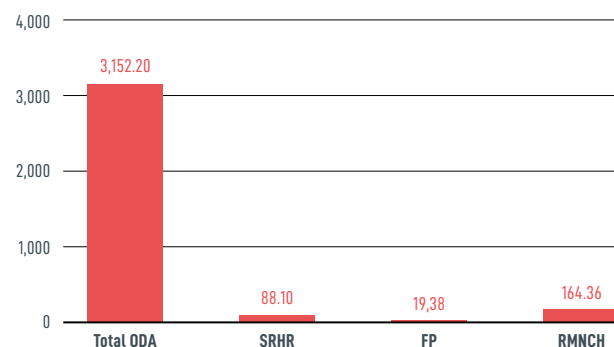


 AUSTRALIA

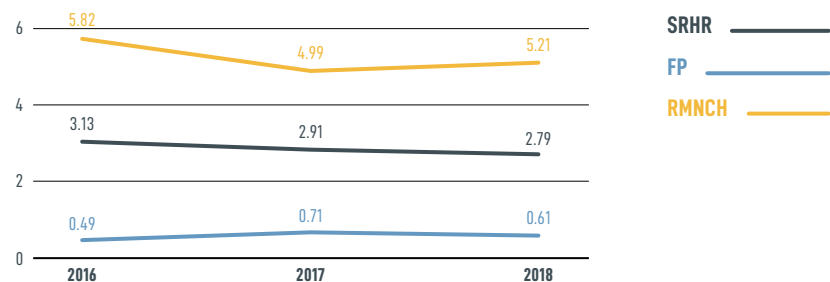
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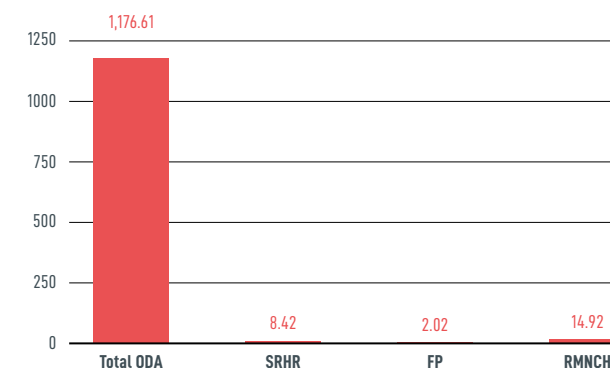


 AUSTRIA

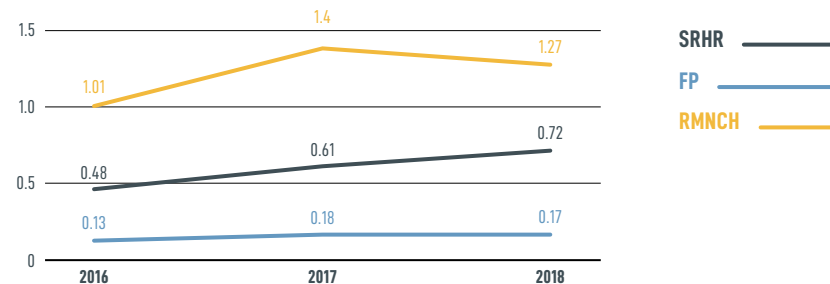
Austria listed access to health, including SRHR, as a major field of activity in its Three-Year Programme on Austrian Development Policy 2016 – 2018. This was strengthened in the Three-Year Programme on Austrian Development Policy 2019 – 2021, where the promotion of SRHR and FP are listed as a central instrument to achieve health for all. In both the 2016 – 2018 and the 2019 – 2021 programme, gender equality is included as a cross-cutting issue.

Austria's FP and RMNCH disbursements increased from 2016 to 2017 and decreased again from 2017 to 2018. For SRHR an opposite trend took place. Disbursements decreased from 2016 – 2017 and increased again in 2018. When taking into account the disbursements as a percentage of ODA, we see an increase for SRHR over the three years, while RMNCH and FP follow the pattern of the disbursements in constant prices.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018



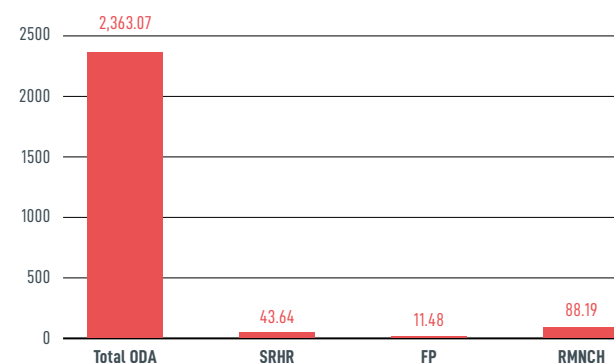
BELGIUM

In its 2013 federal law on development cooperation, Belgium stresses the importance of SRHR for sustainable development and prioritises RH in its bilateral cooperation. SRHR is also a priority in operational policy documents on health and gender in development.

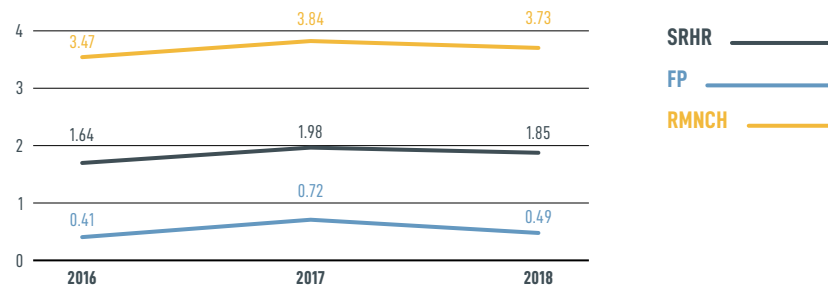
In 2017, Belgium co-launched the SheDecides Initiative, which seeks to promote women's rights and SRH/FP worldwide. Belgium hosted the SheDecides pledging conference in 2017 and as part of the country's contribution, pledged 36 million EUR as core funding to UNFPA. In addition, Belgium is now including a 'SheDecides'-programme promoting SRH/FP and gender equality in every new bilateral cooperation agreement.

Belgium's disbursements on SRHR, FP and RMNCH (both in total amounts and as a percentage of total ODA) have increased significantly from 2016 to 2017 and experienced a small drop in 2018. The amounts and percentages from 2018 are, however, still higher than those in 2016.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018



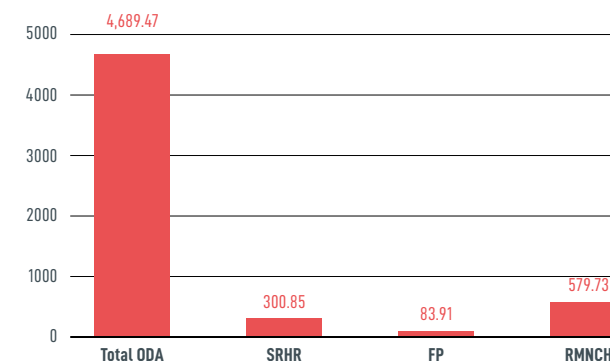
CANADA

In 2017, Canada adopted its feminist international assistance policy, which has a specific focus on empowering women and girls and promoting gender equality. In addition, it also champions SRHR and commits to support its SRHR work with an investment of 650 million USD over three years. Moreover, Canada's global health policy lists SRHR and health of women and children, including increased access to a full range of health services, such as FP and modern contraception; comprehensive sexuality education; safe and legal abortion, and post-abortion care; prevention and treatment of HIV & AIDS and sexually transmitted infections as key areas of action.

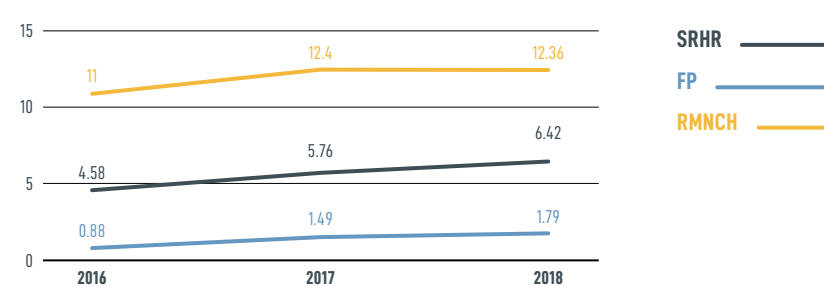
These commitments were strengthened at the Women Deliver Conference in Vancouver in July 2019 and the Nairobi Summit in November 2019, where Canada committed to increase support for women's, adolescents' and children's health to an average of 1.4 billion USD annually by 2023, with an annual average of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

Canada's funding for SRHR, FP and RMNCH has increased between 2016 and 2018. While RMNCH disbursements have only increased slightly, a more significant increase can be noted for SRHR and FP. FP disbursements as a percentage of ODA have doubled between 2016 and 2018.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

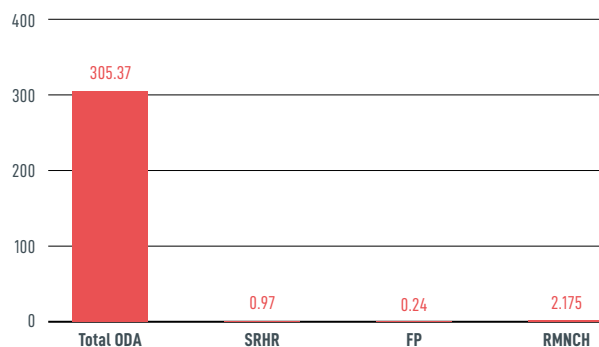


CZECH REPUBLIC

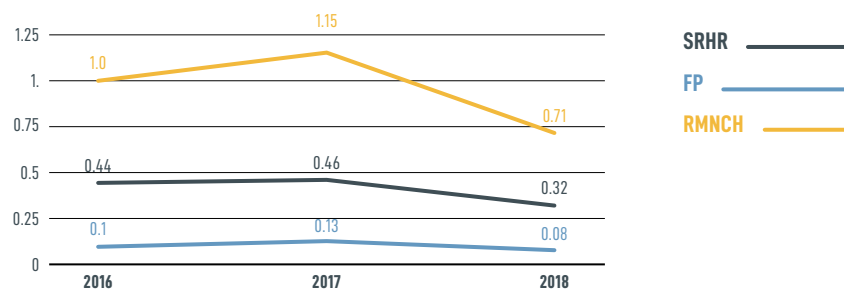
Social development, including education, health care and support for social inclusion, is one of the priorities of the Czech development aid policy for 2018-30. Respect for human rights, including gender equality and empowerment of women and girls is considered a cross-cutting issue. The strategy does not specifically refer to SRHR, FP or RMNCH. Czech bilateral aid focuses on Balkan and Eastern European countries, in addition to the Global South. The priority countries are Bosnia and Herzegovina, Cambodia, Ethiopia, Georgia, Moldova, and Zambia.

Already rather low, Czech disbursements on SRHR, FP and RMNCH (both in total amounts and as a percentage of total ODA) have decreased further between 2016 and 2018 with a marginal increase in 2017.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

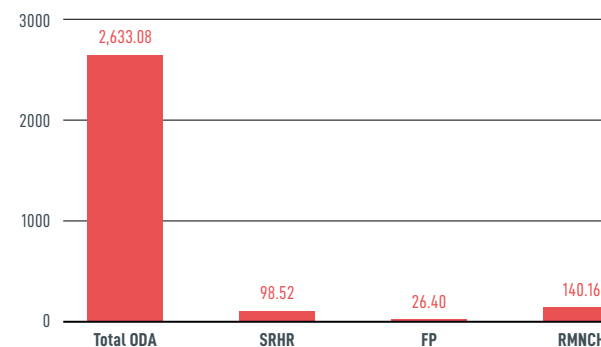


DENMARK

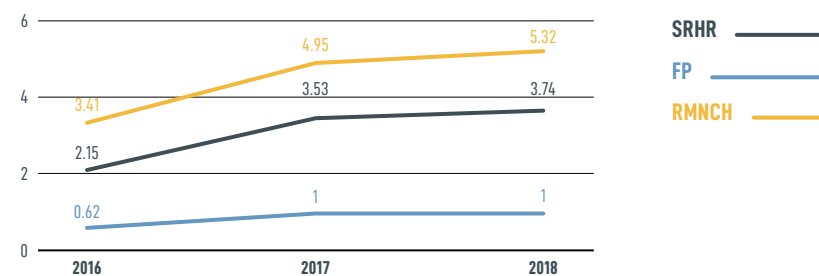
In its 2017 Development Cooperation Strategy 'The World in 2030', Denmark continues to stress the importance of SRHR and gender equality as main priorities for development cooperation. This focus builds on a long tradition of Denmark being a SRHR donor champion. Denmark is one of the co-founders of 'AmplifyChange' and continues to support this fund. In addition, Denmark was also one of the co-launchers of the SheDecides Initiative in 2017 and, jointly with UNFPA and Kenya, it co-hosted the ICPD25 Summit in Nairobi in November 2019.

Denmark's disbursements to SRHR, FP and RMNCH have increased substantially between 2016 and 2017, while there has been a more moderate increase between 2017 and 2018. This is mostly linked to increases in Denmark's bilateral funding for SRHR, FP and RMNCH. Its multilateral funding only increased slightly.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

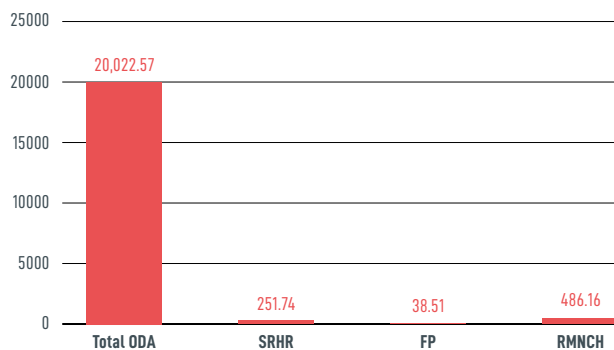


EU INSTITUTIONS

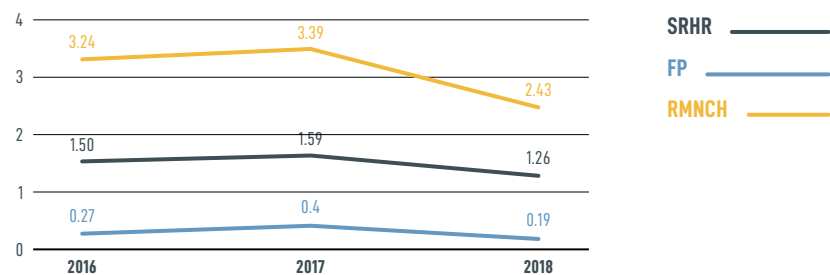
The New European Consensus on Development (2017), the Gender Action Plan II (2016 - 2020) and various other international policies demonstrate the EU's political commitment to SRHR. Currently the EU Institutions support SRHR, FP and RMNCH through a range of financial instruments (geographic and thematic programmes, Global Health Initiatives, support to UN organisations and grants to civil society). At the end of 2020, the EU's current long-term budget or Multiannual Financial Framework (MFF) will come to an end. Under the new MFF (2021-2027), development cooperation will be funded by the Neighbourhood, Development and International Cooperation Instrument (NDICI). While discussions on this instrument are still ongoing, the positions of all three European Institutions (the European Commission, the European Parliament and the Council) contain strong references to SRHR. The Spotlight Initiative, a global multi-year partnership between the EU and the UN launched in 2017, aims to eliminate violence against women and girls and foresees an initial amount of 500 million EUR for targeted, large-scale investments in Africa, Asia, the Caribbean, Latin America and the Pacific.

Despite these political commitments, a general decrease of SRHR, FP and RMNCH funding was seen. While there was still an increase of funding from 2016 to 2017, this decreased considerably in 2018 to a level below that of 2016.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018



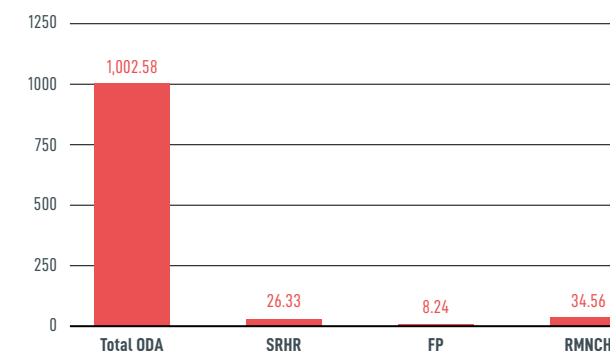
FINLAND

There is strong political and financial commitment for global SRHR in the Finnish development policy and cooperation. In 2016, Finland launched its Government Report on Development Policy: 'One World, One Future - Towards Sustainable Development'. In this report, Finland recognises the rights of women and girls with strong emphasis on SRH/FP as a key priority for its development policy. Gender equality and SRHR are also among the funding priorities.

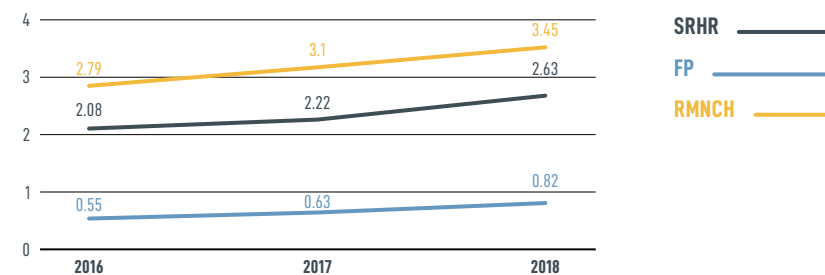
UNFPA remains the second largest receiver of Finnish funding to UN organisations, which indicates that Finland's commitment still lies with SRH/FP related issues. At the Nairobi ICPD25 Summit, Finland committed to significantly increase funding to UNFPA and highlighted Finland's strong political support to the organisation and SRHR.

Finland's development cooperation budget was cut dramatically in 2016 and, as a consequence, the SRHR, FP and RMNCH disbursements were hit. However, between 2016 and 2018 a steady increase can be noted both in terms of total disbursements and in relative disbursements compared to ODA.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

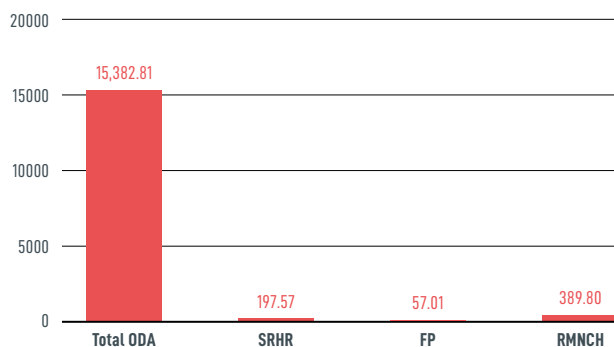


FRANCE

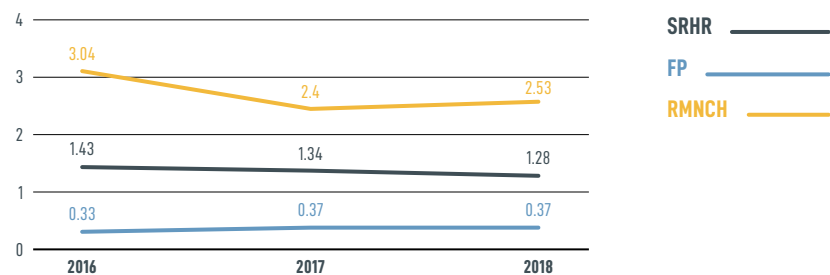
Since 2017, France has made gender equality a priority of its foreign policy. In 2016, France published its strategy report on external action on the issues of population and SRHR 2016 – 2020, followed by the strategy for global health for 2017-2021. In 2018, the French government joined the SheDecides initiative by pledging 10 million EUR. Francophone West African countries are priority countries for French development aid. France co-founded the Muskoka Initiative and has created the Fonds Français Muskoka as a follow-up, which is now funding up to 10 million EUR per year to RMNCH and SRHR in West and Central Africa (until 2022).

France is the sixth-largest donor country in terms of total ODA disbursements but allocates only 0.4% to FP and 1.3% to SRHR. While France's gross disbursements to SRHR, FP and RMNCH have increased between 2016 and 2018, this is not the case when they are compared to ODA. France's FP disbursements as a percentage of ODA remained fairly stable between 2016 and 2018. However, its disbursements on RMNCH and SRHR as a percentage of ODA has decreased considerably.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

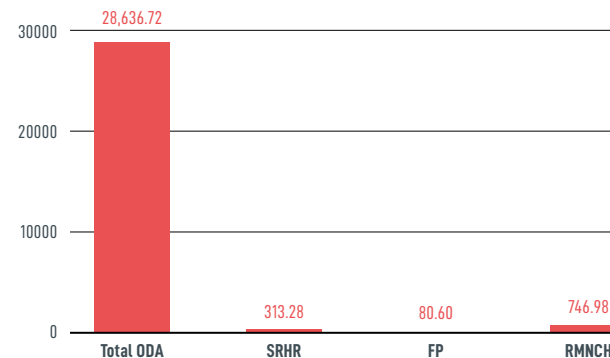


GERMANY

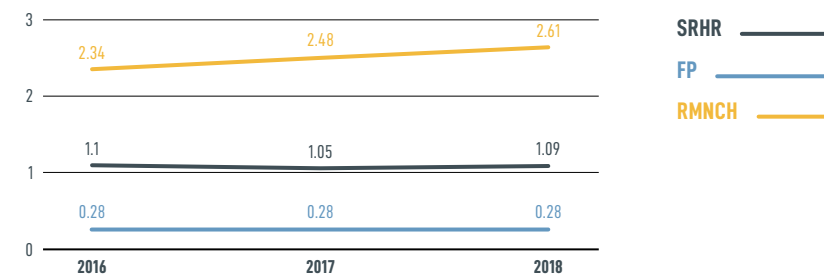
Germany's policy on SRHR in development is long-standing and mainly based on the 2008 policy paper 'Sexual and Reproductive Health and Rights and Population Dynamics'. In 2011, it launched an Initiative on Rights-Based Family Planning and Maternal Health. Funding for this initiative currently remains at 100 million EUR per year. In April 2019, it was announced that it will be prolonged until 2023. In addition to the committed 40 million for 2020, Germany has recently announced an additional EUR 30 million in core funding to UNFPA.

Germany's disbursements for SRHR, FP and RMNCH have remained stable from 2016 to 2018. A significant share of Germany's overall disbursements for SRHR, FP and RMNCH comes from core multilateral contributions, namely to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

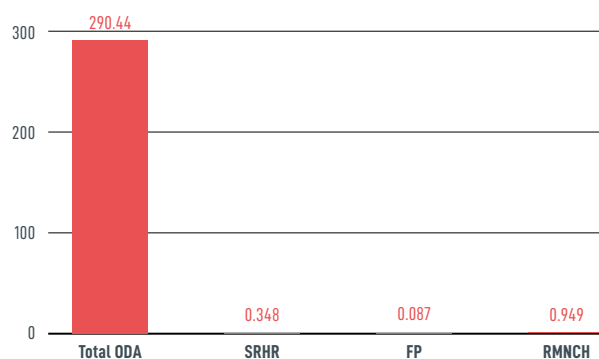


GREECE

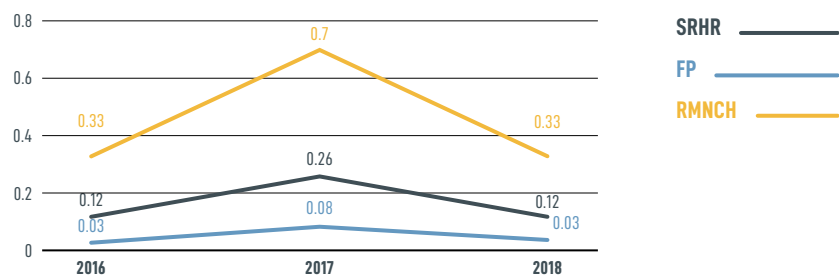
According to the 2019 OECD Development Co-operation Peer Review, Greek development co-operation has traditionally focused on poverty, hunger, health, education and culture, and peace and security. Gender equality and the empowerment of women and girls is considered a cross-cutting priority. There are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

The Greek disbursements on SRHR, FP and RMNCH remain low. While there was a slight increase in the disbursements for SRHR, FP and RMNCH in 2017 (both in terms of total amount and as a percentage of ODA), disbursements decreased in 2018 to match 2016 levels.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

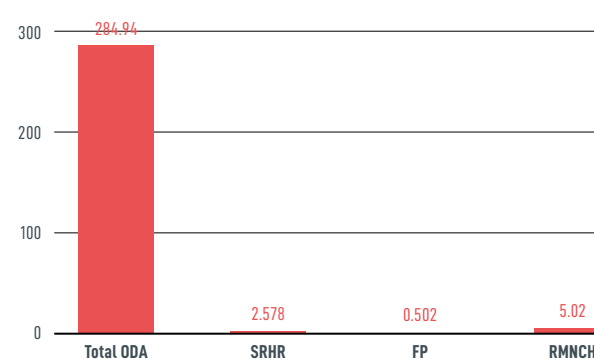


HUNGARY

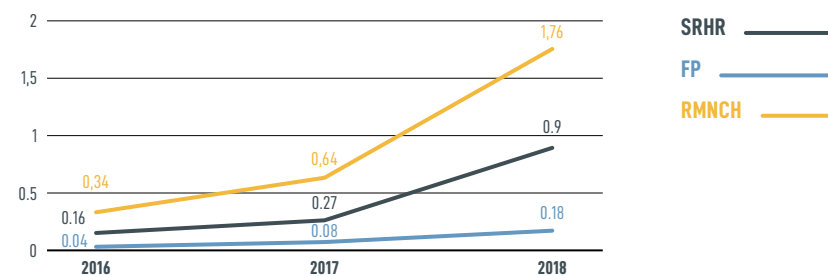
In its 2014 – 2020 development policy, Hungary lists human development, including health and education, as one of the priority sectors. In addition, improving the situation of women, education and health is considered a priority for sub-Saharan Africa. Neither SRHR, FP or RMNCH are specifically mentioned in Hungary's development policy.

Hungarian disbursements on SRHR, FP and RMNCH remain rather low, particularly in 2016. However, between 2016 and 2018, there was a strong increase in the disbursements on SRHR, FP and RMNCH (both in total amounts and as a percentage of ODA). While in 2016 and 2017, the overwhelming majority of Hungary's ODA to SRHR, FP and RMNCH disbursements were part of its multilateral funding (with a focus on the World Bank's IDA), this shifted to bilateral funding in 2018.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

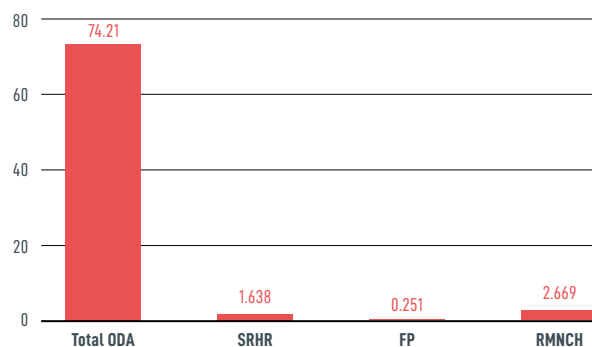


ICELAND

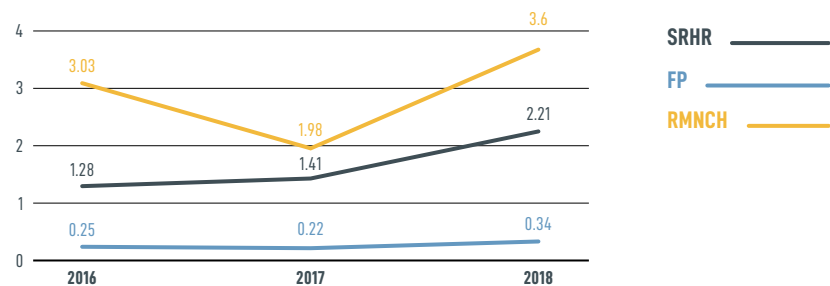
Quality basic health care and decreased maternal and neonatal mortality are considered priorities in Iceland's Policy for International Development Cooperation 2019 – 2023. SRHR is also listed specifically as part of this priority. In addition, gender equality and human rights are recognised as key issues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

Iceland's disbursements to SRHR, FP and RMNCH have increased between 2016 and 2018 (both in terms of total amounts and as a percentage of ODA). However, in 2017, both the FP and RMNCH disbursements decreased.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

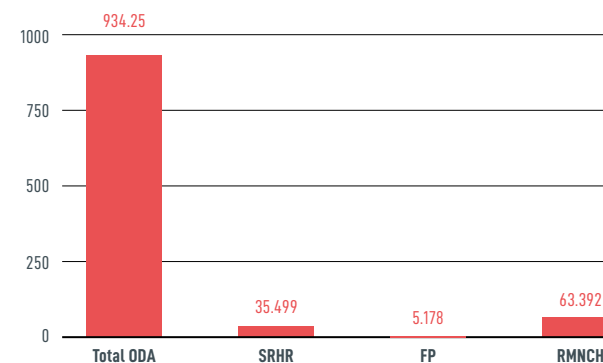


IRELAND

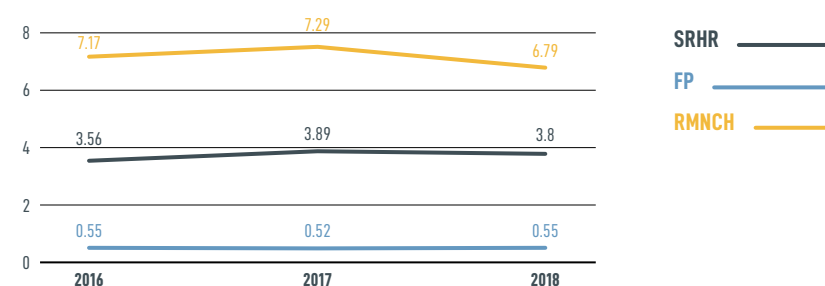
In 2019, Ireland adopted its new international development policy 'A Better World', which includes a proactive, rights-based approach to SRH. SRHR is mainstreamed throughout the document, which includes a commitment to a new initiative on SRHR, the incorporation of SRHR into humanitarian programming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

Ireland's overall ODA level has increased year on year from 2016 to 2018. SRHR and FP spending as a percentage of total ODA has remained fairly stable, while there has been a small decrease in RMNCH funding.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

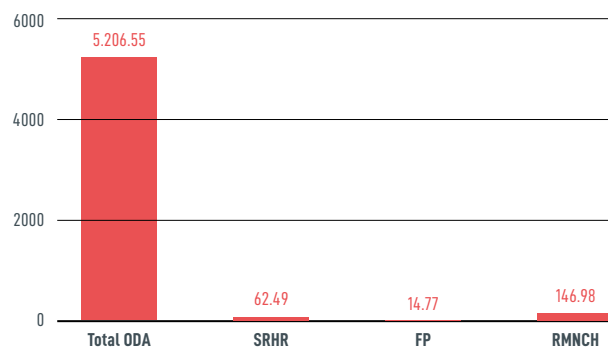


ITALY

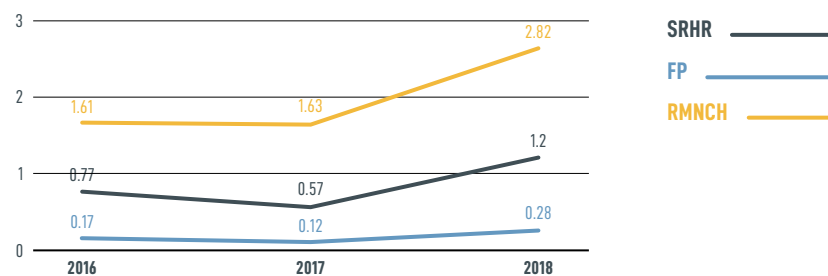
Italy's strategic priorities for development cooperation are spelled out in the 'Programming Guidelines and Directions for Italian Development Cooperation 2017 – 2019'. Within these guidelines, health, including MNCH has been identified as a strategic priority. Gender equality is mentioned as a cross-cutting theme.

Italy's disbursements to SRHR, FP and RMNCH as a percentage of ODA remained fairly stable in 2016 and 2017. However, from 2017 to 2018 there was a substantial increase, with SRHR and FP disbursements being doubled both in total amounts and as a percentage of ODA.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

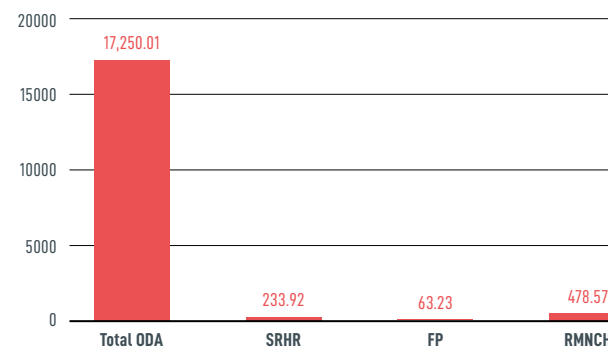


JAPAN

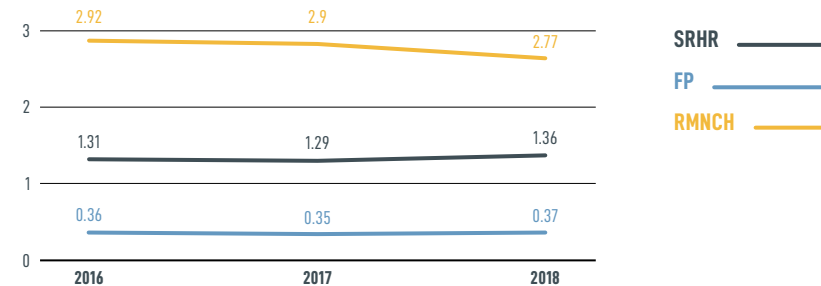
In its development strategy, Japan highlights global health, UHC and the fight against infectious diseases as key priorities to reach human security. Promoting women's health, including reproductive, maternal health and access to FP services are clearly targeted as key areas of focus. Education, gender and women's empowerment are also included in Japan's development aid policy, which targets all regions with a specific focus on Asia and Oceania.

Japan's disbursements to FP and RMNCH as part of ODA slightly decreased in 2018 (when compared to 2016), while disbursements to SRHR have stagnated.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

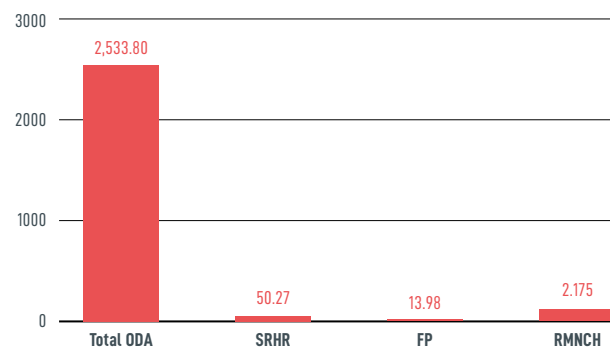


 KOREA

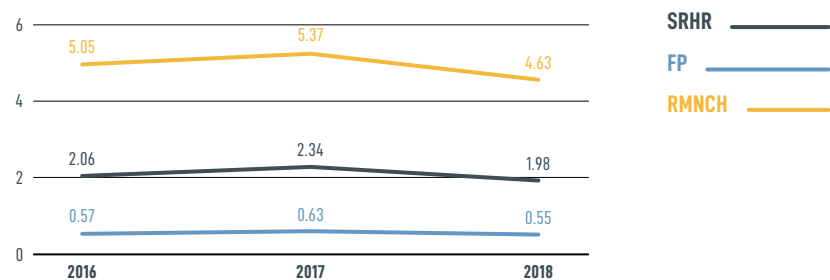
The Framework Act on International Development Cooperation outlines the overarching principles of South Korean development cooperation, among which are gender equality and the human rights of women, children and adolescents. Supporting developing countries to achieve the SDGs and protecting the human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

Despite these commitments, Korea's disbursements to RMNCH, SRHR and FP as part of ODA have all decreased since 2016. South Korea channels most of its ODA bilaterally and particularly focuses on its Southeast Asian neighbours. Recently, the Government has intended to increase its contribution to multilaterals (WHO, UNICEF, UNDP, UNHCR and WFP).

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

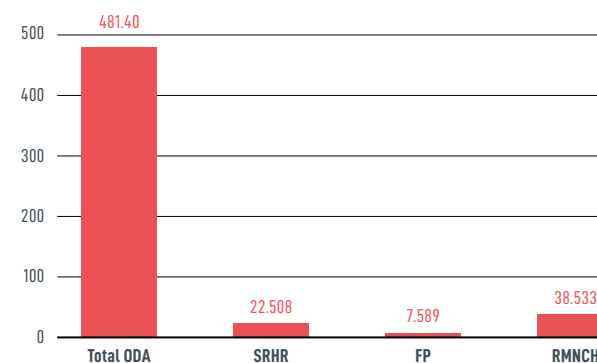


 LUXEMBOURG

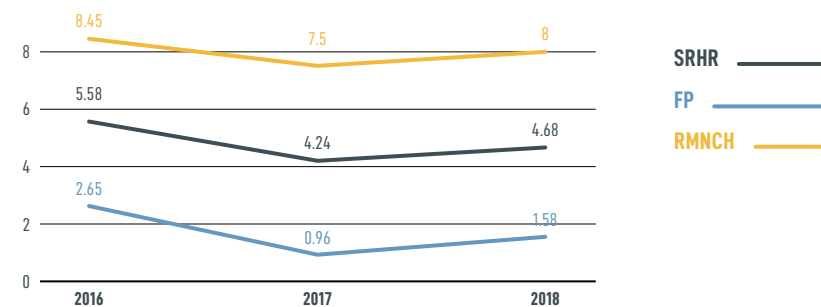
Luxembourg includes health and education in its development aid priorities, with a cross-cutting focus on gender. Within global health, it defines maternal and child health, including SRHR in the list of priorities.

Although SRHR and FP disbursements as a percentage of total ODA in 2018 slightly decreased when compared to 2016, Luxembourg is one of the European leading donors alongside the UK and the Netherlands when it comes to prioritising SRHR and FP in its development aid. Luxembourg also meets the target of allocating 0.7% of its GNI to ODA.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018



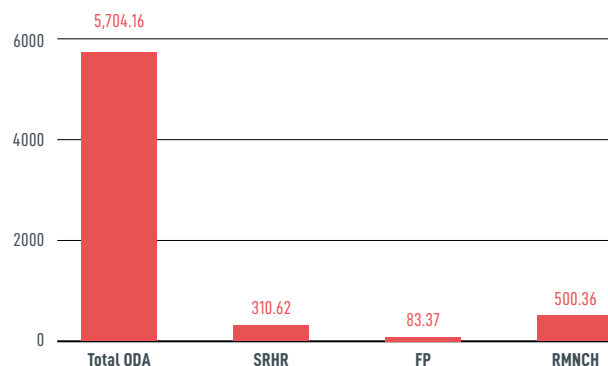
THE NETHERLANDS

In the policy Investing in Global Prospects adopted in 2018, SRHR continued to be a policy priority for the Netherlands. Gender (SDG5) is considered as a cross-cutting goal to which all activities in development cooperation should contribute. The Netherlands reaffirmed its commitment to SRHR by launching the SheDecides initiative in 2017. For the years 2017 and 2018, the Netherlands contributed 29 million EUR to the SheDecides movement. For the period 2020–25, the SRHR partnership fund (under the umbrella of the SDG5 fund) was renewed for an amount of 215 million EUR.

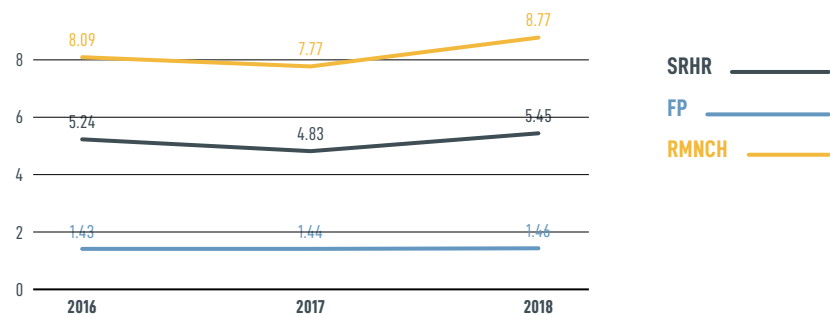
The Minister for Foreign Trade and Development Cooperation made the commitment to keep SRHR on the agenda during and after the COVID-19 pandemic.

The Netherlands is the European donor country that gives the most priority to SRHR in its development assistance, allocating 5.4% of its ODA in 2018. Since 2016, it has increased its share of ODA dedicated to RMNCH, SRHR and FP.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

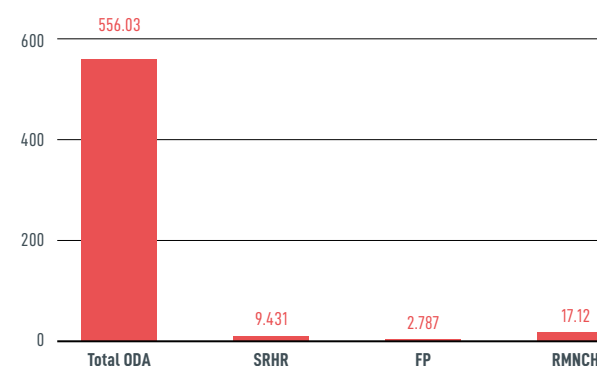


NEW ZEALAND

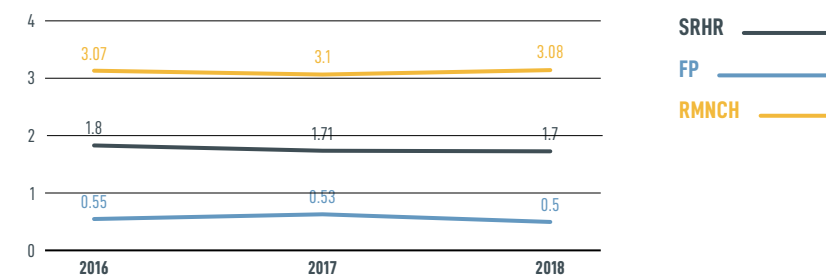
In the New Zealand Aid Programme Strategic Plan 2015 - 2019, education and health, with a particular focus on RH and FP, are listed as priorities. In addition, gender equality and women's empowerment is considered a cross cutting issue in New Zealand's development cooperation. The geographic focus of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

New Zealand's 2018 SRHR and FP disbursements as percentage of total ODA have slightly decreased since 2016, while its RMNCH disbursements have remained stable.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

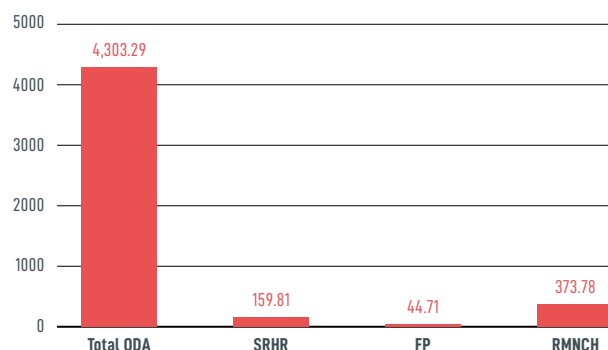


NORWAY

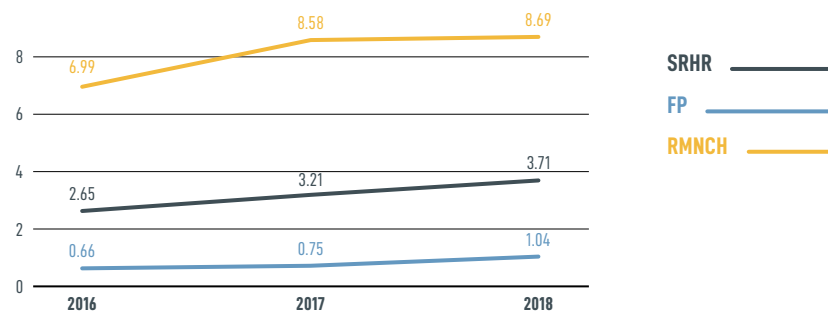
Global health remains a top priority for Norway when it comes to ODA, together with humanitarian aid, education (including women's education) and climate change. Women's rights and gender equality are considered overarching guiding principles of Norway's external policies. SRHR are both included as part of the support to women's rights and gender equality and the global health agenda. SRHR is also listed in the priorities of Norway's humanitarian assistance.

Norway is one of the ten top donors for SRHR, FP and RMNCH in terms of total volumes and as a share of its ODA. Since 2016, Norway has stepped up its support for SRHR and FP following the reinstatement by the US of the Global Gag Rule. This was made mainly through SheDecides and FP2020 commitments in 2017, and lately at the Nairobi Summit in 2019. In Nairobi, Norway committed 9.6 billion NOK to SRHR for the period 2020-2025 and 760 million NOK to end harmful practices for the period 2020-2023.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

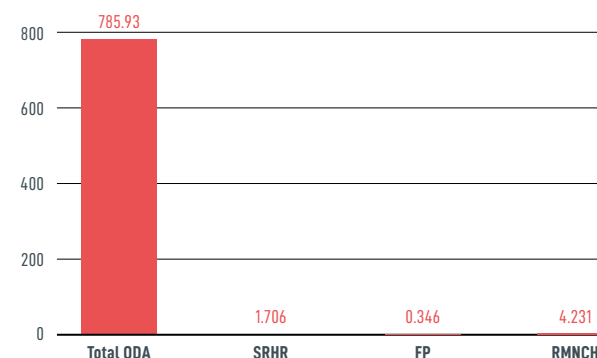


POLAND

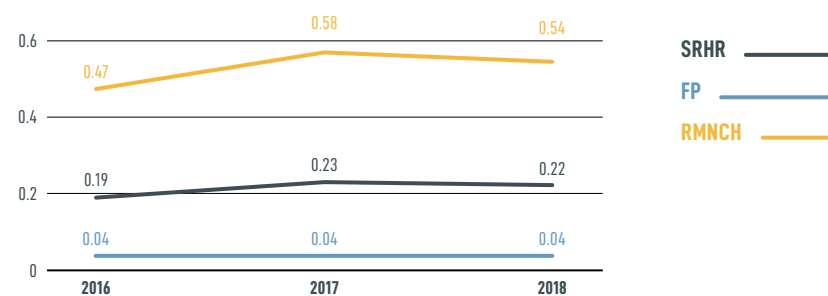
The priorities of Polish development aid, listed in its 'Multi-Annual Development Cooperation Programme 2016 – 2020' and the corresponding 2019 plan include improving health care quality, in particular access to health care for mothers and children, but do not specifically refer to RH or FP. The fight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

Poland ranks in the penultimate position of the ranking for SRHR and FP disbursements in percentage of total ODA. While there has been a limited increase in SRHR and RMNCH disbursements, Poland's FP disbursements have remained constant over the three years. Poland mainly channels its cooperation bilaterally, and intends to support multilaterals when development objectives cannot be achieved otherwise.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018



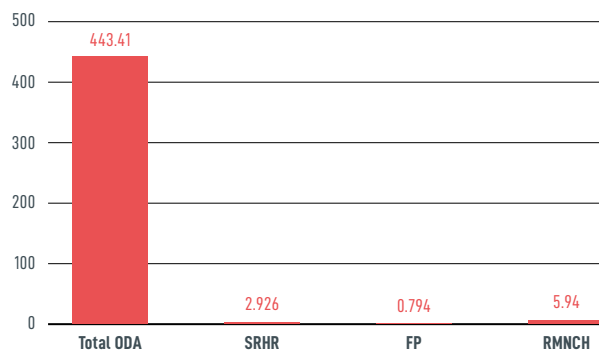
PORTUGAL

Portugal prioritises education, gender equality and health in its development aid policy. SRHR and MNCH are listed as priorities with regards to global health. Amongst priority actions are the reduction of child mortality, the improvement of maternal and child healthcare and women's health, the fight against STDs, Malaria, Tuberculosis and other Neglected Tropical Diseases.

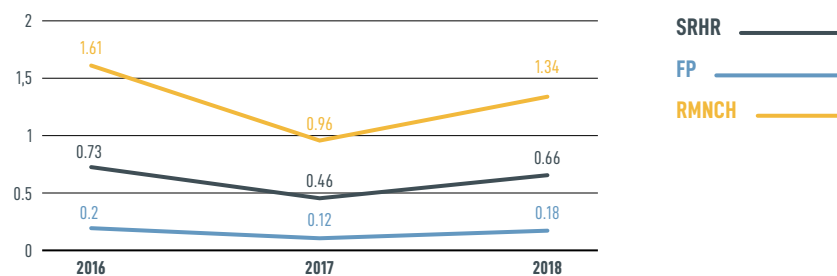
At bilateral level, the Portuguese development cooperation actions are focused on the Portuguese-speaking African countries and East Timor, targeting two or three priority sectors in each country.

In 2016, Portuguese disbursements to RMNCH and FP had almost halved, resulting in the country moving downwards in the ranking for RMNCH and FP as a share of its ODA. The disbursements as part of ODA for RMNCH, FP and SRHR both in terms of volumes and as percentage of total ODA have continued to decrease since 2016.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

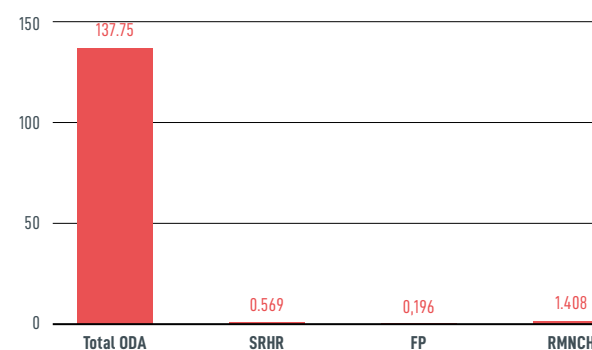


SLOVAK REPUBLIC

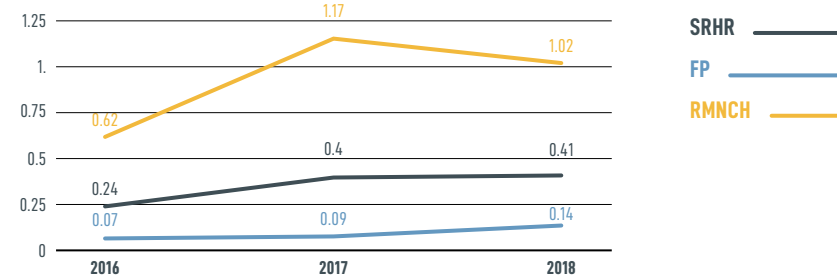
In its development assistance, the Slovak Republic defines different sectoral priorities for each recipient country (Afghanistan, Kenya, Moldova and South Sudan). Improving healthcare, especially for mothers and children is listed as one priority for at least two countries, though with no specific reference to SRHR and FP.

Since 2015, the Slovak Republic has stepped up its overall development assistance. Despite increasing its disbursements for SRHR, FP and RMNCH from 2016 to 2018, it remains among the lowest ranking donors when it comes to prioritising RMNCH, SRHR and FP.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

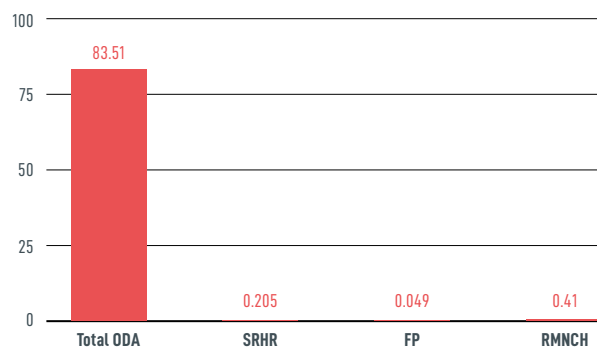


 SLOVENIA

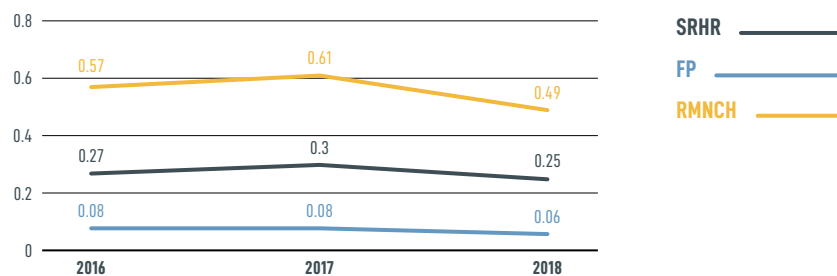
Slovenian bilateral development cooperation is focused mostly on the Western Balkan countries. Although gender equality and the empowerment of women has been defined as a cross-cutting theme in Slovenia's development cooperation strategy, the country prioritises economic growth and employment, good governance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

Slovenian RMNCH, SRHR and FP disbursements as part of total ODA have all decreased since 2016, placing Slovenia in the bottom three countries of all rankings.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

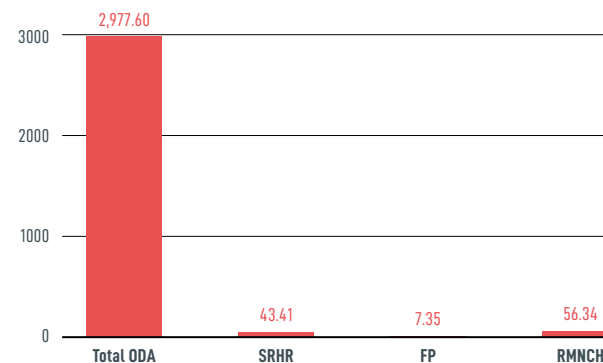


 SPAIN

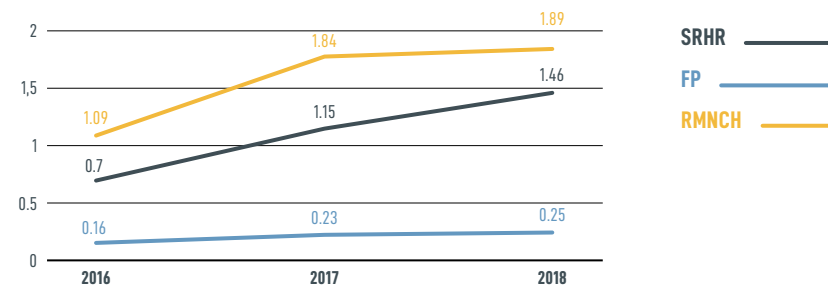
Spain's masterplan for development cooperation 2018–2021 outlined gender equality as a cross-cutting development principle and health and SRHR as one of the seven priorities for Spanish ODA. The protection of health services, including those related to SRHR and FP are also a priority of the new Spanish Humanitarian Action Strategy (2019–2026).

This growing priority is reflected by a strong increase in Spain's SRHR, FP and RMNCH disbursements as percentages of total ODA since 2016. The share of SRHR disbursements compared to Spain's total ODA more than doubled from 2016 to 2018.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

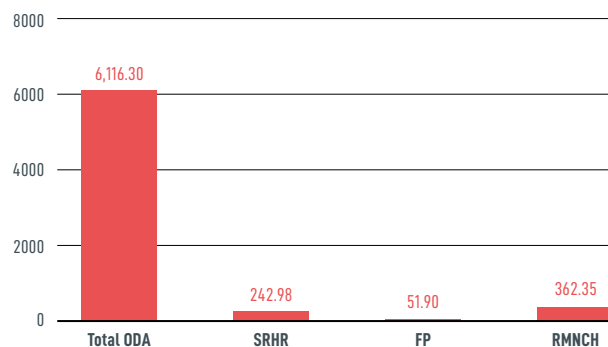


SWEDEN

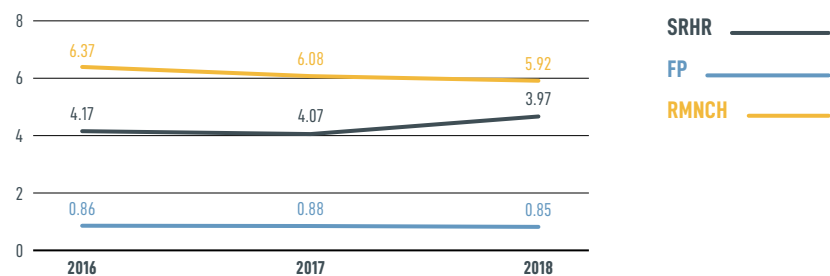
It is clear that SRHR is one of the key priorities in Swedish international cooperation. In 2014, Sweden was the first country in the world to launch and implement a feminist foreign policy, allowing it to utilise all of its foreign policy tools, including development cooperation, to address gender inequality globally. SRHR was one of the six objectives of this strategy. This culminated in 2018 with the publication of the Handbook of Sweden's feminist foreign policy and a second action plan for the period 2019 - 2022. In addition, in May 2018, Sweden launched its 2018 - 2022 strategy for development cooperation for gender equality and women and girls' rights, which recognises the setback of SRR worldwide.

Despite this strong commitment, Swedish disbursements for RMNCH, SRHR and FP as part of ODA have slightly decreased since 2016. Sweden is a strong supporter of multilaterals. Core contributions to multilateral organisations accounted for slightly more than one third of Swedish ODA in 2018. Sweden's funding targets low-income countries and countries in sub-Saharan Africa.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018



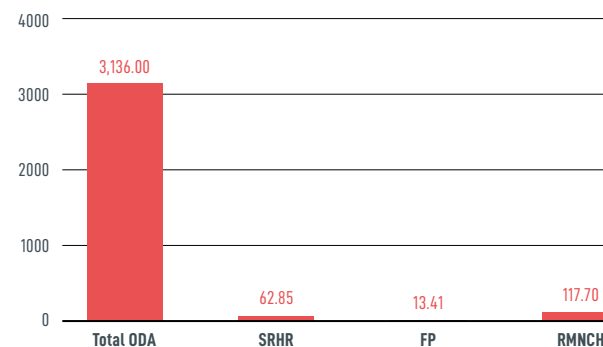
SWITZERLAND

The Federal Department of Foreign Affairs (FDFA) of Switzerland published its first 'Gender Equality and Women's Rights Strategy' in September 2017. The strategy is guided by the 2030 Agenda for Sustainable Development and has six strategic objectives including one on the promotion of SRHR. Concretely, priorities include improving access to information and quality services and integrating SRH services into basic healthcare.

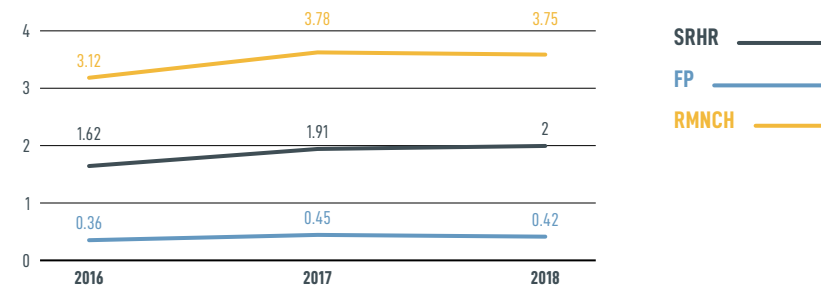
In addition, in the Swiss Health Foreign Policy 2019-2024, SRHR is considered an integral part of person-centred healthcare provision, which is essential for sustainable healthcare.

This focus on SRHR has been reflected in a steady increase for SRHR and FP disbursements in terms of share of total ODA since 2016, going from 1.62% to 2% of total ODA for SRHR and from 0.3 to 0.5% of overall ODA for FP.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016-2018

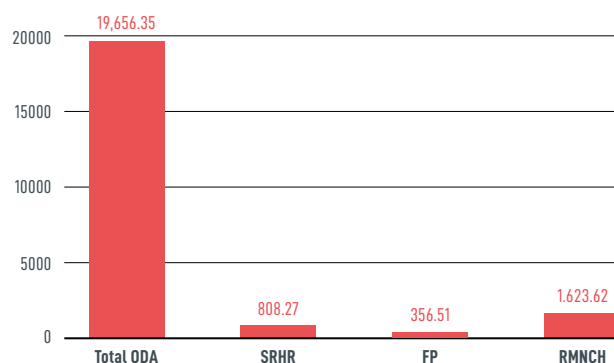


UNITED KINGDOM

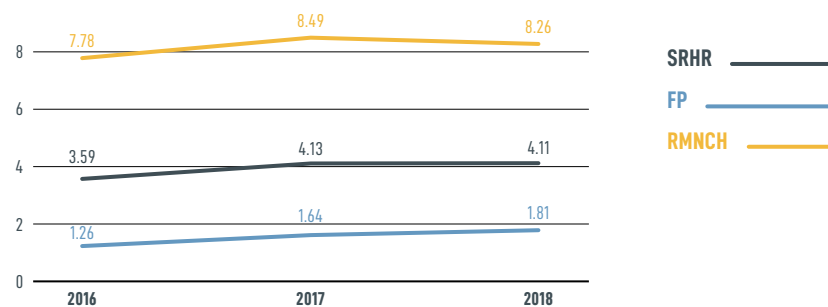
The UK is one of the largest donors of ODA (one of the few that reach the target of 0.7% GNI to ODA) and a continuous supporter of SRHR and FP in its development cooperation. Its commitment to SRHR is reflected in its 'Strategic Vision for Gender Equality - A Call to Action for Her Potential, Our Future.' In 2017, the country hosted the second Family Planning Summit to galvanise progress towards FP2020 goals and committed to spend an average of 225 million GBP every year on FP over the next five years.

In 2018, it is the leading European donor for FP both in terms of total disbursement and as a share of ODA. It is also the leading European donor in terms of volumes for SRHR disbursements, just ahead of Germany. Overall, the UK increased funding for SRHR, FP and RMNCH in 2018 compared to 2016. While both the SRHR and RMNCH disbursements show a peak in 2017 and a slight decrease in 2018, the FP disbursements as percentage of ODA show a continuous increase. Whether Brexit will impact the UK's leading role on SHR and FP remains to be seen.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018

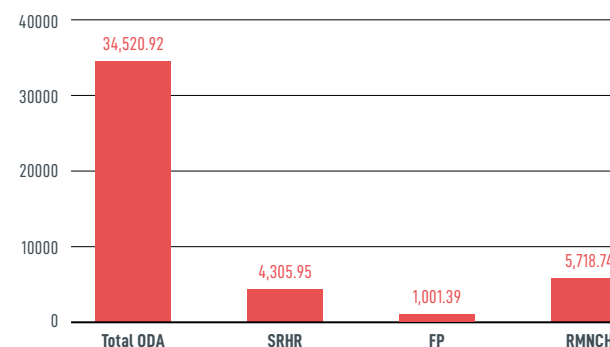


UNITED STATES OF AMERICA

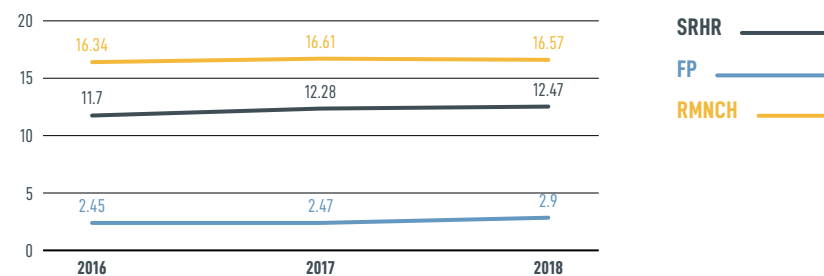
Under the Trump administration, development assistance has been strongly linked to US national security concerns and economic growth. Economic development, particularly for women, and increasing US development finance capabilities are top priorities. While RH, FP and controlling the HIV & AIDS epidemic are still listed as strategic health areas on the USAID website, there is no reference to SRHR. In January 2017, the Trump administration re-introduced the Mexico City Policy, also known as the Global Gag Rule. As a result, NGOs outside the US are no longer eligible for US global health assistance if they use funding – from any source- for abortion-related activities. This was expanded in 2019 to the activities of sub-recipients of complying organisations. In addition, the US completely cut its funding to UNFPA in 2017 and 2018.

Despite the Global Gag Rule, there has been a push-back from the Congress and as a result, US disbursements to SRHR, FP and RMNCH remained quite stable between 2016 and 2018.

2018 ODA, SRHR, FP and RMNCH disbursements in million USD, 2018 constant prices



Yearly SRHR, FP and RMNCH disbursements as a percentage of total ODA, 2016–2018





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ANNEXES

ANNEX 1 | ABBREVIATIONS

CH

Child Health

CRC

Creditor Reporting System

DAC

Development Assistance Committee

DSW

Deutsche Stiftung Weltbevölkerung

EP

European Parliament

EPF

European Parliamentary Forum on Population and Development

EU

European Union

EUR

Euros

EWEC

Every Woman Every Child

FP

Family Planning

GAVI

The Vaccine Alliance

GBP

British Pounds

GNI

Gross National Income

HIV& AIDS

Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome

ICPD

International Conference on Population and Development

IDA

International Development Association

LSHTM

London School of Hygiene and Tropical Medicine

MFF

Multiannual Financial Framework

MNH

Maternal and Neonatal Health

NOK

Norwegian Krone

ODA

Official Development Assistance

OECD

Organisation for Economic Cooperation and Development

PNH

Prenatal and Neonatal Health

RH

Reproductive Health

RMNCH

Reproductive, Maternal, Newborn and Child Health

RMNCAH

Reproductive, Maternal, Newborn, Child and Adolescent Health

SDGs

Sustainable Development Goals

SRHR

Sexual and Reproductive Health and Rights

SRR

Sexual and Reproductive Rights

STD

Sexually Transmitted Diseases

UHC

Universal Health Coverage

UK

United Kingdom of Great Britain and Northern Ireland

UN

United Nations

UNDP

United Nations Development Programme

UNFPA

United Nations Population Fund

UNHCR

United Nations Refugee Agency

UNICEF

United Nations Children's Fund

US

United States of America

USD

United States Dollars

WFP

United Nations World Food Programme

WHO

World Health Organization

ANNEX 2 | DEFINITION OF TERMS

Constant prices

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

Development Assistance Committee (DAC)

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

Disbursements

The release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. In the case of activities carried out in donor countries,

such as training, administration or public awareness programmes, disbursement is taken to have occurred when the funds have been transferred to the service provider or the recipient. They may be recorded gross (the total amount disbursed over a given accounting period) or net (the gross amount minus any repayments of loan principal or recoveries on grants received during the same period). It can take several years to disburse a commitment.

Donors

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

FP

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

Official Development Assistance (ODA)

Resource flows to countries and territories on the DAC List of ODA Recipients (developing countries) and to multilateral agencies which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms. In addition to financial flows, technical co-operation is included in aid. Grants, loans and credits for military purposes and transactions that have primarily commercial objectives are excluded. Transfer payments to private individuals (e.g. pensions, reparations or insurance payouts) are in general not counted.

Sexual and Reproductive Health and Rights (SRHR)

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

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

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

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

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

ANNEX 3 | DONOR DATA OVERVIEW

DISBURSEMENTS

COUNTRIES	2016							2017	
	ODA	RMNCH	SRHR	FP	RMNCH	SRHR %	FP %	ODA	RMNCH
Australia	3,487,820	202,962	109,024	16,964	5,82%	3,13%	0,49%	3,053,830	152,430
Austria	1,802,070	18,240	8,563	2,348	1,01%	0,48%	0,13%	1,336,780	18,669
Belgium	2,587,770	89,686	42,350	10,598	3,47%	1,64%	0,41%	2,374,620	91,159
Canada	4,237,980	466,102	193,908	37,470	11,00%	4,58%	0,88%	4,433,360	549,693
Czech Republik	304,450	3,054	1,326	0,315	1,00%	0,44%	0,10%	335,620	3,876
Denmark	2,740,720	93,399	58,983	16,911	3,41%	2,15%	0,62%	2,662,730	131,694
Finland	1,164,090	32,529	24,170	6,419	2,79%	2,08%	0,55%	1,170,140	36,280
France	12,688,730	385,973	181,605	42,175	3,04%	1,43%	0,33%	14,408,800	345,570
Gemany	29,361,320	685,797	323,111	81,985	2,34%	1,10%	0,28%	29,586,020	733,475
Greece	397,140	1,320	0,488	0,124	0,33%	0,12%	0,03%	329,860	2,323
Hungary	224,310	0,755	0,359	0,098	0,34%	0,16%	0,04%	157,800	1,008
Iceland	67,540	2,046	0,862	0,169	3,03%	1,28%	0,25%	69,110	1,365
Ireland	873,030	62,562	31,047	4,824	7,17%	3,56%	0,55%	884,150	64,471
Italy	5,592,350	89,878	42,899	9,770	1,61%	0,77%	0,17%	6,430,970	104,994
Japan	16,506,600	482,119	216,692	59,620	2,92%	1,31%	0,36%	18,736,890	542,775
Korea	2,513,710	127,033	51,905	14,392	5,05%	2,06%	0,57%	2,363,000	126,862
Luxembourg	436,300	36,874	24,353	11,550	8,45%	5,58%	2,65%	457,960	34,360
Netherlands	5,682,780	459,762	297,534	81,353	8,09%	5,24%	1,43%	5,418,450	421,228
New Zealand	464,450	14,247	8,361	2,564	3,07%	1,80%	0,55%	442,510	13,731
Norway	4,999,260	349,385	132,718	32,962	6,99%	2,65%	0,66%	4,461,770	382,733
Poland	774,670	3,633	1,463	0,306	0,47%	0,19%	0,04%	746,650	4,339
Portugal	431,770	6,938	3,166	0,847	1,61%	0,73%	0,20%	460,320	4,432
Slovak Republic	116,860	0,724	0,282	0,082	0,62%	0,24%	0,07%	127,380	1,488
Slovenia	90,130	0,517	0,240	0,068	0,57%	0,27%	0,08%	81,120	0,498
Spain	4,961,760	54,280	34,638	8,039	1,09%	0,70%	0,16%	3,135,950	57,836
Sweden	5,152,480	328,328	215,100	44,489	6,37%	4,17%	0,86%	5,666,780	344,614
Switzerland	3,677,300	114,620	59,578	13,153	3,12%	1,62%	0,36%	3,214,790	121,359
United Kingdom	18,681,570	1,453,175	671,191	234,868	7,78%	3,59%	1,26%	19,242,890	1,633,612
United States of America	36,673,790	5,991,084	4,289,078	898,787	16,34%	11,70%	2,45%	36,314,720	6,032,071
EU Institutions	20,630,360	668,741	310,104	56,112	3,24%	1,50%	0,27%	20,245,470	686,591
All DAC	187,323,110	12,225,761	7,335,098	1,689,361	6,53%	3,92%	0,90%	188,350,440	12,645,535
EU MS & Institutions UK still included	114,694,660	4,476,163	2,272,972	613,281	3,90%	1,98%	0,53%	115,260,460	4,722,516

DISBURSEMENTS

2017					2018						
SRHR	FP	RMNCH	SRHR %	FP %	ODA	RMNCH	SRHR	FP	RMNCH	SRHR %	FP %
88,865	21,770	4,99%	2,91%	0,71%	3,152,200	164,361	88,104	19,380	5,21%	2,79%	0,61%
8,171	2,451	1,40%	0,61%	0,18%	1,176,610	14,922	8,419	2,017	1,27%	0,72%	0,17%
46,934	17,029	3,84%	1,98%	0,72%	2,363,070	88,185	43,638	11,481	3,73%	1,85%	0,49%
255,367	66,063	12,40%	5,76%	1,49%	4,689,470	579,728	300,851	83,909	12,36%	6,42%	1,79%
1,554	0,450	1,15%	0,46%	0,13%	305,370	2,175	0,970	0,244	0,71%	0,32%	0,08%
93,868	26,636	4,95%	3,53%	1,00%	2,633,080	140,156	98,517	26,404	5,32%	3,74%	1,00%
25,986	7,428	3,10%	2,22%	0,63%	1,002,580	34,561	26,325	8,241	3,45%	2,63%	0,82%
193,369	52,700	2,40%	1,34%	0,37%	15,382,810	389,797	197,566	57,014	2,53%	1,28%	0,37%
310,788	81,528	2,48%	1,05%	0,28%	28,636,720	746,976	313,281	80,599	2,61%	1,09%	0,28%
0,873	0,266	0,70%	0,26%	0,08%	290,440	0,949	0,348	0,087	0,33%	0,12%	0,03%
0,434	0,127	0,64%	0,27%	0,08%	284,940	5,020	2,578	0,502	1,76%	0,90%	0,18%
0,976	0,150	1,98%	1,41%	0,22%	74,210	2,669	1,638	0,251	3,60%	2,21%	0,34%
34,401	4,554	7,29%	3,89%	0,52%	934,250	63,392	35,499	5,178	6,79%	3,80%	0,55%
36,601	7,976	1,63%	0,57%	0,12%	5,206,550	146,976	62,492	14,773	2,82%	1,20%	0,28%
241,301	65,097	2,90%	1,29%	0,35%	17,250,010	478,568	233,916	63,231	2,77%	1,36%	0,37%
55,258	14,786	5,37%	2,34%	0,63%	2,533,800	117,353	50,267	13,980	4,63%	1,98%	0,55%
19,404	4,379	7,50%	4,24%	0,96%	481,400	38,533	22,508	7,589	8,00%	4,68%	1,58%
261,904	77,985	7,77%	4,83%	1,44%	5,704,160	500,357	310,619	83,365	8,77%	5,45%	1,46%
7,577	2,353	3,10%	1,71%	0,53%	556,030	17,120	9,431	2,787	3,08%	1,70%	0,50%
143,067	33,343	8,58%	3,21%	0,75%	4,303,290	373,778	159,812	44,707	8,69%	3,71%	1,04%
1,751	0,302	0,58%	0,23%	0,04%	785,930	4,231	1,706	0,346	0,54%	0,22%	0,04%
2,105	0,544	0,96%	0,46%	0,12%	443,410	5,940	2,926	0,794	1,34%	0,66%	0,18%
0,504	0,109	1,17%	0,40%	0,09%	137,750	1,408	0,569	0,196	1,02%	0,41%	0,14%
0,242	0,063	0,61%	0,30%	0,08%	83,510	0,410	0,205	0,049	0,49%	0,25%	0,06%
36,087	7,279	1,84%	1,15%	0,23%	2,977,600	56,340	43,409	7,349	1,89%	1,46%	0,25%
230,648	49,749	6,08%	4,07%	0,88%	6,116,300	362,351	242,977	51,900	5,92%	3,97%	0,85%
61,470	14,400	3,78%	1,91%	0,45%	3,136,000	117,699	62,845	13,140	3,75%	2,00%	0,42%
794,803	316,302	8,49%	4,13%	1,64%	19,656,350	1,623,623	808,270	356,505	8,26%	4,11%	1,81%
4,458,298	897,488	16,61%	12,28%	2,47%	34,520,920	5,718,738	4,305,949	1,001,393	16,57%	12,47%	2,90%
321,091	80,082	3,39%	1,59%	0,40%	20,022,570	486,163	251,741	38,513	2,43%	1,26%	0,19%
7,733,699	1,853,386	6,71%	4,11%	0,98%	184,841,330	12,282,478	7,687,375	1,995,926	6,64%	4,16%	1,08%
2,421,519	737,937	4,10%	2,10%	0,64%	114,625,400	4,712,465	2,474,563	753,148	4,11%	2,16%	0,66%

ANNEX 3.1 | GNI OVERVIEW

COUNTRIES	2018 DISBURSEMENTS			
	GNI	RMNCH	SRHR	FP
Australia	1297755,058	164,361	88,104	19,380
Austria	501391,494	14,922	8,419	2,017
Belgium	601270,445	88,185	43,638	11,481
Canada	1831813,668	579,728	300,851	83,909
Czech Republik	411500,332	2,175	0,970	0,244
Denmark	340112,23	140,156	98,517	26,404
Finland	273324,71	34,561	26,325	8,241
France	3180957,917	389,797	197,566	57,014
Gemany	4641067,481	746,976	313,281	80,599
Greece	324064,775	0,949	0,348	0,087
Hungary	296328,673	5,020	2,578	0,502
Iceland	26042,46361	2,669	1,638	0,251
Ireland	322469,72	63,392	35,499	5,178
Italy	2615144,756	146,976	62,492	14,773
Japan	5420858,771	478,568	233,916	63,231
Korea	2180192,386	117,353	50,267	13,980
Luxembourg	45229,315	38,533	22,508	7,589
Netherlands	1003178,44	500,357	310,619	83,365
New Zealand	201990,419	17,120	9,431	2,787
Norway	374631,288	373,778	159,812	44,707
Poland	1154947,996	4,231	1,706	0,346
Portugal	344450,542	5,940	2,926	0,794
Slovak Republic	174577,252	1,408	0,569	0,196
Slovenia	79095	0,410	0,205	0,049
Spain	1898750,615	56,340	43,409	7,349
Sweden	556573,175	362,351	242,977	51,900
Switzerland	592135,233	117,699	62,845	13,140
United Kingdom	3072866,136	1.623,623	808,270	356,505
United States of America	20837347	5.718,738	4.305,949	1.001,393

DISBURSEMENTS		
RMNCH %	SRHR %	FP %
0,01267%	0,00679%	0,00149%
0,00298%	0,00168%	0,00040%
0,01467%	0,00726%	0,00191%
0,03165%	0,01642%	0,00458%
0,00053%	0,00024%	0,00006%
0,04121%	0,02897%	0,00776%
0,01264%	0,00963%	0,00302%
0,01225%	0,00621%	0,00179%
0,01609%	0,00675%	0,00174%
0,00029%	0,00011%	0,00003%
0,00169%	0,00087%	0,00017%
0,01025%	0,00629%	0,00096%
0,01966%	0,01101%	0,00161%
0,00562%	0,00239%	0,00056%
0,00883%	0,00432%	0,00117%
0,00538%	0,00231%	0,00064%
0,08520%	0,04976%	0,01678%
0,04988%	0,03096%	0,00831%
0,00848%	0,00467%	0,00138%
0,09977%	0,04266%	0,01193%
0,00037%	0,00015%	0,00003%
0,00172%	0,00085%	0,00023%
0,00081%	0,00033%	0,00011%
0,00052%	0,00026%	0,00006%
0,00297%	0,00229%	0,00039%
0,06510%	0,04366%	0,00932%
0,01988%	0,01061%	0,00222%
0,05284%	0,02630%	0,01160%
0,02744%	0,02066%	0,00481%

ANNEX 4 | LIST OF NATIONAL POLICIES

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

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

Belgium | Wet betreffende de Belgische Ontwikkelingssamenwerking - 19 Maart 2013 | Policy Note: The Rights to Health and Healthcare | Strategy - Gender in the Belgium Development cooperation

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

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

Denmark | The World 2030: Denmark's strategy for development cooperation and humanitarian action

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

Neighbourhood, Development and International Cooperation Instrument (NDICI)

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

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

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

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

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

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

Ireland | A Better World - Ireland's Policy for International Development

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

Japan | Priority Policy for Development Cooperation - FY 2017 (2017) | White Paper on Development Cooperation (2018) | Japan's Official Development Assistance Charter (2015)

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

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

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

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

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

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

Portugal | Strategic Concept for Portuguese Development Cooperation 2014–2020

Slovak Republic | Act No. 392/2015 Coll. on Official Development Cooperation as amended by Act no. 281/2019 Coll (2015, amended in 2019)

Slovenia | Slovenian Development Strategy 2030 (2017)

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

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

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

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

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

ANNEX 5 | OECD DAC CRS CODES

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

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

12261	Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns; promotion of improved personal hygiene practices, including use of sanitation facilities and handwashing with soap.
12262	Malaria control	Prevention and control of malaria.
12263	Tuberculosis control	Immunisation, prevention and control of tuberculosis.
12281	Health personnel development	Training of health staff for basic health care services.
13010	Population policy and administrative management	Population/development policies; demographic research/analysis; reproductive health research; unspecified population activities. (Use purpose code 15190 for data on migration and refugees. Use code 13096 for census work, vital registration and migration data collection.)
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
13040	Std control including HIV & AIDS	ll activities related to sexually transmitted diseases and HIV & AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population & reproductive health	Education and training of health staff for population and reproductive health care services.
14030	Basic drinking water supply and basic sanitation	Programmes where components according to 14031 and 14032 cannot be identified. When components are known, they should individually be reported under their respective purpose codes: water supply [14031], sanitation [14032], and hygiene [12261].
14031	Basic drinking water supply	Rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, small distribution systems typically with shared connections/points of use. Urban schemes using handpumps and local neighbourhood networks including those with shared connections.
14032	Basic sanitation	Latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities. (Use code 12261 for activities promoting improved personal hygiene practices.)
51010	General budget support-related aid	Unearmarked contributions to the government budget; support for the implementation of macroeconomic reforms (structural adjustment programmes, poverty reduction strategies); general programme assistance (when not allocable by sector).

72010	Material Relief assistance and services	Shelter, water, sanitation, education, health services including supply of medicines and malnutrition management, including medical nutrition management; supply of other nonfood relief items (including cash and voucher delivery modalities) for the benefit of crisis affected people, including refugees and internally displaced people in developing countries, Includes assistance delivered by or coordinated by international civil protection units in the immediate aftermath of a disaster (in-kind assistance, deployment of specially-equipped teams, logistics and transportation, or assessment and coordination by experts sent to the field). Also includes measures to promote and protect the safety, well-being, dignity and integrity of crisis-affected people including refugees and internally displaced persons in developing countries. (Activities designed to protect the security of persons or properties through the use or display of force are not reportable as ODA.)
72040	Emergency Food Aid	Provision and distribution of food; cash and vouchers for the purchase of food; non-medical nutritional interventions for the benefit of crisis-affected people, including refugees and internally displaced people in developing countries in emergency situations. Includes logistical costs. Excludes non-emergency food assistance (52010), food security policy and administrative management (43071), household food programmes (43072) and medical nutrition interventions (therapeutic feeding) (72010 and 72011)
72050	Relief coordination; protection and support services	Measures to co-ordinate the assessment and safe delivery of humanitarian aid, including logistic, transport and communication systems; direct financial or technical support to national governments of affected countries to manage a disaster situation; activities to build an evidence base for humanitarian financing and operations, sharing this information and developing standards and guidelines for more effective response; funding for identifying and sharing innovative and scalable solutions to deliver effective humanitarian assistance.
73010	Reconstruction relief and rehabilitation	Social and economic rehabilitation in the aftermath of emergencies to facilitate recovery and resilience building and enable populations to restore their livelihoods in the wake of an emergency situation (e.g. trauma counselling and treatment, employment programmes). Includes infrastructure necessary for the delivery of humanitarian aid; restoring pre-existing essential infrastructure and facilities (e.g. water and sanitation, shelter, health care services, education); rehabilitation of basic agricultural inputs and livestock. Excludes longer-term reconstruction ("build back better") which is reportable against relevant sectors.
74010	Disaster prevention and preparedness	Building the responsiveness, capability and capacity of international, regional and national humanitarian actors to disasters. Support to the institutional capacities of national and local government, specialised humanitarian bodies, and civil society organisations to anticipate, respond and recover from the impact of potential, imminent and current hazardous events and emergency situations that pose humanitarian threats and could call for a humanitarian response. This includes risk analysis and assessment, mitigation, preparedness, such as stockpiling of emergency items and training and capacity building aimed to increase the speed and effectiveness of lifesaving assistance delivered in the occurrence of crisis.

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