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Is UNFPA Throwing Out the Baby With the Bath Water?

The Case for Reviving the Resource Flows Project

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The United Nations Population Fund's (UNFPA) decades-old leadership in tracking funding is eroding. They are currently re-evaluating their flagship "Financial Resource Flows for Population Activities" project, in light of the review of the International Conference on Population and Development (ICPD) and the negotiation of the Sustainable Development Goals (SDGs). As I write, there will be no final data on population assistance for 2013.

The Resource Flows data is far from perfect. The data is often very outdated and overly aggregated. For example, the only way to find out how much the UK provided for basic reproductive health is to ask NIDI, the academic institution previously under contract with UNFPA to implement the project, directly. Data access is getting better with the establishment of the Resource Flows Database, but that is outdated. Numbers on domestic funding for population assistance are approximate, so even though they are the best current estimate, the figures are rarely cited. And the data for specific donors is often different than the funding data that governments (and therefore advocates) publicly cite—which is odd, because the governments themselves supply the data.

Despite all of these challenges, the Resource Flows project is still the only resource that tracks funding for implementing the landmark ICPD Programme of Action, in which 179 governments pledged to achieve universal access to reproductive health by 2015. In 2014, the United Nations (U.N.) General Assembly extended the ICPD POA into the foreseeable future. But without the Resource Flows data, advocates, governments, and U.N. bodies including UNFPA will not be able to track donors' performance. If ICPD is still relevant today, why is UNFPA putting the Resource Flows project on hold?

Short History of Tracking Funding for SRH

Tracking population assistance is older than the ICPD itself. PAI's archives have Global Population Assistance Reports from the early 1990s, with good data back to 1982. The first report published in 1988 was researched and written by UNFPA itself. In 1994, the ICPD Program of Action built upon and refined the system of tracking population assistance. The Program also put a price tag on implementing the core ICPD goals. This is known as the "costed population package" and it includes family planning, basic reproductive health, STIs and HIV, and basic research.
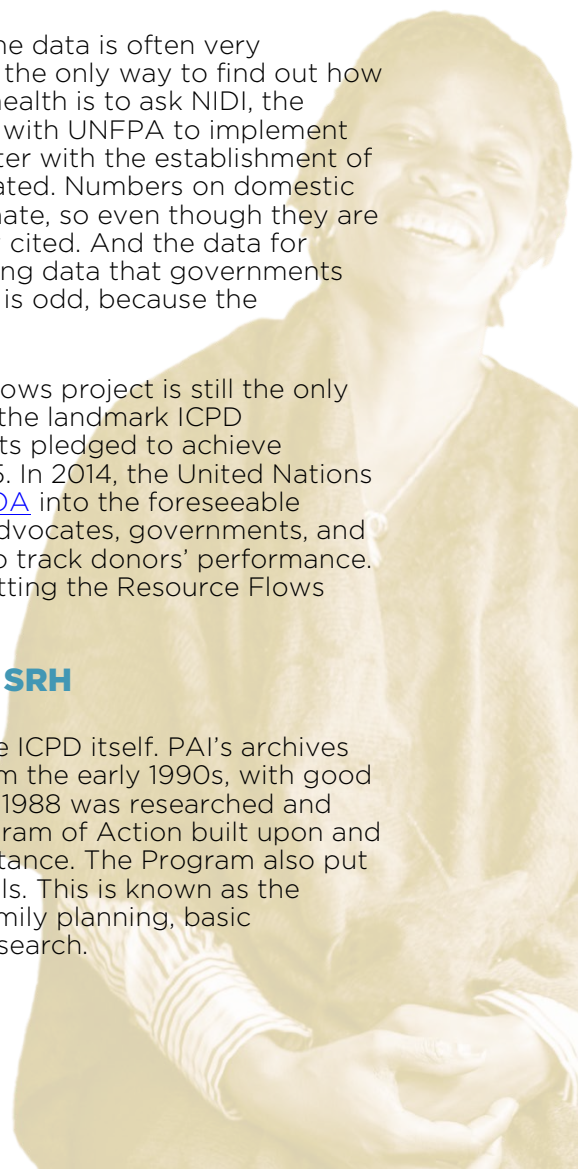
For financing geeks like me, the Resource Flows project is an amazing resource. It has time-series data on population assistance since before the watershed ICPD. And this data is on expenditures, not commitments (which can be reneged on). UNFPA's costing and numbers are internationally agreed upon, meaning they are the official data recognized by governments and inter-governmental agencies. Even better, the funding is comparable across donors and recipient countries. The Resource Flows data is used to inform discussions among member states at the annual U.N. Commission on Population and Development. It also informs perspectives on the future of funding for SRH, for example in the High-Level Task Force for ICPD's [Policy Considerations for Financing](#) and the UN's [ICPD beyond 2014 Global Report](#).

Challenges and Challengers

In recent years, new initiatives have eroded UNFPA's monopoly tracking donor funding for SRH. For example, FP2020 is working with the Kaiser Family Foundation (KFF) to do an annual report on funding for family planning, with only a one-year time lag. This timeliness comes at a price. According to the authors' methodological annex, the KFF data should be considered preliminary—as in, not final or definitive. Countdown 2015 Europe, a network of European civil society groups, collects real-time data on funding for SRH that matches what their government publicly believes they are funding. But some donors require confidentiality as a condition of sharing the data, so the Countdown data is not public. Efforts to track funding for the Global Strategy for Women's and Children's Health, such as the [PMNCH Accountability Report](#), overlap with some of the ICPD categories, but do not match them perfectly. Also, the PMNCH reports only cover donor funding for a set of priority countries. For a comparison of various sources of data on donor funding for SRH, [click here.](#)

While each of these initiatives fills a specific gap, none is tracking donors' financial support for the ICPD POA. None have been able to replace the UNFPA data in terms of internationally agreed numbers that are public, match the ICPD package of services and costing, and date back decades.

A knowledge gap from the demise of the Resource Flows project will leave advocates and governments scrambling to cobble together donor expenditures from different areas of the costed population package. As a best case scenario, we could use preliminary data on donor spending on family planning from [Kaiser Family Foundation](#); spending on HIV/AIDS from UNAIDS; and substitute the [PMNCH](#) Accountability Reports as a proxy for the package of reproductive health services defined at the ICPD. But this exercise will ultimately be flawed. The data will not be for the full range of services in the ICPD costed population package; it will count funding from different sets of donors and actors; to different sets of countries; and aggregating the data sources will likely lead to double-counting. It just does not work.

Some claim that advocacy focused on donor's fair shares seems so "[MDG era](#)," and we've moved into post-2015. Donors will tell you that they are now taking the lead from aid recipient governments themselves, in terms of where to invest and how heavily. The rise of economic powerhouses like China, India, Brazil, and South Korea and rapid economic growth in the global South has blurred the lines between donor and aid recipient, and led to new types of development cooperation.

However, a changing funding landscape is no reason to throw out the baby with the bath water. Despite progress, the ICPD promise remains unfulfilled, in a large part due to lack of sufficient funding from the vast majority of donors. Using the Resource Flows data for 2012, we calculated that donors met a mere 37 percent of their duty to fund international SRH.[1] With such stark discrepancies, shouldn't the global community be improving financial tracking systems, rather than dismantling them?

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[1]In their 2009 re-costing, UNFPA estimates that in 2012 $32 billion was needed to achieve universal access to sexual and reproductive health in the developing world. According to paragraph 13.16 of the ICPD POA, the donor share of funding needed is 1/3 of the total, or $10.7 billion in 2012.

Conclusions & Recommendations

Since 1994, world leaders have reaffirmed the promise of ICPD many times over. As long as ICPD continues, the global reproductive health community needs a way to track how well donors are fulfilling their commitments. I sincerely hope that UNFPA appreciates this fact, and decides to re-invigorate the Resource Flows project.

When it does, there are two critical areas of the Resource Flows project that UNFPA should improve related to tracking donor funds. First, UNFPA could do a better job of releasing the data in a timely manner. There is an inevitable 18-month time lag to collect, validate and process the data. Historically, the reports came out in August of the second year (for example, data for 2013 would be published in August 2015). But in recent years, the reports have been released to the public as far out as three calendar years after the year they cover. In this case, the utility of the data comes into question. Second, whomever takes over the project will need to make sure the data in the Resource Flows reports is aligned with what governments understand as their own spending as much as possible. This would likely require additional assistance for donors filling out the questionnaire, and cross-checking data reported with publicly available records. It could even include teaming up with advocates in donor countries to make sure the reporting roughly matches commonly cited figures.

Addressing these two critical challenges is feasible, and would go a long way to keeping the Resource Flows project relevant beyond 2014. Keeping the project alive and well would help foster an environment of accountability and advocacy, to make sure that donor's promise to fund ICPD is fulfilled in my lifetime.

According to UNFPA and NIDI's most recent Financial Resource Flows for Population Activities in 2012, donors provided $4.0 billion in aid for SRH in 2012 ($1.2 billion for family planning and 2.8 billion for basic reproductive health). $32 billion/3 = $10.7 billion donor share - $4.0 billion actual expenditures= $6.7 billion shortfall.

Annex 1. Sources of Data on Donor Funding for SRH

Name	Summary	Appropriateness for Holding Donors Accountable to ICPD Commitments
Adding It Up	Guttmacher Institute's and UNFPA periodic publication outlines the costs, current benefits and funding gaps to reach universal access to family planning and reproductive health. Costs of current users calculated based on current coverage rates and population served.	(+) Reports spending on current services and funding gaps for family planning and reproductive health. (-) Does not track expenditures, is not aligned with the ICPD costed package, nor is it agreed by UN member states.
Countdown 2015 European Network	Data on European government funding for SRH gathered by an alliance of advocates through engagement with their own governments' foreign aid budget processes.	(+) Countdown data matches what governments acknowledge as their spending on SRH overseas. (-) Data is not public
Countdown to 2015	Articles in the Lancet on official development assistance for maternal, newborn and child health. Countdown manually reviews projects in the OECD's CRS database for reproductive, maternal, newborn and child health financing and imputes a percentage based on the project description.	(+) In 2013 Hsu et al. broadened the set of interventions to include the full ICPD costed package. (-) This work has not been updated since 2012/13. (-) Data is likely incomplete because it relies solely on the OECD's CRS database.
IHME Financing Global Health	An annual report on development assistance for health by channel, source, recipient country and health focus area. IHME uses the OECD CRS, and complements it by reviewing publicly available documents and corresponding with donor agencies.	(+) One year time lag (+) Research used to complement OECD CRS data. (-) Report aggregates maternal, newborn and child health, so does not match the ICPD package. (-) Not endorsed by UN member states.
Kaiser Family Foundation's Donor Government Assistance for Family Planning	Part of FP2020, this annual report tracks global funding for family planning. They use the OECD's Creditor Reporting System followed up by interviews with individuals from the 10 bilateral donors that represent 98% of donor funding for family planning.	(+) Data on family planning is timely, with a one year time lag. (+) Questionnaire used to complement OECD CRS data. (-) Data should be considered preliminary. (-)Data does not include broader aspects of reproductive health. (-) It is not endorsed by UN member states.

OECD-DAC Creditor Reporting System	A database where donors report their commitments and official development assistance expenditures. Data is reported by purpose codes, which include both family planning and reproductive health.	(+) Purpose codes include both family planning and reproductive health. (-) Reporting is voluntary, so the database is not necessarily complete for every donor.
PMNCH Accountability Reports	An annual report that tracks funding for the Global Strategy for Women's and Children's Health. They calculate ODA for family planning, maternal and newborn health, HIV, malaria, immunizations, and child health using the Muskoka methodology. This involves reviewing the OECD CRS database, and applying a percentage of relevant purpose codes for RMNCH. It tracks expenditures to the 49 Global Strategy and 75 Countdown countries.	(+) Tracks funding for family planning and reproductive health (which is reported under maternal health). (-) There is some overlap with the ICPD categories, but is not a perfect match. (-) Relies exclusively on the OECD-DAC CRS data, which is incomplete. (-) Limited geographic coverage.
Resource Flows Project	A joint project with UNFPA and NIDI that produces an annual report on tracking donor funding and estimating domestic resources for the ICPD POA. NIDI first collects data on donor funding from the OECD's CRS, then requires each donor to complete a questionnaire confirming or adding to the CRS data. Preliminary data informs UNFPA's report to the CPD each year.	(+) Spending matches the ICPD costed package. (+) Sanctioned by member states at the UN, so can be used in official reporting and advocacy. (+) Questionnaire used to complement OECD CRS data. (-) Data on a specific donor may not match what that donor believes they spent in a given year. (-) Time lag of two to three years makes it difficult to use for advocacy with a specific donor.
System of Health Accounts 2011	An internationally recognized accounting methodology led by WHO that tracks spending on health in a given country for a specific period of time. SHA 2011 institutionalizes health expenditure tracking within government systems in the global South. SHA 2011 and its precursor, health accounts, have been implemented in dozens of countries. WHO anticipates scaling it up in the coming years.	(-) This is useful country-level data, but it cannot be aggregated into a global figure of donor spending for ICPD. (-) The number of countries covered is still limited.