



Accountability Guide for Reproductive, Maternal,
Newborn and Child Health, and Family Planning

EUROMAPPING

2016



Acknowledgements

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Abbreviations

ACP	African, Caribbean and Pacific	MNCH	Maternal, Newborn and Child Health
AUD	Australian Dollar	MS	Member States of the European Union
CAD	Canadian Dollar	NIDI	Netherlands Interdisciplinary Demographic Institute
CRS	Creditor Reporting System	ODA	Official Development Assistance
CSO	Civil Society Organisation	OCTs	Overseas Countries and Territories
DAC	Development Assistance Committee	OECD	Organisation for Economic Cooperation and Development
DSW	Deutsche Stiftung Weltbevölkerung	PMNCH	Partnership for Maternal, Newborn and Child Health
EC	European Commission	RH	Reproductive Health
EDF	European Development Fund	RMNCH	Reproductive, Maternal, Newborn and Child Health
EEAS	European External Action Service	RMNCAH	Reproductive, Maternal, Newborn, Adolescent and Child Health
EP	European Parliament	SDGs	Sustainable Development Goals
EPF	European Parliamentary Forum on Population and Development	SEK	Swedish Krona
EU	European Union	SRH	Sexual and Reproductive Health
EUR	Euros	SRHR	Sexual and Reproductive Health and Rights
EWEC	Every Woman Every Child	STD	Sexually Transmitted Diseases
FP	Family Planning	TB	Tuberculosis
GAVI	Global Alliance for Vaccines and Immunisation	UK	United Kingdom
GBP	British Pound	UN	United Nations
GFF	Global Financial Facility	UNFPA	United Nations Population Fund
GNI	Gross National Income	UNICEF	United Nations Children's Fund
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome	US	United States of America
JPY	Japanese Yen	USD	United States Dollars
KFF	Kaiser Family Foundation		
MDGs	Millennium Development Goals		
MMR	Maternal Mortality Rate		

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Preface

The Millennium Development Goals (MDGs) delivered undeniable progress in several areas of international development. However, it is clear that a number of their objectives remain to be achieved.

Of all MDGs, none remained as far from fulfilment as MDG 5 – improve maternal health. While 2015 figures showed that the maternal mortality rate (MMR) has decreased by 44% since 1990, this still falls far short of the aimed for target of a 75% reduction.

In the wake of the launch of the new Sustainable Development Goals (SDGs), taking stock of the achievements and results of global efforts for sustainable development is particularly crucial. As a member of the High Level Panel on the future of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD), I am convinced of the crucial importance of ensuring the transparency and accountability of donors' development assistance to guarantee the effectiveness of development.

Realising the 2030 Agenda for Sustainable Development will require the mobilisation and effective use of all types of development resources in order to bring about tangible results in the key areas of reproductive, maternal, newborn, child and adolescents' health (RMNCAH). We also need to ensure that commitments made at the political level will be implemented.

Preface

The existence of tools such as Euromapping is therefore essential. Not only to demonstrate the current trends in Official Development Aid (ODA) provision, but also to keep donors to account to their pledges. ODA can and should play a crucial role in delivering on the 2030 Agenda for Sustainable Development, in particular in low-income countries and in fighting extreme poverty and inequality. ODA should focus on the most neglected and support those sectors that tend to be ignored and rely on out-of-pocket expenditures.

It is fundamental that ODA respects the principles of effective development cooperation: country ownership and democratic principles, transparency and accountability, focus on results, inclusiveness and aid conditions derived from partner countries' own development policies. Respecting these criteria is particularly important at a time when the EU and its Member States – together the largest providers of ODA globally – are attaching conditions to aid provision based on partner countries' cooperation on migration issues.

By tracking DAC donors' political and financial commitments to this area, Euromapping contributes to ensuring that the funding for healthcare at crucial points in individuals' lives continues to flow in a transparent and accountable manner. This is, now more than ever, a prerequisite to achieving sustainable development.



A handwritten signature in blue ink, appearing to read 'Heidi Hautala', with a long horizontal line extending to the right.

Heidi Hautala

Member of the European Parliament

*Co-Chair of the European Parliament Working Group
on Reproductive Health, HIV/AIDS and Development*



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Introduction

For its 2016 edition, Euromapping focuses on tracking ODA funding from donor governments for RMNCAH and FP. The development community has moved from the MDGs to the 2030 Agenda for Sustainable Development and the SDGs. RMNCAH and FP face an important challenge: they, together, are key to achieving sustainable development and ensuring that all human beings can fulfil their potential in a dignified and equal way; however, they also represent the most off-track of the MDG targets. Aside from the SDG process, tracking RMNCAH and FP is crucial for assessing progress under the agendas of the International Conference on Population and Development (ICPD) Program of Action (Cairo, 1994) and Beijing Platform for Action (Beijing, 1995); both of these processes are essential to the success of the 2030 Agenda.

Euromapping 2016 bridges the data gap between the data represented in the most recent Euromapping report (covering 2012-2013), and the most recent year for which official OECD data is available, 2014. It reviews the data between 2011 and 2014, analysing the trends affecting funding for RMNCAH and FP. The purpose of Euromapping 2016, in setting out this analysis, is to become an important advocacy tool to hold donors to account on their funding commitments.

It is clear that, to reach the SDGs, a multi-stakeholder approach will be crucial. Development partners – donors and civil society – will have to work together at all levels to ensure progress on the goals. Given that RMNCAH and FP are important in achieving many of the SDGs' targets, they ought to be high on all partners' agenda.

Introduction

Worrying trends have however been observed in donor behaviour in recent years. European donors in particular have resorted to channelling development funding towards in-country spending focused on the asylum crisis, accommodating refugees and asylum seekers. While there is a clear and justifiable need for investing in this area, this should not be done at the expense of ODA spending in third countries. ODA is one of the few concrete tools to deliver real solutions towards the world's most vulnerable, yet capable, populations, including women and girls.

At the same time, the very recent political developments in the United States (US) pose a threat. It is very likely that the incoming US administration, the individual leading donor in ODA, RMNCAH, and FP, will follow the pattern of previous Republican administrations, one that is hostile towards Sexual and Reproductive Health (SRH) in general, and which will withdraw financial and political support for RMNCAH and FP in US development policies.

It is, therefore, even more important that other OECD DAC donors, particularly in Europe, increase their commitments; it is a matter of significant urgency. The right to health, including RMNCAH and FP, is a sinequanon condition for human and sustainable development. The international community has recognised this time and again, and now it must deliver.

Donors, civil society, and other development actors must step up and work together in defence of RMNCAH and FP, at the frontline of the global development agenda. By measuring the results in this report, we continue to hold them to account.



A handwritten signature in blue ink that reads "Renate Baehr".

Renate Baehr
Executive Director
Deutsche Stiftung
Weltbevölkerung
(DSW)



A handwritten signature in blue ink that reads "Neil Datta".

Neil Datta
Secretary
European Parliamentary Forum
on Population and Development
(EPF)

1. Executive Summary

Main Findings on ODA, RMNCH and FP Commitments

1 The US was the leading global donor for ODA, RMNCH, and FP aggregate commitments between 2011 and 2014. During this period, RMNCH and FP represented 15.9% and 2.69% of US ODA respectively, the highest of all donor countries reviewed.

2 The United Kingdom (UK) emerged as a champion donor: ODA, RMNCH, and FP commitments from the UK rose consistently in the period under review. In 2014 RMNCH and FP commitments had quadrupled as a share of the UK's ODA, compared to four years earlier. Consequently, the UK is also on track to deliver on its ambitious funding pledges under international initiatives (Muskoka Initiative, FP2020).

3 Combined European ODA aggregate commitments (the EU Institutions, Member States, Iceland, Norway, and Switzerland) **represented more than 60% of total ODA during the examined period.** However, combined European RMNCH and FP commitments represented only approximately 40% of total donors' RMNCH and FP commitments.

4 More effort is possible and needed in order to secure a higher share of European ODA for RMNCH and FP.



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5 Funding from six countries (Australia, Canada, Denmark, the Netherlands, Norway, and Sweden) was consistent, with these countries **ranking high in both overall RMNCH and FP commitments, as well as in commitments as a percentage of overall ODA.**

6 **The high relative positions of the above six donors, along with the US and the UK, does not rely exclusively on the size of their economies.** The proportion of RMNCH and FP commitments compared to total ODA spending reflect the fact that these issues are priorities in these countries' respective development cooperation policies (please refer to country profiles, in chapter 4).

7 There are four donors (the EU Institutions, France, Germany, and Japan) that demonstrate **the opposite**; they rank **very high in total ODA, RMNCH, and FP commitments in total spent, but significantly lower as a percentage of their total ODA commitments.**

8 Luxembourg, Ireland, and Iceland have **smaller economies relative to other donors reviewed, and consequently smaller ODA, RMNCH and FP commitments.** However, these countries spend a **relatively high proportion of their ODA on RMNCH and FP.**

Main Findings on Pledges to International Initiatives

1 Pledges to international initiatives have contributed to **overall increased funding commitments from donors to RMNCH and FP; but this is not a pre-condition for investments**, as several donors contribute significant funds to these sectors, without having committed to any initiative.

2 The majority of donors who have pledged to more than one initiative have reported the **same amount under the different frameworks**.

3 A number of donors made important pledges to the Muskoka Initiative, FP2020, and the Global Strategy for Women's and Children's Health. Overall, as of the latest available data (2014), **donors were on track to deliver on their pledges. There is however a lack of available information and transparency about the different types of donor reporting used.**

4 Following the launch of the 2030 Agenda for Sustainable Development, a number of donors (11 out of 29) have **confirmed their support (political and/or financial) for the renewed Global Strategy for Women's, Children's and Adolescents' Health**. These commitments raise the prospect that investments in RMNCH and FP will not be diluted as part of the 17 SDGs.



2. ODA

from 2011 to 2014

OECD DAC first used the term ODA in 1969. Since then it has been used as the key global measure for both aid targets and performance.

ODA can be measured in the form of commitments (budget appropriations that are planned) or disbursements (funds already allocated to specific beneficiaries or projects).

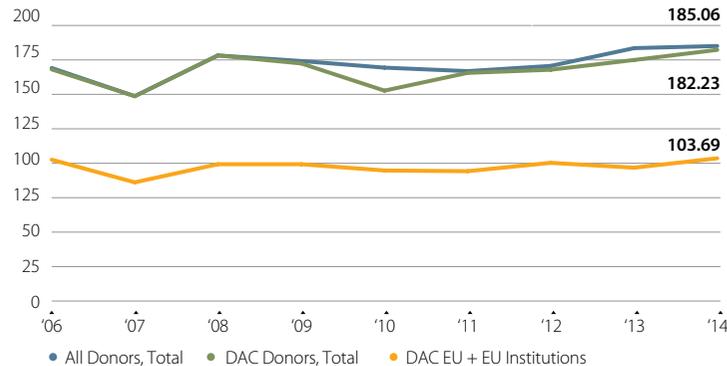
Official Development Assistance

Figure 1 shows total volumes of ODA commitments by major donors from 2006 to 2014.

**FIGURE 1:
ODA VOLUME (2006-2014)**

Source: OECD Stats, Total flows by donor

(Commitments in billion USD - constant prices)



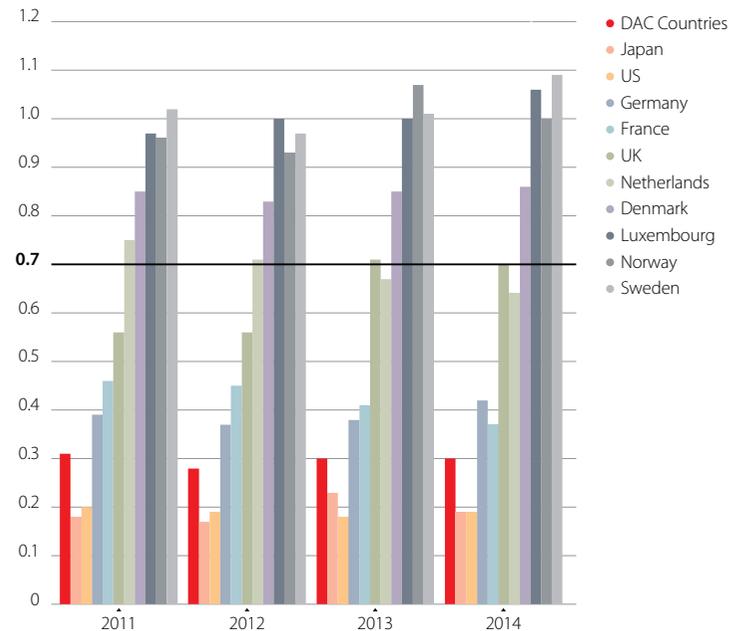
All donors: Includes non-OECD-DAC donors
 DAC Donors: 29 members (Australia, Austria, Belgium, Canada, Czech Republic, Denmark, EU Institutions, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, UK, US).
 DAC EU + EU Institutions: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, The Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom and EU Institutions.
 Non DAC donors: Estonia, Kuwait, Romania, United Arab Emirates and others.

During the period covered by this report, total ODA commitments have increased by 10.85% in 2014 (to 185 billion USD), compared to 2011 (166.9 billion USD). In the same period, commitments by DAC EU Member States (MS) and the EU Institutions rose to 103.69 billion USD, 9.88% more than in 2011. **It was only in 2014 that the EU (MS and Institutions) offset the impact of the financial crisis in its development aid budgets:** 2014 was the first time when combined EU ODA commitments (103.69 billion USD) surpassed their 2006 level (102.70 billion USD). **The 29 DAC donors dominate, while commitments by non-DAC donors represent a tiny share,** usually less than 10 billion USD per year. Only in 2010 did they reach 16.10 billion USD.

There are five leading bilateral donors in terms of ODA volume: the US, Germany, Japan, France and the UK. Amongst these, only the UK achieved the long-pledged commitment to allocate 0.7% of Gross National Income (GNI) to ODA. The other major donors have yet to meet this target, similarly to all DAC donor countries on average, spending 0.3% GNI on ODA in 2014, down from 0.31% in 2011. Only the following European countries consistently meet the 0.7% target: Denmark, Luxembourg, Norway and Sweden.

**FIGURE 2:
ODA EFFORTS (2011-2014) ⁽¹⁾**

(As percentage of GNI)



⁽¹⁾ OECD (2016), Net ODA (indicator). doi: 10.1787/333346549-en (Accessed on 22 August 2016) <https://data.oecd.org/oda/net-oda.htm#indicator-chart>

0.7 Per Cent Target

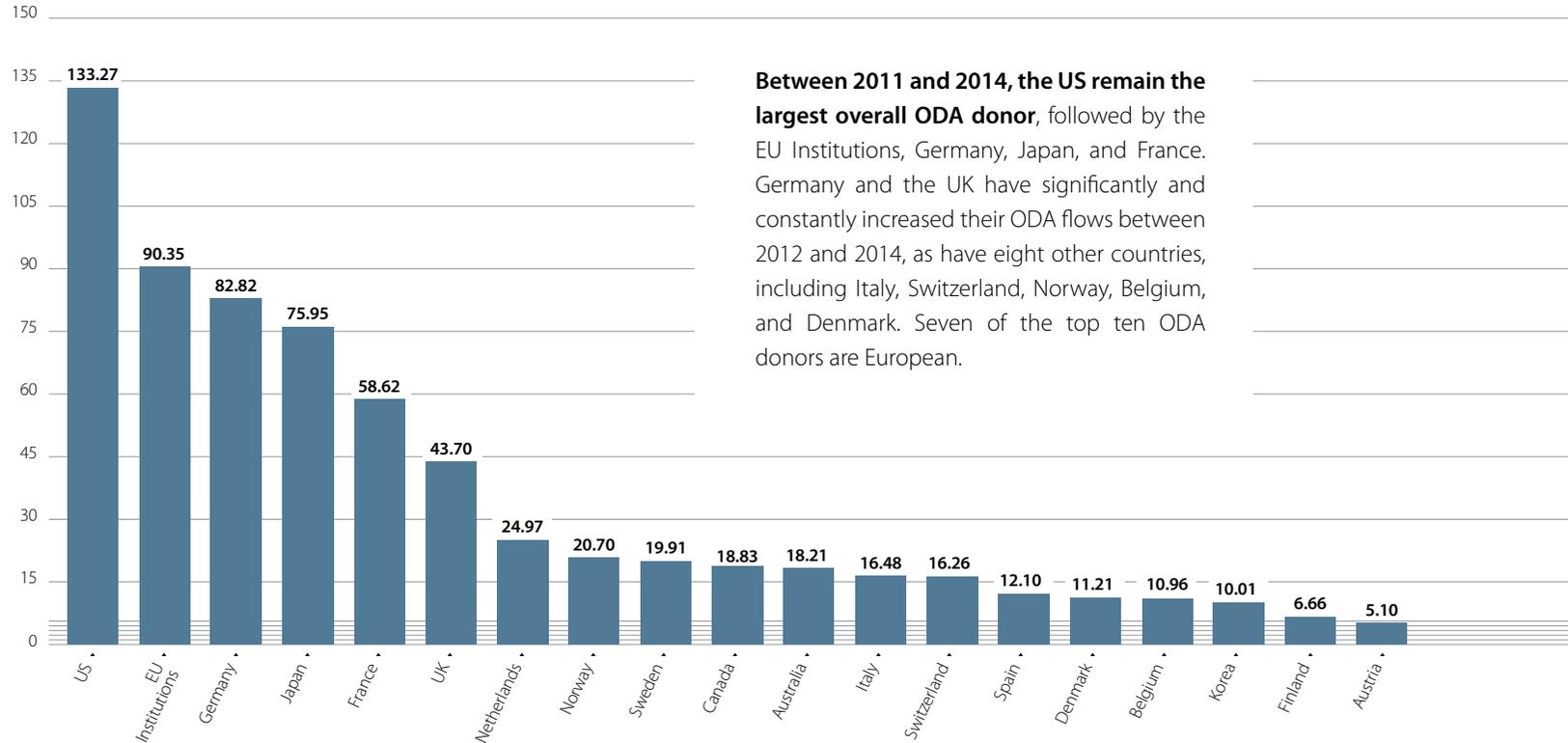
Having been first agreed in 1970, the 0.7 per cent target refers to the percentage of GNI donor countries individually commit to ODA in order to foster global development. Since its inception, this target has been restated in several international agreements over the years, the latest of which was in Addis Ababa, on the occasion of the Third International Conference on Financing for Development in 2015. The Addis Ababa Action Agenda brought renewed commitment to the United Nations 0.7 per cent, extended to the timeframe of the 2030 Agenda for Sustainable Development.

The EU and its Member States also agreed to extend the timeframe for their collective contribution to 2030, making them the only group of countries, plus Norway, that have ongoing collective targets to increase ODA.

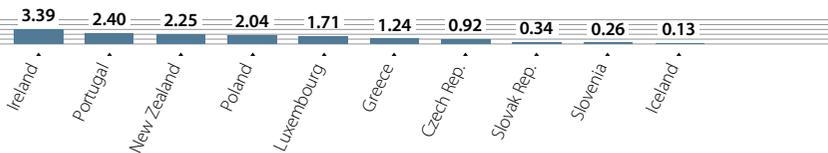
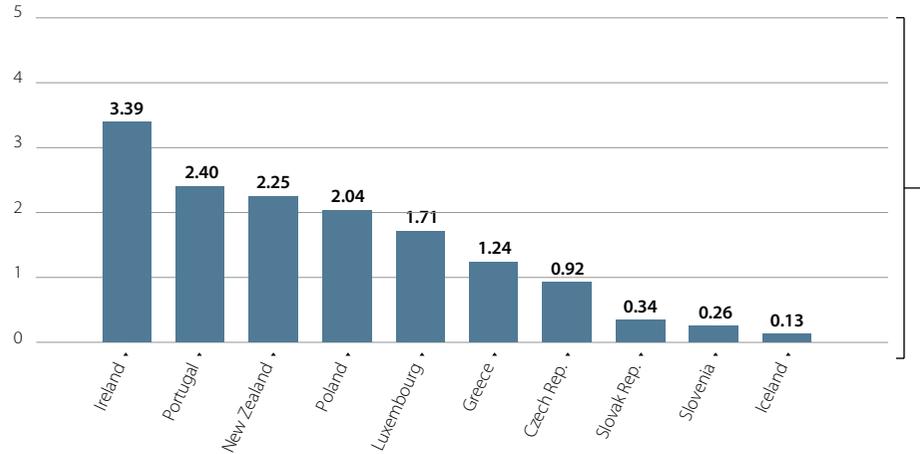
Not all OECD DAC donors have committed to achieving the target within a certain timeframe, including the US, Canada and Japan.

FIGURE 3:
29 DAC DONORS' COMMITMENTS (2011-2014)

(Commitments in billion USD - constant prices)



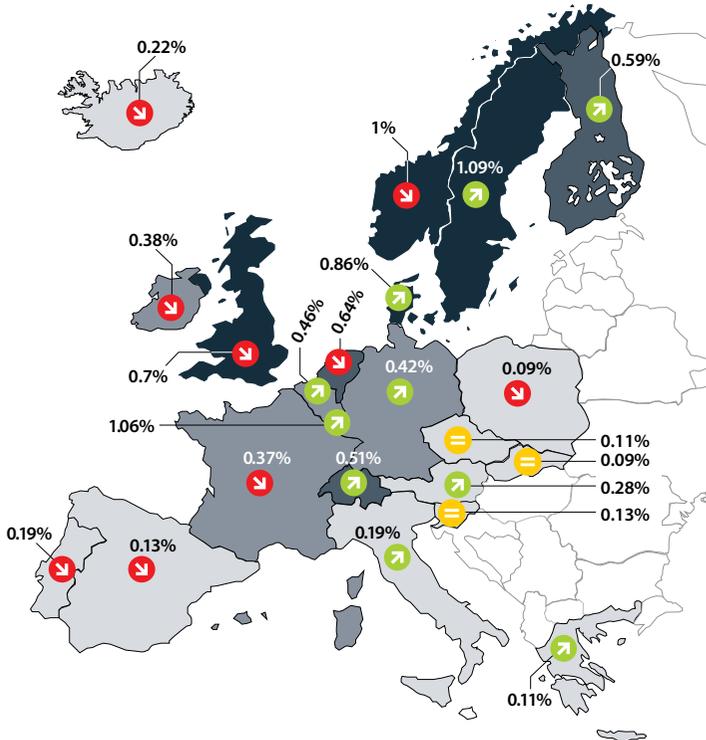
“European donors make up 23 out of 29 members of the OECD-DAC. Poland, Slovenia, and Iceland are the newest members.”



**FIGURE 4:
NATIONAL ODA
AS PERCENTAGE OF GNI (2014)**

Source: OECD (2016), Net ODA (indicator), doi: 10.1787/33346549-en (Accessed on 22 August 2016) <https://data.oecd.org/oda/net-oda.htm#indicator-chart>

Compared to 2013:     $\geq 0.7\%$  $>0.5\%$  $>0.3\%$  $\leq 0.3\%$



The European Union

The EU is an economic and political partnership between 28 European countries called Member States (MS) and it is the only multilateral OECD DAC donor, having joined in 1961.

The European Commission (EC) acts as the EU's quasi-executive branch, proposing legislation and implementing policies and programmes. The EC works together with the European External Action Service (EEAS) to identify development strategies, priorities and funding allocations. It is also through the EEAS that the EU is represented in 139 partner countries worldwide. Legislative competencies are shared between the Council of the EU, which brings together EU government representatives, and the European Parliament, which is directly elected by EU citizens.

There are two distinct types of development assistance from the EU Institutions and its MS: the national development assistance controlled, funded and administrated by each EU Member State individually; and the development assistance administered by the EC.

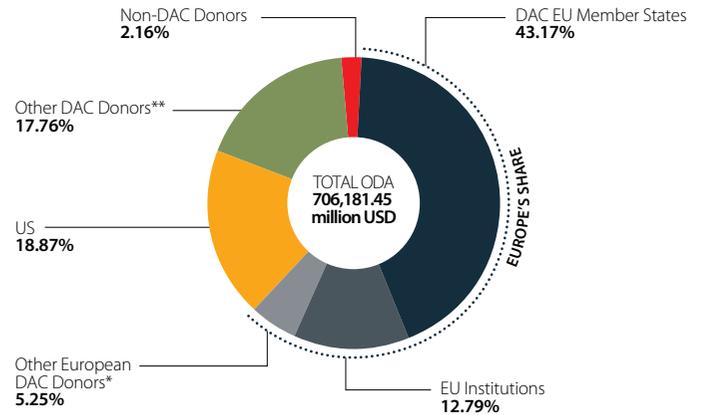
EU development assistance is funded either via the EU's own budget (which is in turn funded by MS), or the European Development Fund (EDF), which exists outside the general EU budget and serves only African, Caribbean and Pacific (ACP) countries and overseas countries and territories (OCTs). These funds can be allocated bilaterally or through international and multilateral organisations.

The EU's strategic priorities for development are set in the European Consensus on Development, agreed in 2005. The Consensus has identified several different objectives in line with the MDGs, including human development, which includes health.

**FIGURE 5:
EUROPE'S SHARE
OF ODA COMMITMENTS (2011-2014)**

Source: OECD DAC and
Ministries of Foreign Affairs

(Commitments as percentage)



*Other European DAC Donors include Iceland, Norway and Switzerland.

**Other DAC Donors include Australia, Canada, Japan, Korea, and New Zealand.

European donors (EU and Non-EU) provided the majority of overall ODA commitments between 2011 and 2014. More than 6 out of every 10 dollars committed (61.21%) came from Europe. The US contributed 18.87% of overall ODA commitments during the same period.

“More than half (56%) of the total ODA commitments in 2014 came from the EU. The US remained the largest single donor in 2014, with total commitments of almost 34 billion USD.”



3. RMNCAH and FP from 2011 to 2014

Why RMNCAH and FP?

Reproductive, maternal, newborn, child and adolescent health (RMNCAH) relates to a person's health at key points in their life. The health of an adolescent girl impacts pregnancy while the health of a pregnant woman impacts the health of the newborn and the child. Furthermore, there is a well-established link between maternal and child survival and the use of modern FP methods. Access to accurate information and safe, effective, affordable and acceptable FP methods is a prerequisite for attaining sexual and reproductive health and rights (SRHR). SRHR is understood as a state of and the rights to complete physical, mental and social well-being in all matters relating to the reproductive system and sexual life. RMNCAH, FP and SRHR are therefore closely linked, as investing in one will benefit the others.

MDG 5 (improve maternal health, and its respective targets, including universal access to reproductive health, RH) was the one goal of the MDG process which was furthest from being achieved at the end of the MDG process in 2015. Despite global efforts in recent years, the unmet need for modern contraception in low and middle income countries remains high: an estimated 225 million women in 2014 would like to delay or avoid pregnancy but are not using any method of contraception.⁽²⁾ In addition to being a prerequisite for the attainment of MDG 4 – reduce

child mortality – reproductive and maternal health is also closely linked to other goals: gender equality and the empowerment of women (MDG 3), education (MDG 2) and consequently the fight against poverty and hunger (MDG 1).

With the conclusion of the MDG process in 2015 and the launch of the SDGs for the period 2015 to 2030, global support for improving RMNCAH remains crucial as this will accelerate progress towards several SDGs. Indeed, empowering people especially women and adolescents take informed decisions on pregnancies and ensuring that they access quality care for themselves and their newborn and children has a positive impact on, not only SDGs related to health and gender, but potentially all SDGs.⁽³⁾ Donors and development partners have renewed their pledges through a number of initiatives in order to accelerate efforts to improve the health and overall well-being of women and children.

⁽²⁾ Guttmacher Institute (2014). Adding It Up: Costs and Benefits of Investing in Sexual and Reproductive Health Services

⁽³⁾ UNFPA 2016 State of the World Population Report: <http://www.unfpa.org/swop>



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Existing Initiatives on RMNCAH and FP

The initiatives supporting RMNCAH and FP described below have complimentary priorities and approaches. The initiatives work in partnership to achieve their objectives.

Financial commitments made by donor countries to individual initiatives are often part of a wider pledge made to RMNCAH and FP and can be reported several times under different headings.

Global Strategy for Women's, Children's and Adolescents' Health/ Every Woman Every Child

DAC donor partners: Australia, Canada, Denmark, Finland, France, Germany, Japan, Korea, the Netherlands, Norway, Sweden, UK, US.

Timeline: 2010-2015, renewed for 2016-2030.

Vision:

“ To end all preventable maternal, newborn and child deaths, including stillbirths, and improving the overall health and wellbeing of these groups by 2030.

Scope, priorities and approaches: Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Priorities: voluntary FP, treatment and prevention of diseases, women's empowerment, education, nutrition, water, sanitation and hygiene. Approaches: strengthening health care systems, improving the quality of health services and equity in their coverage, working with health-enhancing sectors.

Background and objectives: Launched by the UN Secretary General in 2010, the Global Strategy for Women's and Children's Health aims to mobilise international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents. At the same time, the Every Woman Every Child (EWEC) movement was launched as a platform for stakeholders to interact and hold each other accountable to their commitments to implement the Global Strategy. By May 2014, nearly 60 billion USD had been committed to advance this agenda, with almost 34 billion USD already disbursed. In 2015, the Global Strategy was relaunched for 2016-2030 with a new call for commitments and with a stronger focus on adolescents' health (now included in the title). By September 2015, 25 billion USD in initial commitments were made, including contributions from the US (3.3 billion USD), Canada (2.6 billion USD), Sweden (2.5 billion USD), Germany (1.3 billion USD), Norway (430 million USD), the Netherlands (317 million USD) and Korea (300 million USD).⁽⁴⁾

Assessment methodology: Assessed using different methodologies including the one developed for the Muskoka Initiative based on OECD Data (as in the annual PMNCH Report).⁽⁵⁾

The Muskoka Initiative



DAC donor partners: Canada, European Commission, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Korea, Spain, Switzerland, UK, US, the Bill & Melinda Gates Foundation and UN Foundation

Timeline: 2010-2015.

Vision:

“ To close the existing gaps in funding for maternal, newborn, and child health in developing countries.

Scope, priorities and approaches: Maternal, Newborn and Child Health (MNCH). Priorities: prenatal care, attended childbirth, postpartum care, sexual and reproductive healthcare and services, voluntary FP, health education, treatment and prevention of diseases, prevention of mother-to-child transmission of HIV, immunisation, basic nutrition. Approaches: strengthening health care systems, supporting nutrition, reducing the burden of disease through vaccinations.

Background and objectives: Under Canada’s leadership, G8 countries were to mobilise an additional 5 billion USD of funding between 2010 and 2015 towards MNCH, on top of the 4.1 billion USD they were already contributing annually. An additional 2.3 billion USD was pledged by the Netherlands, New Zealand, Norway, Korea, Spain, Switzerland, the Bill & Melinda Gates Foundation and UN Foundation, resulting in a total of 7.3 billion USD in new and additional funding towards MNCH.

Assessment methodology: The Muskoka Initiative relies on custom-designed methodology based on data within the OECD’s Creditor Reporting System. It applies percentages to funding reported under certain purpose codes or to selected multilateral organisations. The percentages applied vary depending on the intended target group of the activity (for more information see page 75).

FP2020



DAC donor partners: Australia, Denmark, European Commission, France, Germany, Japan, the Netherlands, Norway, Korea, Sweden, UK, US.

Timeline: 2013-2020.

Vision:

“ To allow 120 million additional women to use contraceptives by 2020.

Scope, priorities and approaches: Family Planning (FP). Priorities: voluntary, rights-based FP, youth. Approaches: country support, data and performance management, global advocacy.

Background and objectives: In 2012, on the occasion of the London Summit on Family Planning, the UK government and the Bill & Melinda Gates Foundation, in partnership with the UNFPA and USAID, called on stakeholders to mobilise additional resources to address the policy, financing, delivery, and socio-cultural barriers to women accessing contraceptive information, services and supplies. The goals of FP2020 are aligned with those of EWEC, and FP has been the subject of the largest number of commitments to EWEC.⁽⁶⁾ At the 2012 London Family Planning Summit, donors committed to an additional 2.6 billion USD in funding towards FP. Support for the initiative has continued to grow, with the number of countries, civil society and private sector donors, expanding from 20 in 2012 to over 90 in 2016.

Assessment methodology: Assessed by the FP2020 Performance Monitoring and Accountability Working Group by using data from the Track20⁽⁷⁾ project. The project works with governments in participating FP2020 countries to collect and analyse data to monitor annual progress on FP.

The Ouagadougou Partnership



DAC donor partners:

France, US.

Timeline: 2011-2015,
renewed for 2016-2020.

Vision:

“ To reach at least 2.2 million new family planning users in Benin, Burkina Faso, Guinea, Ivory Coast, Mauritania, Mali, Niger, Senegal, Togo by 2020.

Scope, priorities and approaches: Family Planning (FP). Priorities: meeting FP demand and enhancing access. Approaches: partnerships, providing an enabling environment, collaboration and coordination between donors, implementation, tracking, sharing.

Background and objectives: Launched at the 2011 Conference on Population, Development and Family Planning in Burkina Faso, the partnership aims to tackle the issues limiting the use of voluntary FP methods by women. This is to be achieved through better donor coordination and high-level government commitments in partnership countries. France has committed 100 million EUR over 2011-2015 to the partnership. The founding donors agreed to renew the initiative in 2015 with revised goals.

Assessment methodology: Data from the Track20⁽⁸⁾ project supplemented by qualitative data on national plan implementation.

⁽⁴⁾ Spotlight: FP2020 and EWEC, <http://progress.familyplanning2020.org/page/progress-on-commitments/spotlight-fp2020-and-every-woman-every-child>

⁽⁵⁾ <http://www.who.int/pmnch/activities/accountability/reports/en/>

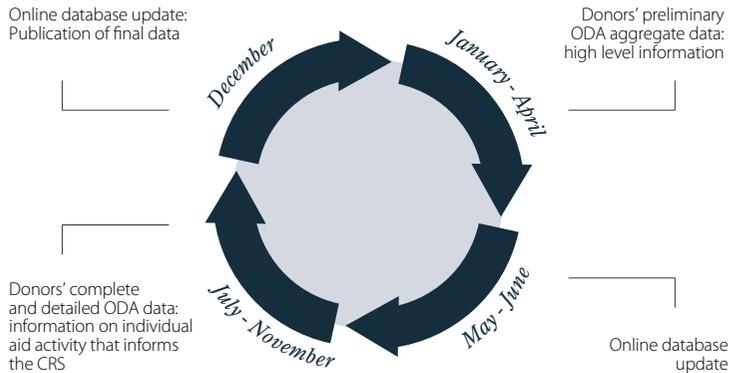
⁽⁶⁾ EWEC press release: UN Secretary-General Announces \$25 Billion in Initial Commitments to End Preventable Deaths of Women, Children and Adolescents by 2030, 25 September 2015, <http://www.everywomaneverychild.org/news-events/news/1141-un-secretary-general-announces-25-billion-in-initial-commitments-to-end-preventable-deaths-of-women-children-and-adolescents-by-2030>

^{(7) (8)} <http://www.track20.org/>

How Donors Report

Established in 1961, the OECD DAC is a forum that brings donors together with the aim of promoting sustainable development. In order to do so, the Committee provides guidance on development cooperation policies, promotes good practices and develops recommendations and standards for policies and funding. As part of the monitoring of development finance, DAC members are requested to submit annual ODA statistics related to their development projects and programmes.

**FIGURE 6:
OECD DATA CYCLE FOR DEVELOPMENT FINANCE STATISTICS**



The OECD systematises the detailed information and statistics, sent by donors on individual projects through purpose codes per sector of destination of a contribution. Those codes that reflect donors' contribution to a certain sector are then publicly available online at the Creditor Reporting System (CRS). In addition to individual projects, donors also self-report on their respective core contributions to the multilateral system.

As part of the DAC guidelines for reporting, OECD DAC suggests the identification of policy markers. The policy markers are specific codes which, if taken together, track, in a harmonised and comparable way, donor performance in certain areas. Gender equality marker is such a marker example that DAC donors widely use. Policy data marker are mainly descriptive measures - not quantitative - hence they do not reflect additional spending to what is already recorded per sector under CRS.

Annual monitoring of development finance measures donors efforts and informs decision-making. The OECD and the development community have questions about whether existing methods of categorisation (like the CRS codes) can properly assess overall contributions beyond their specific sectorial silos. It is for this reason that development community partners have developed different trackers to cover different sectors.

Existing RMNCAH-related tracking methodologies assess either flows to beneficiary organisations or countries (such as Track20)⁽⁹⁾ or donors' contributions. The first methodology to track donor support to MNCH was developed by the G8 health working group for the G8 Muskoka Summit in 2010. Other RMNCH-relevant initiatives include those advanced by Countdown 2030 Europe, a consortium that collects financial data from its members' governments for RH and FP; the Kaiser Family Foundation (KFF), who collects government assistance for FP, and NIDI UNFPA Resource Flows data, which tracked resources flows for population activities.

While all these different tracking exercises focus on disbursements, this publication aims at capturing donors' commitments with the objective of complementing existing methodologies.

⁽⁹⁾ As referred in p. 26 under FP2020

The RMNCH Marker

In 2014, the OECD introduced a new policy marker dedicated to RMNCH. Following the G8 Muskoka commitment, and understanding that activities across different sectors beyond health can be targeted to RMNCH, the OECD developed reporting guidelines to be implemented as of 2014. According to these guidelines, all projects recorded under the Population policies/programmes and reproductive health sector (CRS code 130) should be considered as at least contributing to RMNCH. Few donors have used the marker to date.

Methodology

The quantitative analysis of Euromapping 2016 is based on the Muskoka methodology.⁽¹⁰⁾ The G8 Health Working Group introduced this methodology to follow up on pledges made to MNCH in 2010.

The Muskoka methodology stipulates certain percentages for donors' multilateral and bilateral contributions to sector codes relevant for MNCH. These percentages were calculated based on the population segment (women of reproductive age and/or children under five) targeted by an activity. Given the importance of the reproductive system for maternal health, the Muskoka methodology, originally used to target MNCH, soon enlarged in scope to cover reproductive health (RMNCH).⁽¹¹⁾ There are currently no criteria to track funding for adolescent's health, which is why from now on this publication uses 'RMNCH' instead of 'RMNCAH'.

To track their efforts, G8 members have been reporting funding towards MNCH by using the Muskoka methodology applied to respective disbursements. This is later

included in the G8 Muskoka Accountability reports.⁽¹²⁾ Other donors have chosen to internally report in line with this approach, even if no pledge has been made. This is however not the case for all OECD DAC donors. In this edition of Euromapping, we applied the Muskoka methodology to all the OECD DAC donors' commitments, as reported to the OECD CRS. It is hence important to read the following tables as a hypothetical exercise, i.e. the outcomes are as if the donors were to report on their commitments based on the Muskoka methodology.

Similarly, the section of the donor profiles on FP are based on the subset of Muskoka methodology defined during the London Family Planning Summit in 2012. This is a revised Muskoka methodology, based on the same principle but with different imputed percentages, as these assess contribution to FP only.

However, the measured flow type is different: while the Muskoka methodology suggests using disbursements, this publication analyses commitments. A commitment

is a firm written obligation by a government or official agency, backed by the appropriation or availability of necessary funds, to provide resources to the benefit of a recipient. A disbursement is the actual placement of resources at the disposal of a recipient (for more information, please refer to the glossary). There are often fluctuations between commitments and disbursements. For instance, a government might commit to a single project at a certain moment and actually disburse resources over several years.

⁽¹⁰⁾ <http://www.g8.utoronto.ca/summit/2010muskoka/methodology.html>

⁽¹¹⁾ As reflected in the Partnership for Maternal, Newborn & Child Health (PMNCH) annual Accountability report, which traces efforts in line with the Global Strategy for Women's, Children's and Adolescents' Health. Because the renewed strategy now includes enhanced attention over adolescent health, stakeholders, such as PMNCH, have been asking for the development of new and updated criteria to track commitments to adolescent's health

⁽¹²⁾ As an example, <http://www.mofa.go.jp/policy/economy/summit/2010/pdfs/accountability.pdf>

Why Commitments?

In order to eliminate possible errors resulting from fluctuations, annual reports and tracking are usually done based on disbursements. Euro-mapping 2016 will however analyse commitments for the following reasons:

(i) This publication provides an overview of aggregated data over four years, instead of an annual reading, in order to bridge and cover the financial data period since the previous edition. By using aggregate data for a longer period (from 2011 until the latest available from 2014), the publication aims to minimise the above-mentioned challenge of yearly fluctuations, while capturing the political willingness of donors to support RMNCH and FP in the medium-term. This publication's focus therefore shifts from a quick 'snapshot' that would be a report based on an annual performance, towards capturing a bigger picture of the aggregate commitments during a four-year period.

(ii) Euromapping 2016 aims at informing advocates, and at complementing other tracking exercises that review disbursements, by providing an overview of existing pledges and commitments. We believe that this complimentary information on reported commitments will be particularly useful to further outline donors' political commitments to fund and support RMNCH and FP as part of their development cooperation obligations.

Donor Contributions to RMNCH and FP

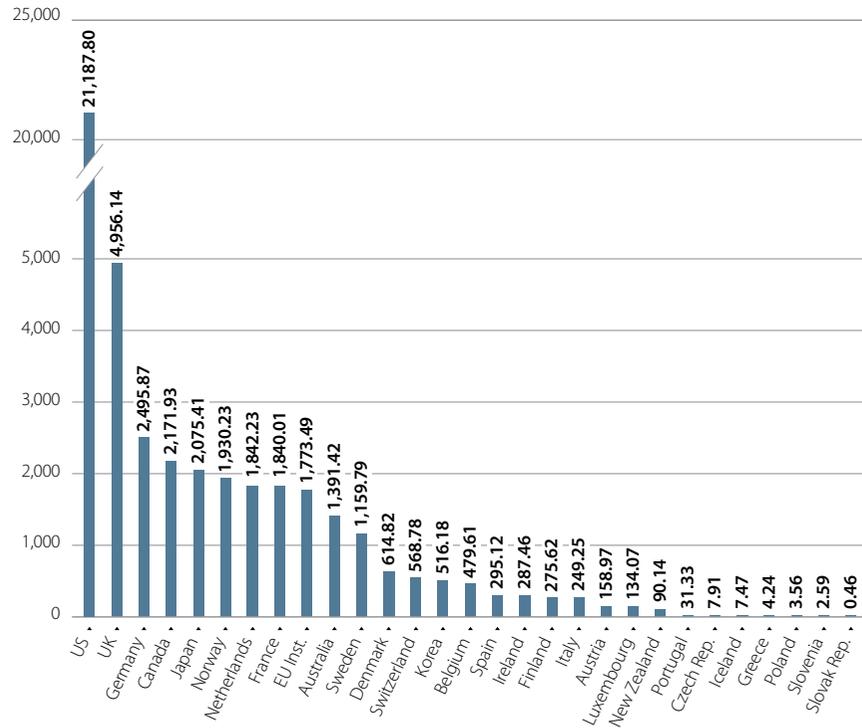
The total volume of RMNCH commitments from the 29 DAC donors for the period 2011-2014 was 46.55 billion USD. The US was by far the leading donor in RMNCH, with aggregate commitments of 21.19 billion USD during those four years. That is more than four times the commitments of the UK, which was the second largest donor (4.96 billion USD), and significantly more than the combined RMNCH commitments of the 19 DAC EU MS and the EU Institutions, which together committed a total 17.18 billion USD during the same period.

“The US was by far the leading donor. Its commitments are more than four times the commitments of the UK.”

**FIGURE 7:
AGGREGATE RMNCH COMMITMENTS
(2011-2014)**

Source: OECD DAC

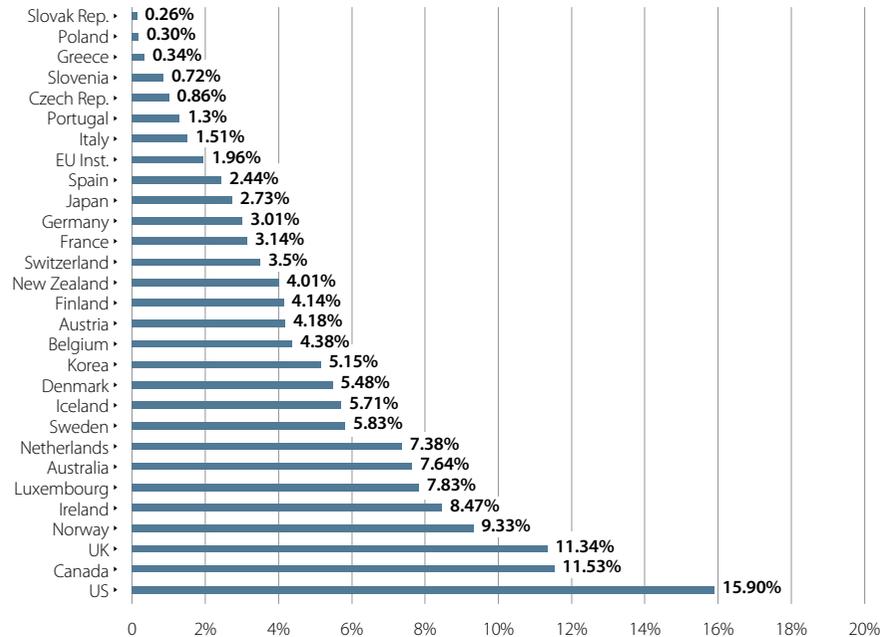
(In million USD constant prices)



**FIGURE 8:
RMNCH COMMITMENTS AS % OF ODA COMMITMENTS
(2011-2014)**

Source: OECD DAC

(In percentages)



However, when we analyse what those commitments represent in the total ODA commitments of each country, the picture changes dramatically. Leading donors, like France, Germany, Japan, and the EU Institutions, move to the lower half of the ranking, respectively to 18th, 19th, 20th and 22nd positions. The US, Canada, the UK, Norway, Australia, and the Netherlands score equally high compared with the previous ranking on aggregate RMNCH Commitments (figure 7) and remain in the top-10 of donors that commit a large share of their ODA pie to RMNCH.

“Remarkably, Ireland (5th), Luxembourg (6th), and Iceland (10th) score very high and emerge as champion RMNCH donors.”

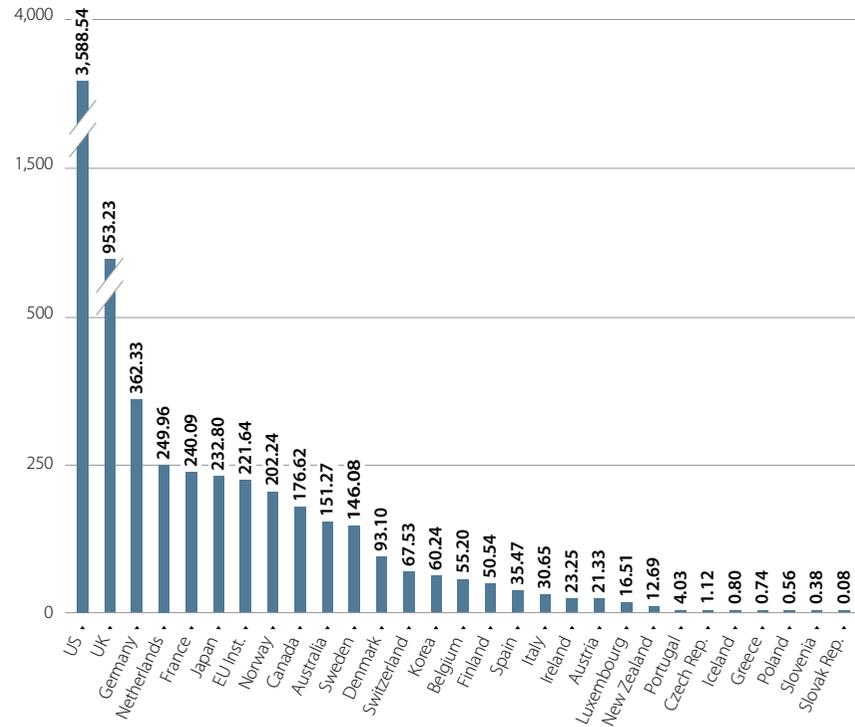
A similar pattern of RMNCH commitments is observed when assessing FP aggregate commitments between 2011 and 2014. The US committed more than half (3.59 billion USD) of the total amount of commitments (6.94 billion USD) to FP. The combined commitments of the EU Institutions and MS amounted to 2.51 billion USD to FP during the same period. If we look into the ten leading FP donors, those are the same as the ten largest donors in RMNCH commitments. However, European donors score better in FP commitments. The US leads again in the ranking, but the following four donors all come from the EU (the UK, Germany, the Netherlands, France), while in RMNCH commitments only two EU donors (the UK and Germany) made it to the top-5.

“*The European donors score better in FP commitments than in RMNCH commitments.*”

**FIGURE 9:
AGGREGATE FP COMMITMENTS
(2011-2014)**

Source: OECD DAC

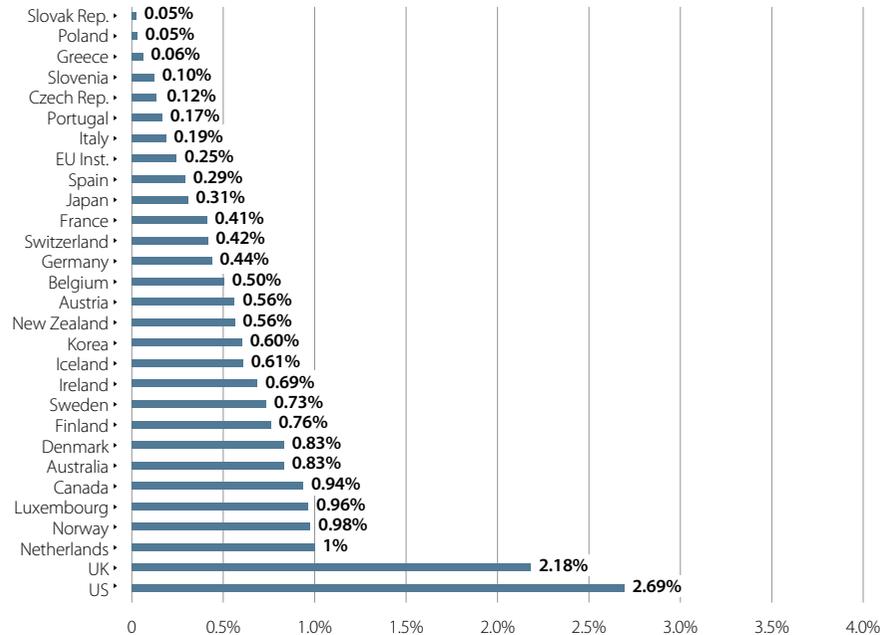
(In million USD)



**FIGURE 10:
FP COMMITMENTS AS % OF ODA COMMITMENTS
(2011-2014)**

Source: OECD DAC

(In percentages)



When assessing what the volume of FP commitments represents relative to total ODA commitments, the UK and the US dominate again, followed by the Netherlands, Norway, and Luxembourg. It is worth noting that a number of European donors with medium or even small volume of commitments score highly in this ranking, such as Denmark, Finland, Sweden, Ireland, and Iceland. On the other hand, donors with higher budgets retain a lower position comparatively (Germany, France, Japan, and the EU Institutions).

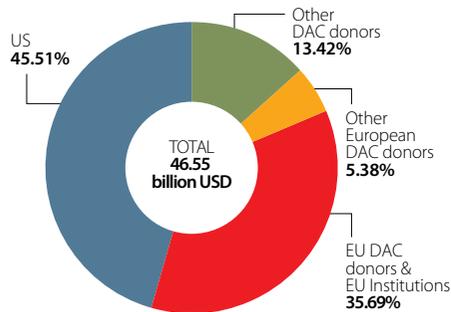
“A number of European donors with a medium or even small volume of commitments score highly in this ranking.”

While EU Member States and EU Institutions emerge as the largest donors in terms of ODA volume throughout the four years under analysis, a different ranking can be observed when assessing aggregate commitments to RMNCH and FP. The US are the largest contributors for both areas, representing approximately 50% of total aggregate commitments. EU Member States and the EU Institutions represent the second highest ranking.

**FIGURE 11:
AGGREGATE COMMITMENTS
OF RMNCH (2011-2014)**

Source: OECD DAC

(In percentages)

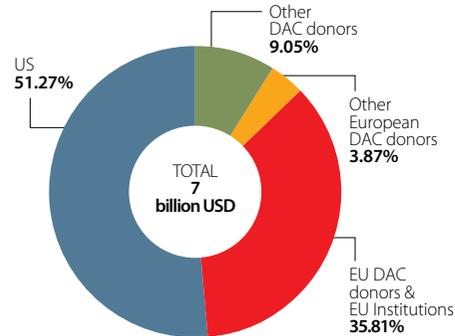


This graph refers to aggregate commitments. Other European DAC donors include: Iceland, Norway, Switzerland. Other DAC donors include: Australia, Canada, Japan, Korea, New Zealand

**FIGURE 12:
AGGREGATE COMMITMENTS
OF FP (2011-2014)**

Source: OECD DAC

(In percentages)



This graph refers to aggregate commitments. Other European DAC donors include: Iceland, Norway, Switzerland. Other DAC donors include: Australia, Canada, Japan, Korea, New Zealand.





“The US and the UK dominate the two highest positions in the rankings of 29 RMNCH and FP donors; both countries are leading ODA donors.”



4. Donor Profiles

How Do The Donor Profiles Work?

COUNTRY

EUROMAPPING RANK (2011-2014):

Donors are ranked according to: i) aggregate commitments to ODA; ii) aggregate commitments to RMNCH; iii) aggregate commitments to RMNCH as a percentage of ODA commitments; iv) aggregate commitments to FP and (v) aggregate commitments to FP as a percentage of ODA commitments. These final RMNCH and FP figures result from applying the Muskoka methodology and the revised FP Muskoka methodology to donors' commitments as a theoretical exercise, even if these donors do not report under that methodology.

COUNTRY'S POLITICAL PROFILE AND FINANCIAL PLEDGES:

Brief description of a donor's policies that are relevant for RMNCAH and FP. Also indicates whether or not a donor has financially committed under one of the international initiatives described between pages 24 and 27.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

This figure shows a donor's total volume of aggregate RMNCH and FP commitments, as if reported against the Muskoka methodology, and as part of total ODA volume over the four years. It also indicates what these total volumes for RMNCH and FP represent as percentage of ODA commitments during the same period.

YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD)

YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

This graph provides an annual breakdown of total volume of donors' commitments to ODA, RMNCH and FP, the latter two as if reported against the Muskoka methodology.

RMNCH AND FP AS % OF ODA (2011-2014)

RMNCH & FP AS % OF ODA (2011-2014)

This graph provides a historical overview of donors' commitments as percentages of ODA towards both RMNCH and FP, as if reported against the Muskoka methodology.

The currency: All development finance statistics are measured here in constant prices with reference year 2014, 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. The conversion rate used in the profiles is the same as the one used at the moment of the pledge.



AUSTRALIA

EUROMAPPING RANK (2011-2014)

ODA commitments	11	/29
RMNCH commitments	10	/29
RMNCH commitments as % of total ODA	7	/29
FP commitments	10	/29
FP commitments as % of total ODA	7	/29

Australia prioritises global health in its development aid⁽¹³⁾ and has released a strategy on health and development for 2015-2020.⁽¹⁴⁾ This strategy includes clear commitments on MNCH and FP.

As part of EWEC, Australia committed to invest at least 1.6 billion AUD (approx. 1.50 billion USD) on MNCH between 2011 and 2015. This amount includes increased funding for FP (58 million AUD or approximately 55 million USD) under the FP2020 initiative over five years, resulting in doubling the annual FP contributions to 53 million AUD by 2016 (approx. 55.89 million USD).

In 2015, Australia renewed its political support for the Global Strategy for Women's, Children's and Adolescents' Health.

FINANCIAL PLEDGES:

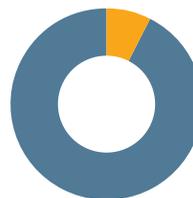
- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's and Children's Health (2010-2015 and 2016-2030).

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

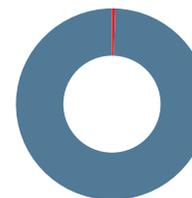
(in million USD)

Total ODA Spending
18,208.09

RMNCH
1,391.42
RMNCH as % of ODA
7.64%



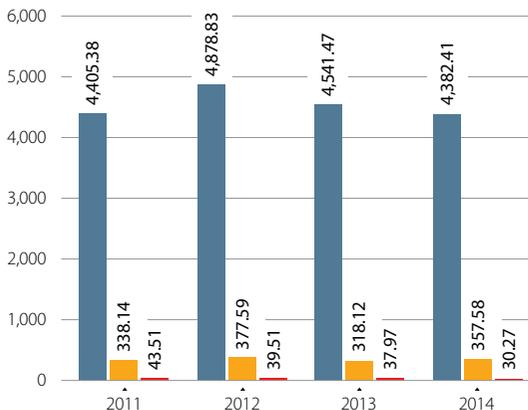
FP
151.27
FP as % of ODA
0.83%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



AUSTRIA

EUROMAPPING RANK (2011-2014)

ODA commitments	19	/29
RMNCH commitments	20	/29
RMNCH commitments as % of total ODA	14	/29
FP commitments	20	/29
FP commitments as % of total ODA	15	/29

Austria lists health as one of its priorities for development aid⁽¹⁵⁾ but does not specifically refer to RMNCH or FP in its policy statements. It considers gender equality a cross-cutting issue.⁽¹⁶⁾

Austria's 2014 RMNCH commitments were reduced by nearly half (28.23 million USD), compared to those of 2012 (54.41 million USD), despite its overall ODA commitments slightly increasing during this period. Commitments to FP also more than halved between 2012 and 2014, representing 0.28% of ODA in 2014 (from 0.63% in 2012).

FINANCIAL PLEDGES:

None.

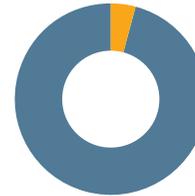
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
5,095.64

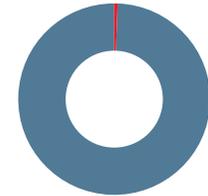
RMNCH
158.97

RMNCH as % of ODA
4.18%



FP
21.33

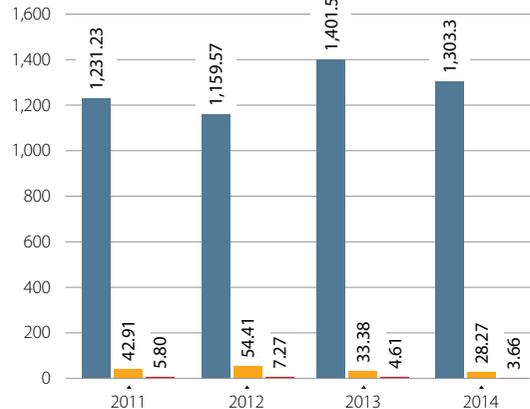
FP as % of ODA
0.56%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

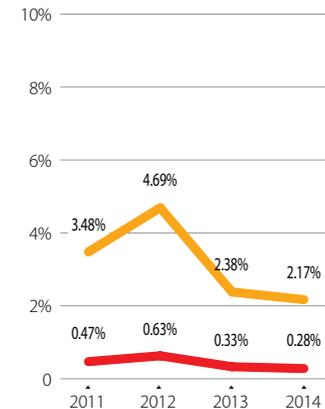
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



BELGIUM

EUROMAPPING RANK (2011-2014)

ODA commitments	16	/29
RMNCH commitments	15	/29
RMNCH commitments as % of total ODA	13	/29
FP commitments	15	/29
FP commitments as % of total ODA	16	/29

Belgium stresses the importance of SRHR for sustainable development and prioritises reproductive health and the fight against HIV/AIDS in its development law.⁽¹⁷⁾ SRHR is also a priority in Belgian operational policy documents on health in development, but there is no specific mention of MNCH.⁽¹⁸⁾

Belgian commitments to RMNCH and FP almost doubled from 2012 and 2013, both in terms of volume and percentage of total ODA.

FINANCIAL PLEDGES:

None.

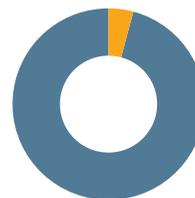
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
10,959.76

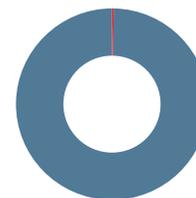
RMNCH
479.61

RMNCH as % of ODA
4.38%



FP
55.20

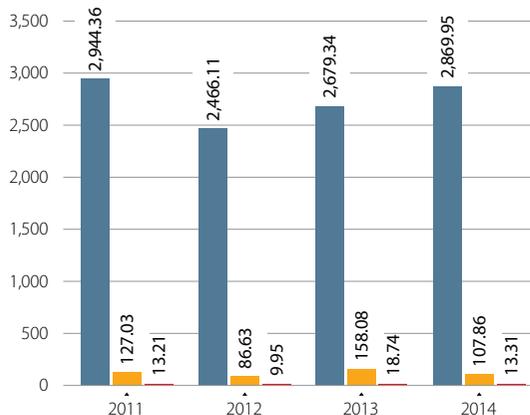
FP as % of ODA
0.50%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

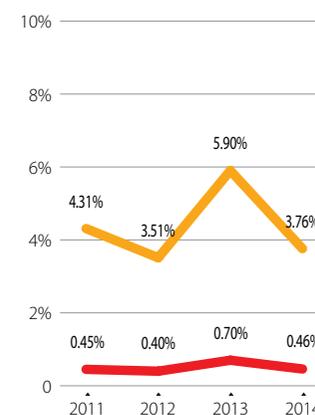
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



CANADA

EUROMAPPING RANK (2011-2014)

ODA commitments	10	/29
RMNCH commitments	4	/29
RMNCH commitments as % of total ODA	2	/29
FP commitments	9	/29
FP commitments as % of total ODA	6	/29

Canada has included MNCH as a priority in its development aid policy.⁽¹⁹⁾ In 2010, during its presidency of the G8, the country made MNCH a priority for the G8 Muskoka Summit, leading to the launch of the Muskoka Initiative.

In 2010, Canada pledged 1.1 billion CAD (approximately 854 million USD) in new and additional funding for women's and children's health as part of the Muskoka Initiative, which was also counted under EWEC. Existing commitments of 1.75 billion CAD were continued, meaning a total commitment of 2.85 billion CAD (near 2.21 billion USD) for MNCH between 2010 and 2015.

Canada renewed its commitment to RMNCH in 2015, by pledging a further 3.5 billion CAD (approx. 2.72 billion USD) to the Global Strategy for Women's, Children's and Adolescents' Rights throughout 2015-2020.⁽²⁰⁾

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

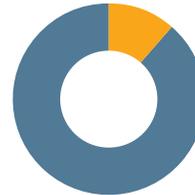
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
18,831.46

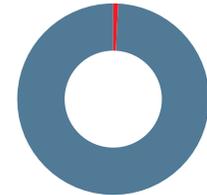
RMNCH
2,171.93

RMNCH as % of ODA
11.53%



FP
176.62

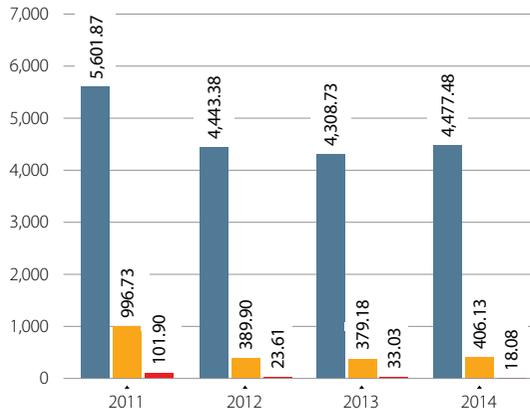
FP as % of ODA
0.94%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

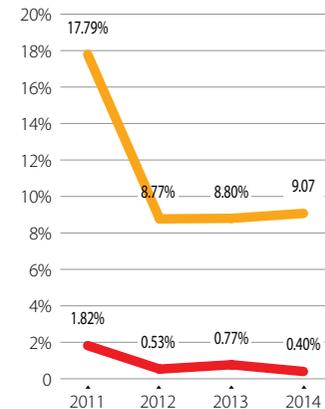
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



CZECH REPUBLIC

EUROMAPPING RANK (2011-2014)

ODA commitments	26	/29
RMNCH commitments	24	/29
RMNCH commitments as % of total ODA	25	/29
FP commitments	24	/29
FP commitments as % of total ODA	25	/29

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending

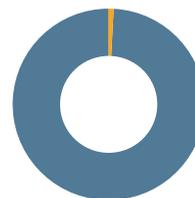
923.55

RMNCH

7.91

RMNCH as % of ODA

0.86%



FP

1.12

FP as % of ODA

0.12%

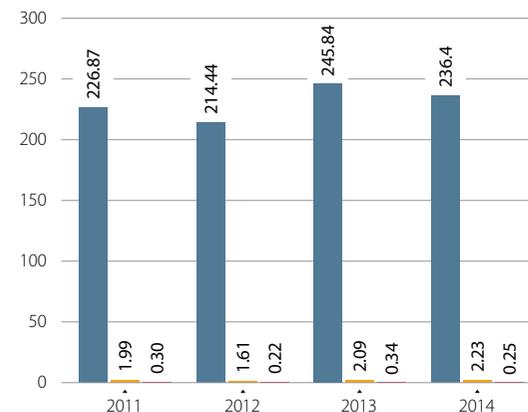


The priorities of **Czech** development aid include social development, in particular improving access to health services, but do not specifically refer to RMNCH or FP.⁽²¹⁾ The Czech Republic's commitments to RMNCH have ranged from 1.61 million USD (2012) to 2.23 million USD (2014), representing less than 1% of its total ODA commitments. FP commitments represent also only 0.12% of ODA commitments during the four-year period. The country is a relatively new member of the OECD Development Assistance Committee, having joined in 2013.

YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



FINANCIAL PLEDGES:

None.

Source: OECD DAC



DENMARK

EUROMAPPING RANK (2011-2014)

ODA commitments	15	/29
RMNCH commitments	12	/29
RMNCH commitments as % of total ODA	11	/29
FP commitments	12	/29
FP commitments as % of total ODA	8	/29

Denmark supports RMNCH and FP through its development aid policy, focusing in particular on SRHR and the fight against HIV/AIDS.⁽²²⁾ These priorities are further laid out in its 2006 strategy paper on the promotion of SRHR.⁽²³⁾ Denmark reaffirmed its commitment to RMNCH and FP by co-founding AmplifyChange⁽²⁴⁾, a fund to promote civil society advocacy for SRHR, and access to FP for marginalised and vulnerable groups. In addition to existing funding programmes, in 2012, at the launch of the FP2020 initiative Denmark committed to providing an additional 13 million USD between 2012 and 2020 to FP. This commitment was also counted under EWEC.⁽²⁵⁾

FINANCIAL PLEDGES:

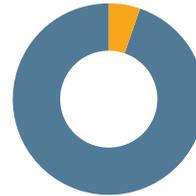
✓ FP2020.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

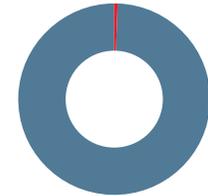
(in million USD)

Total ODA Spending
11,209.23

RMNCH
614.82
RMNCH as % of ODA
5.48%



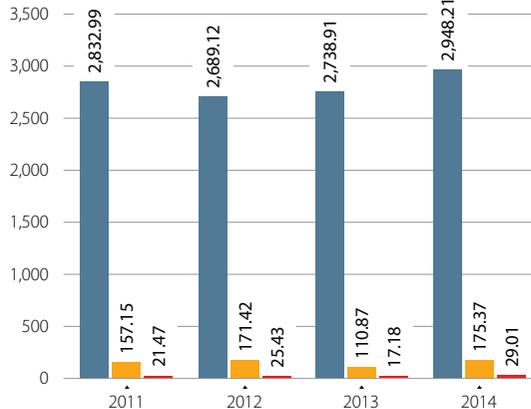
FP
93.10
FP as % of ODA
0.83%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

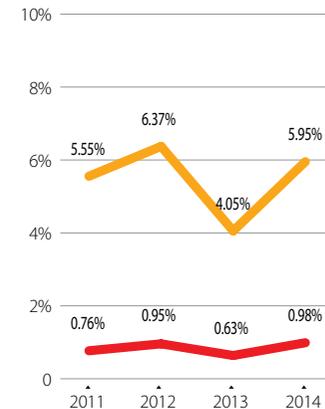
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



EU INSTITUTIONS

EUROMAPPING RANK (2011-2014)

ODA commitments	2	/29
RMNCH commitments	9	/29
RMNCH commitments as % of total ODA	22	/29
FP commitments	7	/29
FP commitments as % of total ODA	22	/29

The EU Institutions regularly commit to promoting global health and the importance of SRHR in its development aid.⁽²⁶⁾ In 2015, in the EU adopted an action plan to promote gender equality in its external action, which includes actions on RMNCH and FP.⁽²⁷⁾

The EC pledged 50 million EUR (70 million USD) in funding for RMNCH between 2011 and 2013 under the Muskoka Initiative.⁽²⁸⁾ Part of this pledge was covered by the EU's 1 billion EUR MDG Initiative⁽²⁹⁾ (the purpose of which is to support ACP countries), including for MNCH. In 2012, at the launch of the FP2020 initiative, the EC further committed to an additional 28 million EUR to support FP services, later increased to 36.3 million EUR (approx. 36.7 million USD).⁽³⁰⁾

The EU Institutions are a key donor for RMNCH and FP, in absolute terms, even though these sectors represent a small share of its overall ODA.

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.
- ✓ FP2020.

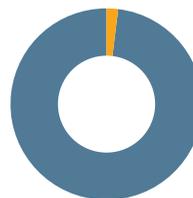
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
90,353.85

RMNCH
1,773.49

RMNCH as % of ODA
1.96%



FP
221.64

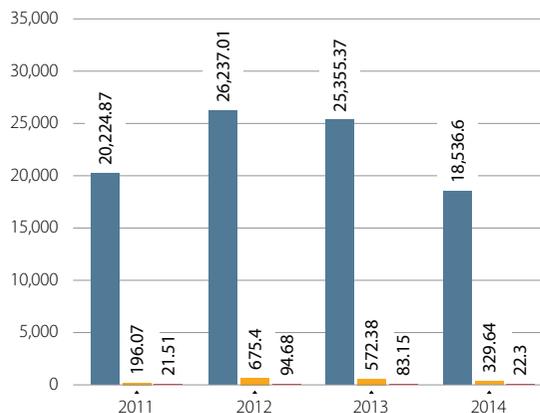
FP as % of ODA
0.25%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

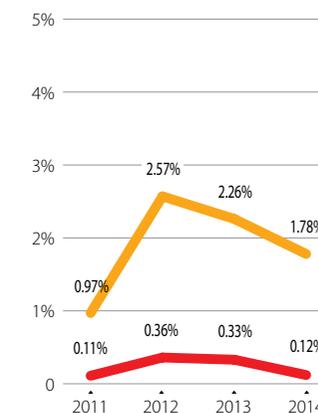
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



FINLAND

EUROMAPPING RANK (2011-2014)

ODA commitments	18	/29
RMNCH commitments	18	/29
RMNCH commitments as % of total ODA	15	/29
FP commitments	16	/29
FP commitments as % of total ODA	9	/29

Finland launched a Government Report on Development Policy in 2016 that prioritised the rights of girls and women and with a strong emphasis on SRHR.⁽³¹⁾ However, there is no specific mention of MNCH.

Between 2011 and 2014 Finnish RMNCH and FP commitments have been steadily rising. In 2014 Finland became a champion donor to UNFPA with a commitment of over 160 million USD (to be disbursed over the subsequent 2-3 years). As a result, RMNCH represented over 11.39% of Finnish ODA commitments in 2014, compared to 2% in 2013. This increase was also reflected over FP commitments (from 0.29% in 2013 to 2.27% in 2014).

In 2015, Finland confirmed political support to the Global Strategy for Women's, and Children's and Adolescents' Health.

FINANCIAL PLEDGES:

None.

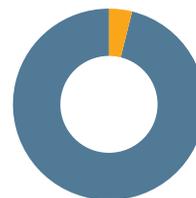
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
6,664.4

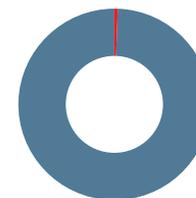
RMNCH
275.62

RMNCH as % of ODA
4.14%



FP
50.54

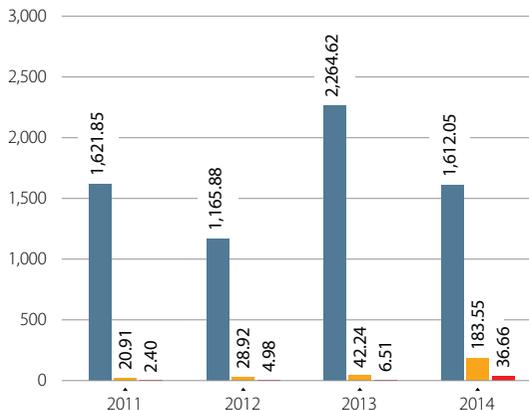
FP as % of ODA
0.76%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

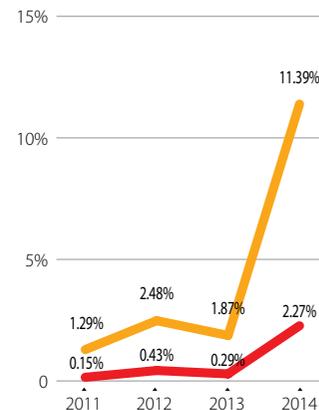
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



FRANCE

EUROMAPPING RANK (2011-2014)

ODA commitments	5	/29
RMNCH commitments	8	/29
RMNCH commitments as % of total ODA	18	/29
FP commitments	5	/29
FP commitments as % of total ODA	19	/29

France lists RMNCH and FP as specific priorities for its development aid policy.⁽³²⁾ In its external relations, France follows the principles set out in its Gender and Development Strategy 2013-2017⁽³³⁾, and strategy for international health cooperation.⁽³⁴⁾ Moreover, the French Ministry of Foreign Affairs has adopted a strategy on external action on population and SRHR for 2016-2020.⁽³⁵⁾ France reaffirmed its commitment to FP by co-founding the Ouagadougou Partnership. At the launch of the Muskoka Initiative in 2010, France pledged an additional 500 million EUR (approx. 614.5 million USD) between 2011 and 2015 on top of its existing funding of 340 million EUR per year for MNCH (near 417.86 million USD).⁽³⁶⁾ In 2011, France pledged to spend one fifth of this funding (100 million EUR or 122.29 million USD) on FP in nine countries in francophone Africa by 2015 (under the Ouagadougou Partnership). The above pledges are also reported under FP2020 and EWEC.⁽³⁷⁾

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.
- ✓ The Ouagadougou Partnership.

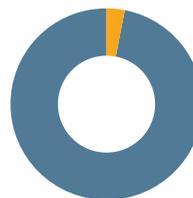
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
58,624.09

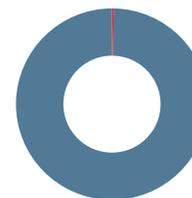
RMNCH
1,840.01

RMNCH as % of ODA
3.14%



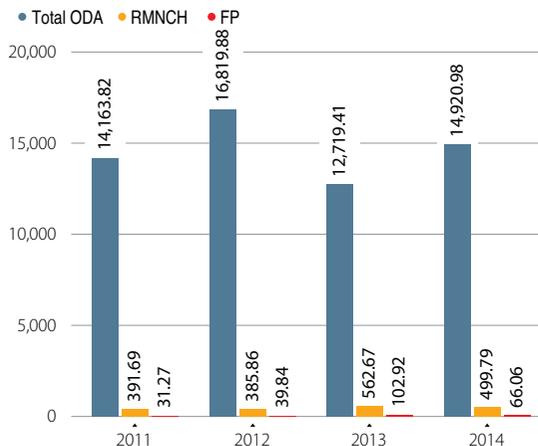
FP
240.09

FP as % of ODA
0.41%



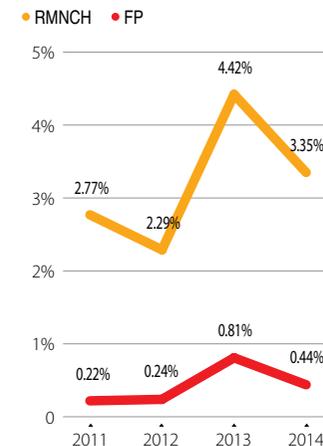
YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



GERMANY

EUROMAPPING RANK (2011-2014)

ODA commitments	3	/29
RMNCH commitments	3	/29
RMNCH commitments as % of total ODA	19	/29
FP commitments	3	/29
FP commitments as % of total ODA	17	/29

Germany's policy on SRHR is based on a policy document from 2008.⁽³⁸⁾ In 2011, Germany launched an Initiative on Rights-Based Family Planning and Maternal Health as part of an additional 400 million EUR (approx. 491.6 million USD) in commitments to the Muskoka Initiative.⁽³⁹⁾ A quarter of this amount was also pledged to FP (near 122.29 million USD) at the London FP Summit in 2012.⁽⁴⁰⁾

Germany's commitment to RMNCH, through the above-mentioned Initiative, was extended and increased from 80 million EUR to 100 million EUR annually between 2015 and 2019.⁽⁴¹⁾ In total, Germany committed at least 514 million EUR up to 2019 to rights-based FP and RH, a quarter of which is likely to be dedicated specifically to FP, depending on partner countries' priorities.⁽⁴²⁾ This is part of the country's renewed support to the Global Strategy for Women's, and Children's and Adolescents' Health, which will amount to 1.23 billion EUR.⁽⁴³⁾

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.
- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

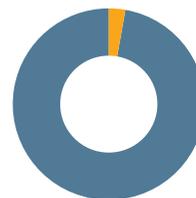
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
82,819.49

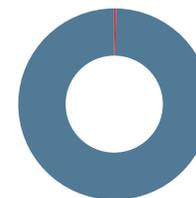
RMNCH
2,495.87

RMNCH as % of ODA
3.01%



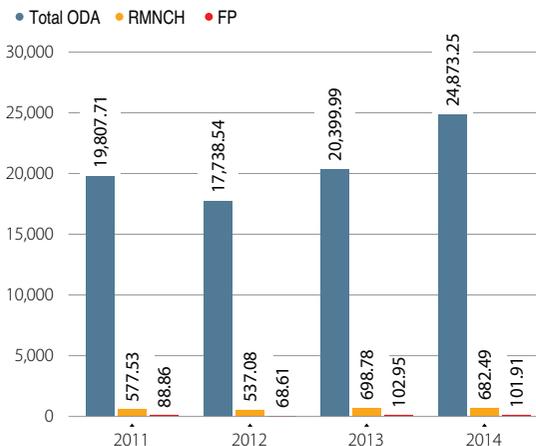
FP
362.33

FP as % of ODA
0.44%



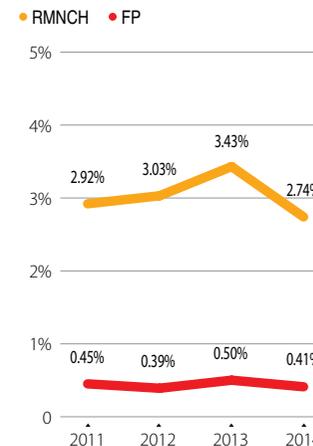
YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



GREECE

EUROMAPPING RANK (2011-2014)

ODA commitments	25 /29
RMNCH commitments	26 /29
RMNCH commitments as % of total ODA	27 /29
FP commitments	26 /29
FP commitments as % of total ODA	27 /29

Greece prioritises gender equality, education and health in its development aid policy; RMNCH and FP are not specifically mentioned.⁽⁴⁴⁾

While overall ODA commitments dropped from 2011 to 2014 due to the economic crisis, the decrease was even more pronounced for already-low RMNCH commitments, from 1.47 million USD in 2011 to 0.69 million USD in 2014. RMNCH commitments represented 0.34% of total ODA commitments for this period, and FP commitments 0.06%.

FINANCIAL PLEDGES:

None.

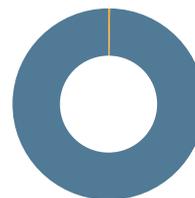
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
1,238.08

RMNCH
4.24

RMNCH as % of ODA
0.34%



FP
0.74

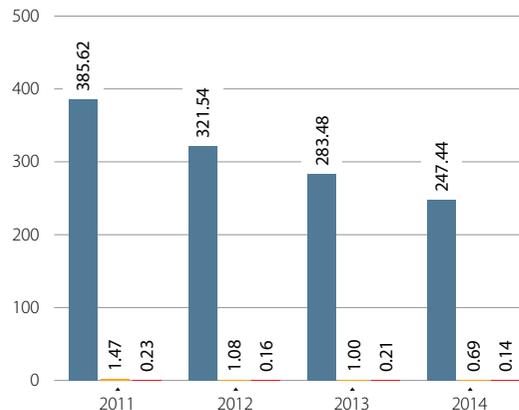
FP as % of ODA
0.06%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

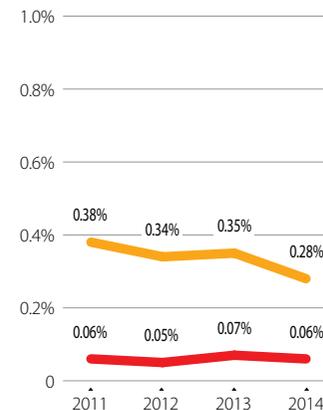
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



ICELAND

EUROMAPPING RANK (2011-2014)

ODA commitments	29	/29
RMNCH commitments	25	/29
RMNCH commitments as % of total ODA	10	/29
FP commitments	25	/29
FP commitments as % of total ODA	12	/29

The priorities of Icelandic development aid include health and education as a basis for building human capital, but do not specifically refer to RMNCH or FP⁽⁴⁵⁾; gender equality is a cross-cutting theme. Iceland's ODA budget is the smallest among all 29 DAC donors due to the consequences of the economic crisis and the size of its economy. While its RMNCH aggregate commitments are small (7.47 million USD), they continuously represent over 5% of Iceland's ODA.

Iceland joined the OECD DAC in 2013.

FINANCIAL PLEDGES:

None.

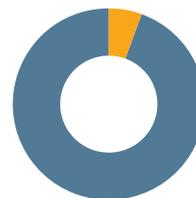
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
130.83

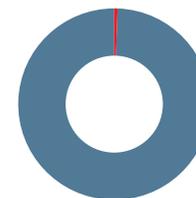
RMNCH
7.47

RMNCH as % of ODA
5.71%



FP
0.80

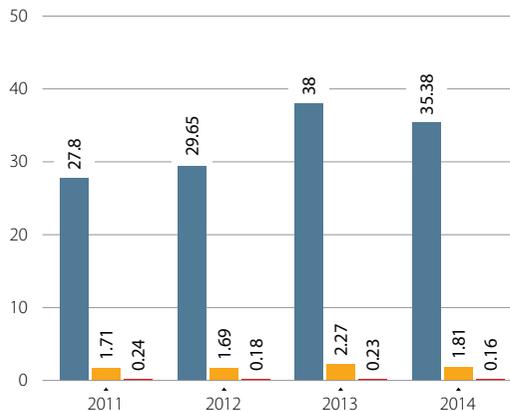
FP as % of ODA
0.61%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

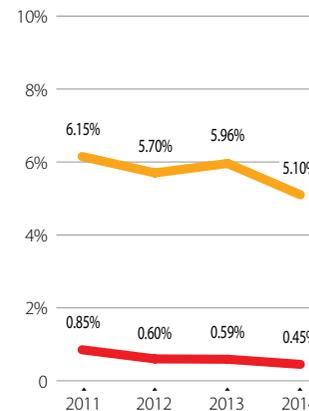
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



EUROMAPPING RANK (2011-2014)

ODA commitments	20	/29
RMNCH commitments	17	/29
RMNCH commitments as % of total ODA	5	/29
FP commitments	19	/29
FP commitments as % of total ODA	11	/29

Ireland's political and financial commitments to RMNCH and FP have recently become more prominent in its development aid policy. Its 2013 development strategy aims to reduce maternal and infant mortality and promote universal access to reproductive healthcare, including FP.⁽⁴⁶⁾ The strategy further mentions gender equality under the priority area of human rights and accountability. Despite a decrease in overall ODA between 2011 and 2014 due to the economic crisis, Irish RMNCH commitments have increased in this period, bringing Ireland into the top ten of donors to RMNCH as a percentage of ODA (8.47% over four years).

FINANCIAL PLEDGES:

None.

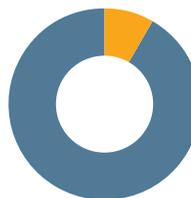
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
3,393.22

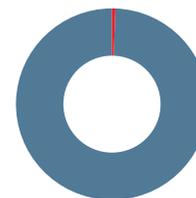
RMNCH
287.46

RMNCH as % of ODA
8.47%



FP
23.25

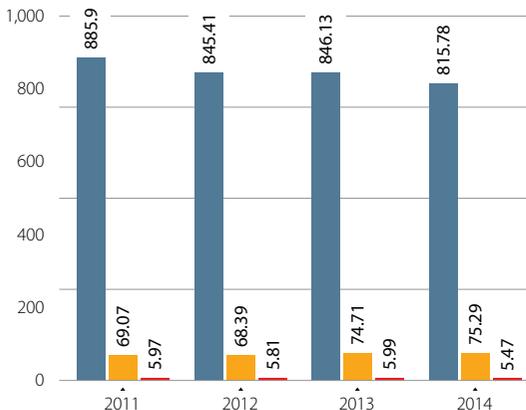
FP as % of ODA
0.69%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

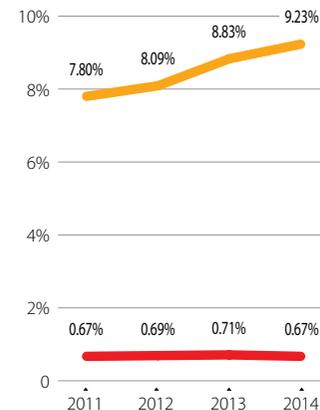
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



ITALY

EUROMAPPING RANK (2011-2014)

ODA commitments	12	/29
RMNCH commitments	19	/29
RMNCH commitments as % of total ODA	23	/29
FP commitments	18	/29
FP commitments as % of total ODA	23	/29

Italy refers to the importance of global health and RMNCH and FP as essential components of its 2014 legal framework on development aid.⁽⁴⁷⁾ Gender equality is a cross-cutting theme. Italy pledged 75 million USD between 2011 and 2015 for RMNCH under the Muskoka Initiative, in addition to existing commitments.⁽⁴⁸⁾

Italy's total RMNCH and FP commitments have only moderately increased over 2013-2014. However, RMNCH and FP commitments as a share of total ODA increased significantly. Nevertheless, they were still relatively low in 2014, representing 1.90% and 0.24% of Italian ODA, respectively.

FINANCIAL PLEDGES:

✓ The Muskoka Initiative.

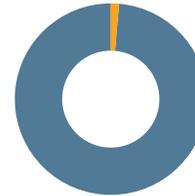
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
16,477.2

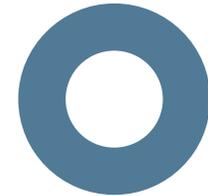
RMNCH
249.25

RMNCH as % of ODA
1.51%



FP
30.65

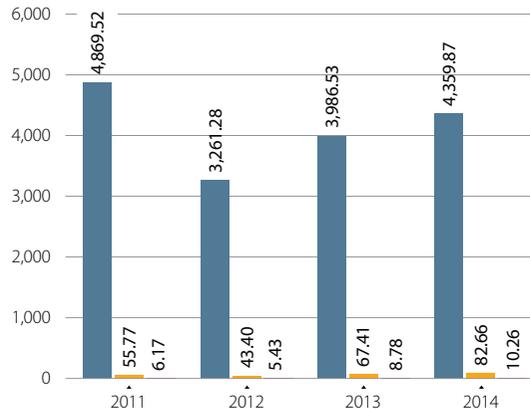
FP as % of ODA
0.19%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

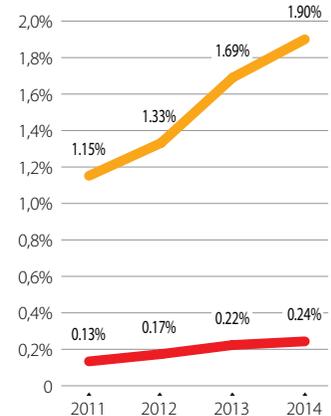
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



JAPAN

EUROMAPPING RANK (2011-2014)

ODA commitments	4	/29
RMNCH commitments	5	/29
RMNCH commitments as % of total ODA	20	/29
FP commitments	6	/29
FP commitments as % of total ODA	20	/29

Japan lists health, education, gender and women's empowerment, including through access to medical services, as priorities for its development aid policy.⁽⁴⁹⁾

In 2010, Japan committed to an additional 50 billion JPY (approx. 500 million USD) in funding for RMNCH between 2011 and 2015 as part of the Muskoka Initiative. In 2012, under the FP2020 initiative, Japan committed a one-off 36 million USD to FP.⁽⁵⁰⁾

As the analysis shows, Japan's FP commitments in 2013 declined almost to 2011 levels, before rising again in 2014. Japan more than doubled its RMNCH commitments in 2012 compared to 2011 and maintained funding at this level in 2014.

In 2015, Japan made a political commitment to the Global Strategy for Women's Children's and Adolescents' Health.⁽⁵¹⁾

FINANCIAL PLEDGES:

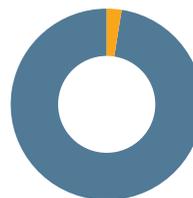
- ✓ The Muskoka Initiative.
- ✓ FP2020.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

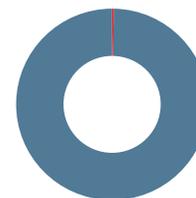
(in million USD)

Total ODA Spending
75,946.39

RMNCH
2,075.41
RMNCH as % of ODA
2.73%



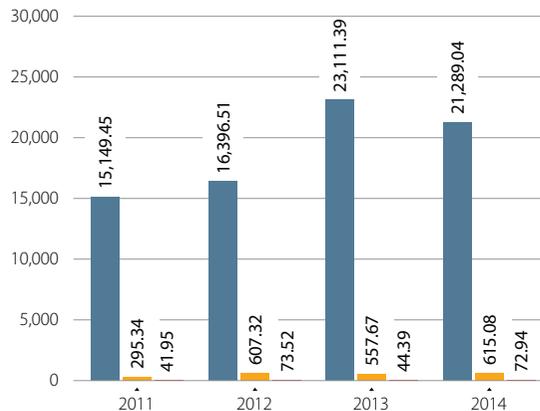
FP
232.80
FP as % of ODA
0.31%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

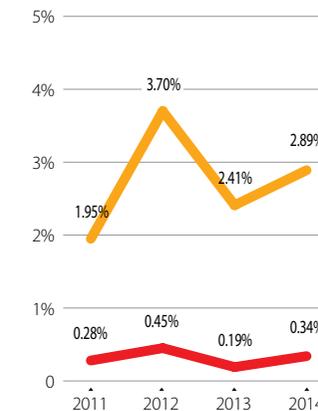
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



KOREA

EUROMAPPING RANK (2011-2014)

ODA commitments	17	/29
RMNCH commitments	14	/29
RMNCH commitments as % of total ODA	12	/29
FP commitments	14	/29
FP commitments as % of total ODA	13	/29

Korea lists health, and in particular RMNCH and FP, as one of its development aid priorities. Gender is listed as a cross-cutting issue.⁽⁵²⁾

As part of FP2020, Korea pledged to raise its support to RMNCH and FP from 5.4 million USD in 2010 to at least 10.8 million USD a year beginning in 2013.⁽⁵³⁾ Korea has also contributed financially to the Muskoka Initiative.⁽⁵⁴⁾ In 2015, Korea launched the 'Better Life for Girls'⁽⁵⁵⁾ initiative, with a focus on improving girls' right to health and education and a budget of 200 million USD for 2016-2020. This initiative was announced in the context of new commitment to the Global Strategy in 2015.⁽⁵⁶⁾

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.
- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

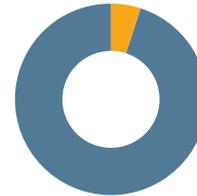
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
10,017.05

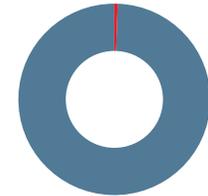
RMNCH
516.18

RMNCH as % of ODA
5.15%



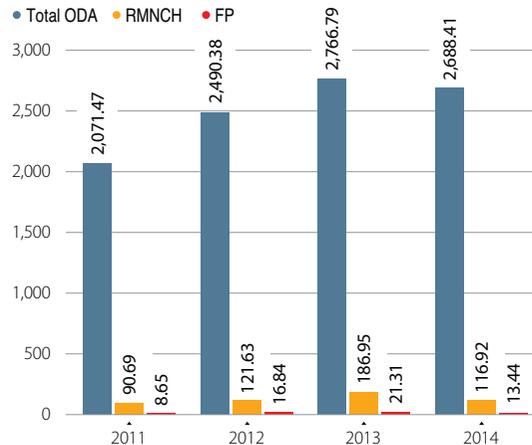
FP
60.24

FP as % of ODA
0.60%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



LUXEMBOURG

EUROMAPPING RANK (2011-2014)

ODA commitments	24	/29
RMNCH commitments	21	/29
RMNCH commitments as % of total ODA	6	/29
FP commitments	21	/29
FP commitments as % of total ODA	5	/29

Luxembourg includes health and education in its development aid priorities, with a cross-cutting focus on gender. However, it does not specifically refer to RMNCH or FP.⁽⁵⁷⁾

Despite its relatively small ODA budget, it is one of the few DAC donors that meet the commitment to allocate 0.7% of GNI for ODA (please refer to page 15). Luxembourg is also a significant supporter of RMNCH and FP in terms of the share of its ODA commitments dedicated to these areas, being placed among the top ten donors.

FINANCIAL PLEDGES:

None.

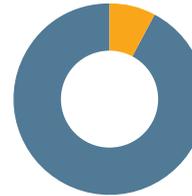
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
1,711.72

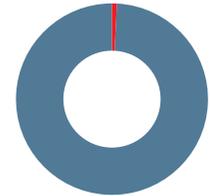
RMNCH
134.07

RMNCH as % of ODA
7.83%



FP
16.51

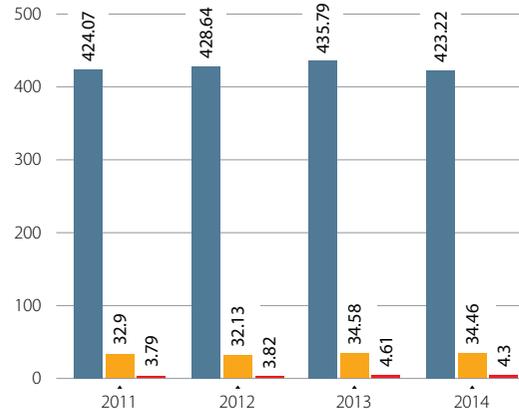
FP as % of ODA
0.96%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



NETHERLANDS

EUROMAPPING RANK (2011-2014)

ODA commitments	7	/29
RMNCH commitments	7	/29
RMNCH commitments as % of total ODA	8	/29
FP commitments	4	/29
FP commitments as % of total ODA	3	/29

The Netherlands' development strategy includes SRHR as a priority goal, to which all activities should contribute. Within this strategy, gender is a cross-cutting theme.⁽⁵⁸⁾

The Netherlands reaffirmed its commitment to SRHR by co-founding AmplifyChange,⁽⁵⁹⁾ a fund to promote civil society advocacy for SRHR and access to FP.

In 2012, as part of the FP2020 initiative, the Netherlands committed to increasing funding for SRHR, including HIV/AIDS and health, from 370 million EUR in 2012 to 413 million EUR (approx. 507.58 million USD) in 2015.⁽⁶⁰⁾ The country has also contributed to the Muskoka Initiative. Most of the efforts undertaken were in line with the Global Strategy for Women's and Children's Health.

In 2015, the country pledged 290 million EUR over 2015-2020 for youth and sexual and reproductive rights under the renewed Global Strategy.⁽⁶¹⁾

FINANCIAL PLEDGES:

- ✓ The Muskoka Initiative.⁽⁶²⁾
- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

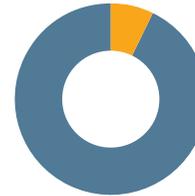
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
24,973.78

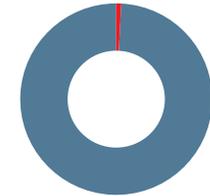
RMNCH
1,842.23

RMNCH as % of ODA
7.38%



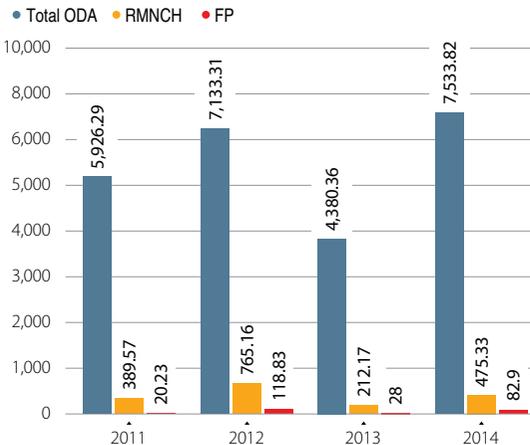
FP
249.96

FP as % of ODA
1.00%



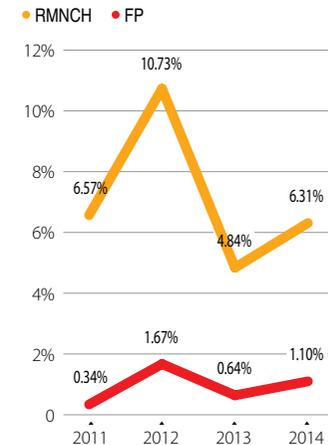
YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



NEW ZEALAND

EUROMAPPING RANK (2011-2014)

ODA commitments	22 /29
RMNCH commitments	22 /29
RMNCH commitments as % of total ODA	16 /29
FP commitments	22 /29
FP commitments as % of total ODA	14 /29

New Zealand lists health and education as priorities of its development aid policy, with a particular focus on RMNCH and FP.⁽⁶³⁾

In 2010, New Zealand demonstrated its support towards RMNCH by endorsing the Muskoka Initiative. While it did not make an individual pledge, New Zealand committed to providing 2.3 billion USD by 2015 jointly with other donors.⁽⁶⁴⁾

FINANCIAL PLEDGES:

✓ The Muskoka Initiative.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

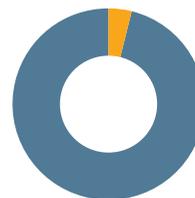
Total ODA Spending
2,250.07

RMNCH

90.14

RMNCH as % of ODA

4.01%

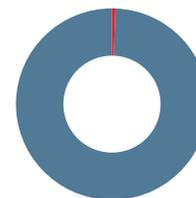


FP

12.69

FP as % of ODA

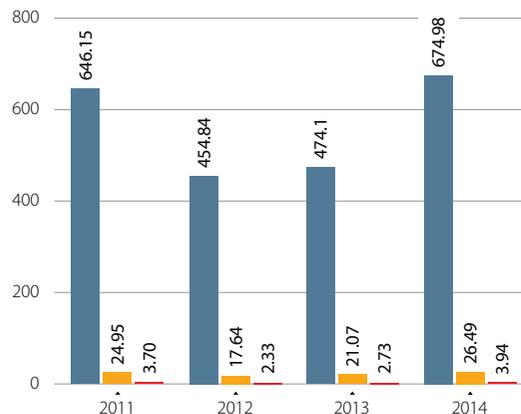
0.56%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

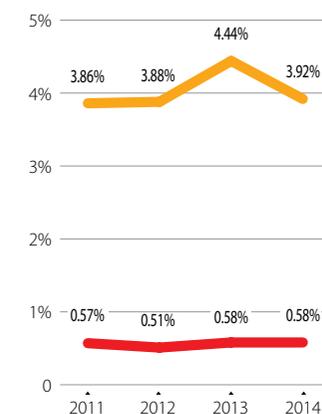
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



NORWAY

EUROMAPPING RANK (2011-2014)

ODA commitments	8	/29
RMNCH commitments	6	/29
RMNCH commitments as % of total ODA	4	/29
FP commitments	8	/29
FP commitments as % of total ODA	4	/29

Norway supports global health in its development aid policy, which includes SRHR and MNCH as key areas for action.⁽⁶⁵⁾ Women's rights and gender equality are considered overarching guiding principles of its external policies. Norway is active within the 'Saving Mothers, Giving Life' public-private partnership launched under the US Global Health Initiative, which aims to reduce maternal mortality in lower income countries.⁽⁶⁶⁾

In 2010, Norway committed 500 million USD throughout the period of 2011-2020 to RMNCH under the Muskoka Initiative,⁽⁶⁷⁾ also counted under EWEC. From this amount, Norway committed to provide an additional 200 million USD up to the year 2020 under FP2020.⁽⁶⁸⁾

Support to the Global Strategy was renewed in 2015⁽⁶⁹⁾ with Norway being one of the lead donors in launching the Global Financing Facility (GFF).⁽⁷⁰⁾

FINANCIAL PLEDGES:

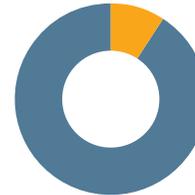
- ✓ The Muskoka Initiative.
- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

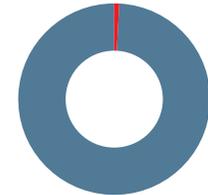
(in million USD)

Total ODA Spending
20,699.06

RMNCH
1,930.23
RMNCH as % of ODA
9.33%



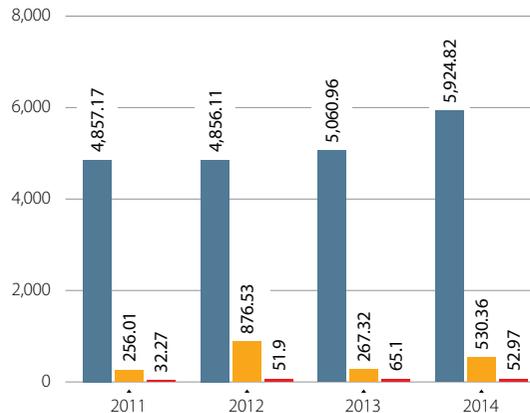
FP
202.24
FP as % of ODA
0.98%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

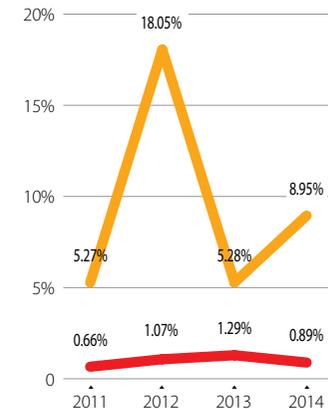
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



POLAND

EUROMAPPING RANK (2011-2014)

ODA commitments	23	/29
RMNCH commitments	27	/29
RMNCH commitments as % of total ODA	28	/29
FP commitments	27	/29
FP commitments as % of total ODA	28	/29

The priorities of Polish development aid include improving healthcare quality, in particular access to health care for mothers and children, but do not specifically refer to RH or FP.⁽⁷¹⁾

Poland joined the OECD DAC in 2013. While it is possible to collect data on ODA amounts prior to this date, detailed information on allocated funds per sector is only available after that year. Consequently, it is only possible to have a quantitative analysis of recent years.

FINANCIAL PLEDGES:

None.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2013-2014)

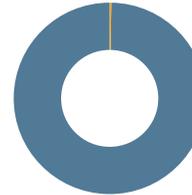
(in million USD)

Total ODA Spending
1,166.78

Total ODA Spending (2011-2014)
2,035.07

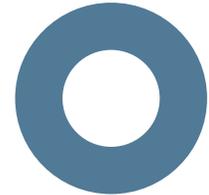
RMNCH
3.56

RMNCH as % of ODA
0.30%



FP
0.56

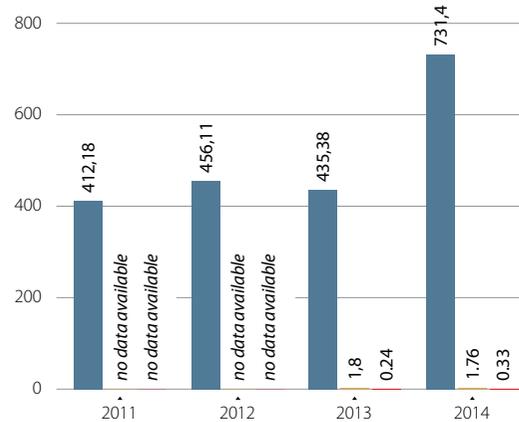
FP as % of ODA
0.05%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

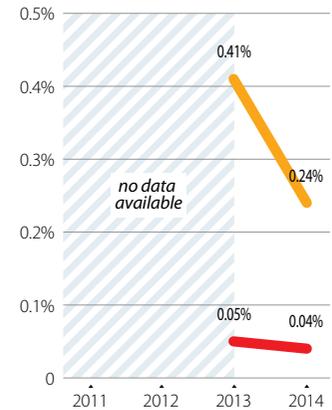
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2013-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



PORTUGAL

EUROMAPPING RANK (2011-2014)

ODA commitments	21	/29
RMNCH commitments	23	/29
RMNCH commitments as % of total ODA	24	/29
FP commitments	23	/29
FP commitments as % of total ODA	24	/29

Portugal prioritises education and health in its development aid policy. The Portuguese aid agency's health strategy policy paper⁽⁷²⁾ lists SRHR and FP as important areas of intervention with regards to global health. The legislative basis of Portuguese development aid⁽⁷³⁾ highlights the importance of promoting SRH under the objectives of gender equality and health, with a focus on addressing MNCH.

Portugal's ODA commitments have been decreasing since 2011, partially as a result of the financial crisis. Nonetheless, the percentages of ODA funds allocated to RMNCH and FP have increased since 2012.

FINANCIAL PLEDGES:

None.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

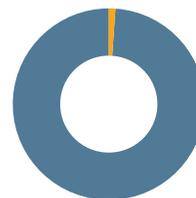
Total ODA Spending
2,404.44

RMNCH

31.33

RMNCH as % of ODA

1.30%



FP

4.03

FP as % of ODA

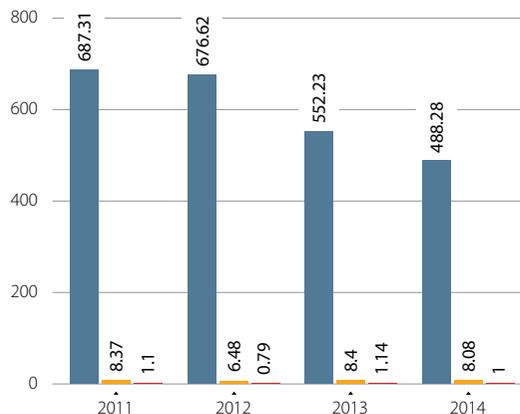
0.17%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



SLOVAK REPUBLIC

EUROMAPPING RANK (2011-2014)

ODA commitments	27	/29
RMNCH commitments	29	/29
RMNCH commitments as % of total ODA	29	/29
FP commitments	29	/29
FP commitments as % of total ODA	29	/29

The Slovak Republic lists spending on healthcare as one of its development aid priorities; while some of its country-specific programmes focus in particular on improving the health of children and mothers, they do not specifically refer to RH or FP.

The Slovak Republic joined the OECD DAC in 2013. While it is possible to collect data on ODA amounts prior to this date, detailed information on allocated funds per sector is only available after that year. Consequently, it is only possible to have a quantitative analysis of recent years.

FINANCIAL PLEDGES:

None.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2013-2014)

(in million USD)

Total ODA Spending

174.36

Total ODA Spending (2011-2014)

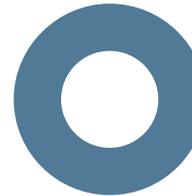
340.4

RMNCH

0.46

RMNCH as % of ODA

0.26%

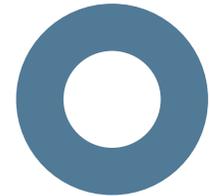


FP

0.08

FP as % of ODA

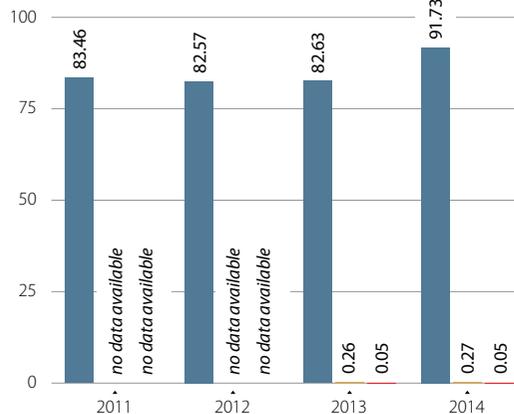
0.05%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

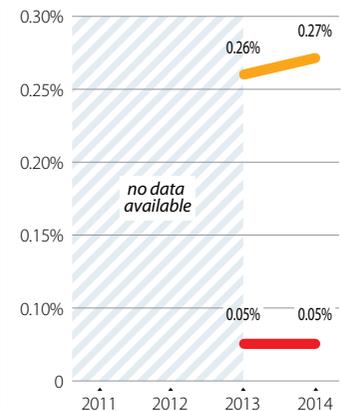
● Total ODA ● RMNCH ● FP



RMNCH & FP AS % OF ODA (2013-2014)

(in percentages)

● RMNCH ● FP



Source: OECD DAC



SLOVENIA

EUROMAPPING RANK (2011-2014)

ODA commitments	28	/29
RMNCH commitments	28	/29
RMNCH commitments as % of total ODA	26	/29
FP commitments	28	/29
FP commitments as % of total ODA	26	/29

The priorities of Slovenian development aid policy include health and education,⁽⁷⁴⁾ ensuring respect for the human rights of women and children and promoting women's empowerment,⁽⁷⁵⁾ but do not specifically refer to RMNCH or FP.

Slovenia joined the OECD DAC in 2013. While it is possible to collect data on allocated funds per sector prior to this date, detailed information on ODA amounts is only available starting in 2012. Consequently, it is only possible to have a quantitative analysis of recent years.

FINANCIAL PLEDGES:

None.

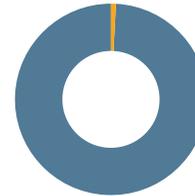
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2012-2014)

(in million USD)

Total ODA Spending
255.71

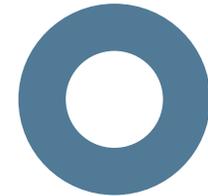
RMNCH
1.83

RMNCH as % of ODA
0.72%



FP
0.25

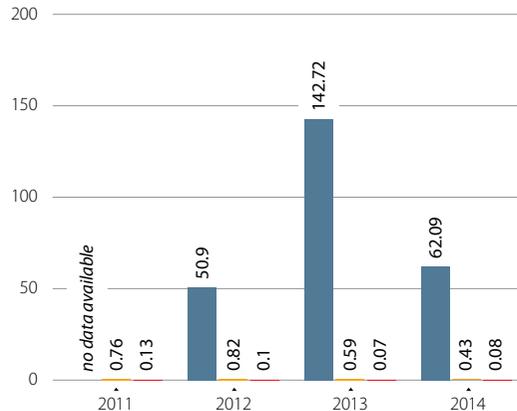
FP as % of ODA
0.10%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

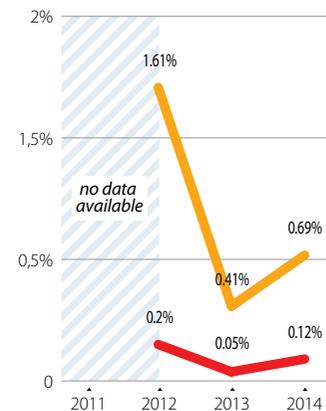
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2012-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



SPAIN

EUROMAPPING RANK (2011-2014)

ODA commitments	14	/29
RMNCH commitments	16	/29
RMNCH commitments as % of total ODA	21	/29
FP commitments	17	/29
FP commitments as % of total ODA	21	/29

Spain prioritises maternal and newborn health and focuses on gender and SRHR in its development aid policy plan for 2013-2016. The plan does not specifically refer to FP.⁽⁷⁶⁾

In 2010, Spain announced a financial contribution to the Muskoka Initiative: while it did not make an individual pledge, the country committed to providing 2.3 billion USD by 2015 jointly with other donors.

Spanish ODA has more than halved between 2011 and 2014 (dropping from over 4.52 billion USD to less than 2.30 billion USD). The same trend can also be observed in commitments to RMNCH and FP, as the analysis demonstrates.

FINANCIAL PLEDGES:

✓ The Muskoka Initiative.

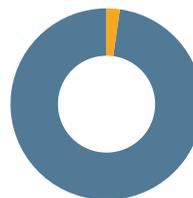
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
12,103.90

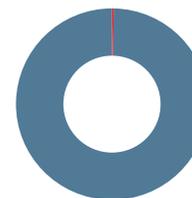
RMNCH
295.12

RMNCH as % of ODA
2.44%



FP
35.47

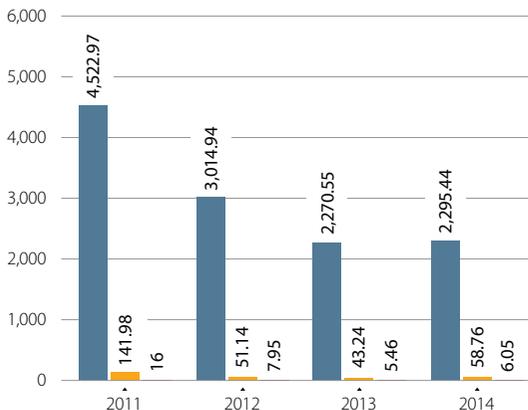
FP as % of ODA
0.29%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



SWEDEN

EUROMAPPING RANK (2011-2014)

ODA commitments	9	/29
RMNCH commitments	11	/29
RMNCH commitments as % of total ODA	9	/29
FP commitments	11	/29
FP commitments as % of total ODA	10	/29

Sweden prioritises the health of women and children, with a special focus on SRHR and prenatal care in its development aid policy.⁽⁷⁷⁾ Sweden has specific international policy strategies for SRHR,⁽⁷⁸⁾ the promotion of gender equality⁽⁷⁹⁾ and for combatting HIV/AIDS.⁽⁸⁰⁾

As part of the FP2020 initiative, Sweden committed to increase spending on contraceptives from its 2010 level of annual 32 million USD to 40 million USD. This has been reported under the Global Strategy for Women's and Children's Health. The country favours a holistic approach to SRHR and never reports against the OECD CRS code for FP. Therefore this publication might not fully reflect some of the country's efforts on RMNCH and FP.

In 2015, the country initiated a new SRHR strategy for Sub-Saharan Africa⁽⁸¹⁾ with a budget of 200 million USD for 2015-2019 and launched a campaign called #midwives4all.⁽⁸²⁾ Sweden further committed to allocating a total of 21 billion SEK (approx. 2.5 billion USD) between 2015 and 2020 under the renewed Global Strategy for Women's, Children's and Adolescents' health.

FINANCIAL PLEDGES:

- ✓ FP2020.
- ✓ EWEC/Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

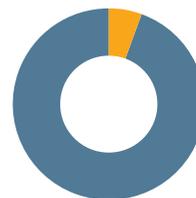
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
19,908.44

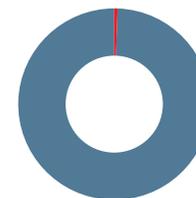
RMNCH
1,159.79

RMNCH as % of ODA
5.83%



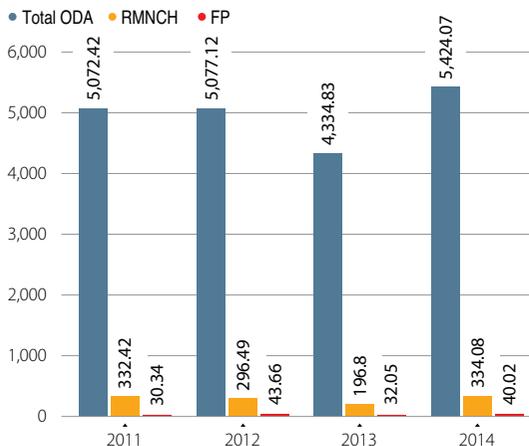
FP
146.08

FP as % of ODA
0.73%



YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



SWITZERLAND

EUROMAPPING RANK (2011-2014)

ODA commitments	13	/29
RMNCH commitments	13	/29
RMNCH commitments as % of total ODA	17	/29
FP commitments	13	/29
FP commitments as % of total ODA	18	/29

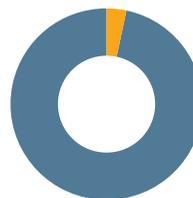
AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

(in million USD)

Total ODA Spending
16,261.67

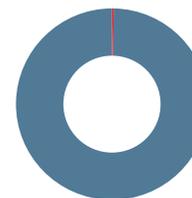
RMNCH
568.78

RMNCH as % of ODA
3.50%



FP
67.53

FP as % of ODA
0.42%



Switzerland is a strong supporter of RMNCH and FP in its development aid policy. Combatting HIV/AIDS, improving MNCH and promoting SRHR are its priorities for global health, as outlined in its Strategic Framework on Global Health for 2015-2019.⁽⁸³⁾ Gender equality is a cross-cutting theme for Swiss development aid.⁽⁸⁴⁾

In 2010, Switzerland announced a financial contribution to the Muskoka Initiative as part of broader efforts.⁽⁸⁵⁾ Swiss ODA commitments increased throughout 2013-2014, and the same trend was observed in contributions to RMNCH and FP: as the analysis shows, commitments to these areas doubled between 2011 and 2014.

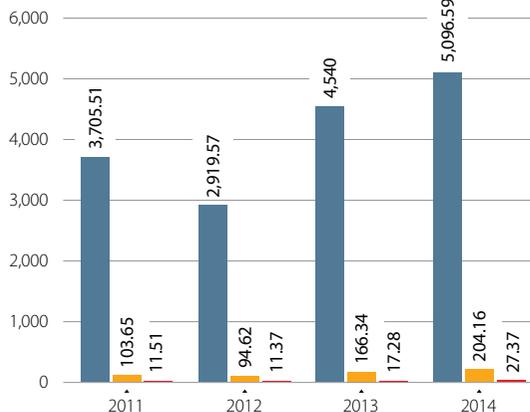
FINANCIAL PLEDGES:

✓ The Muskoka Initiative.

YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)

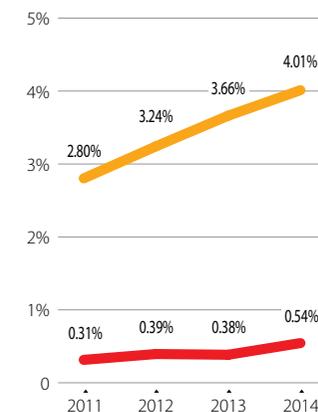
• Total ODA • RMNCH • FP



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)

• RMNCH • FP



Source: OECD DAC



UK

EUROMAPPING RANK (2011-2014)

ODA commitments	6	/29
RMNCH commitments	2	/29
RMNCH commitments as % of total ODA	3	/29
FP commitments	2	/29
FP commitments as % of total ODA	2	/29

The UK's 2015 development policy prioritises MNCH and FP as key prerequisites for sustainable development.⁽⁸⁶⁾ Already from 2010, the country set out an action plan for improving RMNCH through its development aid.⁽⁸⁷⁾

Under the Muskoka Initiative, the UK committed to spending 740 million GBP (approx. 1.1 billion USD) for MNCH as an annual average from 2010 to 2015. This would represent an overall addition of 2.1 billion GBP (approx. 3.4 billion USD) spending on MNCH in that period.

The UK also initiated the London Family Planning Summit in 2012, and committed to spending 516 million GBP (approx. 800 million USD) on FP between 2012 and 2020.⁽⁸⁸⁾ Both pledges are counted as contributions to EWEC.

In 2015, the UK renewed its political commitment to the Global Strategy for Women's, Children's and Adolescents' Health.

FINANCIAL PLEDGES:

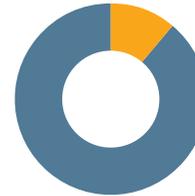
- ✓ The Muskoka Initiative.
- ✓ FP2020.

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

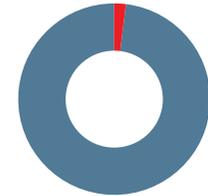
(in million USD)

Total ODA Spending
43,698.69

RMNCH
4,956.14
RMNCH as % of ODA
11.34%

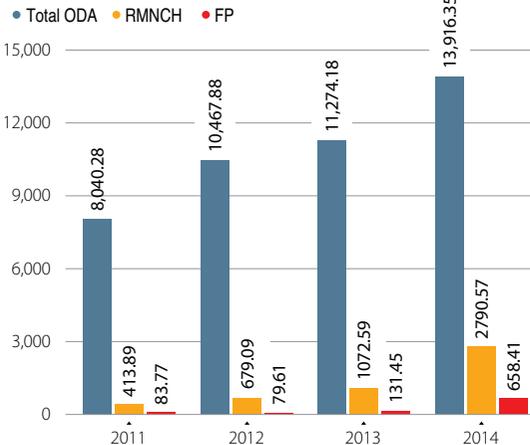


FP
953.23
FP as % of ODA
2.18%



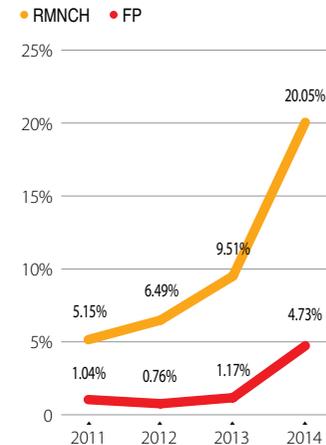
YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



Source: OECD DAC



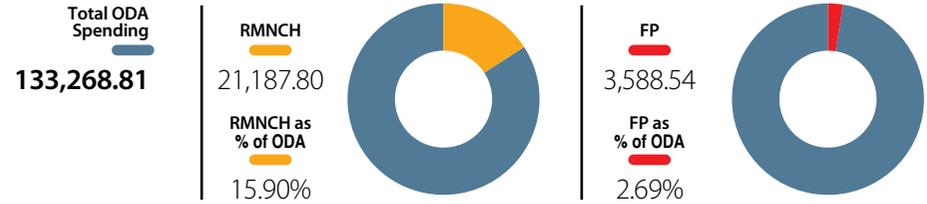
US

EUROMAPPING RANK (2011-2014)

ODA commitments	1	/29
RMNCH commitments	1	/29
RMNCH commitments as % of total ODA	1	/29
FP commitments	1	/29
FP commitments as % of total ODA	1	/29

AGGREGATE COMMITMENTS IN CONSTANT PRICES (2011-2014)

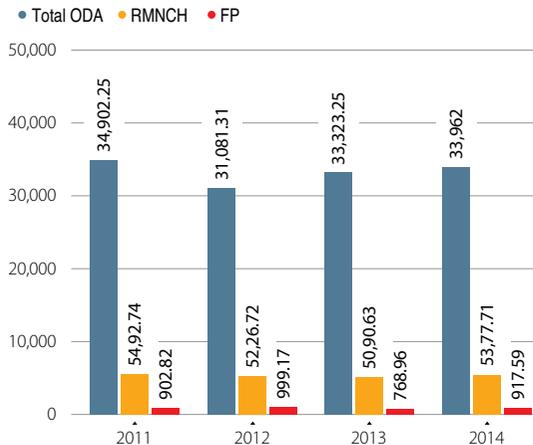
(in million USD)



The US is committed to supporting RMNCH⁽⁸⁹⁾ and FP⁽⁹⁰⁾. This is evidenced by its announcement in 2009 of a Global Health Initiative 2010-2015 focused on combatting HIV/AIDS and ending preventable child and maternal deaths, with the US President’s Emergency Plan for AIDS (PEPFAR) as a central component. The US further reaffirmed its commitment to MNCH by launching the Ouagadougou Partnership and the FP2020 initiative.⁽⁹¹⁾ In 2010 the US committed to provide 980 million USD, later revised to 1.346 billion USD, in additional funding for programming directly related to MNCH in the fiscal years 2010-2011. This was pledged under the Muskoka Initiative, a commitment also counted under EWEC.⁽⁹²⁾ In 2015, the US renewed its political commitment to the Global Strategy for Women’s, Children’s and Adolescents’ Health.

YEARLY ODA, RMNCH & FP COMMITMENTS (2011-2014)

(in million USD, constant prices)



RMNCH & FP AS % OF ODA (2011-2014)

(in percentages)



FINANCIAL PLEDGES:

✓ The Muskoka Initiative.

Source: OECD DAC

Overview of Pledges to International Initiatives: Are Donors Fulfilling?

The following table offers an overview of whether donors seem to be on track on their pledges. It is important to note however that the following reading is based on aggregated commitments – whereas pledges are based on disbursements – and throughout the period for which information is publicly available (up to 2014, although some of the pledges are to be honoured by 2015 or 2020).

This table hence aims at providing mainly an indication on whether pledges are on track by the timeline of reporting of this publication.

	 <i>Australia</i>	 <i>Canada</i>	 <i>Denmark</i>	 <i>EU Institutions</i>	 <i>France</i>	 <i>Germany</i>
Muskoka Initiative	X	1.1 billion CAD additional funding (854 million USD), totalling overall contribution of 2.85 CAD (2.21 billion USD) between 2010 and 2015.	X	50 million EUR (70 million USD) for 2011-2013.	500 million EUR (approx. 614.5 million USD) during 2011-2015 on top of existing funding 340 million EUR per year as in 2008 (417 million USD).	400 million EUR (491.6 million USD) for 2011-2015 on top of 300 million EUR (368.7 million USD) existing annual commitments.
FP 2020	To double annual contributions in order to reach 53 million AUD (55.89 million USD) annually as of 2016.	X	Pledged 13 million USD on top of existing funding over 2012-2020.	36.3 million EUR (approx. 36.7 million USD).	100 million EUR (122.29 million USD) until 2015 (part of Muskoka pledge) to 9 African countries (Ouagadougou partnership).	100 million EUR (122.29 million USD) out of 400 million EUR committed to RMNCH.
EWEC	1.6 billion AUD (1.5 billion USD) until 2015 to MNCH	Muskoka pledge reported under GS/EWEC.	FP2020 pledge reported under GS/EWEC.	X	Both pledges reported under GS/EWEC.	Both pledges reported under GS/EWEC.
Result	On track for EWEC. Needs more efforts for FP2020, where commitments have been decreasing.	On track. As per commitments during 4 years, it has almost achieved 5 years target.	N/A due to lack of baseline. Denmark has nonetheless been increasing FP commitments throughout the analysed period.	Pledges honoured.	On track for FP2020/Ouagadougou. More effort is needed for Muskoka, based on analysed RMNCH commitments of 2011-2014.	On track. Analysed during 4 years have surpassed the target.



Italy



Japan



Korea



Netherlands



Norway



Sweden



UK



US

75 million EUR <i>(approx. 92 million USD)</i> during 2011-2015 additional funding.	50 billion JPY <i>(approx. 500 million USD)</i> during 2011-2015 additional funding.	Joint pledge to raise and additional 2.3 billion during 2011-2015 with other donors.	Joint pledge to raise and additional 2.3 billion during 2011-2015 with other donors.	500 million USD additional for 2011-2020 (Norway defined the initiative to last longer).	X	To provide an annual average of 740 million GBP <i>(1.1 billion USD)</i> for MNCH from 2010 to 2015. This is an additional 2.1 billion GBP on MNCH.	Pledged 1.346 billion USD for the fiscal years 2010 and 2011.
X	One-off 36 million USD disbursement to UNFPA & IPPF pledged in London 2012.	To increase spending 5.4 million USD in 2010 to 10.8 million USD in 2013.	To rise support for SRHR, incl. HIV and health from 381 million EUR in 2013 to 413 million EUR in 2015.	200 million USD out of the 500 million USD pledged under Muskoka.	To increase spending on contraceptives from 2010 level (32 million USD) to 40 million USD per year in 2015.	516 million GBP <i>(800 million USD)</i> over 8 years towards the Summit goal.	X
X	Both pledges reported under GS/EWEC.	FP2020 pledge reported under GS/EWEC.	FP2020 pledge reported under GS/EWEC.	Both pledges reported under GS/EWEC.	FP2020 pledge reported under GS/EWEC.	Both pledges reported under GS/EWEC.	X
N/A due to lack of baseline. Italy has nonetheless been steadily increasing its RMNCH and FP commitments (both were double in 2014 than 2012).	N/A due to lack of baseline. Japan has however confirmed making the one-off payment under FP2020. In addition, Japan has significantly in- creased RMNCH commitments over the analysed period.	On track. Analysed commitments during 4 years have surpassed the target.	N/A , given that the Netherlands has committed sectors that go beyond the methodology of this publication.	On track. Analysed commitments during 4 years have surpassed the target.	On track. Analysed commitments during 4 years have surpassed the target.	On track. Analysed commitments during 4 years have surpassed the target.	Pledge honoured, as per US report to Muskoka (prior to this publication timeline).

Korea, Netherlands, New Zealand, Switzerland, Norway, Spain, Gates Foundation and UN Foundations pledged jointly to raise an additional 2.3 billion USD during 2011-2015.

Annex 1: Footnotes on Donor Reporting

AUSTRALIA

(13) See Overview of Australia's commitments to health, <http://dfat.gov.au/aid/topics/investment-priorities/education-health/health/Pages/health.aspx> and health aid fact sheet, <https://dfat.gov.au/about-us/publications/Documents/aid-fact-sheet-health.pdf>

(14) See Australia's strategy on health and development for 2015-2020, <http://dfat.gov.au/about-us/publications/Pages/health-for-development-strategy-2015-2020.aspx>

AUSTRIA

(15) See Austria's 2016-2018 development policy programme, http://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/3_JP/Englisch/2016-2018_3-YP.pdf

(16) See Austrian Development Agency, Gender Equality, <http://www.entwicklung.at/en/themes/gender-equality/>

BELGIUM

(17) See Loi relative à la Coopération Belge au Développement, 2013, http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2013031906&table_name=loi

(18) See Belgian Ministry of Foreign Affairs, Foreign Trade and Development Cooperation policy documents on health, http://diplomatie.belgium.be/en/policy/development_cooperation/what_we_do/themes/social_development/health/; Policy Note: The right to

health and healthcare: http://diplomatie.belgium.be/sites/default/files/downloads/policy_note_healthcare.pdf and policy paper on Belgian Development Cooperation in the Field of Sexual and Reproductive Health and Rights: http://diplomatie.belgium.be/sites/default/files/downloads/policy_paper_sexual_and_reproductive_health.pdf

CANADA

(19) See Canada and the world: Improving the health and rights of women and children <http://international.gc.ca/world-monde/development-developpement/mnch-smne/improving-amelioration.aspx?lang=eng>

(20) See Canada's commitment to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/canada>

CZECH REPUBLIC

(21) See the Development Cooperation strategy of the Czech Republic 2010-2017: http://www.mzv.cz/file/762314/FINAL_Development_Cooperation_Strategy_2010_2017.pdf

DENMARK

(22) See strategy for Denmark's development cooperation, <http://um.dk/en/danida-en/goals/strategy> and priorities for the Danish development cooperation 2015-2018, <http://um.dk/en/danida-en/goals/government-priorities--danish-development-assistance/priorities-2015-2018>

(23) See the Strategy on the promotion of SRHR, <http://www.danida-publikationer.dk/publikationer/publikationsdetaljer.aspx?Pld=71c533d1-e02a-401f-872c-8098345ddd67>

(24) See Amplifying Change, <https://amplifychange.org/>

(25) See Denmark's commitment to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/denmark>

EU INSTITUTIONS

(26) See EU Consensus on Development, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ%3AC%3A2006%3A046%3A0001%3A0019%3AEN%3APDF> (to be revised in 2016-2017)

(27) See the Council's Conclusions on Gender in Development <http://www.consilium.europa.eu/en/press/press-releases/2015/10/26-fac-conclusions-gender-development/>

(28) See the European Commission's answer to a Parliamentary Question on the Muskoka Initiative: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+WQ+P-2011-003729+0+DOC+XML+V0//EN>

(29) About the MDG initiative: http://ec.europa.eu/europeaid/regions/africa/africa-eu-millennium-development-goals-initiative_en

(30) See the European Commission's Official Report to FP2020, <http://www.familyplanning2020.org/entities/199>

FINLAND

(31) See Finnish Government Report on Development Policy 2016, <http://formin.finland.fi/Public/default.aspx?contentid=341918&nodeid=49540&contentlan=2&culture=en-US>

FRANCE

(32) See Reference sheet: France and sexual and reproductive health, http://www.diplomatie.gouv.fr/fr/IMG/pdf/FR_sante_sexuelle_et_reproductive_GB_cle46dd11.pdf

(33) See France's Gender and Development Strategy 2013-2017; <http://www.diplomatie.gouv.fr/en/photos-publications-and-graphics/publications/article/gender-and-development-strategy>

(34) See France's strategy for international health cooperation, http://www.diplomatie.gouv.fr/fr/IMG/pdf/France_s_strategie_for_international_health_cooperation_cle85a144.pdf

(35) See France's strategy on external action on population and SRHR for 2016-2020, http://www.diplomatie.gouv.fr/fr/IMG/pdf/dsrs_en_cle0c141a.pdf

(36) See France's contribution in the area of reproductive, maternal, newborn and child health; <http://www.diplomatie.gouv.fr/en/french-foreign-policy/health-education-gender/health/article/france-s-contribution-in-the-area-of-reproductive-maternal-newborn-and-child>

(37) See France's commitments, <http://www.everywomaneverychild.org/commitments/all-commitments/france>

Annex 1: Footnotes on Donor Reporting

GERMANY

(38) See BMZ policy paper 'Sexual and Reproductive Health and Rights, and Population Dynamics' https://www.bmz.de/en/publications/archiv/type_of_publication/strategies/spezial149pdf.pdf

(39) See BMZ Initiative on Rights-based Family Planning and Maternal Health, http://health.bmz.de/what_we_do/Reproductive-maternal-and-child-health/policies_and_concepts/Sexual_and_Reproductive_Health_and_Rights_and_Population_Dynamics/BMZ_Initiative_on_Rights-based_Family_Planning_and_Maternal_Health.pdf

(40) See 'Government of Germany Announces New FP2020 Commitment', <http://www.familyplanning2020.org/articles/14458>

(41) See BMZ Initiative on Rights-based Family Planning and Maternal Health, http://health.bmz.de/what_we_do/Reproductive-maternal-and-child-health/policies_and_concepts/BMZ_Initiative_FP_MH/BMZ-Initiative-FP-MH-ENG.pdf

(42) See Germany's commitment to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/germany>

(43) Idem, footnote 42

GREECE

(44) See OECD profile of Greece, https://www.oecd.org/dac/Greece_DCR2012_21jan13_Part10.pdf

ICELAND

(45) See Icelandic Development Cooperation: Emphasis and Priority Sectors, <https://www.mfa.is/foreign-policy/development-cooperation/icelandic-development-cooperation/emphasis-and-priority-sectors/>

IRELAND

(46) See Ireland's Policy for International Development, <https://www.irishaid.ie/about-us/policy-for-international-development/>

ITALY

(47) See Disciplina Generale sulla cooperazione internazionale per lo sviluppo, 2014, <http://www.cooperazioneallosviluppo.esteri.it/pdgcgs/download/legge%2011%20agosto%202014%20n.%20125%20-.pdf>

(48) See Italy's commitment to the Muskoka Initiative, <http://iif.un.org/content/maternal-newborn-and-child-health-muskoka-initiative-italy>

JAPAN

(49) See Ministry of Foreign Affairs of Japan FY2016 Priority Policy for Development Cooperation, http://www.mofa.go.jp/policy/oda/page23e_000434.html

(50) See Japan's commitment to FP2020 <http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/10/Govt.-of-Japan-FP2020->

Commitment-2012.pdf

(51) See Japan's renewed commitment to the Global Strategy, <http://www.everywomaneverychild.org/commitments/all-commitments/japan>

KOREA

(52) See Korea International Cooperation Agency, Sector: Health, http://www.koica.go.kr/english/aid/sector_health/index.html

(53) See FP2020, Korea Financial Commitments, <http://www.familyplanning2020.org/entities/110>

(54) Korea did not make an individual pledge to the Muskoka Initiative but committed to providing 2.3 billion USD by 2015 jointly with other donors (Netherlands, Norway, Switzerland, New Zealand, BMGF and UN Foundation).

(55) See Republic of Korea Ministry of Foreign Affairs, Better Life for Girls, 2015, http://www.koica.go.kr/download/2015/better_life_girls.pdf

(56) See Korea's EWEC commitment letter, http://www.everywomaneverychild.org/images/Republic_of_Korea_Commitment_Letter2015.pdf

LUXEMBOURG

(57) See Luxembourg's Development Cooperation, Stratégies et orientations, <http://cooperation.mae.lu/en/Politique-de-Cooperation-et-d-Action-humanitaire/Strategies-et-orientations>

NETHERLANDS

(58) See the Government of the Netherlands Development Cooperation: Sexual and reproductive health and rights, <https://www.government.nl/topics/development-cooperation/contents/the-development-policy-of-the-netherlands/sexual-and-reproductive-health-and-rights>

(59) Idem, footnote 24

(60) See the Netherlands' commitment to FP2020, [http://www.familyplanning2020.org/commitments?entity_id\[\]=110&entity_id\[\]=192](http://www.familyplanning2020.org/commitments?entity_id[]=110&entity_id[]=192)

(61) See Netherlands commitment letter to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/netherlands>

(62) The Netherlands did not make an individual pledge to the Muskoka Initiative but committed to providing 2.3 billion USD (1.7 billion EUR) by 2015 jointly with other donors.

NEW ZEALAND

(63) New Zealand Aid Programme Investment Priorities 2015-2019, https://www.mfat.govt.nz/assets/_secured-files/Aid-Prog-docs/Aid-Investment-Priorities-2015-19-web.pdf

(64) New Zealand did not make an individual pledge to the Muskoka Initiative but committed to providing 2.3 billion USD (1.7 billion EUR) by 2015 jointly with other donors

Annex 1: Footnotes on Donor Reporting

NORWAY

(65) See Norad, Thematic areas: Global health, <https://www.norad.no/en/front/thematic-areas/global-health/>

(66) See Norad, Saving Mothers, Giving Life, <https://www.norad.no/en/front/thematic-areas/global-health/saving-mothers-giving-lives/>

(67) Norway was the only country pledging until 2020, to align commitments with FP2020

(68) See Norway's commitments to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/norway>

(69) Idem, footnote 68

(70) For more information on the GFF, please consult: <http://www.worldbank.org/en/news/press-release/2015/07/13/global-financing-facility-launched-with-billions-already-mobilized-to-end-maternal-and-child-mortality-by-2030>

POLAND

(71) See Wieloletni program współpracy rozwojowej na lata 2016-2020, https://www.polskapomoc.gov.pl/download/files/Dokumenty_i_Publikacje/Program_wieloletni_2016-2020/Program_2016-2020.pdf

PORTUGAL

(72) See http://www.instituto-camoes.pt/images/cooperacao/estrategia_cooperacao_saude.pdf

(73) See http://www.instituto-camoes.pt/images/cooperacao/rcm_17_2014.pdf

SLOVENIA

(74) Resolution on International Development Cooperation of the Republic of Slovenia until 2015, 2008, http://www.mzz.gov.si/fileadmin/pageuploads/Zunanja_politika/ZDH/Zakoni_in_dokumenti/Resolucija_MRS_EN.pdf (unofficial translation)

(75) Ministry of Foreign Affairs, International Development Cooperation Priorities of the Republic of Slovenia, http://www.mzz.gov.si/en/foreign_policy_and_international_law/international_development_cooperation_and_humanitarian_assistance/international_development_cooperation_of_slovenia/international_development_cooperation_priorities_of_the_republic_of_slovenia/

SPAIN

(76) Plan Director de Cooperacion Espanola 2013-2016, <http://www.aecid.es/Centro-Documentacion/Documentos/Planificaci%C3%B3n/PD%202013-2016.pdf>

SWEDEN

(77) See SIDA, Our Fields of Work, Health, <http://www.sida.se/English/how-we-work/our-fields-of-work/health/>

(78) See SIDA, Our Fields of Work, Health, Sexual and reproductive rights, <http://www.sida.se/English/how-we-work/our-fields-of-work/health/Sexual-and-reproductive-rights/>

(79) See SIDA, Our Fields of Work, Gender Equality, <http://www.sida.se/English/how-we-work/our-fields-of-work/gender-equality/>

(80) See SIDA, Our Fields of Work, Health, HIV/AIDS, <http://www.sida.se/English/how-we-work/our-fields-of-work/health/hiv-aids/>

(81) See Sweden's strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa, <http://www.government.se/country-and-regional-strategies/2015/09/strategy-for-sexual-and-reproductive-health-and-rights-srhr-sub-saharan-africa-in/>

(82) See Midwives4All, <http://midwives4all.org/>

SWITZERLAND

(83) See strategic Framework 2015-2019, SDC Global Programme Health, <https://www.shareweb.ch/site/Health/publiclibrary/Public%20Library/Strategic%20Framework%202015%E2%80%932019%20SDC%20Global%20Programme%20Health.pdf>

(84) SDC, Gender Equality, <https://www.eda.admin.ch/deza/en/home/themes-sdc/gender-equality.html>

(85) Switzerland did not make an individual pledge to the Muskoka Initiative but committed to providing 2.3 billion USD by 2015 jointly with other donors (with South Korea, New Zealand and the Netherlands).

UK

(86) UK aid: tackling global challenges in the national interest, 2015, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/478834/ODA_strategy_final_web_0905.pdf

(87) DFID, Choices for women: planned pregnancies, safe births and healthy newborns. The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67640/RMNH-framework-for-results.pdf

(88) See the UK's commitment to EWEC, <http://www.everywomaneverychild.org/commitments/all-commitments/united-kingdom>

US

(89) See USAID: What we do: Maternal and child health, <https://www.usaid.gov/what-we-do/global-health/maternal-and-child-health>

(90) See USAID: What we do: Family planning and reproductive health, <https://www.usaid.gov/what-we-do/global-health/family-planning>

(91) See <http://partenariatouaga.org/en/the-partnership/>

(92) See the United States' commitment to the Muskoka Initiative, http://www.who.int/pmnch/media/press/2011/20110518_pmnch_g8-mediaalert/en/

Annex 2: Methodology

The Muskoka Methodology relies on data of the OECD's CRS. It applies percentages to funding reported to the OECD under certain purpose codes or to selected multilateral organisations. The percentages applied vary depending on the intended target group of the respective donor activity. Activities targeting entirely or mostly women of reproductive age and/or children under five are assigned 100%; activities targeting the general population are counted at 40%. Disease-specific interventions are attributed at 18.5% for tuberculosis, 46.1% for HIV/AIDS and 88.5% for malaria. Basic drinking water supply and sanitation is counted at 15%.⁽⁹³⁾ Originally developed in order to track the G8 Muskoka pledges to MNCH, it is still a widely credible tracking methodology, used by the PMNCH in its Accountability Reports.⁽⁹⁴⁾ Efforts to update it, in order to better track the 'Adolescent' component of the RMNCAH concept, are still ongoing.

Furthermore, in this Euromapping, donors' commitments to FP were analysed using a revised version of the below Muskoka Methodology, developed during London Family Planning Summit in 2012. This revised version uses part of the original Muskoka OECD CRS codes and multilateral organisations, with the difference that the applied percentages are lower.

⁽⁹³⁾ See <http://www.who.int/pmnch/activities/accountability/reports/en/>

⁽⁹⁴⁾ For further information on the Muskoka methodology, please go to <http://www.g8.utoronto.ca/summit/2010muskoka/methodology.html> and refer to the PMNCH Accountability Report (http://www.who.int/pmnch/knowledge/publications/2015_pmnch_report/en/)

BILATERAL (OECD CRS)

12110	Health policy & administrative management	40%
12181	Medical education/training	40%
12191	Medical services	40%
12220	Basic health care	40%
12230	Basic health infrastructure	40%
12240	Basic nutrition	100%
12250	Infectious disease control	40%
12261	Health education	40%
12262	Malaria control	88.50%
12263	Tuberculosis control	18.50%
12281	Health personnel development	40%
13010	Population policy & administrative management	40%
13020	Reproductive health care	100%
13030	Family planning	100%
13040	STD control including HIV/AIDS	46.10%
13081	Personnel development for population & reproductive health	100%
14030	Basic drinking water supply and basic sanitation	15%
14031	Basic drinking water supply	15%
14032	Basic sanitation	15%
51010	General budget support-related aid	4%

MULTILATERAL (OECD Members' total use of the multilateral system - core contributions)

GAVI	100%
Global Fund to Fight AIDS, TB and Malaria	46%
African Development Bank Fund	3%
Asian Development Bank Fund	2%
Inter-American Development Bank Fund for Special Operations	1%
UNFPA	67%
UNICEF	55%

Annex 3: Donor Data Overview

	Annual ODA (million USD)				Annual RMNCH (million USD)				Annual FP (million USD)			
	2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
Australia	4,405.38	4,878.83	4,541.47	4,382.41	338.14	377.59	318.12	357.58	43.51	39.51	37.97	30.27
Austria	1,231.23	1,159.57	1,401.54	1,303.30	42.91	54.41	33.38	28.27	5.80	7.27	4.61	3.66
Belgium	2,944.36	2,466.11	2,679.34	2,869.95	127.03	86.63	158.08	107.86	13.21	9.95	18.74	13.31
Canada	5,601.87	4,443.38	4,308.73	4,477.48	996.73	389.9	379.18	406.13	101.90	23.61	33.03	18.08
Czech Rep.	226.87	214.44	245.84	236.40	1.99	1.61	2.09	2.23	0.3	0.22	0.34	0.25
Denmark	2,832.99	2,689.12	2,738.91	2,948.21	157.15	171.42	110.87	175.37	21.47	25.43	17.18	29.01
EU Inst.	20,224.87	26,237.01	25,355.37	18,536.60	196.07	675.40	572.38	329.63	21.51	94.68	83.15	22.29
Finland	1,621.85	1,165.88	2,264.62	1,612.05	20.91	28.92	42.24	183.55	2.4	4.98	6.51	36.66
France	14,163.82	16,819.88	12,719.41	14,920.98	391.69	385.86	562.67	499.79	31.27	39.84	102.92	66.06
Germany	19,807.71	17,738.54	20,399.99	24,873.25	577.53	537.08	698.78	682.49	88.86	68.61	102.95	101.91
Greece	385.62	321.54	283.48	247.44	1.47	1.08	1	0.69	0.23	0.16	0.21	0.14
Iceland	27.80	29.65	38	35.38	1.71	1.69	2.27	1.81	0.24	0.18	0.3	0.16
Ireland	885.90	845.41	846.13	815.78	69.07	68.39	74.71	75.29	5.97	5.81	5.99	5.47
Italy	4,869.52	3,261.28	3,986.53	4,359.87	55.77	43.40	67.41	82.66	6.17	5.43	8.78	10.26
Japan	15,149.45	16,396.51	23,111.39	21,289.04	295.34	607.32	557.67	615.08	41.95	73.52	44.39	72.94
Korea	2,071.47	2,490.38	2,766.79	2,688.41	90.69	121.63	186.94	116.92	8.64	16.84	21.31	13.44
Luxembourg	424.07	428.64	435.79	423.22	32.90	32.13	34.58	34.46	3.79	3.82	4.61	4.29
Netherlands	5,926.29	7,133.31	4,380.36	7,533.82	389.57	765.16	212.17	475.32	20.23	118.83	28	82.90
New Zealand	646.15	454.84	474.10	674.98	24.95	17.64	21.07	26.49	3.7	2.33	2.73	3.94
Norway	4,857.17	4,856.11	5,060.96	5,924.82	256.01	876.53	267.32	530.36	32.27	51.9	65.10	52.97
Poland	412.18	456.11	435.38	731.4	<i>n/a</i>	<i>n/a</i>	1.80	1.76	<i>n/a</i>	<i>n/a</i>	0.24	0.33
Portugal	687.31	676.62	552.23	488.28	8.37	6.48	8.40	8.08	1.1	0.79	1.14	1
Slovak Rep.	83.46	82.57	82.63	91.73	<i>n/a</i>	<i>n/a</i>	0.21	0.25	<i>n/a</i>	<i>n/a</i>	0.04	0.04
Slovenia	<i>n/a</i>	50.90	142.72	62.09	0.76	0.82	0.59	0.43	0.13	0.10	0.07	0.08
Spain	4,522.97	3,014.94	2,270.55	2,295.44	141.98	51.14	43.24	58.76	16	7.95	5.46	6.05
Sweden	5,072.42	5,077.12	4,334.83	5,424.07	332.42	296.49	196.81	334.08	30.34	43.66	32.05	40.02
Switzerland	3,705.51	2,919.57	4,540	5,096.59	103.65	94.62	166.34	204.16	11.51	11.37	17.28	27.37
UK	8,040.28	10,467.88	11,274.18	13,916.35	413.89	679.09	1,072.58	2,790.57	83.77	79.61	131.45	658.41
US	34,902.25	31,081.31	33,323.25	33,962	5,492.74	5,226.72	5,090.63	5,377.71	902.82	999.17	768.96	917.59
EU MS + EU Inst.	165,730.77	100,306.87	96,829.83	103,690.23	2,961.46	3,885.52	3,893.99	5,871.54	352.56	517.14	554.43	1,082.15
All DAC donors	94,363.72	268,164.32	174,994.52	182,221.34	10,561.42	11,599.15	10,883.52	13,507.78	1,499.11	1,735.56	1,545.43	2,218.91

#		<i>Total ODA (million USD)</i>	#		<i>Total RMNCH (million USD)</i>	#		<i>RMNCH as % of total ODA</i>	#		<i>Total FP (million USD)</i>	#		<i>FP as % of total ODA</i>
1	US	133,268.81	1	US	21,187.80	1	US	15.90%	1	US	3,588.54	1	US	2.69%
2	EU Inst.	90,353.85	2	UK	4,956.14	2	Canada	11.53%	2	UK	953.23	2	UK	2.18%
3	Germany	82,819.49	3	Germany	2,495.87	3	UK	11.34%	3	Germany	362.33	3	Netherlands	1%
4	Japan	75,946.39	4	Canada	2,171.93	4	Norway	9.33%	4	Netherlands	249.96	4	Norway	0.98%
5	France	58,624.09	5	Japan	2,075.41	5	Ireland	8.47%	5	France	240.09	5	Luxembourg	0.96%
6	UK	43,698.69	6	Norway	1,930.23	6	Luxembourg	7.83%	6	Japan	232.80	6	Canada	0.94%
7	Netherlands	24,973.78	7	Netherlands	1,842.23	7	Australia	7.64%	7	EU Inst.	221.64	7	Australia	0.83%
8	Norway	20,699.06	8	France	1,840.01	8	Netherlands	7.38%	8	Norway	202.24	8	Denmark	0.83%
9	Sweden	19,908.44	9	EU Inst.	1,773.49	9	Sweden	5.83%	9	Canada	176.62	9	Finland	0.76%
10	Canada	18,831.46	10	Australia	1,391.42	10	Iceland	5.71%	10	Australia	151.27	10	Sweden	0.73%
11	Australia	18,208.09	11	Sweden	1,159.79	11	Denmark	5.48%	11	Sweden	146.08	11	Ireland	0.69%
12	Italy	16,477.2	12	Denmark	614.82	12	Korea	5.15%	12	Denmark	93.10	12	Iceland	0.61%
13	Switzerland	16,261.67	13	Switzerland	568.78	13	Belgium	4.38%	13	Switzerland	67.53	13	Korea	0.60%
14	Spain	12,103.9	14	Korea	516.18	14	Austria	4.18%	14	Korea	60.24	14	New Zealand	0.56%
15	Denmark	11,209.23	15	Belgium	479.61	15	Finland	4.14%	15	Belgium	55.20	15	Austria	0.56%
16	Belgium	10,959.76	16	Spain	295.12	16	New Zealand	4.01%	16	Finland	50.54	16	Belgium	0.50%
17	Korea	10,017.05	17	Ireland	287.46	17	Switzerland	3.50%	17	Spain	35.47	17	Germany	0.44%
18	Finland	6,664.4	18	Finland	275.62	18	France	3.14%	18	Italy	30.65	18	Switzerland	0.42%
19	Austria	5,095.64	19	Italy	249.25	19	Germany	3.01%	19	Ireland	23.25	19	France	0.41%
20	Ireland	3,393.22	20	Austria	158.97	20	Japan	2.73%	20	Austria	21.33	20	Japan	0.31%
21	Portugal	2,404.44	21	Luxembourg	134.07	21	Spain	2.44%	21	Luxembourg	16.51	21	Spain	0.29%
22	New Zealand	2,250.07	22	New Zealand	90.14	22	EU Inst.	1.96%	22	New Zealand	12.69	22	EU Inst.	0.25%
23	Poland	2,035.07	23	Portugal	31.33	23	Italy	1.51%	23	Portugal	4.03	23	Italy	0.19%
24	Luxembourg	1,711.72	24	Czech Rep.	7.91	24	Portugal	1.30%	24	Czech Rep.	1.12	24	Portugal	0.17%
25	Greece	1,238.08	25	Iceland	7.47	25	Czech Rep.	0.86%	25	Iceland	0.80	25	Czech Rep.	0.12%
26	Czech Rep.	923.55	26	Greece	4.24	26	Slovenia	0.72%	26	Greece	0.74	26	Slovenia	0.10%
27	Slovak Rep.	340.39	27	Poland	3.56	27	Greece	0.34%	27	Poland	0.56	27	Greece	0.06%
28	Slovenia	255.71	28	Slovenia	2.59	28	Poland	0.30%	28	Slovenia	0.38	28	Poland	0.05%
29	Iceland	130.83	29	Slovak Rep.	0.46	29	Slovak Rep.	0.26%	29	Slovak Rep.	0.08	29	Slovak Rep.	0.05%
	EU MS + EU Inst.	395,190.65		EU MS + EU Inst.	17,181.29		EU MS + EU Inst.	4.35%		EU MS + EU Inst.	2,506.27		EU MS + EU Inst.	0.63%
	All DAC Donors	690,804.08		All DAC Donors	46,551.87		All DAC Donors	6.74%		All DAC Donors	6,999		All DAC Donors	1.01%

The analysis for Poland, Slovak Republic and Slovenia includes only those years for which there is publicly available data. For more information, please refer to respective country profiles.

Annex 4: Definitions (taken from the OECD DAC glossary of key terms and concepts)

COMMITMENTS – A firm obligation, expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country or a multilateral organisation. Bilateral commitments are recorded in the full amount of expected transfer, irrespective of the time required for the completion of disbursements. Commitments to multilateral organisations are reported as the sum of (i) any disbursements in the year reported on which have not previously been notified as commitments and (ii) expected disbursements in the following year.

CONSTANT DOLLARS – 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 adjustment 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 which deals with development co-operation matters. Currently there are 29 members of the DAC: Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, the UK, the US and the EU Institutions.

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 less 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 Euromapping 2016, donors refer to the 29 members of the OECD DAC.

OFFICIAL DEVELOPMENT ASSISTANCE (ODA) – Grants or loans 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 (if a loan, having a grant element of at least 25%). In addition to financial flows, technical co-operation is included in aid. Grants, loans and credits for military purposes are excluded. Transfer payments to private individuals (e.g. pensions, reparations or insurance payouts) are in general not counted.

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