FINANCE

FINANCING FOR FAMILY PLANNING
Family planning programs in FP2020 countries are funded by a range of sources, from development aid furnished by international donors to out-of-pocket purchases made by ordinary citizens. Part of FP2020’s core mandate is to unlock global resources for family planning—including funding for humanitarian crises and resilience efforts—while supporting the development of sustainable financing within each country.

For the past six years we have reported annually on bilateral donor funding for family planning. During that time we’ve also worked to develop better tracking of family planning expenditures in FP2020 focus countries. With this year’s report we present the most comprehensive view yet of the total financial landscape.

- **Domestic government expenditures** on family planning are being reported this year for the first time, with validated data from 31 FP2020 focus countries (FP2020’s **Core Indicator 12**). This is a groundbreaking achievement for the family planning sector. It has taken years of work and a wide-ranging effort to establish the necessary methodologies to collect, analyze, and validate these expenditures.

- **Global donor funding** has risen slightly since the last report—from US$1.20 billion in 2016 to US$1.27 billion in 2017—but remains below the peak of US$1.43 billion in 2014. Five donors increased their disbursements in 2017: Canada, Denmark, the Netherlands, Sweden, and the UK. Funding is continuing to shift across the sector as a result of the Protecting Life in Global Health Assistance policy (PLGHA is an expansion of the Mexico City Policy). Funding shortfalls at UNFPA imperil a number of programs, including sexual and reproductive health care for populations affected by crises.
With better data on domestic government expenditures, we’re able to present a more accurate picture of total spending on family planning across all 69 FP2020 countries. **We estimate that in 2016, total spending for family planning stood at US$3.4 billion.** Of this total, 48% was from donors, 34% was from domestic governments, 14% was out-of-pocket, and the remaining 4% was from corporations, NGOs, and other domestic organizations. It should be stressed that these are total figures; the domestic government percentage is heavily weighted by seven large countries (India, Indonesia, Bangladesh, Pakistan, Egypt, the Philippines, and Kenya, which account for half of all domestic expenditures), and should not be considered representative of most FP2020 countries.

We also present an overview of financial commitments from FP2020 countries, with progress notes on Burkina Faso, Côte d'Ivoire, India, Madagascar, and Zambia. These countries provide instructive examples of governments that are on track to achieve their FP2020 financial commitments.

A final highlight is an update on the Global Financing Facility (GFF) in support of *Every Woman Every Child*. There are now a total of 27 countries eligible for GFF investments, all but one of them FP2020 focus countries.

The main sources of funds for family planning expenditures are domestic governments, international donors, and payments by consumers who access services in the private sector.
Information on domestic government expenditures is described in the previous section. Information on international donor financing for family planning is available from five sources: Kaiser Family Foundation (KFF), UNFPA/NIDI, Institute for Health Metrics Evaluation (IHME), Deutsche Stiftung Weltbevölkerung (DSW)/Euromapping, and Countdown Europe 2030. The Expert Advisory Group on International Family Planning Expenditures recommends using the KFF estimates for bilateral government donors and the IHME estimates for private foundations. The Bill & Melinda Gates Foundation reports its expenditures directly to FP2020.

Track20 develops estimates for out-of-pocket payments (OOP) by consumers who purchase family planning services from the private sector. The number of users relying on the private sector can be estimated from the total number of users of modern contraceptive methods (as presented in this report), Demographic Health Survey (DHS) data on method mix, and the proportion of users of each method who rely on the private sector. Estimates of the annual out-of-pocket spending per person are derived from several sources. They include DHS reports for eight countries (Egypt, India, Kenya, Madagascar, Niger, Pakistan, Philippines, and Uganda), PMA2020 reports for nine countries (Burkina Faso, Ethiopia, Ghana, Indonesia, Kenya, DRC, Niger, Nigeria, and Uganda), and PSI FPWatch reports data for five countries (Ethiopia, Nigeria, DRC, Myanmar, and India). Proxy countries are used for countries without data.


28 Detailed information on the approach is available at: http://www.oecd.org/els/health-systems/a-system-of-health-accounts-2011-....

29 Data are available online at: http://apps.who.int/nha/database/Select/Indicators/en_

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For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology note in the digital report), and include: standalone family planning projects; family planning-specific contributions to multilateral organizations (e.g., contributions to UNFPA Supplies); and, in some cases, projects that include family planning within broader reproductive health activities.

31 By law, annual US government appropriations for development assistance, including for family planning activities, may be disbursed over a multi-year period.

32 Personal communication, UNFPA, September 2018.

DOMESTIC GOVERNMENT EXPENDITURES

Domestic government expenditures reflect a government’s commitment to its family planning program and the prospects for its long-term financial sustainability. Domestic expenditures are defined as all government expenditures that support family planning, including commodity purchases, demand creation campaigns, investments in training and research, and service delivery.

Some government expenditures, such as commodity purchases, are relatively easy to track, since they are often separate line items in the chart of accounts. Other expenditures, such as shared spending for personnel and facilities, are much more difficult to capture.
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ESTIMATE</th>
<th>YEAR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>$1,130,000</td>
<td>2016</td>
<td>UNFPA/NIDI</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>$225,000,000</td>
<td>2016</td>
<td>FPSA</td>
</tr>
<tr>
<td>Benin</td>
<td>$220,000</td>
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<td>UNFPA/NIDI</td>
</tr>
<tr>
<td>Bhutan</td>
<td>$122,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>$8,130,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Burundi</td>
<td>$976,000</td>
<td>2013</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Cameroon</td>
<td>$2,770,000</td>
<td>2016</td>
<td>UNFPA/NIDI</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>$7,470,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Djibouti</td>
<td>$738,000</td>
<td>2014</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>DR Congo</td>
<td>$9,100</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>$21,000,000</td>
<td>2014</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Gambia</td>
<td>$19,000</td>
<td>2013</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Guinea</td>
<td>$1,100,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>$140,000</td>
<td>2011</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>India</td>
<td>$249,000,000</td>
<td>2016</td>
<td>Government of India</td>
</tr>
<tr>
<td>Indonesia</td>
<td>$196,000,000</td>
<td>2016</td>
<td>FPSA</td>
</tr>
<tr>
<td>Kenya</td>
<td>$19,000,000</td>
<td>2016</td>
<td>FPSA</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>$920,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Madagascar</td>
<td>$3,100,000</td>
<td>2013</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Mali</td>
<td>$160,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Mauritania</td>
<td>$15,000</td>
<td>2012</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Myanmar</td>
<td>$2,880,000</td>
<td>2016</td>
<td>UNFPA/NIDI</td>
</tr>
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<td>Nepal</td>
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</tr>
<tr>
<td>Niger</td>
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<td>WHO/SHA</td>
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<td>Nigeria</td>
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<td>WHO/SHA</td>
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<td>Sao Tome and Principe</td>
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<td>WHO/SHA</td>
</tr>
<tr>
<td>Senegal</td>
<td>$3,360,000</td>
<td>2016</td>
<td>FPSA</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>$13,700,000</td>
<td>2013</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Togo</td>
<td>$1,340,000</td>
<td>2014</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Uganda</td>
<td>$2,260,000</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>$18,100,000</td>
<td>2016</td>
<td>UNFPA/NIDI</td>
</tr>
</tbody>
</table>

Notes:
WHO/SHA: System of Health Accounts prepared by national consultants in collaboration with the World Health Organization
UNFPA/NIDI: United Nations Population Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Family Planning Expenditures
FPSA: Family Planning Spending Assessments conducted by national consultants in collaboration with Track20
After several years of effort to establish the necessary methodologies and to collect and analyze the data, FP2020 is reporting validated domestic expenditures for family planning for the first time. The expenditures reported in Table 1 come from four different sources:

- **Official government reports.** The Government of India prepares a comprehensive assessment of family planning expenditures and furnishes that estimate to FP2020.

- **WHO_SHA.** WHO has been implementing data collection on health expenditures under the System of Health Accounts (SHA) 2011 for several years as part of a joint effort with the Organisation for Economic Co-operation and Development (OECD) and Eurostat. This effort collects information on all health spending and allocates shared expenditures across the various diseases/conditions. Health account reports are available for 81 countries, but only 20 have implemented the family planning sub-account and passed WHO quality checks.

- **FPSA (Family Planning Spending Assessment).** Track20 has been collaborating with the Centre for Economic and Social Research (Nairobi, Kenya) to collect data on FP expenditures using a modified version of health accounts that focuses strictly on family planning. The methodology is based on the National AIDS Spending Assessments implemented by UNAIDS for HIV. This approach collects detailed information on the flow of funds, including the sources of funds, the receiving organizations, and the organizations spending the funds to deliver services. Applications were completed for Kenya in 2017 and for Senegal, Bangladesh, and Indonesia in 2018. Final reports will be available on the Track20 website.
UNFPA/NIDI, UNFPA and NIDI (Netherlands Interdisciplinary Demographic Institute) have been tracking domestic government expenditures for family planning since 2014. National consultants hired by the local UNFPA office use questionnaires and guidance prepared by NIDI to collect data from governments, NGOs, and other institutions. The latest round of data collection, conducted in 2017/18, provided data on domestic expenditures in 2016 for 41 FP2020 focus countries, some of which are also covered by WHO/SHA and FPSA. In 6 countries these data were validated at Track20-supported national consensus workshops, which bring together key stakeholders to review and approve family planning indicator data. We hope to expand this validation to additional countries next year.

The 31 countries in Table 1 represent 77% of all modern contraceptive users in FP2020 focus countries. Domestic expenditure amounts range from over US$200 million annually in India and Bangladesh to less than US$50,000 in Gambia and Mauritania.

**DONOR GOVERNMENT FUNDING**

Donor governments have historically accounted for approximately 50% of total funding for family planning. Tracking this funding provides important insights into resource availability, trends over time, and potential gaps. Following the London Summit on Family Planning in 2012, the Kaiser Family Foundation (KFF) began conducting an annual analysis of donor government funding for family planning activities. This established a baseline that could be used to track funding levels over time and to assess specific donor government progress in meeting FP2020 commitments. Continuing this effort takes on added relevance following the 2017 Family Planning Summit, which resulted in new and renewed commitments by many donors.
These findings are based on analysis of data from 30 governments that were members of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) in 2017 and had reported Official Development Assistance (ODA) to the DAC. Data for 10 of these governments, which account for 99% of all donor government funding for family planning, were collected directly from these governments; data for the remaining donors were obtained from the OECD Creditor Reporting System (CRS). Key findings from 2017 are as follows:

**Bilateral Funding:**

- Bilateral family planning funding from donor governments increased after two years of declines, rising from US$1.20 billion in 2016 to US$1.27 billion in 2017. This is an increase of US$74 million or 6%, as measured in current terms, even after accounting for inflation and currency fluctuations (see Figure 1). Still, funding remained below the peak of 2014.30

- Funding increased from five donors (Canada, Denmark, the Netherlands, Sweden, and the UK), remained flat for two (Australia and Germany), and decreased for three (France, Norway, and the US). See Table 2.

- The decrease by the US in 2017 (from US$532.7 million in 2016 to US$488.7 million in 2017) was largely due to a delay in disbursements and does not reflect a decline in US appropriations, which have been stable for several years.31 See Figure 2.

- Even with the decrease in funding from the US, it remained the largest bilateral donor to family planning in 2017, accounting for 38% of total bilateral funding. The UK was the second largest donor (US$282.4 million, 22%), followed by the Netherlands (US$197.0 million, 15%), Sweden (US$109.2 million, 9%), and Canada (US$69.0 million, 5%). See Figure 3.

**Donor contributions to UNFPA:**
In addition to bilateral disbursements for family planning—which may include non-core contributions to UNFPA for family planning programs such as UNFPA Supplies—donors also contribute to UNFPA's core resources, which are meant to be used for both programmatic activities (family planning, population and development, HIV/AIDS, gender, and sexual and reproductive health and rights) and operational support.

Donor government contributions to UNFPA's core funding totaled US$344.4 million in 2017, as compared to US$347.8 million in 2016. In FY17 the US administration invoked the Kemp-Kasten amendment to withhold funding—both core and non-core contributions—to UNFPA. In the prior year (FY16), US contributions to UNFPA had totaled US$69 million, including US$30.7 million in core resources and an additional US$38.3 million in non-core resources for other project activities. (See KFF’s “UNFPA Funding & Kemp-Kasten: An Explainer.”) UNFPA reports that the loss of specific project funds from the US has had impacts on programming, and UNFPA continues to forecast future funding gaps for their strategic plan.

Among the donors profiled, three increased funding to UNFPA’s core resources (Denmark, Norway, and Sweden), five remained flat (Australia, Canada, Germany, the Netherlands, and the UK), and two decreased (France and the US, the latter of which did not provide any funding in 2017).

Sweden provided the largest core contribution to UNFPA in 2017 (US$63.8 million), followed by Norway (US$50.8 million), Denmark (US$43.2 million), and the Netherlands (US$37.4 million).

UNFPA reports that in 2017 it spent an estimated US$303 million (or 40.2% of its resources) on family planning. Of this, an estimated US$102 million came from core resources (resources meant to be used by UNFPA for both programmatic activities and operational support) and an estimated US$183 million came from non-core resources (resources earmarked for specific family planning programmatic activities).

Looking Ahead:
At the first London Summit on Family Planning in 2012, eight of the donor governments profiled in this report made commitments: Australia, Denmark, France, Germany, Netherlands, Norway, Sweden, and the UK. All of these donors subsequently renewed their commitments by the time of the follow-up Family Planning Summit in 2017, and a new donor, Canada, made its first commitment. Up until that point, all donors—with the exception of Australia—had either fulfilled or were on track to fulfill their 2012 commitments. FP2020 and KFF will continue to work with donor governments to track funding for family planning going forward, and next year’s report will include an assessment of progress toward fulfilling the new and renewed commitments made in 2017.

**Methodological Note:**

The financial data presented in this analysis represent “disbursements,” which are defined as the actual release of funds to, or the purchase of goods or services for, a recipient. They were obtained through direct communication with donor governments, analysis of raw primary data, and the OECD CRS. UNFPA core contributions were obtained from Executive Board documents. Constant US$ amounts were calculated using the OECD’s ‘Deflators for Resource Flows from DAC Donors’ and adjusting non-US$ funding amounts accordingly. 2014 was used as the base year in order to take into account the global rise in the US dollar.

In some cases, it is difficult to disaggregate bilateral family planning funding from broader reproductive and maternal health totals, and the two are sometimes represented as integrated totals (France, the Netherlands, Sweden, and the US do not disaggregate family planning funding from broader reproductive and/or maternal health totals). In addition, family-planning-related activities funded in the context of other official development assistance sectors (e.g. education, civil society) have remained largely unidentified. For purposes of this analysis, we worked closely with the largest donors to family planning to identify such cross-sectoral family-planning-specific funding where possible (see table notes). Going forward, efforts to track donor government support for family planning will be strengthened if such funding is identified within other activity categories by primary financial systems.

For data in the currency of the donor country, please contact the researchers.
### TABLE 2

**DONOR GOVERNMENT BILATERAL DISBURSEMENTS FOR FAMILY PLANNING, 2012-2017**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>$43.2</td>
<td>$39.5</td>
<td>$26.6</td>
<td>$12.4</td>
<td>$24.9</td>
<td>$25.6</td>
<td>Australia has now identified AUD33 million in bilateral FP funding for the 2016-17 fiscal year using the FP2020-agreed methodology, which includes funding from non-FP specific activities (e.g. HIV, reproductive health, maternal health, and other sectors). The percentage of the donor’s core contributions to several multilateral organizations (e.g. UNFPA, supplies) and, in some cases, projects that include family planning within broader reproductive health activities. During the 2012 London Summit, donors agreed to a revised Muskala methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors including, HIV, reproductive health, maternal health, and other areas, as well as a percentage of a donor’s core contributions to several multilateral organizations including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the UK reported FP funding using this revised methodology.</td>
</tr>
<tr>
<td>Canada</td>
<td>$41.5</td>
<td>$45.6</td>
<td>$48.3</td>
<td>$43.0</td>
<td>$43.8</td>
<td>$69.0</td>
<td>Bilateral funding is for family planning and reproductive health components of combined projects/activities in FP17. Reproductive health activities without family planning components are not reflected. This is a preliminary estimate.</td>
</tr>
<tr>
<td>Denmark</td>
<td>$15.0</td>
<td>$20.3</td>
<td>$28.8</td>
<td>$28.3</td>
<td>$30.7</td>
<td>$33.1</td>
<td>Bilateral funding is for family planning-specific activities.</td>
</tr>
<tr>
<td>France</td>
<td>$49.6</td>
<td>$37.2</td>
<td>$65.8</td>
<td>$68.6</td>
<td>$39.9</td>
<td>$19.2</td>
<td>Bilateral funding is new commitment data for a mix of family planning, reproductive health, and maternal and child health activities in 2012-2017. Family planning-specific activities cannot be further disaggregated. 2017 data is preliminary.</td>
</tr>
<tr>
<td>Germany</td>
<td>$47.6</td>
<td>$38.2</td>
<td>$31.3</td>
<td>$34.0</td>
<td>$37.8</td>
<td>$35.8</td>
<td>Bilateral funding is for family planning-specific activities.</td>
</tr>
<tr>
<td>Netherlands</td>
<td>$105.4</td>
<td>$153.7</td>
<td>$163.6</td>
<td>$165.8</td>
<td>$183.1</td>
<td>$197.0</td>
<td>The Netherlands budget provided a total of NOK347 million in 2017 for “Sexual and Reproductive Health &amp; Rights, including HIV/AIDS,” of which an estimated NOK357 million was disbursed for bilateral family planning and reproductive health activities (not including HIV).</td>
</tr>
<tr>
<td>Norway</td>
<td>$3.3</td>
<td>$20.4</td>
<td>$20.8</td>
<td>$8.1</td>
<td>$5.7</td>
<td>$2.2</td>
<td>Bilateral funding is for family planning-specific activities, narrowly defined under the corresponding DAC subsector 12D10. Overall bilateral Norwegian support to Population and Reproductive Health Activities (including family planning) was NOK332.5 million (US$57.8 million) in 2017, an increase of NOK331 million (4.2%) over 2016 levels.</td>
</tr>
<tr>
<td>Sweden</td>
<td>$41.2</td>
<td>$50.4</td>
<td>$70.2</td>
<td>$66.0</td>
<td>$92.5</td>
<td>$109.2</td>
<td>Bilateral funding is for combined family planning and reproductive health activities: family planning-specific activities cannot be further disaggregated. Some of Sweden’s top-priority health activities appear to reflect an exclusive family planning-specific subsector focus, indicative of the integration of FP activities into broader health initiatives in ways similar to those employed by some other governments. It may not be possible to identify exact amounts of Swedish bilateral or multilateral FP financing.</td>
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<td>UK</td>
<td>$252.8</td>
<td>$305.2</td>
<td>$327.6</td>
<td>$269.9</td>
<td>$204.8</td>
<td>$282.4</td>
<td>In the financial year 2013/14, total UK spending on family planning was £213.3 million. This is a provisional estimate, using the FP2020-agreed methodology, which includes funding from non-FP specific activities (e.g. HIV, reproductive health, maternal health, and other sectors) and a percentage of the donor’s core contributions to several multilateral organizations. For this analysis, UK bilateral FP funding of £213.9 million was calculated by removing, unrestricted core contributions to multilateral organizations. However, it was not possible to identify and adjust for funding for other non-FP specific activities in most cases. The nominal 2014-16 USAID decrease is significantly exchange rate related. Bilateral funding is for combined family planning and reproductive health, consistent with the aidline methodology. A final estimate will be available after 3FDI publishes its annual report for 2017/18 in 2019.</td>
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<tr>
<td>US</td>
<td>$485.0</td>
<td>$585.0</td>
<td>$636.6</td>
<td>$638.0</td>
<td>$532.7</td>
<td>$488.7</td>
<td>Bilateral funding is for combined family planning and reproductive health activities; while USAID estimates that most funding is for family planning-specific activities only, these cannot be further disaggregated.</td>
</tr>
<tr>
<td>Other DAC Countries**</td>
<td>$11.0</td>
<td>$29.5</td>
<td>$9.0</td>
<td>$10.1</td>
<td>$3.3</td>
<td>$9.6</td>
<td>Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in the prior year (e.g. data presented for 2017 are the 2016 totals, the most recent year available: 2016 presents 2015 totals, etc.).</td>
</tr>
</tbody>
</table>
| **TOTAL**     | **$1,093.6** | **$1,325.0** | **$1,422.7** | **$1,544.0** | **$1,198.2** | **$1,272.7** | **|**

*For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning (as defined by the OECD DAC’s core methodology) and include stand-alone family planning projects; family planning-specific contributions to multilateral organizations (e.g., contributions to UNFPA, supplies); and, in some cases, projects that include family planning within broader reproductive health activities. During the 2012 London Summit, donors agreed to a revised Muskala methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors including, HIV, reproductive health, maternal health, and other areas, as well as a percentage of a donor’s core contributions to several multilateral organizations including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the UK reported FP funding using this revised methodology. **Austria, Belgium, Czech Republic, European Union, Finland, Greece, Hungary, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.

Note: Some of the figures for 2016 are different from the figures reported last year due to data updates after the 2017 report was published. Donor amounts in tables do not exactly sum up to total amounts due to rounding.
FIGURE 2  US FUNDING FOR FAMILY PLANNING, FY 2012-FY 2017


FIGURE 3  INTERNATIONAL FAMILY PLANNING ASSISTANCE: DONOR GOVERNMENTS AS A SHARE OF BILATERAL DISBURSEMENTS, 2017

Note: figures based on Kaiser Family Foundation analysis of donor government funding for family planning.

TRENDS AND DEVELOPMENTS FROM SELECT EUROPEAN
DONORS

For additional analysis of European donor trends, please see Spotlight on Europe: Analysis from Countdown 2030 Europe on the FP2020 website. The analysis focuses on overall trends and developments in sexual and reproductive health/family planning funding from Countdown 2030 European countries, including policy updates from FP2020 commitment makers as well non-pledging nations.

![TOTAL FAMILY PLANNING EXPENDITURES](chart.png)
FIGURE 5
ESTIMATED FAMILY PLANNING EXPENDITURES IN BANGLADESH IN 2016

Source: Family Planning Spending Assessments (FPSSA) conducted by national consultants in collaboration with Track20.

Note: International donors amount does not include $1.20 million in funding from USAID. Estimates of out-of-pocket expenditures were calculated by Track20.

TOTAL $312.2
In millions, USD

10% ($30.7) International Donors
7% ($22.0) Other
11% ($34.8) Out-of-Pocket
72% ($224.6) Domestic Government

FIGURE 6
ESTIMATED FAMILY PLANNING EXPENDITURES IN INDONESIA IN 2016

Source: Family Planning Spending Assessments (FPSSA) conducted by national consultants in collaboration with Track20.

Note: Estimates of out-of-pocket expenditures were calculated by Track20. Percentages do not exactly equal 100% due to rounding.

TOTAL $376.5
In millions, USD

6% ($22.0) Other
0.1% ($0.4) International Donors
52% ($195.8) Domestic Government
42% ($158.2) Out-of-Pocket

FIGURE 7
ESTIMATED FAMILY PLANNING EXPENDITURES IN KENYA IN 2016

Source: Family Planning Spending Assessments (FPSSA) conducted by national consultants in collaboration with Track20.

Note: Estimates of out-of-pocket expenditures were calculated by Track20.

TOTAL $73.0
In millions, USD

25% ($18.6) Domestic Government
61% ($44.2) International Donors
9% ($6.5) Other
5% ($3.7) Out-of-Pocket
The main sources of funds for family planning expenditures are domestic governments, international donors, and payments by consumers who access services in the private sector.

Information on domestic government expenditures is described in the previous section. Information on international donor financing for family planning is available from five sources: Kaiser Family Foundation (KFF), UNFPA/NIDI, Institute for Health Metrics Evaluation (IHME), Deutsche Stiftung Weltbevölkerung (DSW)/Euromapping, and Countdown Europe 2030. The Expert Advisory Group on International Family Planning Expenditures recommends using the KFF estimates for bilateral government donors and the IHME estimates for private foundations. The Bill & Melinda Gates Foundation reports its expenditures directly to FP2020.
Track20 develops estimates for out-of-pocket payments (OOP) by consumers who purchase family planning services from the private sector. The number of users relying on the private sector can be estimated from the total number of users of modern contraceptive methods (as presented in this report), Demographic Health Survey (DHS) data on method mix, and the proportion of users of each method who rely on the private sector. Estimates of the annual out-of-pocket spending per person are derived from several sources. They include DHS reports for eight countries (Egypt, India, Kenya, Madagascar, Niger, Pakistan, Philippines, and Uganda), PMA2020 reports for nine countries (Burkina Faso, Ethiopia, Ghana, Indonesia, Kenya, DRC, Niger, Nigeria, and Uganda), and PSI FPWatch reports data for five countries (Ethiopia, Nigeria, DRC, Myanmar, and India). Proxy countries are used for countries without data.

COUNTRY FOCUS: ESTIMATES OF TOTAL FAMILY PLANNING EXPENDITURES IN KENYA, SENEGAL, BANGLADESH AND INDONESIA
In addition to estimating total family planning expenditures across the 69 FP2020 focus countries, we also estimate total expenditures in four FP2020 countries in 2016. These estimates are primarily based on Family Planning Spending Assessments (FPSA) conducted by national consultants in collaboration with Track20. The assessments collect detailed information on the flow of funds, including the sources of funds, the receiving organizations, and the organizations spending the funds to deliver services. Data for Kenya, Senegal, Bangladesh and Indonesia show a wide range of domestic government expenditures, which account for 25% of total expenditures in Kenya and 72% in Bangladesh. These estimates provide useful information for assessing countries’ progress on fulfilling their FP2020 commitments, as well as a common basis for governments, technical partners and civil society organizations to discuss the state of financing for family planning and work towards sustainable programs.

1 Out-of-pocket expenditures for Kenya, Bangladesh and Indonesia are not based on the FPSA but on Track20 estimates.

**FP2020 COUNTRY FINANCIAL COMMITMENTS**

Mobilizing domestic resources is vital to the long-term sustainability of family planning services in FP2020 countries. Of the 44 commitment-making FP2020 focus countries, 40 have included a domestic financial component with their pledge, including the 33 countries that made new or renewed financial commitments at the 2017 Family Planning Summit and a further 3 countries that have made financial commitments since July 2017.
How financial commitments are formulated at the outset has a major impact on the ability to track and support accountability. Specificity is critical. Country financial commitments vary significantly in this respect, and can be generalized into four categories. Commitments that are expressed in absolute terms with a clear baseline articulated (15 countries) are fairly straightforward to track over time as domestic expenditures data are verified and published. Commitments that involve the initial establishment of a family planning budget line (4 countries) will also be relatively easy to track over time. But commitments that call for percentage increases to a family planning budget line and those that involve broad statements about increasing financing for family planning (21 countries overall) will be harder to track.

It’s also true that not all domestic financial commitments are equally significant. Being on track to achieve a financial commitment does not necessarily imply a large or lasting impact. Just over half of existing commitments describe increases to domestic budgets for family planning commodities, while the remainder commit to increases in domestic family planning financing more generally.

Country commitment update questionnaires are an important piece of the FP2020 accountability framework, with all countries requested to share an annual update on progress toward their commitments. These reports, together with domestic expenditures data, can provide critical insights on the status of countries’ financial pledges and the overall domestic financing landscape for family planning. It should be noted that at this point domestic expenditures data are only available up to 2016. With the majority of financial commitments having been made in 2017, more in-depth analysis of country commitments will be possible over the next two years as 2017 and 2018 data become available.

According to recently received commitment update questionnaires, 13 of the 40 countries are on track to achieve their domestic financing commitments, with an additional 13 countries close to being on track. Eleven countries are not currently on track to achieve their financial commitments, one country has not yet reported, and two new commitment makers will report on their progress next year.

Several countries report very encouraging progress over the past year:
Burkina Faso
Burkina Faso renewed its commitment at the 2017 Summit with a pledge to “increase by at least 10..."

Côte d'Ivoire
In its 2017 financial commitment, Côte d'Ivoire committed to increasing "by at least 10% per..."

India
India renewed its FP2020 commitment in 2017, pledging to invest US$3 billion in family planning...

Madagascar
In 2017 Madagascar committed to annual increases of at least 5% for the state budget allocations...

Zambia
In 2017 Zambia committed to increasing its minimum contribution for contraceptive commodities...
GLOBAL FINANCING FACILITY

The Global Financing Facility (GFF) in support of Every Woman Every Child is a country-driven financing partnership that provides smart, scaled, and sustainable financing to enable countries to accelerate progress on reproductive, maternal, newborn, child, and adolescent health (RMNCAH)—including family planning.

All but one of the 27 GFF countries are FP2020 focus countries, including the 11 countries added since November 2017: Afghanistan, Burkina Faso, Cambodia, Central African Republic, Côte d’Ivoire, Haiti, Indonesia, Madagascar, Malawi, Mali, and Rwanda. GFF investments specifically focused on family planning are already supporting projects across a range of FP2020 countries, with the potential to do much more. In Bangladesh, for example, a US$32.73 million investment is supporting the expansion of postpartum family planning. A US$30 million investment in the DR Congo is covering family planning supplies and services purchased through results-based financing. And a US$ 20 million investment in Kenya is aimed at increasing county-level rates of contraceptive prevalence.

The GFF plans to expand to a total of 50 countries in the next five years, which could potentially cover 96% of the US$33 billion annual financing gap for RMNACH. The GFF works by mobilizing domestic resources: relatively modest grants from the GFF Trust Fund are linked with much larger contributions from a country’s own IDA (International Development Association) or IBRD (International Bank for Reconstruction and Development) financing.

All countries joining the GFF agree to mobilize additional domestic resources for health. GFF support for resource mapping helps align government and donor funding to support the priorities identified in each country’s RMNCAH investment case. The GFF also facilitates partnerships with the global private sector. This enables GFF countries to tap into private sector resources and capabilities to achieve their investment case objectives, such as improving service delivery and developing last-mile supply chains.
The GFF Trust Fund is the monetary arm of the GFF and is operationally linked with the World Bank. The GFF Trust Fund is supported by the governments of Canada, Norway, and the United Kingdom; the Bill & Melinda Gates Foundation; and MSD for Mothers.