

Re-Costing Cairo: Revised Estimate of the Resource Requirements to Achieve the ICPD Goals

Suzanna Dennis ♦ March 2009

Importance of Family Planning and Reproductive Health

Achieving universal access to reproductive health, including family planning services and supplies, is essential to ensuring the health and well-being of women and their families. Poor reproductive health is the leading cause of death and disability among women in their childbearing years.¹ An estimated 201 million women in developing countries want to delay or stop childbearing, but lack effective contraceptives. Satisfying their unmet need for family planning would avert 52 million unintended pregnancies each year, saving more than 1.5 million lives and preventing 505,000 children from losing their mothers.²

In 2005 the World Summit—a follow-up to the meetings that launched the **Millennium Development Goals** (MDGs)—reaffirmed the importance of sexual and reproductive health and rights by adding *Target 5.B.: Achieve universal access to reproductive health by 2015* as part of MDG 5: Improving Maternal Health. Contraceptive prevalence rate and unmet need for family planning are indicators for monitoring progress towards this target.

Original ICPD Cost Estimates

In 1994 the **International Conference on Population and Development** (ICPD) in Cairo produced estimates of the resource requirements to achieve universal access to a range of population-related programs: Family planning services; Basic reproductive health services; Sexually transmitted infection/HIV/AIDS prevention (treatment for HIV/AIDS was subsequently added); and Basic research, data and population and development policy analysis. It was estimated that by the year 2010, it would cost US\$29.2 billion annually in current dollars (or US\$20.5 billion in 1994 dollars) to achieve the costed interventions of the ICPD by 2015. The international community committed to share the costs, with donor nations pledging to provide one-third or US\$9.7 billion per year (adjusted for inflation), and domestic resource mobilization—funding from developing country governments, non-governmental organizations and consumer spending—making up the remaining two-thirds. Global financial flows toward meeting the ICPD goals are tracked by the **Resource Flows Project**, a joint collaboration between the United Nations Population Fund (UNFPA) and the Netherlands Interdisciplinary Demographic Institute.

Estimates of resource requirements are essential to ensure that governments and donors fulfill their commitments, and to track progress towards achieving the ICPD goals. Collectively, donors have never fulfilled their one-third share of the inflation-adjusted population assistance. In 2006 donor funding came within US\$2 billion of the original ICPD estimate, primarily due to a strong funding for HIV/AIDS. Due to data collection limitations, it is not clear whether developing country governments are meeting their share of funding. However, there is *strong* evidence that many governments are failing to adequately prioritize sexual and reproductive rights and health in development planning.³

The Need for New Numbers

By 2008 a consensus developed that the 1994 ICPD cost estimates were out of date. Escalating need, rising drug and supply costs, and the scale of the resources needed to address the HIV/AIDS pandemic undermined the relevance of the original estimates. There was also a need to integrate post-1994 information regarding the set of

¹ UNFPA. ND. [Improving Reproductive Health](#). New York: UNFPA.

² Singh, S, JE Darroch, M Vlassoff, J Nadeau. 2004. [Adding it Up: The Benefits of Investing In Sexual and Reproductive Health Care](#). New York: The Alan Guttmacher Institute.

³ Bhuyan, A, M Borda and W Winfrey. 2007. [Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning into Poverty Reduction Strategy Papers](#). Washington, DC: USAID Health Policy Initiative; Sundaram, S, J Epp, N Oomman and JE Rosen. 2004. [A Review of Population, Reproductive Health, and Adolescent Health & Development in Poverty Reduction Strategies](#). The Washington, DC: World Bank.

interventions that made up a complete package of reproductive health services, the status of this care in developing countries, and also its cost and current needs.⁴

Revised Cost Estimates

In 2009 UNFPA released updated cost estimates of the minimum resources required to meet the ICPD goals from 2009 onward. These are presented in the **Report of the Secretary-General on the Flow of Financial Resources** to the Forty-second session of the Commission on Population and Development, summarized in Table 1. The more accurate revised estimates roughly double the original ICPD figures: The minimum annual resources needed to achieve the ICPD goals globally start at nearly US\$50 billion in 2009 and grow to nearly US\$70 billion in 2015. The donor share of these costs is still assumed to be one-third.

	2009	2010	2011	2012	2013	2014	2015
Sexual/ reproductive health/family planning	\$23,455	\$27,437	\$30,713	\$32,007	\$32,714	\$33,284	\$33,030
<i>Family planning direct costs</i>	\$2,342	\$2,615	\$2,906	\$3,209	\$3,529	\$3,866	\$4,097
<i>Maternal health direct costs</i>	\$6,114	\$7,868	\$9,488	\$11,376	\$13,462	\$15,746	\$18,002
<i>Programs and systems-related costs</i>	\$14,999	\$16,954	\$18,319	\$17,422	\$15,723	\$13,672	\$10,931
HIV/AIDS	\$23,975	\$32,450	\$33,107	\$33,951	\$34,734	\$35,444	\$36,189
Basic research/ data/policy analysis	\$1,551	\$4,837	\$3,943	\$2,239	\$1,181	\$864	\$591
Total	\$48,981	\$64,724	\$67,763	\$68,197	\$68,629	\$69,592	\$69,810

The sexual/family planning/reproductive health estimate is based on a set of family planning and reproductive health interventions in UNFPA's Reproductive Health Costing Tool. For the 2009 estimate, the tool uses a bottom-up approach by compiling a list of costed interventions for family planning and reproductive health including supply and personnel costs, multiplying them by the anticipated number of users of that intervention in each country and adding the countries and regions. This methodology is different than the original ICPD estimate which was based on adding the average costed package per user at the *regional* levels.⁶

The revised costs include projected resource requirements for health systems and program costs related to family planning and reproductive health services, since a strong health system is fundamental to improving services and increasing access to reproductive health supplies. Historically, tracking funding for family planning and reproductive health services has not included health system and program costs, so Chart 1 presents the donor share of the revised targets both including and excluding the health systems and program costs.⁷

⁴ Bernstein, S, E Weissman, M Vlassoff, H Friedman and C Juul Hansen. 2007. Resource Requirements for Sexual and Reproductive Health Care in Developing Countries. [unpublished paper]. Presented at UNFPA/HQ Costing Expert Group Meeting, 17 November 2008.

⁵ United Nations. 2009. Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Program of Action of the International Conference on Population and Development. E/CN.9/2009/5. New York: United Nations.

⁶ Bernstein, S, E Weissman, M Vlassoff, H Friedman and C Juul Hansen. 2007. Resource Requirements for Sexual and Reproductive Health Care in Developing Countries. [unpublished paper]. Presented at UNFPA/HQ Costing Expert Group Meeting, 17 November 2008.

⁷ There is currently debate regarding how to best apportion the program and systems costs to family planning and maternal health.

The Essential Role of Governments in Domestic Resource Mobilization

Developing country government investments in sexual and reproductive health are fundamental to ensuring universal access and achieving the ICPD and MDG goals. However, due to problems with government tracking and reporting, it is not clear exactly how much they are spending or falling short. The best projection indicates that government spending towards achieving the ICPD goals globally will reach US\$7.8 billion in 2009. Consumer spending is projected to be US\$12.1 billion, and NGO spending US\$500 million, for a total of US\$20.5 billion projected in domestic resources this year.⁸ These resources would need to be scaled up by US\$2.2 billion globally to reach the two-thirds share of US\$22.7 billion in 2009, and nearly double to get to US\$39.3 billion by 2015.

Without sufficient government funding for family planning and reproductive health services and supplies, the largest financial burden will continue to be borne by consumers of family planning and reproductive health services and supplies. Developing country governments must be held accountable to their commitments and responsibilities to achieve the ICPD and MDG goals and strengthen health systems. Encouraging civil society and citizen participation in development planning and budgeting, and improving tracking and reporting on government expenditures for family planning and reproductive health services and supplies are important parts of enhancing accountability.

Donor Funding Falling Short

As demonstrated in Chart 1, donor funding for population assistance, which reached US\$7.3 billion in 2006, would need to increase by \$4 billion, more than 50 percent, to reach the US\$11.2 billion updated funding target for 2009, and more than double to reach the US\$15.8 billion target for 2010.⁹

Donor funding for reproductive health services nearly doubled from 2002 to 2006, and reached almost US\$1.5 billion in 2006, the latest year for which data is available. However, this is less than half of the average US\$3.8 billion annual donor share needed through 2015 (Chart 2). Meanwhile, resource trends suggest that donors are drastically cutting funding for family planning, which reached a seven year low of US\$394 million in 2006. Donors would need to almost double funding levels for 2006 to reach the target US\$773 million in 2009, and double that again to reach US\$1.4 billion in 2015. In other words, to achieve their share of funding to meet the ICPD and MDG goals, donors need to roughly quadruple annual funding for family planning (Chart 3).

Complex Funding Environment Leads to Challenges Tracking

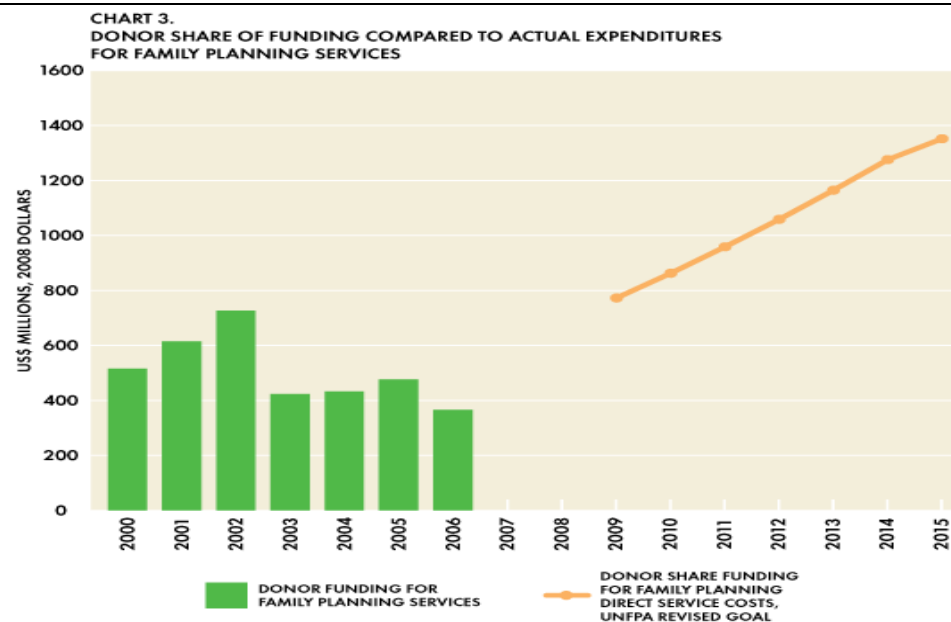
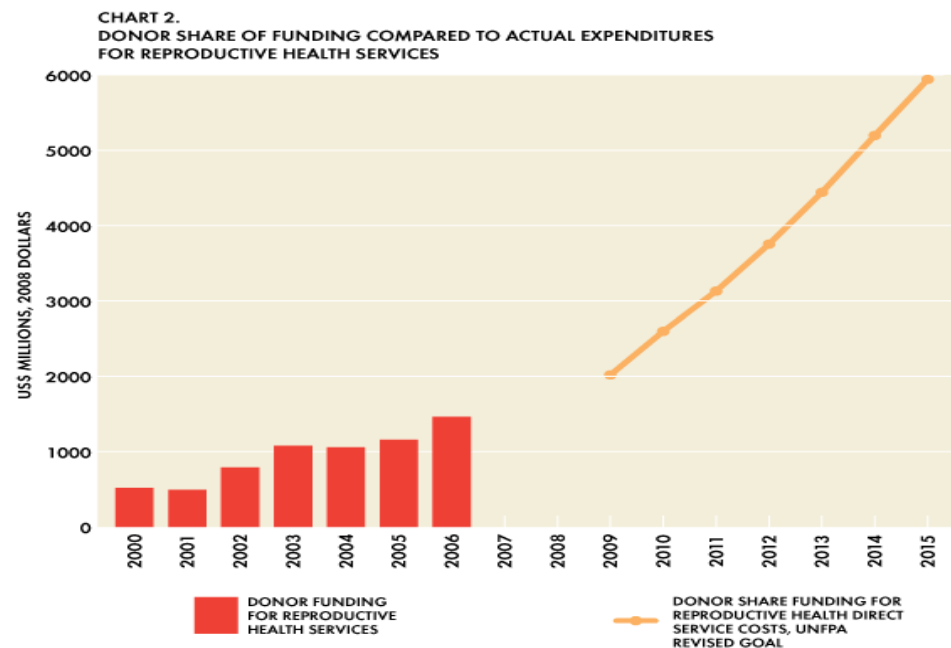
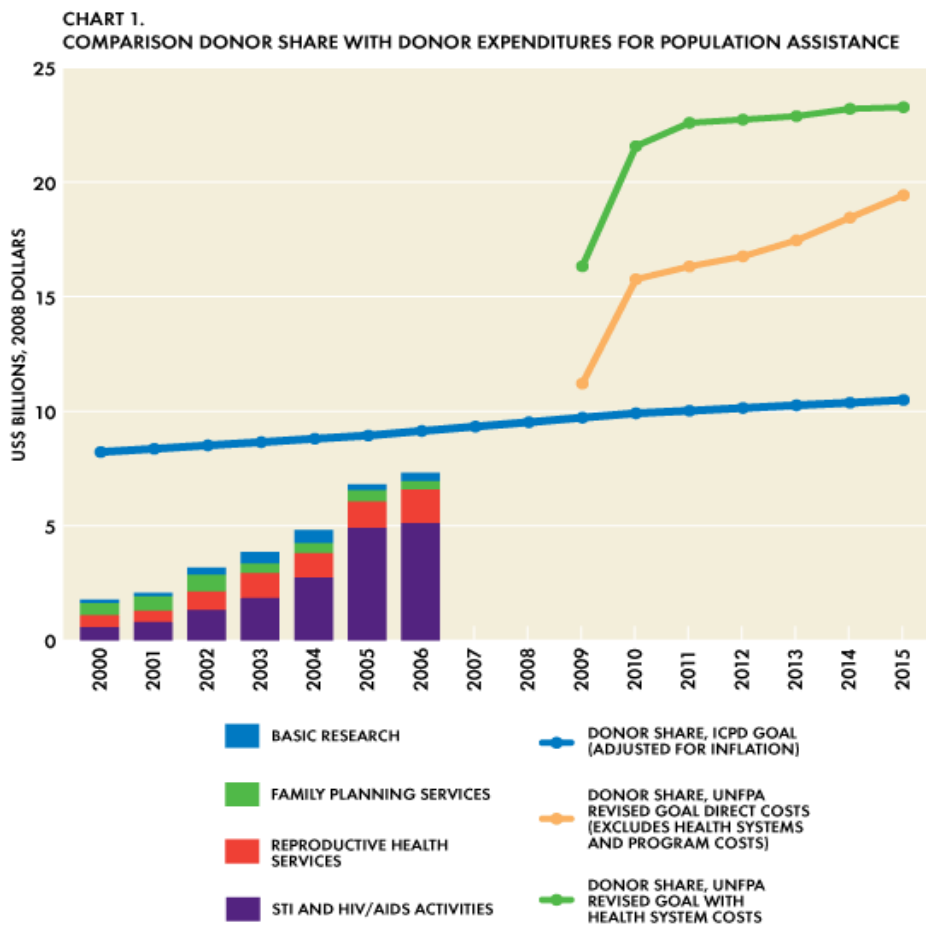
The funding environment for family planning and reproductive health has become increasingly complex since 1994. Tracking exact amounts of donor funding for family planning and reproductive health is difficult due to increased donor funding for country budget support and health sector-wide programs, and pooled funds which may benefit health systems and sexual and reproductive health and rights, but are not necessarily apparent in the amounts detailed above. Integration of family planning into broader reproductive health services may also cause problems tracking investments in the areas separately. Still, data on financial flows presented here are useful as they are present the most accurate picture of funding for family planning and reproductive health.

What is at Stake?

Time is running short. With just five years left to meet the ICPD goals and achieve the MDGs, donors and developing countries need to act now to ensure universal access to family planning and reproductive health services and supplies. The drastic scale-up in funding is required as financial challenges are squeezing budgets in donor and developing countries, with poor people in poor countries bearing the greatest burden. Despite the challenges, we encourage all countries to prioritize sexual and reproductive health and rights and align their funding with the updated resource requirements to achieve the ICPD goals by 2015.

⁸ Beekink and Ernten 2008 in United Nations. 2009. [Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Program of Action of the International Conference on Population and Development](#). E/CN.9/2009/5. New York: United Nations.

⁹ UNFPA/NIDI. 2008. "Table 5a. Final Donor Expenditures for Population Assistance, by Category of Population Activity, 1996 – 2006." [Financial Resource Flows for Population Activities in 2006](#). New York: UNFPA.



Sources: UNFPA. 2004. *Program of Action, Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*. New York: UNFPA; UNFPA/NIDI. 2008. "Table 4. Final donor expenditures for population assistance, by category of population activity, 1996 – 2006 (in percentages)." *Financial Resource Flows for Population Activities in 2006*. New York: UNFPA; United Nations. 2009. *Report of the Secretary-General: The Flow of Financial Resources for Assisting in the Implementation of the Program of Action of the International Conference on Population and Development*. United Nations Economic and Social Council. E/CN.9/2009/5. New York: United Nations.

