

REPORT

MAPPING THE DONOR LANDSCAPE IN GLOBAL HEALTH: FAMILY PLANNING AND REPRODUCTIVE HEALTH

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MAPPING THE DONOR LANDSCAPE IN GLOBAL HEALTH: FAMILY PLANNING AND REPRODUCTIVE HEALTH

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OVERVIEW OF SERIES

Which donors are working in which countries and on what issues? How can country recipients of aid best identify those donors? Are donor governments themselves adequately aware of one another's presence and efforts on identical issues? These questions reflect key challenges facing donors of international assistance, country recipients of assistance, civil society, and other stakeholders working in the development field, and highlight issues that can make it difficult to effectively negotiate, coordinate, and deliver programs. In the health sector such issues are particularly relevant given the proliferation in the number of donors providing health aid to low- and middle-income countries, and the amount of that aid during the last decade.^{1,2} They also carry a new significance in the current era of economic austerity, one that has led donors and recipients to seek more streamlined approaches to health assistance that achieve “value for money.”³

To provide some perspective on the geographic presence of global health donors and to help stakeholders begin to answer some of the above questions, the Kaiser Family Foundation is undertaking a series of analyses to describe the global health “donor landscape.” Using three years of data from the Organisation for Economic Co-operation and Development (OECD), we map the geographic landscape of global health donor assistance, looking both at donor presence and magnitude of donor assistance by issue area, region, and country. The effort is intended to shed new light on donor presence within and across recipient countries, and to produce a set of figures and tools that stakeholders can use in both donor and recipient countries.

From at least the early 2000s, there have been organized efforts to push for greater transparency and better coordination between donors, and between donors and recipients. These calls contributed to a series of international declarations on aid effectiveness such as the 2002 Monterrey Consensus on Financing for Development and the 2005 Paris Declaration on Aid Effectiveness, in which donors and recipient nations agreed to adhere to a code of good practice and a set of principles that would guide and improve donor assistance.^{4,5} In part, the principles were designed to help alleviate some of the administrative burdens on countries from having multiple donors, and to increase the impact derived from donor funding.^{6,7} They have also, more recently, focused on the importance of donor transparency for increasing “country ownership” by recipients of aid; that is, a country-led response to designing and implementing development programs.^{4,8,9,10}

In global health, uncoordinated donor activities can reduce efficiency and result in missed opportunities to leverage partnerships, streamline processes, and share experiences.^{11,12,13} While there have been several health-focused efforts aiming to improve donor coordination and donor transparency these challenges continue today and have gained new significance given the current economic environment.^{14,15,16,17} Indeed, with signs that donor assistance is flattening, there has been an even higher premium placed on improving coordination and leveraging existing funding and programs.

This report focuses on international assistance for family planning and reproductive health. Other analyses examine the areas of HIV/AIDS, tuberculosis, and malaria.

FAMILY PLANNING/REPRODUCTIVE HEALTH DONOR LANDSCAPE: KEY FINDINGS

While the donor landscape for family planning and reproductive health (FP/RH) consists of multiple donors, the top five – including three governments and two multilateral institutions – account for nearly three-quarters of all FP/RH assistance. While close to 150 countries receive at least some assistance for FP/RH activities, most funding is directed to those regions and countries with high unmet need for family planning.

Looking at donors to FP/RH across the most recent three-year period with available data (2009-2011), we found:

- » 36 different donors (including 27 bilateral donor governments and 9 multilateral organizations) reported providing FP/RH assistance in at least one year examined. 29 donors reported giving assistance in all three years.
- » Donors provided assistance to a total of 147 recipient countries, spanning nine regions, over the three-year period; 125 countries received assistance in all three years. Donors provided assistance to an average of 5 different regions and 31 countries over the period. The geographic diversity of assistance differed by channel of assistance, with bilateral donors concentrating funding in a smaller number of countries (an average of 29 recipients over the three years) compared to multilateral donors (an average of 40 recipients).
- » The five donors with the greatest *presence*, as measured by number of recipient countries, were: UNFPA (119), the UNICEF (113), Japan (99), Canada (92), and the World Health Organization (WHO, 82). However, when measured by *magnitude* of assistance provided (as a share of annual average funding between 2009 and 2011), the top five donors were: the U.S. (29%), UNFPA (19%), the U.K (13%), the Netherlands (6%), and the World Bank (5%). Together, the top five donors accounted for 72% of all donor funding for FP/RH, with the 31 remaining donors accounting for more than a quarter (28%) of FP/RH assistance over the study period.
- » Donors were spread broadly across many regions: sub-Saharan Africa, which had the greatest number of donors of any region (33 of 36), followed by Far East Asia (26), North & Central America (24), and South & Central Asia (24).
- » In addition to having the greatest number of donors, sub-Saharan Africa also received the greatest share of assistance of any region (32%). The next highest regional amount went to South & Central Asia (21%). The region receiving the smallest share of assistance was Oceania at less than 1%. Donors provided more than one quarter (26%) of FP/RH assistance without specifying any region or country.

TABLE 1. KEY FINDINGS

DONORS	
Total Number of Donors	36
Bilateral Donors	27
Multilateral Donors	9
Average Recipients per Donor	31
Average Recipients per Bilateral	29
Average Recipients per Multilateral	40
RECIPIENTS	
Total Number of Recipients	147
Average Donors per Recipient	8
Recipients with More Than 10 Donors	41
Recipients with More Than 15 Donors	11

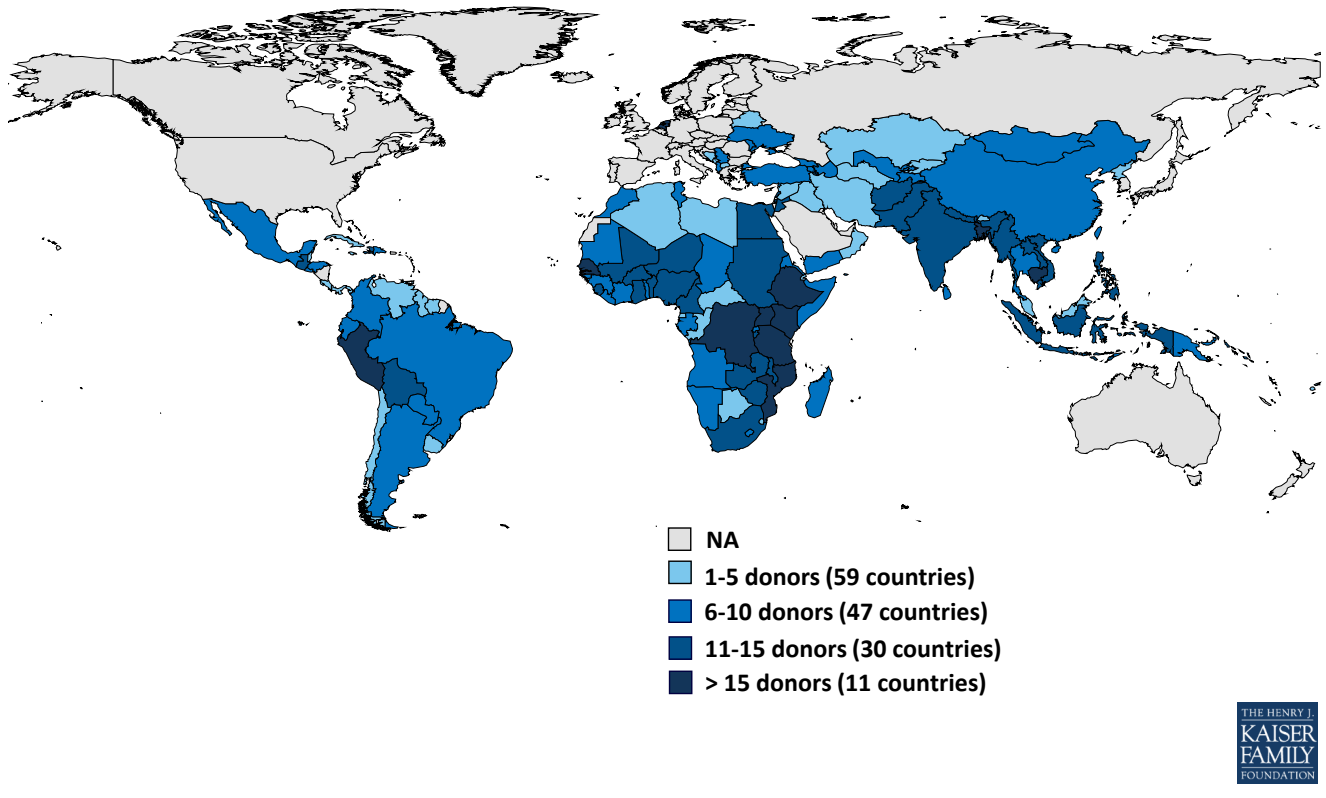
Recipient countries typically received assistance for FP/RH from multiple different donors (see Figure 1). Looking over the period 2009-2011, we found:

- » The average number of donors present in each recipient country (i.e. with reported assistance in at least one of the years studied) was 8 [range: 1 donor to 20 donors]. Eleven recipient countries had more than 15 donors over the study period: Nicaragua (20), Tanzania (20), Ethiopia (19), Kenya (17), Mozambique (17), Bangladesh (16), Cambodia (16), Democratic Republic of the Congo (16), Peru (16), Senegal (16), and Uganda (16).
- » When measured by magnitude of assistance received (the average share of total FP/RH assistance received over the study period), the top 10 recipient countries accounted for 29% of total assistance: India (8%), Bangladesh (4%), Nigeria (3%), Pakistan (3%), Afghanistan (2%), Tanzania (2%), Ethiopia (2%), Kenya (2%), Uganda (2%), and the Philippines (2%).
- » The largest donor varied by region. The U.S. was the largest donor in four regions: sub-Saharan Africa (26% of regional funding), North & Central America (31%), South America (39%), and Middle East (32%). UNFPA was the largest donor in two regions: North Africa (28%) and Far East Asia (34%). The E.U. was the largest donor in Europe (38%), while in South & Central Asia it was the U.K (26%), and in Oceania it was Australia (47%).

The large number of donors providing FP/RH assistance (36) was comparable to the number providing HIV assistance (37 donors) over the same time frame, and greater than the number providing assistance for malaria (27 donors) or tuberculosis (22 donors).¹⁸ This large number of donors and the geographic breadth of their assistance suggests that ensuring adequate communication with and coordination may be important in reducing administrative and opportunity costs faced by recipient countries, achieving additional efficiencies, and helping to foster country ownership by partner countries.^{19,20} Donor funding for FP/RH was also fairly concentrated among a small number of donors (although less so than for HIV, TB, or malaria), with the top five donors contributing approximately three-quarters of all FP/RH assistance worldwide. This indicates there may potential vulnerabilities in donor support for FP/RH activities should the scope and/or magnitude of funding commitments from these key donors change in the future.^{16,21,22}

As donors and recipient countries look forward to the future and seek to increase access to family planning and reproductive health services and contribute towards progress in meeting the Millennium Development Goals, it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in FP/RH.

FIGURE 1: NUMBER OF FP/RH DONORS IN EACH RECIPIENT COUNTRY, 2009-2011



INTRODUCTION

Family planning and reproductive health (FP/RH) programs provide services critical to the health of women worldwide, including increasing access to contraceptives, screening for breast and cervical cancer, information and services related to HIV and sexually transmitted disease prevention, testing and treatment, counseling and support for birth spacing, treatment for infertility and for complications related to unsafe abortion. The need for such services remains high, as more than 200 million women worldwide still have an unmet need for contraceptives,²³ while nearly 300,000 women die each year as a result of pregnancy-related complications.²⁴ As further indication the continuing importance of these programs, a goal of achieving universal access to reproductive health was included as a component of Millennium Development Goal 5 (MDG 5), which is focused on improving maternal health, although of all 8 MDGs, however, countries have made the least progress toward MDG 5.²⁵ More recently, Family Planning 2020 (FP2020), a global partnership of governments, civil society, multilateral organizations, donors, the private sector, and other organizations, is working to expand access to contraceptives to an additional 120 million women and girls in the world's poorest countries by the year 2020.²⁶

International FP/RH programs have their roots in the population programs that began in the 1950s and early 1960s.²⁷ The UN began to support such programs in 1966, eventually creating UNFPA, which became operational in 1969.²⁸ The U.S. launched its first FP program in 1965 and provided its first funding for international FP/RH programs in 1968, and has been an important donor since that time.²⁹ International policy moved away from a focus on population and began to emphasize the importance of such programs to the health of women and to meeting the basic human right to decide if and when to have children. The international population conference held in Cairo in 1994 is considered a key milestone in the field and the MDGs, FP 2020, and recent discussions related to the post-2015 agenda have helped solidify the importance of addressing FP/RH.

Over decades since the first international conference in 1974, international donor funding has gone through periods of growth and decline, but over the last decade donors have provided an increasing amount of assistance for international FP/RH programs; in 2002, donors provided an estimated \$0.9 billion in ODA for FP/RH programs but by 2011 this amount had doubled to approximately \$1.9 billion, with much of that growth coming after 2007.³⁰

As donor assistance for global health programs increased, concerns grew about issues of coordination, duplication of effort, and burdensome requirements on recipient countries.^{31,32,33,34} Such issues are seen as even more important now, as donors and recipients seek to streamline approaches to health assistance and achieve greater “value for money,” as well as foster greater transparency to support country ownership by partner countries.^{35,36,37,38} These concerns about donor coordination have extended to FP/RH programs as well.^{39,40,41,42,43,44}

This report maps the geographic donor landscape of FP/RH assistance based on analysis of the most recent available data, looking both at donor presence and magnitude of donor assistance. It is intended to serve as an easy-to-use information source and tool for policymakers and other stakeholders in both donor and recipient countries.

METHODS

This analysis uses data from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) database, the main source for comparable data across all major donors of international assistance. The data represents development assistance disbursements as reported to the OECD by donors for 2009, 2010, and 2011. Three consecutive years of data were used in order to smooth out potential reporting inconsistencies and to address the fact that, while a donor may report assistance in one year but not the subsequent year, it does not necessarily mean that the donor no longer has a presence in that recipient country (e.g. programs funded by a disbursement in one year may still be active several years after the disbursement is reported.) Data were extracted on January 6, 2014.

To assess the landscape of donor presence, we used two principal measures:

- » **Presence:** To measure the extent of donor geographic presence we calculated the *cumulative number of donors*, by identifying how many donors reported assistance in at least one of the three years studied. We also calculated the *cumulative number of recipients* by identifying the number of countries to which assistance was directed in at least one of the three years studied. We used cumulative presence rather than presence in any single year to smooth out reporting inconsistencies and to garner a more comprehensive view of donor provision of international assistance.
- » **Magnitude:** To measure the magnitude of donor assistance, we calculated an average annual disbursement for each donor over the three years studied (i.e. total disbursements over the period, divided by three). Using a three-year average reduces the influence of possible one-time fluctuations in funding and reporting. Data used to calculate average disbursements over the three year period are in real dollars in order to take into account inflation and exchange rate fluctuations.

The appendix tables at the end of the report provide summaries of both measures. “Heat maps” are used to present a visual representation of the scale of funding, in addition to donor presence.

Data represent “official development assistance” (ODA) as reported by donors to the OECD. The OECD defines ODA as assistance provided to low- and middle-income countries, as determined by per capita Gross National Income (GNI), excluding any assistance to countries that are members of the Group of Eight (G8) or the European Union (EU), including those with a firm date for EU admission. Assistance includes direct financial support as well as the provision of goods and services (e.g. technical assistance, in-kind contributions, etc.) and may be reported as ODA to the OECD if it is concessional in nature (i.e. includes a grant element).

Donors report both commitment and disbursement ODA data to the OECD. Disbursements reflect the actual transfer of funds or purchase of goods or services for a recipient country whereas a commitment represents a budgetary decision that funding will be provided regardless of the time at which the disbursement occurs. For the purposes of this analysis, disbursement rather than commitment data were used reflecting the actual available resources for FP/RH in a recipient country in a given year.

The CRS database includes data on ODA from 28 bilateral donor governments, including 26 members of the OECD Development Assistance Committee (DAC) and 2 non-DAC members (Kuwait and the United Arab Emirates), as well as 30 multilateral organizations.* Data for the European Commission (EC) represent funds from the European Union’s budget, as distinct from funding from its member state budgets (which are attributed to individual member assistance). The CRS database includes EC funding as part of the multilateral sector; for the purposes of this paper, the EC is considered a donor government rather than a multilateral organization.

Data in the CRS database include donor government bilateral disbursements only and do not include disbursements to multilateral organizations; disbursements by multilateral institutions are attributed to those institutions, not the originating donor government (where donor governments do specify such contributions for health and account for them as part of their bilateral budgets, they are included in their bilateral assistance totals). As such, FP/RH funding levels presented in this analysis may not match those reported by donor governments who include multilateral contributions in their totals.

This study uses data derived from subsectors of the OECD CRS “Population Policies/Programmes and Reproductive Health” sector to capture “family planning and reproductive health” assistance (see Table 2). With the exception of the U.S., all funding amounts associated with these subsectors were used to determine a donor government’s disbursements for FP/RH. In the case of the U.S., funding provided under the “Reproductive health care” (13020) subsector was not included due to the fact that the U.S. reports all of its maternal and child health (MCH) funding under this subsector while reporting all of its FP/RH funding under the “Family planning” (13030) subsector.⁴⁵

* DAC members: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Union (EU), Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, and United States. Poland, the Slovak Republic, and Slovenia became DAC members in the latter half of 2013; ODA from these donors is not yet available from the OECD CRS database.

Multilateral donors reporting to the DAC: African Development Bank (AfDB), African Development Fund (AfDF), Arab Fund for Economic and Social Development (AFESD), Asian Development Bank (AsDB), ASDB Special Funds, Arab Bank for Economic Development in Africa (BADEA), European Bank for Reconstruction and Development (EBRD), Global Alliance for Vaccines and Immunisation (GAVI), Global Environment Facility (GEF), Global Fund, International Bank for Reconstruction and Development (IBRD), International Development Association (IDA), Inter-American Development Bank (IDB), IDB Sp. Fund, International Fund for Agricultural Development (IFAD), International Monetary Fund (IMF), Isl. Development Bank, Nordic Development Bank, OPEC Fund for International Development (OFID), OSCE, UNAIDS, UNDP, UNECE, UNFPA, UNHCR, UNICEF, UNPBF, UNRWA, WFP, and WHO.

TABLE 2. OECD CREDIT REPORTING SYSTEM (CRS) DATABASE SECTOR AND SUB-SECTOR USED IN THIS REPORT

DAC CODE	CRS CODE	DESCRIPTION	CLARIFICATIONS / ADDITIONAL NOTES ON COVERAGE
130		POPULATION POLICIES/ PROGRAMMES AND REPRODUCTIVE HEALTH	
	13010	Population policy and administrative management	Population/development policies; census work, vital registration; migration data; demographic research/analysis; reproductive health research; unspecified population activities.
	13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
	13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
	13081	Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.

The Africa, America, and Asia regions each have “regional funding” amounts reported in the DAC separate from the country-specific funding amounts; these regional funds are included in the totals where appropriate.

It is important to note that there are inherent limitations associated with using the OECD CRS database. First, the database does not include all countries that receive international assistance. Additionally, the CRS database reflects donor reported ODA commitments and disbursements categorized in DAC defined sectors and sub-sectors, and therefore, depends on each member government’s interpretation of these sector and sub-sector codes. Due to this donor-driven method of data reporting, the CRS database may not include funding for FP/RH programs provided under a larger funding envelope (e.g. where FP/RH is a component of a broader program listed under a different CRS sector or sub-sector). This report, however, is not meant to be an analysis of specific donor activities and is not an assessment of the use of these funds; it provides an analysis of the “presence” and “magnitude” of donor assistance for FP/RH as reported by the DAC members based on the CRS sector and subsector codes.

FINDINGS

DONORS

The donor landscape for FP/RH is varied and complex, with multiple donors providing assistance to many different regions and countries. Looking at donors across the most recent three-year period with available data (2009-2011), we found that 36 donors (27 bilateral and 9 multilateral) provided assistance for FP/RH to 147 low- and middle-income countries in 9 different regions in at least one of the three years (see Boxes 1 and 2). These donors averaged \$1.8 billion in FP/RH assistance per year over this time period (see Table 3; additional details on donors and recipients are provided in Appendices 1-9).^{†‡} Most FP/RH funding was directed to regions and countries with high unmet need for family planning.

BOX 1. DONORS IN DAC DATABASE REPORTING FP/RH ASSISTANCE IN 2009, 2010, AND/OR 2011

BILATERAL	MULTILATERAL
Australia	African Development Fund (AfDF)
Austria	Inter-American Development Bank (IDB)
Belgium	OPEC Fund for Int'l Development (OFID)
Canada	UN Development Programme (UNDP)
Czech Republic	UN Economic Commission for Europe (UNECE)
Denmark	UNFPA
European Union (EU)	UNICEF
Finland	WHO
France	World Bank
Germany	
Iceland	
Ireland	
Italy	
Japan	
Korea	
Luxembourg	
Netherlands	
New Zealand	
Norway	
Portugal	
Spain	
Sweden	
Switzerland	
United Kingdom	
United States	
<i>Non-DAC Donors:</i>	
Kuwait	
United Arab Emirates	

BOX 2. OECD REGIONAL DESIGNATIONS

This report uses nine regional designations as defined by the OECD.

NOTE: Some donor funding is provided to regional funds only, or is uncategorized by region or recipient country. Regional and uncategorized amounts are included in global totals, but are not included in country-specific figures.

REGIONS

North Sahara

South Sahara

Africa Regional

North & Central America

South America

America, regional

Middle East

Far East Asia

South & Central Asia

Asia, regional

Europe

Europe, regional

Oceania

Oceania, regional

[†] Note: 25 of the 29 DAC members reported providing ODA for FP/RH at some point between 2009 and 2011 (Poland, the Slovak Republic, and Slovenia became DAC members in the latter half of 2013; ODA from these donors is not yet available from the DAC CRS database); there are 30 multilateral donors that report to the DAC, but only 9 reported providing ODA for FP/RH between 2009 and 2011; there were 2 non-DAC donors (Kuwait and the United Arab Emirates) that reported providing ODA at some point between 2009 and 2011, both countries reported providing ODA for FP/RH during that period.

[‡] For additional information about donor assistance for family planning, see the KFF report, *Donor Government Assistance for Family Planning in 2012 (released November 2013)*. Available at: <http://kff.org/global-health-policy/report/donor-government-assistance-for-family-planning-in-2012/>.

Donors provided assistance to an average of 31 recipient countries (i.e. number of recipients receiving assistance in at least one of the three years studied). Multilateral donors provided assistance to a higher average number of recipient countries (40) than bilateral donors (29).

The five donors with the greatest presence, as measured by number of recipient countries, were: UNFPA (119), the UNICEF (113), Japan (99), Canada (92), and the World Health Organization (WHO, 82). However, when measured by magnitude of assistance provided (as a share of annual average funding between 2009 and 2011), the five donors providing the greatest amount of assistance were: the U.S. (29%), UNFPA (19%), the U.K (13%), the Netherlands (6%), and the World Bank (5%).

RECIPIENTS

Recipient countries typically received FP/RH assistance from multiple different donors. Looking at recipients of FP/RH assistance over the period 2009-2011, we found that the average number of donors providing FP/RH assistance in each recipient country was 8 (range: 1 donor to 20 donors). Of the 147 countries receiving assistance, 11 recipient countries had more than 15 donors over the study period: Nicaragua (20), Tanzania (20), Ethiopia (19), Kenya (17), Mozambique (17), Bangladesh (16), Cambodia (16), Democratic Republic of the Congo (16), Peru (16), Senegal (16), and Uganda (16).

When measured by magnitude, the top 10 recipient countries accounted for 29% of total assistance: India (8%), Bangladesh (4%), Nigeria (3%), Pakistan (3%), Afghanistan (2%), Tanzania (2%), Ethiopia (2%), Kenya (2%), Uganda (2%), and the Philippines (2%).

FIGURE 2: COUNTRIES WITH MORE THAN 15 DONORS, 2009-2011

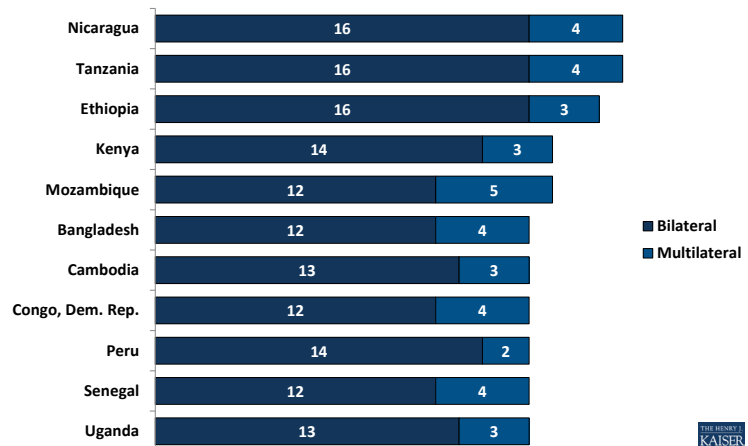


FIGURE 3: SHARE OF DONOR FUNDING FOR FP/RH, BY REGION, 2009-2011

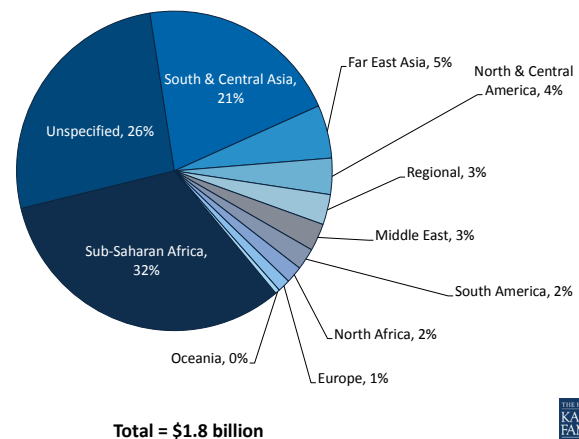
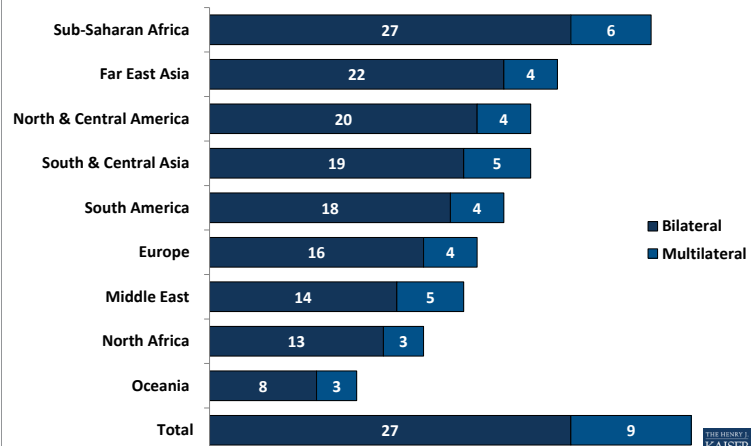


FIGURE 4: TOTAL NUMBER OF DONORS, BY REGION, 2009-2011



Looking regionally, on average, each donor gave assistance to five of the nine regions. Five of the 36 donors were present in all nine regions: Canada, France, Japan, UNFPA, and UNICEF.

Donor presence was spread broadly across many regions over the study period. Sub-Saharan Africa had the greatest number of donors of any region (33 of 36), followed by Far East Asia (26), North & Central America (24), and South & Central Asia (24). Sub-Saharan Africa also received the greatest share of assistance of any region (32%). The next highest regional amount went to South & Central Asia (21%). It is worth noting that Donors provided more than one quarter (26%) of FP/RH assistance without specifying any region or country. (See Figure 3 and Table 3).

In each region, the majority of assistance (63% or more) was provided through bilateral channels (Figure 5). Four regions—Oceania, the Middle East, North & Central America, North Africa—received more than 70% of assistance through bilateral channels.

A full listing of funding amounts by country, and the percent of a country’s funds contributed by each donor, is presented in the appendix tables at the end of this report.

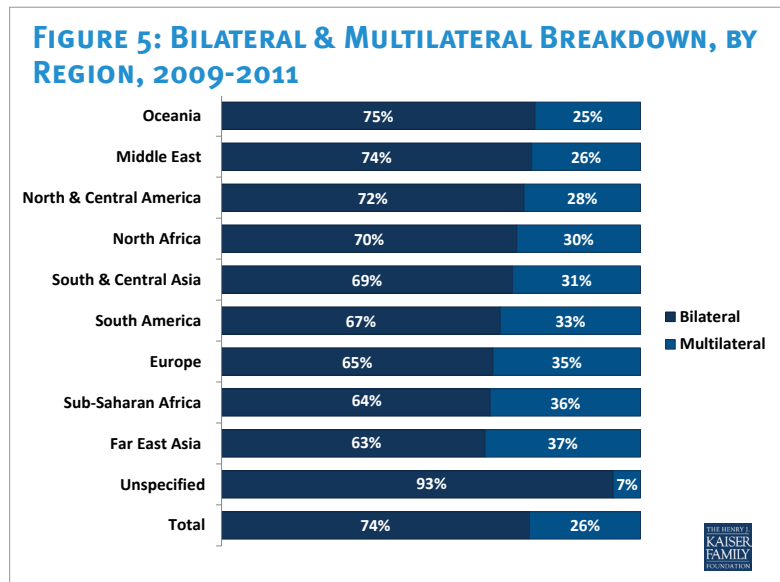


TABLE 3. OVERVIEW OF FP/RH ASSISTANCE BY REGION AND DONOR, 2009-2011

Recipients	All Donors	Percent of Total	EU Institutions										DAC Countries												
			Australia	Austria	Belgium	Canada	Czech Republic	Denmark	Finland	France	Germany	Iceland	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	New Zealand	Norway	Portugal	Spain	Sweden	Switzerland	United Kingdom
Europe Total	22.55	1%	-	1%	0%	1%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	3%	0%	15%
Africa Total	617.40	35%	1%	0%	1%	3%	0%	0%	2%	2%	2%	0%	2%	0%	0%	3%	0%	0%	3%	0%	4%	1%	0%	12%	25%
Africa Regional	20.89	1%	2%	-	-	-	8%	-	8%	11%	-	-	1%	-	-	-	-	3%	-	31%	2%	-	24%	-	
North Africa Total	30.12	2%	-	-	1%	0%	-	1%	2%	2%	-	1%	2%	0%	-	-	-	0%	-	11%	2%	-	-	-	
Sub-Saharan Africa Total	566.40	32%	1%	0%	1%	3%	0%	0%	2%	2%	2%	0%	2%	0%	3%	0%	0%	3%	0%	3%	1%	0%	13%	26%	
America Total	119.64	7%	0%	0%	0%	6%	-	0%	3%	2%	0%	0%	4%	1%	0%	2%	-	0%	0%	14%	0%	0%	0%	31%	
America Regional	16.88	1%	-	-	-	5%	-	-	-	-	-	-	-	-	-	-	-	-	-	31%	-	-	-	46%	
North & Central America Total	64.30	4%	0%	0%	0%	10%	-	0%	3%	3%	2%	1%	0%	5%	1%	0%	3%	0%	12%	1%	0%	0%	31%	72%	
South America Total	38.45	2%	0%	0%	0%	1%	-	1%	5%	0%	3%	0%	2%	0%	0%	0%	0%	0%	10%	-	0%	0%	0%	39%	
Asia Total	523.72	30%	5%	0%	0%	7%	-	0%	3%	0%	0%	0%	3%	0%	0%	0%	2%	0%	1%	1%	1%	1%	19%	25%	
Asia Regional	15.94	1%	-	-	7%	-	1%	-	6%	1%	-	1%	-	0%	-	-	-	-	10%	-	-	-	5%	9%	
Far East Asia Total	94.37	5%	17%	0%	0%	0%	0%	2%	0%	0%	0%	3%	0%	1%	5%	0%	1%	0%	0%	0%	0%	3%	3%	26%	
South & Central Asia Total	364.82	21%	3%	0%	0%	1%	-	0%	2%	0%	0%	7%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	26%	25%	
Middle East Total	48.60	3%	1%	0%	-	0%	-	0%	1%	0%	1%	8%	-	1%	8%	-	9%	-	4%	-	-	-	1%	32%	
Oceania Total	8.11	0%	47%	-	-	0%	-	-	0%	-	-	0%	-	1%	4%	-	-	-	-	-	-	-	22%	-	
Recipients Total	1752.24	100%	3%	0%	0%	2%	0%	0%	1%	1%	3%	0%	0%	0%	3%	0%	6%	0%	2%	0%	3%	2%	0%	13%	29%
Unspecified	460.83	26%	2%	0%	0%	0%	-	2%	3%	1%	1%	1%	0%	0%	3%	0%	1%	17%	0%	2%	5%	0%	14%	39%	

Recipients	ATDF	IDA	IDB Sp-Fund	Multilateral										Kowait (KFAED)	UAE	Non-DAC Countries
				OFID	UNDP	UNICEF	UNFPA	UNICEF	WHO	Total						
Europe Total	1%	6%	-	-	0%	-	0%	32%	1%	2%	-	35%	0%	0%	0%	
Africa Total	0%	0%	-	0%	-	0%	-	26%	2%	1%	-	35%	0%	0%	0%	
Africa Regional	-	-	-	-	-	-	-	0%	0%	17%	-	17%	-	-	-	
North Africa Total	-	-	-	-	-	-	-	26%	1%	0%	-	30%	-	-	-	
Sub-Saharan Africa Total	3%	5%	-	0%	0%	0%	0%	26%	2%	1%	-	36%	0%	0%	0%	
America Total	1%	0%	-	0%	0%	0%	0%	30%	1%	2%	-	33%	-	-	-	
America Regional	-	-	-	-	-	-	-	41%	1%	0%	-	54%	-	-	-	
North & Central America Total	2%	0%	-	0%	0%	0%	0%	25%	1%	13%	-	28%	-	-	-	
South America Total	1%	0%	-	0%	0%	0%	0%	32%	1%	1%	-	33%	-	-	-	
Asia Total	10%	-	-	0%	0%	0%	0%	20%	2%	1%	-	32%	-	-	-	
Asia Regional	-	-	-	-	-	-	-	61%	0%	-	-	61%	-	-	-	
Far East Asia Total	2%	0%	-	-	-	-	-	34%	1%	0%	-	37%	-	-	-	
South & Central Asia Total	13%	-	-	0%	0%	0%	0%	15%	2%	1%	-	31%	-	-	-	
Middle East Total	-	1%	-	0%	-	-	-	24%	1%	0%	-	25%	-	-	-	
Oceania Total	0%	5%	0%	0%	0%	0%	0%	19%	1%	1%	-	26%	0%	0%	0%	
Unspecified	-	-	-	-	-	-	-	5%	0%	2%	-	7%	-	-	-	

LEGEND:

- Less than \$1 million
- Between \$1 and \$2.5 million
- Between \$2.5 and \$5 million
- Between \$5 and \$10 million
- Between \$10 and \$20 million
- More than \$20 million

Note: Funding levels are based on the average amount of FP/RH assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.

REGIONAL LANDSCAPE

This section reviews the donor landscape by region in more detail. Full details by region are available in the appendix tables at the end of this report.

Africa: Sub-Saharan Africa

Sub-Saharan Africa (SSA) had the greatest number of recipient countries of any region, with 50 (though it also had the greatest overall number of countries of any region). It received the largest share of assistance (32% of global FP/RH funding) and also had the largest number of donors (33, including 27 bilateral donors and 6 multilateral donors).

The five countries accounting for the largest share of funding in SSA were: Nigeria (9% of SSA total, from 15 donors), Tanzania (6%, from 20 donors), Ethiopia (6%, from 19 donors), Kenya (6%, from 17 donors), and Uganda (6%, from 16 donors). Twenty-three SSA countries received assistance from 10 or more donors, while 11 received assistance from 15 or more donors.

The top five donors in the region accounted for nearly three-quarters of total FP/RH assistance to the region: the U.S. (26%), UNFPA (26%), the U.K. (12%), the World Bank (6%), and the E.U. (4%). All other donors accounted for 26% of regional funding.

Africa: North Africa

With only 5 countries, North Africa was the region with the smallest number of recipient countries. These countries together received 2% of global FP/RH assistance from a total of 16 donors (13 bilateral and 3 multilateral).

Among the 5 North African countries, the largest share of assistance went to Egypt (40% of regional total, from 14 donors), followed by Morocco (22%, from 10 donors), Libya (10%, from 2 donors), Tunisia (5%, from 8 donors), and Algeria (2%, from 4 donors). Donors provided 21% of funding regionally without specifying a recipient country.

UNFPA was the largest donor in the region (providing 28% of assistance), followed by the U.S. (22%), the E.U. (22%), Spain (11%), and Japan (5%).

America: North & Central America

There were 21 recipient countries in the North & Central America region. There were 24 different donors present in the region (20 bilateral and 4 multilateral), and the region received 4% of all FP/RH assistance.

The largest share of assistance within the region went to Haiti (28% of regional total, from 12 donors), followed by the Nicaragua (18%, from 20 donors), Guatemala (18%, from 13 donors), Honduras (11%, from 9 donors), and El Salvador (7%, from 8 donors).

The U.S. was the largest donor in the region (providing 31% of assistance), followed by UNFPA (25%), Spain (12%), Canada (10%), and Japan (5%).

America: South America

There were 12 recipient countries in the South America region. There were 22 different donors present in the region (18 bilateral and 4 multilateral), and the region received 2% of all FP/RH assistance.

The largest share of assistance within the region went to Bolivia (31% of regional total, from 11 donors), followed by Peru (26%, from 16 donors), Paraguay (14%, from 8 donors), Brazil (6%, from 10 donor), and Colombia (6%, from 7 donors).

The top five donors in the region provided nearly 90% of assistance: the U.S. (39%), UNFPA (32%), Spain (10%), the E.U. (5%), and Japan (3%). The other 17 donors accounted for 11% of FP/RH assistance in the region. Four countries in the region had 10 or more donors.

Asia: Far East Asia

There were 11 recipient countries in the Far East Asia region. There were 26 different donors present in the region (22 bilateral and 4 multilateral), and the region received 5% of all FP/RH assistance.

The largest share of assistance within the region went to the Philippines (29% of regional total, from 12 donors), followed by Cambodia (20%, from 16 donors), Indonesia (19%, from 11 donors), Timor-Leste (8%, from 9 donors), and Vietnam (8%, from 13 donors).

The largest donor in the region was UNFPA (giving 34% of assistance), followed by the U.S. (26%), Australia (17%), Japan (5%), and the U.K. (3%). Six countries in this region had 10 or more donors: Cambodia (16), Laos (15), Vietnam (13), the Philippines (12), Indonesia (11), and Thailand (10).

Asia: Middle East

There were 8 recipient countries in the Middle East region, which received assistance from 19 different donors (14 bilateral and 5 multilateral). The region received 3% of all FP/RH assistance.

The largest share of assistance within the region went to Jordan (34% of regional total, from 11 donors), followed by Yemen (33%, from 10 donors), West Bank & Gaza Strip (13%, from 12 donors), Syria (6%, from 4 donors), and Iraq (5%, from 5 donors).

The largest donor in the region was the U.S. (giving 32% of assistance), followed by UNFPA (24%), the Netherlands (9%), Germany (8%), and Japan (8%). Four countries in this region had 10 or more donors: West Bank & Gaza Strip (12), Jordan (11), Lebanon (11), and Yemen (10).

Asia: South & Central Asia

There were 17 recipient countries in the South-Central Asia region. The region received the second largest share of assistance (21% of global FP/RH funding) and had 24 donors present (19 bilateral and 5 multilateral).

The largest share of assistance within the region went to India (40% of regional total, from 15 donors), followed by Bangladesh (19%, from 16 donors), Pakistan (12%, from 14 donors), Afghanistan (12%, from 15 donors), and Nepal (5%, from 15 donors).

The U.K. was the largest donor in the region (giving 26% of assistance), followed by the U.S. (25%), UNFPA (15%), the World Bank (13%), and Germany (7%). Six countries in the region had 10 or more donors.

Europe

There were 10 recipient countries in the European region. The region received 1% of global FP/RH assistance from 20 donors (16 bilateral and 4 multilateral). Serbia received the largest share of the assistance given to the region (28%, from 6 donors), followed by Ukraine (12%, from 7 donors), Albania (9%, from 10 donors), Moldova (9%, from 9 donors), and Kosovo (6%, from 7 donors). Donors provided 21% of funding regionally without specifying a recipient country.

The largest donor in the region was the E.U. (giving 38% of assistance), followed by UNFPA (32%), the U.S. (15%), Switzerland (3%), and WHO (2%). Albania was the only country in the region with 10 donors.

Oceania

There were 13 recipient countries in the Oceania region. The region received less than 1% of global FP/RH assistance from a total of 11 donors (8 bilateral and 3 multilateral). Papua New Guinea accounted for the largest share of assistance to the region (79%, from 10 donors), followed by the Solomon Islands (4%, from 6 donor), Kiribati (2%, from 3 donors), and Vanuatu (2%, from 4 donors). All other recipient countries received less than 1% and donors provided 13% of funding regionally without specifying a recipient country.

The largest donor in the region was the Australia (giving 47% of assistance), followed by UNFPA (23%), New Zealand (22%), Japan (4%), and UNICEF (2%). Papua New Guinea was the only country in the region with 10 donors.

CONCLUSIONS

The donor landscape for FP/RH is varied and complex. The growth in donor support over the last decade has reflected an increased emphasis on ensuring better access to FP/RH services and contributing to improved maternal health. This study found that between 2009 and 2011, 36 donors (27 bilateral and 9 multilateral) provided FP/RH assistance to 147 different countries across nine regions. The number of donors to FP/RH was significantly greater than the number of TB (22) and malaria (27) donors, and on almost has high as the number of HIV donors (37). Donors to FP/RH spread their assistance broadly, giving to an average of 5 different regions and 31 different countries.

When measured by magnitude of assistance, donor support for FP/RH was concentrated among a few donors, although less so than for HIV/AIDS, TB, and malaria donor assistance.⁴⁶ The top five donors, the U.S. (29%), UNFPA (19%), the U.K (13%), the Netherlands (6%), and the World Bank (5%), accounted for nearly three-quarters of all FP/RH assistance over the period.

The large number of donors and the geographic breadth of their assistance suggest that ensuring adequate communication with and coordination among multiple donors may be important in reducing administrative and opportunity costs faced by recipient countries and achieving greater efficiencies with FP/RH assistance. In addition, the concentration of FP/RH assistance among a small group donors points to potential vulnerabilities should the scope and/or magnitude of their funding commitments change in the future.

From a recipient country perspective, each recipient country received aid from an average of 8 different donors over this period, though the number varied significantly across countries (see map in Figure 1). Forty-one recipient countries had more than 10 donors present, including 11 recipient countries with more than 15 donors. These data suggest that ensuring recipient countries themselves have access to information about donors working in their countries on FP/RH is an important ingredient to achieving greater efficiencies and promoting country ownership.

As donors and recipient countries look forward to the future and seek to achieve ambitious goals such as universal access to reproductive health outlined in MDG 5, and the FP2020 goal of expanding access to contraceptives to an additional 120 million women and girls in the world's poorest countries by 2020,⁴⁷ it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in support of FP/RH.

APPENDIX TABLE 1. SUB-SAHARAN AFRICA REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Australia	Austria	Belgium	Canada	Czech Republic	Denmark	EU Institutions	Finland	France	Germany	Iceland	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	New Zealand	Norway	Portugal	Spain	Sweden	Switzerland	United Kingdom	United States	DC Countries	AIDF	IDA	UNDP	UNFPA	UNICEF	WHO	Multilateral Total	Kimberly (KFS&D)	New DAC Countries (AIE)	Number of Donors
Angola	7.04	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31%	-	-	9		
Benin	8.45	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	61%	-	-	12	
Burkina Faso	2.58	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1%	-	-	2		
Burundi	7.32	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77%	-	-	15		
Cameroon	6.69	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36%	-	-	12		
Cape Verde	2.50	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	97%	-	-	5		
Central African Rep.	3.41	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	5		
Chad	5.22	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43%	-	-	5		
Comoros	1.24	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2%	-	-	5		
Conogo Dem. Rep.	25.12	4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43%	-	-	16		
Conogo Rep.	2.42	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1%	-	-	8		
Costa Rica	1.42	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1%	-	-	1		
Dahomey	1.19	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%	-	-	5		
Dominican Republic	1.19	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%	-	-	5		
Dominican Republic	1.19	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%	-	-	5		
Ecuador	1.19	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%	-	-	5		
Eritrea	3.14	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75%	-	-	6		
Ethiopia	33.93	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20%	-	-	19			
Ghana	1.35	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	-	6		
Gambia	1.34	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21%	-	-	5		
Ghana	21.02	4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9%	-	-	7		
Guinea	9.54	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4%	-	-	7		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		
Guinea-Bissau	31.28	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	-	-	17		

APPENDIX TABLE 2. NORTH AFRICA (NORTH SAHARA) REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	EU Institutions											UNFPA	UNICEF	WHO	Multilateral Total	Number of Donors						
			Belgium	Canada	Denmark	Finland	France	Germany	Ireland	Italy	Japan	Korea	Luxembourg						Netherlands	Norway	Spain	Sweden	Switzerland	DAC Countries
Algeria	0.57	2%	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	76%	4%	-	-	80%	4
Egypt	12.13	40%	-	1%	2%	-	0%	3%	1%	2%	7%	0%	-	19%	-	-	-	-	22%	2%	0%	-	24%	14
Libya	2.91	10%	-	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	0%	2
Morocco	6.58	22%	3%	0%	-	-	9%	6%	10%	2%	6%	-	-	34%	-	-	-	-	29%	1%	-	-	30%	10
Tunisia	1.51	5%	-	-	-	-	31%	4%	-	1%	8%	-	-	7%	-	-	-	-	48%	2%	0%	-	50%	8
North of Sahara, regional	6.42	21%	-	0%	-	-	43%	-	3%	2%	5%	0%	-	13%	-	-	-	-	44%	-	-	-	44%	4
North Africa Total	30.12	100%	1%	2%	1%	4%	22%	3%	2%	1%	5%	0%	2%	11%	22%	0%	70%	28%	1%	0%	0%	30%	56%	16
Number of Recipient Countries	5	-	1	2	1	1	4	4	2	2	3	3	1	1	3	1	5	4	4	4	3	3	5	-

APPENDIX TABLE 3. NORTH/CENTRAL AMERICA REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	DAC Countries																		UNFPA	UNICEF	WHO	Multilateral Total	Number of Donors		
			Australia	Austria	Belgium	Canada	Denmark	EU Institutions	Finland	France	Germany	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	Norway	Spain	Sweden						Switzerland	DAC Countries
Antigua and Barbuda	0.00	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Barbados	0.01	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Belize	0.04	0%	-	-	-	10%	-	-	-	-	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Costa Rica	0.65	1%	-	-	-	0%	-	-	-	-	-	-	-	-	1%	-	-	-	-	-	-	-	-	-	-	-	3
Cuba	0.77	1%	-	-	-	0%	-	-	-	-	-	-	-	-	2%	-	-	-	-	-	-	-	-	-	-	-	3
Dominica	0.01	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Dominican Republic	3.38	5%	-	-	-	10%	-	-	-	-	1%	6%	-	-	8%	-	-	-	-	-	-	-	-	-	-	-	8
El Salvador	4.46	7%	-	-	-	3%	-	-	-	-	1%	1%	-	-	30%	-	-	-	-	-	-	-	-	-	-	-	8
Grenada	0.05	0%	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Guatemala	11.78	18%	-	0%	1%	4%	4%	1%	1%	5%	3%	3%	3%	3%	17%	3%	-	-	-	-	-	-	-	-	-	-	13
Haiti	17.95	28%	0%	1%	31%	2%	2%	1%	1%	0%	0%	0%	0%	0%	32%	0%	-	-	-	-	-	-	-	-	-	-	12
Honduras	6.75	11%	0%	-	0%	0%	0%	0%	0%	0%	24%	-	-	-	14%	-	-	-	-	-	-	-	-	-	-	-	9
Jamaica	0.18	0%	-	-	-	1%	-	-	-	-	-	-	-	-	51%	-	-	-	-	-	-	-	-	-	-	-	4
Mexico	2.52	4%	-	-	-	-	-	-	-	-	8%	-	-	-	7%	-	-	-	-	-	-	-	-	-	-	-	6
Montserrat	0.00	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Nicaragua	11.81	18%	-	1%	2%	0%	2%	19%	0%	0%	1%	4%	1%	1%	14%	2%	-	-	-	-	-	-	-	-	-	-	20
Panama	0.89	1%	-	-	-	-	9%	-	-	-	4%	5%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
St. Kitts-Nevis	0.00	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
St. Lucia	0.01	0%	-	-	-	29%	-	-	-	-	-	71%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
St. Vincent & Grenadines	0.06	0%	-	-	-	15%	-	-	-	-	-	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Trinidad and Tobago	0.00	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
West Indies, regional	0.22	0%	-	-	-	53%	-	-	-	-	-	-	-	-	21%	-	-	-	-	-	-	-	-	-	-	-	3
North & Central America, regional	2.75	4%	-	0%	-	0%	12%	-	3%	3%	1%	0%	0%	11%	2%	-	-	-	-	-	-	-	-	-	-	-	7
North & Central America Total	64.30	100%	0%	0%	0%	10%	3%	3%	2%	1%	0%	5%	1%	0%	12%	1%	0%	31%	72%	2%	0%	25%	1%	28%	24		
Number of Recipient Countries	21	-	2	2	3	18	1	5	1	3	3	1	2	2	1	9	2	2	7	21	4	1	10	11	14	-	

Note: Funding levels are based on the average amount of FP/RH assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.

LEGEND:

- Less than \$1 million
- Between \$1 and \$2.5 million
- Between \$2.5 and \$5 million
- Between \$5 and \$10 million
- Between \$10 and \$20 million
- More than \$20 million

APPENDIX TABLE 4. SOUTH AMERICA REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	EU Institutions											United States	United Kingdom	Switzerland	Spain	Netherlands	Portugal	Sweden	DAC Countries	IDA	UNDP	UNFPA	UNICEF	WHO	Multilateral Total	Number of Donors	
			Australia	Austria	Belgium	Canada	Denmark	Finland	France	Germany	Italy	Japan	Korea																Luxembourg
Argentina	1.02	3%	-	-	0%	-	11%	-	8%	-	0%	-	-	-	2%	-	-	-	-	-	-	21%	-	3%	72%	5%	-	79%	9
Bolivia	12.08	31%	0%	-	0%	1%	4%	5%	3%	-	6%	-	-	-	6%	-	-	-	-	-	-	85%	-	-	14%	0%	-	15%	11
Brazil	2.35	6%	-	-	0%	-	6%	-	17%	0%	2%	7%	-	-	2%	0%	-	-	-	-	-	33%	-	-	67%	-	-	67%	10
Chile	0.40	1%	-	-	1%	0%	-	-	42%	-	-	-	-	-	-	-	-	-	-	-	-	42%	-	-	58%	-	-	58%	4
Colombia	2.25	6%	-	-	4%	-	1%	-	-	-	2%	-	-	-	10%	-	-	-	-	-	-	16%	-	-	82%	2%	-	84%	7
Ecuador	1.60	4%	-	-	10%	0%	-	-	-	1%	4%	2%	-	-	11%	2%	-	-	-	-	-	31%	-	-	65%	4%	-	69%	10
Guyana	0.36	1%	-	-	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1%	-	-	-	18%	-	99%	3
Paraguay	5.28	14%	0%	0%	0%	0%	2%	0%	0%	1%	3%	8%	0%	0%	31%	-	-	-	-	-	-	79%	-	0%	20%	1%	21%	8	
Peru	9.89	26%	0%	0%	0%	-	-	-	-	-	-	-	-	-	11%	-	-	-	-	-	-	79%	-	-	20%	0%	21%	16	
Suriname	0.12	0%	-	-	3%	-	-	-	-	-	-	-	-	-	97%	-	-	-	-	-	-	100%	-	-	-	-	-	-	2
Uruguay	0.86	2%	-	-	0%	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	-	5%	-	-	93%	2%	-	95%	5
Venezuela	1.56	4%	-	-	20%	-	-	-	-	-	1%	-	-	-	0%	-	-	-	-	-	-	21%	-	-	79%	0%	-	79%	4
South America, regional	0.69	2%	-	-	33%	1%	1%	5%	0%	3%	0%	1%	3%	2%	0%	10%	0%	-	-	-	67%	1%	0%	32%	1%	-	33%	22	
South America Total	38.45	100%	0%	0%	1%	4%	11%	1%	6%	1%	5%	3%	4%	8%	2%	1%	8%	2%	1%	1%	12%	1%	0%	32%	1%	-	33%	3	
Number of Recipient Countries	12	-	3	1	4	11	1	6	1	5	3	4	8	2	1	8	2	2	2	4	4	12	1	2	10	9	11	-	-

APPENDIX TABLE 5. FAR EAST ASIA, FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	EU Institutions											United States	United Kingdom	Switzerland	Spain	Portugal	Sweden	DAC Countries	IDA	UNDP	UNFPA	UNICEF	WHO	Multilateral Total	Number of Donors		
			Australia	Austria	Belgium	Canada	Denmark	France	Germany	Italy	Japan	Korea	Luxembourg															Netherlands	Norway
Cambodia	18.94	20%	0%	-	0%	1%	1%	4%	0%	12%	-	1%	5%	0%	-	-	-	-	-	-	-	77%	-	22%	1%	0%	23%	16	
China	3.92	4%	2%	-	0%	-	-	-	-	0%	-	3%	-	-	-	-	-	-	-	-	-	10%	-	77%	8%	4%	90%	7	
Indonesia	18.30	19%	52%	-	0%	-	0%	-	0%	-	2%	-	-	-	-	-	-	-	-	-	-	68%	-	30%	1%	0%	32%	11	
Korea, Dem. Rep.	1.34	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	83%	17%	0%	100%	4	
Laos	4.08	4%	0%	0%	0%	0%	2%	4%	0%	6%	23%	3%	-	-	3%	-	-	-	-	-	-	44%	-	14%	41%	0%	0%	56%	15
Malaysia	0.41	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25%	-	99%	0%	1%	100%	2	
Mongolia	2.81	3%	0%	-	-	-	-	-	5%	-	9%	0%	10%	-	-	-	-	-	-	-	-	25%	-	74%	0%	1%	75%	8	
Philippines	27.03	29%	14%	-	0%	2%	2%	0%	0%	0%	4%	0%	1%	-	1%	-	-	-	-	-	-	80%	-	20%	0%	0%	20%	12	
Thailand	2.41	3%	5%	-	2%	0%	17%	3%	-	0%	4%	0%	-	-	0%	-	-	-	-	-	-	29%	-	70%	1%	0%	71%	10	
Timor-Leste	7.62	8%	32%	0%	-	3%	-	0%	0%	2%	0%	2%	0%	1%	-	-	-	-	-	-	61%	-	39%	-	0%	0%	39%	9	
Vietnam	7.38	8%	1%	-	2%	0%	-	0%	2%	-	7%	-	8%	10%	0%	-	-	-	-	-	-	31%	-	13%	56%	0%	0%	69%	13
Vietnam, regional	0.12	0%	-	-	42%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	-	-	2	
Far East Asia Total	94.37	100%	17%	0%	0%	0%	6%	2%	0%	3%	0%	1%	5%	0%	1%	1%	1%	1%	1%	1%	10%	63%	2%	34%	1%	0%	37%	26	
Number of Recipient Countries	11	-	9	1	3	7	1	6	4	6	1	3	9	5	2	2	2	2	1	1	5	10	2	11	9	11	11	-	-

Note: Funding levels are based on the average amount of FP/RH assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.

LEGEND:

- Less than \$1 million
- Between \$1 and \$2.5 million
- Between \$2.5 and \$5 million
- Between \$5 and \$10 million
- Between \$10 and \$20 million
- More than \$20 million

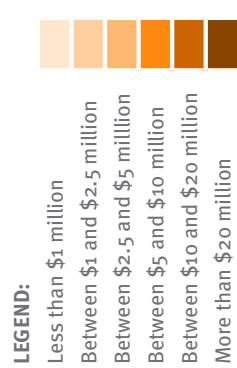
APPENDIX TABLE 6. SOUTH & CENTRAL ASIA, FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors												Percent of Total	DAC Countries												Number of Donors						
	Australia	Austria	Belgium	Canada	Denmark	EU Institutions			Finland	France	Germany	Iceland		Japan	Korea	Netherlands	Norway	Spain	Sweden	Switzerland	United Kingdom	United States										
Afghanistan	43.74	0%	0%	2%	0%	1%	0%	0%	3%	0%	0%	3%	0%	0%	1%	0%	0%	0%	0%	0%	74%	83%	-	-	-	-	14%	3%	0%	17%	15	
Armenia	3.63	-	-	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	65%	84%	-	-	-	-	15%	1%	0%	16%	8	
Azerbaijan	3.09	-	-	0%	0%	18%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	51%	69%	-	-	-	-	4%	0%	3%	31%	7	
Bangladesh	70.42	7%	0%	4%	0%	4%	24%	0%	0%	2%	0%	0%	0%	2%	0%	0%	0%	0%	0%	10%	16%	75%	13%	-	-	13%	10%	1%	0%	29%	16	
Bhutan	0	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	66%	9%	-	-	11%	0%	21%	2%	0%	99%	5
Georgia	3.33	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	44%	66%	11%	-	-	0%	3%	1%	0%	34%	8	
India	146.75	0%	0%	0%	0%	40%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	53%	12%	66%	23%	-	-	0%	2%	1%	0%	34%	15	
Kazakhstan	1.18	-	-	0%	0%	44%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	4%	46%	6%	-	-	52%	2%	0%	54%	4		
Kyrgyz Republic	1.45	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	18%	37%	0%	-	-	87%	1%	11%	100%	3		
Maldives	0.53	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-	-	-	0%	0%	0%	0%	0%	5	
Myan mar	7.81	15%	0%	0%	2%	1%	18%	0%	6%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	42%	42%	0%	-	-	48%	0%	1%	58%	11		
Nepal	19.74	2%	0%	0%	0%	2%	1%	10%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	25%	36%	81%	0%	-	-	18%	1%	0%	19%	15		
Pakistan	44.18	5%	2%	0%	0%	2%	0%	6%	0%	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%	11%	37%	74%	0%	-	-	22%	4%	0%	26%	14		
Sri Lanka	7.48	1%	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	53%	-	-	0%	36%	0%	1%	90%	7		
Tajikistan	2.56	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	18%	24%	59%	0%	-	-	39%	3%	0%	41%	7		
Turkmenistan	0.73	-	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	6%	6%	0%	-	-	1%	89%	5%	0%	94%	4	
Uzbekistan	1.36	-	-	0%	0%	0%	0%	0%	1%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	1%	5%	6%	0%	-	-	80%	13%	0%	94%	6		
Central Asia, regional	2.54	-	-	0%	0%	47%	0%	77%	0%	4%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	5%	100%	0%	-	-	-	-	-	1%	1%	5	
South Asia, regional	0.87	-	-	2%	0%	19%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	45%	0%	99%	0%	-	-	-	-	1%	-	6		
South & Central Asia, regional	2.10	-	-	3%	0%	2%	0%	7%	0%	1%	0%	2%	0%	0%	1%	2%	0%	1%	0%	26%	25%	69%	13%	-	-	0%	15%	2%	1%	31%	3	
South & Central Asia Total	364.82	7%	1%	1%	10%	1%	0%	2%	0%	2%	0%	2%	0%	1%	2%	0%	1%	0%	26%	25%	69%	13%	5%	4%	0%	15%	2%	1%	31%	24		
Number of Recipient Countries	17	1	1	1	10	1	12	2	3	3	6	1	12	5	1	2	3	3	4	3	7	13	16	22	4	17	17	12	8	37	-	

APPENDIX TABLE 7. MIDDLE EAST REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors												Percent of Total	DAC Countries												Number of Donors				
	Australia	Austria	Canada	EU Institutions			Finland	France	Germany	Italy	Japan	Netherlands		Norway	Spain	United Kingdom	United States													
Iran	1.41	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	100%	0%	-	-	4%	0%	0%	100%	3
Iraq	2.28	5%	0%	0%	0%	2%	0%	0%	0%	7%	0%	3%	0%	1%	0%	0%	0%	0%	0%	81%	95%	95%	1%	-	-	95%	1%	0%	95%	5
Jordan	16.66	34%	0%	0%	0%	10%	1%	15%	29%	7%	0%	3%	0%	1%	0%	0%	0%	0%	0%	0%	72%	95%	0%	-	-	5%	0%	0%	5%	11
Lebanon	1.85	4%	0%	4%	0%	10%	1%	15%	29%	7%	0%	4%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-	-	27%	0%	1%	28%	11
Oman	0.26	1%	-	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-	-	100%	0%	0%	100%	1
Syria	2.78	6%	1%	0%	0%	3%	0%	0%	0%	33%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	34%	65%	1%	-	-	65%	1%	-	66%	4
West Bank & Gaza Strip	6.42	13%	0%	0%	0%	3%	0%	0%	0%	16%	0%	12%	0%	0%	0%	0%	0%	0%	0%	0%	63%	2%	-	-	-	34%	2%	-	37%	12
Yemen	16.24	33%	-	1%	7%	7%	0%	25%	4%	4%	27%	0%	0%	3%	13%	0%	0%	0%	0%	80%	2%	-	-	-	-	16%	2%	-	20%	10
Middle East, regional	0.70	1%	0%	1%	55%	5%	0%	1%	8%	1%	8%	3%	4%	1%	32%	0%	0%	0%	0%	100%	74%	100%	0%	-	-	-	-	-	-	19
Middle East Total	48.60	100%	0%	0%	5%	5%	0%	1%	8%	1%	8%	3%	4%	1%	32%	0%	0%	0%	0%	74%	100%	0%	26%	8%	1%	24%	1%	0%	26%	19
Number of Recipient Countries	8	2	2	5	5	4	1	3	1	1	1	2	3	2	2	6	2	2	2	6	6	6	1	1	1	8	7	3	8	-

Note: Funding levels are based on the average amount of FP/RH assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.



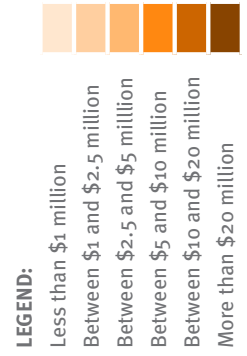
APPENDIX TABLE 8. EUROPE REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Austria	Canada	Czech Republic	Denmark	EU Institutions	Finland	France	Germany	Italy	Japan	Luxembourg	Netherlands	Spain	Sweden	Switzerland	United States	DAC Countries	UNICEF	UNFPA	WHO	Multilateral Total	Number of Donors	
Albania	2.08	9%	0%	0%	0%	-	9%	-	6%	0%	-	-	-	-	9%	-	-	46%	72%	-	28%	0%	-	28%	10
Belarus	0.73	3%	-	-	-	-	29%	-	0%	-	-	-	-	-	-	-	-	-	29%	70%	1%	71%	1%	71%	4
Bosnia-Herzegovina	0.60	3%	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	14%	86%	1%	86%	1%	86%	4
Kosovo	1.39	6%	11%	-	-	22%	-	-	-	0%	28%	-	-	-	-	-	27%	88%	88%	12%	0%	0%	12%	7	
Macedonia, FYR	0.39	2%	-	-	-	-	-	-	-	-	18%	-	-	-	-	-	-	18%	71%	25%	1%	2%	29%	9	
Moldova	1.96	9%	-	-	-	-	53%	1%	0%	1%	2%	-	-	-	-	-	15%	100%	100%	-	-	-	-	3	
Montenegro	0.43	2%	-	-	-	-	98%	-	-	-	1%	-	-	-	-	-	-	0%	92%	8%	0%	8%	0%	6	
Serbia	6.28	28%	-	-	-	-	90%	-	-	-	1%	-	-	-	-	-	-	0%	92%	97%	0%	97%	0%	6	
Turkey	1.10	5%	1%	1%	1%	-	0%	-	0%	-	1%	-	-	-	-	-	2%	80%	83%	17%	0%	17%	7		
Ukraine	2.80	12%	0%	0%	0%	-	-	-	0%	-	-	-	-	-	-	-	-	80%	83%	17%	0%	17%	7		
Europe, regional (w/ Ex-Yugo)	4.78	21%	0%	0%	0%	1%	23%	-	0%	-	-	-	-	-	5%	-	4%	4%	33%	57%	2%	57%	2%	7	
Europe Total	22.55	100%	1%	1%	0%	1%	38%	0%	0%	1%	2%	0%	2%	0%	1%	1%	3%	15%	65%	0%	32%	1%	2%	35%	
Number of Recipient Countries	10	-	4	6	1	1	6	1	3	2	3	3	2	2	1	1	0	3	10	0	9	9	1	9	

APPENDIX TABLE 9. OCEANIA REGION: FP/RH DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Australia	Canada	France	Italy	Japan	Korea	New Zealand	United Kingdom	DAC Countries	UNFPA	UNICEF	WHO	Multilateral Total	Number of Donors
Cook Islands	0.01	0%	1%	-	-	-	-	-	-	-	1%	-	-	99%	99%	2
Fiji	0.02	0%	3%	-	-	-	31%	-	-	-	34%	41%	-	25%	66%	4
Kiribati	0.17	2%	-	-	-	-	9%	87%	-	-	95%	-	-	5%	5%	3
Marshall Islands	0.01	0%	-	-	-	-	100%	-	-	-	100%	-	-	-	-	1
Nauru	0.00	0%	-	-	-	-	53%	-	-	-	53%	-	-	47%	47%	2
Niue	0.01	0%	-	-	-	-	-	100%	-	-	100%	-	-	-	-	1
Papua New Guinea	6.40	79%	53%	0%	-	1%	4%	0%	13%	0%	71%	28%	0%	0%	29%	10
Samoa	0.02	0%	-	-	-	-	19%	79%	-	-	98%	-	-	2%	2%	3
Solomon Islands	0.30	4%	58%	0%	-	-	1%	2%	28%	-	89%	-	-	12%	11%	6
Tonga	0.00	0%	-	-	-	-	-	-	-	-	-	-	-	100%	100%	1
Tuvalu	0.00	0%	-	-	-	-	100%	-	-	-	100%	-	-	-	-	1
Vanuatu	0.14	2%	0%	0%	-	-	6%	-	94%	-	100%	-	-	-	-	4
Wallis & Futuna	0.00	0%	-	-	-	-	100%	-	-	-	100%	-	-	-	-	1
Oceania, regional	1.03	13%	29%	1%	-	-	1%	-	59%	-	89%	-	11%	-	11%	5
Oceania Total	8.11	100%	47%	0%	0%	1%	4%	0%	22%	0%	75%	23%	2%	1%	25%	11
Number of Recipient Countries	13	-	5	3	1	1	9	2	6	1	12	2	1	8	8	-

Note: Funding levels are based on the average amount of FP/RH assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.



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