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

EUROMAPPING 2018
Acknowledgements

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Euromapping 2018

Euromapping is an annual publication that analyses the latest updated data available (2016), tracking Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) donors’ contributions to reproductive, maternal, newborn, child health (RMNCH) & family planning (FP), as part of their official development aid (ODA). It thus highlights and ranks global efforts for sustainable development, and constitutes a transparency and accountability tool on donors’ development assistance in these crucial areas.

Euromapping 2018 looks at 30 OECD DAC donors’ data, including:

- Donors’ yearly commitments to ODA, RMNCH & FP
- Donors’ yearly disbursements to ODA, RMNCH & FP
- Four-year performance on commitments to RMNCH & FP as a share of ODA
- Four-year performance on disbursement to RMNCH & FP as a share of ODA
Deutsche Stiftung Weltbevölkerung (DSW) is a global development organisation that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services and supplies, and to securing their right for a brighter future.

We achieve this by engaging in advocacy, capacity development, and family planning initiatives, which make sure the youth of today are empowered to lead healthy and self-determined lives. With our headquarters in Hannover, Germany, DSW operates two liaison offices in Berlin and Brussels, as well as maintaining a strong presence in Ethiopia, Kenya, Tanzania, and Uganda.

For more information please visit www.dsw.org

The European Parliamentary Forum on Population and Development (EPF) is a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world’s most vulnerable people, both at home and overseas.

We believe that women should always have the right to decide upon the number of children they wish to have, and should never be denied the education or other means to achieve this that they are entitled to by law.

We believe that it makes sense personally, economically and environmentally for governments to devote development aid to initiatives protecting people’s sexual and reproductive health and rights.

EPF began as a project of the International Planned Parenthood Federation European Network (IPPFEN). It was legally registered in Belgium and recognised by Royal Decree in 2000. In 2004, EPF became a fully independent not-for-profit organisation.

For more information please visit www.epfweb.org
In 2016, five donors (the US, the UK, The Netherlands, Germany and the EU Institutions) accounted for over 75% of all reproductive, maternal, new-born and child health (RMNCH) and over 80% of family planning (FP) commitments and disbursements.

1

The US is the leading global donor of official development assistance (ODA), RMNCH and FP. In 2016, as in previous years, US’ commitments and disbursements in these areas were by far the largest among the 30 OECD Development Assistance Committee (DAC) donors. However, for the first time, the US has already lost their leading position on funding to FP and RMNCH commitments as a percentage of ODA. With the decision to re-enact and expand the Mexico City Policy (“Global Gag Rule”) and withdraw funding from the United Nations Population Fund (UNFPA), funding from the US to organisations not signing the Global Gag Rule and UNFPA will halt with consequent impact on reaching vulnerable population groups with RMNCH/FP/HIV services. To mitigate this, other donors will need to prioritise funding for RMNCH and FP.

2

There are five donors (the UK, the EU Institutions, Germany, Japan and France) that rank highly in total ODA, RMNCH and FP commitments and disbursements, but significantly lower when those amounts are assessed as a percentage of their ODA. More effort is possible and needed for these donors to increase their share of RMNCH and FP contributions as a percentage of ODA and take on their fair share of the financial burden.

3

In 2016, the EU (the EU Institutions & Member States) represented more than half of overall ODA: 57% of commitments, and 60% of total DAC disbursements. However, the EU (EU Institutions & Member States) is a much smaller actor in RMNCH only accounting for 30% of all donors’ RMNCH and FP commitments, and less than 40% of disbursements.

4

The EU Institutions and The Netherlands were responsible for the highest increase of commitments to both RMNCH and FP compared to 2015. In 2016, The Netherlands are behind only the US in commitments to FP funding and first in relative terms. Canada also shows a strong positive trend in terms of commitments, while funding to RMNCH and FP from Greece and Hungary experienced the biggest decrease, despite an increase in their total ODA spending. While Norway increased its commitments to RMNCH (+272%), its disbursements decreased (-7%).

5

There are 11 donors (Austria, Switzerland, Portugal, Italy, Spain, Slovak Republic, Czech Republic, Slovenia, Poland, Hungary, Greece), whose RMNCH commitments represent less than 2% of their overall ODA commitments. With the exception of Switzerland (3%), those donors showcased the same trend in their RMNCH disbursements.

6

Five donors (the US, The Netherlands, Sweden, the UK and Canada) score in the top-10 in almost all rankings, having committed and disbursed large amounts for RMNCH and FP. The large proportion of RMNCH and FP as a share of total ODA reflects the priority that the donors give to those issues in their development cooperation policy.

7

Luxembourg and Ireland have smaller economies relative to the other donors reviewed, and consequently smaller total ODA, RMNCH and FP commitments and disbursements. However, these countries spend a high proportion of their ODA on RMNCH (8.3% and 7.5% respectively) and FP (2.7% and 0.5% respectively), reflecting the importance of these issues in their development cooperation policies, and scoring high in the respective rankings.
Total ODA commitments by DAC donors have increased by 6.3% in 2016 (to 184,442 billion United States Dollars - USD), compared to 2015 (173,531 billion USD). Gross disbursements have increased by 11.2% in 2016 (to 176,592 billion USD) compared to 2015 (158,803 USD). In 2016, Germany joined five other countries – Denmark, Luxembourg, Norway, Sweden and the UK – in meeting the long-pledged commitment to allocate 0.7% of Gross National Income (GNI) to ODA. The Netherlands slipped below 0.7% to join 22 other donors under the threshold.

Spending On Refugees As Part Of Increased ODA

In 2016, the amount of ODA allocated to cover refugee costs in donor countries rose to unprecedented levels, from just 6 in 2014 and 12 in 2015 to 16 billion USD. This represents almost 8.6% of total ODA spent in 2016 – and 15.3% if one only considers EU DAC donors (Member States and institutions). If ‘in-donor refugee costs’ are excluded, the overall increase in ODA commitments between 2015 and 2016 falls from 9.6% to 4.5%. While only three countries (Australia, Korea, and Luxembourg) and the EU Institutions do not count ‘in-donor refugee costs’ as ODA, another thirteen countries spent more than a tenth of their ODA commitments for this purpose; Greece spent 39.8% of its total ODA commitments on this, followed by Austria (34.4%), Italy (33%), Iceland (26.7%), Switzerland (26.1%), Germany (23%), Denmark (18.4%), Sweden (17.4%), Belgium (17.2%), Norway (16.8%), Finland (14.4%), The Netherlands (11.2%) and Slovenia (10.1%).
RMNCH Commitments

The total volume of RMNCH commitments from the 30 DAC donors for 2016 was 12 billion USD, increased by 12.4% compared to 2015. The US was by far the biggest donor in terms of ODA commitments to RMNCH, totalling 6.28 billion USD, having committed as much as all the other donors combined. The US’ commitments are over six times the UK’s commitments, which was the second largest contributor of ODA to RMNCH in 2016, and well above the combined commitments to RMNCH of the 20 EU DAC donors (Member States and Institutions), which together committed 4 billion USD that year. When RMNCH commitments are assessed as a share of ODA, Norway tops the ranking, with over 17.6%, slightly ahead of the US with 17.3% and The Netherlands with 13.4% of their ODA dedicated to RMNCH. Moreover, some of the largest donors, like the EU Institutions, Germany and Japan—which score 5th, 6th and 8th respectively in absolute numbers—fall to the bottom half of the ranking – 16th, 18th, and 19th respectively.

NB: Disbursements for one given year can not always be linked with the commitments made during that year; considerable discrepancies for a few countries occur - see annex on methodology. For this reason, this report presents both data sets, although showing similar trends this year.

Norway overtakes the US in percentage of ODA committed to RMNCH, Luxembourg and Ireland score higher than Germany and France.”
RMNCH Disbursements

The total volume of RMNCH disbursements from the 30 DAC donors for 2016 was 12 billion USD. Once again, the US was by far the leading donor in RMNCH, amounting to nearly half (6 billion USD) of the total disbursements for RMNCH. This is more than three times the UK's disbursements (2 billion USD), which was the second largest donor, and well over the combined disbursements to RMNCH of the 20 EU DAC donors (Member States and Institutions), which together spent a total of 4 billion USD in 2016. While the absolute figures of ODA to RMNCH from donors like Germany, the EU Institutions, Japan and France are among the top, when compared to their total ODA figures, the picture changes dramatically; they move to the lower half of the ranking, 20th, 17th, 19th, and 15th respectively. On the contrary, the US, the UK, Canada, The Netherlands, Norway, as well as smaller donors such as Luxembourg, have the largest shares of their ODA dedicated to RMNCH.

"The US contribution to RMNCH is more than three times the UK’s disbursements, the second donor, while Canada consolidates its champion position in percentage of ODA."
FP Commitments

In 2016, the US ranked first for total FP commitments (2 billion USD), increasing by 8% compared to 2015 and ranked second place for FP commitments to FP as part of its ODA, right behind The Netherlands. Two other donors emerge as champions when we take into account their FP commitments as part of their ODA: Luxembourg and Sweden. Several donors more than doubled their commitments to FP compared to the previous year: Belgium, Luxembourg, The Netherlands, Spain, Sweden and the EU Institutions. However, donors with large ODA and FP volumes of commitments, such as Japan, Germany, France, and the EU Institutions, score significantly lower when their volumes of FP commitments are assessed relative to their total ODA.

NB: Disbursements for one given year can not always be linked with the commitments made during that year; considerable discrepancies for a few countries occur - see annex on methodology. For this reason, this report presents both data sets, although showing similar trends this year.

““For the first time, the US is not the leading donor to FP as percentage of ODA. Several European donors have more than doubled their commitments to FP compared to 2015.”
FP Disbursements

In 2016, the disbursements to FP have decreased by 5% compared to 2015. The US and the UK had the largest FP disbursements, well ahead of the other 28 donors. However, Luxembourg doubled its FP disbursements compared to 2015 and is now the leading FP donor relative to total ODA (2.70%). Canada, Norway, New Zealand, Korea, Ireland and Finland also score significantly high in share of ODA. Spain also doubled its disbursements to FP compared to the previous year but stays at the bottom of the ranking for FP as share of ODA. The EU donors including Germany (18th) and the EU Institutions (19th) scored poorly when amount disbursed are compared to ODA level.

“In 2016, Luxembourg ranks first in percentage of ODA disbursed to FP, while other donors with large gross disbursements such as Germany and the EU Institutions fall in the ranking.”
Europe’s Share in ODA, RMNCH, FP Commitments and Gross Disbursements

In 2016, EU DAC donors (Member-States and Institutions) represent more than half (57%) of the DAC donors ODA commitments. If we add Norway, Switzerland, and Iceland, then the region’s share surpasses 60%, while the US follows with 19.6%.

The picture is radically different when we look at RMNCH and FP commitments, where the US represents 50.4% and 60.6% of the total RMNCH and FP commitments respectively. Compared to 2015, in 2016 the EU DAC donors slightly increased their commitments to RMNCH and FP, representing 31.8% of RMNCH commitments and 29.8% of FP commitments.

The decision that the US administration has taken towards FP and sexual and reproductive health and rights (SRHR) is expected to significantly change these conclusions in upcoming years, be it in terms of global contributions to these sectors or respective shares.
Belgium stresses the importance of SRHR for sustainable development and prioritises reproductive health in its development law. SRHR is integrated in the most recent guiding documents on health (2018) and gender (2016). Belgium's RMNCH and FP funding experienced a deep decline in 2015, as the development budget was cut, and recovered in 2016, partially in terms of commitments.

One year after its launch in March 2017, the SheDecides initiative, which Belgium co-launched, has set aside over 450 million EUR in an effort to counter the loss of US funding due to the Global Gag Rule.

The currency: All development finance statistics are measured here in constant prices with reference year 2016, as per OECD DAC. This allows for a closer idea of volume of flows over time, as adjustments have been made to cover inflation and exchange rates between the donor’s currency and US dollars.
AUSTRALIA

EUROMAPPING RANK (2016)

COMMITMENTS
IN CONSTANT PRICES (2016)
(in million USD)

Total ODA  RMNCH  FP

3,277.52  201.44  15.83

ODA  RMNCH  FP

13  11  10

.DISBURSEMENTS
IN CONSTANT PRICES (2016)
(in million USD)

Total ODA  RMNCH  FP

3,280.73  201.44  15.83

ODA  RMNCH  FP

14  11  13

Australia prioritises global health in its development aid and has released a strategy on health and development for 2015-2020. This strategy includes clear commitments on investment in MNCH and FP. However, a steadily declining trend in Australia’s funding for RMNCH has been ongoing since 2012, both in commitments and in disbursements. The fall in RMNCH has been intensified even further in 2016, both in absolute terms, as well as a share of ODA.

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

Over the previous 3 years a declining trend in Austria's RMNCH and FP funding took place, which however resulted in a sharp increase in Austria's 2016 commitments compared to 2015, with a more moderate increase in disbursements.

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Belgium stresses the importance of SRHR for sustainable development and prioritises reproductive health in its development law. (1) SRHR is integrated in the most recent guiding documents on health (2018) and gender (2016). (2) Belgium’s RMNCH and FP funding experienced a deep decline in 2015, as the development budget was cut, and recovered in 2016, particularly in terms of commitments.

One year after its launch in March 2017, the SheDecides initiative, which Belgium co-launched, has set aside over 450 million EUR in an effort to counter the loss of US funding due to the Global Gag Rule.


In 2017, Canada adopted a development policy with a specific focus on empowering women and girls and promoting gender equality. Its Feminist International Assistance Policy\(^1\) details actions on SRHR, RMNCH and FP; gender equality is listed as a core action area. Canada’s global health policy\(^2\) lists SRHR and health of women and children as key areas of action, with funding aimed at comprehensive sexuality education, FP, prevention and response to sexual and gender-based violence, safe and legal abortion, and post-abortion care.

After an increase in contributions in 2015 mainly due to the surge of multilateral commitments to GAVI and the Global Fund for instance, Canada’s funding for both RMNCH and FP decreases slightly in 2016.


The priorities of the new Czech development aid policy for 2018-30 include social development, in particular on education, health care and support for social inclusion, but do not specifically refer to RMNCH or FP. The geographical focus of the new Czech bilateral aid focuses on Balkan and Eastern European countries, in addition to the Global South and the list includes Bosnia and Herzegovina, Cambodia, Ethiopia, Georgia, Moldova, and Zambia.

Czech RMNCH and FP disbursements and commitments have increased slightly over the period 2013-2016, peaking in 2015.

In its 2017 Development Cooperation Strategy, “The World 2030” (1), Denmark continues to stress the importance of SRHR and gender equality as main priorities for development cooperation. This focus builds on a long tradition of Denmark being an SRHR donor champion (2). Denmark is a co-founder of amplifyChange, (3) a fund launched in 2015 to promote civil society advocacy for SRHR and has so far disbursed over 26 million EUR in grants. Denmark was one of the founders of the SheDecides movement.

Denmark’s commitments and disbursements to RMNCH and FP declined in 2016, apart from its multilateral funding to the World Bank’s International Development Association (IDA) and the African Development Fund, which both increased significantly.

(3) See amplify Change, https://amplifychange.org/
The EU is committed to improving SRHR and to gender equality and women's and girls’ empowerment as reflected in the new European Consensus on Development (June 2017) (1), the EU Gender Action Plan II 2016-2020 (2), and various other policies. The EU Institutions support SRHR and FP through a range of EU instruments, notably through geographic programmes on gender, health and population, contributions to Global Health Initiatives and UN organisations, and grants to Civil Society Organisations. The EU-United Nations ‘Spotlight Initiative’ (3) to eliminate violence against women and girls, backed by an initial envelope of EUR500 million, provides for a specific focus on SRHR in Sub-Saharan Africa with emphasis on reaching vulnerable population groups, including youth. While their commitments in FP and RMNCH and their disbursements in RMNCH increased in 2016 compared to 2015, EU disbursements to FP stagnated.

(3) See the EU-UN Spotlight initiative http://www.un.org/en/spotlight-initiative/
In 2016, Finland launched a Government Report on Development Policy that prioritises the rights of girls and women and with a strong emphasis on SRHR.\(^1\) However, there is no specific mention of RMNCH.

Finland’s commitments to RMNCH and FP funding peaked in 2014 due to a massive commitment to UNFPA, which was disbursed over the next few years. Therefore, the Finnish total commitments to RMNCH and FP plummeted in 2015 and remained at about the same level in 2016.

Finland’s development cooperation budget was cut dramatically in 2016. Consequently, the disbursements to RMNCH and FP also dropped by almost half compared to 2015, with most of the decline coming from cuts to funding for the World Bank, UNFPA and UNICEF.

Since 2017, France has made gender equality a priority of its foreign policy. In 2016, a strategy on external action on population and SRHR for 2016-2020 was published, followed by the strategy for global health for 2017-2021. France co-founded the Muskoka Initiative and has created the Fonds Français Muskoka, as a follow-up, which is now funding up to 10 million EUR per year. In 2011, France co-founded the Ouagadougou Partnership, for FP services in West Africa. In 2018, the French government pledged 10 million EUR for the SheDecides movement. In 2016, France’s commitments and disbursements in SRHR and FP dropped significantly, primarily reflecting the end of the Muskoka Initiative.

Germany’s policy on SRHR in development is long-standing and it is mainly based on a policy document from 2008. In 2011, it launched an Initiative on Rights-Based Family Planning and Maternal Health. Initially, the BMZ initiative included financial commitments for the period of 2011 to 2015. In support of the SDGs, Germany later pledged to maintain its commitment until at least 2019.

A significant share of Germany’s overall payments and commitments to FP and RMNCH comes from core multilateral contributions, namely to the Global Fund to Fight AIDS, Tuberculosis and Malaria. After a small decline in 2015, its contributions to FP and RMNCH rebounded in 2016.  

See BMZ page on SRHR and population dynamics: https://www.bmz.de/en/issues/population_dynamics/german_development_cooperation/index.html  
Education, health, and population represent a significant part of the Greece's ODA. Investments in gender equality have also been increasing in the last decade especially following the financial crisis.

For RMNCH and FP, Greece commits and has disbursed very little funding in recent years, and it declined further in 2016. Greece's only multilateral contributions relevant to RMNCH and FP are to the WHO, which have remained stable since 2015.

Hungary lists the key areas of focus for its development policy 2014-2020(1) in Sub-Saharan Africa as improving the situation of women, education and health, and commits to providing ODA towards human development, including health and education. RMNCH is not specifically mentioned.(2)

Hungary became the 30th member of DAC in December 2016.(3) Data prior to this date is only partially available. In 2016, Hungarian funding toward RMNCH and FP dropped significantly in comparison to 2015, while its only multilateral funding goes to the World Bank’s IDA.


(2) See Hungarian policy for International Development Cooperation, http://www.mfa.gov.hu/nr/exeres/18469815-2519-4DB0-ABC4-3A8BAE1D2042.htm


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**COMMITMENTS IN CONSTANT PRICES (2016)**

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<th>ODA</th>
<th>RMNCH</th>
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**DISBURSEMENTS IN CONSTANT PRICES (2016)**

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**YEARLY ODA, RMNCH & FP COMMITMENTS IN ABSOLUTE NUMBERS AND IN % OF TOTAL ODA (2013-2016)**

**YEARLY ODA, RMNCH & FP DISBURSEMENTS IN ABSOLUTE NUMBERS AND IN % OF TOTAL ODA (2013-2016)**
The priorities of Icelandic development aid include gender equality as a cross-cutting issue and health and education as a basis for building human capital, but do not specifically refer to RMNCH or FP. Iceland targets most of its bilateral cooperation towards three partner countries, all in Sub-Saharan Africa: Malawi, Mozambique and Uganda. Icelandic commitments and disbursements levels for RMNCH and FP have remained stable during the period 2013-2016.

(1) See Icelandic Development Cooperation, https://www.government.is/topics/foreign-affairs/international-development-cooperation/Icelands-international-development-cooperation/

Ireland’s political and financial commitments to RMNCH and FP are prominent in its development aid policy. One World One Future: Ireland’s Policy for International Development 2013 (currently under review) mainstreams gender equality. The priority area “Essential Services” includes commitments to reduce maternal and infant mortality and promote universal access to reproductive healthcare, including FP.

Irish RMNCH and FP disbursements and commitments declined slightly in 2016, compared to the previous 3 years. Most multilateral funding was reduced by approximately 10% in 2015, with the exception of funding towards the World Food Programme which has quadrupled since 2013.

Italy refers to the importance of global health and RMNCH and FP as essential components of its revised legal framework on development aid (1) and for its triannual development programming (2). Gender equality, women and girls’ empowerment is a cross-cutting theme, while RMNCH is also mentioned.

While Italy’s disbursements to RMNCH and FP have steadily increased over the last few years, its commitments decreased in 2016, compared to the year before. Multilateral funding to the World Bank’s IDA and to the African Development Fund have decreased drastically compared to 2013-14.

Japan lists health, education, gender and women's empowerment, as priorities for its development aid policy. In 2015, it approved a guideline on global health for its development policy which lists SRH and maternal and child health as areas of focus. Japan remains one of the biggest international aid donors for RMNCH and FP. Despite a small decline in commitments, its disbursements for both RMNCH and FP continued increasing in 2016 relative to the previous years.

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The Republic of Korea mentions RMNCH as a strategic objective of its development aid health policy, and gender is listed as a cross-cutting issue. In 2015, the Republic of Korea launched the ‘Better Life for Girls’ initiative, with a focus on improving girls’ right to health and education and a budget of 200 million USD for 2016-2020. Although its 2016 ODA commitments for FP and RMNCH fell sharply, Korea’s disbursements continued to increase in line with previous years. Korea tends to report less directly on FP funding.

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**Note:**


Luxembourg includes health and education in its development aid priorities, with a cross-cutting focus on gender. RMNCH or FP are prioritised within its 2014 strategy on health in development.

Luxembourg is a leading donor for FP and RMNCH FP disbursements and commitments when measured as a percentage of total ODA. It is one of the few donors that spends over 2% of its ODA on FP and ranks first for donors’ disbursements to FP as part of their ODA. Luxembourg also meets the target of allocating 0.7% of its GNI to ODA.


In the new development strategy of The Netherlands SRHR remains a priority. Within this strategy, gender & SDG5 are considered as cross-cutting themes to which all activities in development cooperation should contribute. The Netherlands reaffirmed its commitment to SRHR by launching the SheDecides initiative in 2017. For the years 2017 and 2018 The Netherlands contributed 29 million EUR to SheDecides movement. The Netherlands comes in the top three of all the rankings regarding commitments and disbursements for RMNCH and FP.

See the SRHR policy of The Netherlands: https://www.government.nl/topics/development-cooperation/contents/the-development-policy-of-the-netherlands/sexual-and-reproductive-health-and-rights
(2) https://amplifychange.org/
New Zealand lists health and education as priorities for its development aid policy, with a particular focus on RMNCH and FP. The geographic focus of the country’s development policy is the Pacific neighbourhood.

New Zealand’s 2016 RMNCH commitments and disbursements decreased compared to the previous year. Almost half of New Zealand’s RMNCH and FP commitments are reported directly to RH, FP and core contributions to UNFPA.

Norway supports global health in its development aid policy, which includes SRHR and MNCH as key areas for action. Women's rights and gender equality are considered overarching guiding principles of its external policies. Norway has dropped in the FP ranking compared to the previous edition of Euromapping, but the country remains among the ten highest donors. While its MNCH commitments have been increasing, FP commitments have decreased in 2016. However, the decrease in MNCH and FP disbursements is slight.

The priorities of Polish development aid include improving healthcare quality, in particular access to health care for mothers and children, but do not specifically refer to RH or FP. (1) In 2016 Polish ODA, RMNCH and FP commitments and disbursements decreased, compared to the previous year, placing Poland in the last 3 countries of the rankings regarding RMNCH and FP as part of its ODA.

Portugal prioritises education and health in its development aid policy. The Portuguese aid agency’s health strategy policy paper\(^1\) lists SRHR and FP as important areas of intervention with regards to global health. The legislative basis of Portuguese development aid\(^2\) highlights the importance of promoting SRH under the objectives of gender equality and health, with a focus on addressing MNCH.

In 2016, Portuguese commitments and disbursements to RMNCH and FP almost halved, resulting in the country moving backwards in the ranking for RMNCH and FP as share of its ODA. Portugal’s RMNCH and FP contributions are predominantly bilateral.


SLOVAK REPUBLIC

EUROMAPPING RANK (2016)

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

Slovakia has improved its overall performance on commitments and disbursements to RMNCH compared to the previous Euromapping, but disbursements to FP as part of its ODA slightly decreased.

The priorities of Slovenian development aid policy include health and education, ensuring respect for the human rights of women and children and promoting women’s empowerment, but do not specifically refer to RMNCH or FP. Slovenian bilateral development cooperation is focused mostly on the Western Balkan countries. Slovenian RMNCH and FP commitments drastically decreased in 2016, and its disbursements stagnated, placing Slovenia in the bottom 5 countries of all rankings.

Spain prioritises maternal and newborn health and, as part of its focus on gender and SRHR in its development aid policy plan for 2013-2016. Even though the plan does not specifically refer to FP, it does prioritise global health and humanitarian aid.\(^{(1)}\)

Spanish commitments and disbursements to both RMNCH and FP decreased compared to 2015. Its contribution to the World Bank’s IDA largely outperform its other bilateral and multilateral contributions to RMNCH and FP.

\(^{(1)}\) Plan Director de Cooperacion Espanola 2013-2016, http://www.aecid.es/Centro-Documentacion/Documentos/Planificaci%C3%B3n/pD%202013-2016.pdf
SRHR features as one priority under the Swedish feminist foreign policy, the new policy for development cooperation and humanitarian assistance and the new strategy for global gender equality and women's and girls' rights 2018–2022. In 2016, support to SRHR accounted for over 60 per cent of Swedish health aid through SIDA. In 2017, Sweden co-initiated the She Decides movement. The country favours a holistic approach to SRHR and usually report related support under RH code. In 2016, Sweden almost doubled its RMNCH commitments and disbursements as part of its ODA compared relative to 2015.

(1) Sweden’s Feminist Foreign policy: https://www.government.se/government-policy/feminist-foreign-policy/
(2) Policy framework for Swedish development cooperation and humanitarian assistance: https://www.government.se/49a184/contentassets/43972c7b1c34d51a82e6a7502860895/skr-60-english-version_web.pdf
Switzerland supports RMNCH and FP through its development aid policy. Combating HIV & AIDS, improving MNCH and promoting SRHR are priorities within global health, as outlined in its Strategic Framework on Global Health for 2015-2019. Gender equality is a cross-cutting theme for Swiss development aid. A new Strategy on Gender Equality and Women’s rights was adopted in autumn 2017, which includes “promoting sexual and reproductive health and rights” as one of the strategic objectives.

Switzerland’s commitments in RMNCH have almost halved since 2013, and its commitments to FP are also steadily declining. The country’s disbursements have also decreased in 2016 relative to 2015.


The UK’s 2015 development policy prioritises SRHR as a key prerequisite for sustainable development. The UK has been a strong champion of RMNCH since 2010, when it launched an action plan for improving this area through its development aid assistance. The country also initiated the London Family Planning Summit in 2012 and subsequent global partnership FP2020. In 2017, the UK hosted the second Family planning Summit to galvanise progress towards FP2020 goals and committed to spend an average of £225m every year on Family planning between 2017/18 and 2021/22.

The UK ranks highly for its contributions to FP and RMNCH in 2017. However, it is ranked higher for its total commitments than when funding is measured as a proportion of ODA.

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**UK**  
**EUROMAPPING RANK (2016)**

**COMMITMENTS IN CONSTANT PRICES (2016)**

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**DISBURSEMENTS IN CONSTANT PRICES (2016)**

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Before US President Donald Trump assumed office, the US was emerging as a global champion of RMNCH and FP, topping eight out of the ten rankings in Euromapping 2018. The country co-founded the Ouagadougou Partnership in 2011 and initiated the global partnership FP2020. Report of US financial support for RMNCH and FP is likely to change dramatically in 2019, when data from 2017 US ODA will be available, reflecting policy changes related to the re-introduction of the Mexico City Policy in January 2017. The impact on RMNCH, FP, and SRHR could be devastating to the world’s most vulnerable population, if the US continues to steer the current course taken with the enactment of the Global Gag Rule in January 2017 and if donors do not step up and fill the expected funding gap.
Commitment
A firm obligation, expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country or a multilateral organisation. Bilateral commitments are recorded in the full amount of expected transfer, irrespective of the time required for the completion of disbursements. Commitments to multilateral organisations are reported as the sum of (i) any disbursements in the year reported on which have not previously been notified as commitments and (ii) expected disbursements in the following year.

Constant Dollars
In DAC publications, flow data are expressed in US dollars (USD). To give a truer idea of the volume of flows over time, data can be presented in constant prices and exchange rates, with a reference year specified. This means that adjustment has been made to cover both inflation in the donor’s currency between the year in question and the reference year, and changes in the exchange rate between that currency and the United States dollar over the same period.

Development Assistance Committee (DAC)
The committee of the OECD which deals with development co-operation matters. With the addition of Hungary in December 2016 there are 30 members of the DAC: Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, the UK, the US and the EU institutions.

Disbursements
The release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. In the case of activities carried out in donor countries, such as training, administration or public awareness programmes, disbursement is taken to have occurred when the funds have been transferred to the service provider or the recipient. They may be recorded gross (the total amount disbursed over a given accounting period) or net (the gross amount less any repayments of loan principal or recoveries on grants received during the same period). It can take several years to disburse a commitment.

Donors
For Euromapping 2018, donors refer to the 30 members of the OECD DAC.

Official Development Assistance (ODA)
Grants or loans to countries and territories on the DAC List of ODA Recipients (developing countries) and to multilateral agencies which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms (if a loan, having a grant element of at least 25 per cent). In addition to financial flows, technical co-operation is included in aid. Grants, loans and credits for military purposes are excluded. Transfer payments to private individuals (e.g. pensions, reparations or insurance pay-outs) are in general not counted.
The Muskoka Methodology relies on data from the OECD’s Creditor Reporting System (CRS). It applies percentages to funding reported to the OECD under certain purpose codes or to selected multilateral organisations. The percentages applied vary depending on the intended target group of the respective donor activity. Activities targeting entirely or mostly women of reproductive age and/or children under five are assigned 100%; activities targeting the general population are counted at 40%. Disease-specific interventions are attributed at 18.5% for tuberculosis, 46.1% for HIV & AIDS and 88.5% for malaria. Basic drinking water supply and sanitation is counted at 15%. Originally developed in order to track the G8 Muskoka pledges to MNCH, it is still a widely credible tracking methodology, used by the PMNCH in its Accountability Reports. Efforts to update it, in order to better track the ‘adolescent’ component of the RMNCAH concept, are still ongoing.

Furthermore, in this Euromapping, donors’ commitments and disbursements to FP were analysed using a revised version of the Muskoka Methodology, developed during London Family Planning Summit in 2012. This revised version uses part of the original Muskoka OECD CRS codes and multilateral organisations and assigns different percentages to them.

Since Euromapping 2017, both commitments and disbursements are assessed in order to give as precise as possible a representation of donors’ ODA outflows. They represent two different measurements: the legally binding promise to provide defined assistance to a recipient; and the actual payment of the promised funds, or the provision of goods or services, to a recipient. It is important to note that commitments can be remitted according to different modalities or across varied time frames. Disbursements cannot be construed as representing the payments of funds fully committed by donors at a specific point in time.

<table>
<thead>
<tr>
<th>Bilateral DAC Purpose Codes</th>
<th>RMNCH</th>
<th>FP</th>
</tr>
</thead>
<tbody>
<tr>
<td>12110 Health policy &amp; administrative management</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12181 Medical education/training</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12191 Medical services</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12220 Basic health care</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12230 Basic health infrastructure</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12240 Basic nutrition</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>12250 Infectious disease control</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>12261 Health education</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>12262 Malaria control</td>
<td>88.5%</td>
<td>0%</td>
</tr>
<tr>
<td>12263 Tuberculosis control</td>
<td>18.5%</td>
<td>0%</td>
</tr>
<tr>
<td>12281 Health personnel development</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>13010 Population policy &amp; administrative management</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>13020 Reproductive health care</td>
<td>100%</td>
<td>20%</td>
</tr>
<tr>
<td>13030 Family planning</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>13040 STD control (including HIV/AIDS)</td>
<td>46.1%</td>
<td>3%</td>
</tr>
<tr>
<td>13081 Personnel development for population &amp; reproductive health</td>
<td>100%</td>
<td>5%</td>
</tr>
<tr>
<td>14030 Basic drinking water supply and basic sanitation</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>14031 Basic drinking water supply</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>14032 Basic sanitation</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>51010 Budget support</td>
<td>4%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multilateral Agency/initiative</th>
<th>RMNCH</th>
<th>FP</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Global Fund to Fight AIDS, TB and Malaria</td>
<td>46%</td>
<td>5%</td>
</tr>
<tr>
<td>ADBF</td>
<td>3%</td>
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</tr>
<tr>
<td>AECF</td>
<td>2%</td>
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</tr>
<tr>
<td>IDB Special Fund</td>
<td>1%</td>
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<tr>
<td>UNFPA</td>
<td>67%</td>
<td>20%</td>
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<tr>
<td>UNFPA</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>World Bank</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>World Food Programme</td>
<td>15%</td>
<td>0%</td>
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<tr>
<td>World Health Organization</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td>GEPI</td>
<td>0%</td>
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</tbody>
</table>

(1) See http://www.who.int/npmnch/activities/accountability/reports/en/
(2) For further information on the Muskoka methodology, please go to http://www.g8.utoronto.ca/summit/2010/muskoka/methodology.html
## Abbreviations

<table>
<thead>
<tr>
<th>ACP</th>
<th>African, Caribbean and Pacific</th>
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<tbody>
<tr>
<td>AIDF</td>
<td>African Development Fund</td>
</tr>
<tr>
<td>AsDF</td>
<td>Asian Development Fund</td>
</tr>
<tr>
<td>CRS</td>
<td>Creditor Reporting System</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
</tr>
<tr>
<td>DSW</td>
<td>Deutsche Stiftung Weltbevölkerung</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>EDF</td>
<td>European Development Fund</td>
</tr>
<tr>
<td>EEAS</td>
<td>European External Action Service</td>
</tr>
<tr>
<td>EP</td>
<td>European Parliament</td>
</tr>
<tr>
<td>EPF</td>
<td>European Parliamentary Forum</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>EWEC</td>
<td>Every Woman Every Child</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross National Income</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IDA</td>
<td>World Bank's International Development Association</td>
</tr>
<tr>
<td>IDB</td>
<td>Inter American Development Bank</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
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<tr>
<td>NIDI</td>
<td>Netherlands Interdisciplinary Demographic Institute</td>
</tr>
<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>OCTs</td>
<td>Overseas Countries and Territories</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
</tr>
<tr>
<td>PMNCH</td>
<td>Partnership for Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>RMNCH</td>
<td>Reproductive, Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>Reproductive, Maternal, Newborn, Adolescent and Child Health</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>US</td>
<td>United States of America</td>
</tr>
<tr>
<td>USD</td>
<td>United States Dollars</td>
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