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.

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.

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.

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.

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%).

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.

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.

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.