



# DONOR GOVERNMENT BILATERAL DISBURSEMENTS FOR FAMILY PLANNING, 2012-2014\*

COUNTRY	2012 (US\$ million)	2013 (US\$ million)	2014 (US\$ million)	NOTES
<b>Australia</b>	\$43.2	\$39.5	\$39.5	Australia identified AU\$43 million in bilateral FP funding for the 2013-14 fiscal year using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g., HIV, RH, maternal health, and other sectors) and a percentage of the donor's core contributions to several multilateral organizations (e.g., UNFPA). For this analysis, Australian bilateral FP funding did not include core contributions to multilateral institutions. However, it was not possible to identify and adjust for funding to other non-FP-specific activities in most cases. Final 2014-15 data is not yet available. Level funding is assumed.
<b>Canada</b>	\$41.5	\$45.6	\$48.3	Bilateral funding is for combined family planning and reproductive health activities in FY13-14; family planning-specific activities cannot be further disaggregated.
<b>Denmark</b>	\$13.0	\$20.3	\$28.8	Bilateral funding is for family planning-specific activities and includes specific contributions (in addition to Denmark's core contribution) to UNFPA's "Reproductive Health Commodities Fund."
<b>France</b>	\$49.6	\$37.2	\$69.8	Bilateral funding is new commitment data for a mix of family planning, reproductive health, and maternal and child health activities in 2012, 2013 and 2014; family planning-specific activities cannot be further disaggregated.
<b>Germany</b>	\$47.6	\$38.2	\$31.3	Bilateral funding is for family planning-specific activities. For 2014, the figure is a preliminary estimate. More broadly, Germany committed a total of €79 million in RH/FP funding in 2014.
<b>Netherlands</b>	\$105.4	\$153.7	\$163.6	The Netherlands budget provided a total of US\$553.2 million in 2014 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US\$163.6 million was disbursed for family planning and reproductive health activities (not including HIV); family planning-specific activities cannot be further disaggregated.
<b>Norway</b>	\$3.3	\$20.4	\$20.8	Bilateral funding is for family planning-specific activities. In addition, Norway contributed a total of US\$70.8 million in 2013 and 2014 to UNFPA's RMNCH Trust Fund. Approximately 26% and 22%, respectively, of the Fund's expenditures were estimated to have been used on family planning activities during those two years.
<b>Sweden</b>	\$41.2	\$50.4	\$70.2	Bilateral funding is for combined family planning and reproductive health activities; family planning-specific activities cannot be further disaggregated.
<b>UK</b>	\$252.8	\$305.2	\$327.6	In the financial year 2014/15, the UK spending on family planning was £203 million, which is above the 2020 goal. This is an estimated figure, using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g., HIV, RH, maternal health, and other sectors) and a percentage of the donor's core contributions to several multilateral organizations (e.g., UNFPA). For this analysis, UK bilateral FP funding was calculated by removing all core contributions to multilateral organizations. However, it was not possible to identify and adjust for funding for other non-FP-specific activities in most cases. Bilateral funding is for combined family planning and reproductive health.
<b>US</b>	\$485.0	\$585.0	\$636.6	Bilateral funding is for combined family planning and reproductive health activities; while USAID estimates that most funding is for family planning-specific activities only, these cannot be further disaggregated.
<b>Other DAC Countries**</b>	\$13.8	\$29.5	\$9.0	Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in 2013, the most recent year available, and assumes level funding for 2014.
<b>Total</b>	<b>\$1,096.4</b>	<b>\$1,325.0</b>	<b>\$1,445.5</b>	

\*For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology), and include: stand-alone family planning projects; family planning-specific contributions to multilateral organizations (e.g., contributions to the Global Programme to Enhance Reproductive Health Commodity Security at UNFPA); and, in some cases, projects that include family planning within broader reproductive health activities. During the 2012 London Summit, donors agreed to a revised Muskoka methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors, including HIV, reproductive health (RH), maternal health, and other areas, as well as a percentage of a donor's core contributions to several multilateral organizations, including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the UK reported FP funding using this revised methodology.

\*\*Austria, Belgium, Czech Republic, European Union, Finland, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.