

EU DEVELOPMENT FUNDING

The need for continued EU leadership on Sexual and Reproductive Health and Family Planning (SRH/FP)

EUROPE, A KEY PLAYER IN DEVELOPMENT COOPERATION

The European Union (EU) is a unique actor in the development cooperation field: contributions from EU institutions and its Member States (still 28 in 2018) amount to over half of all Official Development Assistance (ODA) globally, which makes it the biggest provider of Official Development Assistance (ODA) worldwide.

According to DEVCO's annual report, in 2018 the EU and its Member States continue to be the world's leading provider of ODA with an overall amount of EUR 74.4 billion.¹ The European institutions alone remained the fourth biggest donor globally, with an indicative contribution of EUR 13.2 billion, which is slightly lower than 2017. Despite this decrease, the EU institutions are still the fourth largest donor worldwide, after the United States, Germany and the United Kingdom.² However, several recent changes (the election of a new European Parliament in 2019, the discussion on the future Multi-Annual Financial Framework and the COVID-19 outbreak) could cause this to change in the future.

WHAT WE MEAN WITH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2018, a holistic new definition of sexual and reproductive health and rights (SRHR) going beyond the commonly recognized components of sexual and reproductive health was presented by the Guttmacher Institute and the Lancet Commission. Their report titled "Accelerate progress – sexual and reproductive health and rights for all" introduces for the first time an expanded and evidenced-based comprehensive SRHR definition and recommends an all-inclusive package of essential Sexual and Reproductive Health (SRH) services and information that should be available to everyone. Accordingly, the definition recommended by the report includes all different aspects of reproductive health, sexual health and reproductive rights as already recognised in the Program of Action of the International Conference on Population and Development (ICPD PoA). In addition, it also includes all sexual rights aspects, including Comprehensive Sexuality Education (CSE).³



INVESTING IN SRH/FP IS CRUCIAL – THESE ARE SOME REASONS WHY:

EACH YEAR, IN DEVELOPING REGIONS:

→ **214 MILLION WOMEN** of reproductive age in developing regions who want to avoid pregnancy are denied contraceptive care

→ **43% OF ALL PREGNANCIES** are unintended

→ **MORE THAN 45 MILLION WOMEN** receive inadequate antenatal care, or none at all

→ **MORE THAN 30 MILLION WOMEN** deliver their babies outside of a health facility

A SMART INVESTMENT:

→ **PROVIDING ALL PREGNANT WOMEN AND THEIR INFANTS** with adequate maternal and newborn health care would reduce maternal deaths by 64%

→ **AN INVESTMENT OF 8.56 USD PER PERSON PER YEAR** would help ensure that all women in developing regions receive essential maternal and newborn care and give women and couples access to modern contraceptives

→ **INVESTING IN BOTH CONTRACEPTIVE AND MATERNAL AND NEWBORN SERVICES** together results in a net savings of 6.9 billion USD compared with investing in maternal and newborn health care alone.

Source: Guttmacher Institute (2017). Adding It Up: Investing in Contraception and Maternal and Newborn Health. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

EU COMMITMENTS TO SUPPORTING SRHR

The commitment of the EU institutions to promote SRH/FP in international cooperation and development policy is reflected in various major policy documents. Most notably, SRHR are recognised as an important area of investment in the 2017 European Consensus on Development, the main policy paper defining a shared vision and framework for action in development cooperation for the EU and its Member States.

*“The EU remains committed to promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to SRHR in this context. Having that in mind, the EU reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services.”*⁴

Next to the European Consensus on development, there are several other EU international cooperation policy documents that reflect a commitment to SRH/FP. The Gender Action Plan II, for example, is the framework for promoting gender equality and women’s empowerment in the EU’s external relations. SRH/FP is an essential part of one of the four pivotal areas of the GAP II (Ensuring girls’ and women’s physical and psychological Integrity). The last 20 years, the relations between the Africa, Caribbean and Pacific (ACP) countries and the EU has been governed by the Cotonou Partnership agreement. This agreement will end on 31st of December 2020 and negotiations on its successor are ongoing. While the EU’s negotiation mandate contains strong commitments towards SRH/FP, the final outcome of the negotiations is not yet clear.

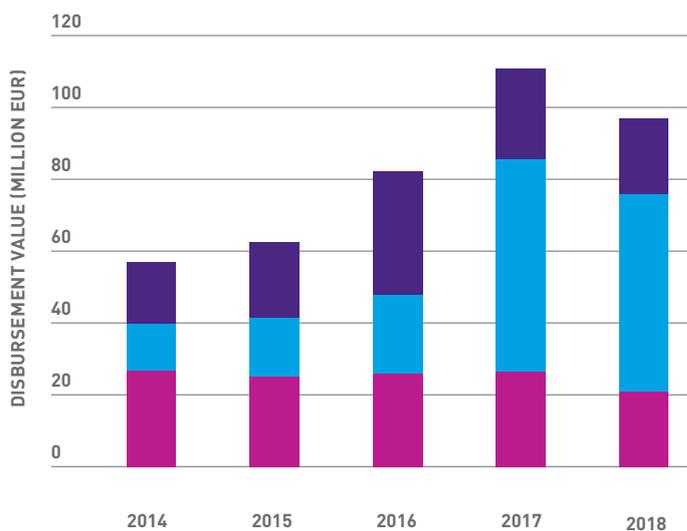
In addition to the policies listed above the EU has also made some specific commitments on funding for SRH/FP. A specific example of such a funding commitment is the EU - UN Spotlight Initiative, launched in 2017. The Spotlight Initiative is a EUR 500 Million EU-UN initiative to eliminate violence against women and girls worldwide. It deploys targeted, large-scale investments in Asia, Africa, Latin America, the Pacific and the Caribbean, aimed at achieving significant improvements in the lives of women and girls. In Africa, the Spotlight Initiative foresees actions in 8 countries and at regional level to address sexual and gender-based violence, harmful practices and sexual and reproductive health and rights. Most of the country programmes have already been set up and the first calls for proposals were launched in 2019.

Adding these commitments to the fact that the EU institutions are amongst the biggest donors worldwide and to the clear need to invest in SRH/FP, it is crucial that the EU commitments are reflected in budget allocations and expenditure.

EUROPE’S FINANCIAL SUPPORT TO SRH/FP

According to the latest figures available, the EU institutions disbursed a total of EUR 13.2 billion of ODA, which is slightly lower than the EUR 13.9 billion in 2017 (source EU Annual report). Both the funding to population policies/ programmes and reproductive health and the funding to health (according to OECD DAC definitions⁵) has decreased significantly (source EU Aid explorer). In 2018, only EUR 19.94 million went to population policies/ programmes and reproductive health, which is significantly lower than the EUR 110.41 million from 2017. Similarly, the EUR 571.08 million that was disbursed on health in 2018 is considerably lower than the EUR 730.56 million from 2017. When looking at SRH/FP funding from a broader perspective (more information in the methodology box below) there is only a slight decrease from 2017 to 2018.

TRENDS IN EU INSTITUTIONS DISBURSEMENTS IN MULTILATERAL FUNDING TO SRH/FP UNDER THE CURRENT MULTIANNUL FINANCIAL FRAMEWORK (MFF) 2014-2020



METHODOLOGY

The multilateral funding figures depict contributions from the OECD DAC database and the EU Aid Explorer to which weighted percentages have been applied, based on the method agreed between UNFPA and the Netherlands Interdisciplinary Demographic Institute (NIDI):

■ Other Multilateral Funding for SRH/FP represents contributions to UNICEF, UN Women, UNDP, WHO, World Bank, UNAID and does not include funding to UNFPA
 ■ UNFPA funding to SRH/FP represents all funding from EU institutions to UNFPA.

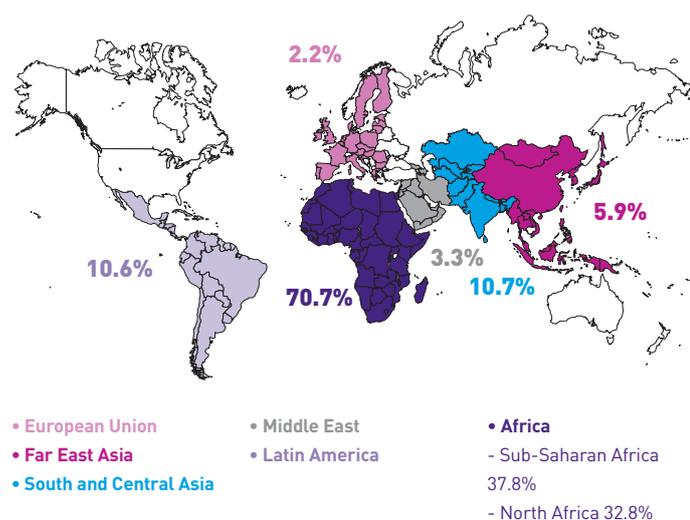
■ Specific SRH/FP organisations and initiatives represents funding to different non-governmental organisations and initiatives, including research initiatives.

The data has been drawn from OECD DAC Database and EU’s CORDIS. Contrary to last year’s factsheet EC funding to the European & Developing Countries Clinical Trials Partnership (EDCTP) is no longer included in the data, as this includes very large amounts of money and it is difficult to draw out specific SRH/FP support. This also explains the difference with the data from the 2019 factsheet.

This analysis is part of the Countdown 2030 Europe annual tracking and is also available on the Consortium’s website through the [online data dashboard](#).

- In 2018, the general trend of increased funding from the past years has stopped. Compared to 2017, funding for SRH/FP decreased by almost 15 million. However, it is still a considerable increase compared to 2016 and more than 1.5 times the amount spent in 2014. This is mainly the result of an increase in funding to UNFPA.
- While EU funding to UNFPA decreased compared to 2017, it still increased substantially compared to the previous years (from EUR 13 million in 2014 up to EUR 54 million in 2018). This is amongst others due to a EUR 20 million contribution to the UNFPA supplies fund, and strong humanitarian support channelled via UNFPA.
- The EUR 20 million funding for the UNFPA Supplies fund is part of the 2018 – 2020 EUR 25 million commitment. Given that 20 million has already been disbursed in 2018, we can expect significantly lower amounts in the next 2 years.
- The funding to the OECD DAC CRS code on population policies/programmes and reproductive health (130) is considerably lower than the funding for SRH/FP according to the methodology used for this factsheet (more information in the methodology box). It therefore seems that SRH/FP funding in 2018 was included under other OECD DAC CRS codes than the one on population policies/programmes and reproductive health.

EU INSTITUTIONS' REGIONAL DISTRIBUTION OF POPULATION POLICIES/PROGRAMMES AND REPRODUCTIVE HEALTH AID IN 2017⁶



SOURCES

1. European Commission (2019). DG DEVCO annual report 2019 - On the implementation of the European Union's instruments for financing external actions in 2018. <https://ec.europa.eu/international-partnerships/system/files/devco-annual-report-2019-en-web.pdf>
2. OECD DAC. Official Development Assistance 2018. <https://www.oecd.org/newsroom/development-aid-drops-in-2018-especially-to-neediest-countries.htm>
3. Guttmacher Institute and the Lancet Commission (2018). "Accelerate progress – sexual and reproductive health and rights for all". [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext)
4. The New European Consensus on Development – Our World, Our Dignity, Our Future (2017). https://www.consilium.europa.eu/media/24004/european-consensus-on-development-2-june-2017-clean_final.pdf
5. OECD DAC CRS codes: 130 (population assistance policies/programmes and reproductive health) and 120 (health - 121 Health general + 122 basic health)
6. OECD database: <https://stats.oecd.org/Index.aspx?DataSetCode=CRS1> CRS codes 130 (population assistance policies/programmes and reproductive health)

RECOMMENDATIONS TO THE EU

These newest data show that compared to 2017 there has been a decrease in EU funding to SRH/FP in 2018. We therefore call on the EU to in the future uphold its commitments and champion SRH/FP and gender equality in its international cooperation and development both in policy and funding. This is particularly essential in the light of the COVID-19 outbreak, which makes investing in essential health services including SRH/FP of crucial importance. We would therefore like to put forward the following recommendations:

→ **The discussion on the next 7-year budget (MFF)**, the proposed Neighbourhood, Development and International Cooperation Instrument (NDICI) and the programming of the funds provide unique opportunities for the EU to turn its commitments to SRHR into practice. We therefore recommend that the EU adopts an ambitious new MFF and NDICI that are in favour of SRHR and gender equality.

- SRHR should therefore be included as an objective under various budget lines (health, education, youth empowerment, human rights, gender) in both the thematic and geographic programmes.
- The NDICI should include targets for SRHR related issues such as gender (85% programmes are gender significant and 20% are gender targeted actions) and human development (20% funding target)
- Whether SRH/FP is included in the implementation of the NDICI will depend on the programming. Therefore, in the programming process, the EU Delegations should include SRHR-related issues in their analysis, consult civil society and invite CSOs working on SRH/FP to all consultations.

→ **The COVID-19 outbreak** that started in December 2019 and its consequences are negatively affecting the availability of and access to basic needs and services, including SRH/FP services, all over the world. The EU should adopt a comprehensive, human-rights-based and gender-sensitive response to the COVID-19 crisis in partner countries. SRH/FP services should be protected, promoted and funded as part of a comprehensive health approach to strengthen health systems and achieve Universal Health Coverage (UHC) in partner countries. Specific attention should be paid to women and girls, youth and groups already marginalized and experiencing discrimination.



All data is also accessible through our [online dashboard](#).



For more information on Countdown 2030 Europe, please visit our website at www.countdown2030europe.org or contact us at countdown2030europe@ippfen.org.



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