

Financing Universal Access to Reproductive Health

Every single minute a woman dies due to a lack of emergency obstetric care, usually due to lack of supplies. There is currently a massive gap between the demand for reproductive health and its supply, due to part to the largest ever generation of young people, the increased transmission of HIV (75% of all infections are through sexual transmission, making condoms essential for prevention) and decreased donor support for sexual and reproductive health and rights programming.

It is estimated that 137 million women globally have an unmet need for contraception. Almost two thirds of women in Sub-Saharan Africa are not using modern methods of contraception and almost half are using no method of family planning. This is despite the fact that reproductive health supplies are one of the most cost effective health interventions available. US\$5 million of commodities can prevent 800 maternal deaths, 11,000 infant deaths, 14,000 additional deaths of children under 5, 150,000 induced abortions and 360,000 unwanted pregnancies¹.

Interact Worldwide is the UK partner of Countdown 2015 Europe a NGO campaign concerned with achieving universal access to reproductive health. We call for action in 10 critical areas to address both the reproductive health supplies gap as ensuring adequate commodities is at the core of achieving universal access to reproductive health care by 2015². Reproductive health supplies covers more than condoms and contraceptives; supplies include all the essential equipment, commodities and medicines required for sexual and reproductive health, maternal and neonatal health and for effective responses to HIV and AIDS³.

How much would providing Universal Access to Reproductive Health cost?

It is estimated that \$23.6bn will be required between 2008 and 2015 to provide contraceptives, condoms and reproductive health supplies⁴. If this is expanded to include prevention responses to HIV and AIDS and improving maternal health then the current best available estimates for providing universal access to reproductive health and the SRH components of HIV and AIDS prevention services are US\$ 29.8bn by 2010 rising to US\$ 35.8bn by 2015⁵.

Given the limit of domestic resources available in developing countries for health responses international donors are asked to provide at least a third of these funds or – **US\$ 9.9bn by 2010 and US\$ 11.9bn by 2015**.

The UK's fair share

An analysis of global need relative to the UK's fair share is shown in the table below. The methodology uses the UK's share of donor adjusted GNI to calculate the fair share, and deducts resources projected to be available from domestic spending. This analysis recommends that the amount necessary to achieve universal access to reproductive health and achieve the objectives of the ICPD Programme of Action is **£898.4 million in the budgeting period 2008/09-2010/11 and £1,027.5 million between 2011/12-2013/14**.

¹ UNFPA (2004) Securing the Supplies that People Rely On

² This target is in line with the new MDG 5 target, and the Programme of Action of the International Conference on Population and Development (ICPD)

³ UNFPA (2002) Reproductive Health Essentials: Securing the Supply

⁴ UNFPA (2005) Achieving the ICPD Goals: Reproductive Health Commodity Requirements 2000-2015

⁵ Countdown 2015 Europe (2007) Strategic Options for Greater European Investment in Reproductive Health Supplies and Bernstein and Vlassoff (2006) Summary of an analysis of Resource Requirements for Reproductive Supplies

Year	Global need (bn)	Donor share (bn)	UK fair share	UK fair share \$ (million)	UK fair share (million)
2008/2009	\$26.90	\$9.0	6.42%	\$575.66	£278.35
2009/2010	\$29.22	\$9.7	6.42%	\$625.31	£302.36
2010/2011	\$30.70	\$10.2	6.42%	\$656.98	£317.67
		2008/09-2010/11		£ 898.4 million	
2011/2012	\$31.90	\$10.6	6.42%	\$682.66	£330.09
2012/2013	\$33.10	\$11.0	6.42%	\$708.34	£342.51
2013/2014	\$34.30	\$11.4	6.42%	\$734.02	£354.93
		2001/12-2013/14		£ 1,027.5 million	
2014/2015	\$35.50	\$11.8	6.42%	\$766.12	£367.34

These figures include the sexual and reproductive health related portion of the prevention aspect of the HIV/AIDS spend (Using the latest UNAIDS estimates for achieving universal access to prevention⁶; the UK's fair share of global prevention need would be £71 million in 2008 and £ 99 million in 2009⁷). There is therefore a linkage between spending on reproductive health and HIV and AIDS. The additional financing within the estimates for achieving universal access to reproductive health includes antenatal care, obstetric complications, other maternal conditions, newborn interventions, the prevention and treatment of sexually transmitted diseases and family planning.

The need to dedicate resources toward sexual and reproductive health, in addition to HIV and AIDS, was reiterated in a speech by the Chair of the APPG on Population, Development and Reproductive Health, Christine McCafferty in November 2007. She highlighted the need for a spending target dedicated to reproductive health in considering the spending review for the next three years should the HIV/AIDS spending target be renewed⁸. While we do not call for a spending target for reproductive health, it is important that the need for funds for reproductive health services is recognised in addition to the need for continued funding for HIV and AIDS.

As was shown in the Interim Evaluation of the Taking Action Strategy, the number of projects with some focus on sexual and reproductive health or family planning has fallen since the mid 1990's. The number of projects and programmes that specifically focus on sexual and reproductive health has halved between 2003/04 and 2005/06, with a related fall in funding⁹. In addition, with the move toward increased funding through general budget support the interim evaluation highlighted that unless an area is explicitly referenced in the country's PRSP then there is the risk that budget support may not address it¹⁰. Explicit coverage of HIV and AIDS activities in these is low, thus it is likely that coverage of sexual and reproductive health is extremely low.

This reduction in funding dedicated to reproductive health is indicative of a need to scale up support. Without increased resources the gap between the supply and demand for reproductive health supplies and services will continue to grow, making the achievement of the MDG's impossible. Increasing funding to reproductive health is a moral imperative to halt the HIV epidemic and in ensuring reproductive health for all by 2015.

The full report on 'Strategic Options for Greater European Investment in Reproductive Health Supplies' which provides the basis for this briefing is available online at www.interactworldwide.org

For more information on the Countdown 2015 Europe campaign in the UK contact Amy Whalley – whalleya@interactworldwide.org

⁶ UNAIDS (2007) Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support

⁷ Total Global Need for Prevention in 2008 is estimated at £ 3,327.5m (\$ 6,655 million), of this one third can be estimated as being needed from donors or £1109.16m. 6.42% of this equates to a UK share of £71 million. The same assumptions were applied to the 2009 estimates.

⁸ Christine McCafferty MP, Chair All Party Parliamentary Group Population, Development and Reproductive Health, House of Commons debates Thursday, 15 November 2007.

⁹ DFID (2007) Interim Evaluation of Taking Action: The UK Governments Strategy for Tackling HIV and AIDS in the Developing World, Measuring Success: Indicators and Approaches, p. 31 and 34

¹⁰ DFID (2007) Interim Evaluation of Taking Action: The UK Governments Strategy for Tackling HIV and AIDS in the Developing World, Measuring Success: Indicators and Approaches, p. 58