rfsu

SEX IS POLITICS

WHERE IS THE MONEY?

RFSU'S REPORT 2015

A tracking of financial resources for sexual and reproductive health and rights within Swedish Development Assistance 2006 – 2014.

rfsu

SEX IS POLITICS
WHERE IS THE MONEY?
A tracking of financial resources for sexual and reproductive health and rights within Swedish Development Assistance 2006 – 2014

RFSU was founded in 1933. Our work is based on the conviction that sexuality has a central role in individuals' lives and in society, and aims towards an open and evidence informed view of sexuality and relationships. We believe that everyone is equal, and should have equal rights and freedoms, including the freedom to be, the freedom to choose and the freedom to enjoy. RFSU aims to facilitate engagement, increase knowledge, shape public opinion, advocate politicians and decision makers, and demand accountability of sexual and reproductive rights at local and national level in Sweden, as well as at the international level.

RFSU has been working at the global level for over 50 years. It was one of the founders of IPPF in 1956, and is still an active Associate Member. As part of the global movement for SRHR, RFSU has partnered with organisations in low- and middle-income countries since the 1980s to change norms and improve policy and legislation that will strengthen the conditions for, and access to, SRHR. RFSU's advocacy has been focused on contributing to a stronger global normative framework for SRHR.

In Sweden, RFSU runs a sexual and reproductive health clinic, providing both treatment and counselling. The clinic also has a mandate to promote evidence-based knowledge and best practice. RFSU has a presence in Swedish schools where it teaches comprehensive sexuality education. Our domestic advocacy is focused on improving SRHR policies at national and municipality level.
RFSU owns the company RFSU Ltd that sells products in the field of sexuality. The profits from this go to RFSU.

rfsu

INDEX

Foreword 4

Summary 5-6

Aim 6

Method 7-8

What is sexual and reproductive health and rights? 9-10

Why ten per cent? 11

The Global Goals for Sustainable Development 12

Global finances are not meeting the needs 13-15

Swedish political commitments 16

Swedish development cooperation to SRHR 17-18

LGBTQ direct support 19

SRHR is feminist foreign policy in action 19

SRHR are human rights 19

Recommendations 20

Annex 1. Disbursements (ODA) to SRHR from Sida and the Ministry for Foreign Affairs 2006-2014 21-22

rfsu

FOREWORD

We treasure what we measure and we measure what we treasure.

We treasure funding that is given to brave activists who call out to their governments that they should do a better job. We value funding that ensures that midwives can go on doing their lifesaving work of supporting women in their reproductive life. We like funding that makes contraceptives reach the most remote areas. And we applaud funding that is spent on providing information to the world's largest generation of youths ever, which enables them to find some solitude in worries that relates to their bodies, sexuality and relations.

In 2015 world leaders committed to 17 new global goals for sustainable development, including targets on universal access to sexual and reproductive health care services and reproductive rights. Implementation of these commitments will need political will and financial resources. RFSU was, together with civil society in Sweden and the international civil society community, active in pushing for human rights, including sexual and reproductive rights to be part of the overall framework. And because RFSU treasures these commitments and other global and bilateral commitments on sexual and reproductive rights, we measure financial flows in order to follow up on their implementation.

This is RFSU's fourth report on financial tracking of aid (ODA) flows, now including figures from 2006 to 2014. The first two reports showed that in spite of a strong political voice on sexual and reproductive health and rights (SRHR) in international negotiations, the Swedish government failed to put its money where its mouth was. In 2012 the trend shifted and we could in our third report published in 2013, show that the government had turned principles into action. The question was would the shifting trend stand the test of time?

RFSU continues to measure what we treasure so that the Swedish Ministry of Foreign Affairs and Sida can treasure what we measure.

Maria Andersson
Secretary General RFSU

rfsu

SUMMARY

The year 2015 marks a policy shift in the global agenda for sustainable development. Three high level meetings have taken place, with the purpose of bringing world leaders together to establish a common agenda. The future will tell if these commitments are translated into real changes in people's lives.

Commitments to fulfil women's reproductive rights and ensure universal access to sexual and reproductive health care services were included in the 17 global goals for sustainable development. At the Financing for Development conference in Addis Abeba, high-income countries committed (once again) to fulfil their promises to contribute to development by providing ODA. Not as the magic bullet, but as one of many solutions.

The UN reports that, out of the share high-income countries have committed to implement the Plan of Action from the UN International Conference on Population and Development, almost 11 billion US dollars were still missing in 2014.

Sweden has continued to place sexual and reproductive health and rights (SRHR) high in its development agenda. This report is RFSU's fourth report, which looks at SRHR disbursements within Swedish ODA. The purpose is to hold the Swedish government accountable to the SRHR commitments made.

The data available is primarily based on what Sida and the Ministry for Foreign Affairs report to OECD DAC. There is a certain amount of inconsistency in how this data is reported within Sida and the Ministry for Foreign Affairs. RFSU has in previous reports recommended better quality control of the data within Sweden's development cooperation. The challenges with the quality for the data still stand and there is therefore a need to be cautious in interpretation of single data points.

However, because RFSU has collected the same type of data over a period of ten years, it is possible to make comparisons over time to identify trends. In 2014, the total Swedish aid to SRHR amounted to 2.6 billion SEK, which is lower than was reported in the previous report for 2012 when it peaked. However, in both 2013 and 2014, Sweden distributed higher amounts of funding to SRHR compared to before the year of 2012, suggesting a long-term shift in funding priorities.

rfsu

The share of funding channelled to SRHR out of Sweden's total aid disbursements in 2014 is around six per cent, which is about the same level Sweden has had since 2009.

Recommendations

- Sweden should increase funding to SRHR in order to reach at least 10 per cent of ODA.
- Ensure a better quality control of data within funding reporting systems mechanisms.
- Incorporate an increase of funding to SRHR as a strategy to achieve the Action Plan for Feminist Foreign Policy, presented in November 2015.
- As part of the Swedish Prime Minister's commitments within the **High Level Global Group for Implementation of the Sustainable Development Goals** ensure that the "SRHR targets", such as the target 3.7 on sexual and reproductive health services and target 5.6 on reproductive rights are fully funded.
- Establish better reporting mechanisms for SRHR in order to track funding in areas that are not covered in this report, such as humanitarian response as well as governance, democracy, human rights and gender equality.

AIM

One of the most important roles of civil society is to hold governments accountable. The Swedish government has made several commitments to position SRHR as a political priority. These reports aim to regularly analyse government ODA spending on SRHR as one of many measurements of fulfilling that commitment. This report does not however cover important issues of either policy dialogue, geographical priorities, quality or results of the financial support provided.

RFSU argues that at least 10 per cent of ODA should be spent in support of SRHR by any government that claims to be an SRHR champion.

This report also aims to give an overview of global funding for SRHR.

METHOD

Every year, Sida and the Swedish Foreign Ministry provide statistics to the Organization for Economic Cooperation and Development (OECD) on how much Swedish development assistance amounts to and how it is distributed. These numbers are reported in a system based on different sector categories. Most of the data that RFSU bases its calculations on come from this data.

There are some concerns with regards to the quality of this data. There is a risk of subjectivity in the assessment by each civil servant's interpretation of what support falls under which sector. The system also leads to over-reporting on current policy priorities. This is not specific for SRHR but, as in previous reports, RFSU recommend a better quality control of data within Sweden's development cooperation.

However, because RFSU has collected the same type of data over a period of ten years, it is possible to make comparisons over time to identify trends.

Some of the sectors that are included are directly linked to areas that can be captured within the SRHR concept, for example *reproductive health*. These sectors are included without adjustment.

Other sectors such as education and health include SRHR components, for example *education of health staff*. The Netherlands Interdisciplinary Demographic Institute (NIDI) under the Resource Flows Project[1] has calculated an average percentage of the different sectors, which can be attributed to SRHR. As an example, of the total amount reported as *education of health staff*, 25 per cent is considered SRHR, and consequently this per cent has been used in this report.

In addition to Sida's bilateral support, the Ministry for Foreign Affairs has the main responsibility for core support to multilateral organizations. The support to organizations that work exclusively with SRHR, such as UNFPA, or HIV and AIDS, such as UNAIDS, counts fully as SRHR. For other organizations such as UNICEF and the World Bank, which only partly work with SRHR, RFSU uses weights produced by NIDI.

[1]http://www.resourceflowsdata.org/

Between 2006 and 2007 NIDI changed the proportion that counts as SRHR from the World Bank and UNICEF from 15 and 16 per cent to 2 and 9 per cent respectively. In order to compare these two years, however, RFSU choose to use the 2007 share also in 2006.

RFSU bases its calculations on Nidi's estimates because these are the same estimates used by UNFPA's global reporting[2] and allows comparability between countries as reported in for example the report Euromapping[3].

All percentages used are reported under each sector/organizational support in the table in annex 1 of this report.

In 2006 the Ministry of Foreign Affairs did not report to the OECD in accordance with the sector template that was used later on. However, RFSU has included the individual contributions that were later reported according to these sectors.

The support to the Global Fund for Tuberculosis, Malaria and HIV/AIDS is based on a multi year agreement. For consistency and long-term analysis, the calculations in this report are based on planned yearly distributions within these agreements.

Efforts aimed at strengthening lesbian, gay, bisexual and transgender rights are based on the information Sida has collected and provided to RFSU.

Since 2011, Sida administers and distributes some of the multilateral core support that the Ministry for Foreign Affairs is responsible for. This support is however still reported in the Foreign Ministry's section in the table in Annex 1.

It is worth noting that the figure of total aid indicated in the table in annex 1 is based on actual expenditure, that is the reported figure to OECD DAC, and not the budget allocation outlined in the budget proposition. This is consistent with the other figures indicated for each sector and organization, which are also based on what Sweden has reported as expenditure to OECD DAC. In 2014, the result is four billion more than the budget allocation and as a consequence Sweden reported more than one per cent ODA to OECD DAC. This in turn should be taken into consideration when looking at the share of SRHR this particular year. The reported result includes everything Sweden defines as ODA, including in-donor refugee costs, EU contributions and administration costs.

[2]UN Secretary General Report; Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, 2015.
[3] http://resourceflows.org/publications/external-publications/euromapping

WHAT IS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

SRHR basically means the right to decide over one's own body, sexuality and reproduction.

Sexual and reproductive rights are based on internationally protected human rights. Countries must therefore comply with international human rights standards and principles in fulfilling their obligations to take legislative, policy, and other measures to realize these rights.

SRHR include a diversity of issues, all linked to sexuality and reproduction. They include the right to services such as contraceptives, maternal health care, as well as information and counselling, including comprehensive sexuality education for young people.

SRHR also include addressing social and discriminatory practices that violates rights such as early and forced marriage and sexual and gender-based violence, social control of young boys and girls, and women often result in limited power and influence over their own bodies and consequently their lives.

Sexuality is also about positive choices in life, about passion and joy. It is about the right to have and express your sexuality and decide freely with whom you want to have sex, irrespective of age, gender or sexuality - as long as that decision does not infringe on another individual's rights.

Access to modern contraceptives is a means for young girls and boys, women and men to make empowering decisions about their own lives. It offers the possibility of having a safe and enjoyable sex life, the possibility to complete secondary and tertiary education and increase the options of accessing the labour market. Currently, 225 million women lack access to modern contraceptives. If all women who wanted to avoid pregnancy had access to contraceptives the proportion of unwanted pregnancies would fall, which in turn would mean that 79,000 women's lives could be saved annually as a direct result of lower maternal mortality rates[4].

[4]Adding it Up, Adding It Up: Costs and Benefits of Contraceptive Services
Estimates for 2012, Susheela Singh and Jacqueline E. Darroch, Guttmacher Institute/UNFPA 2012

rfsu

Pregnancy and childbirth remain the single largest cause of death for young women in low-income countries. Even though maternal mortality has decreased substantially in the last two decades, an estimated 830 women die every day from pregnancy-related complications and 99 per cent of these women live in low- and middle-income countries. For every woman who dies a maternal death, an estimated 20 women experience maternal illness or morbidity[5].

Almost 40 per cent of the world's population live in countries with highly restrictive abortion laws[6]. Despite a positive trend toward liberalized abortion laws globally, gaps in the implementation of these laws and procedural barriers are still major impediments for women to access safe abortion. According to WHO, 21 million unsafe abortions take place every year and as many as 47,000 women die every year. Almost all of these deaths occur in low- and middle-income countries, and the vast majority of these deaths are avoidable. Abortions are safe when performed with legally available, modern medical practices[7]. Making abortion illegal does not reduce the number of abortions; it merely increases the risk of unsafe abortions.

Lesbian, gay, bisexual, transgender and queer (LGBTQ) persons are persecuted all over the world to varying degrees. In almost 80 countries, same-sex relations are criminalized and in some of countries, the sanction is the death penalty. A number of countries prohibit "propaganda" or "promotion" of homosexuality. In most countries, transgender people are denied legal recognition, and the possibility of medical care or gender transformative care is denied[8].

Young people have the right to comprehensive sexuality education. More than 1.8 billion people in the world are between 10 and 24 years of age[9]. They are, or will soon be, sexually active. They have the right to obtain information and discuss safer sex and relationships.

[5]http://www.who.int/mediacentre/factsheets/fs348/en/
[6]Center for Reproductive Rights: A Global View on Abortion Rights. http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/WAM_GlobalView_2014%20EN_0.pdf
[7]WHO; Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008 http://apps.who.int/iris/bitstream/10665/44529/1/9789241501118_eng.pdf
[8]rfsl.se
[9]UNFPA, Sate of the World Population; The Power of 1.8 billion, 2014, https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf

rfsu

WHY TEN PER CENT?

As described in the chapter below on global finances, funding of SRHR from high-income countries needs to double. Even though there has been some progress, in some areas even great leaps of successes, the unmet need for contraception in low- and middle-income countries and human rights violations are immense. The Swedish government has made SRHR a policy priority, but a credible policy commitment must be followed up with funding.

With three high-level meetings on the 2030 Agenda, Financing for Development and Climate Change, the world has a new framework for sustainable development. There have been intense discussions in these processes on where the resources should come from in order to finance the agenda. It is clear that ODA will only be one of many financing instruments needed, but nevertheless, in some countries and contexts, it is and will remain a very important one over the next 15 years.

The ask for 10% of governments' ODA to be channelled to SRHR has been raised at several International Parliamentarians Conference on the Implementation of ICPD (IPCI), last time hosted by Sweden, in Stockholm in 2014.

Contrary to the situation in many donor countries, there is firm support in Sweden among parliamentarians and the general public to support sexual and reproductive health and rights. Issues such as abortion rights, comprehensive sexuality education, LGBTQ persons' rights, and contraceptives, including to young people are still considered controversial by many. This gives the Swedish government a unique opportunity to assume the global leadership role. Dedicating at least 10 per cent of the ODA is a clear signal of such an ambition. It was therefore encouraging to hear that the Ministry or Foreign Affairs has used this benchmark as an internal goal, something that was declared at a health-stakeholders' meeting in 2013[10].

[10]Anders Nordström, Ambassador for Health, presented this goal at a stake holder's meeting on 20 September 2013. This was later confirmed as an internal goal in an e-mail conversation.

rfsu

THE GLOBAL GOALS FOR SUSTAINABLE DEVELOPMENT

In September 2015, world leaders agreed on 17 universal goals for sustainable development. Although all goals are interlinked, two goals explicitly refer to SRHR.

- **Goal 3** - Ensure healthy lives and promote well-being for all at all ages, include the following targets:
- **3.2** By 2030, reduce the global maternal mortality ratio to less than 70 per 100.000 live births
- **3.3** By 2030, ...end the epidemics of AIDS...
- **3.7** By 2030, ensure universal access to sexual and reproductive health service, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- **Goal 5** - Achieve gender equality and empower all women and girls, include a target on reproductive rights:
- **5.6** Ensure universal access to sexual and reproductive health and **reproductive rights**, as agreed in accordance with the Programme of Action of the **International Conference on Population and Development** and the **Beijing** Platform for action and the outcome documents of their review conferences.

Other relevant goals for SRHR include goal 4 on education and goal 16 on justice and particular target 16.b on *promoting and enforcing non-discriminatory laws and policies for sustainable development.*

Continued work is needed to decide on relevant indicators that capture the full scope of SRHR, and to establish comprehensive accountability mechanisms. But the Agenda 2030 needs to be financed, and even though ODA will have a limited role to play in many countries it will still be key and absolutely crucial to the people living in low-income countries.

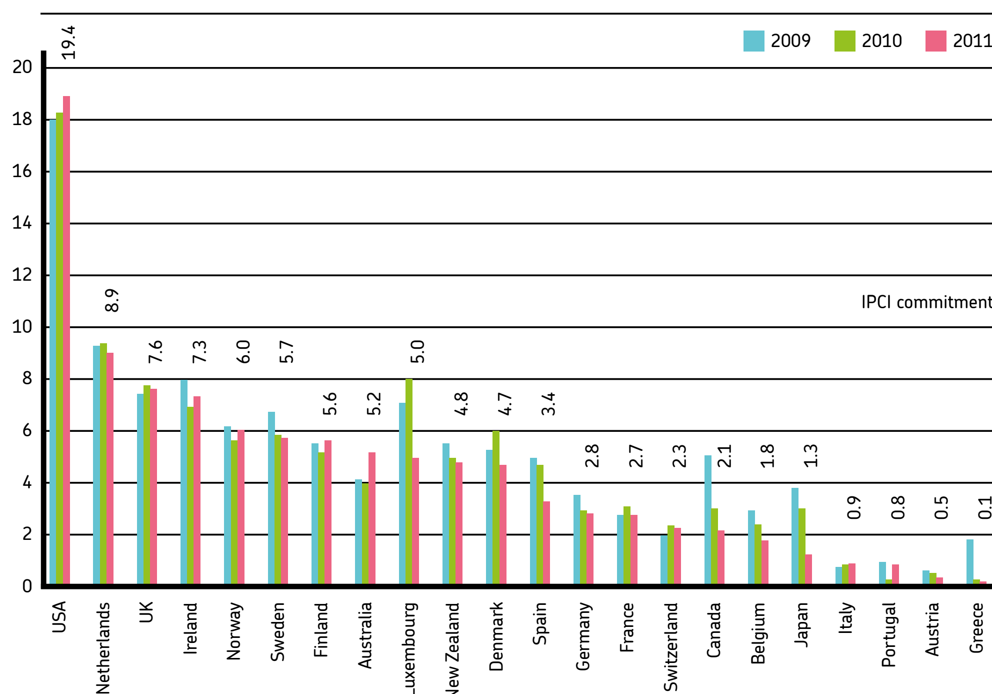
GLOBAL FINANCES ARE NOT MEETING THE NEEDS

At the Financing for Development Conference in Addis Abeba in July 2015, participating countries recommitted to achieve the target of 0.7 per cent of gross national income for ODA, and 0.15 to 0.20 per cent for least developed countries[11]. With a commitment of one per cent to ODA, Sweden officially exceeds that target. However, criticism has increasingly been levelled against Sweden that this figure is eroded when a larger proportion is being spent in Sweden and not in poor countries, as ODA to a greater extent is used to cover costs related to the reception of asylum seekers in Sweden.

At the ICPD conference in 1994, the international community agreed that two thirds of the cost for implementing the Programme of Action, should be mobilized by the developing countries themselves and one third, from the international community.

According to the latest OECD DAC figures, the total ODA reached 134.8 US billion in 2013. Until recently, UNFPA, through the research institute NIDI, calculates every year global funding to implementation of ICPD Programme of Action. Their estimates are based on the same methods used in this report (apart from the LGBTQ support, which RFSU adds). The latest report shows that the percentage of the total ODA that donor countries as a group contributed to what is defined as "population assistance" was 7.8 per cent in 2013, down from 7.9 per cent in 2012. There are significant variations, from 0.07 per cent to 19.53 per cent[12].

GLOBAL EFFORTS ON POPULATION ASSISTANCE (2009-2011)
(As percentage of ODA). Source: UNFPA Resource Flaws Project Database



[11]http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf
[12]UN Secretary General Report; Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, 2015.

The report Euromapping[13] presents the table above on funding to implementation of ICPD based on the same data from the Resource Project as RFSU's report. Euromapping includes a comparison between donor's funding to SRHR as share of ODA[14]. In the latest data available, which is for 2009-2011, Sweden comes in sixth place.

ODA has continued to increase, although at a slower rate than in the past. The estimates presented by the UN suggest that funding for implementation of ICPD Programme of Action had increased to 12.3 billion US dollars in 2014, and a further increase to 12.9 billion US dollar is projected for 2015.

The UN estimates that by 2014, 69.6 billion US dollars are needed to implement the ICPD Programme of Action.

Updated cost estimates for the implementation of the Programme of Action, by subregion: 2009 – 2015 (Millions of United States dollarns)

	2009	2010	2011	2012	2013	2014	2015
Global	**48 980**	**64 724**	**67 762**	**68 196**	**68 629**	**69 593**	**69 810**
Sexual/reproductive health/family planning	23 454	27 437	30 712	32 006	32 714	33 284	33 030
- Family planning, direct costs	2 342	2 615	2 906	3 209	3 529	3 866	4 097
- Maternal health, direct costs	6 114	7 868	9 488	11 376	13 462	15 746	18 002
- Programme and system, related costs	14 999	16 954	18 319	17 422	15 723	13 672	10 931
HIV/AIDS	23 975	32 450	33 107	33 951	34 734	35 444	36 189
Basic research/data/policy analysis	1 551	4 837	3 943	2 239	1 181	864	591

According to the commitments made in the ICPD Programme of Action, donor governments should contribute one third of this amount, adding up to more than 23 billion US dollars. This means that the world was almost 11 billion US dollars short in 2014.

The largest share of financing for SRHR comes from low- and middle-income countries themselves. Consumer spending as measured by out-of-pocket expenditures represents the largest part of domestic resources spent on population activities. Low- and middle income countries are currently funding more than 3/4 of population-related expenditures, and private consumers in many of those countries are spending more than half of their domestic resources on out-of-pocket expenditures. Placing the largest burden of costs on individuals living in the poorest countries is a major reason people are kept in or fall back into poverty[15].

[13]http://resourceflows.org/sites/default/files/Euromapping%202013.pdf
[14]The figures in Euromapping are reported in dollars and do not include support to LGBTQ-persons rights.
[15]UN Secretary General Report; Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, 2015.

Investing in SRHR may seem costly at the first glance but is in fact very cost-effective. Spending one dollar on contraceptive services reduces the cost of pregnancy-related care, including care for women living with HIV, by $1.47.

The Guttmacher Institute and UNFPA report the dramatic benefits of full universal access to modern contraceptives and the positive consequences if all pregnant women and their newborns received care at the standards recommended by WHO. Compared with the current situation,

- Unintended pregnancies would drop by 70%, from 74 million to 22 million per year;
- Maternal deaths would drop by 67%, from 290,000 to 96,000;
- Newborn deaths would drop by 77%, from 2.9 million to 660,000;
- The burden of disability related to pregnancy and delivery experienced by women and newborns would drop by two-thirds; and
- Transmission of HIV from mothers to newborns would be nearly eliminated achieving a 93% reduction to 9,000 cases annually[16].

[16]Guttmacher Institute/UNFPA, Adding it up The Costs and Benefits of Investing in Sexual and Reproductive Health, 2014

SWEDISH POLITICAL COMMITMENTS

In 2005, Sweden adopted an international policy on SRHR, listing a number of priority-areas such as safe abortion and LGBTQ person's rights. Since 2004, SRHR has been listed as a priority, either in itself or in the area of gender equality. This means that three consecutive governments have included SRHR as a main priority for development cooperation. In the government's letter of intent to the parliament about policy coherence for development in 2008 and 2010, SRHR was listed as an important area under the policy priority named "oppression."

The current government has demonstrated a continued political commitment by including SRHR as one of the areas under the priority of gender equality in its budget proposal for 2016. SRHR is also prominent in the area of social development/health.

Sweden often negotiates through the EU, which in itself poses challenges because of strong opposition from member states. In May 2015 the Council, much due to a strong push from Sweden and other likeminded, adopted conclusions on Gender in Development[17], which includes a strong position on SRHR. These conclusions may strengthen EU's voice in the global arena.

The Swedish government also successfully prioritised SRHR within negotiations during the Agenda 2030 process.

Recently, the Ministry of Foreign Affairs has also presented an action plan for its feminist foreign policy in which SRHR is listed as one of six priority areas[18]. How these new feminist policy commitments are translated into financial commitments, will be captured in RFSU's next report.

All these policy commitments serve as a good argument for securing also financial resources for implementation.

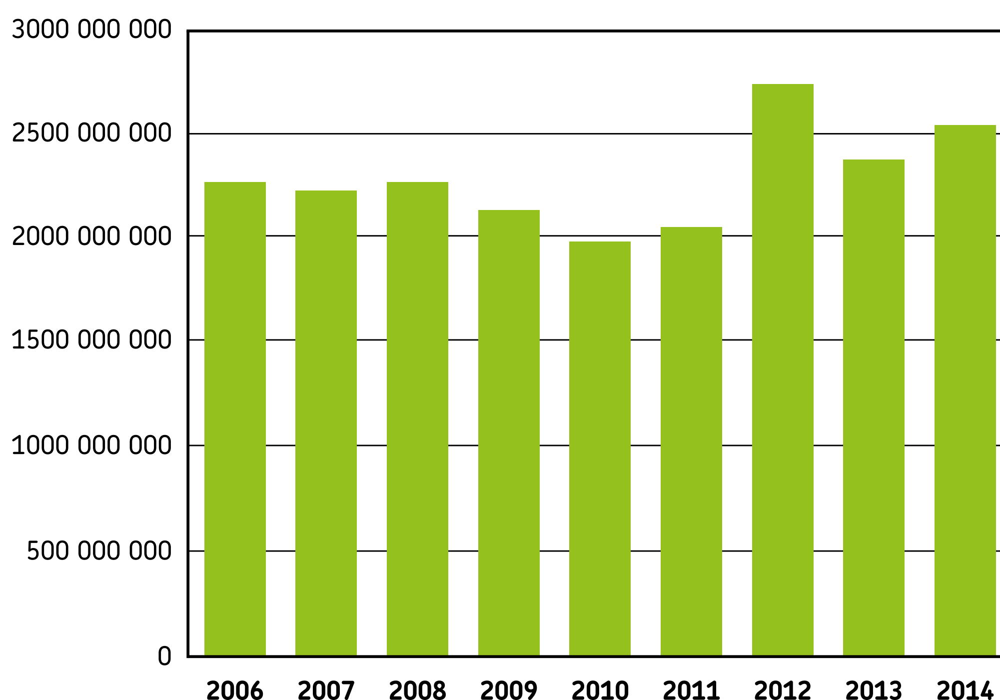
[17] http://data.consilium.europa.eu/doc/document/ST-9242-2015-INIT/en/pdf
[18] http://www.regeringen.se/contentassets/a50b41904e1b44af927a02cea7debac8/handlingsplan-feministisk-utrikespolitik.pdf

SWEDISH DEVELOPMENT COOPERATION TO SRHR[19]

In 2014, the total Swedish aid to SRHR amounted to 2.6 billion SEK, which means that there has been a decrease since 2012, when funding reached its highest, but an increase since 2013. The year of 2012 was expected to be a peak due to large multi year disbursement. In both 2013 and 2014, Sweden distributed larger amounts of funding to SRHR then before the year of 2012, suggesting Sida and the Ministry for Foreign Affairs have stabilised funding at a higher level.

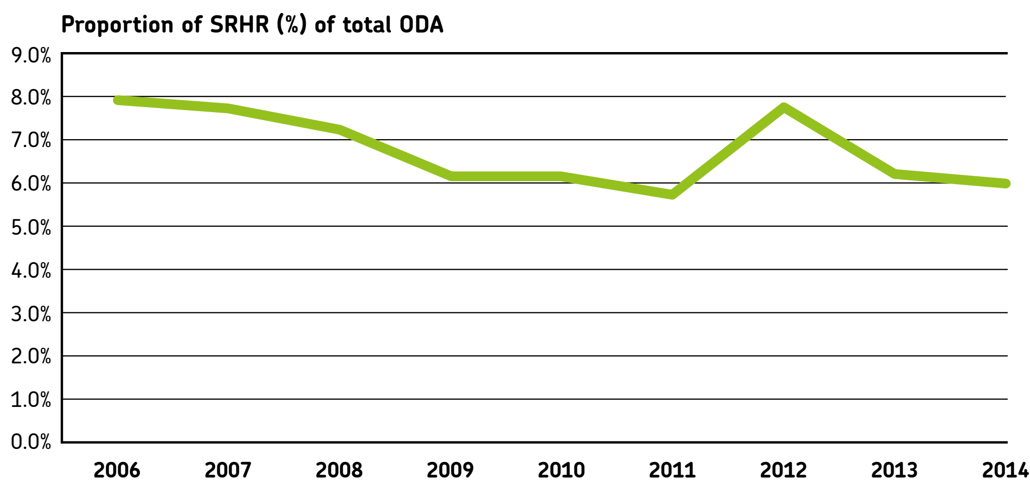
The total figure of 2.6 billion SEK includes assistance to HIV and AIDS, general support of health and education, LGBTQ rights, and support for reproductive health and rights, such as maternity care, safe abortion, and contraception.

Total disbursements (ODA) to SRHR from Sida and Ministry for Foreign Affairs 2006-2014



[19]The full table including all figures referenced in this chapter are found in Annex 1 of this report.

Ever since 2009, with the exception of 2012, the share of SRHR out of Sweden's total aid has remained steady around six per cent. This is true also for the last two years, 2013 and 2014, which are new in this report[20].



Because Sweden reports in-donor costs associated with the reception of asylum seekers as ODA, less funding is available for development cooperation in low-income countries. In 2014, 7.5 billion SEK[21] from the ODA budget was spent on costs in Sweden related to the reception of asylum seekers. That means that Sweden spent almost three times as much aid in Sweden than on SRHR in OECD DAC listed countries.

If one looks at Sida alone over time, again with the exception of 2012, the share of SRHR out of the total expenditure result the authority reports is around six to seven per cent.

As mentioned the total figure of SRHR includes support for parts of the broader health sector and the education sector. If one looks at what's reported as "reproductive health" only, which is where targeted support of, for example, contraceptives and abortion rights are included, we also see a continued higher support compared to the situation before 2012. That year marks an exceptionally high disbursement level, but the years that follow stay above one billion, compared to the situation before 2012 when the figure was around 800 million SEK. This indicates a commitment from both Sida and the Ministry for Foreign Affairs to increase financial support of SRHR.

[20]If one instead of the total Swedish aid reported to OECD DAC use the result for budget line "International cooperation" (utgiftområde 7), which is excluding refugee costs, EU contribution and administration costs, the share of SRHR increases to 8 per cent for both 2013 and 2014. However as long as these areas are reported as ODA, RFSU will base its analysis on the total result.
[21]http://openaid.se/sv/aid/2014/#sectors

rfsu

LGBTQ DIRECT SUPPORT

The direct support to LGBTQ-persons has increased rather dramatically from 2013 to 2014, from 49 to 162 million SEK. This is according to Sida both due to larger new disbursement to for example the Global Equality Fund but also because previous smaller disbursements are now increasing due to more established cooperations between Sida and its partners. This implies an increased capacity and experience within Sida working with issues relating to LGBTQ. It should also be noted that the figures only capture direct support. Other forms of funding, through for example the more general civil society support, also include support to LGBTQ person's rights.

RFSU will not draw any long-terms conclusions based on one year, but we note with appreciation that Sida is moving in a positive direction.

SRHR IS FEMINIST FOREIGN POLICY IN ACTION

The Swedish Feminist Foreign Policy underlines that sexual and reproductive health and rights are crucial to achieving gender equality and the full implementation of human rights for women and girls. In Sida's data-base, each project is indicated whether gender equality is a principal objective, a significant objective or not an objective at all. Out of the 196 projects listed under reproductive health, 129 reported gender equality as a principal objective and 64 reported that gender quality was a significant objective. The substantial linkages between SRHR and gender equality come as no surprise but the figures show that financing SRHR is a truly feminist action. Respecting sexual and reproductive rights is about changing gender norms, eliminating gender-based violence and ensuring that women have the rights and freedoms to make decisions regarding their own sexuality and reproduction. This in turn will undoubtedly lead to greater participation in the political and economic sphere.

SRHR ARE HUMAN RIGHTS

Because of limited human resources and a lack of existing mechanisms to track data, this report does not include support of SRHR in other sectors than health and education, unless they are listed as direct support to LGBTQ-persons rights. However, from a quick scan, it is clear that there are SRHR activities in for example "Governance, democracy, human rights and gender equality" that would be interesting to further analyse. In this sector we find a programme such as "Responsible Fatherhood & Promotion of Child Rights in Mozambique", which lists SRHR as a priority. Sida's bilateral support to BBC Media Action in Zambia, which purpose is to increase awareness of SRHR, is listed in the same sector.

We know that Sida is reviewing its approach to track SRHR components in these sectors and we look forward to the coming reports and follow up discussions.

rfsu

RECOMMENDATIONS

- The increased funding to what is defined as "reproductive health" in the reporting to OECD DAC is a signal that both Sida and the Ministry for Foreign Affairs have made SRHR a financial priority. However, to reach the minimum demand of 10 per cent, Sweden would need to further prioritise funding to SRHR.

- While the transparency of data for development cooperation has improved the last years, the quality still remains problematic. If quality is questionable the means for accountability are weakened. As in previous reports, RFSU therefore recommends that Sida and the Foreign Ministry review their reporting mechanisms and improve their quality control.

- Matching the political priorities with financial commitments is key to deliver on the ambitious plan for a feminist foreign policy. A further increase of funding to SRHR should be seen as a strategy to achieve the targets in the Action Plan for Feminist Foreign Policy.

- The Swedish Prime Minister is a member of the High Level Global Group for Implementation of the Sustainable Development Goals. Part of this group's priorities should be to ensure that the "SRHR targets", such as the target 3.7 on sexual and reproductive health services and target 5.6 on reproductive rights are not missed out financially. Continued leadership in this field, will require Sweden to support their implementation substantially.

- This report does not include tracking of how much Sweden funds support SRHR in humanitarian response. However, as shown in the recent UNFPA State of the world Population[22], SRHR need greater attention in this field. Given Sweden's priorities in both areas, greater linkages should be made. The Action Plan for a Feminist Foreign Policy describes actions in line with this suggested approach. Tracking funding within humanitarian assistance would be an important starting point.

- Further financial tracking of SRHR is needed. RFSU's tracking is limited to the OECD DAC reporting codes, which have advantages because they enable comparability. However, SRHR is also supported through other sectors, for example governance, democracy, human rights and gender equality. Better reporting mechanisms should be developed in order to track funding in these areas as well.

[22]http://www.unfpa.org/swop

ANNEX 1.

DISBURSEMENTS (ODA) TO SRHR FROM SIDA AND THE MINISTRY FOR FOREIGN AFFAIRS 2006–2014

Swedish International Development Cooperation Agency, Sida									
	2006	2007	2008	2009	2010	2011	2012	2013	2014
	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Reproductive health and rights									
13010 Population policy and administrative management	7 842 753	11 356 386	10 014 378	-639 548	0	0	14 000 000	3 699 471	3 608 470
13020 Reproductive health care	279 622 740	263 863 949	209 781 552	225 696 705	248 357 031	179 939 941	677 256 330	422 018 110	463 908 721
13081 Personnel development for population and reproductive health	0	0	0	460 349	286 233	31 362	0	0	0
Total Reproductive health and rights	287 465 493	275 220 335	219 795 930	225 517 506	238 643 264	179 971 303	691 256 330	425 717 581	467 517 191
LGBT									
LGBTI rights	3 902 006	11 502 007	17 902 008	23 602 009	35 223 535	44 502 695	35 846 102	48 866 000	161 711 000
Total LGBT	3 902 006	11 502 007	17 902 008	23 602 009	35 223 535	44 502 695	35 846 102	48 866 000	161 711 000
HIV/AIDS									
13040 STD control including HIV/AIDS	465 377 918	364 399 747	371 113 590	357 514 004	291 756 867	312 778 025	373 381 472	320 153 285	272 799 444
16064 Social mitigation of HIV/AIDS	111 270 402	194 870 335	159 466 191	211 531 531	143 587 505	120 080 153	91 546 033	131 278 010	119 626 255
Total HIV/AIDS	576 648 320	559 270 082	530 579 781	569 045 535	435 344 372	432 858 178	464 927 505	451 431 295	392 425 699
Health services									
12110 Health policy and administrative management (10%)	20 788 820	24 311 449	22 082 808	15 574 062	8 517 348	5 062 409	9 905 912	9 282 151	20 646 130
12220 Basic health care (25%)	115 547 864	121 799 182	111 275 230	102 213 359	68 719 768	93 667 912	101 029 972	109 528 035	71 482 636
12230 Basic health infrastructure (25%)	2 010 449	2 134 468	2 527 895	36 619	0	0	500 000	957 333	3 750 456
12240 Basic nutrition (75%)	4 078 682	2 434 207	5 959 754	4 890 307	4 935 416	4 350 000	5 708 619	25 581 783	15 565 813
12261 Health education (25%)	2 852 538	1 799 544	534 134	2 503 033	0	6 565 711	6 803 273	14 382 239	15 531 069
12281 Health personnel development (25%)	1 327 811	3 449 634	2 513 749	2 559 183	3 849 388	4 955 088	3 790 481	10 725 572	8 119 818
Total Health services	146 606 163	155 928 484	144 893 571	127 776 562	86 021 921	114 601 119	127 738 256	170 457 113	135 095 923
Education									
11220 Primary education (10%)	28 575 641	25 109 740	43 876 092	42 662 922	57 074 054	69 716 381	32 338 590	27 670 993	57 445 482
11230 Basic life skills for youth and adults (10%)	5 994 564	2 698 687	8 569 458	5 158 254	4 715 751	1 918 281	1 150 950	2 890 000	644 005
11240 Early childhood education (10%)	65 000	151 883	18 961	0	0	0	0	0	0
11320 Secondary education (10%)	2 264 826	646 286	874 231	807 692	759 587	250 000	0	28 200	0
Total Education	36 900 031	28 606 596	53 338 743	48 628 868	62 549 392	71 884 662	33 489 540	30 589 193	58 089 488
Total SRHR Sida	**1 051 522 013**	**1 030 527 504**	**966 510 033**	**994 570 480**	**867 782 483**	**843 817 957**	**1 353 257 733**	1 127 061 181	1 214 839 300
Total Development allocation (result)	15 263 196 000	15 368 831 000	14 545 730 000	15 631 553 000	14 240 391 000	15 108 464 000	16 259 953 000	16 793 718 000	18 988 753 000
SRHR % of Sida's development allocation	7%	7%	7%	6%	6%	6%	8%	7%	6%

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Ministry for Foreign Affairs	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK	SEK
Reproductive health and rights									
13020 Reproductive health care	0	0	1 848 521	1 090 592	0	0	0	0	40 000 000
13010 Population policy and administrative management	0	40 000	0	750 000	3 950 000	3 000 000	1 000 000	7 568981	12 000 000
UNFPA	400 000 000	405 500 000	401 955 000	450 000 000	427 114 750	445 500 000	445 500 000	427 800 000	485 000 000
UNICEF (9% 2006, 2007, 8% 2008-2010, 13,4% 2011-2012, 12,9% 2013-2014)	39 600 000	59 095 000	36 800 000	72 800 000	37 680 000	64 320 000	64 320 000	59 933 400	70 950 000
UNDP (7,5% 2006 - 2007, 8% 2008-2010, 7,5% 2011-2012, 7% 2013-2014)	59 250 000	60 000 000	57 600 000	57 600 000	50 400 000	51 675 000	51 675 000	39 284 000	35 700 000
(WHO 7,18% 2006, 9% 2007-2010, 7% 2011 -14)	2 476 597	1 967 444	2 046 732	2 770 200	2 474 233	1 759 598	1 797 740	1 687 219	1 560 580
WB (2006-2010 2%, 2011-2014 1,2%)	34 541 160	42 300 040	47 759 320	57 053 032	46 771 670	24 961 800	26 066 040	43 401 000	25 781 990
UNIFEM/UN Women (9%)	2 250 000	2 340 000	1 980 000	2 340 000	2 340 000	4 500 000	4 500 000	11 268 000	6 300 000
Total Reproductive health and rights	538 117 757	571 242 484	549 989 573	644 403 824	570 730 653	595 716 398	594 858 780	590 942 600	675 309 340
HIV/AIDS									
13040 STD control including HIV/AIDS	120 000 000	191 222 000	3 500 000	0	0	0	0	0	0
16064 Social mitigation of HIV/AIDS	0	474 455	0	0	0	0	0	0	0
UNAIDS	240 000 000	222 000 000	242 000 000	290 000 000	266 000 000	266 000 000	266 000 000	244 720 000	230 000 000
The Global Fund to Fight AIDS, Tuberculosis and Malaria (2006-2010 56%, 2011 58,6%, 2012 54,5%, 2013 -2014 53,9)	336 000 000	240 240 000	526 930 000	201 600 000	280 000 000	351 600 000	517 750 000	404 250 000	431 200 000
Total HIV/AIDS	696 000 000	653 936 455	772 460 000	491 600 000	546 000 000	617 600 000	783 750 000	648 970 000	661 200 000
Health services									
12110 Health policy and administrative management (10%)	0	0	0	0	0	500 000	950 000	500 000	100 000
12220 Basic health care (25%)	0	0	0	46 713	0	0	0	0	0
12261 Health education (25%)	0	0	0	0	0	0	1 250 000	0	131 440
Total Health services	0	0	0	46 713	0	500 000	2 200 000	500 000	231 440
Education									
11320 Secondary education (10%)	0	638 500	610 900	655 628	630 698	644 866	628 766	598 894	551 877
Total Education	0	638 500	610 900	655 628	630 698	644 866	628 766	598 894	551 877
Total SRHR Ministry for Foreign Affairs	**1 234 117 757**	**1 225 817 439**	**1 323 060 473**	**1 136 706 165**	**1 117 361 351**	**1 214 461 264**	**1 381 437 546**	1 241 011 494	1 337 292 657
Total SRHR	**2 285 639 770**	**2 256 344 942**	**2 289 570 506**	**2 31 276 645**	**1 985 143 834**	**2 058 279 221**	**2 734 695 278**	**2 368 072 675**	**2 554 115 187**
Total Development assistance (result)	29 161 000 000	29 320 000 000	31 607 000 000	34 713 000 000	32 651 000 000	36 360 000 000	35 468 000 000	37 954 000 000	42 686 000 000
SRHR % of total Developmend assistance	7,84%	7,70%	7,24%	6,14%	6,08%	5,66%	7,71%	6,24%	5,98%

rfsu