The International Conference on Population and Development (ICPD), held in Cairo in 1994, identified the reproductive rights of conflict-affected populations, such as refugees and internally displaced persons, to be equal to those of people everywhere. Yet the capacity of these populations to realise their rights is severely compromised in conflict settings, exposing them to increased risk of death, disease, or disability.

The critical importance of RH to achieving many of the Millennium Development Goals (MDGs) is well established and recognised by the international community. Although important progress has been made since 1994 in providing RH services to conflict-affected populations, the humanitarian community is far from meeting all RH needs.

The United Nations estimates that almost $50 billion is needed to meet RH needs in all developing countries in 2009; up to $70 billion will be needed in 2015. While donor assistance to RH activities has increased over time, it remains insufficient to ensure the implementation of ICPD and MDG commitments.

Most conflict-affected countries rely heavily on international aid and humanitarian assistance for basic service provision, as internal state capacities are often limited. Reliable information on aid disbursements in these settings is key to increasing aid effectiveness. Yet little is known about aid disbursements for RH in conflict-affected countries.

To address this knowledge gap, researchers from the RAISE Initiative, the London School of Hygiene & Tropical Medicine, and King’s College London investigated disbursements of official development aid (ODA) for RH activities in 18 conflict-affected countries between 2003 and 2006, using data from the Creditor Reporting System and the Financial Tracking System databases. Published in the online medical journal PLoS Medicine, “Tracking of official development assistance for reproductive health in conflict-affected countries” is the first systematic analysis of ODA disbursement for RH to conflict-affected countries.

Study findings
The study reveals notable inequity in funding for RH to conflict-affected countries. During the period 2003-2006, it was found that:

- Of the annual average of $509.3 million ODA for RH, only 1.7% was disbursed to support family planning activities compared to 46.7% to support HIV/AIDS control efforts.
- While a 77.9% increase of ODA for RH was observed over the assessed period, this increase was largely due to a 119.4% increase of ODA disbursement for HIV/AIDS and sexually transmitted infection control. In contrast, funding for other main RH activities, including family planning, dropped by 35.9% (Box 1).

A comparison of conflict-affected countries qualifying as “least developed countries” (LDCs) to comparable non-conflict-affected LDCs shows that less ODA is disbursed...
for RH in conflict-affected LDCs, despite generally worse RH-related indicators in these countries.\(^2\)\(^3\) For example, six out of eight LDCs with the world’s highest maternal mortality ratios are conflict-affected: Afghanistan, Angola, Chad, Liberia, Sierra Leone, and Somalia.

Between 2003 and 2006, an annual average of 4.4% of all ODA disbursed to sampled conflict-affected LDCs was allocated to RH activities, compared to 8.9% in sampled non-conflict-affected LDCs (Box 2).

### Box 2: Average indicators and ODA for 18 conflict-affected and 36 non-conflict-affected countries.

<table>
<thead>
<tr>
<th></th>
<th>Conflict Affect</th>
<th>Non-conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>1041.3</td>
<td>719.69</td>
</tr>
<tr>
<td>CPR (CPR)</td>
<td>10.6</td>
<td>18</td>
</tr>
<tr>
<td>TFR</td>
<td>5.9</td>
<td>5</td>
</tr>
<tr>
<td>HIV</td>
<td>2.9</td>
<td>4.5</td>
</tr>
<tr>
<td>RH ODA per capita in USD</td>
<td>1.5</td>
<td>2.3</td>
</tr>
<tr>
<td>RH % of all ODA</td>
<td>4.4</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Discussion

This study suggests that while overall RH ODA to conflict-affected countries increased during the study period, this increase was not reflected in ODA for non-HIV/AIDS activities.

Potential explanations for these findings include:

- Low prioritisation of RH by donors, as well as recipient governments and humanitarian agencies, resulting in a lack of funds and demand for funding for RH activities.

- Lack of information on RH needs in conflict-affected countries, including the impact and effectiveness of RH-related activities, to help inform ODA decisions.

- Lack of capacity to implement RH activities.

- Short-term funding cycles that do not support the longer term benefits of improved RH outcomes.

The findings of this study are consistent with the outcome of a RAISE study (forthcoming)\(^4\) assessing the extent to which RH is addressed in national and international humanitarian policies. The RAISE policy study suggests that while policies and guidelines related to HIV/AIDS and/or gender-based violence are well presented, references to family planning and emergency obstetric care are severely lacking.

### Recommendations

The funding study provides evidence of inequity of RH ODA disbursement between conflict-affected and non-conflict-affected countries, and explicitly demonstrates a decline in funding for non-HIV/AIDS RH activities in conflict-affected countries.

To ensure RH needs in conflict settings are addressed and adequately funded, multilateral agencies, donors, and host governments should:

- Address the full range of RH needs, including family planning and emergency obstetric care, in humanitarian policies and needs assessments.

- Ensure that all RH areas, including family planning and emergency obstetric care, are adequately funded, and that HIV/AIDS-related ODA is not provided at the expense of other RH activities.

- Monitor and evaluate RH ODA expenditure, via existing data collection systems, in order to improve the efficiency and effectiveness of aid.

- Support additional research to determine funding requirements in conflict-affected countries.

Please visit PLoS Medicine for the full study (www.plosmedicine.org). PLoS Medicine is a peer-reviewed, international, open-access journal publishing important original research and analysis relevant to human health.

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5 UN Resolution A/RES/60/1; 2005 World Summit Outcome, paragraphs 57g and 80c


10 RAISE is a joint initiative of the Columbia University Mailman School of Public Health and Marie Stopes International.

11 Afghanistan, Angola, Burundi, Central African Republic, Chad, Democratic of Congo, Eritrea, Iraq, Liberia, Myanmar, Nepal, Sierra Leone, Somalia, Sri Lanka, Sudan, East Timor, Uganda

