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Author: Jalandhar Pradhan, Estelle Monique Sidze, Anoop Khanna, Erik Beekink

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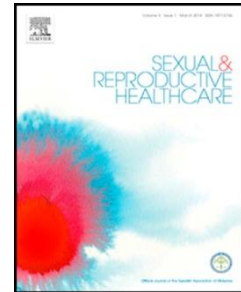
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# Mapping of Reproductive Health Financing: Methodological Challenges

Jalandhar Pradhan<sup>1,2\*</sup>, Estelle Monique Sidze<sup>3</sup>, Anoop Khanna<sup>4</sup>, Erik Beekink<sup>5</sup>

<sup>1</sup> Postdoctoral Researcher, Netherlands Interdisciplinary Demographic Institute (NIDI), P.O. Box 11650 NL-2502 AR The Hague, The Netherlands, E-mail: [pradhan@nidi.nl](mailto:pradhan@nidi.nl)

<sup>2</sup> Assistant Professor, Department of Humanities and Social Sciences, National Institute of Technology, Rourkela, Odisha-769008, India

<sup>3</sup> Post doctoral researcher, African Population and Health Research Center (APHRC) APHRC Campus, Kirawa Road, off Peponi Road, P.O. Box 10787-00100, Nairobi, Kenya, E-mail: [esidze@aphrc.org](mailto:esidze@aphrc.org)

<sup>4</sup> Associate professor, Indian Institute of Health Management Research, Jaipur, 302011, India, E-mail: [anoop@iihmr.org](mailto:anoop@iihmr.org)

<sup>5</sup> Project leader, UNFPA Resource Flows Project, Netherlands Interdisciplinary Demographic Institute (NIDI), P.O. Box 11650 NL-2502 AR The Hague, The Netherlands, E-mail: [beekink@nidi.nl](mailto:beekink@nidi.nl)

**\*Corresponding author:** Dr. Jalandhar Pradhan, Department of Humanities and Social Sciences, National Institute of Technology, Rourkela, Odisha-769008, India, Email: [jpp\\_pradhan@yahoo.co.uk](mailto:jpp_pradhan@yahoo.co.uk)

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## Abstract

*Low level of funding for reproductive health (RH) is a cause for concern, given that RH service utilization in the vast majority of the developing world is well below the desired level. Though there is an urgent need to track the domestic and international financial resource flows for RH, the instruments through which financial resources are tracked in developing countries are limited. In this paper we examined the methodological and conceptual challenges of monitoring financial resources for RH services at international and national level. At the international level, there are a number of estimates that highlights the need for financial resources for RH programmes but the estimates vary significantly. At the national level, Reproductive Health Sub-accounts (RHA) in the framework of National Health Accounts (NHA) is considered to be the ideal source to track domestic financial flows for RH activities. However, the weak link between data production by the RHA and its application by the stakeholders as well as lack of political will impedes the institutionalization of RHA at the country level.*

**Key words:** reproductive, health, financing, flows, accounts, institutionalization

## Introduction

Poor reproductive health (RH) accounts for an estimated one-third of the global burden of illness and early deaths among women of reproductive age (UNDP, 2006). About 201 million married women in developing countries still have an unmet need for modern contraceptives and around 70,000 maternal deaths (13 per cent) occur every year due to unsafe abortions (Hill et al, 2007). Moreover, 97% of these unsafe abortions occurred in developing countries (David et al, 2006). It has been widely acknowledged that the RH related Millennium Development Goals (MDGs)<sup>1</sup> can only be achieved if there is a significant improvement in RH, especially in the underdeveloped and developing countries.

<sup>1</sup> There are two RH related MDGs. First, MDG 5A set at reducing Maternal Mortality by three-quarter between 1990 and 2015. Second, MDG 5B aims at achieving universal access to reproductive health by 2015. Indicators used to measure progress in achieving MDG 5B include contraceptive prevalence rates, adolescent fertility rates, antenatal care coverage and unmet need for family planning.

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