Calm Before the Storm

Review of Belgian expenditure on sexual and reproductive health in international cooperation 2024

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INTRODUCTION

Belgium clearly presents itself internationally as a champion of sexual and reproductive health and rights (SRHR). Unfortunately, the financial picture is less clear-cut.

In recent years the political landscape has been marked by conflict and instability. While needs are increasing worldwide, various governments are making deep cuts to international solidarity budgets. This contradictory phenomenon is perhaps clearest in the United States. There, the Trump administration completely halted international cooperation projects led by USAID from one day to the next. A decision that will lead to the premature death of no fewer than 14 million people by 2030.

During Trump's first term, the international community worked together to defend SRHR worldwide. Today, this is no longer the case. On the contrary. Several European countries are following the American example,

thereby widening the financial gap left by the United States. Belgium, too, will be making substantial cuts to international solidarity. The coalition agreement of the Arizona government of February 2024 stated that from 2027 onwards a quarter of the budget for international cooperation will be cut. This means that Belgium may contribute to stock-outs. Various countries, such as, for example, Kenya already report shortages of contraceptives. There, injectable contraceptives have not been available at all in one region since September 2025, and demand exceeds supply everywhere in the country. The Kenyan government estimates that in 2025 six million people will no longer have access to contraception and reproductive health care because of the abrupt cuts.

In this report on 2024 expenditure, these new cuts will not yet be visible. However, the report does show that the current expenditure of the Directorate-General for Development Cooperation (DGD) already falls short of achieving international goals. We, therefore, do not have a stable basis from which to weather this storm of cuts.

ABOUT THIS REPORT

This report not only outlines the challenges for sexual and reproductive health worldwide. It also puts forward good examples that can serve as inspiration for other projects. In addition, it contains a thorough analysis of DGD expenditure in 2024. These are each time linked to concrete policy recommendations. You will find more on the methodology, the Belgian policy framework and an explanation of the limitations of the analysis in the annex. The review is based on the figures that DGD reports to the Organisation for Economic Co-operation and Development (OECD) and supplies to Sensoa.*

> **Europe must not widen the gap created by the United States.**

* It is important to mention that the figures are adjusted and corrected year after year. This means that one can compare the expenditure of different years within the same report, but not with the figures from reports of previous years.

STATE OF AFFAIRS

PROGRESS

De afgelopen twintig jaar is er enorme vooruitgang geboekt in seksuele en reproductieve gezondheid en rechten wereldwijd. Moedersterfte, ongeplande zwangerschappen, het aantal vrouwelijke genitale verminkingen en nieuwe hiv-infecties zijn significant gedaald. Dit was mogelijk door stabiele, aanhoudende investeringen en het nakomen van internationale afspraken en verdragen.

De uitbreiding van gezinsplanningsprogramma's droeg bij aan een daling van 22 procent tussen 1990 en 1994 en 2015 en 2019 van het aantal ongewenste zwangerschappen onder vrouwen die wereldwijd een zwangerschap wilden vermijden, en een daling van 30% in Sub-Sahara Afrika. Het wereldwijde moedersterftecijfer is tussen 2000 en 2020 met 34% gedaald. Wereldwijde inspanningen om hiv te bestrijden hebben sinds 1995 geleid tot een daling van 60% van het aantal nieuwe hiv-infecties. Universele gezondheidszorg voor reproductieve gezondheid, gezondheid van moeders, pasgeborenen en kinderen is tussen 2000 en 2021 met 11% gestegen. Dit weerspiegelt een verbetering van de beschikbaarheid en kwaliteit van de dienstverlening.

Toch blijven er grote uitdagingen bestaan:

MATERNAL MORTALITY

Despite the long-term downward trend, detailed estimates indicate that the maternal mortality ratio has stagnated since 2016. Inequalities in maternal mortality have also persisted, with Sub-Saharan Africa and South Asia accounting for 87% of all maternal deaths worldwide.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) remains a major global problem. According to the most recent estimates, one in three women worldwide is confronted with sexual violence during her lifetime.

Worldwide, only 57% of women are able to make their own decisions about their sexual and reproductive health. 23% of all women report that they do not dare refuse sex with their partner.

ACCESS TO CONTRACEPTION AND INFORMATION

A lack of autonomy is not the only thing that prevents women from using contraception. In remote areas, family planning services are often absent.

An estimated 257 million women worldwide who want to avoid a pregnancy are not using a safe, modern method of contraception. 164 million women use no contraception at all.

In addition, stigma, taboo or resistance can also keep people from using contraception. The legal context can also be an obstacle when they are unmarried or minors. Finally, there is concern about possible side effects of the available forms of contraception. Almost one in three young women give birth before the age of twenty, and the rates are particularly high in Sub-Saharan Africa and Latin America. Comprehensive sexuality education is therefore very important, but is still not provided in the same way everywhere. Limited access to technology in some regions makes it harder to find accessible information.

UNPLANNED PREGNANCIES

Half of all pregnancies in the world are unplanned. This means that the women did not intend to have (more) children. One of the most decisive decisions in a woman's life is therefore not actually a decision at all for many women. How is that possible?

61% of all unintended pregnancies end in abortion, legal or illegal, safe or unsafe. Unsafe abortion leads each year to the hospitalisation of more than seven million women. In unsafe abortion, more than 200 out of 100,000 women die. In safe abortion this figure is more than 200 times lower.

INFERTILITY

Alongside unintended pregnancies, there are women and couples for whom a desired pregnancy does not occur. An estimated one in six people experience fertility problems during their lifetime.

Care for infertility and reduced fertility is another aspect of SRHR that is often overlooked. Although in vitro fertilisation (IVF) and other fertility care have become increasingly available in the Global North, less than 1.5% of people in Africa have access to fertility care.

Undiagnosed and/or untreated sexually transmitted infections (STIs) are an important cause of infertility. **In many situations in countries in the Global South, STI treatment is not available,** or is unaffordable due to lack of public funding. Yet STI tests and treatments can be integrated into primary health care. Continued promotion of condom use makes a major difference in reducing the transmission of STIs and HIV.

> **Stable, sustained investment has led to tremendous progress over the past 20 years, but the challenges remain immense.**

HIV EPIDEMIC

The availability of HIV medication has prevented 21 million deaths and allows people to live long and fulfilling lives. One third of people living with HIV have no access to that life-saving medication. Among children this rises to half. In 2022 an estimated 630,000 people died from AIDS-related illnesses. In 2024 there were still 1.4 million new HIV infections. That is roughly the same number as in 2023.

REPRODUCTIVE CANCERS

Reproductive cancers were largely overlooked for a long time and have become an urgent issue, with a rising number of breast cancer cases in several regions. Among women diagnosed with breast and cervical cancer, the risk of death is significantly higher in the Global South. These are two of the most common cancers among women worldwide.

THE CLIMATE CRISIS

Heat and a lack of clean water make adequate care for pregnant women more difficult. This leads to physical and mental exhaustion and premature births. An increase of 1 degree Celsius in the week before delivery corresponds to a 6% higher risk of stillbirth. Drought, floods or other extreme weather events and the resulting conflicts can lead to forced displacement. In areas where people are forced to leave their homes, the risk of violence, including sexual and gender-based violence, also increases. In addition, we generally see an increase in harmful practices such as child marriage and female genital mutilation.

INTERNATIONAL COMMITMENTS FALL SHORT

We have only four years left to fulfil the promises in the Sustainable Development Goals of the 2030 Agenda. **In addition, the cuts in international solidarity are undermining the progress already made.** We can see this, among other things, in the global HIV response. For 2025 several countries were on track to meet the international targets on HIV by 2030. After the dismantling of the United States Agency for International Development (USAID), this progress is now hanging by a thread. Models from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that by 2029 there could be an additional six million HIV infections and four million additional AIDS-related deaths. To prevent the epidemic from getting further out of control, funding for UNAIDS must be restored as quickly as possible. In addition, the cuts by other countries in 2025 are pushing many prevention programmes in African countries into an even deeper crisis. Countries report limited availability of pre-exposure prophylaxis (PrEP) and fewer resources to prevent new HIV infections, including among adolescent girls and young women.

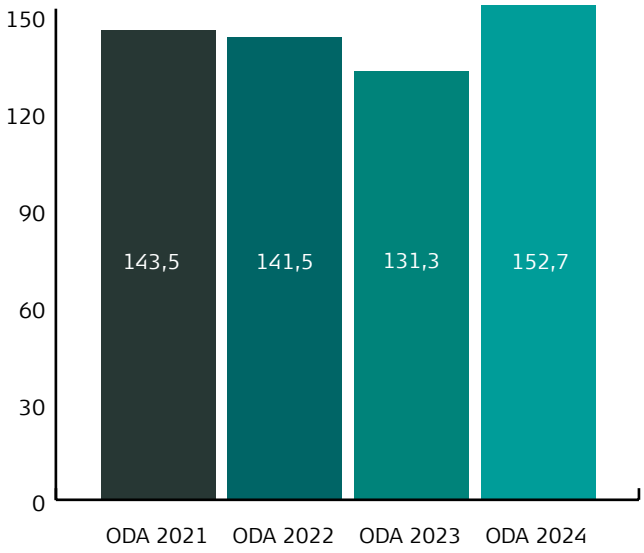
It is as if the international community turns around just before the finish line and walks in the opposite direction. Cutting back on essential care is not an option. It is therefore an urgent time to step up our efforts for the Sustainable Development Goals.

FINDINGS – 2024 IN FIGURES

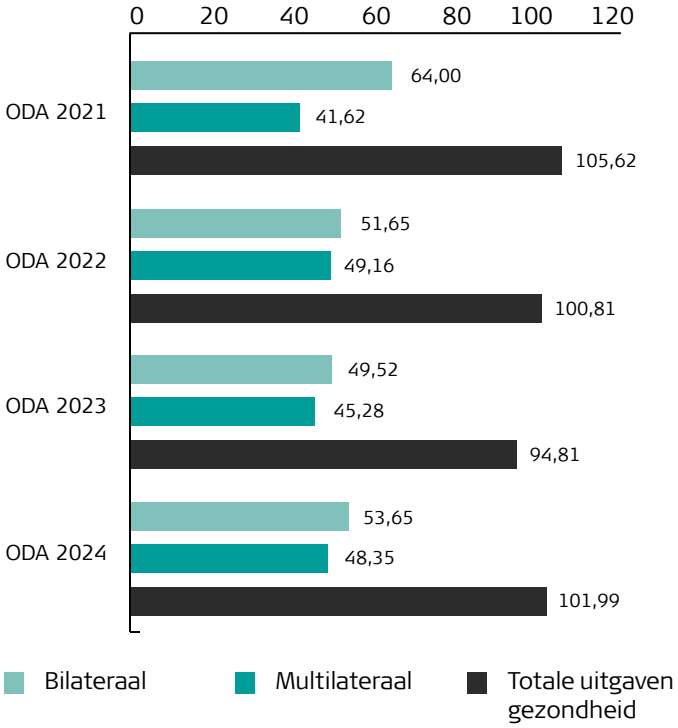
1. Expenditure on reproductive health and health increased, and its share in total DGD expenditure remains stable.

Total expenditure on health and reproductive health rose from €131 million in 2023 to €153 million in 2024, and their share of the total budget remained roughly the same. DGD's total expenditure also rose to €1.43 billion in 2024, compared with €1.29 billion in 2023.

Total expenditure on health and reproductive health (in € millions)



Expenditure on the 'Health' sector (in € millions)



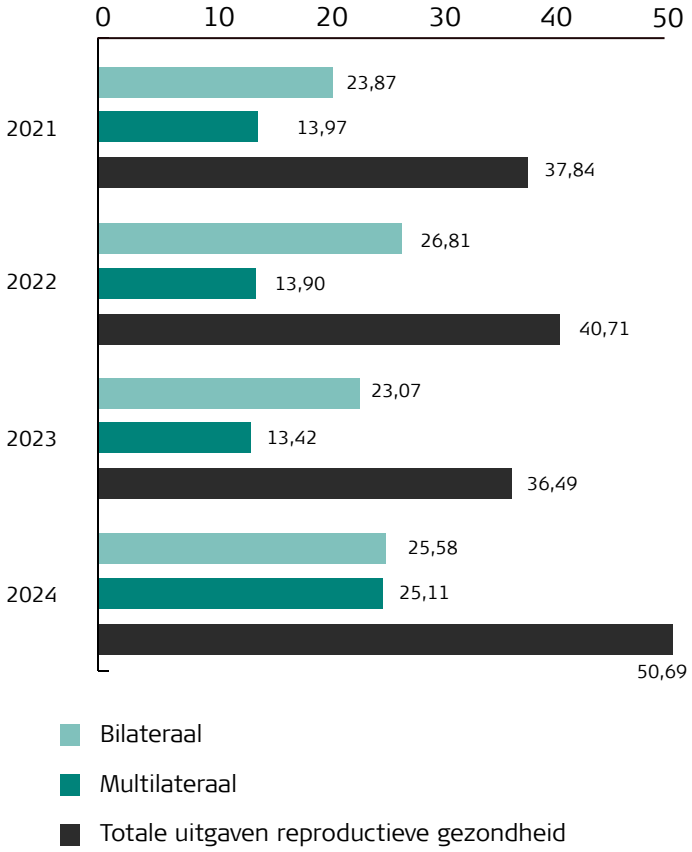
Expenditure on the 'Health' sector increased from €95 million in 2023 to €102 million in 2024.

- In 2024 DGD expenditure on bilateral cooperation (and thus through support to NGOs and partner country governments) within health rose from €50 million (2023) to €54 million (2024).
- €45 million went to multilateral cooperation in 2023. In 2024 this increased to €48 million. This money goes, among other things, to support UN agencies such as WHO and UNFPA.

> **It is positive that 10% of the increase will go to reproductive health, but unfortunately too little will go to health in a broader sense.**

Expenditure on reproductive health increased from €36 million in 2023 to €51 million in 2024.

Expenditure on reproductive health (in € millions)



BILATERAL VS MULTILATERAL SUPPORT

Within bilateral cooperation, €18.5 million went to NGOs working in health or reproductive health. The Red Cross received €1.7 million from Belgium for this, and the Damien Foundation €5 million.

Multilateral cooperation mainly concerns support for the core resources of UNFPA and UNAIDS. That support has amounted to €3 million for UNAIDS for several years, and this was again the case in 2024.

Belgian support to UNFPA was a steady €9 million for several years, but rose to €12 million in 2024.

In the coalition agreement of the Arizona government of January 2025 we read that Belgium will continue to support multilateralism. The Belgian government also explicitly stated its support for WHO, UNICEF, IOM, UNRWA, UNDP and UNHCR. It is reassuring that Belgium commits itself to international organisations. On the other hand, it is worrying that global organisations dealing with sexual and reproductive rights and health, gender equality and the HIV response are not listed, such as UNAIDS, UN Women and UNFPA.

We also note that since 2021 bilateral budgets have decreased and multilateral budgets have increased. From this we can infer that Belgium used to attach more importance to international cooperation between countries, but is now shifting towards more multilateral cooperation. The multilateral level is under fire. It is therefore good that Belgium supports multilateral organisations and that this support is translated into financial commitments. However, this must not replace the bilateral level. There must be a healthy balance between multilateral and bilateral support. Local NGOs and local civil society still know best what the needs are on the ground and how to address them.

WHO IS AFFECTED?

VLIR-UOS manages projects of Flemish universities (Ghent University, KU Leuven, University of Antwerp,VUB,Hasselt University) in cooperation with local institutions:

The ERAGU (Enhancing Reproductive Autonomy of Girls in Uganda) project investigates and strengthens the reproductive autonomy of girls through:

- **scientific research**
- **community-based actions**

In relative terms the weight of health and reproductive health within total DGD expenditure shrank slightly from 10.8% in 2023 to 10.6% in 2024. That is €152 million out of a total of €1.43 billion. In 2022 that share was still 11.4%. The share of 10.6% remains far from the target of 15% of total international cooperation resources for health, including sexual and reproductive health and rights. This target is based on the Abuja Declaration in which the member states of the African Union committed themselves to spending at least 15% of government expenditure on health. According to this commitment, Belgium should also spend at least 15% of its international solidarity expenditure on health.

2. Future support for sexual and reproductive health in governmental cooperation remains uncertain.

In 2024 total expenditure for the 'Reproductive Health' sector rose from €36 million in 2023 to €51 million in 2024.

Continued support for sexual and reproductive health and rights in direct governmental cooperation is, however, not assured: the current governmental cooperation programmes were launched in 2019–2020 and cover a period of four years. In 2023–2024 they entered their final years of implementation. We note that **new multi-annual programmes concluded by Enabel with Belgian partner countries no longer give SRHR the same priority.** Where possible, attention to SRHR is integrated into the general health approach, but attention to SRHR is not self-evident. We therefore expect that in the coming years Belgium will contribute much less financially to the realisation of SRHR in its partner countries than in previous years.

3. Support for tackling the HIV epidemic is unclear

Together with the other UN member states, Belgium committed itself in the 2030 Agenda to ending the HIV epidemic by 2030. In the partner countries Guinea, Mozambique, Rwanda* and Uganda there is a generalised HIV epidemic. This means that more than 1% of people aged 15–49 are living with HIV there.18 In addition, most partner countries have concentrated HIV epidemics among subpopulations at higher risk of HIV transmission. These include gay men and other men who have sex with men, sex workers, transgender people and prisoners. **Belgium does not commit itself in any Belgian partner country to the prevention and tackling of HIV and STIs in the strategic priorities.**

There is multilateral DGD support for tackling HIV, but this has stagnated at €18 million for several years.

*Rwanda was a partner country of Belgium in 2024 but this partnership ended in februari 2025.

MULTILATERAL SPENDING IN REAL LIFE

- €3 million is allocated to UNAIDS and
- €15 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

These organisations have been highlighting the enormous funding gap in the international HIV response for years. In addition, they have now lost the United States as their largest donor. With status quo expenditure, this gap cannot be closed and the end of the epidemic remains out of reach.

> **With spending remaining at current levels, the financing gap cannot be closed and the end of the epidemic remains out of reach.**

THE HIV-MARKER

We can also look at Belgian support for the international response to the HIV epidemic using the HIV marker. This is an internal HIV marker with which DGD examines to what extent programmes and projects within and outside the health sectors contribute to the response to HIV and AIDS. Unfortunately, this marker is being taken less seriously year after year and is hardly applied consistently anymore. Attention to HIV is waning. Nevertheless, it is the best indicator we have and we will therefore continue to pay attention to it here.

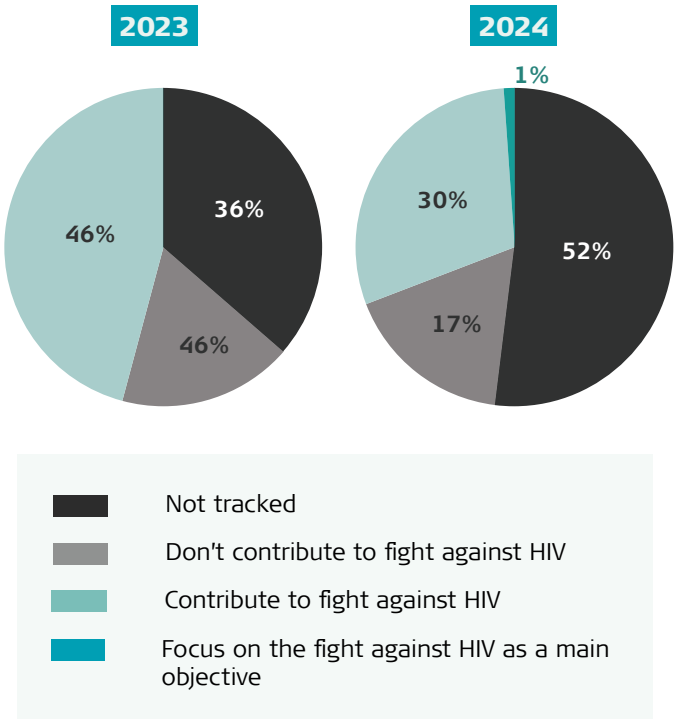
WHAT TRENDS DO WE SEE IN ATTENTION TO HIV?

According to 2024 figures, 6% of all DGD expenditure went to tackling HIV. In 2023 this was 8%, but in 2022 it was still 13%.

In absolute terms this trend is even more dramatic: within total DGD expenditure, the share for tackling HIV fell from €106 million to €85 million. Within the 'Health' sector, this fell from €43 million to €31 million. Within humanitarian aid there are no projects with HIV as their main objective, and €6.5 million goes to projects where attention is paid to HIV. That is much less than in 2023, when €19 million still went to projects with embedded HIV components.

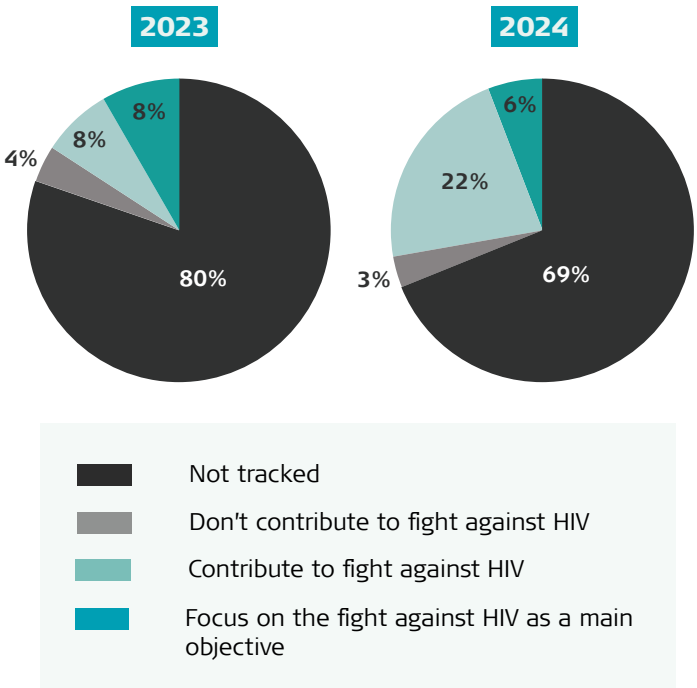
Within **health expenditure there is therefore a decline in attention to HIV,** specifically from 49% to 31%. This trend is continuing, because in 2023 attention to HIV had already fallen from 53% to 49%. Health expenditure that contributes to tackling HIV (marker 1) falls slightly from 31% in 2023 to 30% in 2024. For expenditure that has HIV as its main objective, we see that only 1.2% of all health expenditure by DGD has tackling HIV as its main objective.

Attention to the fight against hiv in health expenditure



Within reproductive health expenditure, the percentage of expenditure with an HIV marker rose sharply from 16% to 28%. This upward trend is thus continuing, as the percentage rose from 9% in 2021 to 14% in 2022. Within that 28%, the percentage of expenditure that contributes to tackling HIV (value 1) rose sharply from 8% to 22%. On the other hand, expenditure that has tackling HIV as its main objective (marker 2) fell from 8% to 6%. In absolute figures we see a sharp increase from €6 million to €14 million.

Attention to the fight against hiv in reproductive health expenditure



A caveat must be added to the figures on HIV. A significant part of DGD health expenditure has not been screened or has not been assigned a marker. This limited use of the marker raises questions about the importance attached to these markers. In the 'Health' sector, expenditure with no marker assigned is greater than expenditure with a marker (0, 1, 2). In the 'Reproductive Health' sector, expenditure without a marker is even twice as high.

The general trend is that there is less attention and less money for tackling HIV.

AN EFFECTIVE RESPONSE TO HIV AND OTHER STIS REQUIRES SPECIAL EFFORTS ON FOUR FRONTS:

1. Integrate the prevention and tackling of HIV and STIs within projects and programmes that promote sexual and reproductive health and rights in primary health care, through which the general population can be reached.
2. Provide targeted interventions for the prevention, testing and treatment of HIV and STIs for those who experience stigma and discrimination in society and in health care. This concerns men who have sex with men, sex workers, people who inject drugs, transgender people and migrants.
3. Combat stigma and discrimination and advocate for the decriminalisation of these groups and their sexuality in countries with which Belgium has international relations and cooperation arrangements.
4. Pursue a multisectoral approach to HIV in countries or regions with high prevalence, paying attention to HIV and SRHR within education, in the workplace, in humanitarian aid, and so on.

4. Reproductive, Maternal, Neonatal and Child Health (RMNCH) within total DGD expenditure

Expenditure on international cooperation that contributes to reproductive health and the health of mothers, newborns and children is mapped through the OECD's RMNCH marker. The marker shows that DGD's expenditure contributing to RMNCH (value 1) fell: only 9.3% of all DGD expenditure in 2024 contributed to RMNCH. In 2023 this was still 12.9%. Expenditure that had RMNCH as its main objective (value 2) remained roughly the same in 2024 compared with 2023: 3.4% had RMNCH as the main objective in 2023 and in 2024 this was 3.7%.

What is striking is that there is much more funding both for health and for total DGD expenditure, but that the share for RMNCH is becoming smaller.

RMNCH WITHIN HEALTH EXPENDITURE FALLS BY 10%

In 2023 we already saw a small decline in expenditure within the 'Health' sector that contributed to or had RMNCH as its main objective (i.e. marker 1 and 2). Then we went from 49% in 2022 to only 43% in 2023. That decline is now continuing even more sharply. We are going from 43% in 2023 to 33% in 2024. This downward trend is clearly continuing in a drastic way. We can compare these two declines with each other, but not with the decline between 2021 and 2022. According to DGD, that sharp decline at the time was due to stricter application of the RMNCH markers. This means that in previous years the contribution of health expenditure to RMNCH was greatly overestimated.

Whereas last year we saw a disappointing decline in the share of expenditure within health with RMNCH marker 2, we are now seeing a small increase again. **This share rose from 0% to 3% in 2022, but fell back to 0.5% in 2023. In 2024 this share rose again to 1.3%.**

We also recall the limitations of the RMNCH marker. The RMNCH marker is not a holistic indicator for measuring sexual and reproductive health and rights. It mainly tells us something about attention to classic maternal and child health. The marker does not take into account important aspects of SRHR such as contraception, education and information on safer sex for young people, the needs of sexual minorities and people living with HIV, tackling sexual and gender-based violence and harmful practices.

RMNCH-marker in / % of total DGD-expenditure	1	2
ODA 2021	17,21%	3,25%
ODA 2022	12,50%	3,66%
ODA 2023	13,09%	3,44%
ODA 2024	9,30%	3,68%

RMNCH-marker in / % of health sector expenditure	1	2	Totaal
ODA 2021	74,48%	0%	74,48%
ODA 2022	44,75%	3,26%	48,02%
ODA 2023	42,46%	0,55%	43,01%
ODA 2024	31,58%	1,28%	32,86%

HOW CAN IT BE IMPROVED?

In Uganda, there is the WeCare programme (2023–2027, €16 million, funded by DGD) by Enabel. It aims to reduce maternal and neonatal mortality by simultaneously working on better care provision, increased demand and stronger health systems.

The programme does this through five strategic pillars:

1. Strengthening autonomy and health awareness among the population.
2. Improving emergency care and referral systems.
3. Higher quality maternal and neonatal care in health centres, with attention to sexual and reproductive health and the fight against gender-based violence.
4. Strengthening local governance and leadership capacities.
5. More participation in and ownership of health issues within the community.

5. There is too little attention to reproductive health and the health of mothers, newborns and children in humanitarian aid.

Expenditure on humanitarian aid **amounted to €240 million in 2024. €62 million, or 26% of this, contributed to or had as its main objective the promotion of reproductive health, maternal health and the health of newborns and children (marker 1 and 2). This is a sharp decline compared with 2023.** Then €86 million (or 34%) of the humanitarian aid budget went to RMNCH. Expenditure that had RMNCH as its main objective amounted to €9.6 million. This was 4% of total humanitarian aid expenditure. That is an increase compared with last year, when only 1% of the budget had RMNCH as its main objective.

4% is still very little, but in 2022 there was no expenditure within humanitarian aid with RMNCH marker 2. At that time, 0% went to reproductive health, maternal health and the health of newborns and children in humanitarian aid. We therefore see an upward trend, with growing attention to RMNCH within humanitarian aid.

The percentage for 2024 (26%) remains low, however, because in the Global South it is mainly women and children who are on the move. This makes the need for RMNCH impossible to underestimate. In addition, the climate crisis is creating more displaced people and is thus putting people's sexual and reproductive health and rights under further pressure.

The 26% of support that contributes to RMNCH is also not transparent: we do not know which sexual and reproductive health problems do or do not receive attention in our humanitarian aid. Does Belgian humanitarian aid contribute to preventing unplanned pregnancies? Is there attention to preventing and addressing sexual violence? Do we support the provision of abortion care for those who become unintentionally pregnant in times of crisis?

RMNCH-marker in % of humanitarian aid expenditure	1	2	Total
ODA 2021	32,08%	0,42%	32,50%
ODA 2022	31,52%	0%	31,52%
ODA 2023	34,84%	1,08%	35,92%
ODA 2024	21,77%	4,04%	25,81

WHO IS AFFECTED?

Not only the Belgian agency for international solidarity (Enabel), but also projects by NGOs and academic initiatives supported by Belgium contribute to sexual and reproductive health (SRHR) and gender equality, with a strong focus on vulnerable groups, including in humanitarian crises, such as the project by Plan International Belgium.

Plan International Belgium works in refugee camps with attention to:

- protection of young people
- prevention of gender-based violence
- access to adapted SRHR services

PARTNER COUNTRIES

For the 14 Belgian partner countries, €59 million of the budget goes to health and reproductive health. €10.5 million is allocated for Rwanda and €20 million for the Democratic Republic of Congo.

In 2024, €1.7 million went to reproductive health in Palestine. This is an increase compared with 2022, when €1.2 million went to reproductive health. This concerns projects in the reproductive health sector and not humanitarian aid. Investment in reproductive health in Palestine and other humanitarian crises remains essential. Access to contraception, menstrual hygiene and maternal and child health care can be at least as life-saving as other basic necessities. Remarkably for Palestine, health expenditure for this partner country has remained more or less the same since 2022, whereas health expenditure in other countries where humanitarian crises are underway fluctuates much more.

WHICH COUNTRIES RECEIVE AID?

We see that the largest share of humanitarian aid goes to Ukraine. Belgium spends €45 million of the humanitarian aid budget on aid for Ukraine. It is the frontrunner by a large margin. Congo receives €18 million. This is followed by Syria with €15.5 million and Palestine with €13 million. We previously saw that UNRWA received no budget for reproductive health in 2022 and 2023. In 2024 this was the case. €100,000 was then earmarked for UNRWA specifically to work on reproductive health.

It is striking that more than €107 million of the total €240 million of humanitarian aid flows to Belgian institutions, organisations and institutes (for example, AfricaMuseum, the Institute of Tropical Medicine). It is of course good news that Belgium places so much trust in its institutions, but in this way it is difficult to determine in which countries or projects this money actually ends up. Does part of the money remain in Belgium, or is it all spent on projects abroad? With the information currently available, we cannot say this with certainty.

It is a striking trend, because in 2022 67% of humanitarian aid still went directly to countries. In 2023 this was 65% and in 2024 it was only 55%.
Belgium also reported to ODA the costs of Fedasil this year, which were not reported by DGD but by other government agencies (for example, the Federal Public Service Employment). The database shows that dit is reported as expenditure within international solidarity. That money, however, is not spent outside Belgium in consultation with the public sector or partner NGOs in another country, and therefore technically may not be reported as ODA expenditure.

In addition, the intention was for projects with Rwanda to run until 2029. One specific project, led by Enabel, was intended to strengthen health systems. However, Rwanda itself ended international cooperation with Belgium in February 2025. Rwanda anticipated the fact that Belgium was going to review the cooperation in response to Rwanda's role in human rights violations in the east of the Democratic Republic of Congo. The project on strengthening health systems was the third-largest expenditure within the 'Reproductive Health' sector and the longest-running project. What has happened or will happen with the money for 2025 is unclear.

FLANDERS

In September the Flemish government decided to end international solidarity. This decision affects, among other things, cooperation with Mozambique on health and sexual and reproductive rights (SRHR).

The abrupt termination of bilateral cooperation came as a complete surprise to Flemish staff, and especially to the partners involved in Mozambique. The health situation in Mozambique is serious: in 2022 more than one in ten adults in the country was living with HIV, the second highest number of people with HIV in the world after South Africa. In 2022 there were also only eight doctors per 100,000 inhabitants. Despite these enormous needs, the country has made significant progress in recent years in reducing mortality rates by improving access to primary health services. Flemish cooperation helped to build health services, train health staff and ensured extra attention for vulnerable groups.

Cooperation was therefore aimed at strengthening the health system so that in the longer term no Flemish support would be needed. All this progress is now being halted abruptly. On top of this, the health sector in Mozambique has already been hard hit by the dismantling of USAID, which has meant that at least 25% of Mozambique's health budget has been lost.

Proper preparation or transition is almost impossible because Flemish support will already end at the end of this year. This also puts essential health services at risk.

CONCLUSION

DGD expenditure in 2024 shows the Belgian government's commitment to achieving sexual and reproductive health and rights abroad. It is encouraging that some DGD expenditure on SRHR is still on the increase in absolute terms. **But our analysis is not a 'good news story'.**

THE RECOMMENDED TARGET

The recommended target of allocating 15% of DGD expenditure to health remains far off at the current level of 10.6%. In 2022 this figure was still 11.4%. That decline has been continuing for several years. We also see that since 2021 bilateral budgets have decreased and multilateral budgets have increased. From this we can infer that Belgium used to attach more importance to international cooperation between countries, but is now shifting towards more multilateral cooperation. We advocate a healthy complementarity between multilateral and bilateral expenditure, with sufficient support for local NGOs and civil society.

In 2023, bilateral expenditure within 'Reproductive Health' and within 'Health' fell for the first time. This may be due to the fact that 2023 was the final year of several She Decides programmes which in recent years had caused bilateral reproductive health expenditure to rise.

In 2024, investment in reproductive health and health appears to be increasing again. Hopefully this is a lasting trend. Only in this way can we guarantee high-quality sexual and reproductive health care for everyone. SRHR depends on strong health systems, equipped with trained, motivated and well-paid health staff. Staff who provide patients with accurate information, guarantee confidentiality and have the necessary equipment, medicines and contraceptives to be able to do their work properly.

AN UNCERTAIN FUTURE

We are particularly concerned because follow-up is not assured. We fear that the lack of specific SRHR multi-annual programmes and mainstreaming in Enabel's general health programmes will make it even more difficult to determine exactly what DGD is doing on this theme. SRHR mainstreaming is not a bad idea in principle, but sufficient staff must be involved who have sufficient knowledge of SRHR. Moreover, it is advisable for Enabel and DGD to report more systematically and in detail on resources for SRHR, as parliament has requested.

There is a large decrease in expenditure on HIV within the 'Health' sector. Efforts must be scaled up in both multilateral and bilateral cooperation. This is necessary to bring an end to the HIV epidemic. Belgium's partner countries continue to struggle with new infections and cannot provide access

to life-saving treatment for everyone. **Fighting stigma and discrimination** against certain groups must also be financially supported. Otherwise, progress will be undermined by the persistence of concentrated epidemics that are not addressed.

We therefore call for the following: first and foremost, place tackling HIV back on the agenda systematically in discussions with partner countries and internationally. At the same time, **ensure that HIV and STI prevention and treatment and sexual and reproductive health care are integrated into primary health care.** In addition, advocate for targeted projects and programmes (such as for sexual minorities). Finally, we recommend strengthening attention to HIV, STIs and SRHR in other, non-health sectors such as education.

THE RMNCH-MARKER

The analysis of expenditure using the RMNCH marker (the marker that indicates how much attention is paid to reproductive care, maternal care and newborn and child care) shows us **that attention to SRHR is not sufficiently integrated** into both health and non-health sectors. Since 2022 DGD has applied the RMNCH marker more strictly. We therefore have a more accurate picture of how much expenditure really benefits RMNCH. In previous years this was greatly overestimated.

Belgium can also do much more on SRHR in humanitarian aid. It is good news that more money went to humanitarian aid in 2023 than in 2022, although this fell again by €10 million in 2024. On top of this, it is worrying that there was a sharp decrease in 2024 in humanitarian aid expenditure that benefits RMNCH (from 34% to 26%). This decline only increases needs and challenges on the ground. The majority of people on the move are women and children. That is why it is so important that they receive the care they need. It is also important to mention that the RMNCH marker does not give a complete picture of what benefits SRHR. Contraception, for example, does not fall under it.

It remains **a challenge to obtain a layered and nuanced picture of Belgium's actual engagement for SRHR.** Does this correspond to the ambitions of the policy framework and what results are achieved with the resources? How does Belgian support benefit young people's needs? In what areas do we go beyond classic maternal and child care? What is our commitment to combating stigma and discrimination and breaking taboos? How well equipped are Belgian diplomats to engage in dialogue on these issues? And what concrete results are there? This calls for better documentation and evaluation of Belgium's engagement across different sectors and for different target groups. The federal parliament is also pressing the Minister for Development Cooperation on this.

INTERNATIONAL SOLIDARITY IS NOT A LUXURY

International solidarity is not an optional luxury, but a fundamental responsibility for both Belgium and Flanders. **Cutting back on international cooperation means cutting back on health and playing with people's lives.** Belgium and the federated entities are going along with this trend by cutting the federal budget for international solidarity by 25% and almost entirely scrapping the Flemish budget. In doing so, they are only widening the gap created by the US government's dismantling of USAID and its war on sexual and reproductive health and rights.

Finally, we would like to emphasise that investing in international solidarity and SRHR is more important than ever. The downward trends described in this report are more than figures on paper. Every cut translates into projects that are stopped or scaled back which make a difference in the field. Every project that is terminated or scaled down ultimately concerns people. Behind these figures are millions of people for whom international cooperation is vital. The current international situation calls for leadership from countries that are taking steps forward for the realisation of SRHR for everyone in the world. Belgium and its federated entities have an important role to play as frontrunners. Our country can only fully play this role if we ourselves also invest sufficiently in international solidarity and SRHR.

RECOMMENDATIONS

1. Increase the share of **health and SRHR to at least 15% of total ODA** expenditure.

2. **Explicitly embed SRHR in new bilateral cooperation arrangements,** including after 2024, including HIV prevention and response.

3. Maintain and strengthen support for multilateral organisations such as **UNFPA and UNAIDS, with a stable investment flow.**

4. **Invest in NGOs and research institutions** that have proven impact on SRHR and strengthen their capacity.

5. Ensure **better monitoring of RMNCH and HIV expenditure**, including consistent application of the HIV and RMNCH markers.

6. Encourage **innovative and integrated approaches such as those in Benin and Uganda.**

7. **Protect European and multilateral funds** for SRHR, even in times of austerity.

8. Respect the announced cuts, but **do not exceed them**. Keep SRHR as a priority.

9. **Ensure a balance between mainstreaming and specific SRHR projects**, with attention to vulnerable groups such as young people, displaced persons and persons with disabilities.

10. **Ensure healthy complementarity with bilateral efforts:** multilateral cooperation must not replace bilateral projects.

11. **Map more clearly** within DGD what specific expenditure on SRHR and family planning is, including analysis of target groups.

12. **Strengthen SRHR in humanitarian aid** by providing information, awareness-raising and services in crisis situations.

13. Urge multilateral and bilateral partners to **systematically integrate SRHR,** including context analysis, reporting and interventions.

14. Invest in **well-trained and motivated staff** within DGD and the humanitarian aid sector, with attention to SRHR expertise.

ATTACHMENTS

1. Detailed tables

Total expenditure of DGD in each financial year in € billion

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Total expenditure DGD	1,22	1,3	1,29	1,44

Total DGD expenditure in each fiscal year for health and reproductive health in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Totaal health	105,6	100,8	94,8	102,0
Total reproductive health	37,8	40,7	36,5	50,7
Total	143,5	141,5	131	152,7

Total DGD expenditure in each financial year for humanitarian aid in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Total humanitarian aid DGD	208,1	236,1	247,5	239,5

Bilateral and multilateral health sector expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Bilateral	64,0	51,6	49,5	53,6
Multilateral	41,6	49,2	45,3	48,3

Bilateral and multilateral reproductive health sector expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Bilateral	23,9	26,8	23,1	25,6
Multilateral	14,0	13,9	13,4	25,1

Focus on fight against HIV in health expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Hiv-marker 1	41,2	50,6	43,5	30,3
Hiv-marker 2	3,5	0,3	0	1,2

Focus on fight against HIV in reproductive health expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
Hiv-marker 1	0,5	2,4	2,8	11,1
Hiv-marker 2	3,0	3,2	3,0	3,0

The share of RMNCH in total DGD expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
RMNCH-marker 1	210,7	162,3	168,6	133,6
RMNCH-marker 2	39,8	47,5	44,3	52,9

Attention to RMNCH in DGD health expenditure in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
RMNCH-marker 1	78,7	45,1	40,2	32,2
RMNCH-marker 2	0	3,3	0,5	1,3

DGD expenditures for humanitarian aid with an RMNCH marker value of 1 or 2 in € million

	ODA 2021	ODA 2022	ODA 2023	ODA 2024
RMNCH-marker 1	66,7	74,4	86,2	52,1
RMNCH-marker 2	0,9	0	2,7	9,7

2. THE BELGIAN POLICY FRAMEWORK

Wat mogen we van België verwachten op vlak van seksuele en reproductieve gezondheid en rechten (SRGR)? Doorheen de jaren vertaalt de aandacht voor SRGR in ontwikkelingssamenwerking zich in een aantal belangrijke richtinggevende beleidsdocumenten.

In 2006 en 2007 stonden SRGR voor de eerste keer prominent op het voorplan. De verschijning van 'De Belgische bijdrage aan de wereldwijde strijd tegen hiv/aids' (2006) en de nota 'De Belgische Ontwikkelingssamenwerking op het gebied van Seksuele en Reproductieve Gezondheid en Rechten' (2007) zetten het begrip op de kaart. SRGR werden nadien verankerd in de nota 'Het recht op Gezondheid en Gezondheidszorg' uit 2008 en de 'Belgische strategie voor humanitaire hulp' uit 2014. SRGR vormen één van de vier prioriteiten in de strategienota 'Gender in de Belgische ontwikkelingssamenwerking' en het 'Actieplan betreffende de integratie van de genderdimensie' (2016).

In de wet betreffende de Ontwikkelingssamenwerking van 19 maart 2013 wordt de relatie tussen duurzame ontwikkeling en SRGR verder erkend. Bovendien schuift de wet de thema's reproductieve gezondheid en 'de transversale aanpak van hiv' naar voor als prioritaire sectoren in de bilaterale samenwerking.

Het Belgisch engagement voor SRGR werd in 2017 onderstreept door de organisatie van de internationale 'She Decides'-conferentie. Dat was het antwoord op de herinvoering van de Mexico City Policy of Global Gag Rule door de Verenigde Staten van Amerika. België gaf ook financiële steun voor organisaties die door de Global Gag Rule getroffen werden. In mei 2022 vierde België de vijfde verjaardag van de She Decides-beweging in Brussel.

Naar aanleiding van de 25e verjaardag van het 'Caïro Actieprogramma voor Bevolking en Ontwikkeling' engageerde België zich ook op de Naïrobi Summit in november 2019. België zou zich blijvend inzetten voor het behalen van de '3 zero's'': 'zero unmet need for family planning', 'zero preventable maternal deaths' en 'zero gender-based violence'. Daarbij verwees België ook naar de SRHR programma's in de bilaterale samenwerking en de steun van België voor de internationale She Decides-beweging.

In juli 2023 rapporteerde België aan de Verenigde Naties over haar inspanningen voor het behalen van de Duurzame Ontwikkelingsdoelstellingen van de 2030 Agenda met haar tweede Voluntary National Review rapport. Daarin zetten België opnieuw haar internationale inspanningen voor SRGR in de verf.

In het federaal parlement bestaat een breed draagvlak voor SRGR internationaal. Zo nam de Kamer verschillende resoluties hieromtrent aan in de voorbije jaren. De meest recente is deze van januari 2023. In deze resolutie over de 'seksuele en reproductieve gezondheid en rechten in het Belgisch buitenlands beleid en internationale solidariteit' roept het parlement de regering op om SRGR meer te integreren. Ze vragen specifiek om SRGR inclusief hiv-preventie en -aanpak, op te nemen als essentiële diensten in de basisgezondheidszorg en in de ziekteverzekeringen in partnerlanden.

3. Methodology

The federal development cooperation department reports annually to the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) on which development-relevant projects are supported. The analysis was carried out on 2024 expenditure that DGD reported to the OECD. The analysis was conducted on the basis of figures provided by DGD to Sensoa in September 2025.

The federal expenditure on SRHR, including HIV and AIDS, which meets the criteria of Official Development Assistance (ODA), is the subject of our analysis.
By means of a quantitative analysis of expenditure, we map federal expenditure on SRHR for 2024 and compare this expenditure with 2021, 2022 and 2023. The analysis enables us to expose possible pain points and demand accountability for choices made in SRHR policy.

Expenditure for bilateral cooperation and multilateral cooperation are both analysed. Under expenditure in the context of bilateral international solidarity, DGD understands: expenditure on governmental cooperation, non-governmental cooperation, as well as 'earmarked' contributions for multilaterals for partner countries or support to the country programmes of these organisations.

Under expenditure for multilateral cooperation, DGD understands so-called compulsory and voluntary core

contributions to multilateral organisations.

It is important to mention that the figures are adjusted and corrected year after year. This means that one can compare the expenditure of different years within the same report, but not with the figures from reports of previous years.

MARKERS

In the overview of reported expenditure by different sectors and detailed sectors, DGD uses different markers that make the expenditure more transparent. For our report, the Reproductive, Maternal, Newborn and Child Health marker (RMNCH marker) is a useful tool for specific analyses.

The RMNCH marker is a yardstick that identifies projects and programmes that contribute to reproductive health and the health of mothers, newborns and children. The marker was developed by OECD/DAC and has two possible scores: '2' means that a project has RMNCH as its explicit main objective, '1' means that resources for a project contribute to RMNCH.

However, the RMNCH marker only partially provides information on sexual and reproductive health and rights (SRHR). Projects and programmes can also be specifically aimed at the health of infants and children. In that sense, we cannot regard the RMNCH marker as an 'SRHR marker'. Nor does it provide insight into whether attention is paid to family planning, the prevention of STIs or, for example, safe abortion or post-abortion care. It therefore does not make it possible to map which SRHR challenges Belgium specifically supports and where there may be gaps.

The HIV marker is not an official OECD/DAC marker, but was introduced by DGD. The score '2' is assigned to projects in which tackling HIV is of primary importance and which would not be carried out without this objective. The score '1' is assigned to projects in which tackling HIV plays a significant but secondary role. The score '0' is assigned to projects in which tackling HIV plays no role at all.

This marker gives us more information about the attention given to HIV within all federal development-relevant projects in the ODA database, both within and outside the health sector.

'HEALTH' AND 'REPRODUCTIVE HEALTH'

In the report, reference is often made to the 'Health' and 'Reproductive Health' sectors. This is because the OECD/DAC makes a distinction between the main sectors 'Health' (code 120) and 'Reproductive Health' (code 130). The main 'Reproductive Health' sector includes activities related to, among others, HIV prevention, HIV treatment and care, family planning, reproductive health care, demographic research and safe motherhood. In the discussion of expenditure, the 'Health' and 'Reproductive Health' sectors are often taken together, because a fully separate discussion would give a distorted picture of Belgian support for reproductive health. The RMNCH marker shows that an important part of expenditure within the 'Health' sector also benefits reproductive health.

LIMITATIONS OF THE ANALYSIS

a. Non-visible expenditure on reproductive health

Not all expenditure in favour of sexual and reproductive health and rights (SRHR) is visible in DGD's reporting to the OECD. Some health expenditure can indirectly benefit SRHR. Some examples to illustrate this:

- Investments in a procurement and distribution system for medicines can benefit the availability of contraceptives.
- Investments in the training of health staff can aim at training staff for reproductive health, such as midwives.
- Investments in health infrastructure, such as the construction of hospitals, may relate to investments in gynaecology, obstetrics and HIV and STI testing centres.

Several multilateral organisations (UNICEF, WHO, UN Women, the World Bank, etc.) pay attention to (aspects of) SRHR without this always being reflected in the ODA database. This is particularly the case for so-called 'core funding' or general contributions to multilateral organisations.

b. Outside the boundaries of the health sector

Using the RMNCH marker, it is possible to map expenditure for sexual and reproductive health outside the health sector. This is not possible for all expenditure, as the marker does not capture all interventions in favour of sexual and reproductive health and rights

and does not allow enough differentiation. Some examples to illustrate this:

- Promotion of sexual and reproductive health can be part of education programmes.
- Support for women's organisations or human rights organisations that carry out advocacy on sexual and reproductive health and rights.
- Awareness-raising and education programmes aimed at preventing female genital mutilation.

Obtaining such information requires analysis at project or programme level, where the content of projects and programmes is the subject of study.

c. Distortion in the information flow

Project information from the ODA database may be incomplete. There may be an information gap between the project implementer and the desk officer in Brussels, who enters the project information into the ODA database.

4. Literature

Abbeloos, J. (2024, 18 november). Na mogelijke halvering federaal budget snoeit ook Vlaanderen in ontwikkelingshulp. De Standaard. https://www.standaard.be/politiek/na-mogelijke-halvering-federaal-budget-snoeit-ook-vlaanderen-in-ontwikkelingshulp/40796865.html

Africa, V. O., & Africa, V. O. (2025, 12 september). A silent crisis: Contraceptive shortages threaten women's health in Kenya. The Voice of Africa. https://thevoiceofafrica.com/2025/09/12/a-silent-crisis-contraceptive-shortages-threaten-womens-health-in-kenya/

Around 224 million women still don't access family planning. (2025, 4 november). UN News. https://news.un.org/en/story/2025/11/1166257

Ezdi, S., Kantorová, V., Molitoris, J., Ueffing, P., Wheldon, M., & United Nations Department of Economic and Social Affairs, Population Division. (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. United Nations. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf

Fact Sheet: Adolescent Sexual and Reproductive Health Needs in Emergencies. (z.d.). Inter-Agency Working Group On Reproductive Health in Crises. https://iawg.net/resources/adolescent-sexual-and-reproductive-health-needs-in-emergencies-2

Half of all pregnancies are unintended. (z.d.). United Nations Population Fund. https://www.unfpa.org/swp2022/crisis

Joint United Nations Programme on HIV/AIDS. (2023). THE PATH THAT ENDS AIDS 2023 UNAIDS GLOBAL AIDS UPDATE. https://creativecommons.org/licenses/by-nc-sa/3.0/igo/

Neonatal mortality. (2025, maart). UNICEF. Geraadpleegd op 25 oktober 21AD, van https://data.unicef.org/topic/child-survival/neonatal-mortality/

VRT NWS. (2025a, februari 18). Rwanda schort Belgische ontwikkelingssamenwerking op, Prévot zegt dat België samenwerking "ook aan het herbekijken was" | VRT NWS: nieuws. VRTNWS. https://www.vrt.be/vrtnws/nl/2025/02/18/rwanda-schort-ontwikkelings-samenwerking-met-belgie-op/

VRT NWS. (2025b, september 22). Schoolbonus grotendeels geschrapt en een hogere zorgpremie: dit weten we over het Vlaamse begrotingsakkoord | VRT NWS: nieuws. VRTNWS. https://www.vrt.be/vrtnws/nl/2025/09/22/vlaamse-regering-begrotingsakkoord-inhoud/

ODA trends and statistics. (z.d.). oecd.org. https://www.oecd.org/en/topics/oda-trends-and-statistics.html

Sedgh, G., Singh, S., Taqi, I., & Wittenberg, J. (2025). Sexual and Reproductive Health and Rights and Global Development. Studies in Family Planning, 56(2), 232–242. https://doi.org/10.1111/sifp.70016

Singh, D., Vignat, J., Lorenzoni, V., Eslahi, M., Ginsburg, O., Lauby-Secretan, B., Arbyn, M., Basu, P., Bray, F., & Vaccarella, S. (2022). Global estimates of incidence and mortality of cervical cancer in 2020: a baseline analysis of the WHO Global Cervical Cancer Elimination Initiative. The Lancet Global Health, 11(2), e197–e206. https://doi.org/10.1016/s2214-109x(22)00501-0

Sully, E. A., Rosenberg, J. D., Tignor, M., Geddes, C. E., Fernandez, A. D., & Polis, C. (2025). Adding It Up 2024: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries. https://doi.org/10.1363/2025.300735

The Real Fertility Crisis: The pursuit of reproductive agency in a changing world. (2025). https://www.unfpa.org/sites/default/files/pub-pdf/swp25-layout-en-v250609-web.pdf

UCLA Fielding School of Public Health. (2025, 3 juli). USAID cuts may lead to more than 14 million deaths globally, including 4.5 million children under 5 by 2030, researchers say. UCLA. https://newsroom.ucla.edu/stories/USAID-cuts-global-impact-14-million-deaths#:~:text=The%20study%2C%20by%20researchers%20from%20the%20United%20States%2C,funding%20agency%20for%20humanitarian%20and%20development%20aid%20worldwide

UNAIDS. (z.d.). UNAIDS global AIDS update 2025 | UNAIDS. https://www.unaids.org/en/UNAIDS-global-AIDS-update-2025

World Bank Open Data. (z.d.). World Bank Open Data. https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS

World Health Organization: WHO. (2024a, maart 5). Cervical cancer. https://www.who.int/news-room/fact-sheets/detail/cervical-cancer

World Health Organization: WHO. (2024b, maart 25). Violence against women. https://www.who.int/news-room/fact-sheets/detail/violence-against-women

World Health Organization: WHO. (2025a, januari 31). Female genital mutilation. https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

World Health Organization: WHO. (2025b, april 7). Maternal mortality. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

World Health Organization: WHO. (2025c, september 10). Sexually transmitted infections (STIs). https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)

Responsible publisher:
Nico Bogaerts, F. Rooseveltplaats 12 bus 7,
2060 Antwerpen

Text by: Sara Salarkiya, Heleen Heysse
Design: Morgan Müller
Photography: Getty Images

A publication by Sensoa vzw

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