2025 ODA analysis

Sexual and reproductive health and rights at a crossroads of conflict, anti-gender movements and cuts



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INTRODUCTION



Sexual and reproductive health and rights (SRHR) are under more pressure than ever. Anti-rights movements are not only gaining ground, funding and political influence, there is also a decrease in political will and financial aid worldwide.

Like the United States, European countries are scaling back their aid for international cooperation and investing heavily in defence. Will this shift actually make us safer? Research shows that investment in health, gender equality and democracy is vital to lasting peace, security and stability.

The economic case for SRHR is well established: according to the United Nations Population Fund, UNFPA, and other organisations, every dollar invested in SRHR saves between three and seven dollars in future healthcare costs. But investment in SRHR does not just save money; it also generates economic gains. A one-dollar investment in family planning is estimated to yield a return of 60 to 100 dollars in economic growth over time.

Several factors contribute to this:

- In countries where women can choose whether to have children and how long to wait between births, they can enter the workforce more easily.
- In those countries, GDP can rise by as much as 30 per cent. For every additional year a girl stays in school, her future earnings rise by 20 per cent.

The economic arguments for SRHR are numerous and cannot be ignored. But beyond economic growth and long-term savings, countless other arguments underline the importance of investing in SRHR. Women's participation in peace processes and political decision-making is one example. Their participation creates fairer and more equal societies, which in turn lead to healthier, more prosperous populations and more stable and secure environments.



> Research shows that investment in health, gender equality and democracy is vital to lasting peace, security and stability.

A HISTORIC LOW

Yet peace, security and stability are at a historic low. There are more than 130 armed conflicts worldwide, 60 of them large-scale. The Red Cross identifies seven as urgent humanitarian crises: Gaza, the Democratic Republic of Congo, Sudan, Afghanistan, Syria, Ukraine and Myanmar. Women aged 15 to 49 represent a quarter of the people most severely affected by conflicts. This is the stage of life when they need reproductive healthcare most. UNFPA expects 61 million women to need humanitarian aid in 2026 alone.

Humanitarian crises increase risks for women and girls in many ways. We are seeing an increase in:

- child marriage
- female genital mutilation
- sexual and gender-based violence
- unsafe abortions
- high-risk births
- ...

Moreover, the transmission of sexually transmitted infections and HIV increases during crises because the risk of sexual violence is greater. Access to contraception and safe abortion care also decreases.

In Gaza alone, 38,000 women and girls have been killed since October 2023. That equates to 47 women a day. In Ukraine, 3.6 million people are internally displaced, 80 per cent of them women and children. Stress and trauma resulting from conflict and displacement have a direct psychological impact on women and affect the course of pregnancy.

As if conflicts worldwide did not already present enough obstacles, anti-rights movements are also gaining ground: they are well organised and well funded. No longer operating only on the fringes, they have grown in recent years into alliances that influence policy decisions. For example, they have succeeded in introducing or tightening anti-LGBTQI laws in several countries. Anti-rights movements also influence international negotiations at the EU and the United Nations.



BELGIUM'S COMMITMENT

Yet Belgium, like many other countries, is increasing its defence expenditure while cutting its international solidarity budget by as much as 25 per cent from 2027. This is not only an ideological and political choice; it also reflects short-term thinking. Investment in health and international cooperation has a far greater impact on lasting peace and security, and significantly reduces the risk of radicalisation and conflict. Strengthening gender equality also plays an important role in preventing wars, including civil wars. Therefore, investment in international cooperation could lead to long-term savings on defence. According to the Institute for Economics and Peace, every €0.85 invested in peace and development will save us €13.50 in future military interventions.

Unfortunately, the Belgian government's announced cuts to development cooperation are already evident in the 2025 ODA analysis. The cuts have not yet reached 25 per cent, but expenditure in several important areas has been sharply reduced. Expenditure fell in both the health and reproductive healthcare sectors. The sharpest decrease was in contributions to multilateral organisations, including investment in UNICEF. Expenditure with reproductive health or maternal and child health as its principal objective also fell. Part of this budget appears to have shifted towards broader projects that strengthen healthcare systems and thereby contribute to reproductive health and maternal and child health. Care must be taken to ensure that this shift does not go too far. Projects with SRHR as their principal objective must remain an important part of the approach taken by the Directorate-General for International Cooperation, DG INT (formerly DGD), and Enabel.

> **Investment in health and international cooperation has a far greater impact on lasting peace and security, and significantly reduces the risk of radicalisation and conflict.**

Despite new investment in Sudan and Palestine, the budget for SRHR in humanitarian aid remains too limited to meet the needs of the crises we face today. The HIV pandemic will not be brought to an end either, largely because of political choices. One example of this is the reduction in Belgium's contribution to the Global Fund to Fight AIDS, Malaria and Tuberculosis (GFTAM) by 5 million per year over the next four years. These decisions could undo years of progress, at a time when, from a medical perspective, there is nothing standing in the way of ending the epidemic.



SRHR IN THE NEWS
Cuts, reforms and other obstacles

UNITED STATES

USAID supplies in Belgium

We have seen the consequences of the change in direction under Donald Trump's second term up close in Belgium. Contraceptives worth almost 10 million dollars were held up in Geel and Kallo following the shutdown of USAID, the US agency for international cooperation. The countries for which they were intended, including Kenya, are consequently facing severe shortages of contraceptives. Since September 2025, injectable contraceptives have been completely unavailable in one region. The Kenyan government estimates that six million people lost access to contraception and reproductive healthcare in 2025 because of the abrupt cuts.

'America First Global Health Strategy'

Under its new 'America First Global Health Strategy', the United States is pursuing bilateral partnerships with several countries in the Global South. These Memorandums of Understanding (MoUs) provide for the United States to resume cooperation with those countries. Unfortunately, the price signatories pay is exceptionally high: no funding may be spent on contraception, and countries are obliged to share health information and data with the United States for decades. Yet the United States is only promising financial contributions for the next four years. The United States is also securing deals involving minerals and raw materials.

IN PRACTICE:

In Zambia, the US government requested access to mining concessions, while in Nigeria the funds may only be spent on Christian health organisations.

Thirty-four countries have already signed such an agreement with the United States, including 24 African countries. Alongside the far-reaching terms and conditions concerning religious restrictions, sensitive data and economic benefits, the United States also imposes financial conditions. It expects each country to make a matching investment in local healthcare. For example, the United States is investing €1.1 billion in Tanzania but is also asking the country to invest €1.6 billion of its own funds in healthcare. Such co-financing is very risky for financially vulnerable countries, but the healthcare funding is desperately needed. The United States can also terminate the cooperation unilaterally. Given President Trump's unpredictability, a single diplomatic dispute could be enough to freeze the funding. This could mean that almost half the budget is suddenly lost, and the Tanzanian budget might be tied up, or projects might not be able to continue, despite co-financing.

Many countries need US support to sustain their healthcare systems and tackle challenges such as rising HIV infections. UNAIDS predicts that the shutdown of USAID and PEPFAR could result in an additional six million HIV infections and four million AIDS-related deaths by 2029. Cuts by other countries, including Belgium, are pushing many prevention programmes in African countries into an even deeper crisis. There is already limited availability of PrEP, the medication that prevents HIV transmission, and fewer resources to prevent new HIV infections, including among adolescent girls and young women.

Not all countries are accepting the United States' unfair deals. In Kenya, the US government would have gained access to Kenyans' medical information. There was no guarantee that US companies would not use the medical data for profit. Nor did the agreement contain sufficient safeguards for privacy. Armed with this information about data collection, a Kenyan member of parliament took the case to the High Court, arguing that the agreement was unconstitutional. The court has temporarily suspended the agreement. A final ruling is expected in November.

GENEVA CONSENSUS DECLARATION

Valerie Huber, a former adviser to US President Donald Trump, is also travelling the world promoting the Geneva Consensus Declaration (GCD). This is an anti-abortion declaration drafted during Trump's first term. Although the GCD uses phrases such as 'the full enjoyment of all human rights' and 'the highest attainable standards of health for women', it is in fact an attack on the United Nations (UN) Universal Declaration of Human Rights (UDHR). Huber is using this document to severely restrict women's access to abortion care, contraception and reproductive healthcare, as well as the rights of the LGBTQ+ community.

Huber wants to gather as much support as possible for the document from national governments, particularly in the Global South. In doing so, she hopes to extend US anti-abortion policy worldwide. Signing the GCD is also sometimes made a condition of new agreements between the United States and other countries.

Initially, 34 countries signed up to the GCD in 2020. When the GCD was revived during Trump's second term, another nine governments signed up. The US administration sees the document as an important instrument of its foreign policy. According to Freedom House, an NGO that assesses the state of democracy worldwide, more than half of the signatories are considered authoritarian regimes that regularly violate the rights of their own citizens. These include Burkina Faso, Russia, Saudi Arabia, Sudan and the United Arab Emirates.

UNITED NATIONS (UN): MERGER OF UN WOMEN AND UNFPA

There is also turmoil at the multilateral level. A potential merger between UN Women and UNFPA is under consideration as part of United Nations reform (UN80). UN Women, the UN agency for gender equality, focuses on advocacy and influencing policymaking bodies. It works to secure equal participation by women and men in political power and the economy. UNFPA, the UN agency for reproductive health, focuses on operational matters. UNFPA often works in humanitarian crises, focusing on safe pregnancy and childbirth, access to contraception, and tackling sexual and gender-based violence (SGBV), child marriage and female genital mutilation (FGM). In addition, UNFPA also collects demographic data and information through its work in the field. The two agencies often work together and both champion gender equality, but this does not mean they can be grouped under a single umbrella, given their different mandates.



There is insufficient evidence that a merger would benefit gender equality, or that it would deliver genuine savings. Mergers are expensive to implement. The agencies' mandates could also be weakened: each brings specific expertise, and a merger could blur responsibilities and boundaries. This could create blind spots. For example, it is unclear whether UNFPA's operational expertise and local presence would be preserved after a merger.

Lastly, a merger would make the new agency vulnerable to attacks by anti-rights movements. It is easier to exert influence over, and direct funding against, one agency than two.

CPD59

The Commission on Population and Development (CPD59) holds annual negotiations at the UN where countries make joint commitments on population and development. These commitments often have an indirect impact on sexual and reproductive health and rights (SRHR). In recent years, the negotiations have become increasingly complex and polarised. Normally, an outcome document is presented at the end of the negotiations. In this document, UN member states set out the commitments they have agreed on. In recent years, reaching a consensus has become increasingly rare. This trend undermines the credibility of the negotiations.

In 2026, too, the influence of anti-rights movements, the United States and other conservative states proved too strong, and no consensus was reached.

CLIMATE CHANGE

The effects of the climate crisis on sexual and reproductive health and rights are broadly similar to those of other humanitarian crises:

- Harmful effects on maternal health caused by exposure to heat.
- Limited or non-existent services in areas affected by disasters.
- An increase in sexual and gender-based violence.
- Droughts, floods or other extreme weather events and/or the conflicts that result from them.

As the effects of the climate crisis become more severe, the negative consequences for SRHR will only increase. We know that heat and a lack of clean water make it harder to provide adequate care for pregnant women. This in turn leads to physical and mental exhaustion and premature births. A one-degree rise in temperature in the week before delivery is associated with a six per cent higher risk of stillbirth.



EVALUATION OF BELGIUM'S APPROACH TO SRHR

in its international cooperation

In 2025-2026, the Special Evaluation Office (SEO) evaluated Belgium's approach to SRHR in its international cooperation. The evaluation found that Belgium's approach has contributed to a reduction in maternal mortality. Social norms and behaviour in the communities concerned, including among young people and adolescents, also improved. Belgium's approach to SRHR in international cooperation has also led to a better understanding and greater recognition of sexual and gender-based violence. Several interrelated factors made these results possible:

- Multi-sectoral approaches (e.g. providing services in the fields of healthcare, psychology, social integration and legal support for victims of sexual violence).
- A focus on different levels (community, service provision and governance), allowing work on supply, demand and the framework of values to take place simultaneously.
- Participatory and inclusive approaches that promote ownership and behavioural change.
- An integrated approach to capacity-building (training, mentoring and improving clinical protocols).

All this has led to tangible improvements in the quality of care. Strengthening healthcare systems (in terms of policy, staffing, information systems, supply chains, digitisation, infrastructure and funding) appears to be a key driver of sustainable improvement.

In other words, Belgium is doing well, but challenges remain. Therefore, the SEO concludes that coordination between Belgian actors (embassies, Enabel, DG INT, NGOs and research institutions) could be improved, and that they could complement one another more effectively. Several structural factors limit the sustainability and effectiveness of the results:

- The underfunding of healthcare systems and the prioritisation of military spending constitute a significant and alarming obstacle. In countries such as the DRC and Burkina Faso, this shortfall is exacerbated by armed conflict.
- The mobilisation of domestic resources is too limited.
- There is a lack of effective cross-sectoral strategies.
- The staffing policy in the healthcare sector is inadequate.
- Anti-gender movements promote norms that are detrimental to SRHR.

The SEO also warns of the risks posed by decreasing international funding, which makes tackling existing challenges even more difficult. Furthermore, we also see that Belgium is not doing enough to implement the 'Leave No One Behind' strategy, and is not paying sufficient attention to the most vulnerable. The report thus offers useful recommendations to help Belgium do even better in future.

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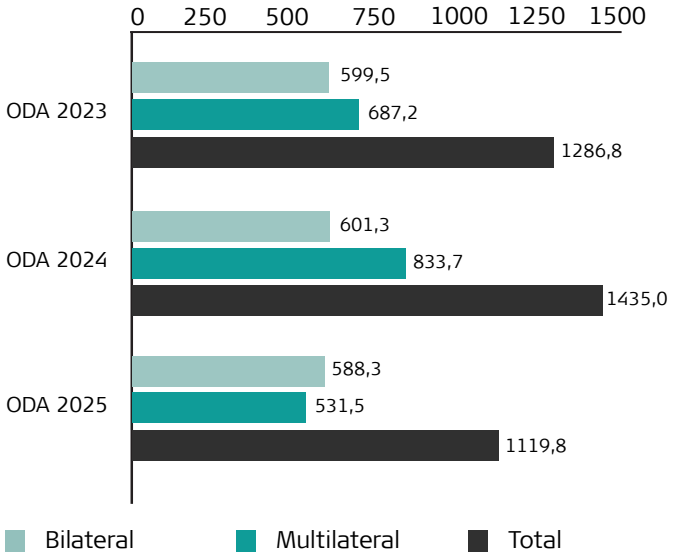
FINDINGS – 2025 IN FIGURES

investment is falling sharply

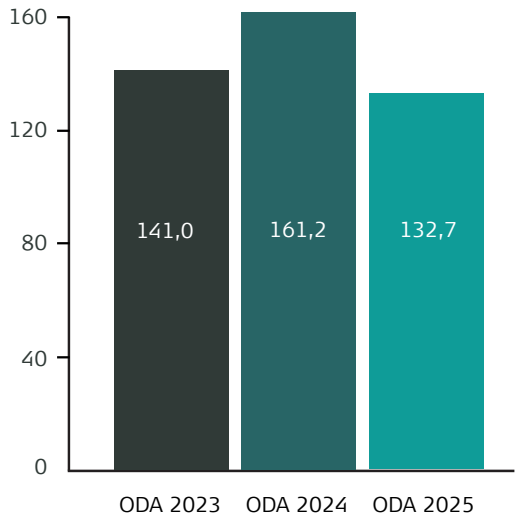


Belgium spent approximately 1.12 billion on international cooperation in 2025. That is around 315 million less than in 2024, when Belgium spent a total of 1.44 billion on international cooperation. Approximately half of that budget goes to multilateral aid, and the other half to bilateral aid.

Expenditure on international cooperation (in € million)



Total investment in health and reproductive health (in € million)

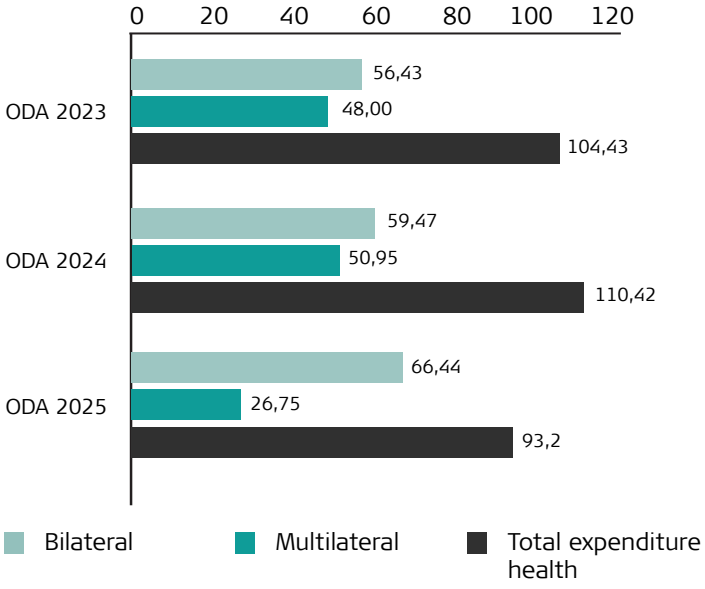


HEALTH

We see a sharp decrease in the overall budget for health within international cooperation. In 2024, €110 million was allocated to health, while in 2025 we see that only 93 million was allocated to health. Of that 93 million, 66 million went to bilateral aid and 27 million to multilateral aid. That, too, represents a sharp decrease, as in 2024, 51 million was channelled into multilateral aid for health. However, the allocation for bilateral aid for health rose by seven million.

Within Belgium's bilateral aid for health, approximately 42 million went to NGOs and civil society organisations working on health in 2025. Damiaanactie and Memisa each received just over five million, while the Institute of Tropical Medicine (ITM) received 16.8 million. The budgets for these

Investments in the health sector (in € million)



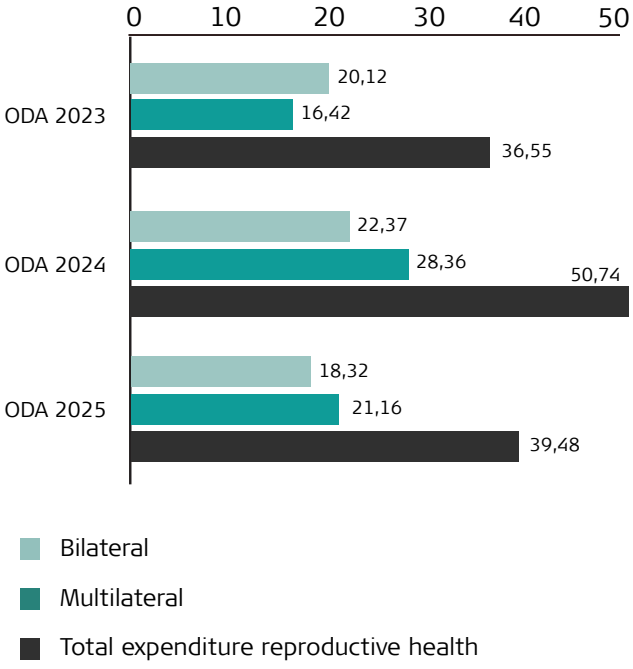
organisations and institutes have remained fairly stable over the past three years, with a few slight decreases. Health budgets for the International Red Cross and Doctors Without Vacation also remained stable: both received just over one million.

REPRODUCTIEVE GEZONDHEID

The overall budget for reproductive health also fell sharply in 2025, with cuts of 12 million.

In total, just over half of the reproductive health budget, around 18 million, went to bilateral aid. Within that bilateral aid, approximately four million went to NGOs and civil society organisations. In 2025, Doctors of the World received approximately one million and Handicap International almost two million for work on reproductive health. They focus on providing high-quality support to people in vulnerable situations.

Investments in the reproductive health sector (in € million)



The SheDecides projects also came to an end in 2025. These bilateral projects were launched in response to US President Donald Trump's reinstatement of the Global Gag Rule in 2017, which reduced US funding for SRHR organisations. Alongside the projects, those leading the initiative also launched an international movement to limit the impact of Trump's first term. Unfortunately, there was no such response when Donald Trump returned to power in 2025. Minister of Foreign Affairs and Development Cooperation Maxime Prévot became a SheDecides Champion in early 2026. This is welcome, but it remains unclear whether it will be accompanied by additional funding. The contribution to the SheDecides secretariat (€250,000) was also scrapped in 2025.

The impact on multilateral organisations

Looking at Belgium's multilateral contributions to reproductive health, we see a decrease in its contributions to UNFPA. UNFPA received €15 million from Belgium in 2024 and €14 million in 2023, but had to make do with €11 million in 2025. This amount is the total for UNFPA and UNFPA Supplies. For many years, Belgium has made a core contribution of nine million to UNFPA and two million to UNFPA Supplies. The difference compared with previous years is due to one-off contributions:

- In 2023 en 2022: twee keer 3 miljoen aan UNFPA voor hulp aan Oekraïense vrouwen.
- in 2024: 3 miljoen aan het Maternal Health Thematic Fund en 1 miljoen naar een samenwerking tussen UNFPA en UNICEF, voor de strijd tegen vrouwelijke genitale verminking.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) also had to make do with five million less than in previous years. In the past, GFATM received €15 million annually; from 2025 to 2029, during the new cycle, that amount will be just €10 million a year.

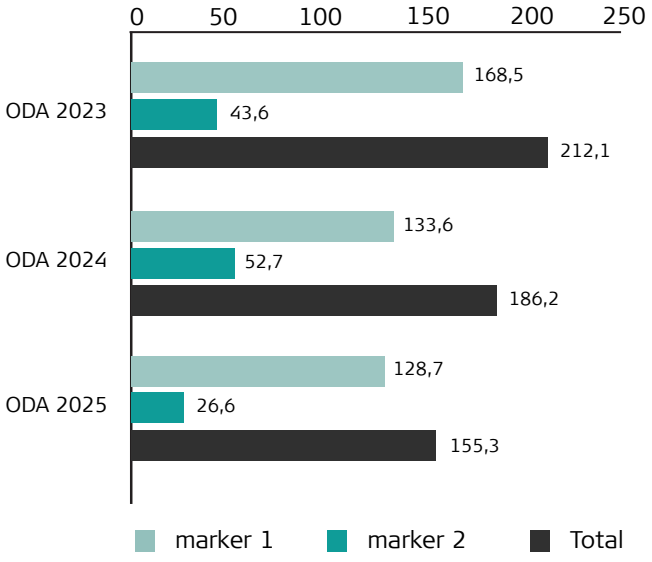
Fortunately, the contribution to UNAIDS remains stable. It will receive just over three million, as in previous years; Belgium's core contribution to UNAIDS has been three million for years. On top of this budget, smaller UNAIDS programmes were sometimes supported with around €100,000.

RMNCH (REPRODUCTIVE, MATERNAL, NEONATAL, CHILD HEALTH)

This analysis examines how much of Belgium's 2025 budget went to projects that contribute to RMNCH or have RMNCH as their principal objective. We see a decrease for RMNCH in DG INT's overall budget. The amount fell from 186 million in 2024 to 155 million in 2025. This downward trend has been ongoing for a number of years, as this budget was 212 million in 2023. The sharp decrease in the budget for projects with marker 2, which have RMNCH as their principal objective, is particularly worrying. This budget has halved.

The decrease is less pronounced for the budget with marker 1, which means that these projects contribute to RMNCH but it is not their principal objective. However, even here, there is a clear downward trend. The difference between the 2023 and 2025 budgets is 40 million.

Total investments RMNCH (in € million)



RMNCH-marker / total DG INT	1	2	Totaal
ODA 2023	13,10%	3,39%	16,48%
ODA 2024	9,31%	3,67%	12,93%
ODA 2025	11,49%	2,37%	13,87%

RMNCH in health

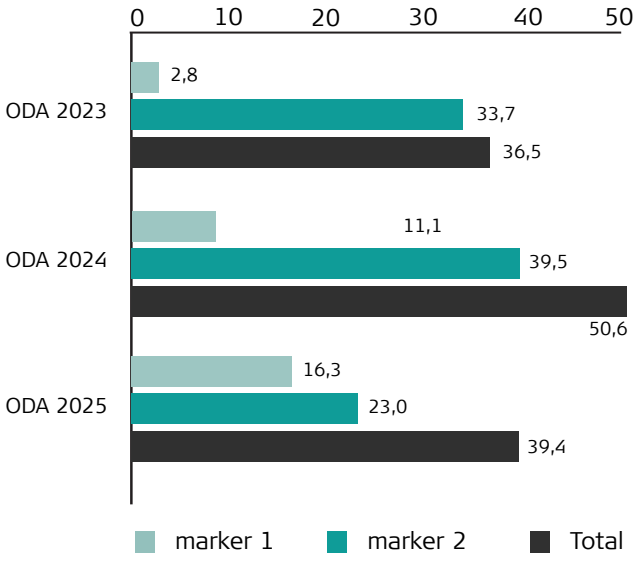
Enabel is committed to strengthening the healthcare systems of partner countries, which also benefits reproductive health, neonatal health and the health of mothers and children. This is clear from the increase in investment that contributes to RMNCH (marker 1). Investment in projects with RMNCH as their principal objective (marker 2) remains stable.

RMNCH-marker / health	1	2	Total
ODA 2023	45,59%	0,50%	46,09%
ODA 2024	35,97%	1,19%	37,16%
ODA 2025	52,23%	1,34%	53,57%

RMNCH in reproductive health

It goes without saying that there are many investments within this sector that contribute to RMNCH (marker 1) or have RMNCH as their principal objective (marker 2). We see an increase in projects that contribute to RMNCH. But this is accompanied by a sharp decrease in investment in projects that have RMNCH as their principal objective.
However, there is one positive development: We also see a focus on RMNCH in other sectors, such as Education and Government and Civil Society.

Totale RMNCH investments within reproductieve health (in € million)



Conclusion on RMNCH

We can clearly see a shift towards projects that strengthen the healthcare system more broadly. The Belgian government must take greater care to maintain a balance between general projects relating to healthcare systems and specific projects whose primary objective is SRHR. Just as gender should not merely be a box to tick in the context of gender mainstreaming, SRHR must be given structural attention when expanding and strengthening healthcare systems.

We also want to highlight 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 account of several important aspects of SRHR, such as:

- contraception
- the needs of sexual minorities and people living with HIV
- addressing sexual and gender-based violence
- harmful practices

Belgium does often include these aspects in projects with partner countries. Therefore, we could map these projects more accurately and comprehensively if the RMNCH marker were replaced with a more holistic marker.

Consequently, we continue to advocate for:

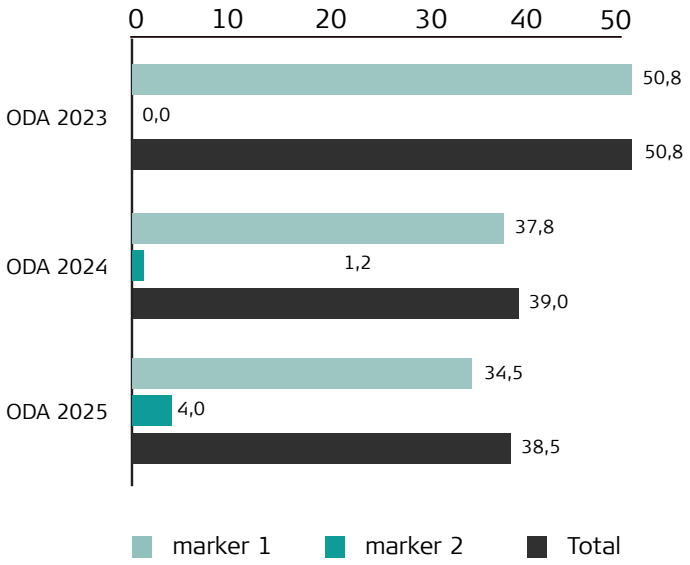
- **A more holistic OECD-DAC marker, which takes other aspects of reproductive health into account, or;**
- **An internal marker for SRHR within DG INT, similar to the one used for the HIV approach, which is applied consistently and covers all of Belgium's activities relating to SRHR.**



HIV-AIDS

Alongside RMNCH, we also look specifically at Belgian investment in responding to the HIV epidemic. DG INT uses an internal marker to identify budget allocated to projects for HIV prevention and care. As with the RMNCH marker, marker 1 means that HIV prevention is part of the project, while marker 2 means that HIV prevention is the project's principal objective. In total, Belgium spent 77 million on projects with marker 1 or 2. This is a decrease compared with 2024. In fact, it is difficult to draw conclusions from or compare these figures, as no marker was assigned to most investments in 2024. This limited and inconsistent use suggests that little importance is attached to these markers. For the sake of completeness, we have included the figures by sector below.

HIV related Investments within the health sector (in € million)



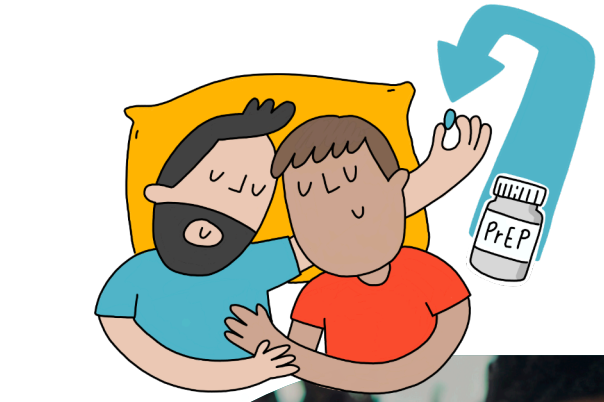
HIV/AIDS in health

Within the health sector, we see a slight decrease in the budget for projects that include HIV prevention and HIV care. Fortunately, there was also a slight increase in the budget for projects with HIV marker 2.

HIV/AIDS in reproductive health

Within the reproductive health sector, we see a decrease of just over €2 million in the overall budget for HIV projects.

However, it is positive that HIV marker 1 also appears in other sectors, such as Social Services, Education, Government and Civil Society, Humanitarian Aid and Awareness Raising. In Social Services, more than 14 million of expenditure went to projects with HIV marker 1. Unfortunately, expenditure on almost all projects that contribute to the HIV response is decreasing. This affects every sector except Awareness Raising, whose budget increased by approximately €176,000.

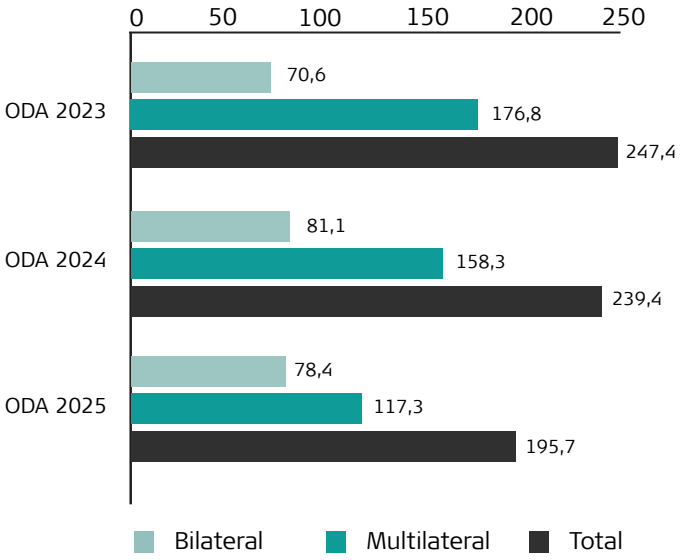




HUMANITARIAN AID

Despite the fact that we are now at a historic low point in terms of conflicts, Belgium is spending considerably less on humanitarian aid. We see a decrease of more than 18 per cent in humanitarian aid. The decrease is most apparent in the multilateral portion of this budget. Bilateral contributions remain roughly the same.

Total expenditures humanitarian aid (in € million)



RMNCH in humanitarian aid

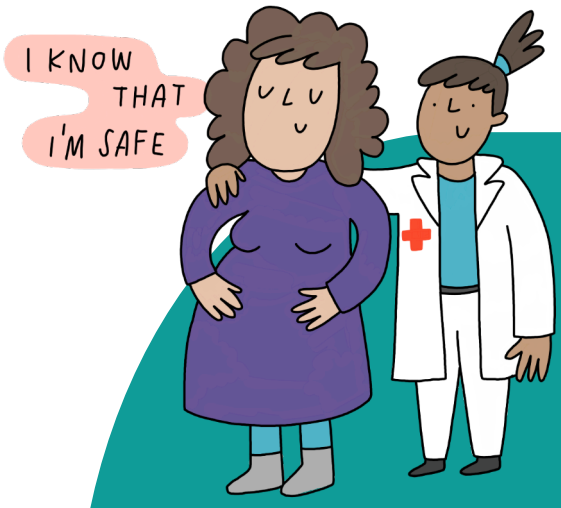
A highly alarming trend in the humanitarian aid figures is that, in 2025, there was no budget for humanitarian aid projects with RMNCH as their principal objective (marker 2). According to the Belgian government's figures, €0 was spent on projects with marker 2. In 2024 and 2023, the Belgian budget allocated almost three million to humanitarian aid projects with RMNCH marker 2. At the time, the budget was allocated to a project run by Doctors of the World.

Yet projects focused solely on RMNCH are desperately needed. Sexual and gender-based violence is on the rise, and sexual violence is increasingly used as a weapon of war during humanitarian crises, as in the DRC. According to 11.11.11, 86.5 per cent of the victims of violence in eastern DRC are women and 13.5 per cent are underage girls. The conflict is exacerbating existing vulnerabilities. Internally displaced persons, in particular, are more likely to be victims. Furthermore, the suspension of USAID funding has made access to PEP (a treatment that can prevent HIV infection following high-risk exposure, e.g. after sexual assault) even more difficult. As a result, many women can no longer get help, and PEP is not available within the first 72 hours after exposure. This is a serious problem because PEP only works if taken soon after exposure.

There was funding available for projects with marker 1, which means that RMNCH was one of the projects funded from the humanitarian aid budget. Around 44 million went to those projects. That, too, is a sharp decrease compared with 2024, when 59 million went to projects with RMNCH marker 1.

RMNCH-marker / humanitaire hulp	1	2*	Totaal
ODA 2023	34,82%	1,08%	35,90%
ODA 2024	21,78%	1,7%	23,47%
ODA 2025	22,32%	0,00%	22,32%

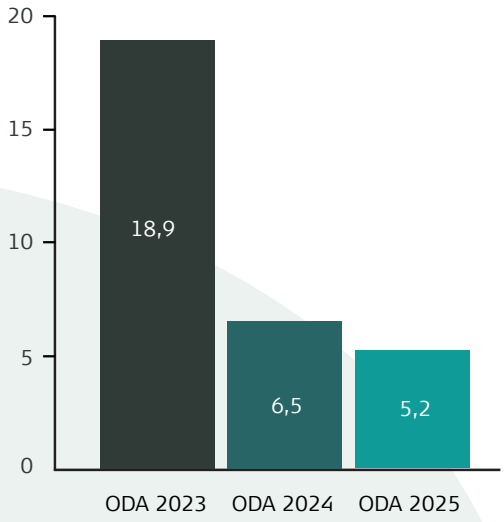
*The limited allocation of RMNCH marker 2 to humanitarian aid is understandable: emergency aid focuses on acute needs and is demand-driven, which limits earmarking in advance. More problematic is the fact that only a small proportion of the funds contribute to RMNCH (marker 1). This represents a missed opportunity to prioritise sexual and reproductive health and rights in humanitarian crises, where the needs of women and girls are particularly acute.



HIV/AIDS in humanitarian aid

In the 2025 budget, the downward trend in the level of attention paid to HIV in humanitarian crises continues. We had already seen a sharp decrease in 2024, when there was still around 6.5 million for projects with marker 1. In 2025, we can see that cuts were still being made to that budget, as only 5.2 million remained last year. In 2025, there was no funding for humanitarian aid projects whose principal objective was addressing HIV (marker 2), as was also the case in 2024 and 2023.

HIV related Investments within humanitarian aid (in € million)





The sharp decrease in the budget with marker 1 between 2023 and 2025, together with the inconsistent application of the HIV marker, create an incomplete picture of what the Belgian government is doing to address HIV in humanitarian crises.



HUMANITARIAN CRISES

Looking more closely at the seven urgent crises identified by the Red Cross, we find a mixed picture. The Belgian government seems to have a good understanding of where the crises lie, but that understanding does not always translate into the necessary financial support, certainly not in the areas of health and reproductive health.

PALESTINE

On a positive note, all expenditure for Palestine has either remained stable or increased. For several years, Belgium has allocated around €295,000 of its health budget to this region. Given the situation in Palestine – and more specifically in Gaza and the West Bank – that is very little indeed. Fortunately, Belgium's contribution to humanitarian aid has increased, from 21 million in 2024 to 27 million in 2025.

The reproductive health budget has also risen by half a million, from 1.2 million in 2024 to 1.7 million in 2025. This budget is still nowhere near proportionate to the violence, urgency and needs in Gaza.

Around 94 per cent of hospitals in Gaza have been damaged or completely destroyed by Israeli attacks. As a result, Palestinians are facing an acute shortage of life-saving care. Maternity wards and neonatal intensive care units have also been affected, leaving women and babies without access to essential SRHR services. The health crisis has been further exacerbated by Israeli attacks on healthcare workers. According to the Palestinian Ministry of Health, 1,722 health workers were killed from October 2023 to September 2025. Those who remain work in extremely stressful situations and are constantly in danger. They often work without electricity, clean water or basic supplies. Israel's blockade over the past two years has prevented the import of goods essential to the survival of the Palestinian population, including medicines and medical equipment. This has accelerated the collapse of Gaza's entire healthcare system.

According to UNFPA, an estimated 55,000 pregnant women in Gaza have been unable to access medical care since October 2023. In October 2025, there were only 15 operational obstetric and neonatal care facilities across the whole of Gaza. These are also overwhelmed and short of supplies. Around 130 babies are born every day, with at least 15 women giving birth outside healthcare facilities every week. One in five babies is born prematurely, has a low birth weight or suffers from other complications.

In December 2023, Gaza's largest fertility clinic was destroyed, resulting in the loss of more than 4,000 embryos and 1,000 samples of sperm and unfertilised eggs. This has caused irreparable harm to the reproductive future of Palestinians. These figures have recently been highlighted by new reports showing that the Israeli attack on Gaza between May and June 2025 led to a 41 per cent fall in the birth rate compared with the same period in 2022. During this period, there was also a substantial increase in maternal and newborn deaths, miscarriages and premature births.

UKRAINE

Focus on the conflict in Ukraine decreased in 2025. In 2023, 29 million went to humanitarian aid for Ukraine. In 2024, this amount increased to 45 million. In 2025, Belgium provided just over 18 million to this region. Belgium is not providing any funding directly to Ukraine for work on health or reproductive health. As noted in the section on contributions to UNFPA for reproductive health, funding intended for Ukraine did go to UNFPA in 2022 and 2023.

In the first few months following the Russian invasion of Ukraine, the main impact in the area of SRHR was felt by women who were already pregnant, planning to give birth or in need of gynaecological care. Ukraine's healthcare system has not collapsed during the Russian invasion as it has in Gaza and other war zones, because it

already had strong foundations.

Nevertheless, the stress of war has been found to have a direct effect on Ukrainian women's sexual and reproductive health and rights. It can affect the chances of becoming pregnant, successfully carrying a pregnancy to term and the development of the foetus. Stress can lead to premature birth, babies with a critically low birth weight and an increased risk of mental health complications for the mother. It can also have a negative impact on her relationship with her child. This could potentially lead to an increase in cases of postnatal depression.

SUDAN

Sudan is receiving humanitarian aid again for the first time since 2022. In 2022, €10 million in humanitarian aid went to Sudan; in 2025, the figure was €2.5 million. That is a good start, but given the prolonged and intense violence and conflict, it is a drop in the ocean.

In Sudan, there are ongoing attacks on the healthcare system and infrastructure. In 2025, the Saudi Maternity Hospital was attacked. It had been renovated by IPPF's Sudanese member organisation, the Sudan Family Planning Association (SFPA), to provide essential maternal and child healthcare and reproductive healthcare. More than 460 patients and their companions were killed in the attack on the hospital. Health workers were also abducted.

Women and girls in Sudan are facing a sharp rise in sexual violence being used as a weapon of war. SFPA has previously reported that victims and survivors of rape struggle to obtain contraception, abortion medication and PEP. This has far-reaching consequences for Sudanese women and girls. They often lose the support of their family, their home or accommodation, and they are at increased risk of suicide. Survivors are afraid to seek medical help because of the stigma and the fear of reprisals following the rape.

DEMOCRATIC REPUBLIC OF CONGO

Belgian expenditure on the Democratic Republic of Congo (DRC) rose slightly this year. In 2024, 18 million in humanitarian aid was sent to the DRC; in 2025, this figure rose to 20 million. As well as spending on humanitarian aid, we can see that a great deal of aid is also being channelled to the DRC in other sectors. The Conflict, Peace and Security sector received just over one million in funding. Expenditure on health and reproductive health in the DRC also continues to rise. There was an additional half a million for reproductive health, an increase from 1.5 million in 2024 to 2 million in 2025. In 2023, expenditure amounted to just 1.3 million.

"What is happening in El Fasher is a brutal assault on women, health workers, and the very essence of life itself. Our colleagues are risking everything to keep women and newborns alive, while hospitals are being turned into battlefields. This cannot be normalized. The Arab world and the international community must act now, not only with words of sympathy, but with decisive measures to protect civilians, hold perpetrators accountable, and ensure that the right to health and safety is never again treated as a casualty of war."

- Dr. Fadoua Bakhadda, Regional Director, IPPF Arab World Region



We see the same positive trend in healthcare expenditure, which rose from 18 million in 2023 to 24 million in 2024 and to 27 million in 2025.

In eastern DRC, armed groups systematically use sexual violence as a weapon of war. The violence has now escalated to around 300 rapes each day, as reported by the UN. The situation is so dire that, in some cases, every woman in a family is affected. The Flemish umbrella organisation for international cooperation, 11.11.11, works with local partners such as Hope & Peace. This organisation provides survivors of sexual violence with medical, psychological and legal support. But because of government cuts to international solidarity worldwide, organisations such as Hope & Peace face severe shortfalls. There is also a risk that the medical kits designed to protect against HIV, STIs (sexually transmitted infections) and unwanted pregnancies will run out.

AFGHANISTAN

We can be brief about Belgium's spending on Afghanistan: in 2023, 1.75 million was still being spent on humanitarian aid in Afghanistan, but in 2024 and 2025, all spending on humanitarian aid ceased. There was also no expenditure on health or reproductive health. Meanwhile, the situation for women and girls in Afghanistan is growing more dire by the minute.

The shortage of reproductive healthcare is most evident in maternity wards. An Afghan doctor told Open Democracy that their hospital handles around 90 births a day, more than twice its actual capacity, despite a severe shortage of the necessary equipment and staff. An estimated 80 babies die in the hospital each month, with an average of ten of those deaths attributable to a lack of resources. This deterioration is also highlighted in the most recent report by Richard Bennett, the UN Special Rapporteur on the situation of human rights in Afghanistan, which was published in February 2026. Bennett writes that healthcare workers are faced with shortages of essential medicines, a lack of trained staff, inaccessible facilities and a shortage of female healthcare workers, particularly in rural areas. All of this contributes to preventable deaths among mothers and newborns.

This has fatal consequences. The WHO estimated that 521 Afghan mothers died per 100,000 live births in 2023. That is more than double the global average. According to Bennett's report, this figure is expected to have risen to 638 deaths per 100,000 births in 2024. Afghan healthcare workers say the termination of USAID funding in early 2025 has seriously worsened the situation. Hospitals were forced to abruptly cease their activities. The annual national survey of maternal mortality has also been discontinued, obscuring the current scale of the crisis.

Two reports by the UN Health Cluster show how quickly Afghanistan's healthcare system collapsed since the termination of USAID funding. In May 2025, 422 healthcare facilities across 30 provinces had been suspended or closed. This is estimated to have affected 3.08 million people. Seven months later, the number of closures had risen to 445 facilities across 33 provinces, affecting 3.79 million people. Although access to medical care in Afghanistan varies from province to province, people living in rural areas are the most disadvantaged. According to a 2024 UNHCR analysis, around 13.2 million people in 34 provinces have no access to primary healthcare within an hour's walk.

SYRIA

Belgium cut its budget for humanitarian aid in Syria by half a million in 2025. In 2025, 15 million was allocated to humanitarian aid in Syria; in 2024, the figure was 15.5 million; and in 2023, it was 29 million.

However, around 60 per cent of the country's population is currently in need of humanitarian aid. The Syrian Family Planning Association (SFPA), IPPF's Syrian member organisation, aims to provide life-saving sexual and reproductive health services across the country. It does this through permanent clinics, mobile healthcare teams and community outreach activities. In December 2024, all six SFPA clinics on the outskirts of Homs were forced to close because of escalating violence and theft. Armed opposition forces seized an ambulance and two vehicles that were being used as mobile clinics: they were after the petrol, which is becoming increasingly scarce in the region. For many pregnant women, these clinics were their only source of antenatal and gynaecological care. Their closure now puts these women at serious, life-threatening risk.

MYANMAR

We can also be brief on the subject of Myanmar: there was no funding for humanitarian aid in Myanmar. However, according to UNFPA, the situation is not improving; on the contrary. Conflict is not the only factor that restricts women's and girls' access to life-saving services: floods and earthquakes are making the situation worse too.

According to UNFPA, Myanmar's already complex crisis became even more acute in March 2025. An earthquake measuring 7.7 on the Richter scale caused severe damage in several regions of the country already under immense strain. An estimated 17.2 million people were affected, 6.3 million of whom had urgent medical needs. They included 4.6 million women and more than 220,000 pregnant women. They faced immediate risks as a result of damage to clinics, roads and water systems. Heat, overcrowding and a lack of water and sanitation compounded the dangers at the emergency shelters where people had sought refuge. Aftershocks and floods made access to life-saving care even more difficult. UNFPA focuses on mobility and the continuity of service provision in the country. Mobile teams provide integrated SRHR services and support following gender-based violence. They offer psychosocial support and help restore safe spaces.



MULTILATERALISM

UN ORGANISATIONS

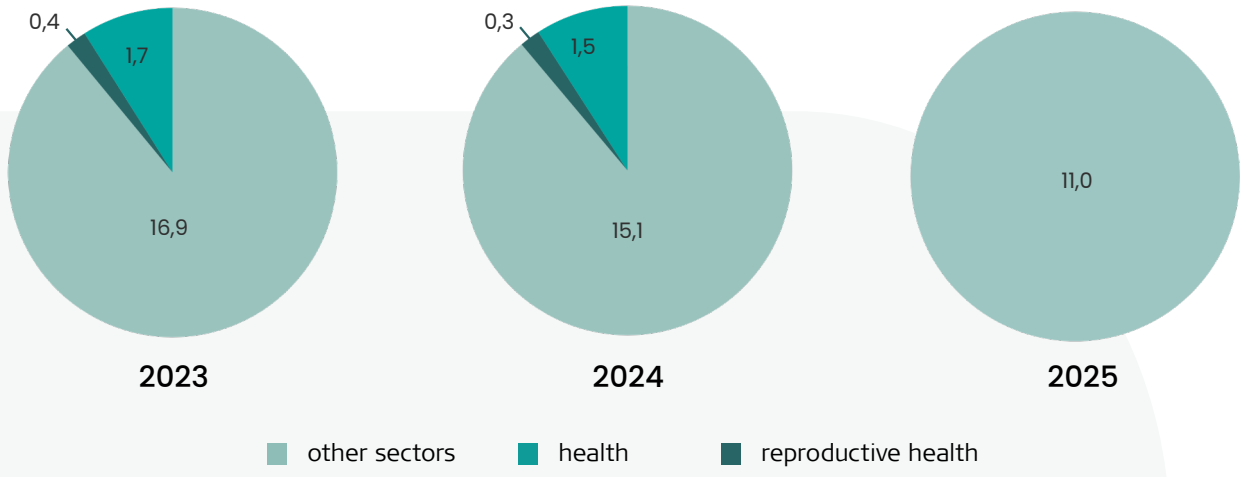
In the past, Belgium has been highly committed to strengthening the multilateral system. That is positive, as other countries are seeking to undermine it. Let's start with the good news: there are a number of UN agencies that are receiving a larger contribution than in previous years. UNOCHA, the UN Office for the Coordination of Humanitarian Affairs, received 17 million in both 2023 and 2024, and its contribution rose to 20 million in 2025. In today's world, it is right that Belgium is increasing this contribution. UN Women also received a larger contribution, although its increase is only around half a million. The WHO also received 1.5 million more than last year, an increase from 10.1 million in 2024 to 11.6 million in 2025.

Another piece of very good news is that, for the first time, Belgium allocated funding to the HRP (the special programme run by the UNDP, UNFPA, UNICEF, the WHO and the World Bank for research, development and training in the field of reproductive health). The budget allocated one million to this programme. Civil society organisations have already been consulted about the programme and have been able to provide substantive input on the future of SRHR.

Unfortunately, the other UN organisations working on health, reproductive health, international cooperation and/or humanitarian aid had to make do with less. UNICEF, the UN agency for children's rights, lost six million compared with 2024 and eight million compared with 2023. This also affects the health and reproductive health sectors. In 2025, none of the contribution to UNICEF was spent on health or reproductive health. That was not the case in previous years.

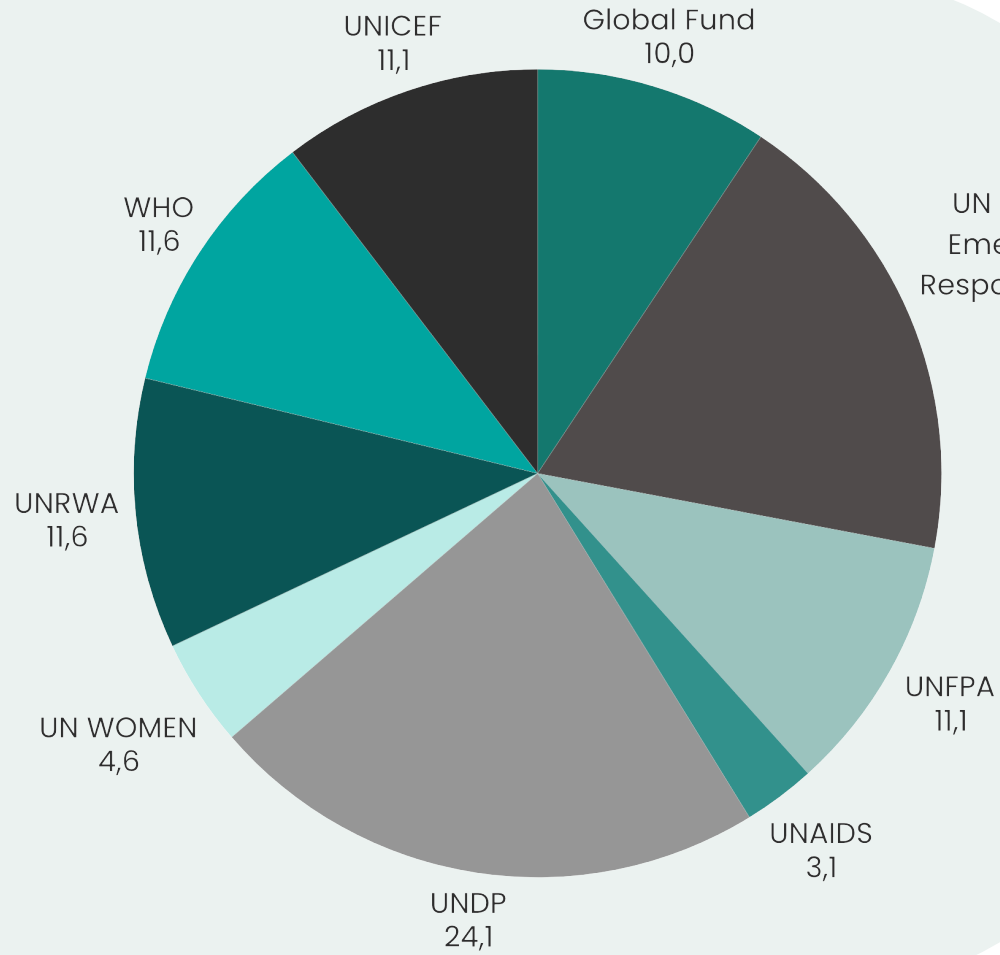
The Children's Rights Fund received 11 million this year. It received 17 million in 2024 and 19 million in 2023. UNRWA, the UN agency providing aid to Palestinian refugees, received 12 million in 2025. That is 6.5 million less than in 2024 and 1.5 million less than in 2023. UNDP, the UN agency for international cooperation, received 28 million in 2023, nearly 38 million in 2024, and by 2025 the contribution fell to just 24 million.

Health and reproductive health investments UNICEF (in € million)

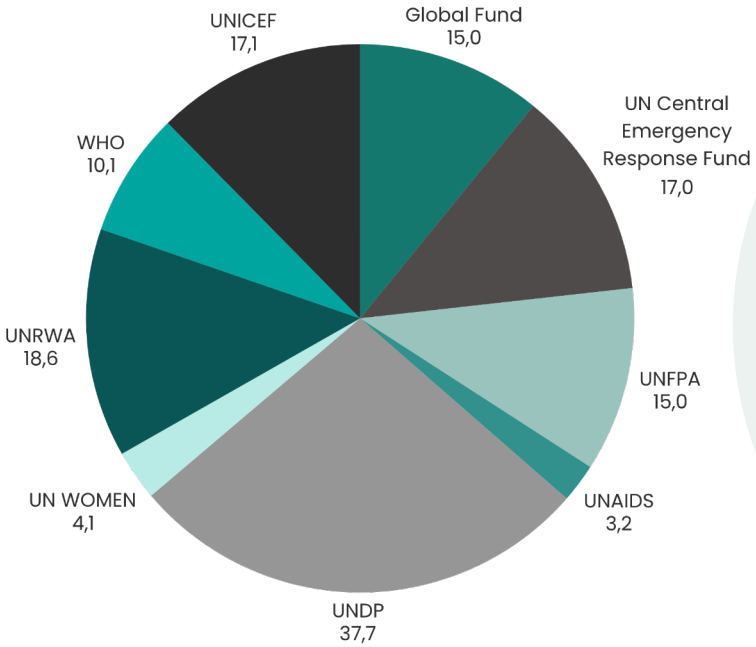


Breakdown of investment in multilateral organisations (in € million)

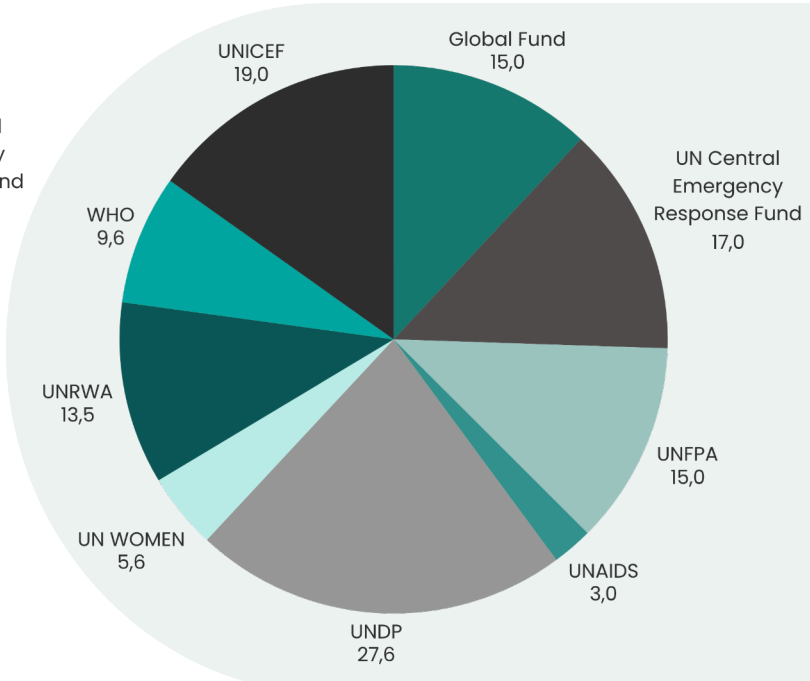
ODA- 2025
total: 107,25



ODA - 2024
total: 137,73



ODA - 2023
total: 125,36

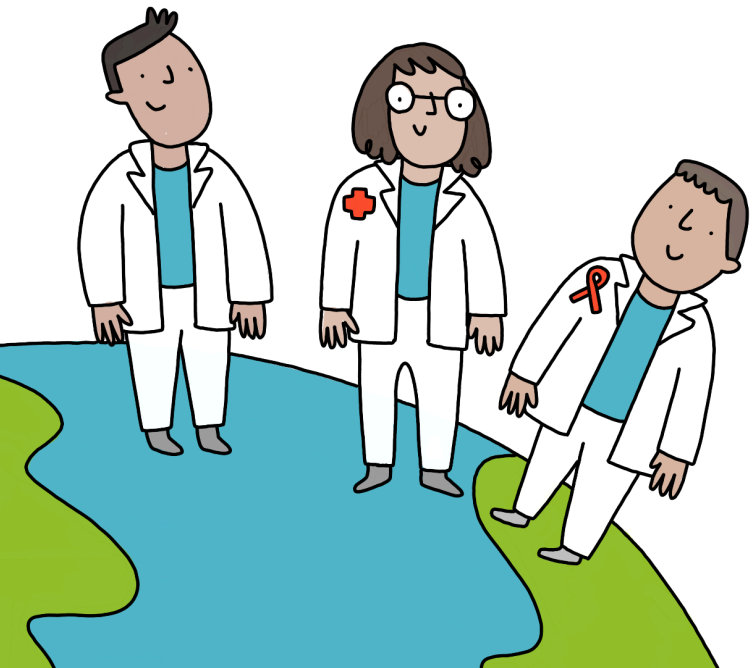


BILATERAL AID



NGOS AND CIVIL SOCIETY ORGANISATIONS

Expenditure on civil society and the NGO sector has also been cut. In total, organisations working in the fields of health, reproductive health, peace and security, and humanitarian aid received a combined total of around €100 million. In 2024, the figure was €110 million. For the first time, the NGO Ground Truth Solutions received a contribution of €300,000. It collects data from communities affected by humanitarian crises to identify their needs. Its project focuses on gathering people's experiences. It then shares these experiences with Belgian humanitarian aid providers so that policy can be tailored accordingly. It aims to do this among populations in the DRC and Palestine, in complex conflict areas with limited resources. It will be interesting to see how these findings are gathered and how Belgium uses them.



RESEARCH

It is important to base policy on scientific evidence and to continue investing in research into how we organise international cooperation. For several years, DG INT has spent around €5 million on research institutions each year. The budget even increased slightly in 2025. It rose from 4.5 million in 2023 to 5.4 million in 2024 to 5.7 million in 2025. The Institute of Natural Sciences received €1.5 million in 2025, while the Royal Museum for Central Africa received around €4.2 million.

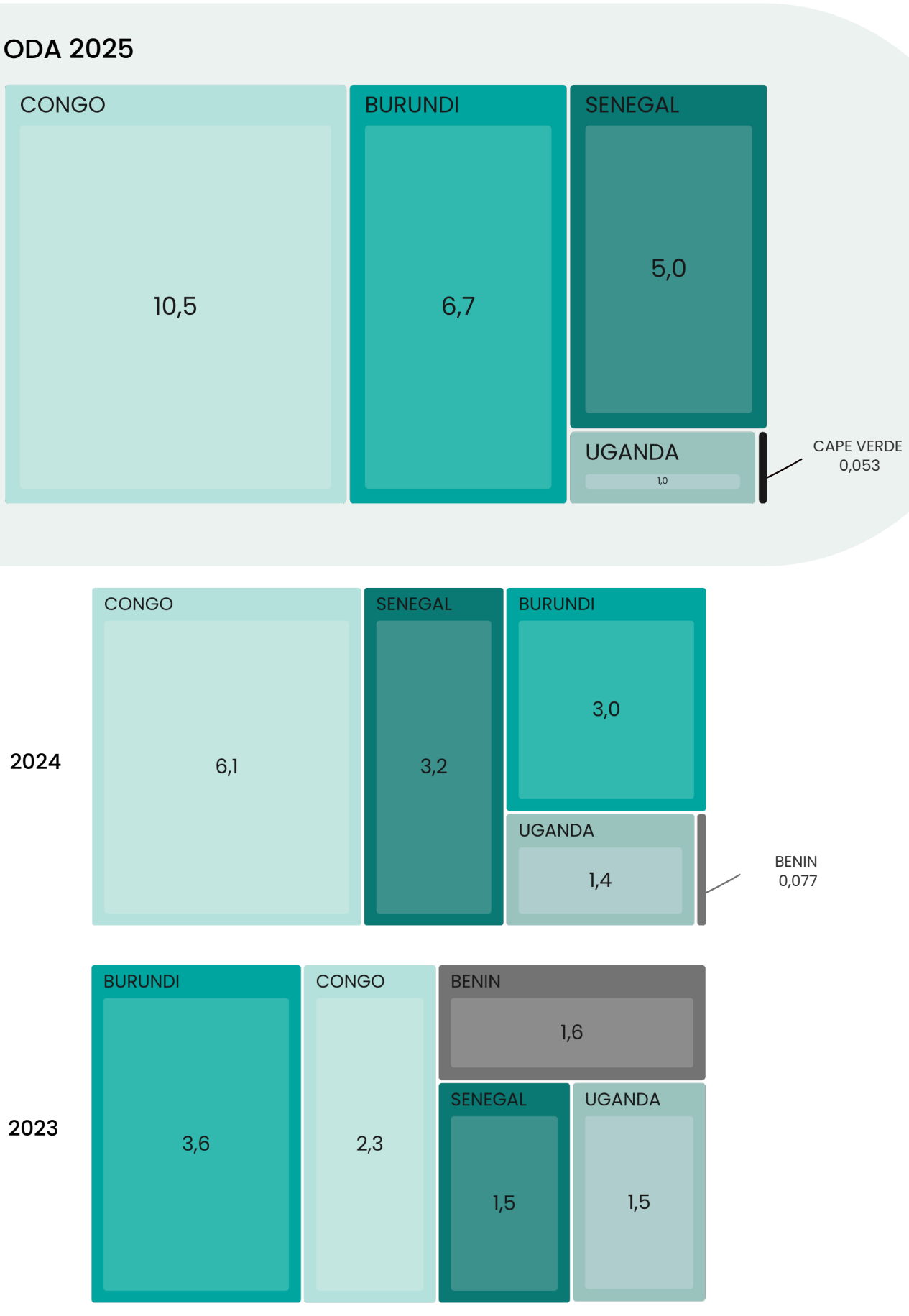
The investment in Ground Truth Solutions also benefits research and, as mentioned in relation to multilateral aid, Belgium invested one million euros in HRP for the first time.

COOPERATION BETWEEN GOVERNMENTS

Health

When it comes to health expenditure, we can see that the DRC still ranks at the very top in terms of contributions to national governments. The 10.4 million in bilateral aid from Belgium for health-related activities stands head and shoulders above that of other countries. Burundi comes next, while Senegal completes the top three, with around five million in Belgian government expenditure on health in Senegal's public sector. These contributions have risen substantially for the DRC, Burundi and Senegal alike. That is positive.

Breakdown of the 5 largest bilateral investments in health (in € million)



Reproductive health

Among bilateral public-sector expenditure, Uganda received the most funding for reproductive health. Belgium invested €3.9 million in Uganda's public sector to support work on reproductive health. It is striking that Belgium is still providing funding to the Ugandan government following the introduction of the country's extremely harsh anti-homosexuality law. Caroline Gennez, who was then Minister for Development Cooperation, stated that there must be no discrimination against LGBTQI+ people in Belgian international cooperation projects. Sensoa wonders how the Belgian government guarantees this.

Rwanda and Benin received roughly equal amounts in 2025. But for Rwanda, this means a sharp decrease in its contribution. This may be due to the fact that Rwanda suspended international cooperation with Belgium in March 2025 because of Belgium's stance on the war in eastern DRC. Minister Maxime Prévot has since repaired relations, and international cooperation between Belgium and Rwanda is set to resume in 2027.

IN PRACTICE:

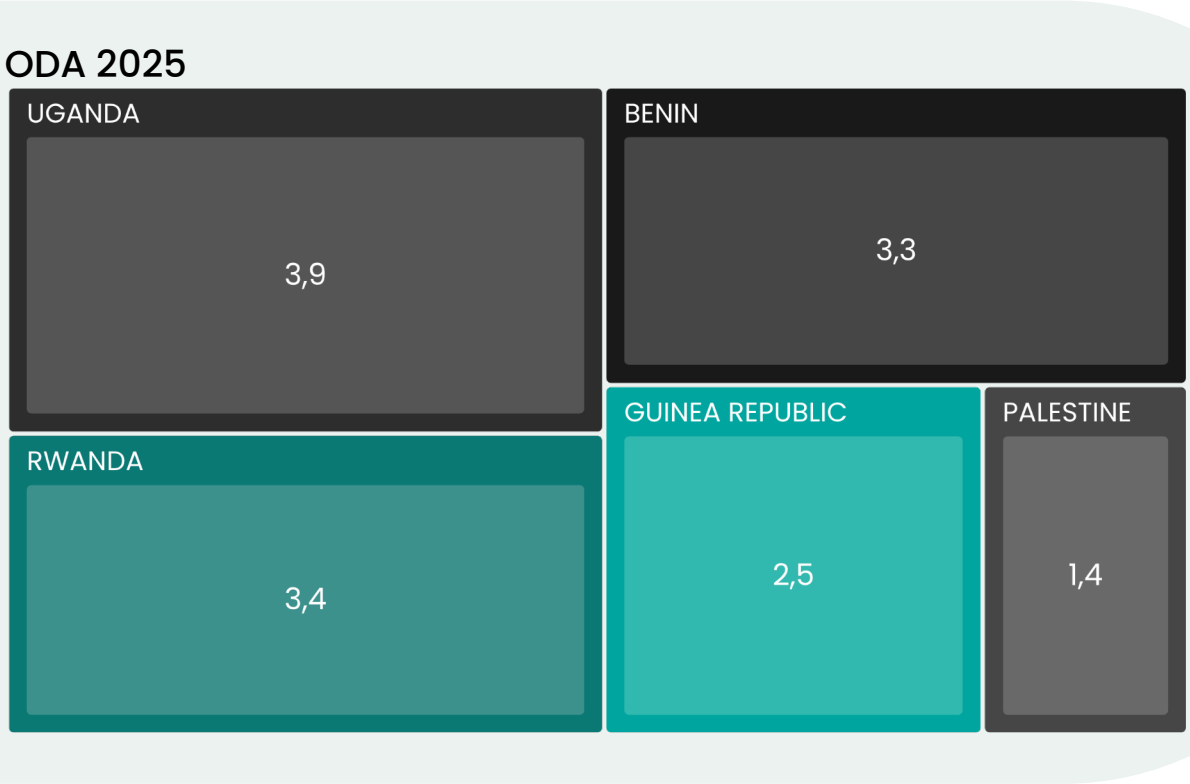
In Uganda, the risk of maternal mortality is one in 125. In particular, failure to reach medical facilities in time accounts for 23 per cent of maternal deaths and 33 per cent of perinatal deaths. Families are often unable to arrange transport in time when labour begins, or simply cannot afford it.

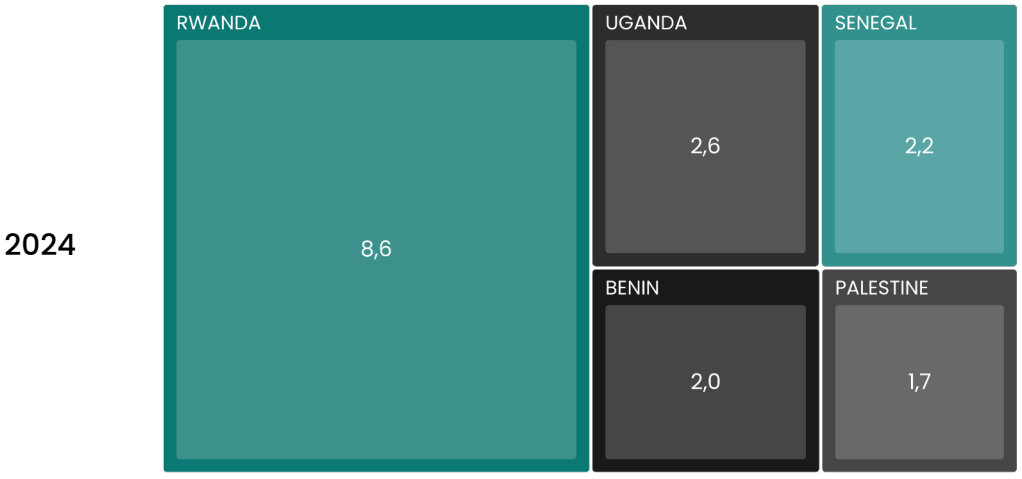
Mama Rescue, an Enabel project run in partnership with the local NGO 'Babies and Mothers Alive', connects women in labour with motorcycle taxi drivers (boda bodas) for rapid transport from their homes to health centres. In the event of life-threatening complications for mothers and babies, Mama Rescue also arranges emergency transport to a hospital.

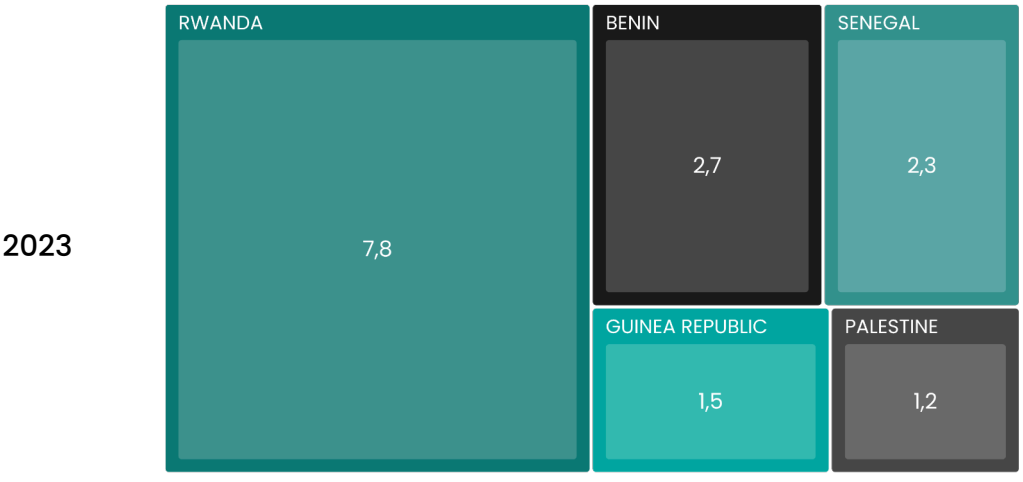
Since the project began, more than 18,000 pregnant women have been transported from their homes to a health centre. There has also been a fall in maternal mortality in the 26 health centres taking part in the project. Maternal mortality fell sharply in this region: from 55 per 100,000 births to 46 per 100,000 births.



Breakdown of the five largest bilateral investments in reproductive health (in € million)







CONCLUSION

Belgium enjoys a good international reputation in the field of health and SRHR. It is important that DG INT continues to live up to this reputation despite the various obstacles. Not only in words, during international negotiations and as a SheDecides champion, but also through financial commitments. Commitments that address the needs and realities on the ground. This is particularly important when major donors such as the United States are withdrawing from their promises and financial commitments, or putting SRHR at risk through problematic and harmful MoUs. Needs are soaring.

A strong healthcare system is vital in peacetime, but even more so during a humanitarian crisis. Ukraine had a good basic healthcare system, which ensured that the healthcare system did not collapse following the Russian invasion. We see the opposite far more often: countries with weak healthcare systems are immediately much more vulnerable during a humanitarian crisis, and their entire healthcare system is more likely to collapse in the event of conflict, war or a climate disaster. Yet healthcare becomes even more important during crises, particularly for the most vulnerable people in society. It is good that Belgium recognises this and is working to develop and expand strong, high-quality healthcare systems.

Unfortunately, the specific needs of women, girls and children also increase during humanitarian crises. Furthermore, despite the dismantling of USAID – which is having catastrophic consequences for the HIV epidemic in many African countries – cuts are also being made to the contribution to the Global Fund to Fight AIDS and Tuberculosis. We are also seeing various other multilateral contributions dwindle. However, it is positive that core contributions to UNAIDS, UNFPA and UNFPA Supplies remain unchanged, and that some UN organisations, such as UNOCHA, are receiving more funding from Belgium.

The 2025 analysis may well be just a taster of the cuts to be made by the Arizona government. The outlook is bleak if the budgets for 2025 and previous years are already falling short. In humanitarian aid alone, investment was 43 million lower than in 2024. Specific projects, within humanitarian aid, focusing on RMNCH no longer receive any funding at all. Belgium knows where the humanitarian crises are: funding has been allocated to Sudan again, for example, and contributions for Palestine and the DRC increased. That is good news. But too many crises are still ‘forgotten’ in Belgian foreign policy. There was no money for Afghanistan or Myanmar, where conditions for girls and women are appalling.

Belgium has chosen to invest an additional 500 million in defence while cutting international cooperation by around 315 million overall compared with last year. This also has an impact on health and reproductive health. Simply investing in drones and weapons will not make the world safer or more equal. However, cuts to health, gender equality and peace have predictable consequences: the HIV pandemic continues to spread, child and maternal mortality rates are rising, and gender-based violence is affecting even more women and girls.

9 RECOMMENDATIONS

FUNDING

- Continue to invest in sexual and reproductive health and rights (SRHR) through specific programmes that focus on reproductive health, and incorporate SRHR in a meaningful and traceable way into programmes aimed at strengthening and expanding healthcare systems.
- Continue to uphold and strengthen Belgium's financial commitments, despite budgetary constraints and sociopolitical opposition, including investment in the multilateral system.
- Explore alternative funding options that go beyond traditional, project-based funding.

IMPACT ASSESSMENT

- Improve monitoring of RMNCH and HIV expenditure, including consistent application of the HIV and RMNCH markers. This will ensure the work is visible.
- Invest in research measuring the impact of Belgian SRHR programmes in partner countries. Base policy on the findings.
- Map out the full scope of Belgium's work on SRHR: the RMNCH marker is limited to conventional maternal and child healthcare, whereas Belgium does much more.

VULNERABLE GROUPS

- Identify which vulnerable groups have not yet been reached, or have not been reached sufficiently, and assess their needs. Adapt policy accordingly.
- Strengthen SRHR in humanitarian aid by providing information, awareness-raising and services in crisis situations.
- Ensure that the approach to HIV and SRHR are embedded in efforts to broaden and strengthen healthcare systems, including for young people, older people and the LGBTQ community.



METHODOLOGY

The federal development cooperation department reports annually to the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) on which development-relevant projects are supported. The analysis was carried out on 2025 expenditure that DG INT reported to the OECD. The analysis was conducted on the basis of figures provided by DG INT to Sensoa in September 2026. The federal expenditure on SRHR, including HIV and AIDS, which meets the criteria of Official Development Assistance (ODA), is the subject of our analysis.

In addition to a quantitative analysis of expenditure, we also conduct a literature review to identify the most pressing needs worldwide in the field of SRHR and to outline the global context of SRHR. The sources consulted are listed in the annex. We draw mainly, though not exclusively, on major organisations working on SRHR worldwide every day, such as UNFPA, UNAIDS and IPPF.

By means of a quantitative analysis of expenditure, we mapped federal expenditure on SRHR for 2025 and compared it with 2023 and 2024. 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. DG INT defines expenditure under bilateral international solidarity as expenditure on:

- governmental cooperation
- non-governmental cooperation
- contributions earmarked for partner countries to multilateral organisations, or support for those organisations' country programmes

DG INT defines expenditure on multilateral cooperation as mandatory 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 expenditure for different years must always be compared within a single report. The figures in previous reports may differ because they have not yet been updated. Therefore, the most recent report always contains the most accurate information about previous years.

MARKERS

In the overview of reported expenditure by different sectors and detailed sectors, DG INT uses different markers that make the expenditure more transparent. The RMNCH marker is a useful tool for specific analyses in our report.

The RMNCH marker is a measure that identifies projects and programmes that contribute to reproductive health and the health of mothers, newborns and children (RMNCH – Reproductive, Maternal, Newborn and Child Health). The marker was introduced by the OECD/DAC and has two possible scores:

- '2' means that RMNCH is a project's explicit principal objective;
- '1' means that a project's resources 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 being paid to family planning, the

prevention of STIs, safe abortion or post-abortion care. The marker does not identify which SRHR challenges Belgium specifically supports or where potential gaps lie.

The HIV marker is not an official OECD/DAC marker, but was introduced by DG INT. 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 provides us with more information about the attention given to HIV within all federal development-relevant projects in the ODA database. It not only covers expenditure in the health sector, but all expenditure.

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. A recurring problem is that markers are not added, or are added incorrectly. The internal marker for the HIV response, in particular, is completed far too rarely. This raises concerns for Sensoa about the accuracy of the data and the importance DG INT attaches to completing its own markers. In addition, a problem with the breakdown of multilateral and bilateral contributions in this year's database delayed the analysis of these results.

'HEALTH' AND 'REPRODUCTIVE HEALTH'

The report frequently refers to the 'Health' and 'Reproductive Health' sectors. This is because the OECD/DAC distinguishes 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 healthcare, demographic research and safe motherhood. The 'Health' and 'Reproductive Health' sectors are often discussed jointly when examining expenditure. A comprehensive, separate analysis of those sectors would give a distorted picture of Belgium's aid for reproductive health. The RMNCH marker shows that an important part of expenditure within the 'Health' sector also benefits reproductive health.

In recent years, we have increasingly examined other sectors too. For humanitarian aid, we examine expenditure on health and reproductive health, as well as the RMNCH and HIV markers. We have also examined other sectors in recent years, as Belgium is committed to strengthening the health system and promoting health in general.

LIMITATIONS OF THE ANALYSIS

Not all expenditure benefiting sexual and reproductive health and rights (SRHR) is visible in DG INT's reporting to the OECD. Some health expenditure can indirectly benefit SRHR. Below are some examples to illustrate this:

- Investments in a procurement and distribution system for medicines can benefit the availability of contraceptives.
- Investments in training for health workers can focus on training workers for reproductive health, such as midwives.
- Investments in health infrastructure, such as the construction of hospitals, may include investment in gynaecology, obstetrics and testing centres for HIV and STIs.
- Various multilateral organisations (UNICEF, the WHO, UN Women, the World Bank, etc.) address aspects of SRHR, although this is not always reflected in the ODA database. This is particularly true of core contributions and general contributions to multilateral organisations.

The RMNCH marker is used to identify expenditure on sexual and reproductive health outside the health sector. But it does not include all interventions benefiting sexual and reproductive health and rights, and does not allow for enough differentiation. Below are some examples to illustrate this:

- Promoting sexual and reproductive health may be part of education programmes.
- Support for women's organisations or human rights organisations engaged in advocacy on sexual and reproductive health and rights.
- Awareness-raising and education programmes aimed at preventing female genital mutilation.

Obtaining this information requires a substantive analysis at project or programme level.

LIST OF ABBREVIATIONS

CPD: Commission on Population and Development

SEO: Special Evaluation Office for Foreign Affairs, Foreign Trade and Development Cooperation

DG INT: Directorate General for International Cooperation (the new name for the former DGD, Directorate General for Development Cooperation)

DRC: Democratic Republic of the Congo

GCD: Geneva Consensus Declaration

GDP: Gross domestic product

GFATM: Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV: Human Immunodeficiency Virus

HRP: Human Reproduction Programme (the special programme of UNDP, UNFPA, UNICEF, the WHO and the World Bank for research, development and training in reproductive health)

IPPF: International Planned Parenthood Federation

ITM: Institute of Tropical Medicine

MoU: Memorandum of Understanding

ODA: Official Development Assistance

OECD-DAC: Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD)

PEP: Post-exposure prophylaxis, medication taken after potential exposure to protect against HIV

PEPFAR: (United States) President's Emergency Plan for AIDS Relief

PrEP: Pre-exposure prophylaxis, medication taken to protect against HIV

RMNCH: Reproductive, Maternal, Newborn and Child Health

SFPA: Sudan Family Planning Association

SFPA: Syrian Family Planning Association

SGBV: Sexual and Gender-Based Violence

STIs: Sexually Transmitted Infections

SRHR: Sexual and Reproductive Health and Rights

UN80: United Nations reform initiative marking its 80th anniversary

UNAIDS: United Nations Programme on HIV and AIDS

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

UNOCHA: United Nations Office for the Coordination of Humanitarian Affairs

UNRWA: United Nations Relief and Works Agency for Palestine Refugees in the Near East

USAID: United States Agency for International Development

FGM: Female Genital Mutilation

UN: United Nations

WHO: World Health Organization

OTHER SOURCES

The main source for this report is the annual report from DG INT. In addition, there are a number of other sources that have also contributed to our analysis:

- Israel continues to commit genocide, atrocity crimes by deliberately targeting Palestinian children, UN independent commission finds | UN News
- USAID cuts may lead to more than 14 million deaths globally, including 4.5 million children under 5 by 2030, researchers say | UCLA
- A Silent Crisis: Contraceptive Shortages Threaten Women's Health in Kenya - The Voice of Africa
- Around 224 million women still don't access family planning | UN News
- swp25-layout-en-v250609-web.pdf
- UNAIDS global AIDS update 2025 | UNAIDS
- FACTSHEET-SRHR-for-Palestinians_C2030E.pdf
- Nieuwe anti-LGBTI+ wet in Oeganda | çavaria
- Geneva Consensus Declaration: Institutionalizing Attacks on Women and LGBTQ+ Rights - Global Project Against Hate and Extremism
- Ipas-The-Geneva-Consensus-Declaration-in-Action_OPPGCDE24.pdf
- The Commission on Population and Development (CPD59) closed without outcome, but the SRHR movement moves forward - Countdown 2030
- Myanmar Humanitarian Emergency | United Nations Population Fund
- Our Colleagues Are Missing: Devastating Attacks on Women, Health Workers and Communities in Sudan | IPPF
- Statement on the ongoing violence in Sudan | IPPF
- World Humanitarian Day: Calling from a crisis | IPPF
- Inside the deadly collapse of maternity care in Afghanistan
- Congo (DRC) | 11.11.11
- Bus mee voor hope & peace | 11.11.11
- Datakolonialisme: America first, Afrika laatst – MO*
- 'Ik geloof niet in praten met het regime, dat is allemaal al eerder geprobeerd' – MO*
- Rwanda schort Belgische ontwikkelingssamenwerking op, Prévot zegt dat België samenwerking "ook aan het herbekijken was" | VRT NWS Nieuws
- België en Rwanda herstellen hun diplomatieke relaties | VRT NWS Nieuws
- Current Spending and Cost-Effectiveness of Peacebuilding
- What we do: Peace and security | UN Women – Headquarters
- When women thrive, economies flourish – UNFPA's investment case | United Nations Population Fund
- McDermott, R., Caprioli, M., & Bowen, D. L. (2023). Sex and World Peace. In Columbia University Press eBooks. https://doi.org/10.7312/huds20474

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