



3 Aid in support of gender equality in education and health

EDUCATION & HEALTH

1. Aid in support of gender equality and women's empowerment: Statistical overview
2. Aid in support of women's economic empowerment
- 3. Aid in support of gender equality in education and health**
4. Aid in support of gender equality in fragile and conflict-affected states
5. Aid in support of gender equality in humanitarian contexts



Aid in Support of Gender Equality in Education and Health

Main findings

- In the education and health sectors, the shares of bilateral aid that target gender equality and women's empowerment are significantly higher than in other sectors: 60% and 51% respectively, compared to only 17% in the economic and productive sectors.

Education

- Aid committed to gender equality in the education sector by DAC members amounted to **USD 4.7 billion** on average per year in 2009-10. This represented 60% of the total aid to the education sector.
- Particularly high shares of aid targeted gender equality in support for basic and secondary education – 68% and 69% respectively. In fragile and conflict-affected states, 82% of aid to basic education targeted gender equality.
- One third of the USD 4.7 billion of aid targeting gender equality in the education sector was committed through scholarships and student costs in donor countries, rather than at the country level.
- Support for gender equality in education does not always match needs. Only 68% of aid to basic education in Sub-Saharan Africa – the same as the average share – included gender equality objectives despite very high gender inequality in primary school enrolments in this region.

Health

- In the health sector, DAC members committed **USD 4.4 billion** on average per year to gender equality and women's empowerment in 2009-10. This represented 51% of total bilateral aid to health.
- Support for family planning and reproductive health care made up a very small share of total gender equality focussed aid in the health sector. An increase in aid to reproductive health care and family planning could help close the gap to reach Millennium Development Goal 5 – improve maternal health.
- More than one third of the USD 4.4 billion focussed on gender equality was committed in the “basic health” sub-sector – including primary health care programmes, health infrastructure and health education.
- Sub-Saharan Africa received more than half (64%) of all aid targeting gender equality in the health sector.

Introduction

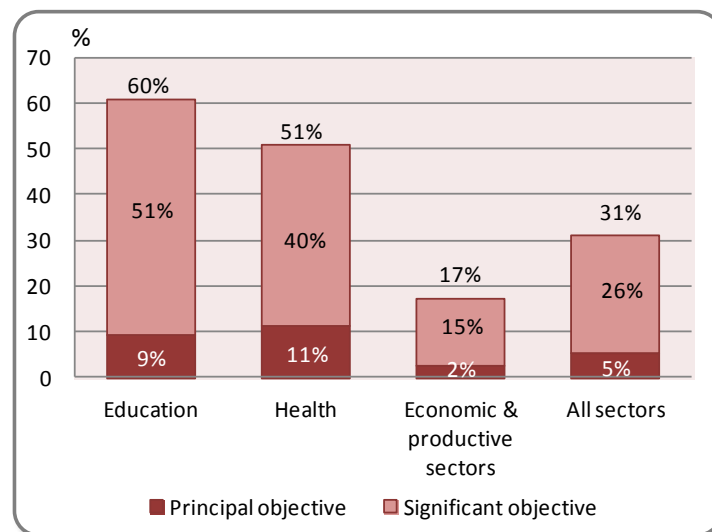
Women's and girls' access to education and health is essential to their empowerment and necessary for sustainable development.

The need to improve access to education and health has been recognised globally through international commitments such as the Millennium Development Goals (MDGs). In committing to MDG 3 – gender equality and women's empowerment – development partners set a target to eliminate gender disparity in primary and secondary education by 2005, and in all levels of education by 2015. Through MDG 5 – maternal health – the international community committed to reduce by three-quarters the maternal mortality ratio (the number of maternal deaths to 100 000 births) and to achieve universal access to reproductive health by 2015.

This paper examines the extent to which Development Assistance Committee (DAC) donors' aid to education and health addressed gender equality objectives, based on data collected through the DAC gender equality policy marker. It also compares these aid flows against global gaps in education and health to provide a picture of how aid can be more effectively targeted to enable more girls and women to access education and health, and to accelerate progress towards achieving the MDGs by 2015.

In 2009-10, the shares of bilateral aid that targeted gender equality and women's empowerment in the education and health sectors were higher than in other sectors: 60 and 51% respectively. This is significantly higher than the share in the economic and productive sectors (17%) – see Chart 1.

Chart 1. Gender equality focussed aid by sector
DAC members' commitments, average 2009-10, %



Methodology

The gender equality policy marker

The Creditor Reporting System (CRS) has been used to collect data on aid in support of gender equality through a 'policy marker' since 1991. As part of their annual reporting to the CRS, DAC members are asked to indicate for each individual aid activity whether it targets gender equality as one of its policy objectives. To qualify as 'gender equality focussed', an activity must explicitly promote gender equality and women's empowerment. A complete definition of the gender equality marker including eligibility criteria is provided at www.oecd.org/dac/stats/gender along with Frequently Asked Questions (FAQs) designed to assist donors to apply the marker to their reporting.

An activity can either target gender equality as its ‘principal objective’ or as a ‘significant objective.’ A ‘principal’ score (2) is assigned if gender equality was an explicit objective of the activity and fundamental to its design – i.e. the activity would not have been undertaken without this objective. A significant score (1) is assigned if gender equality was an important, but secondary, objective of the activity - i.e. it was not the principal reason for undertaking the activity. A ‘not targeted’ score (0) is assigned if, after being screened against the gender equality policy marker, an activity is found not to target gender equality at all. Activities assigned a ‘principal’ score should not be considered better than activities assigned a ‘significant’ score, as donors that mainstream gender equality - and thus integrate it into their projects across a range of sectors - are more likely to allocate the marker score ‘significant’ to their aid activities (see “Aid in support of gender equality and women’s empowerment: Statistical overview”).

Note on coverage

The figures quoted in this chapter are based solely on aid that has been screened against the DAC gender equality policy marker in the education and health sectors. This represented 72% of total aid committed to education and 57% of total aid committed to health in 2009-10. The remaining aid flows which were not screened against the marker were mainly attributable to the United States’ reporting. The other 23 DAC members combined, screened a total of 81% of their aid to education and 96% of their aid to health.

1. THE EDUCATION SECTOR

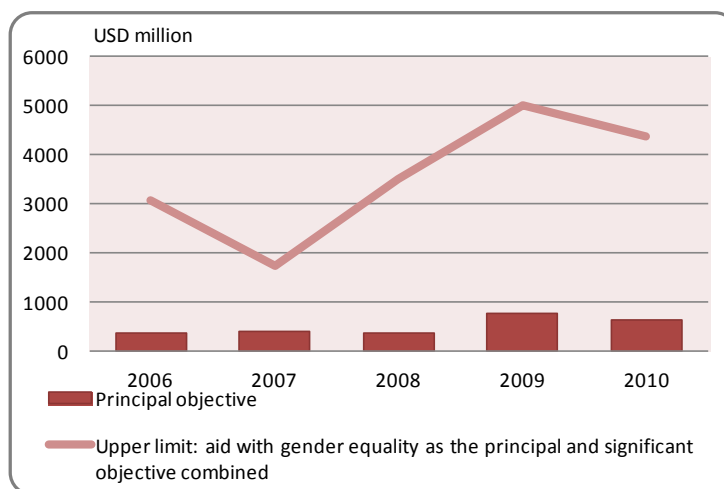
“Whether the situation is viewed through the narrow lens of economic growth or the wider lens of human rights and social justice, there are strong grounds for putting gender equity at the centre of a broader education and employment agenda.”

Education For All Global Monitoring Report, UNESCO, 2011

1.1 Overview

There was an overall upward trend in the amounts of aid focussed on gender equality in the education sector between 2006 and 2010 (Chart 2). Some of this increase can be attributed to the increase in coverage of aid flows screened against the policy marker, from 68% of all aid screened in 2006 to 81% of all aid screened in 2010.

Chart 2. Trends of aid to gender equality in the education sector, 2006-10
Commitments, 2006-10, constant 2010 prices, excluding US



Note: The share of aid screened against the marker was 68% in 2006. This share increased in the following years and reached 81% in 2010.

1.2 Gender equality focussed aid to education by DAC member

In 2009-10, **USD 4.7 billion** of DAC member aid to the education sector addressed gender equality and women's empowerment (Table 1). This represents **60% of bilateral aid committed to the education sector** and screened against the gender equality marker. Most of this aid, USD 4 billion, was marked with gender equality as a **significant** objective.

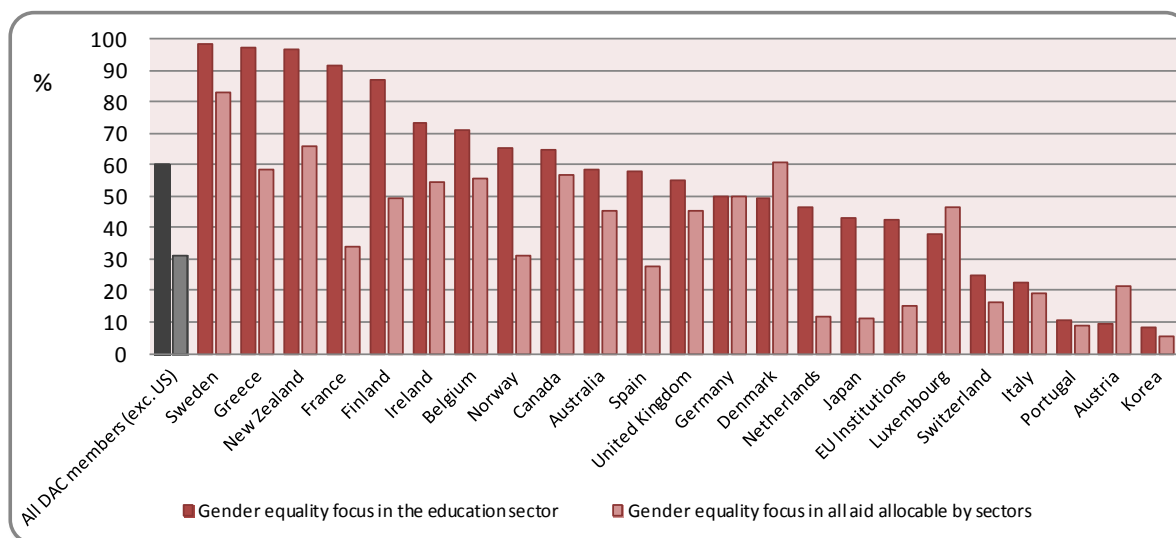
Table 1. Gender equality focussed aid to education
2009-10, annual average commitments, USD million, constant 2010 prices

DAC members	Gender equality focussed aid in education				For reference	
	Total (a+b)	Principal objective (a)	Significant objective (b)	% of total aid to education	Not targeted	Not screened
Australia	335	60	275	59	236	0
Austria	13	0	12	10	118	1
Belgium	117	5	113	71	48	55
Canada	329	299	30	65	177	0
Denmark	52	3	49	50	53	0
EU Institutions	413	0	413	43	556	64
Finland	53	1	52	87	8	0
France	1546	0	1546	92	138	53
Germany	381	44	336	50	379	972
Greece	87	0	87	98	2	0
Ireland	53	0	53	73	20	0
Italy	19	5	14	22	65	9
Japan	156	7	149	43	204	477
Korea	20	4	17	8	223	0
Luxembourg	12	1	10	38	19	5
Netherlands	159	41	118	47	183	0
New Zealand	68	0	68	97	2	0
Norway	197	92	105	66	103	0
Portugal	6	0	6	11	53	13
Spain	201	30	171	58	147	8
Sweden	109	67	42	98	2	0
Switzerland	15	1	14	25	45	0
United Kingdom	355	47	308	55	289	111
United States	0	0	0	..	..	1185
Total	4698	708	3990	60	3070	2954

Note: In the case of the United States, the gender marker for 2009 was assigned based on a text search through project descriptions (using terms such as "girl" or "woman"); resulting data on gender equality-focused aid is not comparable with those reported by other donors. The United States is implementing an improved data collection procedure for the gender marker and will resume reporting for 2011 flows.

France, the EU institutions, Germany, the United Kingdom, Australia and Canada each committed more than USD 300 million per year on average to aid with gender equality as the principal or significant objective in the education sector. Canada reports a large share of its aid to education with gender equality as the **principal** objective.

Chart 3. Gender equality focus of DAC donors' aid programmes in the education sector
 % of aid commitments 2009-10, constant 2010 prices

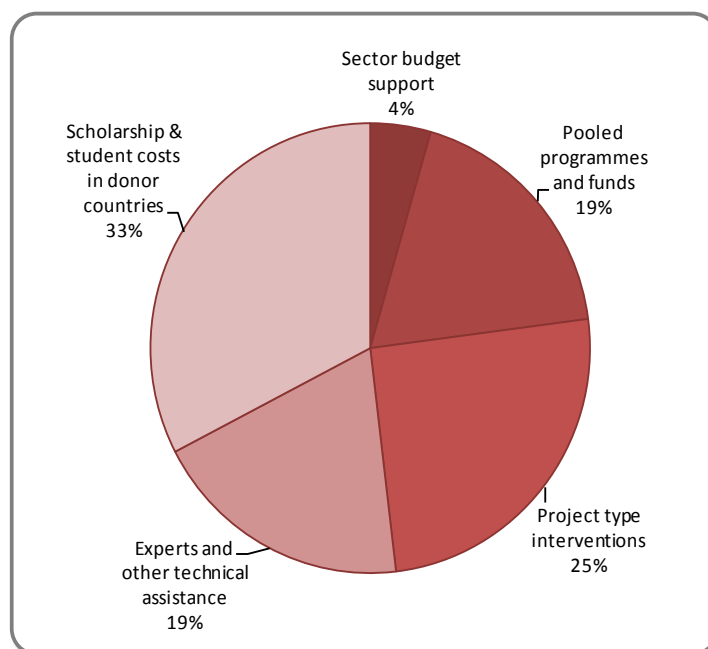


Sweden, Greece, New Zealand, France and Finland marked more than 80% of their aid to education as including gender equality objectives. For most DAC donors, the gender equality focus of aid in the education sector was significantly higher than the gender equality focus of aid overall (Chart 3).

1.3 Distribution of gender equality focussed aid by modality and education level

Gender equality focussed aid, distribution by aid modalities

Chart 4. Distribution of gender equality focussed aid by modality
 Commitments 2010, constant prices, excluding US



One third (33%) of DAC members' gender equality focussed aid in the education sector was committed in the form of scholarships and student costs in donor countries. This is noteworthy since it represents funds allocated to students in donor countries, rather than to aid activities in developing countries (see below). One fourth of all gender equality focussed aid was allocated through project-type interventions (25%) and one fifth through pooled donor programmes and funds (19%). Another fifth of the gender equality focussed

aid comprised funding of “experts and other technical assistance” (19%), a category which includes training and research in recipient countries, collaborative research with universities and organisations, exchange visits and workshops.

Only a minor share of the gender equality focussed aid in the education sector (4%) was committed through budget support. However, a few donors commit significant shares of their aid focussed on gender equality in the education sector through sector budget support: the EU institutions (29%), Ireland (19%), the United Kingdom (18%), and Norway and Spain (13% each).

Scholarships and Imputed Student Costs

Aid for scholarships and imputed student costs implies aid spent in donor countries rather than implemented through activities at the country level. When support for scholarships and imputed student costs is excluded from the analysis of aid in the education sector – and only aid activities implemented at the country level are included – the total share of aid focussed on gender equality in the education sector drops to 45%.

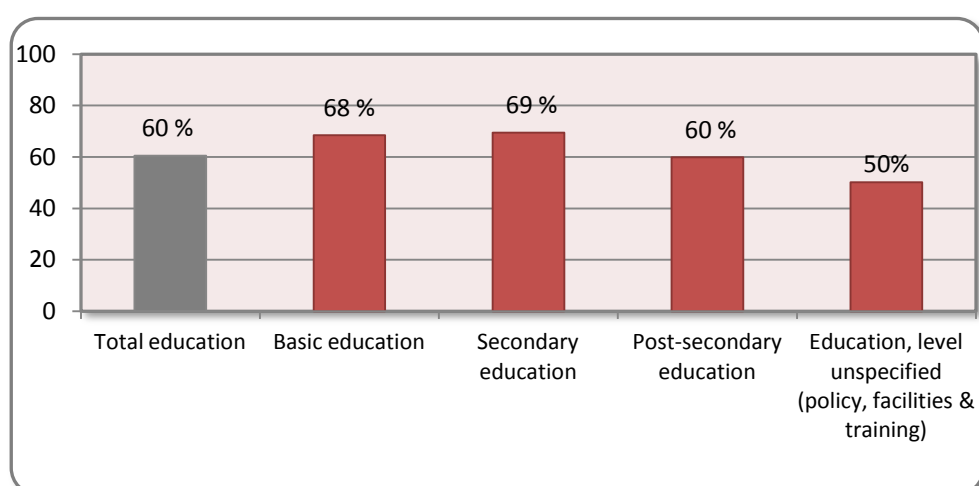
Donor reporting practices for support for imputed student costs vary. For example, France, Greece and Belgium report these activities as “post-secondary education.” Support for scholarships and student costs made up very large shares of France’s and Greece’s aid focussed on gender equality in the education sector in 2009-10.¹ Less than half of France’s total gender equality focussed aid to post secondary education was committed at the country level. Canada instead reports imputed student costs using the “education/training” sub-sector of the “multisector” code. Other donors do not include imputed student costs in their reporting on gender equality focussed aid. This inconsistency in donor reporting has implications for the comparability of aid targeting gender equality in the education sector.

Shares of aid focussed on gender equality by education level

DAC member aid had a strong focus on gender equality in basic and secondary education and a slightly lower focus in post-secondary education.² In 2009-10, 68% of aid to basic education and 69% of aid to secondary education was gender equality focussed, compared to just 60% of aid to post-secondary education (Chart 5). When the “imputed student costs” category is excluded from the analysis of aid to post-secondary education, the percentage of gender equality focussed aid in the post-secondary education sector drops considerably to 38%.³

Chart 5. Gender equality focus by education level

Commitments, 2009-10, %, excluding US



¹ 2010 is the first year when imputed student costs can be easily traced, through the new ‘modality of aid’ system.

² See Annex 1 for a definition of basic, secondary and post-secondary education.

³ As 2010 is the first year when imputed student costs can be easily traced, this assumes that Greece and France had the same amounts of imputed student costs in 2009 and 2010.

Some DAC members specifically prioritised gender parity in access to basic education. France and the United Kingdom both committed more than USD 200 million to gender equality in basic education in 2009-10, and Sweden and New Zealand focused 100% of their support for basic education on gender equality (Annex 3). Basic education has traditionally been a focus of Germany’s development cooperation and, in reaffirming its commitments to the MDGs in its 2008 Development Policy White Paper, Germany placed a special emphasis on gender equality in education.⁴ Germany focused 98% of its aid to basic education on gender equality, corresponding to USD 177 million. Canada, Spain and Norway all targeted over 75% of their aid to basic education towards gender equality, with volumes reaching over USD 100 million each (Annex 3).

Vocational training

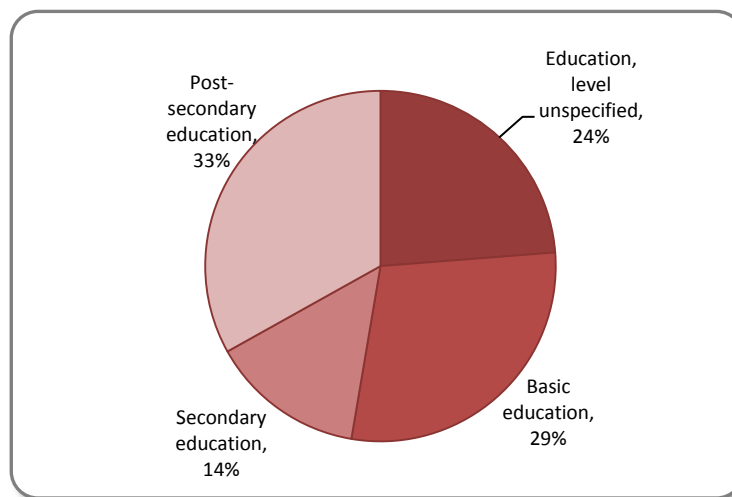
CRS data on post-secondary education includes vocational training. 65% of aid to vocational training targeted gender equality in 2009-10 – this is slightly above the average share for aid to post-secondary education overall (i.e. 60%). Canada and Sweden stood out for targeting gender equality as a principal objective in more than 80% of their aid to vocational training. Vocational training can help girls to develop skills for a wide range of professions and to acquire the right qualifications to gain access to the labour market.⁵

Distribution of total gender equality focussed aid by education level

Out of the total amount of gender equality focussed aid in the education sector (USD 4.7 billion), one third was committed to post-secondary education and nearly one third was committed to basic education. Only 14% of all aid focussed on gender equality in the education sector was committed to secondary education (Chart 6).

Donors also funded gender equality and women’s empowerment for policy, planning, research and training in the education sector, reported in the “unspecified education level” category. For example, the Netherlands provided USD 34.6 million for “strategic education planning” in Bolivia.

Chart 6. Distribution of total gender equality focussed aid by education level
Commitments, excludes US, 2009-10



DAC members’ sustained attention to gender equality in basic education recognises the impact of these early years on women’s entire lifetimes, and on the lives of their families and communities. However, further efforts are needed to integrate gender equality dimensions into overall aid to education to achieve gender

⁴ German Federal Ministry for Economic Cooperation and Development (2008). *Towards One World: Development Policy White Paper*.

⁵ UNESCO (2011). *Education For All Global Monitoring Report 2011*.

parity in secondary and tertiary enrolments by 2015, and to meet the ongoing need for more in-country and better quality education at all levels.

1.4 Gender equality focus in education enrolments by region and level

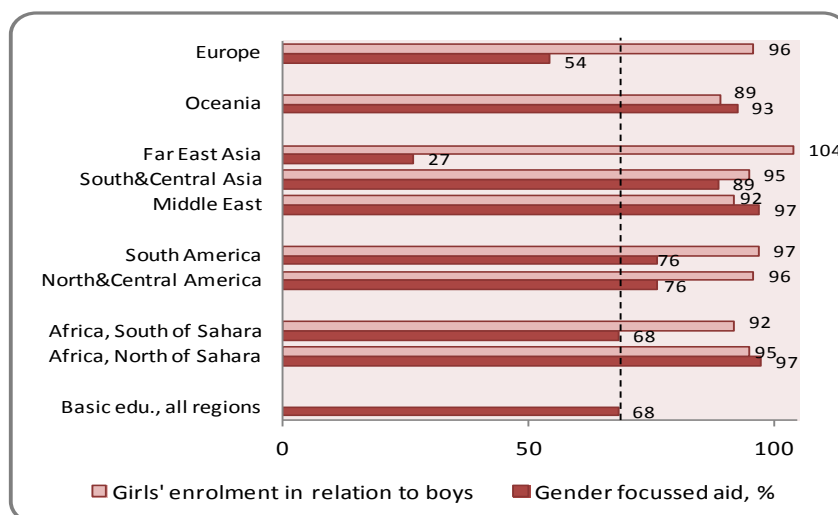
Despite an overall increase in aid targeting gender equality within the education sector, and findings that the MDG 3 target is within reach for basic education at the global level,⁶ a regional analysis reveals that gender disparity persists even in primary school enrolments. Real progress is possible through collective efforts. Regions suffering from the widest gender gaps in enrolments have made significant progress towards improving gender parity. However, this progress has been insufficient to close the gender gap in primary and secondary school enrolment in many developing countries, 60 of which remain off track to meet the 2015 target.⁷ Donor efforts to address this issue need to be maintained, and become more focussed and strategic in those regions and countries that continue to lag behind.

Basic education

Chart 7.1 illustrates the relationship between the share of gender equality focussed aid committed to each region in 2009-2010 and the ratio of girls' enrolment in basic education compared to boys. DAC donors focused 68% of their total aid to basic education on gender equality.

Chart 7.1 Basic education. The relationship between gender equality focussed aid and girls' school enrolment

Share of gender equality focussed aid, commitments, 2009-10, %; and number of girls for 100 boys, 2009-2010⁸



Particularly high shares of aid to basic education were focussed on gender equality in North Africa and the Middle East, at 97% each, and in Oceania, at 93%. The Middle East and Oceania are also amongst those regions with the lowest proportion of girls enrolled in basic education in comparison to boys. However, other regions with significant gender disparities in primary school enrolments attracted relatively low levels of gender equality focussed aid to basic education. Only 68% of aid to basic education in Sub-Saharan Africa included gender equality objectives, despite very high gender disparity in primary school enrolments in this region (92 girls per 100 boys). This leaves ample scope for DAC members to increase the gender equality focus of their aid to basic education in Sub-Saharan Africa. Donors can also make greater efforts in the Oceania region where only 89 girls per 100 boys enrolled. Although there has been a high gender equality

⁶ United Nations (2012). *The Millennium Development Goals Report 2012*.

⁷ UNESCO (2011). *Education For All Global Monitoring Report 2011*.

⁸ The ratio between the enrolment rate of girls and that of boys is based on the gender parity index (GPI).

focus in aid to basic education in Oceania to date, estimates show that if prevailing trends continue, the region will not reach gender parity in access to basic education by 2015.⁹

Secondary education

Chart 7.2 shows the link between the gender equality focussed aid by region in 2009-10 and the proportion of girls' enrolment in secondary education relative to boys'. DAC donors focused 69% of their total aid to secondary education on gender equality. There is an uneven spread in the gender equality focus of aid to secondary education across regions, and this aid does not always match regional needs.

Chart 7.2 Secondary education. The relationship between gender equality focussed aid and girls' school enrolment

Share of gender equality focussed aid, commitments, 2009-10, %; and number of girls for 100 boys, 2009-2010¹⁰

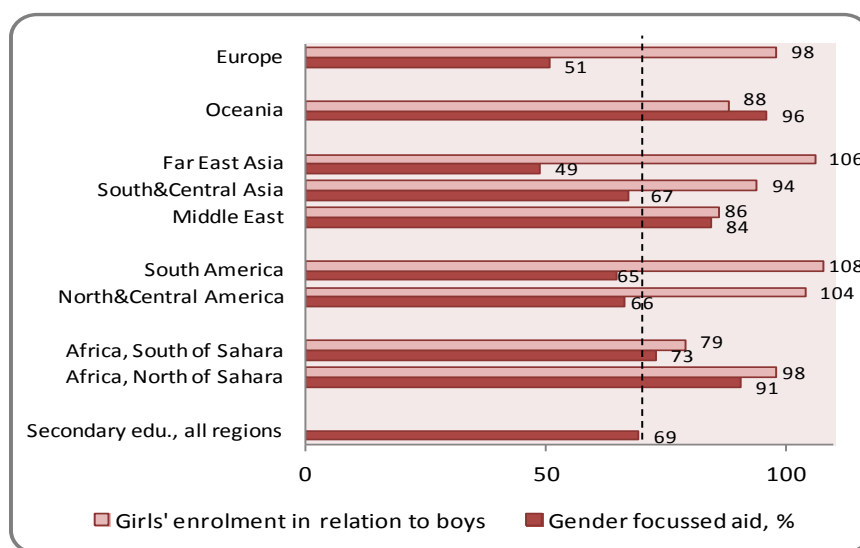


Chart 7.2 illustrates that at the secondary level Sub-Saharan Africa fares the worst by far with only 79 girls per 100 boys enrolled. The gender equality focus of aid to secondary education in Sub-Saharan Africa was also relatively low – only 73% of aid activities addressed gender equality. This calls for further efforts. The gender equality focus of aid to secondary education was also low in other regions which are yet to reach gender parity at the secondary level – only 67% of aid to secondary education in South & Central Asia (94 girls per 100 boys) and 84% to the Middle East (86 girls per 100 boys) included gender equality objectives.

The Oceania region is, on the other hand, a good example of aid targeting gender equality where it matters most. The region is lagging in terms of gender parity (88 girls per 100 boys) in access to secondary education and 96% of aid to secondary education in Oceania included gender equality objectives.

Post-secondary education

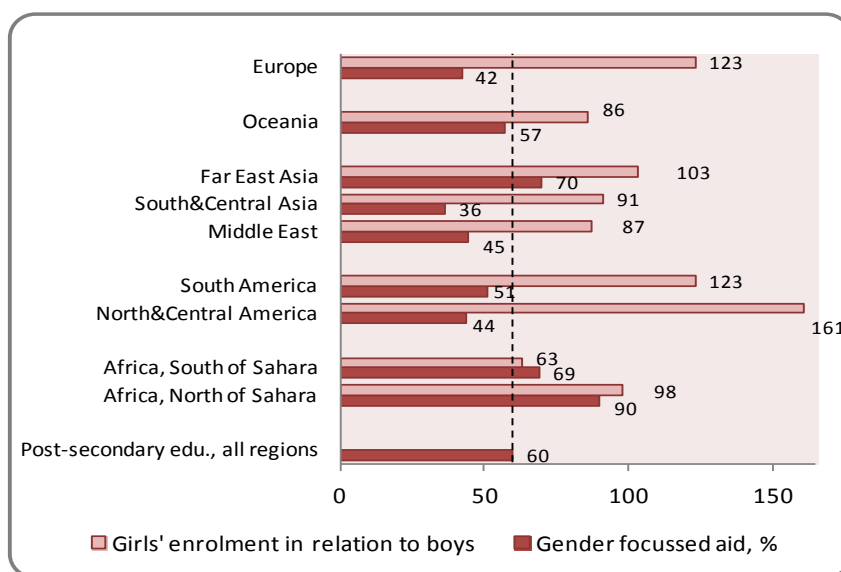
Chart 7.3 portrays the connection between the shares of gender equality focussed aid allocated by region in 2009-10 and the ratio of girls enrolled in post-secondary education in comparison to boys. 60% of aid to post-secondary education in all regions targeted gender equality. When imputed student costs are excluded from the analysis, this figure falls to only 38% of aid to post-secondary education which is implemented at the country level.

⁹ United Nations (2012). *Millennium Development Goals: 2012 Progress Chart*.

¹⁰ The ratio between the enrolment rate of girls and that of boys is based on the gender parity index (GPI).

Chart 7.3 Post-secondary education. The relationship between gender equality focussed aid and girls' school enrolment

Share of gender equality focussed aid, commitments, 2009-10, %; and number of girls for 100 boys, 2009-10¹¹



Aggregate figures showing girls' enrolment rates in relation to boys' in post-secondary education mask significant gender disparity at the regional level. For many regions, the 2015 MDG 3 target appears out of reach, and the gender equality focus of aid to post-secondary education is low relative to needs. Only 69% of aid to post-secondary education in Sub-Saharan Africa targeted gender equality. This is insufficient given that only 63 girls were enrolled for 100 boys in the region in 2009-10. The shares of gender equality focussed aid to post-secondary education in Oceania and the Middle East were 57% and 45% respectively. As in other levels of education, Oceania (86 girls per 100 boys) and the Middle East (87 girls per 100 boys) are lagging considerably behind on gender parity in post-secondary education.

Further investments and innovative approaches to facilitate girls' enrolment in tertiary education – as well as investments to help retain girls throughout secondary education – can help ensure that women have equal opportunities to access formal employment and to receive equal pay, particularly in an increasingly knowledge-based workforce across the globe.¹² Sub-Saharan Africa, Oceania and the Middle East require special attention, and integrating gender equality objectives into aid in post-secondary education within these regions should be a priority for donors.

Fragile and conflict-affected states

82% of aid to basic education in fragile and conflict-affected states was gender equality focussed in 2009-10 – this was well above the average for gender equality focussed aid to education in all developing countries. The strong gender equality focus in aid to basic education in conflict-affected states corresponds with the high rate of children out of school in these countries. Of an estimated 67 million primary school children out of school, approximately 28 million (or 42%) live in poor countries affected by conflict, and girls make up a disproportionate amount of them.¹³ The gender equality focus of aid to secondary (68%) and post-secondary (61%) education in fragile and conflict-affected states is on par with developing country averages.

¹¹ The ratio between the enrolment rate of girls and that of boys is based on the gender parity index (GPI).

¹² UNESCO (2011). *Education For All Global Monitoring Report 2011*.

¹³ Ibid.

1.5 Ongoing challenges and areas for further investment in the education sector

Further investments are needed to find effective approaches to increase girls' school retention rates and to improve the quality of the education they receive. In three fourths of the countries that have not achieved gender parity in basic education, more boys than girls were enrolled during the first intake of children into primary school. This results in a bias that continues throughout both primary and secondary schooling. This problem is accentuated by the number of girls who drop out of school, a tendency that increases significantly once girls reach secondary school, due to a host of factors such as high fees, early marriage, security issues linked to the distance girls must travel each day to reach secondary schools, and classroom environments that are not girl-friendly.¹⁴

Innovative examples from donors illustrate the role that well designed aid policies and programmes can play to assist developing countries to address these various challenges, including measures such as hiring female teachers to help create more girl-friendly environments. AusAID, for example, has invested in facilities to train young women teachers in Papua New Guinea, whilst DfID has been working with state governments in Northern Nigeria to increase their capacity to deliver on increasing girls' school attendance (Boxes 1 and 2).

Box 1. Educated women support Papua New Guinea's development

About half of Papua New Guinea's (PNG) adult population cannot read or write. PNG, determined to change this, set itself ambitious enrolment targets. It set an objective of at least 75% of children in primary school by 2015, with a focus on more girls not only in schools, but also in technical and vocational education. Aid provided by AusAID in 2010 and 2011 helped to eliminate school fees for the first three grades of school. This is helping to increase primary school enrolments. Accordingly, there were 187,549 more girls in basic education in 2011 than in 2007. An additional AUD 14 million in 2012 will further support the PNG government's own fee-free tuition programme, which will enable a fee-free education for all children up to grade 10 and further support efforts to increase girls' retention.

As the number of girls enrolled increases, and as more girls complete primary school and go on to secondary school, the country needs more qualified teachers. Through AusAID support, work will soon start on improving facilities for women's colleges, such as building education rooms, health clinics, and extra female dormitories. This work will allow the colleges to accept more female students from across the country, enabling young women to receive an education and contribute to PNG's development. In doing so, it will also support PNG's own efforts to respond to a growing demand for education.

Source: Information provided by AusAID.

Box 2. The Girls Education Project in Nigeria

Over the past decade, Nigeria has made limited and uneven progress towards universal basic education, with its northern states suffering from particularly low enrolment rates and major gender disparities in primary school enrolment (65% male to 35% female in 2010 – Nigeria Digest of Education Statistics, 2006-2010). Unfortunately, the situation continues to worsen with 10.5 million children out of school in 2012, 3.6 million more than reported in 2000 and 42% of the primary school age population.

Girls Education Project (GEP), a partnership bringing together Nigeria's Federal Ministry of Education, DfID and UNICEF, was launched in 2005. Since 2008, GEP has been implemented in four Northern Nigerian states. One of the project's objectives has been to build institutional capacity in state governments to address some of the biggest challenges facing the education system, such as overcrowded classrooms, poorly trained teachers, limited textbook availability, and outmoded teaching methods. Initial efforts helped a number of state governments to develop gender sensitive strategic plans for education. However, these plans were rarely adequately financed or implemented.

¹⁴ UNESCO (2011). *Education For All Global Monitoring Report 2011*.

One way GEP addressed this was through the establishment of school-based management committees (SBMCs). State governments and donors co-financed grants awarded to SBMCs on the condition that local school plans made provisions for the improvement of the school environment; increased girls' enrolment and participation in the classroom; and improved the quality of educational inputs and services. Using the grants as incentives saw the SBMCs find innovative and practical ways to meet the conditions, e.g. by working with traditional and religious leaders, as well as conducting house-to-house campaigns to raise awareness of the importance of basic education for all children. Another positive intervention from the SBMCs was to help identify rural women candidates for co-financed scholarships to train as qualified teachers in their local communities. SBMCs proved a useful modality for channelling government resources towards raising the quality of schools and promoting female inclusion.

GEP has recently entered a third phase, and over the next eight years will be expanded into ten Northern Nigerian states. A measure of the programme's success has been the degree to which components of the project, such as the SBMC grants, have become increasingly co-financed and owned by state governments. Some states have performed better than others. For example, Bauchi State Government funded 86% of their female teacher scholarships, and the Niger State Government 78%. GEP is thus attempting to maximise the impact that aid resources can make on the achievement of MDG3 through efforts to mainstream reform into government systems and to strengthen government ability to deliver greater gender parity in education.

Source: Information provided by DfID.

2. THE HEALTH SECTOR

"The field of women's health has lagged far behind, both in terms of treatment of illnesses and in professional prevention and attention, a situation that is obvious in many countries of the world. Women's health and consequently the health of boys and girls is a critical factor and a strategy that is central in terms of human development."

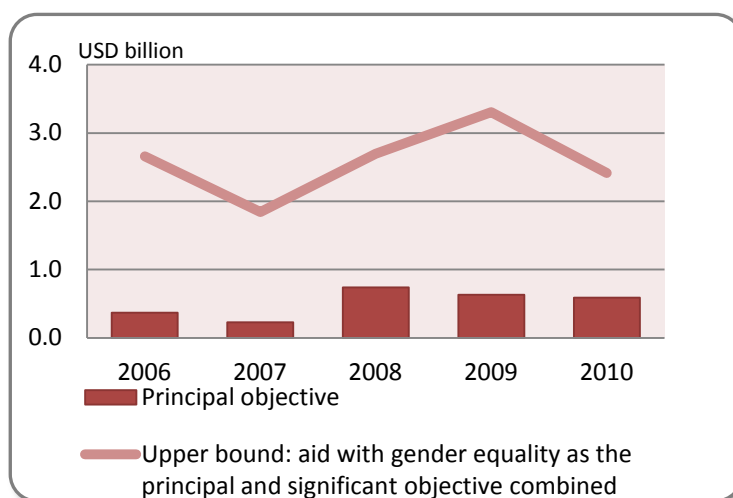
Michelle Bachelet, UN WOMEN, 2011.

2.1 Overview

Over the past five years, there has been an overall upward trend in DAC member spending on gender equality in the health sector¹⁵ (Chart 8). The health risks and challenges that women face vary significantly from those of men. Donor efforts to integrate gender equality into aid activities in the health sector demonstrate recognised linkages between women's access to health, women's empowerment and sustainable development – better health for women increases their ability to act as full participants in the development process. Additional resources are required to improve the quality of women's health services, to facilitate women's participation in the development of these services according to their needs, and to safeguard women's rights to access health services and information.

¹⁵ See Annex 2 for a complete definition of the health sector in CRS data.

Chart 8. Trends of aid to gender equality in the health sector
Commitments, 2006-10, constant 2010 prices, excluding US



Note: The share of aid screened against the marker was 89% in 2006. This share increased in the following years and reached 94% in 2010.

2.2 Gender equality focussed aid to health by DAC member

In 2009-10, DAC members committed an annual average of USD 4.4 billion (USD 2.9 billion excluding the United States) to aid in support of gender equality and women's empowerment in the health sector (Table 2). This represents 51% of total bilateral aid committed to the health sector and screened against the gender equality marker. Most of the gender equality focused aid in the health sector was marked with gender equality as a **significant** objective (USD 3.7 billion). The United States is excluded from the analysis in the rest of this chapter because of the lack of comparability in its data (see note under Table 2).

Canada and the Netherlands both committed large amounts of aid with gender equality as the **principal** objective.

In terms of volume, the United Kingdom and Germany recorded the highest levels of gender equality focussed aid to the health sector with USD 498 million and USD 357 million respectively (Table 2). For both, much of this aid went to the HIV/AIDS sub-sector (Annex 4).

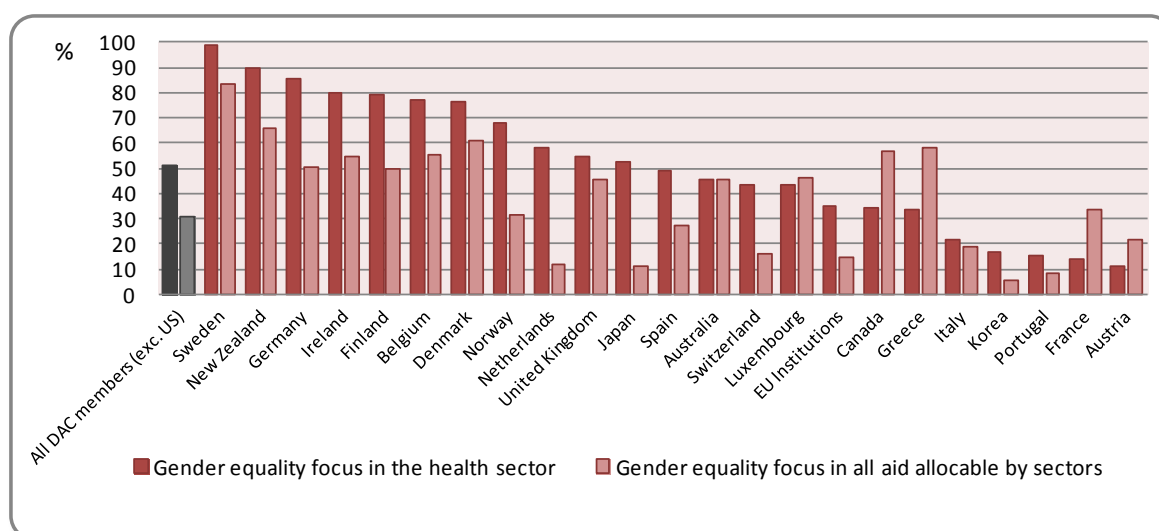
Sweden, New Zealand, Germany and Ireland also placed great importance on gender equality in the health sector, targeting 80% or more of their aid towards gender equality (Table 2 and Chart 9). The gender equality focus of these countries' aid to the health sector was significantly higher than the gender equality focus of their aid overall (Chart 9).

Table 2. Gender equality focused aid to health
2009-10, annual average commitments, USD million, constant 2010 prices

DAC members	Gender equality focussed aid to health				For reference	
	Total (a+b)	Principal objective (a)	Significant objective (b)	% of total aid to health	Not targeted	Not screened
Australia	145	25	120	45	174	13
Austria	5	1	4	11	39	0
Belgium	142	36	106	77	43	12
Canada	234	177	57	34	445	0
Denmark	103	2	101	76	32	0
EU Institutions	249	12	237	35	459	0
Finland	36	2	34	79	10	0
France	47	3	45	14	299	51
Germany	357	40	317	86	59	11
Greece	5	0	4	33	9	0
Ireland	86	0	85	80	21	0
Italy	17	1	16	22	62	25
Japan	164	44	119	52	149	93
Korea	27	16	11	17	130	0
Luxembourg	16	6	10	43	20	17
Netherlands	146	108	38	58	105	0
New Zealand	19	10	9	90	2	0
Norway	253	17	237	68	118	0
Portugal	2	0	2	15	9	0
Spain	118	37	81	49	122	20
Sweden	162	47	115	99	2	0
Switzerland	30	4	27	44	39	0
United Kingdom	498	24	474	55	408	44
United States	1496	0	1496	..	..	5620
Total	4355	610	3744	51	2757	5905

Note: In the case of the United States, the gender marker for 2009 was assigned based on a text search through project descriptions (using terms such as “girl” or “woman”); resulting data on gender equality-focused aid is not comparable with those reported by other donors. The United States is implementing an improved data collection procedure for the gender marker and will resume reporting for 2011 flows.

Chart 9. Gender equality focus of DAC donors’ aid programmes in the health sector
% of aid commitments 2009-10, constant 2010 prices



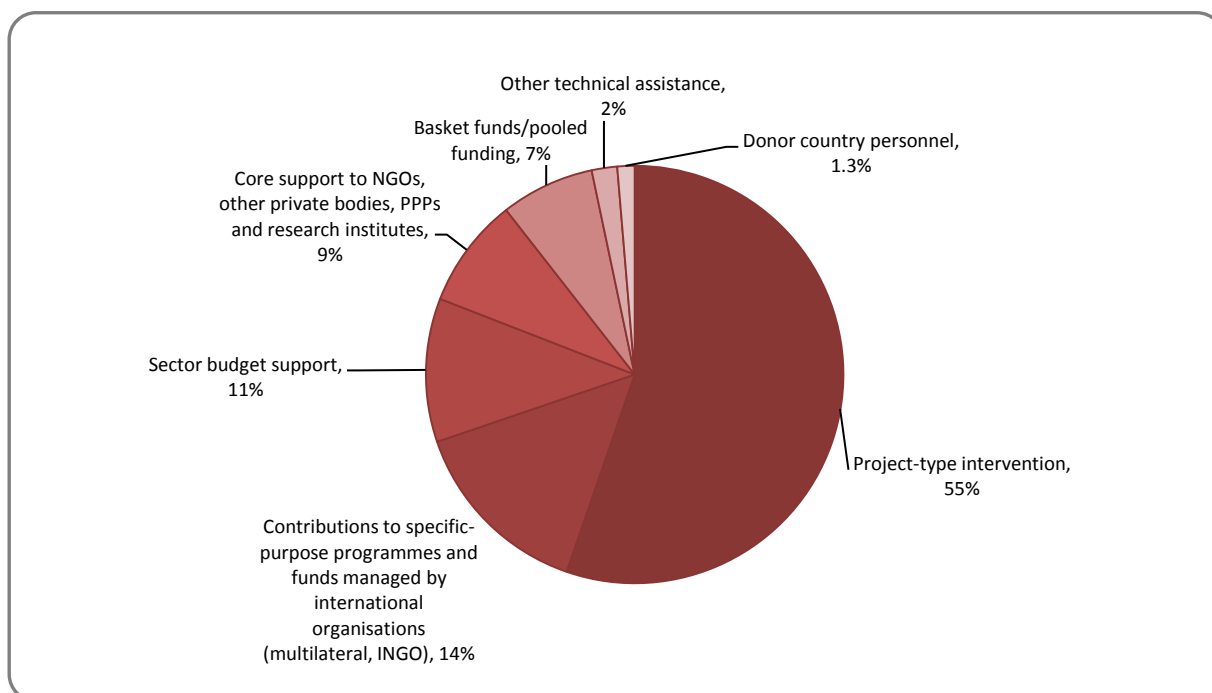
Sweden performed particularly well, marking 99% (USD 162 million) of its aid to the health sector as targeting gender equality (Chart 9). 100% of Sweden’s aid to reproductive health care and 99% of its aid to HIV/AIDS included gender equality objectives (Annex 4). These budgetary commitments align with Sweden’s policy commitments. Sweden’s 2010-2015 gender equality policy includes sexual and reproductive health and rights as one of its four focus areas, and Sweden’s policy on HIV/AIDS and

development includes explicit objectives to promote better conditions and opportunities for women and girls.¹⁶

2.3 Distribution of gender equality focussed aid by modality and health sub-sector

Gender equality focussed aid, distribution by aid modalities

Chart 10. Distribution of gender equality focussed aid by modality
Commitments 2010, constant prices, excluding the United States



In 2009-10, more than half of DAC members' total gender equality focussed aid within the health sector was committed in the form of project-type interventions (55%). This type of interventions includes a set of inputs, activities and outputs, agreed with the partner country, to reach specific objectives/outcomes within a defined time frame, with a defined budget and a defined geographical area. It also includes support for civil society and multilateral organisations to implement DAC donors' project and programmes, and funding of specified civil society projects. France, Japan, Korea, Luxembourg, Netherlands, Portugal and Switzerland allocated more than 80% of their gender equality focussed aid in the health sector through project-type interventions.

Australia, Finland, New Zealand and Sweden all committed high amounts of gender equality focussed aid through contributions to programmes and funds with a specific purpose managed by multilateral organisations.

Ireland (27%) and the EU institutions (47%) committed more aid through sector budget support than the average share (11%) of all gender equality focussed aid in 2010.

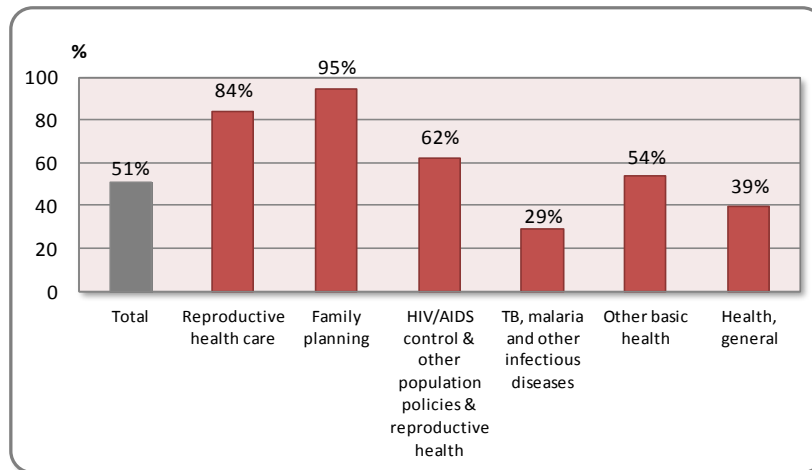
Very little gender equality focussed aid in the health sector was allocated through core support to NGOs, Public Private Partnerships and research institutes (9%), pooled funds (7%), other technical assistance (2%), and donor country personnel (1.3%).

¹⁶ Government of Sweden (2010). *On Equal Footing: Policy for Gender Equality and the Rights and Role of Women in Sweden's International Development Cooperation 2010-2015*; Government of Sweden (2008). *The Right to a Future: Policy for Sweden's International HIV and AIDS Efforts*.

Shares of aid focussed on gender equality by health sub-sector

DAC member aid had a strong focus on gender equality in the family planning (95%) and reproductive health care (84%) sub-sectors (Chart 11). There was a low gender equality focus in the area of tuberculosis (TB), malaria and other infectious diseases, where only 29% of aid targeted gender equality. Denmark, New Zealand and Sweden are the exception: these donors focussed more than 90% of their aid to TB, malaria and other infectious diseases on gender equality (Annex 4).

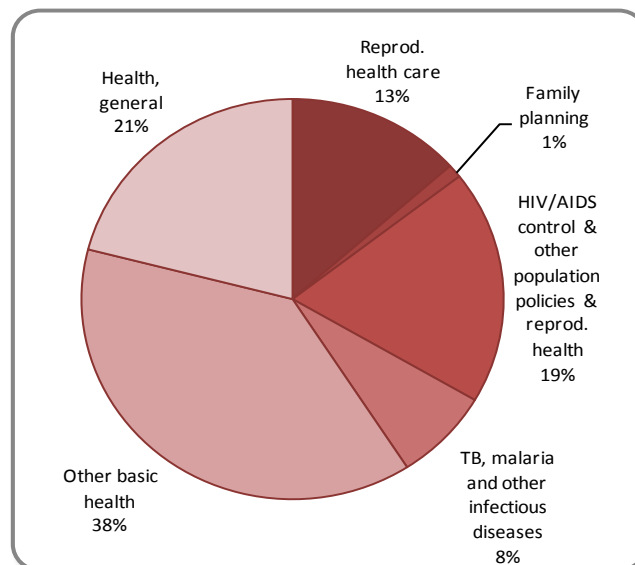
Chart 11. Gender equality focus by health sub-sector
Commitments, 2009-10, %, excluding the United States



Distribution of total gender equality focussed aid by health sub-sector

When looking instead at the shares of all aid focussed on gender equality by health sub-sector (Chart 12), it is clear that very little actual funding goes to some of the most critical areas. Out of all aid focussed on gender equality in the health sector (USD 4.4 billion), little was committed to the sub-sectors of reproductive health care (13%), TB, malaria and other infectious diseases (8%) and family planning (1%). Because family planning and reproductive health care are essential to gender equality and women’s empowerment, donors should invest more in these sub-sectors.

Chart 12. Distribution of total gender equality focussed aid by health sub-sector
Commitments, excludes US, 2009-10



Most aid focussed on gender equality went to the sub-sectors “*other basic health*” – including basic health care, health infrastructure and health education (38%), “*general health*” – including health policy and administrative management (21%) and “*HIV/AIDS control and other population policies*” (19%). This represents relatively large sums of funding for gender equality in these sub-sectors. For example, Canada, the EU institutions, Norway, and the United Kingdom all committed an average of more than USD 100 million per year to gender equality in the “basic health” sub-sector alone. The sub-sector “general health” is key because aid in support of well-functioning institutions¹⁷ responsible for improving public health through clean water, sanitation and policy planning can make a substantial difference in achieving concrete health outcomes.

Examples from donors that targeted gender equality and women’s empowerment as a **principal** objective in a number of health sub-sectors include:

- Canada committed USD 18.2 million to “support reduction or elimination of the transmission of Chagas and Leishmaniasis diseases” in Honduras (reported in the sub-sector of infectious disease control),
- the EU institutions committed USD 8.9 million to “contribute to human development in Uzbekistan with special emphasis on Mother and Child Health Care, MDG 4-5” (reported in the sub-sector of health education), and
- the United Kingdom committed USD 4.6million “to procure emergency obstetric equipment that will support maternal health care delivery and contribute to the achievement of MDG 4 and 5” in Ghana (reported in the sub-sector of reproductive health care).

Aid to population policies and programmes and reproductive health

Aid to population policies and programmes overall has increased since 1995. This includes support for reproductive health care, family planning, HIV/AIDS control, population policy, and training for health staff.¹⁸

Most of the increase consisted of **funding to combat HIV/AIDS** (Chart 13). Whilst fewer people overall are becoming infected with HIV, more people than ever are living with HIV due to the fall in AIDS related deaths.¹⁹ At the global level, the proportion of women living with HIV amounted to 50% in 2010, but women were disproportionately affected in the region faring the worst, Sub-Saharan Africa, at 59%.²⁰ This creates a strong case for continued donor interventions targeting women with HIV/AIDS. Despite the significant volume of resources being directed towards HIV/AIDS, there is a need for more sophisticated strategies targeting women, which can make the link between the epidemic and violence against women, poverty, and women’s limited voice in decision making²¹ (see also Chart 14.3).

¹⁷ World Bank (2011). *World Development Report 2012*.

¹⁸ The OECD DAC Working Party on Development Finance Statistics is currently finalising the introduction of a new scoring system to track aid for reproductive, maternal, newborn and child health (RMNCH), as recommended by the UN Commission on Information and Accountability for Women's and Children's Health.

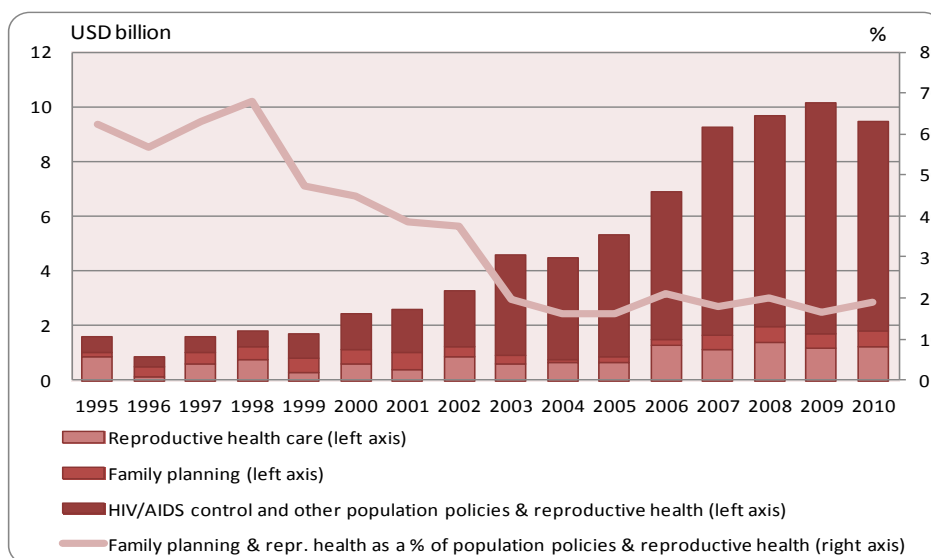
¹⁹ United Nations (2012). *The Millennium Development Goals Report 2012*.

²⁰ Ibid.

²¹ UN WOMEN. *HIV & AIDS* (online) accessed 28/11/12. <http://www.unifem.org/gender_issues/hiv_aids/>

Chart 13. Bilateral ODA and multilateral outflows to population policies/programmes and reproductive health, 1995-2010

Commitments, USD billion, constant 2010 prices



Total funding to **family planning** - i.e. to information and education activities, and delivery of contraceptives - has, on the other hand, declined as a percentage of aid to population policies and programmes. Overall aid flows to family planning are very low. Investments need to increase in order to expand family planning programmes to reach more individuals and families in order to achieve the MDG 5 target of universal access to reproductive health. The 2012 Millennium Development Goals report notes that that there is an unmet need for family planning persisting across all regions and that funding to meet the demand for contraceptives is especially relevant²² (see also Chart 14.2).

DAC member aid flows to **reproductive health care** - including pre and postnatal care, safe motherhood activities and promotion of reproductive health - were also relatively low (Annex 4). Ill health resulting from causes related to sexuality and reproduction is a major source of preventable death and disability amongst women, especially in low and middle income countries.²³ This is why the Millennium Development Goals and targets place a particular emphasis on women's reproductive and maternal health. The international community's combined efforts saw some early progress towards the achievement of MDG target 5A - reducing maternal mortality by three quarters by 2015. Nevertheless, the maternal mortality rates in developing countries remains 15 times higher than that of developed regions, and is decreasing at an insufficient rate to achieve what has become the most off-track MDG.²⁴ An increase in aid to reproductive health care could also help address gaps in the attainment of MDG target 5B - to achieve, by 2015, universal access to reproductive health - which is also slipping out of reach²⁵ (see also Chart 14.1).

2.4 Gender equality focus in the health sector by region

Sub-Saharan Africa attracts more gender equality focussed aid in the health sector than other regions (Chart 14). This is appropriate, as Sub-Saharan Africa continues to lag the furthest behind in MDG 5 - improve maternal health, and MDG 6 - combat HIV/AIDS, malaria and other diseases. However, the share of gender

²² United Nations (2012). *The Millennium Development Goals Report 2012*.

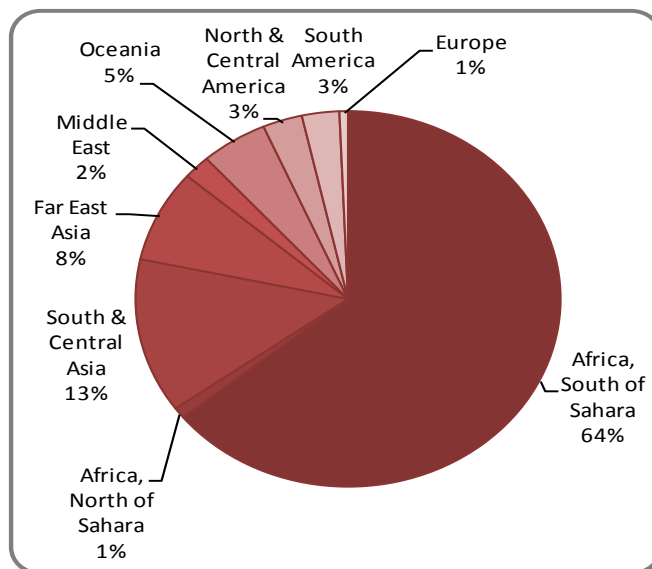
²³ World Health Organisation (2009). *Achieving Millennium Development Goal 5: target 5A and 5B on reducing maternal mortality and achieving universal access to reproductive health*.

²⁴ United Nations (2012). *The Millennium Development Goals Report 2012*.

²⁵ Ibid.

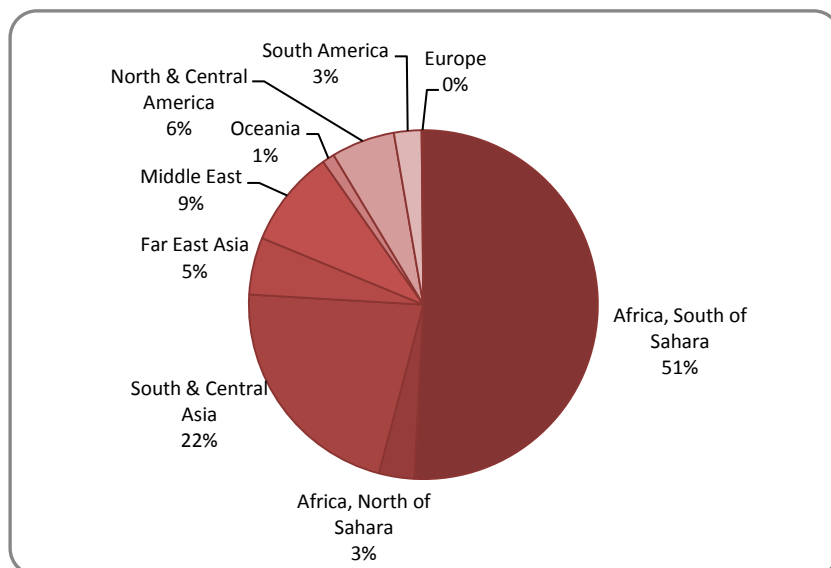
equality focussed aid going to South Asia is low (less than 13%) relative to the needs in this region where large gender gaps still remain, including in terms of mortality of girls and women.²⁶

Chart 14. Regional breakdown of bilateral gender equality focussed aid in the health sector, 2009-10
Commitments, USD million, constant 2010 prices, excludes US



Gender equality focussed aid in the reproductive health care sub-sector

Chart 14.1 Gender equality focussed aid in the reproductive health care sub-sector, by region
Commitments, USD million, constant 2010 prices, excludes US

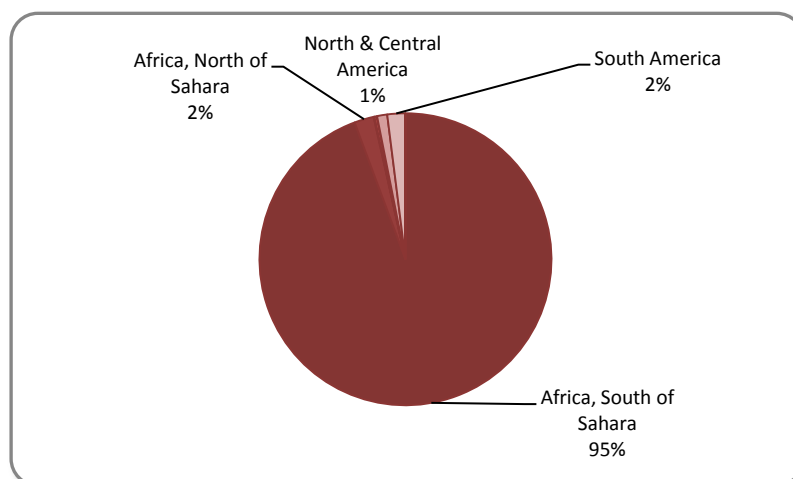


²⁶ World Bank (2012). *Update on the Implementation of the Gender Equality Agenda at the World Bank Group*.

51% of all gender equality focussed aid to reproductive health care was committed to Sub-Saharan Africa (Chart 14.1). In 2010, 56% of maternal deaths took place in Sub-Saharan Africa alone.²⁷ However, Sub-Saharan Africa is not the only region lagging in MDG 5. South Asia accounted for 29% of maternal deaths in 2010. The South & Central Asia region received 22% of gender equality focussed aid to reproductive health. Oceania received just 1% of gender equality focussed aid to reproductive health, despite also lagging significantly in achieving MDG 5. All developing country regions except East and Central Asia are expected to miss MDG target 5A to reduce the maternal mortality rate, and only East Asia is expected to meet target 5B to achieve universal access to reproductive health.²⁸ Addressing global gaps in reproductive health care will require an increase in gender equality focussed aid across all other regions, particularly in South Asia and Oceania.

Gender equality focussed aid in the family planning sub-sector

Chart 14.2 Gender equality focussed aid in the family planning sub-sector, by region
Commitments, USD million, constant 2010 prices, excludes US



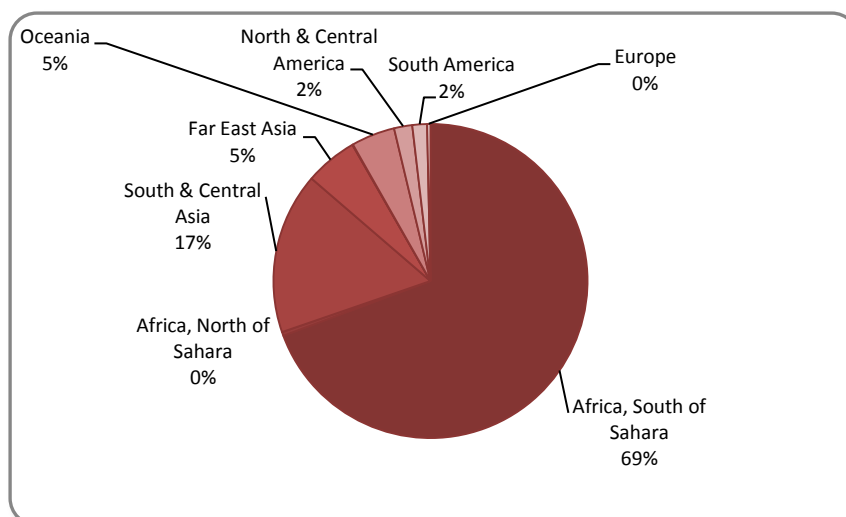
Sub-Saharan Africa received 95% of all gender equality focussed aid to family planning (Chart 14.2). The region is severely behind in efforts to close the gaps in access to family planning. In 2010, only 25% of contraceptive needs were met – this is lower than the rates of all other regions in 1990. It is also important that other lagging regions are not neglected. Gender equality focussed aid to family planning in Oceania is negligible despite the region having the second lowest rate of access to contraception, at 38%.²⁹ Given the overall decline in spending on family planning services, there is large scope for additional financing and more targeted policies and programmes to address these ongoing challenges right across the globe.

²⁷ United Nations (2012). *The Millennium Development Goals Report 2012*.

²⁸ Ibid.

²⁹ Ibid.

Chart 14.3 Gender equality focussed aid in the HIV/AIDS sub-sector, by region
Commitments, USD million, constant 2010 prices, excludes US



69% of gender equality focussed aid to HIV/AIDS was directed to Sub-Saharan Africa (Chart 14.3). Sub-Saharan Africa is the region most affected by the epidemic, shouldering 70% of new infections alone in 2010, with most cases occurring in South Africa.³⁰ Continued spending on gender equality in HIV/AIDS will be important to reducing the number of women affected by the disease, particularly in Sub-Saharan Africa.

Main findings

- In the education and health sectors, the shares of bilateral aid that target gender equality and women’s empowerment are significantly higher than in other sectors: 60% and 51% respectively, compared to only 17% in the economic and productive sectors.

Education

- Aid committed to gender equality in the education sector by DAC members amounted to **USD 4.7 billion** on average per year in 2009-10. This represented 60% of the total aid to the education sector.
- Particularly high shares of aid targeted gender equality in support for basic and secondary education – 68% and 69% respectively. In fragile and conflict-affected states, 82% of aid to basic education targeted gender equality.
- One third of the USD 4.7 billion of aid targeting gender equality in the education sector was committed through scholarships and student costs in donor countries, rather than at the country level.
- Support for gender equality in education does not always match needs. Only 68% of aid to basic education in Sub-Saharan Africa – the same as the average share – included gender equality objectives despite very high gender inequality in primary school enrolments in this region.

³⁰ Ibid.

Health

- In the health sector, DAC members committed **USD 4.4 billion** on average per year to gender equality and women's empowerment in 2009-2010. This represented 51% of total bilateral aid to health.
- Support for family planning and reproductive health care made up a very small share of total gender equality focussed aid in the health sector. An increase in aid to reproductive health care and family planning could help close the gap to reach Millennium Development Goal 5 – improve maternal health.
- More than one third of the USD 4.4 billion focussed on gender equality was committed in the “basic health” sub-sector – including primary health care programmes, health infrastructure and health education.
- Sub-Saharan Africa received more than half (64%) of all aid targeting gender equality in the health sector.

ANNEX 1: List of sub-sectors for education

CRS CODE	DESCRIPTION	Clarifications / Additional notes on coverage
EDUCATION		
Education, level unspecified		
11110	Education policy and administrative management	Education sector policy, planning and programmes; aid to education ministries, administration and management systems; institution capacity building and advice; school management and governance; curriculum and materials development; unspecified education activities.
11120	Education facilities and training	Educational buildings, equipment, materials; subsidiary services to education (boarding facilities, staff housing); language training; colloquia, seminars, lectures, etc.
11130	Teacher training	Teacher education (where the level of education is unspecified); in-service and pre-service training; materials development.
11182	Educational research	Research and studies on education effectiveness, relevance and quality; systematic evaluation and monitoring.
Basic education		
11220	Primary education	Formal and non-formal primary education for children; all elementary and first cycle systematic instruction; provision of learning materials.
11230	Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adults' education); literacy and numeracy training.
11240	Early childhood education	Formal and non-formal pre-school education.
Secondary education		
11320	Secondary education	Second cycle systematic instruction at both junior and senior levels.
11330	Vocational training	Elementary vocational training and secondary level technical education; on-the job training; apprenticeships; including informal vocational training.
Post-secondary education		
11420	Higher education	Degree and diploma programmes at universities, colleges and polytechnics; scholarships.
11430	Advanced technical and managerial training	Professional-level vocational training programmes and in-service training.

ANNEX 2: List of sub-sectors for health

CRS CODE	DESCRIPTION	Clarifications / Additional notes on coverage
HEALTH		
Health, general		
12110	Health policy and administrative management	Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; unspecified health activities.
12181	Medical education/training	Medical education and training for tertiary level services.
12182	Medical research	General medical research (excluding basic health research).
12191	Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; mental health care; medical rehabilitation; control of non-infectious diseases; drug and substance abuse control [excluding narcotics traffic control (16063)].
Basic health		
12220	Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care.
12230	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialised hospitals and clinics (12191).
12240	Basic nutrition	Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security.
12250	Infectious disease control	Immunisation; prevention and control of infectious and parasite diseases, except malaria (12262), tuberculosis (12263), HIV/AIDS and other STDs (13040). It includes diarrheal diseases, vector-borne diseases (e.g. river blindness and guinea worm), viral diseases, mycosis, helminthiasis, zoonosis, diseases by other bacteria and viruses, pediculosis, etc.
12261	Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns.
12262	Malaria control	Prevention and control of malaria.
12263	Tuberculosis control	Immunisation, prevention and control of tuberculosis.
12281	Health personnel development	Training of health staff for basic health care services.
POPULATION POLICIES/PROGRAMMES AND REPRODUCTIVE HEALTH		
13010	Population policy and administrative management	Population/development policies; census work, vital registration; migration data; demographic research/analysis; reproductive health research; unspecified population activities.
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building training.
13040	STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.

ANNEX 3: Gender equality focussed aid in the education sector

Table A.1 Gender equality focus of aid to education by DAC members
%, commitments, average 2009-10

	Education, level unspecified	Basic education	Secondary education	Post-secondary education	Total
Australia	61	38	88	76	66
Austria	13	9	23	7	13
Belgium	94	79	96	53	81
Canada	63	84	94	22	66
Denmark	68	24	90	1	46
EU Institutions	45	32	59	39	44
Finland	91	65	70	89	79
France	54	94	95	98	85
Germany	31	98	93	15	59
Greece	78	99	91	100	92
Ireland	72	83	72	10	59
Italy	8	58	12	25	26
Japan	57	36	40	18	38
Korea	6	55	9	3	18
Luxembourg	46	56	32	74	52
Netherlands	47	63	73	20	51
New Zealand	57	100	100	100	89
Norway	63	77	16	44	50
Portugal	26	27	9	0	15
Spain	47	84	46	6	46
Sweden	98	100	81	96	94
Switzerland	36	28	38	5	27
United Kingdom	46	62	91	19	55
United States	-	-	-	-	-
Total	50	68	69	60	60

Bolded percentages correspond to absolute amounts larger than USD 100 million on average per year for 2009-10.

Table A.2 Gender equality focussed aid to education by DAC members
2009-10, annual average commitments, USD million, constant 2010 prices

	Education, level unspecified	Basic education	Secondary education	Post-secondary education	Total
Australia	42.5	89.0	16.7	186.4	334.6
Austria	0.3	0.2	5.1	6.8	12.5
Belgium	27.1	15.6	28.4	46.3	117.4
Canada	134.3	119.6	54.8	20.2	328.9
Denmark	39.2	4.5	8.5	0.2	52.5
EU Institutions	169.0	55.7	75.2	113.5	413.4
Finland	37.6	4.9	1.8	8.7	53.0
France	111.3	210.8	258.3	965.4	1545.8
Germany	79.4	176.8	90.4	34.2	380.8
Greece	5.2	6.8	7.0	68.3	87.3
Ireland	31.2	18.6	3.3	0.3	53.4
Italy	3.2	10.3	1.4	4.1	19.0
Japan	108.5	16.7	15.7	15.3	156.2
Korea	3.4	6.3	8.3	2.5	20.5
Luxembourg	0.8	3.7	7.0	0.0	11.6
Netherlands	25.8	78.9	31.1	23.8	159.5
New Zealand	2.7	28.2	4.1	33.1	68.1
Norway	60.5	116.3	1.5	19.2	197.5
Portugal	5.0	0.8	0.5	0.0	6.3
Spain	58.3	115.8	24.8	1.9	200.7
Sweden	31.8	70.0	3.8	3.5	109.1
Switzerland	4.2	5.7	4.0	0.8	14.7
United Kingdom	134.8	202.1	17.4	0.4	354.7
United States	-	-	-	-	-
Total	1116.2	1357	669.0	1554.9	4697.5

ANNEX 4: Gender equality focussed aid in the health sector

Table A.1 Gender equality focus of aid to health by DAC members
%, commitments, average 2009-10

	Reproductive health care	Family planning	HIV/AIDS & other population policies & reproductive health	TB, malaria & other infectious diseases	Other basic health	Health, general	Total
Australia	32	100	77	24	37	44	45
Austria	100	100	42	30	25	5	11
Belgium	100	..	99	74	89	63	77
Canada	82	64	62	23	43	21	34
Denmark	13	..	78	100	94	48	76
EU Institutions	100	..	5	9	50	17	35
Finland	85	100	64	84	77	79	79
France	0	40	5	0	0	51	14
Germany	100	100	99	59	80	92	86
Greece	..	..	100	41	6	3	33
Ireland	66	50	77	54	84	86	80
Italy	45	0	20	17	20	22	22
Japan	91	..	39	37	63	43	52
Korea	100	..	80	4	30	3	17
Luxembourg	45	100	38	15	56	40	44
Netherlands	100	100	66	17	55	28	58
New Zealand	100	..	77	92	99	76	90
Norway	93	100	46	10	85	64	68
Portugal	66	..	26	0	77	0	15
Spain	91	86	71	24	36	34	49
Sweden	100	..	99	100	97	96	99
Switzerland	42	..	87	7	50	28	44
United Kingdom	83	100	63	31	77	41	55
Total	84	95	62	33	53	41	51

Bolded percentages correspond to absolute amounts larger than USD 100 million on average per year for 2009-10. Figures from the Unites States are not included in this table.

Table A.2 Gender equality focussed aid to health by DAC members
2009-10, annual average commitments, USD million, constant 2010 prices

	Reproductive health care	Family planning	HIV/AIDS & other population policies & reproductive health	TB, malaria & other infectious diseases	Other basic health	Health, general	Total
Australia	9.6	0.2	42.0	3.7	32.2	57.3	144.9
Austria	1.0	0.0	0.3	0.2	1.4	1.8	4.8
Belgium	1.1	0.0	19.5	15.2	54.6	51.3	141.7
Canada	3.1	0.7	35.4	41.4	121.0	32.2	233.8
Denmark	2.3	0.0	26.6	4.4	65.5	4.6	103.3
EU Institutions	34.9	0.0	5.0	4.4	172.4	32.0	248.8
Finland	2.4	0.0	1.7	8.3	4.4	19.6	36.5
France	0.0	0.2	1.1	0.0	0.7	45.5	47.5
Germany	43.8	3.3	95.2	42.7	77.6	94.3	356.8
Greece	0.0	0.0	3.8	0.4	0.2	0.2	4.5
Ireland	0.2	0.0	24.8	4.6	23.1	32.8	85.7
Italy	0.8	0.0	1.6	1.2	4.9	8.5	17.0
Japan	25.2	0.0	7.8	22.1	63.9	44.7	163.7
Korea	2.6	0.0	1.7	0.2	20.0	2.1	26.6
Luxembourg	1.3	0.0	1.7	0.5	8.2	3.9	15.6
Netherlands	58.3	6.6	21.9	1.4	34.9	22.9	146.1
New Zealand	3.2	0.0	0.6	2.9	7.3	5.2	19.2
Norway	12.2	2.6	23.6	4.1	176.3	34.5	253.2
Portugal	0.1	0.0	0.1	0.0	1.4	0.0	1.7
Spain	44.9	6.2	10.8	5.3	25.1	25.7	118.0
Sweden	47.5	0.0	43.9	16.1	24.8	29.3	161.6
Switzerland	4.8	0.0	4.1	0.2	16.4	4.8	30.2
United Kingdom	68.5	9.7	155.3	64.8	111.7	87.5	497.5
Total	367.5	29.7	528.5	244.1	1047.9	640.8	2858.5

Figures from the Unites States are not included in this table.

www.oecd.org/dac/stats/gender



DAC Working Party on Statistics
DAC Network on Gender Equality