JUST THE NUMBERS

The Impact of Norway's International Assistance for Family Planning, 2020–2025

Elizabeth A. Sully, Guttmacher Institute
Jessica D. Rosenberg, Guttmacher Institute

Investments in sexual and reproductive health and rights (SRHR) are among the most cost-effective development interventions available. Supporting SRHR globally saves lives, prevents unintended pregnancies, reduces maternal and newborn mortality, and expands educational and economic opportunities for women, girls and LGBTQIA+ people. The evidence is unequivocal: Funding for sexual and reproductive health is central to resilient health systems, human rights, gender equality and sustainable development.[1] Yet, the global financing gap for meeting the sexual and reproductive health needs of women in low- and middle-income countries stands at US$54 billion.[2] In the current context of decreasing foreign aid and increasing ideological attacks, having predictable, multiyear, bold commitments to SRHR will ensure that services and programs can continue to be provided.

Norway's Support for SRHR

At the 2019 Nairobi Summit on ICPD25, Norway committed approximately NOK10.4 billion to protect and promote SRHR, including NOK9.6 billion (for 2020–2025) for SRHR programs and NOK760 million (for 2020–2023) for the elimination of harmful practices.[3] Politically, this represented a Norwegian commitment to defend established norms and universal rights, and to make gender equality a central objective of its bilateral assistance.[4,5]

Norway consistently allocates around 1% of gross national income to official development assistance (ODA)—NOK55.7 billion in 2024[6]—and total funding for SRHR accounted for 4.7% of Norwegian ODA in 2024.[7] Norway is currently the single-largest core donor to the United Nations Population Fund (UNFPA),[8] contributing NOK589.6 million annually in 2024 and 2025, with the same level committed for 2026.[9] Norway's global SRHR investments focus on three priorities: comprehensive sexuality education; comprehensive, safe and legal abortion; and contraceptives and access to sexual and reproductive health services.[10] Norad partners with civil society, multilateral organizations and government actors to reach women, adolescents, young people and other underserved populations in low-income countries with high SRHR needs in order to advance these goals.

Impact of Norway's Investment in Family Planning

Norway's comprehensive support for SRHR includes critical investments in contraceptive care. Over the 2020–2025 commitment period, Norway's international assistance specifically for family planning is estimated at NOK3.4 billion (US$313 million), an average of NOK561 million per year, or roughly one-third of the value of its total SRHR commitment.* The amount of family planning assistance disbursed each year during this time period varied, starting at NOK497 million (US$46.2 million) in 2020, reaching a peak of NOK667 million (US$62.1 million) in 2024, and dropping slightly at the end of the commitment period to NOK652 million (US$60.7 million) in 2025.

These investments delivered measurable, lifesaving results. From 2020 to 2025, Norwegian funding provided modern contraceptive methods to an average of 4.3 million women and couples each year. Norway's family planning funding supported 3.7 million users in 2020, which rose to 5.2 million users served modern contraceptive care in 2024. Across the full commitment period, Norway's investment in contraceptive services averted an estimated 8.2 million unintended pregnancies in low- and middle-income countries—avoiding 2.9 million unsafe abortions and 2.6 million unplanned births—and prevented 8,350 maternal deaths.

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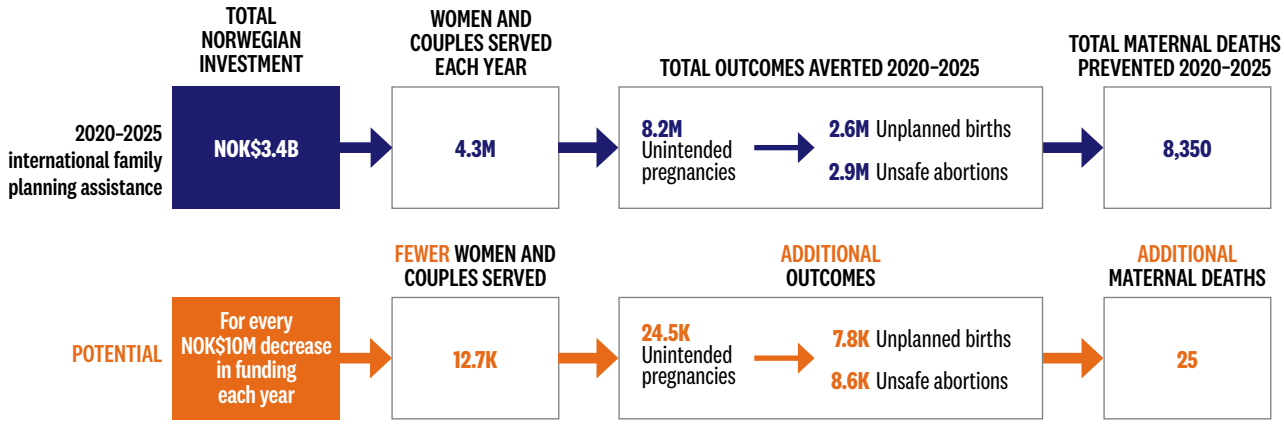
* Monetary values are expressed in constant 2024 US dollars, using Organisation for Economic Co-operation and Development deflators to adjust disbursements for inflation (see reference 17). Disbursement amounts were converted to NOK using the average 2024 exchange rate as published by Norges Bank (see reference 18).

How Norway's 2020–2025 investment in international family planning and potential future changes impact reproductive health outcomes



Notes: Outcomes estimated using Adding It Up 2024 data. Number of women and couples served is an annual average across the commitment period; averted outcomes are cumulative totals for 2020–2025. The NOK10 million decrease is an illustrative scenario, not a projection of any anticipated change in future funding. B=billion. M=million. K=thousand.

These figures cover only Norway's investment in contraceptive care, which is one part of the country's broader SRHR investments. There are well-established methods for estimating the health impacts of family planning funding, so concrete outcomes can be readily shown. The full impact of Norway's SRHR investments—spanning sexuality education, safe abortion care and other programs—is considerably larger than these numbers can capture.

Maintaining Norwegian Leadership in SRHR Funding

Norway fulfilled its 2020–2025 commitment in full,[11] making it possible to quantify both the outcomes that investment achieved and also what is at stake with any potential reductions in the country's investments in the future. Any cuts will have potentially devastating impacts on the lives of women and girls, and they would come at a time when declining foreign aid has made the sexual and reproductive health care system particularly fragile.

As an illustrative scenario, if Norway cut NOK10 million in family planning funding next year, 12,700 fewer women and couples in low- and middle-income countries would be able to use modern contraceptive methods, resulting in an additional 24,500 unintended pregnancies and 8,600 unsafe abortions.

Norway's Role in a Contracting Funding Landscape

Norway's SRHR investments work. Over six years, a predictable and secure commitment translated into contraceptive care for millions of people each year and thousands of maternal deaths prevented. The impacts beyond family planning are likely even greater.

Much of Norway's SRHR funding moves through multilateral institutions and pooled global mechanisms, including UNFPA; the UN Educational, Scientific and Cultural Organization (UNESCO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Global Financing Facility. Core support (i.e., not earmarked for a particular project) is what allows these institutions to sustain the technical infrastructure that national systems draw on. Norway is also the anchor funder behind global comprehensive sexuality education and one of a small number of reliable funders of safe abortion. For example, in 2024 alone, UNESCO's comprehensive sexuality education (CSE) program—which Norway plays a critical role in funding—supported development or implementation of CSE policies and programs by 77 countries and strengthening health policy frameworks in schools by 29 countries.[12] Norway's commitment to abortion care shows similar breadth, spanning the major international service delivery and advocacy organizations and reaching grassroots groups in low- and middle-income countries. And, Norway's contributions are not solely financial; partners describe Norwegian diplomatic engagement as political protection, giving them standing to defend sexual and reproductive rights in multilateral negotiations and national policy debates.

The significance of Norway's record has grown as the landscape around it has deteriorated: As other donors scale back, the need for services does not diminish, and the responsibility carried by consistent partners grows. When

Norway proposed its 2026 state budget, ODA was maintained at around 1% of gross national income, with a modest increase in SRHR-related funding. However, the redistribution of ODA toward Ukraine has significantly reduced regional envelopes for Africa, Asia and Latin America, where contraceptive need is greatest.[7]

Meeting the scale of global need will require more than any single donor, but Norway occupies a position few others can. Norway is a donor with consistent and stable development assistance, political consensus and credibility to hold the line while others retreat. That stabilizing role is most valuable when it is predictable and long term. The record of 2020–2025 demonstrates what a multiyear SRHR commitment can deliver and makes the case for carrying that model forward.

Norway's leadership on SRHR has never mattered more. Sustaining this commitment would extend a record that already reaches millions of women and couples each year, at precisely the moment when consistency has become the scarcest resource in global health.

Methodology and Sources

Family planning funding data

Norway's international assistance for family planning for 2020–2025 was estimated using the revised Muskoka methodology agreed by donor governments at the 2012 London Summit on Family Planning, applied to Organisation for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC) Creditor Reporting System data on bilateral and multilateral disbursements for 2020–2024.[13,14] Because 2025 data are not yet available through the OECD system, 2025 data were drawn from Norad's microdata reporting site;[15] the two sources are not fully harmonized, which may affect the total estimated funding and consequently the modeled impacts. Specifically, OECD reports gross disbursements and Norad microdata reports net disbursements. The two data sources also employ different categorization strategies for bilateral aid, which may contribute to minor estimation differences.

For bilateral funding, family planning shares were applied to relevant DAC purpose codes; for multilateral core contributions, fixed shares were applied to total disbursements: 20% for UNFPA, 5% for the World Health Organization, 1% for International Development Association contributions to the World Bank and 5% for the Global Fund.[16(p.110–111)] Disbursements were organized by recipient country or location where possible, including funding to regions and unspecified recipients. Amounts are reported in US dollars; all US dollar amounts were normalized to 2024 US dollars based on OECD DAC deflators[17] and all disbursements were converted using the 2024 annual average exchange rate of NOK10.74 per US dollar.[18]

Two offsetting biases specific to Norway's reporting of family planning funding should be noted that may have an effect on the estimated total in opposite directions. The estimate using DAC purpose code 13030 (family planning) is likely to be overstated, because Norway includes a substantial share of its broader SRHR activity under this code. At the same time, a meaningful portion of Norway's family planning funding is reported through channels that fall outside revised Muskoka attribution, which may reduce the estimated total. Most notably, this separate amount includes humanitarian assistance and climate finance, and both areas represent important Norwegian contributions to family planning funding.

Modeled estimates for health outcomes

The impacts of current funding and any potential decrease to investment in this analysis were estimated using costs and impacts from Adding It Up 2024 and the Family Planning Investment Impact Calculator methodology.[2,19] The number of women and couples receiving contraceptive care at a given funding level was estimated by dividing the annual investment amount attributable to family planning by the average annual cost of contraceptive care per user in the countries and regions where that funding was invested. This average cost reflects a country-specific method mix and the cost of annual use of each method in each recipient country as of 2024, and encompasses both direct service delivery costs and associated program and system costs.

Estimates of health outcomes per contraceptive user served, drawn from Adding It Up 2024, were then applied to estimate the number of unintended pregnancies, unsafe abortions, unplanned births and maternal deaths averted. Estimates reflect costs in the current service provision environment and do not account for the additional indirect costs required to scale up services to reach many additional users, such as new infrastructure or workforce expansion. Because this analysis covers a multiyear commitment period, the number of women and couples served is reported as an annual average across 2020–2025, while averted outcomes represent cumulative totals for that period.

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guttmacher.org
125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org