

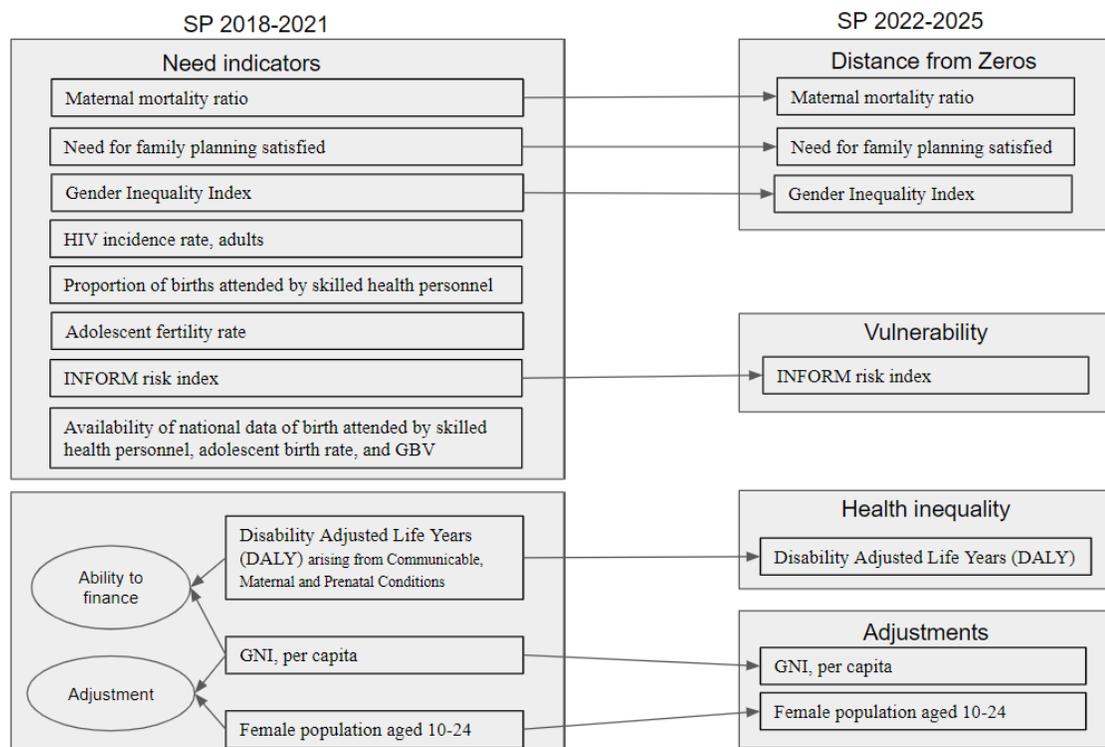
Selection of indicators of the UNFPA Resource Allocation System (RAS) 2022-2025

The principles:

1. The selection for resource allocation indicators follows five principles:
 - Relevance - directly measure the progress towards the three transformative results;
 - Credibility - backed by a credible international source, preferably United Nations sources;
 - Coverage - number of countries that have available and comparable data;
 - Importance - capturing a phenomenon critical to the UNFPA Strategic priorities;
 - Distinctiveness - has minimal duplication with other indicators in the equation.

Comparison between current and proposed strategic plan resource allocation systems

2. The resources allocation system of strategic plan 2018-2021 used eight indicators to measure needs, including an indicator on vulnerability, and two indicators to measure the ability to pay, including the GNI, adjusted for inequalities using the DALY for Communicable, Maternal and Prenatal conditions (see the left column in Figure below).



3. The resource allocation system proposed for the strategic plan 2022-2025 differs from that of the current strategic plan in only one aspect - needs. The former uses four instead of eight indicators to measure the needs: Three indicators capturing the three transformative results and the vulnerability indicator.

Selection of the indicators for the SP 2022-2025

4. The indicators for measuring “needs” were limited to only three: maternal mortality ratio, need for family planning satisfaction, and gender inequality index to reflect and sharpen the focus of the strategic plan – the three transformative results. Focusing is one of the reasons for the selected indicators: the proportion of births attended by skilled health personnel, HIV incidence rate, and data availability on maternal health were dropped- they potentially duplicate with the three core indicators and dilute the focus on the three results.

Vulnerability

5. UNFPA uses the INFORM index in its 2014-2017 and 2018-2021 Strategic Plans. UNFPA will continue to use the INFORM index, since the INFORM index comprehensively a) captures the risk, vulnerability and the lack of the ability to cope with disasters; b) covers key economic, social, and environmental factors; c) includes inequity, such as the Gini coefficient and gender inequality index; d) measures access to the health system; and e) reflects aspects of maternal mortality and gender-based violence.

Ability to pay for the needs

6. The strategic plan 2022-2025 proposes using the GNI per capita PPP to measure the ability to pay for the needs. However, because of inequalities, the macro level income figures do not reflect the reality of accessing services. Hence, the need to further adjust for inequality.

Inequality Adjustment

7. The Disability Adjusted Life Years (DALY) for maternal health indicators is used to adjust for inequalities. The DALY measures the global disease burden. It is a key indicator of health inequality that is comprehensive and comparable between and among countries. In this case, the DALY captures the disease burden from Communicable, Maternal and Prenatal Conditions, a robust proxy for the quality of the health system’s strength.
8. In addition, the inequality dimension also has been further enhanced by other indicators in the RAS, such as the Gender Inequality Index and the INFORM index.