total population assistance of about US $40 m., is close to the mean in its proportional allocation (40% direct, 34% UN, 26% NGO).

There is also wide variation in the degree of spread of direct bilateral assistance. USAID provides population assistance in 101 countries, but only 5¢ per capita is spent on the ten most populous countries, while the 91 others receive an average of 19¢. It is planning to move soon to what it whimsically calls a "BIG Country Strategy", concentrating much more on 17 of the largest countries (from which, for political reasons, China and Vietnam have to be excluded), and phasing down in most of the others. The UK has recently raised the priority accorded to population in its overall foreign aid; it will focus bilateral assistance particularly on eight Commonwealth countries in South Asia and sub-Saharan Africa, mainly in the family planning field. **Canada** has a curiously skewed bilateral program: it puts most of its assistance into Bangladesh, with only minimal amounts in Africa and elsewhere.

OPEC donors reportedly devoted about 1.5% of their foreign assistance to population in 1983; more recent figures are lacking. Their contributions to UNFPA are minuscule (e.g. $30,000 by Saudi Arabia in 1990). The UNFPA would like Western donors to urge them to do more.

(e) Donor Coordination

There is no recognised leader or coordination mechanism among donors in the population field, not even with respect to UNFPA (although Canada recently hosted a well-attended first meeting of UNFPA donors). The USA, despite the fact that it gives so much more than any other country, is not fully able to take on the leadership role that normally comes to it on other issues of common concern to developed countries, because of its policies precluding contributions to UNFPA and the leading NGO, the widely respected International Planned Parenthood Federation (IPPF); USAID officials would like to see another country take on this role but point out that European countries with relatively high proportionate donations to population, such as Netherlands and Norway, lack sufficient expert staff for the purpose (so does **Canada**, not suggested for leadership).

The DAC Chairman made the logical suggestion at the Amsterdam Forum that UNFPA itself could be the lead agency, but this idea was subsequently narrowed down by the Fund's Governing Council to a coordinating role in the contraceptive assessment and supply process. A wider leadership role was thought inappropriate since UNFPA would have been at the same time an interested party. The IBRD coordinates well in specific countries but does not seem equipped for (or interested in) a more general role.

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