

GLOBAL FINANCING FACILITY: ALL HANDS ON DECK

Advocacy and Accountability Working Group Position on the Global Financing Facility



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A New Global Financing Facility stands to impact the way family planning is funded in a major way.

The Global Financing Facility for RMNCAH was announced at this year's UN General Assembly in September by the World Bank Group and governments of Canada, Norway, and the US. In support of Every Woman Every Child, the Global Financing Facility (GFF) seeks to mobilize support for developing countries' plans to accelerate progress on the Millennium Development Goals; the fund seeks to end preventable maternal, newborn, and child deaths by 2030.

The GFF is being developed in coordination with many stakeholders, including countries, UN agencies, civil society organizations, and more. A consultative process with a very fast turn-around has been set-up, and the community has been given the opportunity to provide feedback during the consultative period.

The Reproductive Health Supplies Coalition Advocacy and Accountability Working Group calls on all its members to make their voice heard and ensure SRHR and FP do not lose out!

To ensure our community is heard and our comments heeded, our response needs to be overwhelming and we need to speak with one voice. The Coalition's Advocacy and Accountability Working Group (A&A WG) has put together this position paper for you to undersign so that by joining our voices we send a clear and compelling message.

At the same time you can use the arguments set-forth in the Coalition's position paper to guide your organization's individual contribution to the global consultation at <http://crowd360.org/gff-survey/>

The timelines are extremely short. The deadline for the consultation is the 5th of December but the PNMCH board takes place on the 28th and ideally answers should be submitted by then.

MORE INFORMATION ON THE GLOBAL FINANCING FACILITY

On the Shaping the Future for Healthy Women and Children website, you will find additional information on the GFF, as well as the Global Strategy for Women's and Children's health including the GFF concept note.

Ensure our voices are heard!

Sign the Position paper! So that the supplies community sends a strong message. Signing will only take 1 minute. Let's break all records! Follow this link: <http://bit.ly/1ryEn5t>

Deadlines

The deadline for the consultation is the 5th of December but the PNMCH board takes place on the 28th and ideally answers should be submitted by then.

For more information on this effort please contact Lou Compernelle lcompernelle@rhsupplies.org

The Coalition would like to thank all their members for their support and especially UNFPA, USAID, IPPF, MSI, PAI, FP2020 and our A&A Working Group for supporting the Coalition in this important effort. The views expressed in the position paper represent those of the A&A WG and those of the signatories.

ADVOCACY AND ACCOUNTABILITY WORKING GROUP POSITION ON THE GLOBAL FINANCING FACILITY

WE CANNOT AFFORD TO BE COMPLACENT

We rally behind the vision of a continuum of care across a person's life-span which RMNCAH embodies. However, we have learnt from the MDG process that we cannot be complacent and assume sexual reproductive health and rights (SRHR) and family planning (FP) specifically to be automatically addressed in the wider framework of improving maternal health. After years, and at great human cost, SRHR and FP were acknowledged when MDG5b was put in place. Let's learn from this mistake and not repeat it. The global community must safeguard the right of women to be able to access a range of high-quality FP methods of their choice.

Work carried out under the Coalition's new Commitments Initiative has surfaced explicit SRHR/FP commitments by more than 73 low and middle income countries over the past decade. We believe the global community is responsible for supporting countries to achieve their commitments by helping them to strengthen the systems and services needed to deliver a range of high-quality supplies and services to the women, girls and men who demand them.

As a result of investments made over the last decade, millions of women, men, and young people are now able to choose, access, and use affordable, high-quality reproductive health supplies to safeguard their sexual and reproductive health and rights. Yet, there remain some 215 million women who wish to protect themselves from unintended pregnancy, but do not use modern contraception. And every year, more than a third of a million women and girls die in pregnancy and childbirth, including from unsafe abortion. Millions more suffer the consequences of lifelong ill health. Recent global developments including the FP2020 movement have provided a much-needed impetus to advance our work. This, however, is really the beginning and dedicated attention is required to ensure gains made are not lost.

Ideally, the GFF would support national progress towards universal access to sexual and reproductive health and rights including voluntary FP. We are concerned that without dedicated attention to SRHR/FP, the GFF could potentially risk jeopardizing the progress that has been so painstakingly achieved.

THE STAKES ARE HIGH

The consequences of re-marginalizing SRHR/FP are high and the gains achieved to date can quickly be lost. Moreover, a failure to invest in prevention will ultimately drive the need for an even higher investment in curative care for maternal, newborn, child and adolescent health.

Ensuring universal access to voluntary FP and SRHR is, without doubt, one of the most cost-effective investments in health and development.¹ Every dollar spent on SRHR/FP can save up to seven dollars in direct health costs. If not specifically singled out by the GFF, SRHR and FP stand to lose out for the following reasons:

LIP SERVICE TO SRHR/FP WILL NOT SUFFICE

SRHR/FP is preventative and we know from experience that prevention always loses out when curative needs clamor for attention in the RMNCAH sphere. Even more recent experience from the UN Commission on Life Saving Commodities has shown how national level curative care repeatedly takes precedence over the long-term positive impact of investing in SRHR/FP. GFF funding will need to strike a balance between shorter-term health interventions and the medium/long term investments that promise to yield cost savings across other parts of the continuum of care.

Despite its proven effectiveness, SRHR/FP remains controversial and rarely is seen as a vote-winner. And despite assurances of support and sympathy, little evidence exists to suggest that SRHR/FP is viewed within the RMNCAH as a whole as anything other than another medical intervention.

CIVIL SOCIETY MUST PLAY A MEANINGFUL ROLE IN THE SHAPING OF THE GFF

We support the view that GFF consultations must be broad-based and open to community-level feedback. The recent past has seen innumerable global consultations and yet there remains, especially at

¹ Ensure universal access to sexual and reproductive health for all/ PHENOMENAL/ Robust evidence for benefits more than 15 times higher than costs. Copenhagen Consensus: <http://www.copenhagenconsensus.com/publication/preliminary-benefit-cost-assessment-12th-session-owg-goals>

country level, lack of understanding. Meaningful contributions to global consultations are hindered due to:

- The lack of accessible, digestible information to further understanding.
- Lack of clarity over the local implications of global decisions.
- Unrealistically short timeframes to secure individual and community input.
- Exclusion of Spanish and French speakers from a largely Anglophone dialogue process.

We therefore strongly believe that:

1. The GFF should explicitly recognize FP's special nature and contribution to public health.
2. The GFF should include a dedicated financing window or separate initiative for SRHR/FP to achieve universal access by 2030.
 - a. Funding must support ALL aspects of SRHR and ensure increased funding for commodities. SRHR/FP is the most cost-effective public health and development intervention and should be included as a 'best buy' intervention.
 - b. The GFF must deliver additional investment.
 - c. There must be no gap in funding for SRHR/FP, or interruption to supply chains, while the GFF is operationalised.
 - d. No country should be discouraged from supporting all aspects of SRHR/FP by the GFF financing architecture.
5. GFF mechanisms, including results-based financing approaches, must be equitable and put client rights at the centre.
6. Civil society must be afforded a formal role in the design and establishment of the GFF, and in the design of national plans, financing maps, and accountability efforts. Civil society involvement must be integral to the development and validation of country RMNCAH plans and financing roadmaps.
7. The GFF indicator framework must have strong SRHR/FP indicators such as Contraceptive Prevalence Rate and those included in IDA.
8. The SRHR/FP community must be allowed adequate time to weigh in on GFF-related provisions for commodity procurement, and other operational areas in which the community possesses technical expertise.
9. Donors shifting funds via the GFF should continue to track Official Development Assistance (ODA) for SRHR/FP to ensure it furthers FP2020 Summit and World Bank commitments.