

GLOBAL FINANCING FACILITY SRHR APPROACH PAPER

OVERVIEW

This paper, initially presented at the fourteenth Global Financing Facility (GFF) Investors Group Meeting ([IG14](#)), seeks to draw out how the current GFF theory of change (ToC) is specifically being used to advance sexual and reproductive health and rights (SRHR).

This approach paper is grounded in the GFF principles of country leadership and focuses on opportunities for better leveraging country systems as well as strengthening partnerships to improve SRHR outcomes, while also supporting countries to develop sustainable systems for universal health coverage (UHC). When referencing and setting its SRHR agenda, the GFF is guided by the definition of the [Guttmacher-Lancet Commission's report](#) where sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Operationally, the GFF is committed to a country-led approach that supports expanding access to SRHR based on each country context.

Building from previous discussions, the paper highlights priority investment areas, outputs, and outcomes supported by the GFF partnership and where additional effort, and collaboration can help to deliver on the GFF partnership goals for SRHR and the GFF 2021–2025 strategy to improve health outcomes for women, children and adolescents. This paper also comes at a critical time at the midpoint of the GFF strategy and provides an opportunity for discussion on best way forward, lessons learned to date; this also allows to clarify additional touchpoints to ensure joint thought leadership.

Sexual and Reproductive Health and Rights (SRHR) Deep Dive Outcomes: What's New?

The [commitments and actions](#) identified by the Adolescent SRHR technical advisory group for the fifteenth Investors Group Meeting (IG15) recommended the organization of three curated technical SRHR deep dives to consult the progress and challenges for the operationalization of the SRHR approach paper.

The first of three deep dives took place in April 2023 (virtually) and presented the SRHR approach paper in the [IG14 draft version](#) along with current opportunities and challenges to move the SRHR agenda for the GFF partnership. Following this deep dive, IG partners provided written feedback on the SRHR paper. The comments were centered on communicating the comprehensiveness of SRHR and the rights-related aspects across the document as well as broadening the definition of commodities in the theory of change (ToC) and enhancing the focus on the maternal and newborn health (MNH) aspects as part of the SRHR spectrum. Lastly, it was suggested to clarify how progress on the priority investment areas would be measured.

In response, the ToC has been modified. The long-term outcome focus on commodities has been expanded from supporting modern contraceptives to sexual and reproductive health (SRH) commodities more broadly (examples include: choice of contraceptives, oxytocin, misoprostol, antenatal corticosteroids, among others), which are central to comprehensive SRHR services. In addition, priority investment area 3 has been modified with a strengthened focus on maternal and newborn health and its key contribution to the SRHR agenda, such as respectful maternal care and availability of quality comprehensive emergency obstetric and newborn care (CEmONC) services.

For the monitoring of the priority investment areas, the SRHR acceleration plan will serve to measure the progress, which this paper will clarify and report on. In addition, the [GFF data portal](#) has identified a set of standard indicators for SRHR, which will contribute to the broader monitoring per country, as will the relevant key performance indicators (KPIs) for the GFF strategy.

As per the IG15 commitments, two additional technical SRHR deep dives will be organized during 2024 and will focus on consultation and inputs from the IG partners on how the GFF partnership will support countries on these SRHR priority investment areas and a progress update on implementation will be shared with the IG partners during the deep dives.

ACTION REQUESTED

The Investors Group (IG) is requested to endorse the revised the GFF approach to SRHR and updated ToC outlined in this paper.

CONTEXT

Since 2015, the GFF partnership has supported countries to prioritize key health systems and financing reforms that will accelerate progress on SRHR and gender equality as part of a broader effort to improve health outcomes for women, children and adolescents. While many GFF-supported countries have been making progress on aspects of the SRHR agenda in [recent years](#), overlapping crises related to health emergencies, macroeconomic conditions, climate-related disasters, and conflict threaten these gains in many GFF-supported countries. These disruptions risk becoming long-term in many settings unless urgent action is taken.

Outside of country-specific disruptions, there is also a recognition that progress has been limited on many elements of the SRHR agenda. For example, evidence suggests that the pace of [maternal mortality reduction](#) has stalled. While donor support for family planning is [stable](#), its growth is not keeping pace with expanded needs, with even more limited progress in increasing SRHR commodity financing from government budgets. [Broader concerns](#) include a series of high-profile legal setbacks to reproductive rights building momentum for a rollback and increased opposition on SRHR around the world.

The GFF's mandate to support countries as they chart equitable and increasingly self-sufficient pathways to UHC and securing SRHR for women, adolescents and vulnerable populations is core to this agenda. These interventions require strong systems to ensure access to high-quality and rights-based services and sustainable financing to ensure coverage changes translate into improved health outcomes. As governments look to invest in health system resilience, the GFF has an opportunity to ensure this investment agenda supports an enabling environment for SRHR and gender equality.

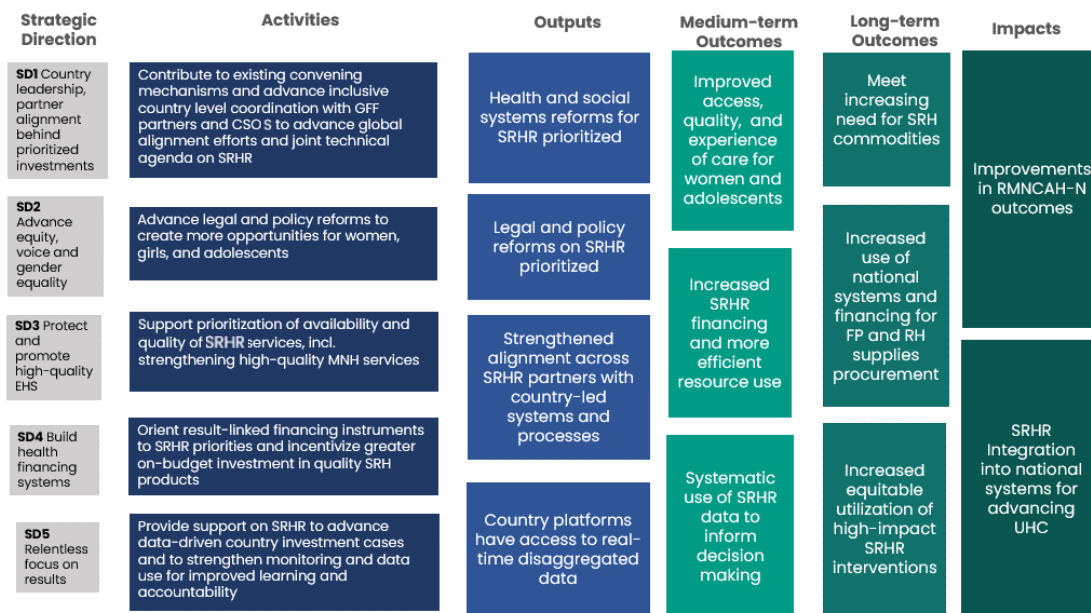
Integrating complementary efforts in the SRHR AP to deliver the GFF strategy

The GFF’s strategy for 2021 to 2025 is guided by its five strategic directions (SD1–SD5), as shown in figure 1. The SRHR acceleration plan translates these strategic directions into specific priority investment areas for SRHR. The SRHR acceleration plan further aligns and integrates what is set out in the [road map for advancing gender equality](#) and operationalizes [the GFF SRHR acceleration plan](#), launched by the GFF partnership at the Generation Equality Forum in July 2021 (see the “Progress” section under priority investment area 1, below). The acceleration plan and the gender road map are predecessors to the GFF strategy. To clarify how they align and contribute to the delivery of the GFF strategy, these are integrated into the specific priority investment areas in the SRHR acceleration plan. The objectives set in the acceleration plan are integrated as key indicators for the SRHR acceleration plan and will be described below. The SRHR acceleration plan therefore frames how these complementary efforts will deliver on the GFF strategy.

In addition, over the long term, the priority investment areas seek to achieve the ultimate goals of the improving reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes and ensuring that SRHR is an essential part of delivering on UHC.

The GFF SRHR theory of change is driven by priority investment areas, linked to the strategic directions and supported by the GFF Secretariat and the partnership. Financing will be drawn from the GFF Trust Fund together with opportunities for alignment and cofinancing from GFF partners. See **appendix A** for a discussion of longer-term and medium-term outcomes for the proposed SRHR approach.

Figure 1. The GFF Theory of Change for SRHR



Source: Global Financing Facility.

Note: CSO = civil society organization; EHS = essential health services; MNH = maternal and newborn health; SRHR = sexual and reproductive health and rights; SRH = sexual and reproductive health; FP = family planning; RH = reproductive health; RMNCAH-N = reproductive, maternal, newborn, child, and adolescent health and nutrition; UHC = universal health care.

PRIORITY INVESTMENT AREAS FOR SRHR

1. Contribute to existing convening mechanisms and advance inclusive country level coordination with GFF partners and civil society organizations to advance global alignment efforts and joint technical agenda on SRHR

Approach

In GFF partner countries, multistakeholder country platforms provide an important entry point for alignment and coordination on SRHR. While government commitment is the key driver of reforms, there is untapped potential for other stakeholders—such as civil society organizations (CSOs) and local women’s and youth groups to be further engaged. In addition, providing a forum where adolescents and youth can not only voice their SRHR-related needs, but also have those needs met, is crucial. Aligned financing towards youth and CSOs will be critical to strengthen and support existing national movement and voices.

As part of these overall efforts to strengthen coordination and alignment, it is equally important to seize the significant opportunity to strengthen engagement with global conveners on SRHR. Strengthening coordination and joint participation in global convening platforms is key to advance country alignment efforts and ensure coherence between global aspiration and country reality. [The Joint Learning Agenda](#) on health financing, an initiative that supports generation evidence for CSO advocacy at country level, can also be built upon to advance the SRHR-agenda.

Key investments to date

The GFF strategy recognizes the need to strengthen support to voices of youth and CSOs and in particular, the need for [catalytic funds to overcome barriers to participation](#). [PAJ](#), the GFF CSO host organization, provides such a key mechanism, which can be further leveraged through the partnership. Madagascar provides an example on how the Joint Learning Agenda has supported CSO advocacy for SRHR outcomes. Following the advocacy analysis and work of the CSO coalition a decision made in the Council of Ministers in July 2023 to authorize a budget reorganization for the purchase of contraceptive products for more than 3.8 million women already using modern methods and 1,700,000 new users.

Furthermore, the GFF has recruited and posted across the African continent six senior SRHR specialists who are providing technical support and expertise to the World Bank teams and the countries to strengthen World Bank engagement and coordination on SRHR interventions at country level.

Way forward

The GFF will continue its strategic-level engagement with the Reproductive Health Supplies Coalition (RHSC) and Family Planning 2030. Additionally, we will enhance our technical engagement in the Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan (ENAP) efforts as well as our engagement with the Generation Equality Forum’s Action Coalition on Bodily autonomy and SRHR, the Global Action for the Measurement of Adolescent health (GAMA) and other relevant adolescent SRHR networks and institutions.

The GFF and the United Nations Population Fund (UNFPA) are developing a joint work program, which will start in 2024 to strengthen SRHR technical support to countries and at global level. This will be complementary actions to enhance coordination and joint agenda on SRHR.

The GFF will furthermore continue funding of youth-led and women's groups to support their participation in country-processes. The [commitments](#) presented at IG15 by the technical advisory group on adolescent SRHR identified entry points on how the GFF partnership can support the delivery of the priority investment areas with a specific focus on adolescent and youth. Building on these collaborations, increased strategic engagement will be necessary to advance issues—such as access to reproductive health supplies and contraceptive financing—and to create a shared vision and evidence agenda around what an SRHR responsive health systems and financing agenda looks like.

Progress

In line with the SRHR acceleration plan, priority investment area 1 will use the following to track progress: *“Increase support to women and youth-led organizations, networks, and movements at country level to promote and protect bodily autonomy and SRHR capacities by increased funding to civil society organizations and youth engagement with at least US\$3 million per year.”*

The GFF Trust Fund Committee (TFC) approved the CSO host grant of US\$5 million from the period of 2022 to 2024 with objective to strengthen support to civil society and youth organizations to improve health and nutrition gains for projects related to the health of women, children and adolescents. Moving into 2024, new investments will be prepared to support global and country-level engagement with civil society, youth organizations, and existing convening platforms for SRHR. This area is progressing as planned.

Moving forward, the GFF KPI on civil society and youth participation will contribute to the monitoring of this (also see the IG16 KPI baseline report).

2. Advance legal and policy reforms to create more opportunities for women, girls and adolescents

Approach

The GFF partnership is uniquely positioned to leverage development policy financing (DPF) from the World Bank to help alleviate legal and structural barriers to SRHR and gender equality. This involves GFF analytical support to World Bank teams developing these programs and engagement with governments around policy priority actions to be included in budget support operations. Leveraging the partnership is critical for the success of these efforts. For DPF triggers to be effective, they are often the culmination of a longstanding policy dialogue on a critical policy issue by GFF partners at country level. From the legislative changes to the community level engagement, the GFF partnership is well placed to provide the broad range of analysis, policy and political dialogue as well as joint financing to help support an enabling legal and policy environment for the achievement of comprehensive SRHR for girls, adolescents and women.

Key investments to date

The GFF has invested in the areas of legal and policy reforms for SRHR through technical assistance to the DPF operations. For example, in Niger there was a national policy championed by UNFPA on school health clubs. The GFF supported the inclusion of this policy as a prior action in a development policy operation (DPO) of the World Bank, creating the conditions for the final adoption of a joint ministerial order for the establishment of these clubs, that provide comprehensive sexuality education in secondary schools. In addition, complementary investments by the GFF and the World Bank are providing input financing to support health club implementation. Similarly, in Cameroon the GFF supported the reversal of circular from 1980 that banned pregnant girls from staying in school

through a DPO negotiation. In both cases, the GFF was able to work with the World Bank to leverage a high-level policy engagement in support of a long-term engagement by partners at the grassroots level.

The GFF has recently increased internal resources via a full-time senior lawyer and gender specialist embedded in the GFF Secretariat to allow timely technical assistance to DPF operations and is supporting the establishment of a cross-sectoral task team within the World Bank to increase the influence of the pipeline of DPF operations.

Way forward

Resources have been allocated to analytical work, which will provide the evidence base for legal and policy reforms, with a specific focus on country assessments of legal frameworks as well as analysis of lessons learned on implementation and impact of such reforms. In addition, a key component of the UNFPA-GFF joint work program mentioned earlier is focusing on advancing this agenda together in a subset of countries.

Progress

The following is from SRHR acceleration plan will be used to track progress on priority investment area 2: *“Advancing legal and policy reforms in ten countries to create more opportunities for women, girls and adolescents to access SRHR services and information and promote and protect bodily autonomy by creating an enabling environment to advance SRHR and improve health outcomes.”*

To date, three specific SRHR-related legal reforms, in Niger, Cameroon and Benin, have been adopted and two are currently underway supported by the GFF, in Liberia and Sierra Leone. This area is progressing as planned.

Moving forward, the KPI for the strategic direction on gender (SD2) will also contribute to the monitoring of this investment area.

3. Support prioritization of availability and quality of SHRH services, including strengthening high-quality maternal and newborn health (MNH) services

Approach

There is an increasing recognition that a focus on intervention coverage alone, without a commensurate focus on quality and the systems needed for consistently provide quality, will be insufficient for accelerating progress on critical areas of SRHR. For example, an increasing share of maternal deaths in many low and lower-middle income countries [require systems that can deliver a range of more sophisticated emergency interventions](#) that need to be backed up by strong overall health systems. Even in more traditionally vertical program areas like family planning, there is an increasing recognition that [high-quality services lead to better outcomes](#) and that many user needs could be best met through [integrated service delivery approaches](#).

Key investments to date

The GFF is leveraging its cofinanced projects in Ethiopia and in Pakistan to support countries to advance reforms needed to support quality comprehensive interventions. In Ethiopia, the GFF is cofinancing disbursement linked indicators (DLIs) focused on expanding access to comprehensive emergency obstetric care and priority newborn interventions as part of a package of primary health care (PHC) reforms. In Pakistan, the GFF is not only leveraging DLIs on aspects of facility readiness, provider competency, referral systems and commodities to strengthen integrated PHC overall, it is also providing significant technical assistance to ensure that integrated data systems (for example, the district health information system, or DHIS2, in Sindh province) produce high quality data for routine review and use for decision making around RMNCAH-N services. The GFF is also helping the Sindh

provincial government to use geospatial analysis and data on quality of care to understand ways to redeploy resources to ensure more equitable access to high quality, comprehensive emergency obstetric and newborn care (CEmONC).

Way forward

The GFF will increase the technical and analytical support on critical service delivery issues related to the costing of newborn interventions, the implementation of school health programs as part of a PHC service mix and leveraging performance-based financing data sets to better understand respectful maternity care practices at service delivery level. The GFF will also develop operational guidance on relevant DLIs to strengthen these more broadly in new operations.

Progress

The following from the SRHR acceleration plan will be used to track progress on priority investment area 3: *“Expanding access to family planning through an increase to the quality, accessibility, availability, and acceptability to contraceptive services for more than 25 million additional adolescents, girls and women.”*

The GFF is using the indicator of total number of additional beneficiaries reached since the baseline implementation year, which is 30.5 million¹ in GFF-supported countries. In light of this data, the indicator for this area is progressing beyond the initial baseline.

While the metric is on family planning, the investment area is on a broader set of reforms, wherefore the GFF will include the KPI on quality to report on this area.

4. Orient result-linked financing instruments to SRHR priorities and incentivize greater on-budget investment in quality sexual and reproductive health (SRH) products

Approach

GFF grant and International Development Association (IDA) financing have been used by ministries of health in partner countries to support strategic purchasing reforms to move more resources down to frontline health facilities that deliver SRHR interventions. Performance-based financing approaches have also been used by governments to condition intragovernmental transfers on SRHR results. The GFF works at country-level to collectively shape direct-facility financing and results-based financing (RBF) approaches include refining indicators, addressing shortcomings in administrative data systems, and increasing the focus on quality, equity (including adolescent responsiveness) and comprehensive services to better align with investment case (IC) aspirations. Relatedly, the GFF has been supporting efforts to [institutionalize RBF](#), creating a pathway to sustainability for this stream of SRHR financing.

The GFF has successfully leveraged the program for results (PforR) financing instrument in a number of countries to help create an enabling environment for SRHR at the national and subnational levels. These instruments disburse funds into national systems based on performance on a set of pre-agreed, and SRHR focused, indicators.

¹ Track20 data for 2022: <https://www.track20.org/>.

Key investments to date

Facility-level RBF has been supported in the majority of GFF countries. In every RBF program the GFF cofinances, family planning and other critical SRHR intervention have been included in the package. Additionally, in countries such as Afghanistan, Nigeria and the Democratic Republic of Congo, the GFF has supported performance contracting approaches with nongovernmental organizations to deliver SRHR interventions.

The GFF has used the PforR instrument in Mozambique, where DLIs are used to support the expansion of SRH services through the school health platform and the national family planning program. In Bangladesh, DLIs have been used to create an enabling environment for post-partum family planning delivery, while in Ethiopia DLIs address rural-urban differences in contraceptive access, to increase policy focus on post-partum family planning and expand adolescent access to SRH services.

One benefit of the PforR financing instrument is financing can be more flexibly pooled with resources from government and other donors, creating favorable conditions for alignments. Ethiopia provides an example of how pooled resources for an IC, with a sound financing structure, can potentially lead to resource prioritization for contraceptives. The government of Ethiopia, the GFF, World Bank, and a range of other partners support the pooled funding Sustainable Development Goals Performance Fund (SDGPF)². The SDGPF spreads risk among a diverse set of funders, including government, thereby creating more resilience and supports national systems to manage important functions such as contraceptive and reproductive health product procurement. Distribution of IDA and GFF resources are disbursed to the SDGPF on the basis of results achieved, including results in family planning.

In many GFF partner countries, there is significant dependence on out-of-pocket payments—and for some products, donor financing—to meet SRHR goals. Over the past several years, the GFF has been working to address gaps in contraceptive financing through GFF cofinanced IDA projects. Examples include projects in the Democratic Republic of Congo, Burkina Faso, Kenya, Uganda, Guinea, and Central African Republic. Several countries are currently addressing acute shortfalls in supply availability through GFF essential health services grants, in tandem with IDA.

Way forward

The GFF will continue to ensure the integration of SRHR into national health financing reforms, strategic purchasing mechanisms and other approaches to resourcing service delivery in national public financial management (PFM) systems.

Additional efforts will be made through the GFF partnership to build system capacities and to create an enabling environment for high quality procurements through technical assistance investments and use of performance-linked financing instruments. In the longer term, integration with public financial management systems means broad-based efforts to expand fiscal space for health can accrue benefits for family planning commodities. The ongoing collaboration with the UNFPA Supplies Partnership includes support for Family Planning Compacts and alignment on a joint technical and reform agendas under country leadership.

² Our analysis of [contraceptive security indicators](#) data suggests only two low-income countries averaged more than US\$1 million in government expenditures on contraceptives between 2017 and 2019: Burkina Faso (US\$1,001,171) and Ethiopia (US\$16,260,804).

Progress

Progress on priority investment area 4 will be monitored based on the following from the SRHR acceleration plan: *“Integrating comprehensive SRHR services as a core part of national health systems in at least twenty additional countries and catalyze increased and more efficient financing for SRHR.”*

As part of GFF’s reporting, the share of IDA/GFF resources in GFF cofinanced projects allocated to RMH code³ in the fiscal year 2023 is 20 percent. This represents a slight decrease from 22 percent in 2022, but progress from the baseline of 2021 of 19 percent. The share of IDA/GFF resources in GFF cofinanced projects allocated to Adolescent health code has a slight increase from 4 percent in 2022 to 6 percent in 2023. Nonetheless, overall progress is slower in this area, which is partly due to the limits of the coding system of the cofunded projects.

SRHR prioritization in country ICs and GFF grants increased to 97 percent in 2022 compared to 80 percent in 2021, so equivalent to a total number of 35 countries. While ICs are only the first step in the process, this provides strong ground for the integration of comprehensive SRHR services in national health systems.

For future reporting, the GFF will also use the KPI for commodity financing reform to monitor progress in this investment area.

5. Provide support on SRHR to advance data-driven country ICs and to strengthen monitoring and data use for improved learning and accountability

Approach

Major gaps exist in the availability of SRHR quality data (including measures of experience of care), along with missing and low-quality data elements captured in routine administrative data systems, and a heavy reliance on survey-based methodologies for tracking changes in coverage. As a result, in family planning continued reliance on unreliable proxy measures built on [new user data is creating further challenges](#). The contributions of partners such as UNFPA, Guttmacher, FP2030 (and Track20), and the World Bank—as well as innovate new analytical approaches—are helping to improve the quality and integration of reliable data to help guide policies and financing.

Key investments to date

Examples on key investments include a collaboration with the World Bank’s Development Economics Research Group (DEC) on an [evidence review on adolescent SRH interventions](#). Similarly, the rapid cycle monitoring and strengthened use of data (FASTR) are being integrated into the [GFF data portal](#) as a one-stop shop to facilitate availability of data as well as in support of country IC for prioritization and scale-up.

To address gaps and support scaleup of adolescent health, for which SRHR is a key feature, the GFF has developed the Adolescent Health Learning, Action, and Benchmarking (ADLAB) Initiative⁴ in collaboration with the World Bank’s Development Economics Vice Presidency (DEC). Liberia is among one of the first countries to benefit from this support through implementation research, which includes engaging stakeholders—including adolescents—to

³ These percentages are distinct and might not be summed due to potential overlap between Office of Population Censuses and Surveys (OPCS) codes. The GFF is currently working with OPCS to overcome some of these challenges.

⁴ The ADLAB initiative aims to (1) enhance responsiveness to adolescent needs; (2) catalyze increased investments by governments; and (3) strengthen the measurable impact of investments on improving adolescent health and well-being, through a youth engagement approach built on the GFF CSO and Youth Engagement Framework.

facilitate learning about what works and how, and inform scale-up by applying lessons learned from previous implementation. In Nigeria, ADLAB is supporting implementation research to capture input from adolescents for the World Bank-supported *Adolescent Girl Initiative for Learning and Empowerment (AGILE)* project, which seeks to improve the well-being of vulnerable adolescent girls through the provision of life skills training. The project is in the process of scaling up, where learning through effective feedback mechanisms during implementation will be a tool manage unanticipated barriers and optimize delivery for the adolescent girls.

Additionally, building a gender responsive system is key to understand and address the particular needs of women and adolescents. The GFF Secretariat is working with Johns Hopkins School of Public Health through the [Monitoring for Action and Gender Equity](#) (MAGE) project to create such a system through: (1) strengthening internal capabilities and services to develop gender- and equity-intentional planning, and monitoring and evaluation processes and tools; (2) increasing accessibility, use, understanding and uptake of gender and RMNCAH-N data promoted through a resource hub; (3) improving capacity of GFF-supported countries to develop, monitor and act on gender- and equity-intentional monitoring and evaluation; and (4) ensuring strengthened and sustained systems of gender- and equity-intentional monitoring and evaluation for RMNCAH-N. For instance, Côte d'Ivoire and Ghana are benefitting from this technical assistance and gender assessments to improve service utilization, especially on women's enrollment and utilization of RMNCAH-N services through the health insurance schemes.

Way forward

The GFF will continue to leverage investments as ADLAB and MAGE. As mentioned, the [GFF data portal](#) is continuously expanding, and the set of standard indicators for SRHR will allow a strengthened comparison of progress across GFF-supported countries. The GFF will also continue to report on the advancement of the priority investment areas for SRHR and the related KPI for the GFF strategy.

Progress

The SRHR acceleration does not contain a specific objective for data and results. Moving forward, the SRHR priority investment areas will monitor progress using the KPI for annual RMNCAH-N coverage and equity analysis.

CONCLUSION

The GFF SRHR approach and the related ToC represent a consolidated agenda for the GFF partnership to work together towards shared goals to improve access to comprehensive SRHR. The framework is built on the GFF principles of country leadership, gender equality, equity, efficiency, results focus and complementarity, and it reflects the experiences and lessons from partners working across GFF countries. Opportunities and collaboration with GFF partners at both country and global levels are essential to advance the priority investment areas to improve SRHR outcomes all while supporting countries to develop sustainable systems for UHC.

APPENDIX A

Longer-Term Outcomes

1. Increased met-need for modern contraceptives: While we recognize the sexual and reproductive health and rights (SRHR) agenda extends much further than access to family planning, contraceptives represent a critical intervention area contributing to SRHR and bodily autonomy. This is also a particularly well-measured aspect of SRHR allowing for accountability on parts of this agenda.

2. Increased use of national systems and financing for contraceptives and RH supplies: Across SRHR products, we see a need for strong national legal frameworks and systems to manage regulatory functions, demand forecasting, procurement, distribution and end-user product use to meet the needs and choices of the women and adolescents these systems seek to serve. An increase in the use of national systems by governments and their partners to manage critical supply chain and service delivery functions provides an important indicator of system quality and contributes to supply chain efficiency and the political economy of domestic resource allocation.

3. Increased equitable utilization of high-impact SRHR interventions: Product availability is an important, though insufficient, condition for improving SRHR outcomes. The utilization of high-quality interventions also needs to increase in an equitable, rights-based manner, without leaving behind adolescents, the extreme poor, rural populations and other marginalized groups.

Medium-Term Outcomes and Investment Outputs

Contributing to the longer-term outcomes and overall impacts discussed above, the GFF is supporting countries to achieve the following three medium-term outcomes:

1. Improved access, quality, and experience of care for women and adolescents: The contribution to this area includes increasing the prioritization of health and social systems reforms responsive to SRHR needs and the rights of women and adolescents to decide over their own health and bodies. For each country, this requires an understanding of key bottlenecks to improving access, quality and experience, along with supporting government and partners to advance a systems agenda to addressing these. Additionally, we see an important role for the GFF to play in supporting legal and policy reforms that address barriers for women and adolescents to enable them to enjoy their SRHR and target gender equality.

2. Increased SRHR financing and more efficient resource use: Expanding fiscal space to adequately invest in SRHR priorities and increasing the efficient use of these resources comprise core aspects of the GFF alignment agenda. Greater use of national systems supports closer alignment with country SRHR priorities among development partners, reduces duplication, and has the potential to lower systems and service delivery costs. Additionally, use of national systems, including public financial management systems, to deliver on SRHR priorities is a key ingredient to improving public domestic investment in this important health area.

3. Systematic use of SRHR data to inform decision making: As with other important health priorities, an important role exists for results monitoring systems to inform the decision making of country platforms. SRHR also provides a critical role for the availability of gender-responsive and disaggregated data through a variety of systems and approaches to inform priorities, support implementation, and course correct. To fully realize these gains for SRHR—and thus for women and adolescents—an innovation agenda will also be critical to develop and scale approaches to quality measurement and to support implementation using routine data systems.