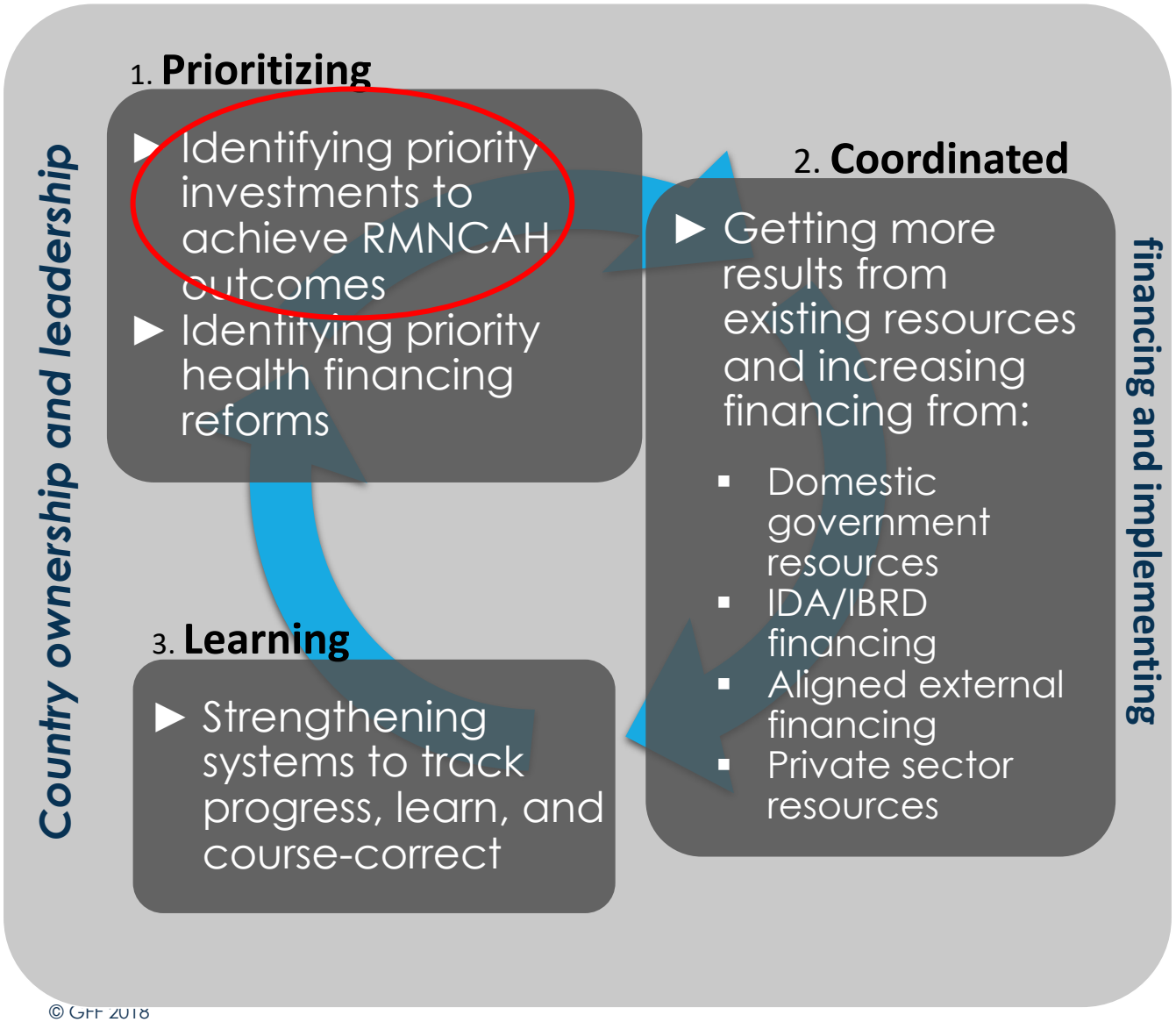
GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

GFF Country Workshop,
January 28 – February
1, 2018

Investing in the Health of Women and Young People

How the GFF drives results



Accelerate progress now on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing

Results

- Better sustainable RMNCAH-N outcomes
  - Strengthening systems to sustain RMNCAH-N outcomes
- Increased value-for-money and total volume of financing from:
  - Domestic resources
  - Financing from IDA and IBRD
  - External Financing
  - Private sector resources
- Impoverishment prevented in case of illness

Discussion Areas

- What are sexual and reproductive health and rights?
- Adolescent sexual and reproductive health and rights
- SRHR (Beyond adolescents) and the Demographic Dividend

What is Sexual and Reproductive Health & Rights?

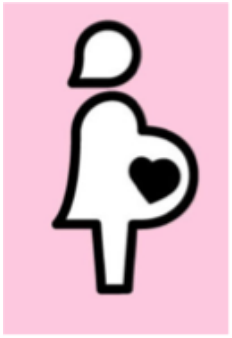
- Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system.

- It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

Source: www.unfpa.org

What is Sexual and Reproductive Health & Rights?

Women must have access to services that can help them have a healthy pregnancy, safe delivery and healthy baby



SRHR

Access to accurate information the safe, effective, affordable and acceptable contraception method of their choice

No legal, socio-culture and other barriers preventing people from exercising these rights

Access to information and services on sexually transmitted infections, reproductive cancers, safe abortion (where legal) and post-abortion care

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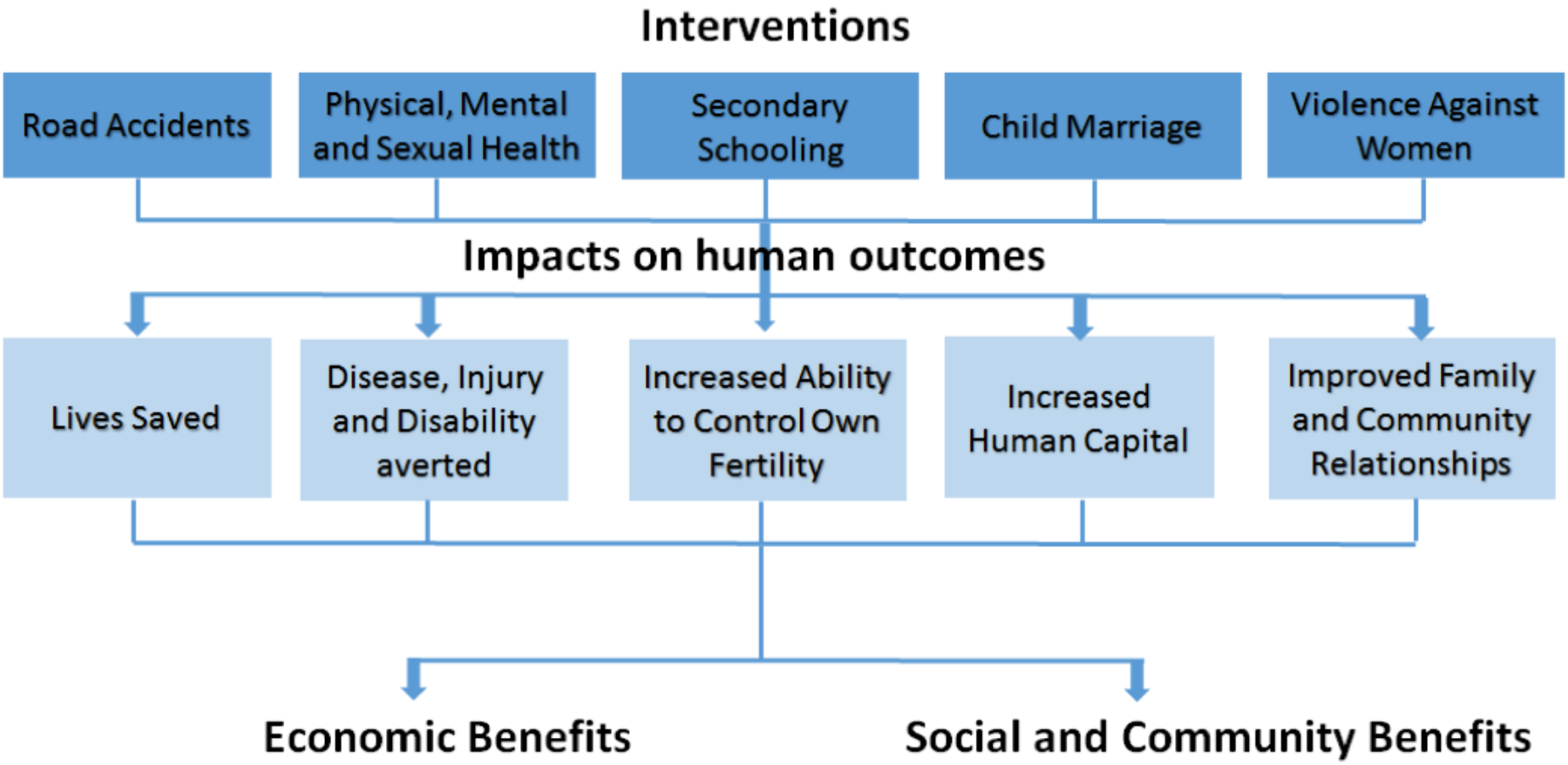
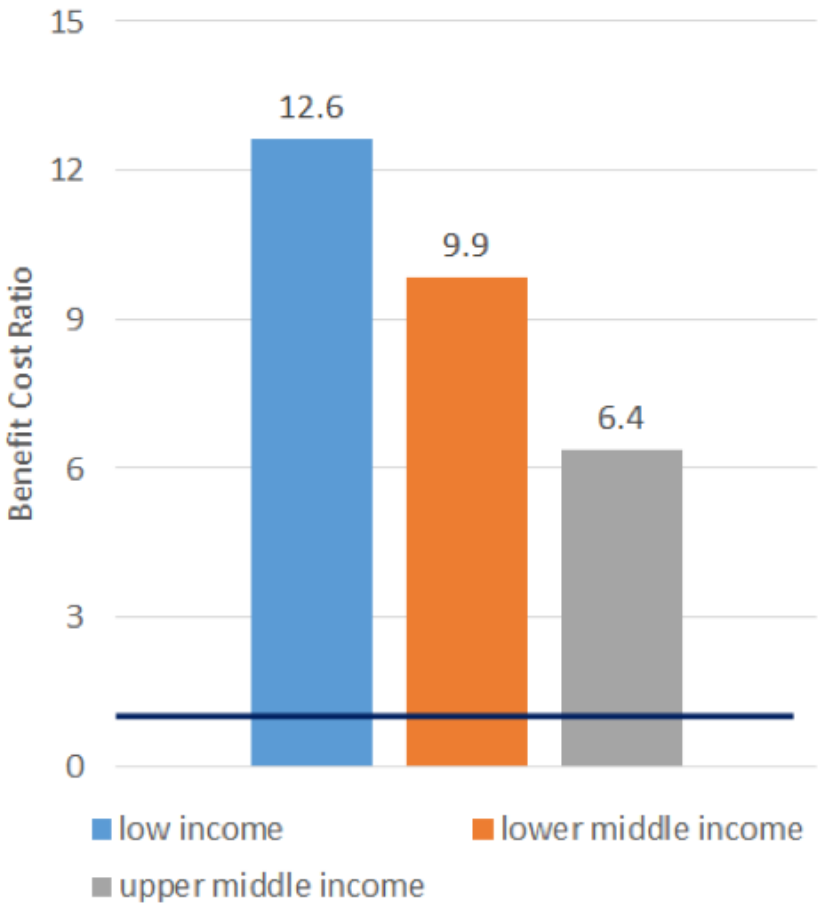
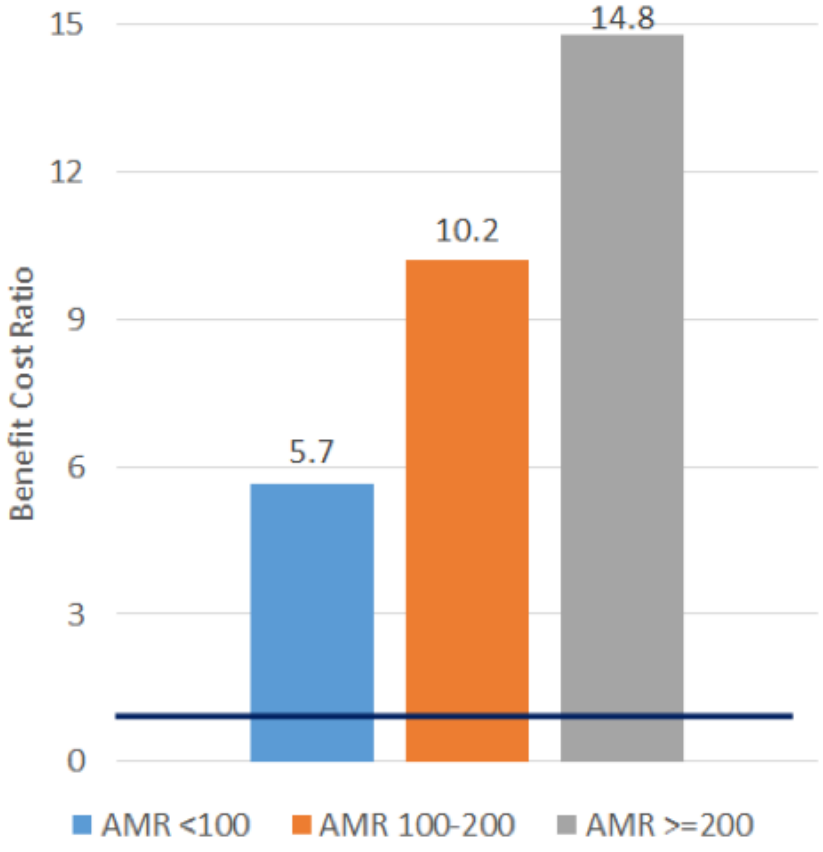
Adolescent Investment Case (Lancet, 2017): Supporting human rights can have high $ returns



Countries most in need have the highest ROI in Adolescent Health (Benefit Cost Ratios)

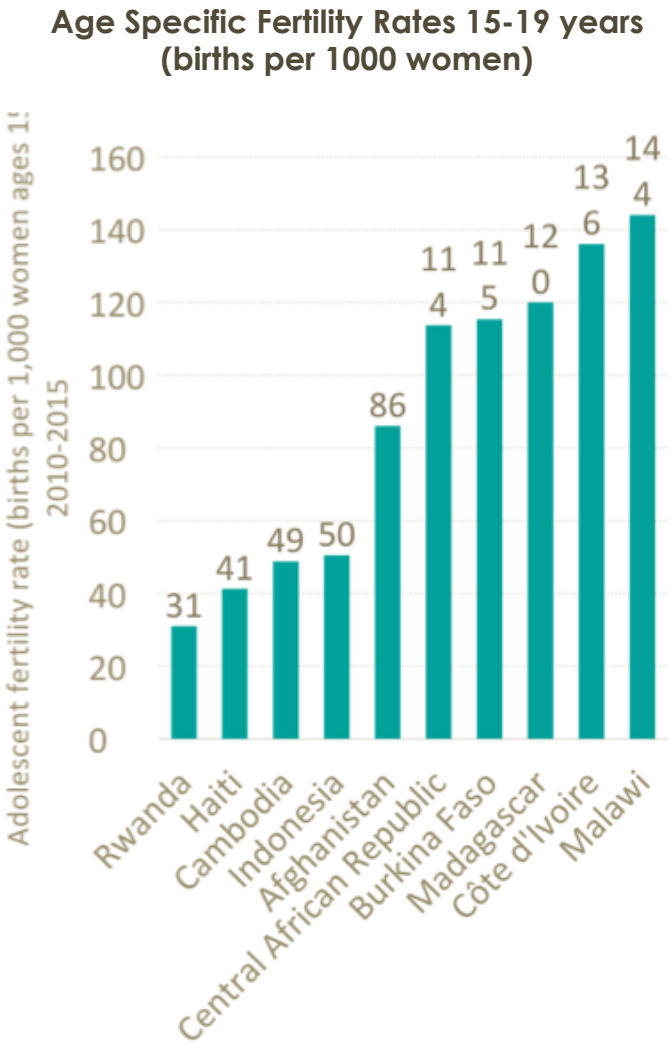




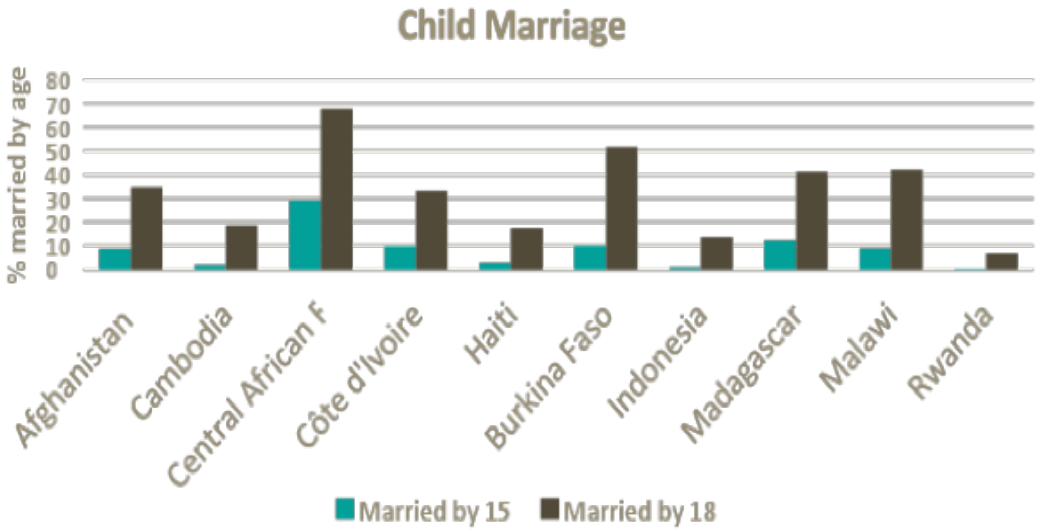
AMR Adolescent Mortality Rate

Source: Computed based on *The Lancet*, "Building the foundations for sustainable development: a case for global investment in the capabilities of Adolescents" 2017 390: 1792–806

Adolescent Fertility & Child Marriage



- All of the new GFF countries in Africa have comparatively high fertility rates.
- An important relevant determinant of **Adolescent Fertility** is **child marriage**.
- **Child marriage rates** are also a strong predictor of **secondary school attendance**



There are five essential strategies for ASRHR:

1. Guarantee access to **universal comprehensive health care**, including accurate information and quality services that also focus on prevention
2. Ensure universal access to **affordable, quality primary and secondary education** that equips adolescents with relevant skills and knowledge, including comprehensive sexuality education
3. Promote safe, supportive, and healthy **environments** in homes, schools and communities
4. Protect the **rights** of adolescents through constitutional, statutory, and common law frameworks
5. Ensure adolescents and youth are able to **participate** in and contribute to programs and policies affecting them and their communities

Country Case Study: Mozambique

- New data resulted in renewed urgency on ASRH:
  - Adolescents Fertility rate: 194 in 2015 (compared to 167/1000 in 2011)
  - Early pregnancy (15-19): 46.4% in 2015 girls (compared to 38% in 2011)
  - Women 15-19 have the highest unmet need for FP (26.2%) (2015)
  - High rates of chronic malnutrition and anemia within adolescentes 11-16 years old.
- Adolescents & youths' national consultation with more than 50 participants 10-24 YRS informed the GFF RMNCAH INVESTMENT CASE.
- Building on existing multi-sectorial adolescents and youth platform (Geração Biz), especially the health sector component.
  - Investment Case (draft): Comprehensive SRH services, including:
  - Provision of Family Planning in secondary schools
  - Safe abortion must be ensured to Adolescents (in line with the new law)
  - Recognizes the importance of the provision of ASRH services by the private sector.

Pakistan: Investing in girls education yields returns in multiple dimensions

Beneficiaries
Girls 15-19 in districts with poorest schooling outcomes

Intervention
Quarterly stipend conditional on 80% school attendance

Results
Delay in marriage by 1.4 years

Cost
about $1.50 per capita per year

Ethiopia: Adolescent Empowerment Program

Interventions for unmarried adolescents: small scale

Beneficiaries
Married and unmarried girls age 10-19

Interventions
Safe spaces, school materials, incentives to parents, community conversations

Results
Girls 10-14: 90% less likely to be married

Cost
About $2 per capita per year

Context

TFR: 7.2 (1990) to 4.6 (2015)

U5M: 146 (2000) to 68 (2012)

Investments in Health, Education and jobs

HEW Program: extensive Community based distribution of FP and child health preventive and curative services

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- What are sexual and reproductive health and rights?
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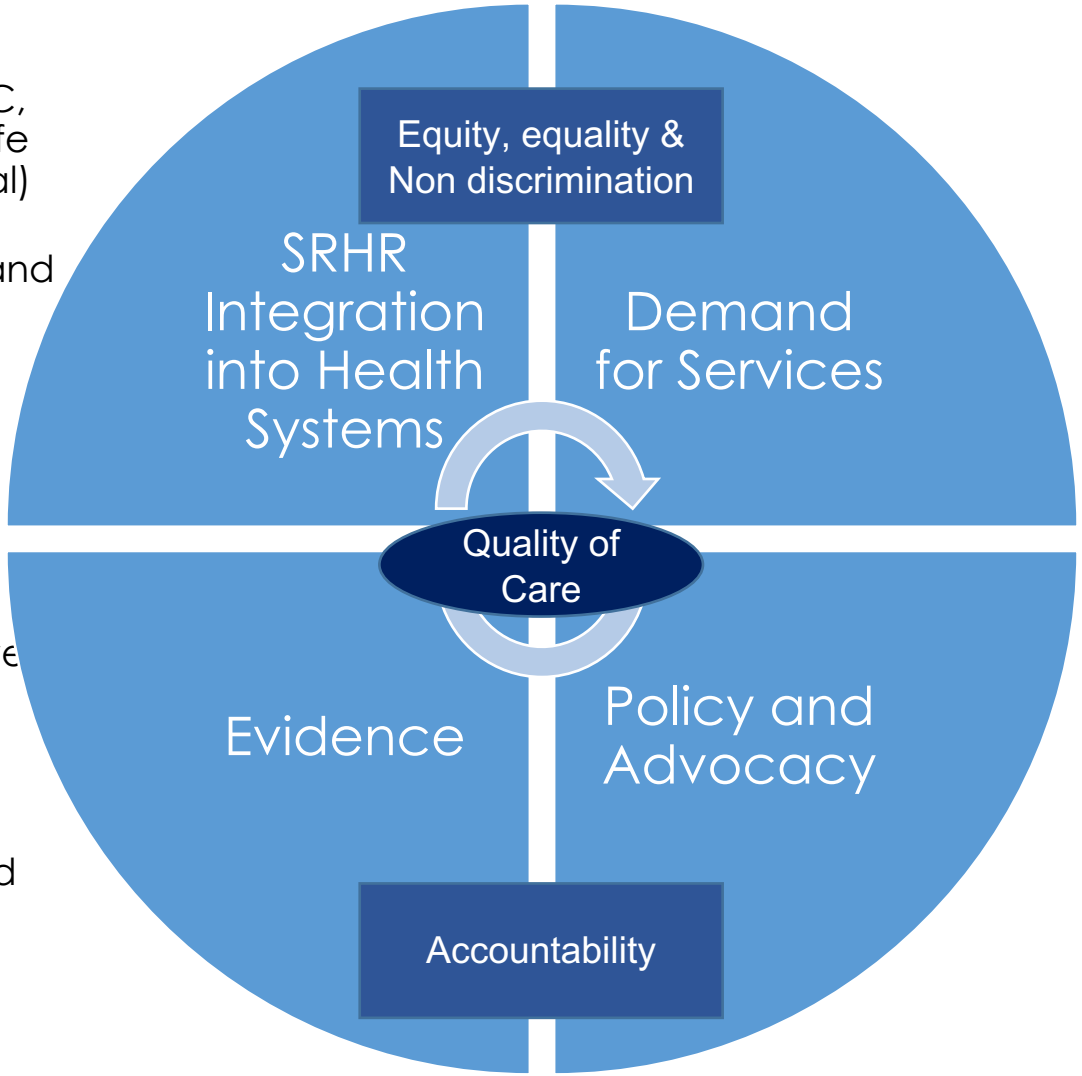
- SRHR (Beyond adolescents) and the Demographic Dividend

Universal Coverage of SRHR Requires an Integrated Approach

- Human resources for Health
- Service Delivery: ANC, PNC, EmONC, FP, safe abortion (where legal) and PAC
- Essential medicines and commodifies
- Health Financing
- Governance

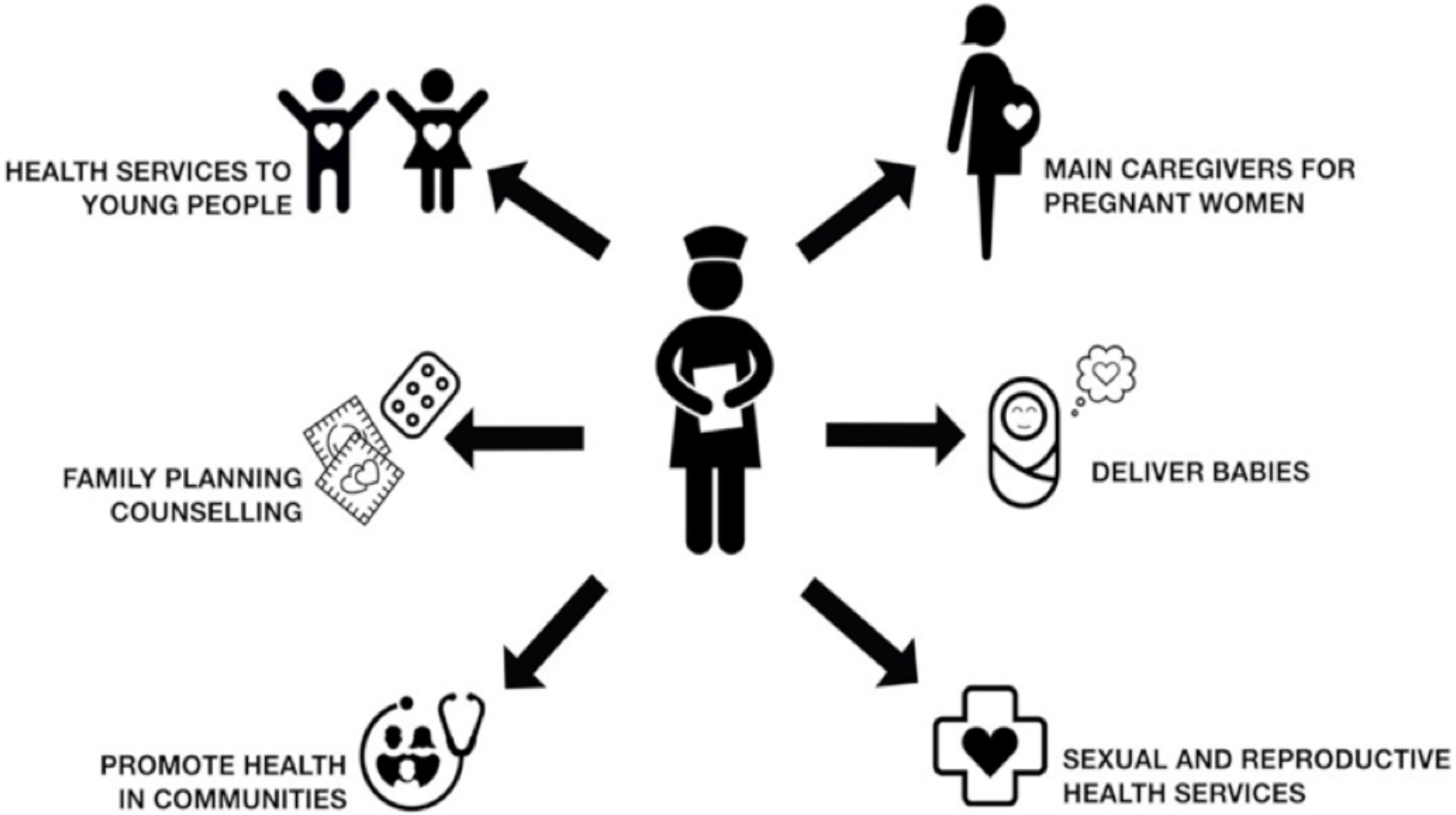


- Health communications
- CSE
- Community mobilization and ownership
- Multi-sectoral approaches

- DHS, Census, Surveys
- Routine administrative data
- MDSR and CRVS systems
- [For all: appropriate age, sex, wealth, and geographic disaggregation]

- Rights-based
- Gender sensitive
- Evidence informed

Midwives can play a central role in the provision of integrated SRHR information and services



Empowering women and adolescent girls is a central part of achieving universal SRHR & a demographic dividend

Reduced unmet need for family planning

Better reproductive health outcomes

Healthier children

Increased earnings

More educated children

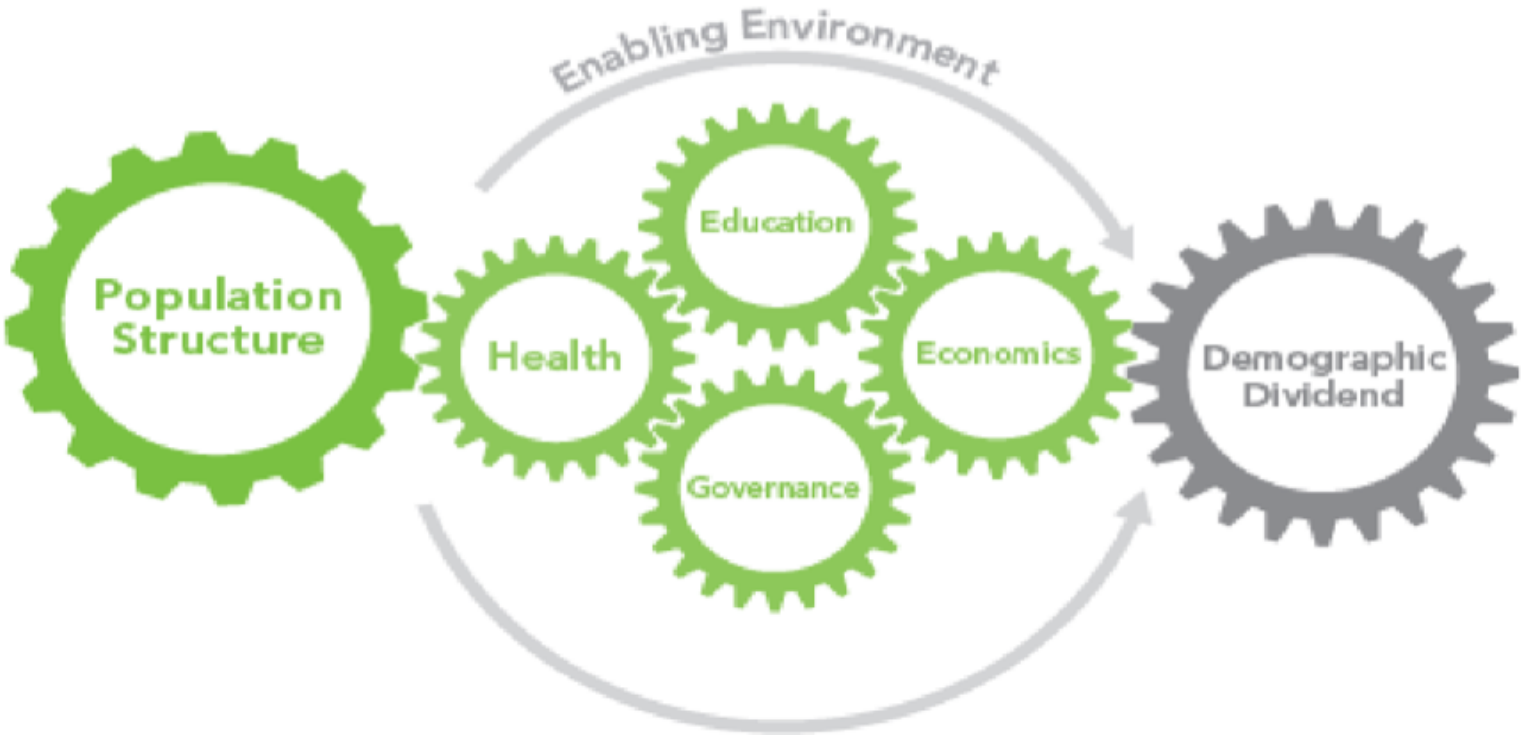
Economic development through increased productivity

Potential impact

- Meeting unmet need for family planning reduced # of unplanned pregnancies
- More likely to seek appropriate prenatal care, attendance for delivery, family planning
- 5-10% lower mortality rates in children under the age of 5 for every year of mother education
  - Better nutrition of children
  - Higher immunization rates
- Strong correlation between mothers education and their children education
- 10-20% increased wages by extra year of education for girls
- With each additional year of schooling, GDP growth rates would be boosted by 0.58 percentage points per year

What is the demographic dividend?

"A demographic dividend is the accelerated economic growth that **can** result from improved reproductive health, a rapid decline in fertility, and the subsequent shift in population age structure."

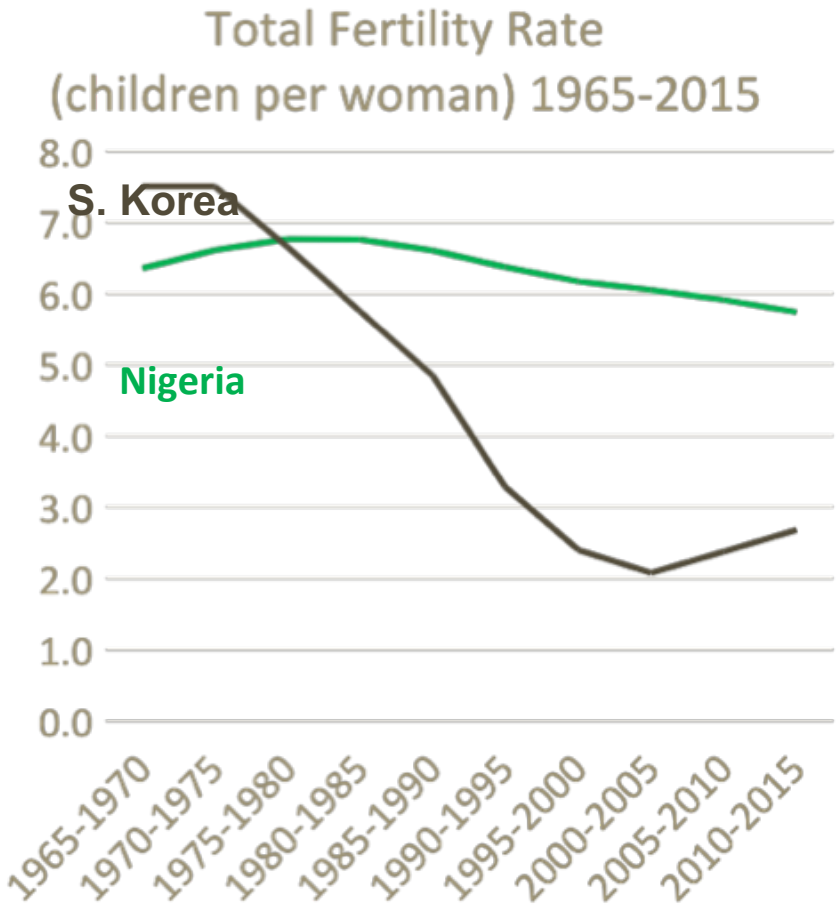


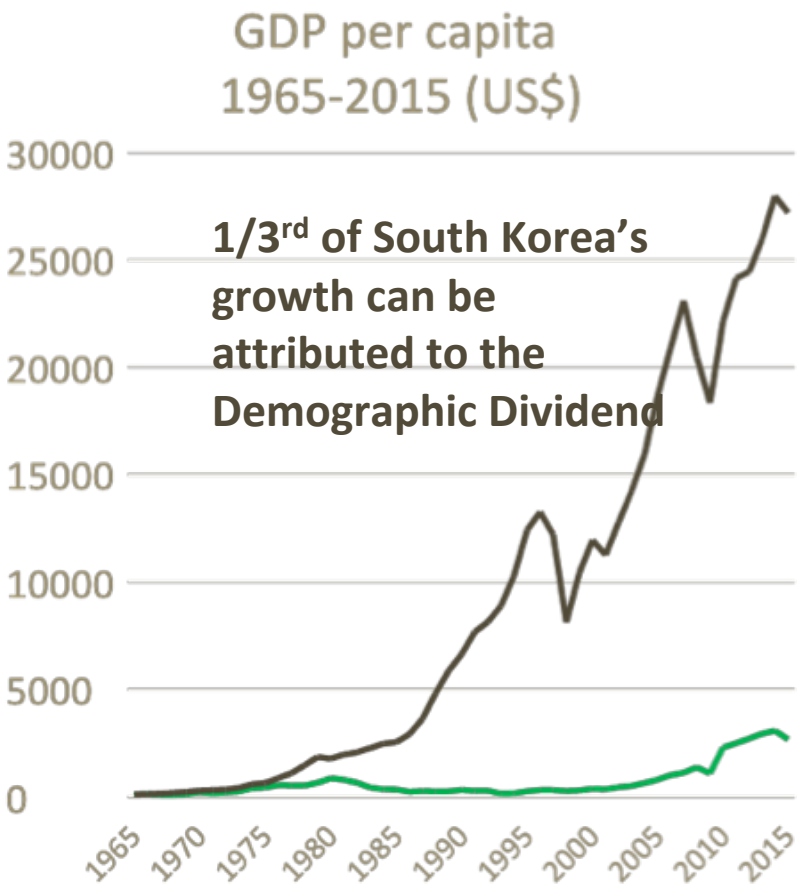
Source: www.demographicdividend.org

Similar starting point, different outcome

South Korea: Dramatic fertility decline → Massive economic growth

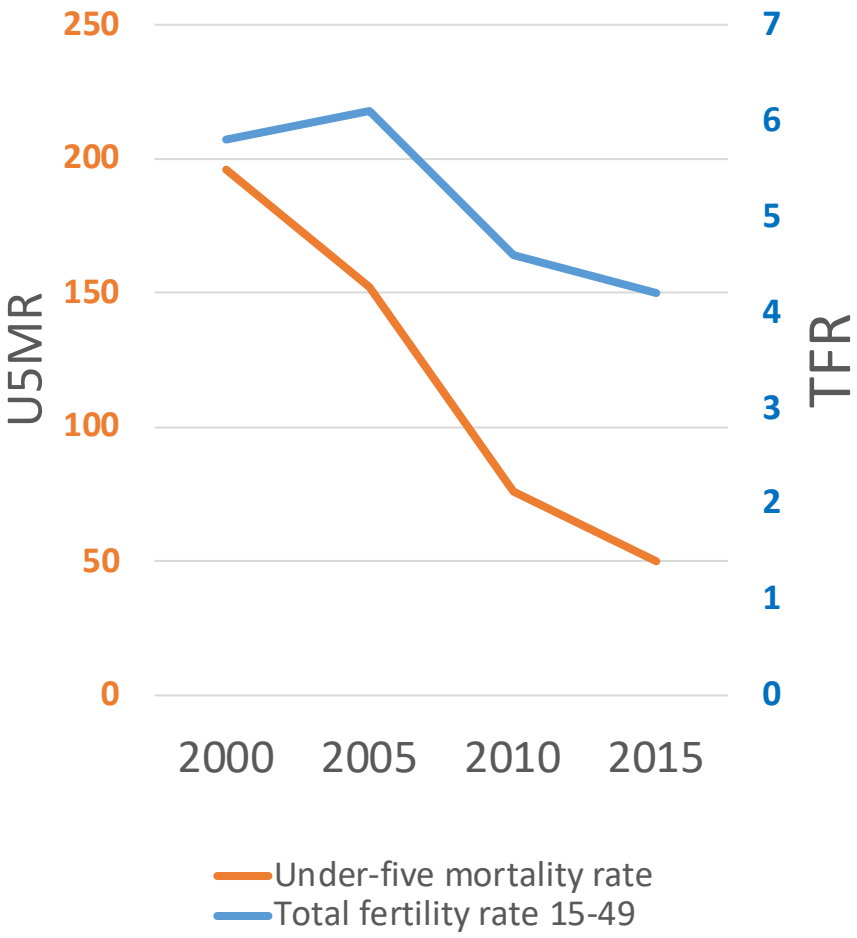
Nigeria: Minimal fertility decline → Modest economic growth





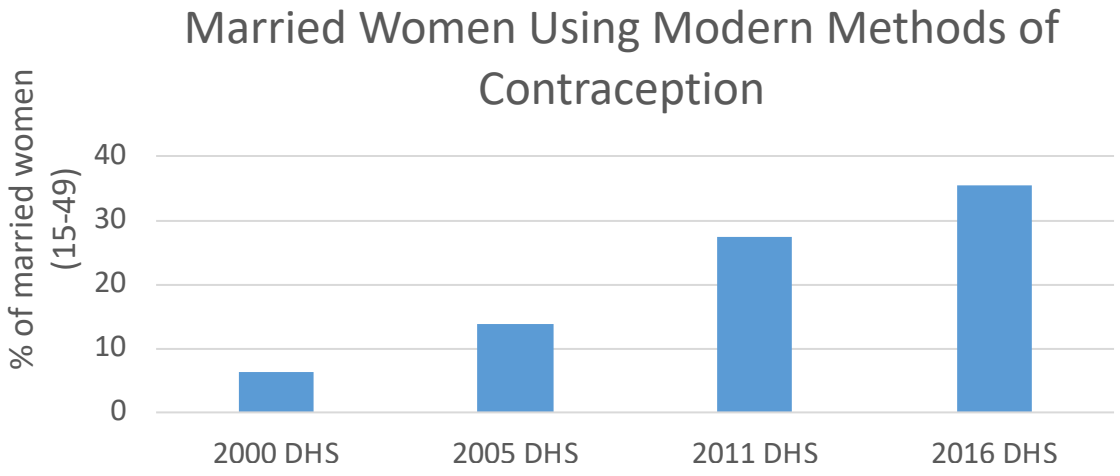
Rwanda: Rapidly Improving MCH at Low Cost in 15 Years

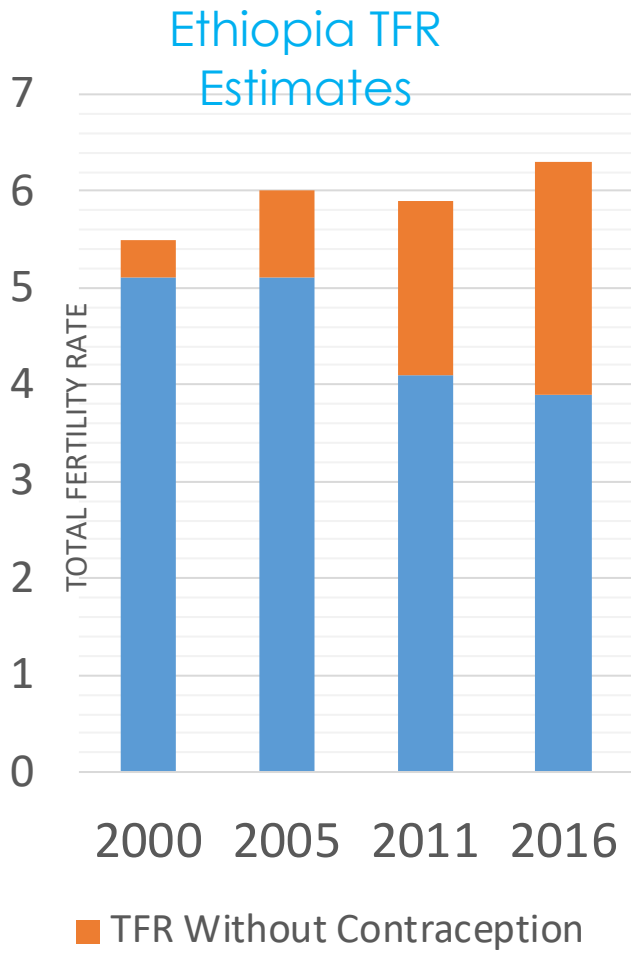
1. No country has achieved significant fertility reduction without **preceding improvement in maternal and child health (MCH)**
2. Rwanda achieved rapid improvements in under-5 mortality and then swift fertility decline
3. Mostly accomplished through performance based financing at $3.50 per capita per year and near universal health insurance



Ethiopia: Expanding Access to Contraception

1. Focus on increasing FP access driving reductions in TFR.
2. WBG estimates suggest that TFR would be 2.4 children higher without contraceptive program.
3. Keys for FP: task sharing and expansion of community based services (long and short-acting FP)

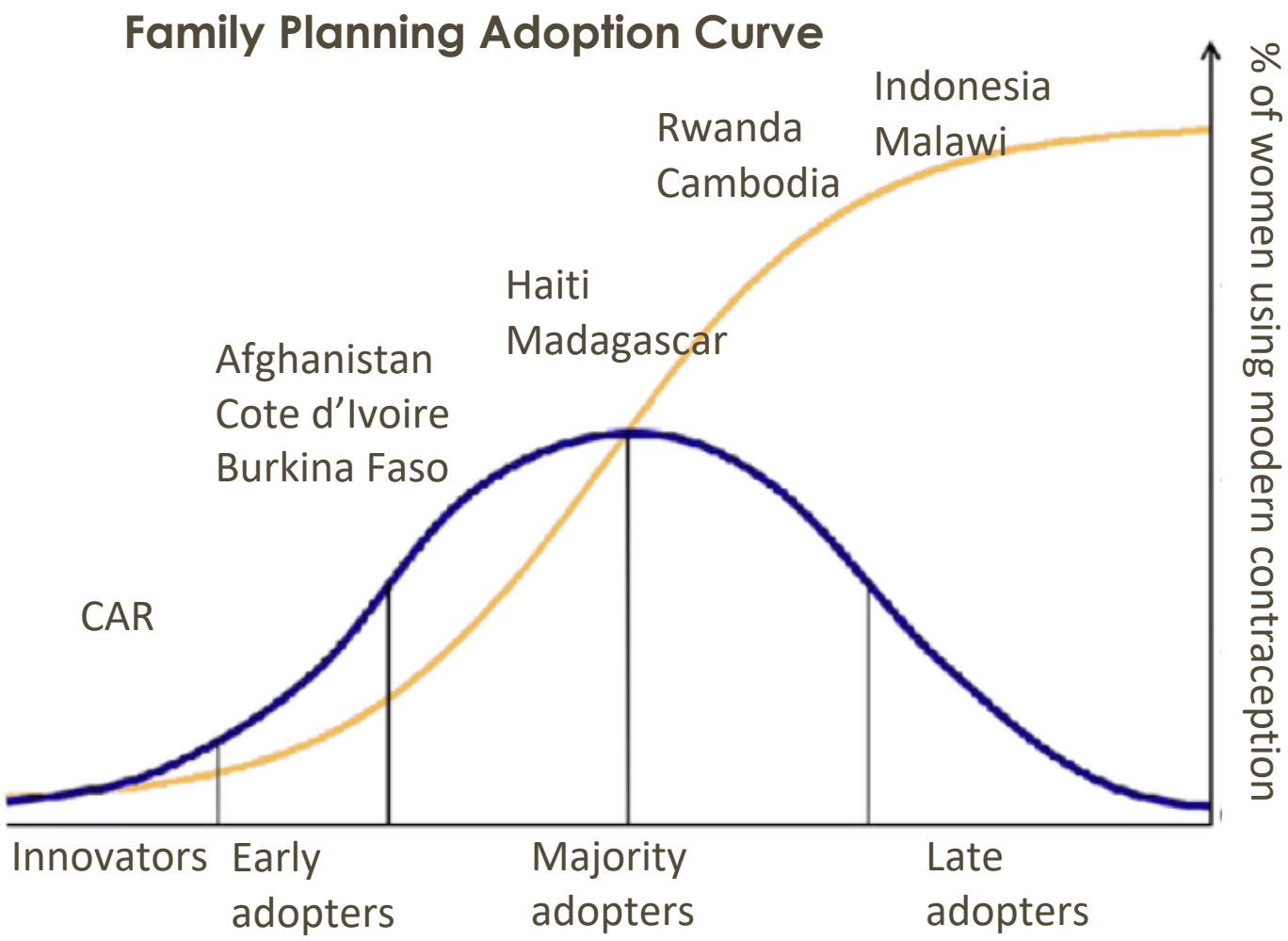




Demographic Dividend: Current Status

- 7 out of 10 new GFF countries are still pre-dividend (TFR > 4)
  - Haiti, Indonesia and Cambodia are early dividend
  - Rwanda, Malawi have seen rapid recent declines in TFR
  - Madagascar, Burkina Faso, RCI have begun to make steady progress
  - CAR, Afghanistan have yet to initiate a consistent decline
- BF, RCI, CAR, Haiti still need to reduce U5 mortality (a common precursor of rapid fertility decline)
- Most support ratios are moving in the right direction (closer to 2 workers per dependent)
  - Need more focus on meeting the unmet need for family planning and, more broadly, on meeting the needs for all SRH services
  - Need to increase investments in education, health and social protection/jobs NOW to benefit from an improving support ratio

Family Planning - A critical element of the demographic dividend



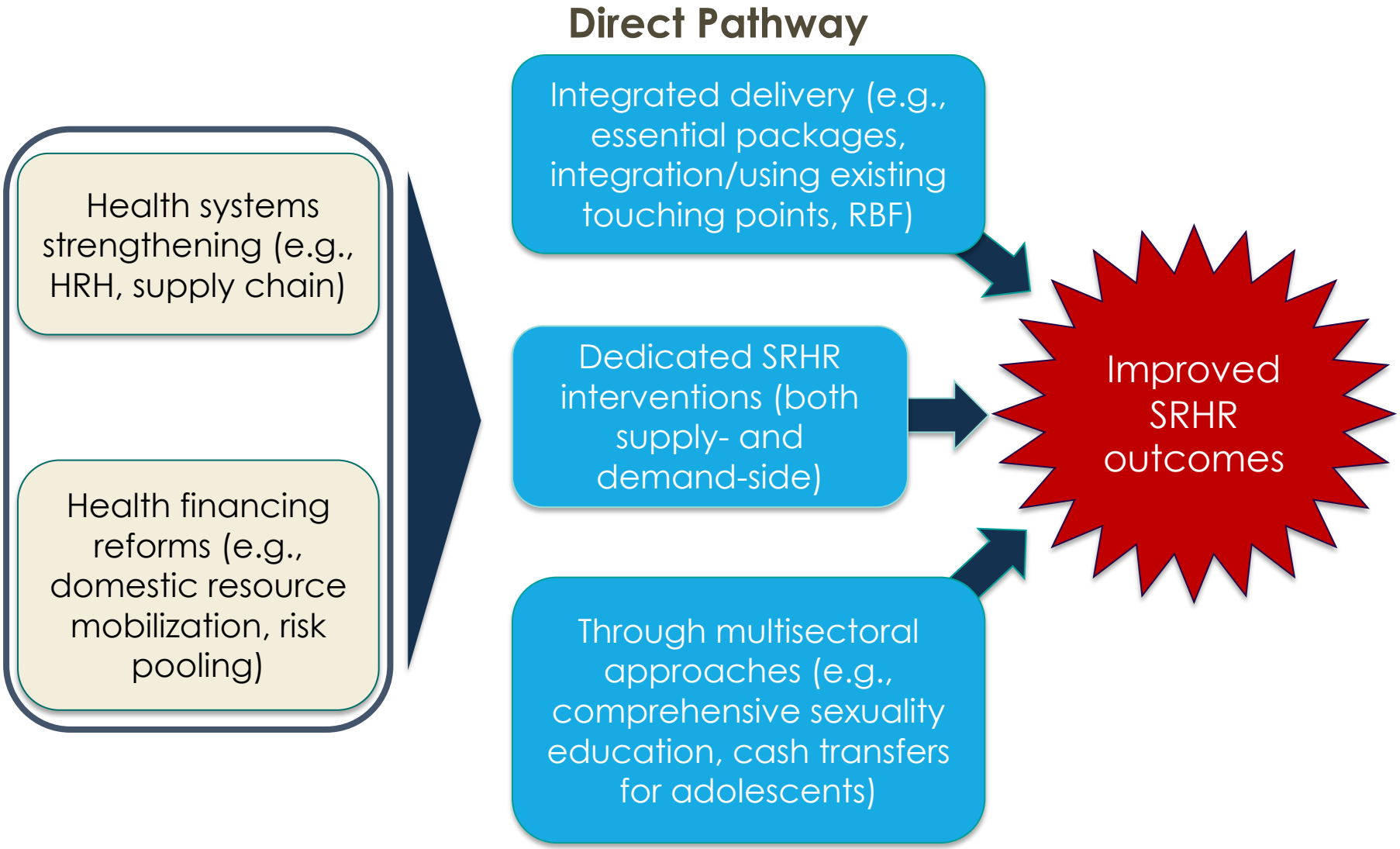
1. mCPR will grow at different speeds depending on market maturity.
2. Subnational view on this may vary dramatically.

Fully Funded Family Planning Programs consider supply, demand and remove barriers to utilization

Red = mCPR growth rate >1.5% points per year.

1. Visible and high level **political support** for the national FP program (influences supply and demand)
2. **Deliver free or steeply subsidized services close to women:** Ethiopia, Malawi, and Rwanda all ramped up community-based FP models to dramatically expand distribution. (High quality services can stimulate demand).
3. Senegal, Malawi, Kenya, partnered closely with private sector and non-profit service providers on the following:
   - Social marketing and mass media and behavior change efforts (demand)
   - Create supply chain efficiencies (supply)
   - Deliver services in hard-to-reach areas (both)

How the GFF invests in SRHR



SRHR and ASRHR Key Points

- SRHR, including ASRHR, have multi-sectoral determinants (and benefits) that must be addressed with a rights-based approach in order to enhance demand for and uptake of services
- There is a strong economic argument in addition to public health arguments for expanding access to sexual and reproductive health information and services, including family planning.
- In building the investment case, essential to use DHS/MICS, census, and facility data to understand coverage gaps and the scale of the problem.
- There are multiple pathways to success but this agenda takes long-term commitment and financing.