

GLOBAL FINANCING FACILITY SRHR APPROACH PAPER

OVERVIEW

This paper seeks to draw out how the current Global Financing Facility (GFF) theory of change is specifically being used to advance sexual and reproductive health and rights (SRHR)¹.

Importantly, this 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).

The paper highlights priority investment areas, outputs, and outcomes supported by the partnership and where additional effort and collaboration can help to deliver on the GFF partnership goals for SRHR and to improve health outcomes for women, children, and adolescents.

ACTION REQUESTED

The Investors Group (IG) is requested to endorse the proposed GFF approach to SRHR outlined in this paper and the related theory of change.

¹ When referencing and setting its SRHR agenda, the GFF uses the definition of the Guttmacher-*Lancet* Commission's report -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. While recognizing that progress towards expanding access to SRHR services based on each country context and reality.

CONTEXT

Since 2015, the GFF partnership has supported partner 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](#), the COVID-19 pandemic and overlapping crises threaten these gains. Due to severe disruptions in essential health services, GFF partner countries have seen [significant reductions in women and children accessing services and SRHR](#). Continued disruptions risk becoming long term problems unless urgent action is taken.

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, there is an opportunity to ensure this investment agenda supports an enabling environment for SRHR and gender equality.

In 2020, the GFF's new strategy was endorsed for 2021 to 2025, guided by five strategic directions, as follows:

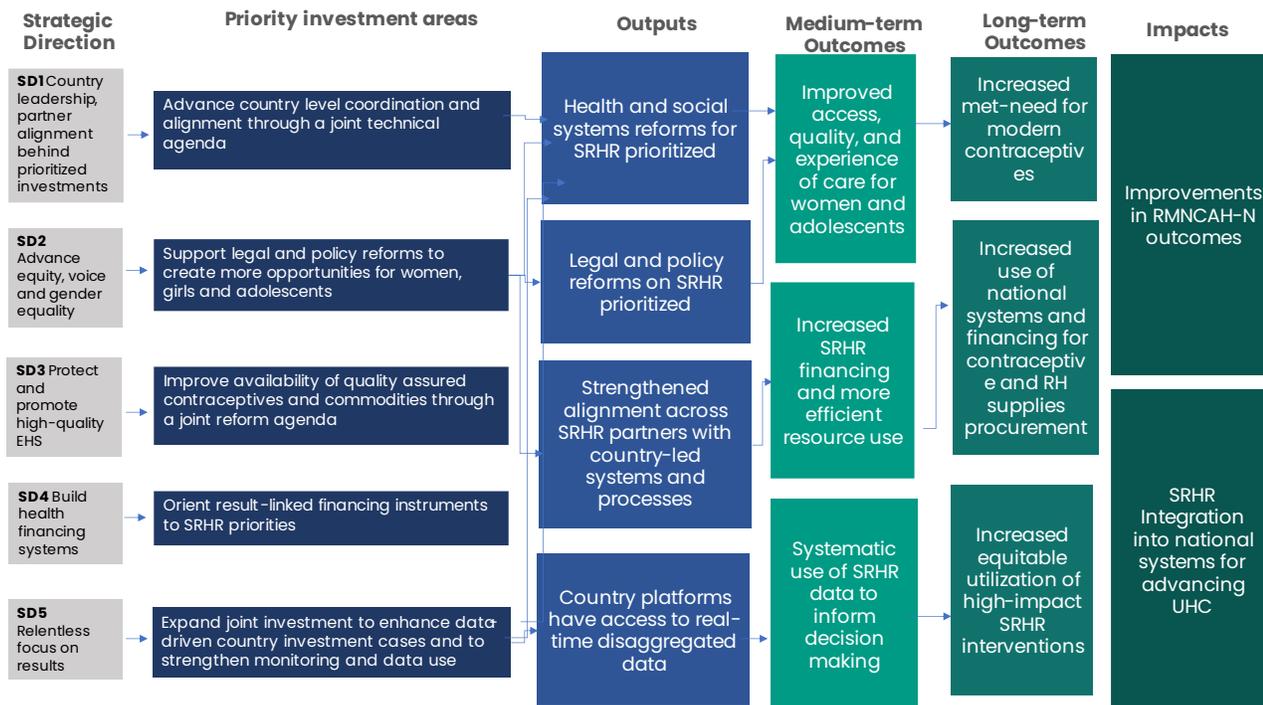
1. Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents
2. Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality
3. Strategic Direction 3: Protect and promote high-quality, essential health services by reimagining service delivery
4. Strategic Direction 4: Build more resilient, equitable, and sustainable health financing systems
5. Strategic Direction 5: Sustain a relentless focus on results

In line with the new strategy and in support of the GFF mandate, priority investment areas for SRHR investments have been identified to deliver on the [Roadmap for Advancing Gender Equality](#) and the implementation of [the GFF SRHR acceleration plan](#), launched by the GFF partnership at the Generation Equality Forum including:

- 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;
- Integrating comprehensive SRHR services as a core part of national health systems in at least 20 additional countries and catalyze increased and more efficient financing for SRHR;
- Advancing legal and policy reforms in 10 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;
- Increasing 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 (CSOs) and youth engagement with at least US\$3 million per year.

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

Figure 1.1. Theory of Change



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 GFF Trust Fund together with opportunities for align and co-financing from GFF partners. See appendix A for a discussion of longer-term and medium-term outcomes for the proposed SRHR approach.

PRIORITY INVESTMENT FOR SRHR

1. Advance country level coordination and alignment through a joint technical agenda

In GFF partner countries, multistakeholder country platforms provide an important entry point for alignment and coordination on SRHR. For example, the United Nations Population Fund (UNFPA) has played a critical role in the development of investment cases in Mozambique and Cameroon ensuring clear prioritization of family planning and adolescent SRHR. In Kenya, [Track20](#) and [ThinkWell](#) have been closely engaged on the use of family planning data to determine county-level [health sector grants](#). In Mozambique Track20 has helped to inform target setting for a World Bank project restructure contributing financing to the investment case.

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, including best buys prioritization.

While government commitment is the key driver of reforms, there is untapped potential for other stakeholders—such as civil society organizations and local women’s and youth groups to be further engaged. The GFF strategy recognizes the need to strengthen this area, and in particular, the need for [catalytic use of funds to overcome barriers to participation](#). 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. Pooled and aligned financing towards youth and

CSOs will be critical to strengthen existing national movement and voices. The Joint Learning Agenda on health financing as well as the support to the new CSO hosts provide the key mechanisms, which can be built upon and further leveraged through the partnership.

As part of these overall efforts to strengthen coordination and alignment, it will also be important to seize the significant opportunity to strengthen engagement with global conveners on SRHR. Strengthening coordination and joint participation in global convening platforms will be key to advance country alignment efforts and ensure coherency between global aspiration and country reality. These engagements can also be useful for accelerating progress on joint technical issues. Examples include a collaboration with the Reproductive Health Supplies Coalition (RHSC) to [model the impact of COVID-19 mitigation efforts on contraceptive needs](#) and an analysis to understand country exposure to donor cuts to UNFPA. The UNFPA risk analysis fed into the GFF's Continuity of Essential Health Services Grant efforts, leading to new financing for contraceptives and other reproductive health supplies.

Box 1.1 discusses a collaborative effort between the GFF and the World Bank to support development of an evidence-based framework for adolescent health.

Box 1.1. ADLAB: An Opportunity for Accelerating an Evidence-Based Framework for Adolescent Health

To address gaps and support scaleup of adolescent health, for which SRHR is a key feature, the GFF is developing the Adolescent Health Learning, Actions, and Benchmarking (ADLAB) initiative in collaboration with the World Bank's Development Economics Research Group and partners. This effort will support a research network of local academic and technical partners to support implementation research on the scaleup of adolescent health interventions through national systems and answer priority research questions coming from GFF-supported countries in partnership with adolescents themselves.

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

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 analytical support and engagement with governments around policy priority actions to be included in budget support operations.

Leveraging the partnership through in-country expertise and longstanding policy dialogue of GFF partners with national-level ministries is needed to advance this agenda. For example, in Niger, the collaboration with UNFPA, which contributed to the adoption of a joint ministerial order creating the conditions for the establishment of school health clubs, was included as a prior action in a recent Development Policy Operation of the World Bank. These clubs provide comprehensive sexuality education in secondary schools. In addition, investments by the GFF and the World Bank will provide input financing to support health club implementation.

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 drive an enabling legal and policy environment for the achievement of comprehensive SRHR for girls, adolescents, and women.

3. Improve availability of quality assured contraceptives and commodities through a joint reform agenda

In most GFF partner countries, significant financing risks in availability and quality of family planning commodities depend heavily on out-of-pocket payments and donor financing. Over the past several years, the GFF has been working to address gaps in contraceptive financing through GFF co-financed International Development Association (IDA) operations. Examples include the Democratic Republic of Congo (DRC), 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. While countries decide individually whether to prioritize the use of concessional financing to finance contraceptives, they must also consider a longer-term sustainability strategy for contraceptives. Additional efforts could be made through the GFF partnership to build system capacity to create an enabling environment for high quality procurements through technical capacity investments, pool financing, and use of performance-linked financing instruments.

Ethiopia provides an example of how pooled resources for an investment case, with a sound financing structure, can potentially lead to resource prioritization for contraceptives. The government of Ethiopia, 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 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. Further the ongoing collaborative effort with UNFPA focused on the Supplies Partnership transition strategy and match-funding are existing entry points for alignment and joint technical and reform agendas with country in lead towards more sustainability.

4. Orient result-linked financing instruments to SRHR priorities

Even before the impacts of COVID-19, most GFF partner countries exhibited limited fiscal space and revenue generation capacity. Now, two years into the pandemic and as countries face multiple crises, budgets have become even more constrained. Therefore, supporting countries to maximize value-for-money is a key part of the GFF model, including linking financing to results.

Using GFF grant financing and IDA to support strategic purchasing reforms have been used by ministries of health in partner countries to move more resources down to front-line health facilities that include SRHR interventions, thus creating an enabling environment for SRHR in local governments. Examples include Mozambique, which employs a disbursement linked indicator (DLI) related to the expansion of SRH services through the school health platform and a DLI for 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.

Efforts to [institutionalize results-based financing](#), which is being advanced in a number of countries, provide a critical link to the sustainability agenda for ensuring SRHR interventions remain accessible and of good quality at the primary care level. Important opportunities to collectively shape direct-facility financing and results-based financing 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 aspirations.

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).

As part of this agenda, there is an opportunity to create a common cause on the domestic resource utilization and mobilization efforts, given the importance of adequate financing for primary and community healthcare that delivers on comprehensive SRHR and broader public health outcomes. This could extend to allocative and technical efficiency policies that prioritize financing to frontline services as well as reforms that address supply chain bottlenecks for crucial health products, including contraceptives.

5. Expand joint investment to enhance data-driven country investment cases and to strengthen monitoring and data use

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. Examples include a recent collaboration with the World Bank’s Development Economics Research Group on an [evidence review on adolescent sexual and reproductive health \(SRH\) interventions](#). Similarly, over the past 18 months, the GFF Trust Fund made investments in technical assistance through the continuity of essential services grants that went out to 19 countries, which includes dedicated support for rapid cycle monitoring and strengthened use of data. These analytical approaches can be integrated into the [GFF data portal](#) as a one-stop shop to facilitate availability of data as well as in support of country investment case for prioritization and scaleup. The [GFF’s Knowledge and Learning](#) function can provide a collective space to share country experience and connect country platforms to the latest evidence.

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 to create such a system through: (1) strengthening internal capabilities and services to develop gender- and equity-intentional planning, 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.

WAY FORWARD AND REVIEW OF PROGRESS

The GFF SRHR approach and the related theory of change 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. Additional partnership opportunities and collaboration with specific GFF partners could be developed at the country and global levels for advancing the priority investment areas. Further, Investors Group time-bound working groups could be recruited to support the operationalization and review implementation.

An annual progress update on implementation of the theory of change and priority investment areas will be shared with the Investors Group.

APPENDIX A

Longer-term Outcomes

1. Increased met-need for modern contraceptives: While we recognize the SRHR agenda extends much further than access to family planning, contraceptives represent a critical intervention area contributing to SRHR and bodily autonomy (see figure A.1). 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 contraceptive and RH supplies procurement: 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 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.