

NOTE TO INCREASE THE FOCUS ON ADOLESCENTS IN THE GFF'S SRHR AGENDA- OPERATIONALIZATION OF THE SRHR APPROACH PAPER

OVERVIEW

This note presents an overview of the work and recommendations of the **Global Financing Facility (GFF) Sexual and Reproductive Health and Rights (SRHR) Technical Advisory Group** on how to further strengthen the collaboration on SRHR with a specific focus on adolescents aged 10–19 years.

The advisory group was mandated by the Investors Group (IG) meeting in June 2022 (IG14, when the [GFF SRHR approach paper](#) was endorsed) following the decision of the IG partners to further identify how to advance key priorities for adolescent SRHR (A-SRHR). It was requested that this be done through a time-bound technical advisory group composed of representatives from the Investors Group constituencies. The objective was to recommend and identify areas for further strengthening the collaboration and operationalization of the priority investment areas of the SRHR approach paper, with a specific focus on adolescents.

In support of the GFF's increased focus on adolescents and on improving A-SRHR, the IG asked the technical advisory group to:

1. Recommend opportunities for implementation of the priority investment areas for SRHR outlined in the IG14 SRHR approach paper, taking into account a specific focus on targeting adolescent SRHR.
2. Identify additional ways for increased collaboration for the GFF partnership to support the delivery on these SRHR investment areas, with a specific focus on improving health outcomes for adolescents.

ACTION REQUESTED

The IG is requested to endorse the proposed commitments and recommendations from the Technical Advisory Group.

CONTEXT

Investments in SRHR outcomes for adolescents are investments in human capital and broader economic development. Despite this fact, financing for improving A-SRHR is not sufficient compared to the actual need. In fact, adolescent health represents just 2.2% of the total spending on development assistance for health.ⁱ In addition, the GFF’s monitoring of essential health services analysis reports significant cumulative reductions in family planning services for 6 out of 12 countries with available data, with large reductions in family planning volume (at least 10%) in Guinea, Mali, and Sierra Leone. Over the pandemic period, the average overall shortfall in the number of family planning visits provided was 4.4%, including continued declines in the second quarter of 2021. Global improvements in some adolescent health indicators mask highly uneven progress both across and within low- and lower-middle-income countries (LMICs), where some 90 percent of adolescents live. Persistent high rates of child marriage, adolescent childbearing, HIV transmission, and low coverage of modern contraceptives all impact the lives of these young people.^{ii, iii} Girls, in particular, are highly vulnerable to poor SRHR outcomes.^{iv}

The high unmet need for contraceptives remains particularly acute among adolescents, leading to large numbers of unintended pregnancies. It is estimated that, of at least 10 million unintended pregnancies among adolescents each year, 5.6 million end in abortion. The vast majority (3.9 million) of these are unsafe abortions.^v Meeting the sexual and reproductive health needs of young people avoids millions of unwanted pregnancies each year, averts the higher costs of treating the complications of abortions, and saves lives. Importantly, it also supports efforts of resource-constrained countries to realize their demographic dividend.^{vi} It is not only a human right, but also makes economic sense for countries. Meeting the health needs of adolescents (including SRHR needs) has a benefit–cost ratio of 12.6 in low-income countries and 9.9 in lower-middle-income countries.^{vii}

While many GFF-supported countries have made 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 the number of women and children who access services, including SRHR.

The GFF’s mandate to support countries as they chart equitable and increasingly self-sufficient pathways toward universal health coverage (UHC) and securing SRHR for women, adolescents, and vulnerable populations, is core to this agenda. However, ensuring that these interventions translate into improved health outcomes requires strong health systems. The GFF partnership complements all partners actively engaging in supporting the leadership of countries to advance the A-SRHR agenda. As governments, with support from partners, look to invest in health system resilience, there is an opportunity to ensure that

ⁱ Li, Li, Patton, and Lu. 2018. Global Development Assistance for Adolescent Health from 2003 to 2015. *JAMA*, 1(4):e181072

ⁱⁱ Melesse, D., Mutua, M., Choudhury, A., Wado, Y., et al. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? *BMJ Global Health*; 5:e002231.

ⁱⁱⁱ Strong, K., Pedersen, J., White Johansson, E., Caoet, B., al. (2020). Patterns and trends in causes of child and adolescent mortality 2000–2016: setting the scene for child health redesign; *BMJ Global Health*. 6:e004760.

^{iviv} Melesse and colleagues (2020) (ibid) undertook a review of the literature and data in 33 sub-Saharan African countries demonstrating little improvement between 2004 and 2017.

^v WHO (2021). Adolescent pregnancy [website accessed 25.10.21].

^{vi} Guttmacher 2020. Adding it up: investing in sexual and reproductive health in low- and middle-income countries. Fact sheet. Guttmacher Institute, New York.

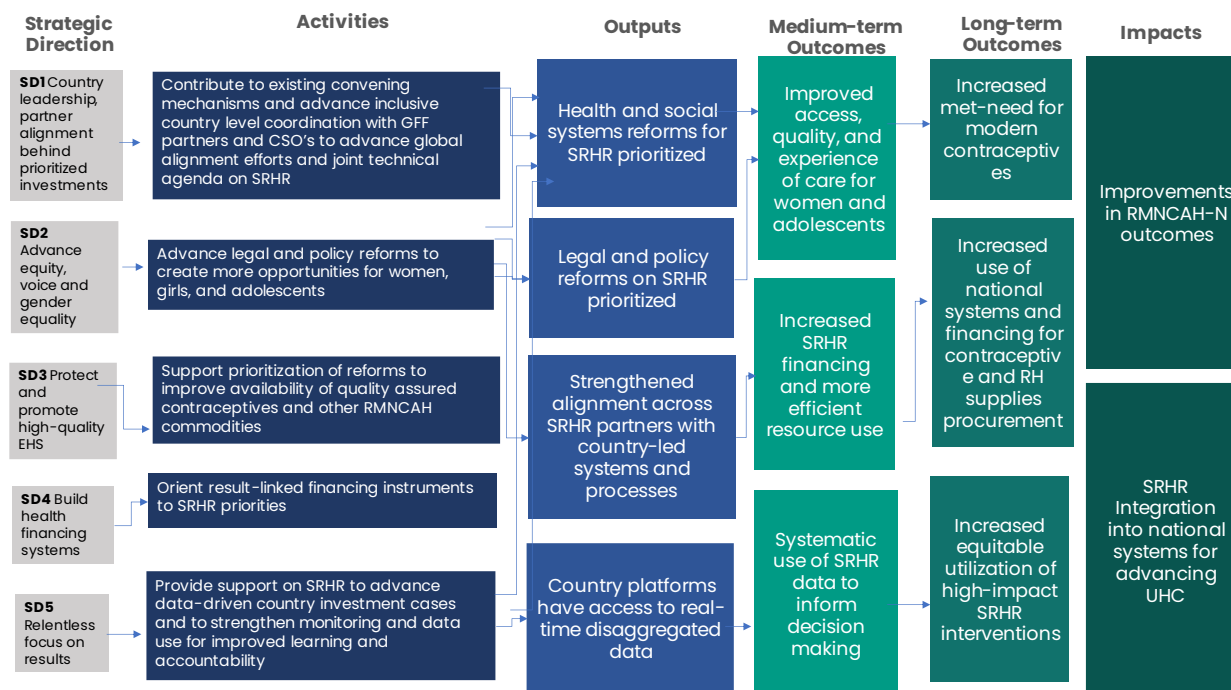
^{vii} Sweeny et al, 2019, *Journal of Adolescent Health* 65 S8-S15.

this investment agenda supports an enabling environment for SRHR along the continuum of care, including for adolescents.

The GFF’s approach to SRHR

In 2018, the GFF Secretariat led an initial Technical Advisory Group on A-SRHR. The results of the recommendations from this group resulted in specific financing at the GFF Secretariat level, allowing the generation of a number of evidence syntheses on adolescent wellbeing, as well as a paper highlighting financial levers for A-SRHR. These products were used to inform the **GFF SRHR Approach Paper**.

The endorsed GFF SRHR approach paper identified five priority investment areas (PIAs) under each of the five strategic directions of [the GFF’s 2021–2025 strategy](#). The PIAs for SRHR investment have been identified to contribute to the delivery of 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.



Theory of change from the SRHR AP IG14

In the long term, the PIAs seek to achieve the ultimate goals of 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.

SRHR Technical Advisory Group scope of work

Through a consultative and co-construction process, the SRHR Technical Advisory Group met for three virtual sessions to identify commitments and recommendations for the operationalization of the SRHR approach paper, with a focus on adolescent SRHR.

The group focused on the comparative advantage of GFF as a multi-donor trust fund in the field of A-SRHR and on the added value of the GFF as a partnership. It acknowledged the unique position of the GFF to leverage World Bank instruments and financing to advance the SRHR agenda, as well as opportunities to leverage country systems. The group affirmed the importance of coordination and alignment in support of existing processes and partner efforts while recognizing and valuing each GFF partner's specific role in advancing A-SRHR.

The group recognized the GFF's principles of country leadership and acknowledged that partner countries face challenges on the A-SRHR agenda. It noted the importance of meeting countries where they are, in particular regarding sensitive rights-based issues such as bodily autonomy and access to abortion. Generation of research and data on the countries' environments, approaches, and gaps on A-SRHR will be key to advancing the agenda and allowing evidence-based advocacy.

The table below outlines commitments identified for the GFF partnership to operationalize the PIAs for A-SRHR. It also addresses opportunities for implementation that are ongoing or in the pipeline through the GFF Trust Fund and technical assistance from the GFF Secretariat. Examples of these are the remaining rounds of essential health services (EHS) grants; a collaboration between UNFPA and the GFF to strengthen SRHR impact at country level; Adolescent Health Learning, Actions, and Benchmarking (ADLAB); Monitoring & Action for Gender & Equity (MAGE) and other initiatives.

RECOMMENDATIONS, COMMITMENTS, AND WAY FORWARD

The Technical Advisory Group has identified the following recommendations as opportunities for operationalization of the priority investment areas for SRHR outlined in the IG14 SRHR Approach Paper, taking into account a specific focus on targeting adolescent SRHR.

Recommendations for further operationalization of the priority investment areas for SRHR, particularly A-SRHR, through the GFF partnership:

1. The GFF Secretariat will ensure the organization of three curated technical deep dives during 2023 on lessons learned, challenges, and opportunities for partner countries on a rights-based approach to comprehensive SRHR and the further operationalization of the SRHR PIAs, particularly A-SRHR and the link with the SRHR acceleration plan (AP).
2. The IG agrees to an operationalization of the SRHR AP and the PIAs, including the enhanced focus on A-SRHR, for a period of 18 months followed by a stocktake of progress to the IG18 and potential adaptations.
3. The GFF Secretariat will undertake annual tracking based on available methodology and report back to the IG on the share of IDA going toward adolescent health to measure progress in financing.

Table 1: Commitments of the GFF partnership to operationalize the PIAs for A-SRHR

Key commitments from the GFF partnership to operationalize the PIAs for A-SRHR		
Priority Investment Area (PIA)	GFF commitments towards the PIAs	Complementary commitments identified by the Technical Advisory Group
<p>PIA1: Advance country-level coordination and alignment through a joint technical agenda</p>	<p>Commitment: Strengthen focus on A-SRHR in coordination mechanisms and technical assistance</p> <ul style="list-style-type: none"> In partnership with the CSO constituency, ensure continued support to the CSO youth framework through a PAI grant supporting the movement of national CSOs, with a focus on enabling the participation of youth and women CSOs at country-level coordination mechanisms to strengthen their voice and ensure integration of tools and guidelines on A-SRHR. Continue to leverage the Joint Learning Agenda on health financing and include a focus on financing for SRHR, in particular A-SRHR. Leverage the GFF’s Adolescent Health Learning, Actions, and Benchmarking (ADLAB) initiative with the World Bank’s Development Economics Research Group (DEC) to support implementation research on the scale-up of adolescent health interventions, in partnership with adolescents themselves, and increase learning around multisectoral approaches to address social determinants and environments that impact A-SRHR. Roll-out of SRHR-gender fellows’ program with 6 senior specialists to be based across Africa to enhance the focus on A-SRHR in World Bank operations from 2023 onwards. Continue analytical work and evidence generation to bring other sectors, such as social protection and education, onboard and provide evidence for decision-makers outside of the health sector, develop and support arguments and narratives on A-SRHR. 	<p>Commitment: Leverage existing partnerships and entry points to strengthen coordination and alignment on A-SRHR at country level</p> <ul style="list-style-type: none"> UN: produce analysis of entry points on how the H6 and SDG3 GAP collaboration can be leveraged and strengthened in country platform mechanisms and contribute to the PIAs (WHO); UN agencies to actively engage in the IC process at country level. CSO-Youth: i) Through PMNCHA, identify entry points to leverage the GFF partnership’s engagement in the Global Forum for Adolescents in 2023; ii) Support subnational, district-, and community-level joint coordination platforms for engagement of adolescents and grassroots communities beyond the central level. Donors, multilaterals, private sector: i) Galvanize multisectoral partnerships for adolescent SRHR and ensure alignment and buy-in from their technical assistance at country level to support coordination mechanisms and promote A-SRHR, including through a social-determinants lens; ii) Map, reach out and form SRHR-focused alliances with faith-based, youth, women’s and health CSOs plus wider political leadership.
<p>PIA2: Support legal and policy reforms to create more opportunities for women, girls, and adolescents</p>	<p>Commitment: Continued leveraging of the World Bank’s Development Policy Financing (DPF) instrument for A-SRHR reforms</p> <ul style="list-style-type: none"> Provide continued technical assistance in policy development to integrate SRHR reforms with focus on adolescents. Advance knowledge products on impact on A-SRHR with strengthened linkages between legal changes and impact at community 	<p>Commitment: Support partnerships, including with CSOs, in GFF-supported countries in a targeted way to promote legal and policy reforms down to community level</p> <ul style="list-style-type: none"> UN: Support policy processes and implementation of SRHR reforms, including at community level and for A-SRHR, through technical assistance and expertise as well as the upcoming UNFPA-GFF contract on SRHR. Analyze opportunities for reforms at the

	<p>level, such as a mapping of legislative country processes.</p> <ul style="list-style-type: none"> ▪ Strengthen the collaboration with the existing country legal platforms (SWEDD) for legal and policy reform and health system changes process, including adolescent-responsive systems change. ▪ Advance activities to promote value clarification and address service provider-level confusion, stigma and fear about application of SRHR laws, policies, and guidelines. 	<p>service provider level, including on the basis of the new WHO Safe Abortion Guidelines.</p> <ul style="list-style-type: none"> 🔗 Donors, multilaterals, private sector: i) Support policy processes and implementation of SRHR reforms through funding, including messaging and awareness-raising to clarify laws and policies, acknowledging country contexts; ii) Support identification of high-impact practices for adolescent responsive services to be supported at policy level; iii) Support messaging and awareness-raising initiatives at country level to clarify laws and policies, and ensure policies and guidelines are widely accessible and implemented; iv) share tools to promote adolescent SRH service provision as a key skill for MNCH-/PHC-level providers. 🔗 CSO-Youth: Identify concrete actions at community level to ensure awareness of the legal and policy changes in a minimum of three countries where legal changes have recently happened.
<p>PIA3: Improve availability of quality assured contraceptives and commodities through a joint reform agenda</p>	<p>Commitment: The GFF to contribute to addressing gaps on contraceptive financing and promotion of contraceptive choice, in particular for adolescents, and enhance the link with the sustainable health finance agenda</p> <ul style="list-style-type: none"> ▪ Continue technical assistance to countries through the essential health services (EHS) grant and other financing levers to create an enabling environment for high-quality procurements. ▪ Strengthen the inclusion of quality and sustainable procurements of SRHR and family planning commodities for women and adolescent girls into GFF co-financed operations. This includes addressing short-term financing gaps in commodity financing when needed. ▪ Support countries on transition financing plans for contraceptives and other reproductive health commodities as part of a broader domestic resource mobilization and utilization agenda. ▪ Supporting the gap in countries' regulatory capacity, including support to local and regional regulatory institutions (such as AMA) for quality assurance, regulatory authorization, and product registration. ▪ Support and promote public-private partnerships for improved choice of 	<p>Commitment: support safeguarding supplies of contraceptives and commodities, including generating demand and ensuring accessibility and choice of products through health systems strengthening</p> <ul style="list-style-type: none"> ▪ UN (UNFPA): Support a joint evidence agenda around SRHR and adolescent-responsive health systems and a financing agenda through the UNFPA Supplies transition strategy and match-funding pilot. ▪ CSO-Youth: Enhance participation in country-level conversations on commodities, such as relevant national committees, and advocate for and support domestic resources for the procurement of supplies to prevent stockouts. ▪ Donors, multilaterals, private sector: i) Create linkages with initiatives aimed at regional pooled procurement of quality-assured SRH commodities by national procurement agencies; ii) facilitate and finance local manufacturing of sexual and reproductive health commodities through the use of loans or grants.

	<p>methods for adolescents and expanded service delivery points, and identify potential links with provider payment schemes.</p>	
<p>PIA4: Orient result-linked financing instruments to SRHR priorities</p>	<p>Commitment: Increase interventions to leverage financing for results to improve adolescent SRHR</p> <ul style="list-style-type: none"> ▪ Leverage Program for Results (P4R) operations to ensure that A-SRHR is prioritized through disbursement-linked indicators (DLIs). ▪ Integrate A-SRHR components into strategic purchasing and review indicators to seek integration of a comprehensive definition of SRHR. ▪ Build more evidence to support analysis of comparative cost-effectiveness of A-SRHR interventions, seeking to address finance gaps to strengthen their prioritization. ▪ Increase the interlinkages of A-SRHR investments with key demographic dividend outcomes and projects at the World Bank. 	<p>Commitment: Join forces and align support for a results-linked financing that comprises SRHR and adolescents</p> <ul style="list-style-type: none"> ▪ CSO-Youth: Advocate at country level for greater inclusion of adolescents in strategic purchasing, including into public financial management systems as well as equity-based inclusion that brings youth voices forward through social accountability. ▪ Donors, UN, multilaterals, private sector: i) Strengthen alignment of investments in and better leverage the full potential of CHWs in youth, household, and community engagement on A-SRHR into the country GFF process; ii) Increase investments in organizational and institutional capacity building of public and non-public sector actors, and possibly link such financing with related longer-terms results.
<p>PIA5: Expand joint investment to enhance data-driven country investment cases and to strengthen monitoring and data use</p>	<p>Commitment: Build on the Monitoring & Action for Gender & Equity (MAGE) project for improved SRHR indicators</p> <ul style="list-style-type: none"> ▪ Continue to support national health information systems and data use agenda for SRHR and adolescent health, including rapid cycle approaches through FASTR. ▪ Leverage the MAGE collaboration between the GFF and the Johns Hopkins University to reinforce monitoring with strong targets and indicators on A-SRHR, including on comprehensive SRHR beyond family planning. ▪ Support countries and global frameworks in the measurement of rights-based issues, such as choice of contraceptive methods and policy changes. ▪ Through the ADLAB initiative, increase the generation of evidence and analytics on adolescent SRHR that target policy makers to address the gap in understanding about the diversity of young people and their specific needs and challenges. 	<p>Commitment: Connect with other data initiatives that implement data disaggregation to build on GFF partnership</p> <ul style="list-style-type: none"> ▪ UN: Align in addressing shortcomings in administrative data systems and increase the focus on quality adolescent and comprehensive SRHR services in GFF-supported countries. ▪ CSO-Youth: Advocate at country level for available data disaggregation on A-SRHR. ▪ Donors, multilaterals, private sector: Support local institutions on packaging and effective communication of A-SRHR research findings to improve credibility and ensure full ownership that contributes to the GFF process in-country.

APPENDIX A: LIST OF TECHNICAL ADVISORY GROUP MEMBERS

Name	Constituent/ Organization
Mariama Abdou Gardo	Civil Society (co-chair)
Tewodros Bekele	Buffett Foundation (co-chair)
Anshu Mohan / Helga Fogstad	PMNCH
Willibald Zeck/ Jean Pierre Monet	UNFPA
Noortje Verhart /Jennie van de Weerd	Netherlands
Vincent Batiene/ Nadine Tambou	Burkina Faso
Anshu Banerjee	WHO
Amy Occhetto/Lisa Goodwin	USAID

APPENDIX B: SUMMARY OF GFF SRHR Priority Investment Areas linked to the Strategic Directions

Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents	PIA1: Advance country level coordination and alignment through a joint technical agenda
Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality	PIA2: Support legal and policy reforms to create more opportunities for women, girls and adolescents
Strategic Direction 3: Protect and promote high-quality, essential health services by reimagining service delivery	PIA3: Improve availability of quality assured contraceptives and commodities through a joint reform agenda
Strategic Direction 4: Build more resilient, equitable, and sustainable health financing systems	PIA4: Orient result-linked financing instruments to SRHR priorities
Strategic Direction 5: Sustain a relentless focus on results	PIA5: Expand joint investment to enhance data-driven country investment cases and to strengthen monitoring and data use