BRIDGE DAY

FP2020 REFERENCE GROUP & GFF INVESTORS GROUP MEETINGS

Dar es Salaam, Tanzania
November 2, 2016
Provide Reference Group and Investment Group members an opportunity to define ways to ensure that sexual and reproductive health and rights, with a focus on family planning, are integrated within the RMNCAH continuum and financed by being actively addressed in the development of GFF investment cases, budgets and results frameworks by eligible countries.
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<td>8:30 – 9:00 am</td>
<td>[Session 1] Welcome &amp; Overview of Sexual and Reproductive Health with a Focus on Family Planning and the GFF</td>
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<td>9:00 – 9:20 am</td>
<td>[Session 2] Overview: FP2020 and the GFF</td>
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<td>9:20 – 11:00 am</td>
<td>[Session 3] Country Perspective: Perspectives from FP2020 &amp; GFF Country Partners</td>
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<td>11:00 – 11:15 am</td>
<td><strong>Coffee Break</strong></td>
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<td>11:15 – 12:45 pm</td>
<td>[Session 4] Discussion</td>
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<td>12:45 – 1:00 pm</td>
<td>Next Steps &amp; Closing</td>
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<td>Lunch</td>
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SESSION 1] WELCOME & OVERVIEW OF SEXUAL AND REPRODUCTIVE HEALTH WITH A FOCUS ON FAMILY PLANNING AND THE GFF
Tanzania’s One Plan II

Hon. Minister Ummy Mwalimu

FP2020 and GFF Bridge Day
November 2, 2016 – Dar es Salaam, Tanzania
How did the Ministry include the National Family Planning Costed Investment Plan (NFPCIP) in the GFF Investment Case?

- Health Policy (2007) has prioritized RMNCH services
- RMNCAH services have been built on the HSSP IV which implements Health Policy
- Through One Plan II which was launched 2016
- Guides the implementation of RMNCAH interventions in an integrated manner across all levels of the health system and across the continuum of care
- Key areas of focus:
  - Re-defined FP within the broader RMNCH context
  - Care at birth, Post Partum and PNC (HRH - Skilled health care providers)
  - Commodity Security
  - Prioritized Adolescent and youth SRH services
- One Plan II Constitutes the Investment Case for the Global Financing Facility (GFF) for Tanzania
How did the Ministry include the National Family Planning Costed Investment Plan (NFPCIP) in the GFF Investment Case?

- Prioritize and scale MNCH high impact interventions
- Better incorporate family planning

**Maternal, Newborn, and Child Health**

**Family Planning**

- High impact interventions
- Lowest CPR in Lake and Western zones

**One Plan**

- 2008–2015
- Mid-Term Review

**NFPCIP**

- 2010–2015
- Mid-Term Review

**Updated NFPCIP**

- 2013–2015

**Sharpened One Plan**

- 2014–2015

**GFF Investment Case**

- London Summit and FP2020 Commitments
- 2008 to 2010
- 2013
- 2014
- 2016 to 2020

**Reproductive, Maternal, Newborn, Child, and Adolescent Health**
How are stakeholders included in the RMNCAH Coordination Platform?

### Technical Working Groups

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<td>Family Planning</td>
<td>Commodities and Technologies</td>
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<td>RH Commodity Security</td>
<td>Human Resources for Health</td>
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<td>Safe Motherhood</td>
<td>District, Regional, Zonal and National Health Services</td>
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<td>Adolescent RH</td>
<td>Public Financial Management</td>
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<td>Newborn and Child Health</td>
<td>Public Private Partnership</td>
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<td>RH Cancers</td>
<td>Social Protection and Nutrition</td>
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<td>PMTCT</td>
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<td>Immunization and Vaccines</td>
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<td>Gender</td>
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### Funding Mechanisms

**Health Basket Fund Steering Committee**

**Results-based Financing**

- “Use of modern family planning” Quantity indicator in RBF
- “Availability of FP commodities” Quantity indicator in RBF

**Health Basket Fund LGA Scorecard**

- “Use of modern family planning”
- “Availability of 10 tracer drugs” [FP is one of the 10 drugs]

FP indicators are part of the RBF and HBF

| Results-based Financing |
|-------------------------|----------------------|
| “Use of modern family planning” Quantity indicator in RBF |
| “Availability of FP commodities” Quantity indicator in RBF |

<table>
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<tr>
<th>Health Basket Fund LGA Scorecard</th>
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<td>“Use of modern family planning”</td>
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<td>“Availability of 10 tracer drugs” [FP is one of the 10 drugs]</td>
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Overview of One Plan II

**MISSION:** To promote, facilitate, and support in an integrated manner, the provision of comprehensive, high impact, and cost effective RMNCAH and nutrition services, along the continuum of care to men, women, newborns, children, and adolescents

**KEY STRATEGIES:**
- Strengthen reproductive, maternal, newborn, child, and adolescent health
- Scale-up the child health program
- Strengthen response to cross-cutting issues, e.g., commodities, community involvement, demand, HMIS

**SERVICE AREAS:**
- Adolescent health
- Family planning
- Maternal health
- Newborn and child health
- Reproductive cancers and reproductive health for the elderly
- Gender and male involvement
- Cross-cutting issues
[SESSION 2]
OVERVIEW: FP2020
AND THE GFF
FP2020
MOMENTUM AT
THE MIDPOINT
2015-2016

www.familyplanning2020.org
#FP2020Progress
@FP2020Global
Facebook.com/familyplanning2020
FP2020 MOMENTUM AT THE MIDPOINT
TOPLINE PROGRESS 2015-2016

AS OF JULY 2016, AT THE MIDPOINT OF FP2020

MORE THAN 300 MILLION
WOMEN & GIRLS ARE USING MODERN CONTRACEPTION IN 69 FP2020 FOCUS COUNTRIES

30.2 MILLION
ADDITIONAL WOMEN & GIRLS ARE USING MODERN CONTRACEPTION COMPARED TO 2012

AS A RESULT OF MODERN CONTRACEPTIVE USE FROM JULY 2015-JULY 2016:

- 82 MILLION UNINTENDED PREGNANCIES WERE PREVENTED
- 25 MILLION UNSAFE ABORTIONS WERE AVERTED
- 124,000 MATERNAL DEATHS WERE AVERTED

IN 2015, DONOR GOVERNMENTS PROVIDED:

US$1.3 BILLION IN BILATERAL FUNDING FOR FAMILY PLANNING
Progress at the Midpoint

Modern contraceptive users
In millions, 2012-2020, at year mid-point

At the midpoint of the partnership, four years after the 2012 London Summit and four years before 2020, 300 million women and girls were using modern methods of contraception across the FP2020 focus countries.

19.2 MILLION
Fewer than goal
We are currently not on the trajectory needed to reach our goal of 120 million additional users by 2020.

30.2 MILLION
Additional users
These women and girls are now better able to ensure their own and their families’ security, education and well-being.

270 MILLION
Baseline: July 2012
It took many decades for the number of women using modern contraception to grow to the 2012 level. Maintaining 270 million users of modern contraceptives, the FP2020 baseline, requires enormous programmatic effort.
Common priorities have surfaced across countries and regions:

- Building high-level political support for family planning in country
- Expanding data use
- Mapping resource mobilization
- Scaling up LARCs
- Improving supply chain and delivery systems
- Investing in demand-side efforts and behavior change communications
- Increasing private sector involvement
Features of redesigned pages include:

- Key documents, including government strategies and plans, GFF materials, and self-reported commitment updates
- 2016 Core Indicator data
- Country-specific research and news
- Enhanced shareability – easily share data and information by email or social media
Rights and Empowerment: Creating a Community of Practice

• Growing number of partners are injecting a rights approach into new and existing programs, resulting in first evidence about what it takes to operationalize and measure RBFP.

• The coming year will focus on further advancing the body of evidence and creating a community of practice.

• FP2020 will support this work by convening and amplifying discussions, developing and sharing tools and resources, and driving forward our shared agenda.
Three main areas of activity characterize FP2020’s work in youth engagement:

• Improving data on young people and encouraging the use of this data to inform strategic decision making

• Amplifying voices of young people and supporting their inclusion in mainstream advocacy work in countries and within the FP2020 partnership and leadership structures; and

• Cultivating acceptance of evidence-based interventions for youth, including postpartum and post-abortion family planning and LARCs
FAMILY PLANNING AND THE SDGS

- Progress on family planning is inextricably linked with all 17 SDGs.
- The FP2020 goal is explicitly linked to SDGs 3 and 5, but is also a critical milestone on the path to the other 15 as well.
- Whether or not women and girls have access to contraception will have an enormous impact on our ability to reach the SDGs in every country.
Additional users by region, 2016
30.2 million total additional users

- Latin America & Caribbean: 350,000
- Western Africa: 3,620,000
- Central Africa: 1,000,000
- Eastern & Southern Africa: 7,400,000
- Middle East & Northern Africa: 1,960,000
- South Asia: 12,680,000
- Eastern & Central Asia: 270,000
- Southeast Asia & Oceania: 2,890,000

Note: Due to rounding, regional-based total of additional users (30,170,000) differs slightly from country-based total presented in Indicator No. 1 Estimate Table (30,220,000).
In Eastern and Southern Africa, the region that has experienced the fastest growth in modern method use, for the first time more than 30% of all women are using a modern method.

Emerging signs of mCPR growth in some countries in Western and Central Africa.

Many countries in Asia, including several of the largest FP2020 countries such as India, Indonesia, and Bangladesh, have shown little growth in the proportion of women using a modern method since 2012.
In 2016, 22% of married or in-union women of reproductive age across the FP2020 countries had an unmet need for modern methods.

This amounts to approximately 134 million women who would like to prevent a pregnancy but are not using a modern method of contraception.

There are large variations in unmet need, ranging from 11% in Nicaragua to 40% in DRC.

Despite higher levels of contraceptive use more than 90 million married women in Asia have an unmet need.
MOBILIZING RESOURCES
2015 KEY FINDINGS

• For the first time since the Kaiser Family Foundation began tracking, bilateral family planning funding has declined

• Of the 8 donor governments that made commitments at the 2012 London Summit, 7 are still on track to meet those commitments

• Foundations invested approximately $190 million to support family planning—ranking them on a level with the top donor countries

Mobilizing the financial resources needed to sustain family planning services—for the 300 million women and girls using contraceptives today and for the 390 million we aim to reach by 2020—is a critical measure of FP2020 progress.
INTRODUCTION

• Kaiser Family Foundation started collecting data on donor government funding for family planning following the London Summit

• Adapted the methodology used to monitor donor government spending on HIV

• Current report presents 2015 funding data, the most recent year available

• Data now available for 2012-2015
  • Track trends in total donor government assistance for family planning
  • Measure donor progress towards FP2020 commitments
BILATERAL ASSISTANCE

• Donor governments disbursed US$1,344.0 million for family planning activities in 2015, a decrease of US$88.6 million (-6%) below 2014 levels (US$1,432.7 million) and essentially a return to 2013 (US$1,325.0 million)

• Decline is largely due to the appreciation of the U.S. dollar – after exchange rate fluctuations are taken into account, 2015 funding essentially matches 2014 levels

• In currency of origin, five donors (Denmark, France, Germany, the Netherlands, and Sweden) increased funding, two donors (Canada & the U.S.) remained flat, and three donors (Australia, Norway, and the U.K.) declined
DONOR GOVERNMENT BILATERAL ASSISTANCE FOR FAMILY PLANNING, 2012-2015

US$ Billions

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Value</td>
<td>$1.09</td>
<td>$1.32</td>
<td>$1.43</td>
<td>$1.34</td>
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SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.
BILATERAL ASSISTANCE

• U.S. was the largest bilateral donor, accounting for almost half (47%) of total bilateral funding in 2015

• U.K. was the second largest bilateral donor (20%), accounting for a fifth of all bilateral funding, followed by the Netherlands (12%), France (5%), and Sweden (5%)

• U.S. and U.K. have accounted for approximately two-thirds of funding over the entire period; recent trends have been largely driven by these two donors
DONOR GOVERNMENTS AS A SHARE OF TOTAL BILATERAL DISBURSEMENTS FOR FAMILY PLANNING, 2015

$1,344.0 million
Bilateral Disbursements

SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.
COUNTRY-POWERED INVESTMENTS FOR EVERY WOMAN, EVERY CHILD.
GFF is a financing partnership in support of EWEC and country leadership

**Smart, scaled, and sustainable** financing to help end preventable deaths in 63 high-burden countries by 2030
Bridging the funding gap for women’s, adolescents’, and children’s health

The combined effect would prevent 24-38 million deaths by 2030.
GFF countries

- Bangladesh
- Cameroon
- DRC
- Ethiopia
- Guatemala
- Guinea
- Kenya
- Liberia
- Mozambique
- Myanmar
- Nigeria
- Senegal
- Sierra Leone
- Tanzania
- Uganda
- Vietnam

[Map showing countries with active financing and eligible countries]
Overview of the GFF

The “what” of the GFF

1. Investment Cases for RMNCAH
2. Mobilization of financing for Investment Cases
3. Health financing strategies
4. Global public goods

The “how” of the GFF

The “who” of the GFF

The GFF as a broader facility

The GFF Trust Fund

Governance
Scope of Investment Cases

- End preventable maternal and child deaths and improve the health and quality of life of women, children, and adolescents

- Prioritizes interventions with a strong evidence base demonstrating impact
  - Emphasizes issues (e.g., family planning, nutrition) and target populations (e.g., adolescents) that have been historically underinvested in
- Also covers how (service delivery modalities) and where (geographies, target populations – equity focus)
- Encompasses financing from domestic and external sources – not only World Bank

Service delivery approaches

Clinical service delivery and preventive interventions

Health systems strengthening

Multisectoral approaches

CRVS

Equity, gender, and rights
Mainstreamed across areas
Pathways to impact: how the GFF improves family planning outcomes

Direct

1. Dedicated FP interventions (both supply- and demand-side)

2. Integrated delivery (e.g., essential packages, integration/using existing touching points, RBF)

3. Broader SRHR, particularly through multisectoral approaches (e.g., comprehensive sexuality education, cash transfers for adolescents)

Indirect

4. Health systems strengthening (e.g., HRH, supply chain)

5. Health financing reforms (e.g., domestic resource mobilization, risk pooling)

Improved family planning outcomes
1. Dedicated family planning interventions

**Approach**

- Investment Case process prioritizes evidence-based, high impact interventions, with a particular emphasis on areas that have historically been underinvested in.
- Builds on rather than replaces existing strategies/plans to opportunities to leverage Costed Implementation Plans (CIPs).
- Two (of six) core indicators directly related to FP: adolescent birth rate and mCPR.
- Seven final/near-final Investment Cases: all include FP.
- Wide range of activities supported, on both supply- and demand-sides (*illustrative, not exhaustive*):
  - Commodities: procurement (almost all countries), community-based distribution (DRC, Kenya, Uganda).
  - IEC/BCC: interpersonal communications via peer educators and/or teachers (Cameroon, Kenya, Liberia), social media (Kenya), advocacy/mass media campaigns/social marketing (Cameroon, Tanzania).
  - Community mobilization: engaging traditional and/or religious leaders (Cameroon, Tanzania), parents (Liberia).
  - Capacity development: community health assistants/volunteers and traditional midwives (Liberia), health extension workers (Ethiopia).
  - Promoting choice and expanding method mix: promotion of long-acting methods (Kenya).

**Country experiences**

- [Insert relevant country experiences here.]

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Direct pathways

2. Integrated delivery

- Substantial gains from integrating delivery of family planning services within broader health services

- Including FP services in an essential package: Kenya, Uganda
- Reducing missed opportunities by integrating FP into existing touching points: into post-partum care (DRC, Ethiopia), into HIV services (Kenya)
- Including FP in RBF payment schemes: Cameroon, Ethiopia, Uganda
- Including FP in voucher programs: Cameroon, Kenya, Uganda

3. Broader SRHR

- Improving family planning outcomes by delivering on broader sexual and reproductive health and rights, particularly through multisectoral approaches

- Comprehensive sexuality education: Cameroon, Kenya, Uganda
- Cash transfers for adolescent girls: Cameroon
- Adolescent/youth-friendly health services/safe spaces: DRC, Liberia, Tanzania
- Strengthening the rights of girls by promoting marriage registration: Liberia
Indirect pathways

4. Health systems strengthening

- Strengthening the broader health system indirectly benefits family planning services by improving service delivery
  - Human resources for health: reforms on quantity, quality (training), payment, distribution, task-shifting (Cameroon, DRC, Ethiopia, Liberia, Tanzania, Uganda)
  - Supply chain: capacity building to strengthen distribution systems, LMIS, regulatory systems (Cameroon, DRC)
  - Infrastructure: construction/refurbishment of facilities (Liberia)
  - Information systems: HMIS, capacity building on data for decision-making (Cameroon, DRC)
  - Governance: strengthening decentralized capacity (Kenya, Uganda)

5. Health financing

- Integrated approach to smart, scaled, sustainable financing ➔ increased/better financing for FP
  - Increasing general government revenue without further prioritizing health (but larger pie increases total amount going to health)
  - Increasing the share of government expenditure going to health
  - Improving efficiency (including improving public financial management and budget execution rates)
  - Improving resource tracking
GFF governance at the global level: GFF Investors Group
Learn more

www.globalfinancingfacility.org

@theGFF

GFF@worldbank.org
SESSION 3
COUNTRY PERSPECTIVE: PERSPECTIVES FROM FP2020 & GFF COUNTRY PARTNERS
PANEL MEMBERS

Hon. Dr. Felix Kabange
Minister of Health, Democratic Republic of the Congo

Dr. Adebimpe Adebiyi
Director, Family Health Dept., Ministry of Health, Nigeria

Dr. Wangui Muthigani,
Maternal and Newborn Health Program Manager, Kenya

Hon. Awa Marie Coll-Seck
Minister of Health, Senegal

Hon. Ummy Mwalimu
Minister of Health, Community Development, Gender, Elderly, and Children, Tanzania

Hon. Yah Zolia
Deputy Minister of Health & Social Welfare, Liberia
RMNCAH Investment Case

Integrating Family planning & Adolescent Health

Liberia
Why Adolescent Sexual & Reproductive Health?

Health Statistics at a glance
- Total population: 4,120,177
- Growth Rate: 2.1%
- **Median age of first time mother is 19 years**
- Total Fertility Rate (TFR): 4.7 (2013LDHS) children/woman
- Maternal mortality: 1072/100,000 live births (2013 LDHS)
- Infant mortality: 71/1,000 live births
- FP Unmet need: 34%
- **63% of the Population below 25 years of age**
- Adolescent Pregnancy is at 31%

In Liberia, a significant population is within the adolescent to youth age bracket implying:
- A high fertility rate coupled with a very young age of first time mothers increases the risk of dependency
- High mortality rates mean the country misses out on productivity

This requires specific focus on the adolescent population if the country is to achieve the demographic dividend

With support from the Bill & Melinda Gates foundation, a WHO specialist was provided to sharpen the focus of adolescent health in the investment case:
- A conceptual framework was developed to guide Implementation. (See next slide)
Family planning, including commodity security and program management are part of the core indicators of the proposed PBF mechanism.
COFFEE BREAK
NEXT STEPS & CLOSING