

BRIDGE DAY

FP2020 REFERENCE GROUP & GFF INVESTORS GROUP MEETINGS

Dar es Salaam, Tanzania
November 2, 2016



MEETING OBJECTIVE

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.

AGENDA

TIME	AGENDA
8:30 – 9:00 am	[Session 1] Welcome & Overview of Sexual and Reproductive Health with a Focus on Family Planning and the GFF
9:00 – 9:20 am	[Session 2] Overview: FP2020 and the GFF
9:20 – 11:00 am	[Session 3] Country Perspective: Perspectives from FP2020 & GFF Country Partners
11:00 – 11:15 am	<i>Coffee Break</i>
11:15 – 12:45 pm	[Session 4] Discussion
12:45 – 1:00 pm	Next Steps & Closing
1:00 – 2:00 pm	Lunch

[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 Ummu Mwalimu

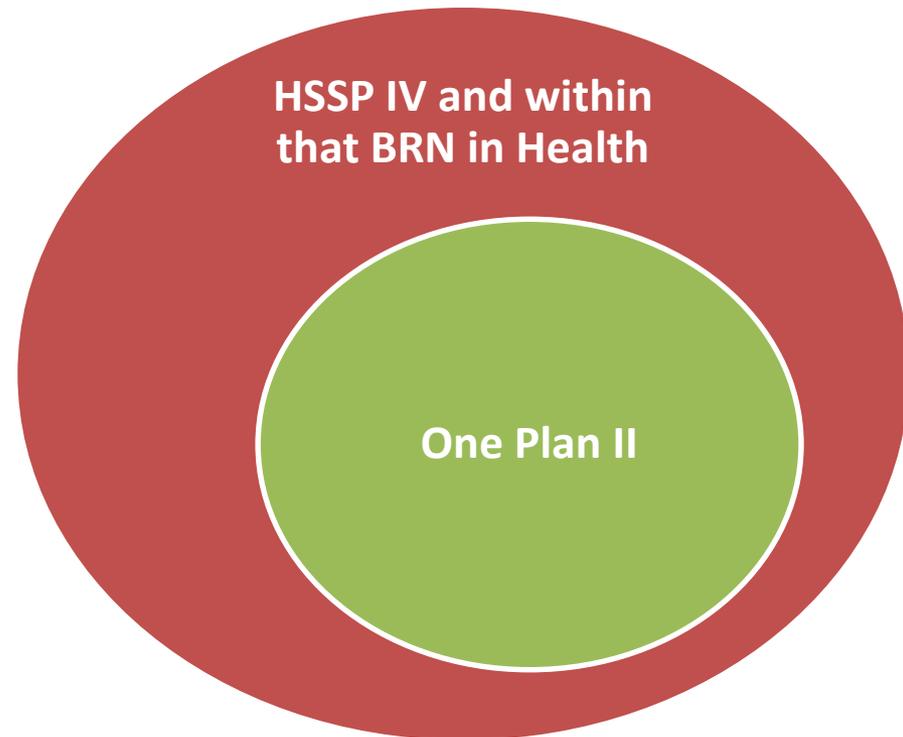
**FP2020 and GFF Bridge Day
November 2, 2016 – Dar es Salaam, Tanzania**



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

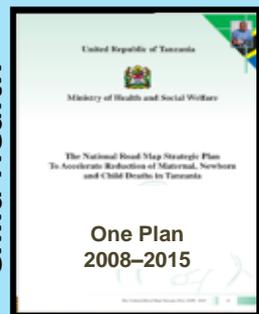




How did the Ministry include the National Family Planning Costed Investment Plan (NFPCIP) in the GFF Investment Case?



Maternal, Newborn, and Child Health

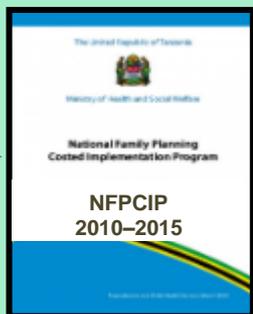


One Plan Mid-Term Review

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

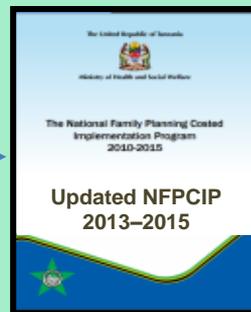


Family Planning

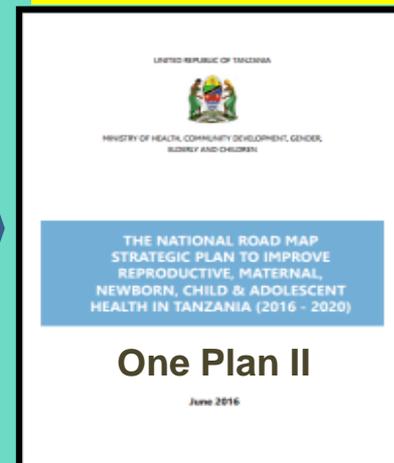


NFPCIP Mid-Term Review

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



GFF Investment Case



Reproductive, Maternal, Newborn, Child, and Adolescent Health

London Summit and FP2020 Commitments

2008

2010

2013

2014

2016 to 2020





How are stakeholders included in the RMNCAH Coordination Platform?



Technical Working Groups	
RMNCAH-specific TWGs	Other TWGs
<ul style="list-style-type: none"> ▪ RMNCAH TWG ▪ Sub-TWGs • Family Planning • RH Commodity Security • Safe Motherhood • Adolescent RH • Newborn and Child Health • RH Cancers • PMTCT • Immunization and Vaccines • Gender 	<ul style="list-style-type: none"> ▪ Health Financing ▪ Health Commodities and Technologies ▪ Human Resources for Health ▪ District, Regional, Zonal and National Health Services ▪ Public Financial Management ▪ Public Private Partnership ▪ Social Protection and Nutrition

Funding Mechanisms
<p>Health Basket Fund Steering Committee</p> <p>Results-based Financing Steering Committee</p>
<p>FP indicators are part of the RBF and HBF</p> <p><u>Results-based Financing</u></p> <p>“Use of modern family planning” Quantity indicator in RBF</p> <p>“Availability of FP commodities” Quantity indicator in RBF</p> <p><u>Health Basket Fund LGA Scorecard</u></p> <p>“Use of modern family planning”</p> <p>“Availability of 10 tracer drugs” [FP is one of the 10 drugs]</p>



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](https://twitter.com/FP2020Progress)

[@FP2020Global](https://www.facebook.com/familyplanning2020)

[Facebook.com/familyplanning2020](https://www.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

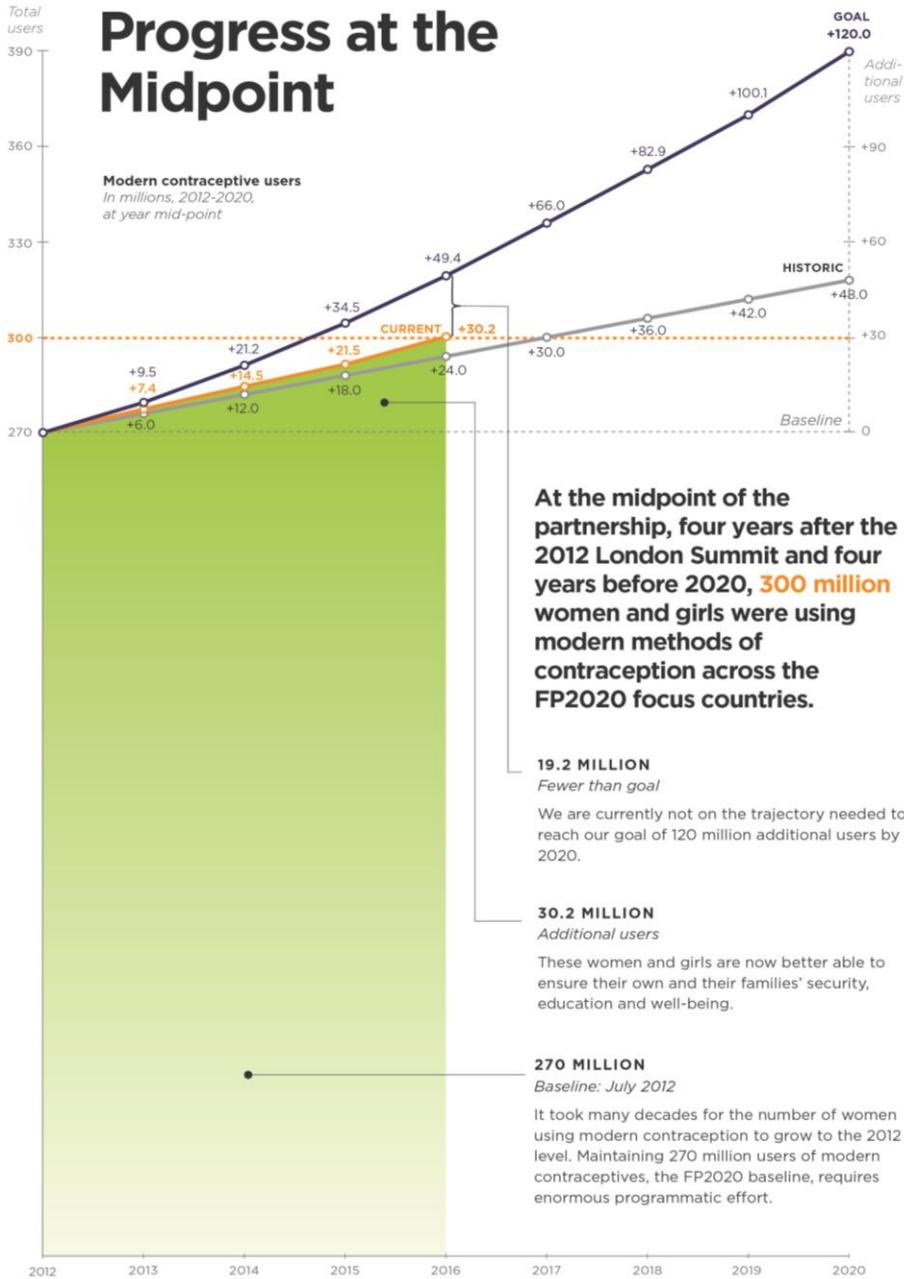
IN 2015, DONOR
GOVERNMENTS PROVIDED:

US\$1.3 BILLION
IN BILATERAL FUNDING FOR
FAMILY PLANNING

Total users

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.

CONVENING DONOR AND COUNTRY FOCAL POINTS

Common priorities have surfaced across countries and regions:

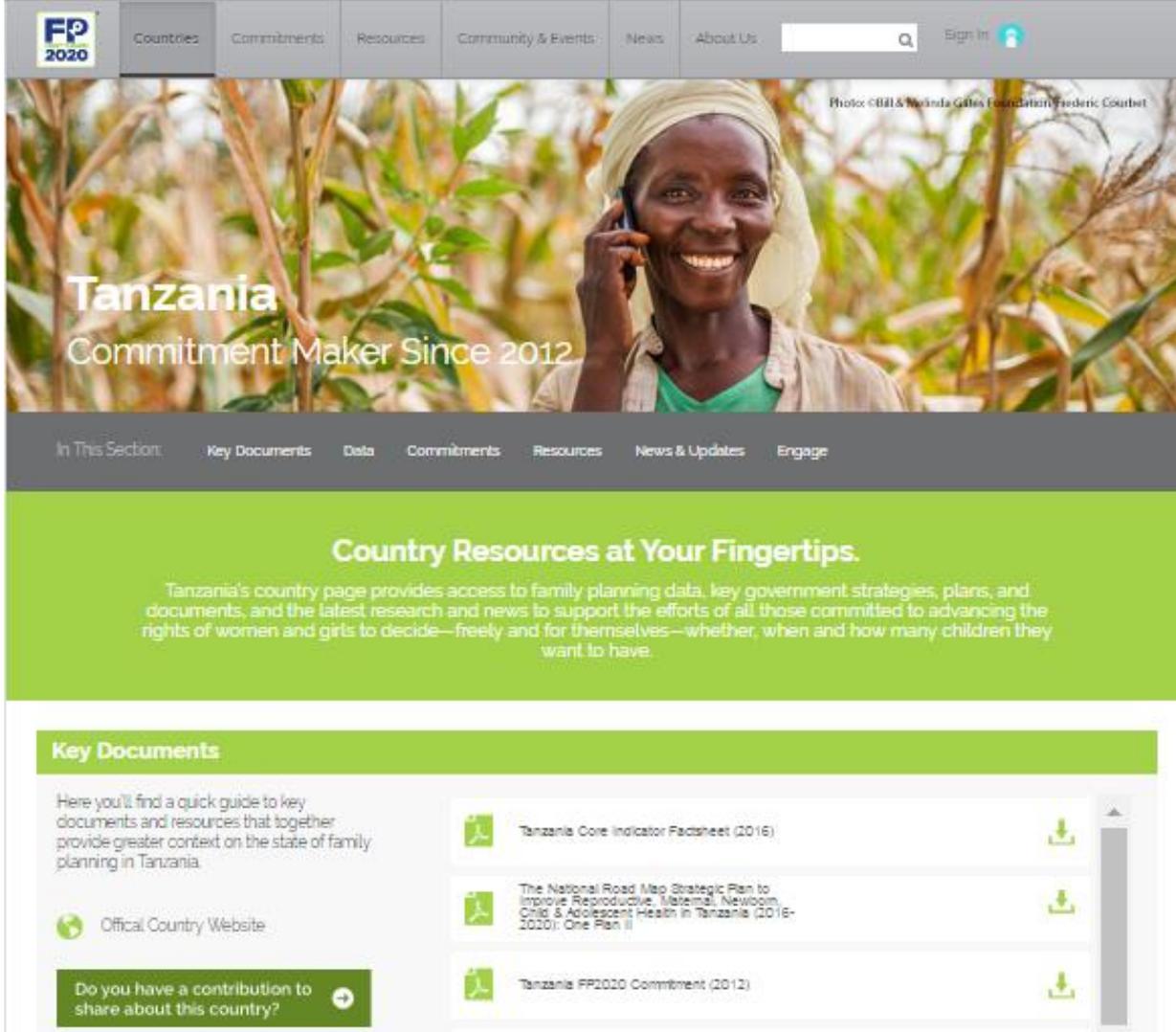
- Building high-level political support for family planning in country
- Expanding data use
- Mapping resource mobilization
- Scaling up LARCs
- Improving supply chain and delivery systems
- Investing in demand-side efforts and behavior change communications
- Increasing private sector involvement



FP2020 COUNTRY PAGES: RESOURCES AT YOUR FINGERTIPS

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



The screenshot displays the FP2020 Tanzania Country Page. At the top, a navigation bar includes the FP2020 logo and menu items: Countries, Commitments, Resources, Community & Events, News, and About Us. A search bar and a 'Sign In' button are also present. The main header features a photograph of a smiling woman in a headscarf talking on a mobile phone, with the text 'Tanzania Commitment Maker Since 2012' overlaid. Below the header, a secondary navigation bar lists 'In This Section' with links to Key Documents, Data, Commitments, Resources, News & Updates, and Engage. A green banner contains the heading 'Country Resources at Your Fingertips.' followed by a paragraph: 'Tanzania's country page provides access to family planning data, key government strategies, plans, and documents, and the latest research and news to support the efforts of all those committed to advancing the rights of women and girls to decide—freely and for themselves—whether, when and how many children they want to have.' The 'Key Documents' section includes a descriptive paragraph: 'Here you'll find a quick guide to key documents and resources that together provide greater context on the state of family planning in Tanzania.' Below this are three document entries, each with a PDF icon and a download icon: 'Tanzania Core Indicator Factsheet (2016)', 'The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020): One Plan II', and 'Tanzania FP2020 Commitment (2012)'. A green button at the bottom left asks 'Do you have a contribution to share about this country?' with a plus icon.

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.



YOUTH ENGAGEMENT: STRENGTHENING THE EVIDENCE BASE

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

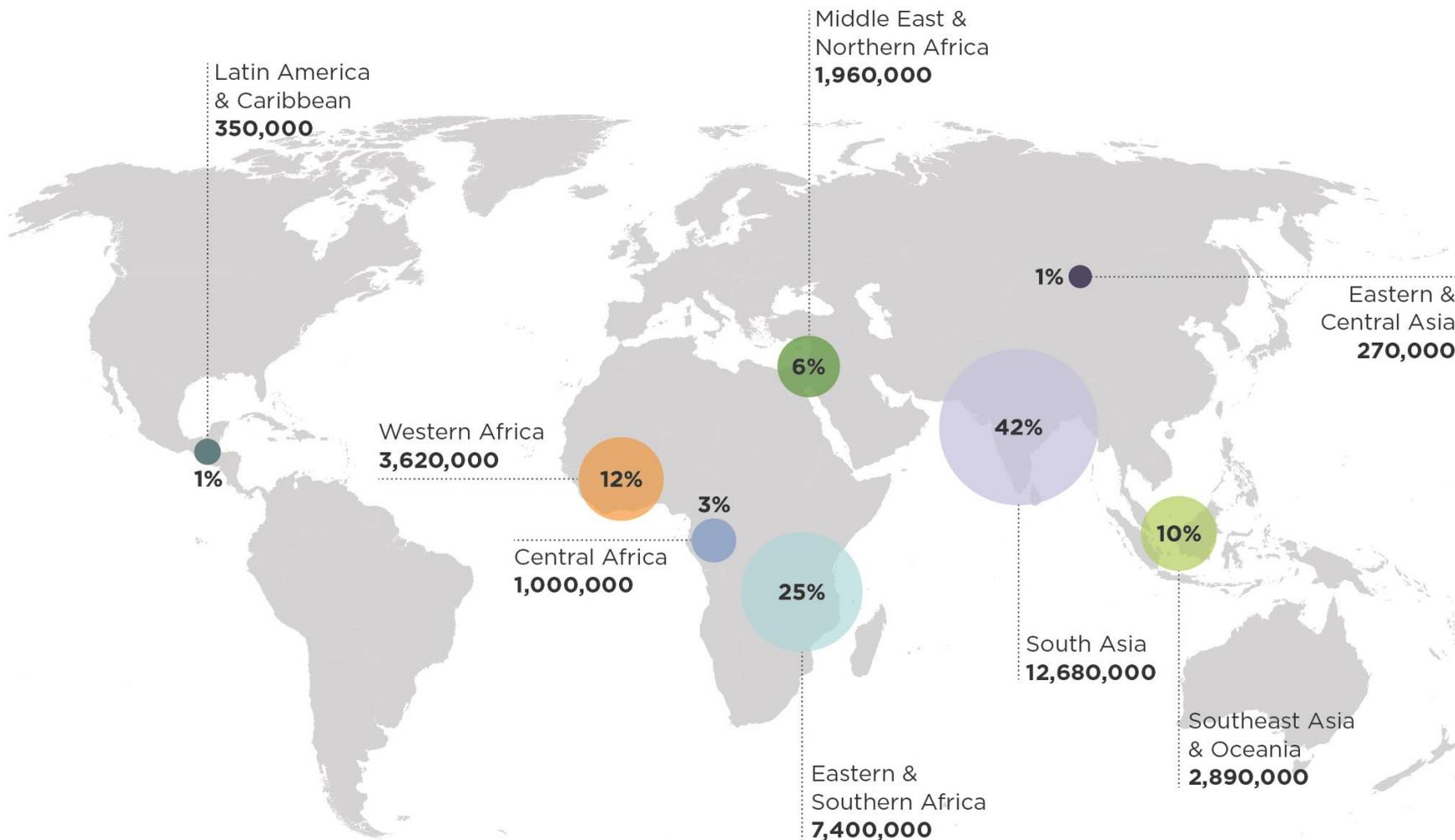
FAMILY PLANNING AND THE SDGs

- 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



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).

MCPR CHANGE – ALL WOMEN

- 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.

UNMET NEED FOR FAMILY PLANNING

- 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

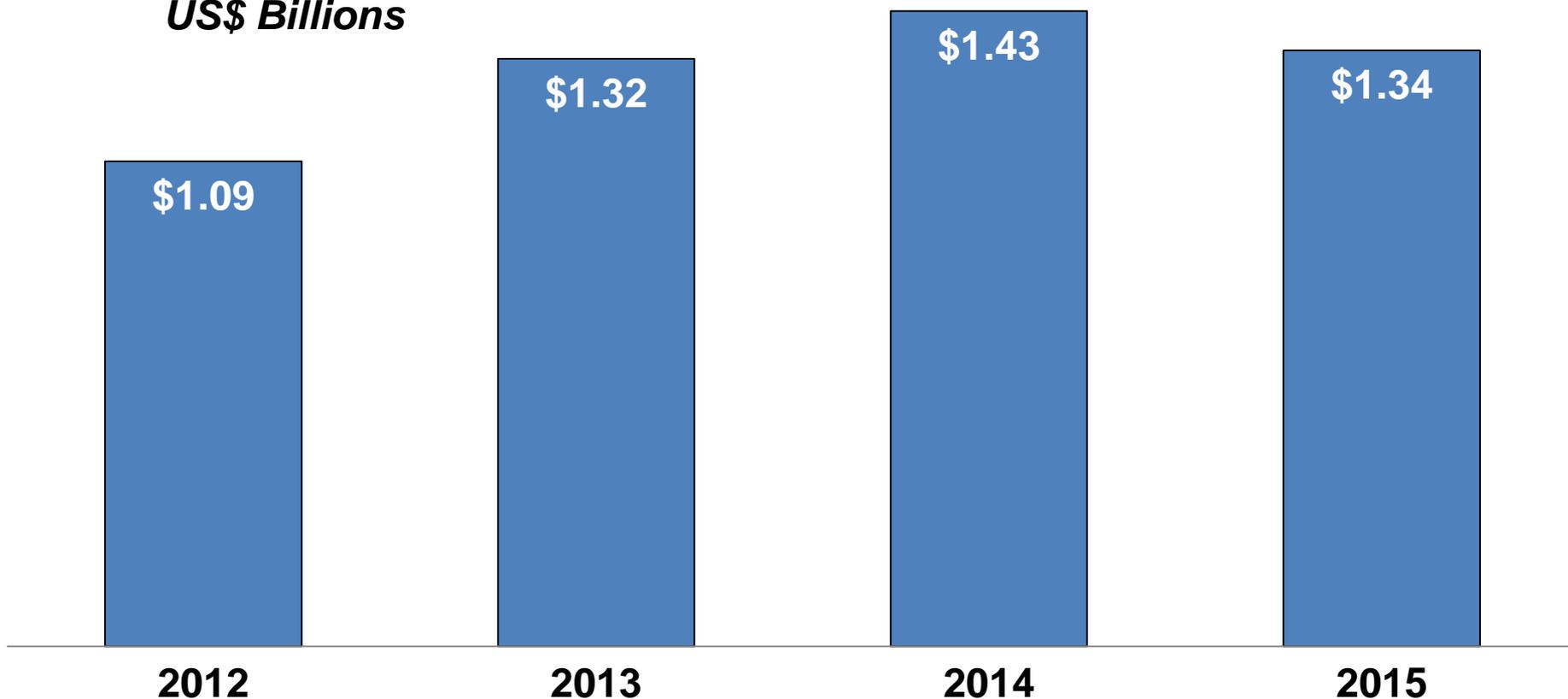
- Kaiser Family Foundation started collecting data on donor government funding for family planning following the London Summit
- Adapted the methodology used to monitor donor government spending on HIV
- Current report presents 2015 funding data, the most recent year available
- Data now available for 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

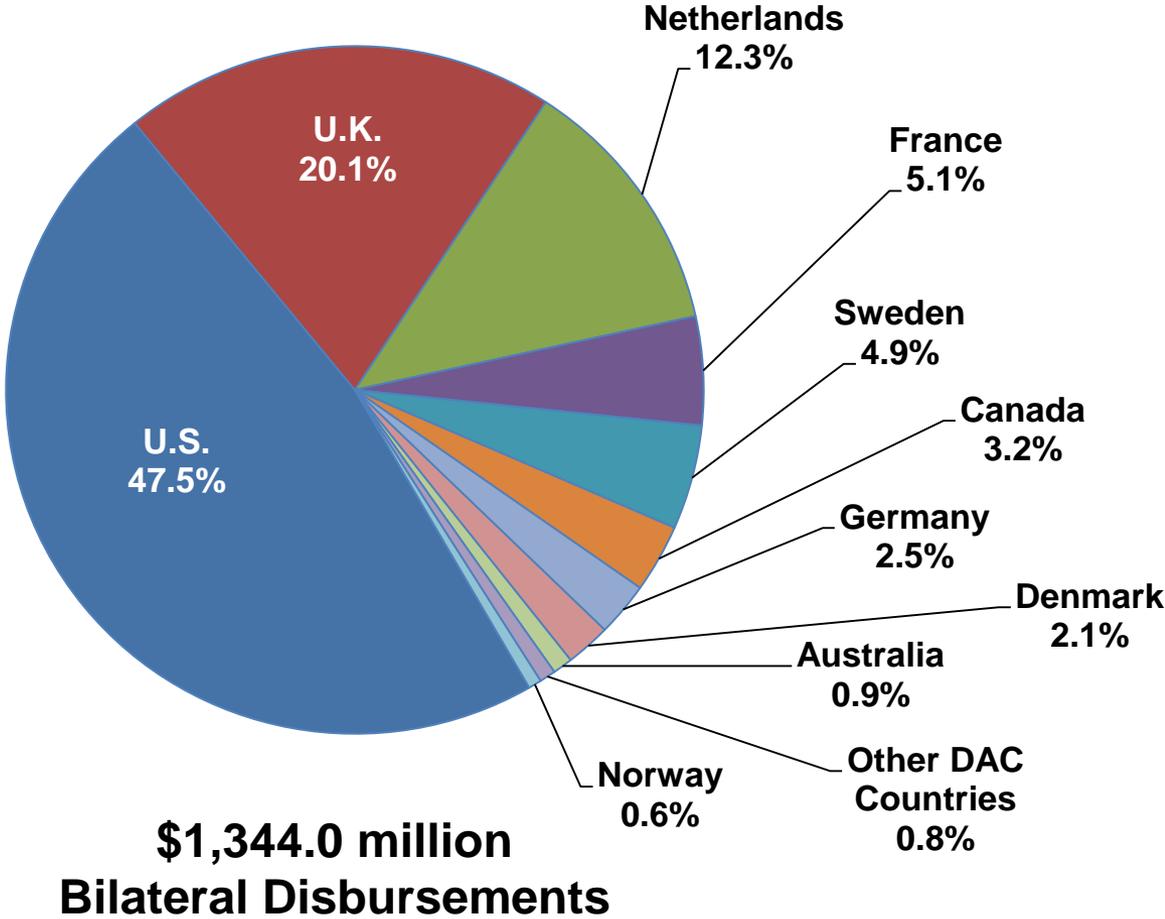


SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.

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



SOURCE: Kaiser Family Foundation analyses of data from donor governments and OECD CRS database.



**FP2020
MOMENTUM AT
THE MIDPOINT**

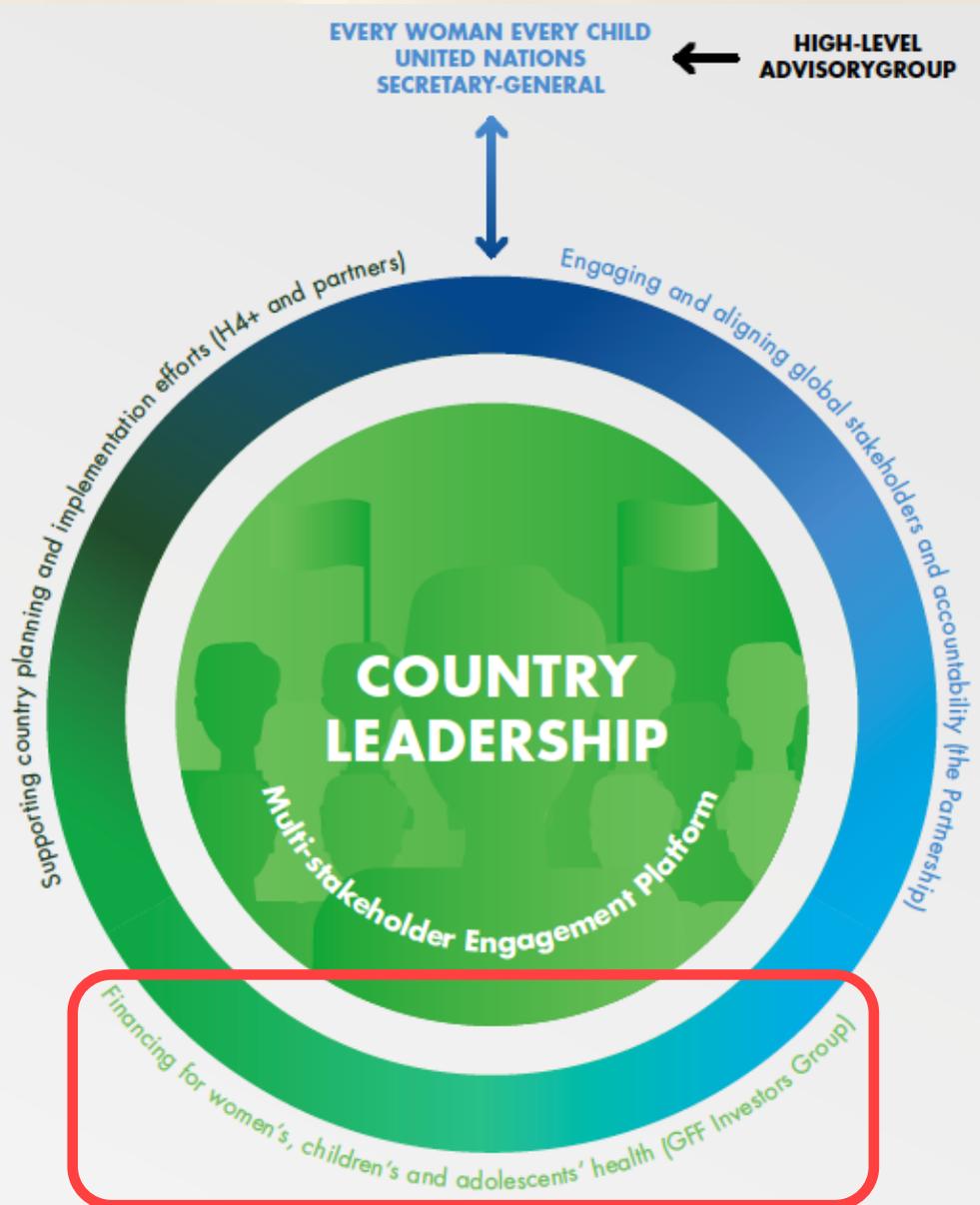
2015-2016

COUNTRY-POWERED
INVESTMENTS FOR
**EVERY WOMAN,
EVERY CHILD.**



GLOBAL
FINANCING
FACILITY

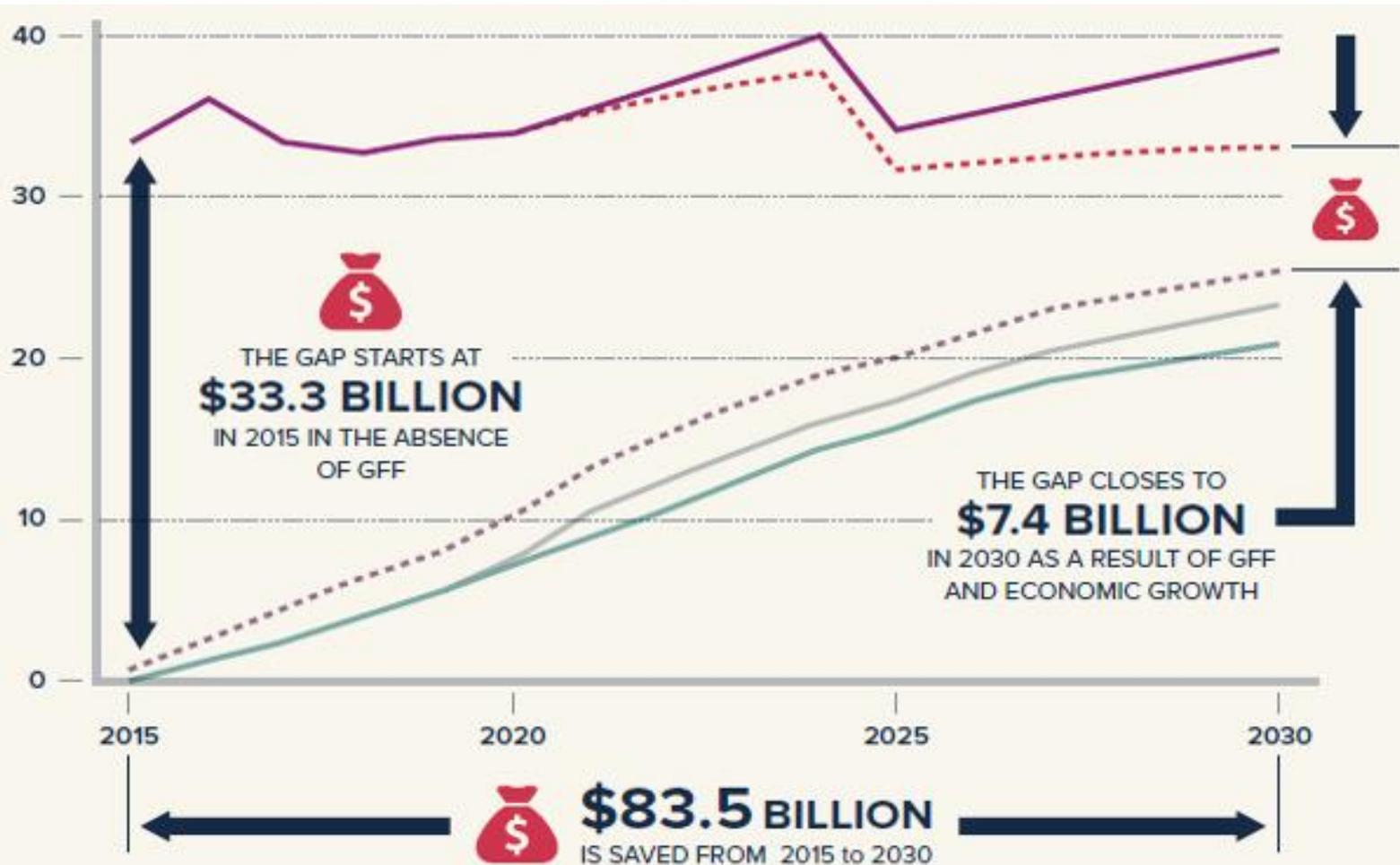
GFF is a financing partnership in support of EWEC and country leadership



Smart, scaled, and sustainable

financing to help end preventable deaths in 63 high-burden countries by 2030

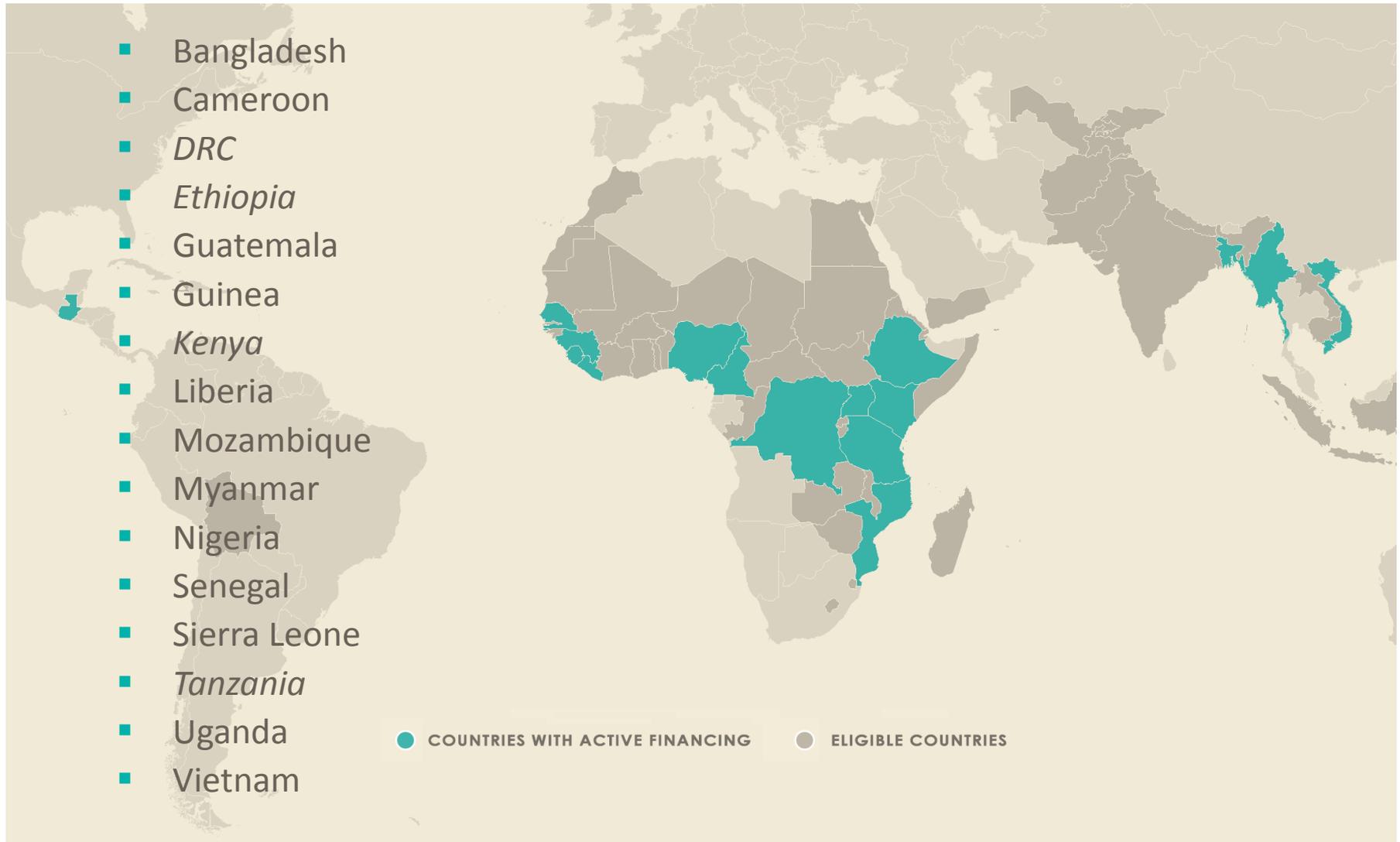
Bridging the funding gap for women's, adolescents', and children's health



The combined effect would prevent **24-38 million deaths** by 2030

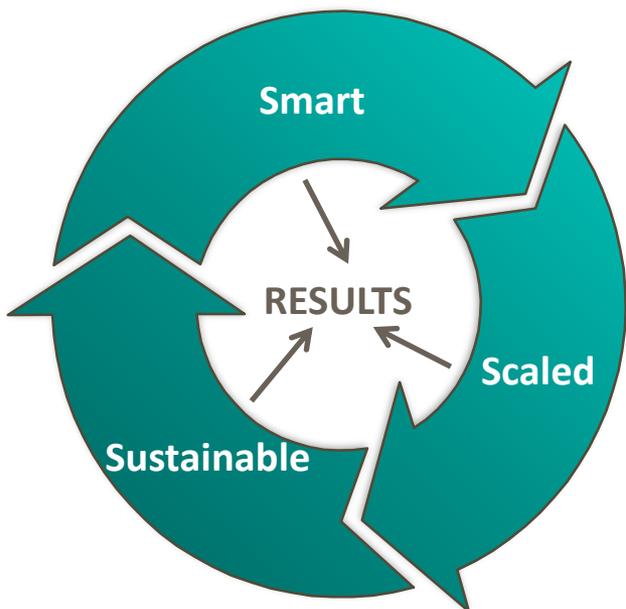
- Total incremental financing (domestic financing and development assistance for health, including GFF Trust Fund and IDA/IBRD)
- Incremental domestic financing crowded-in as a result of the GFF
- Incremental domestic financing related to economic growth
- Incremental resource needs (after efficiency gains related to the GFF)
- Incremental resource needs (no GFF)

GFF countries



Overview of the GFF

The “what” of the GFF



The “how” of the GFF

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

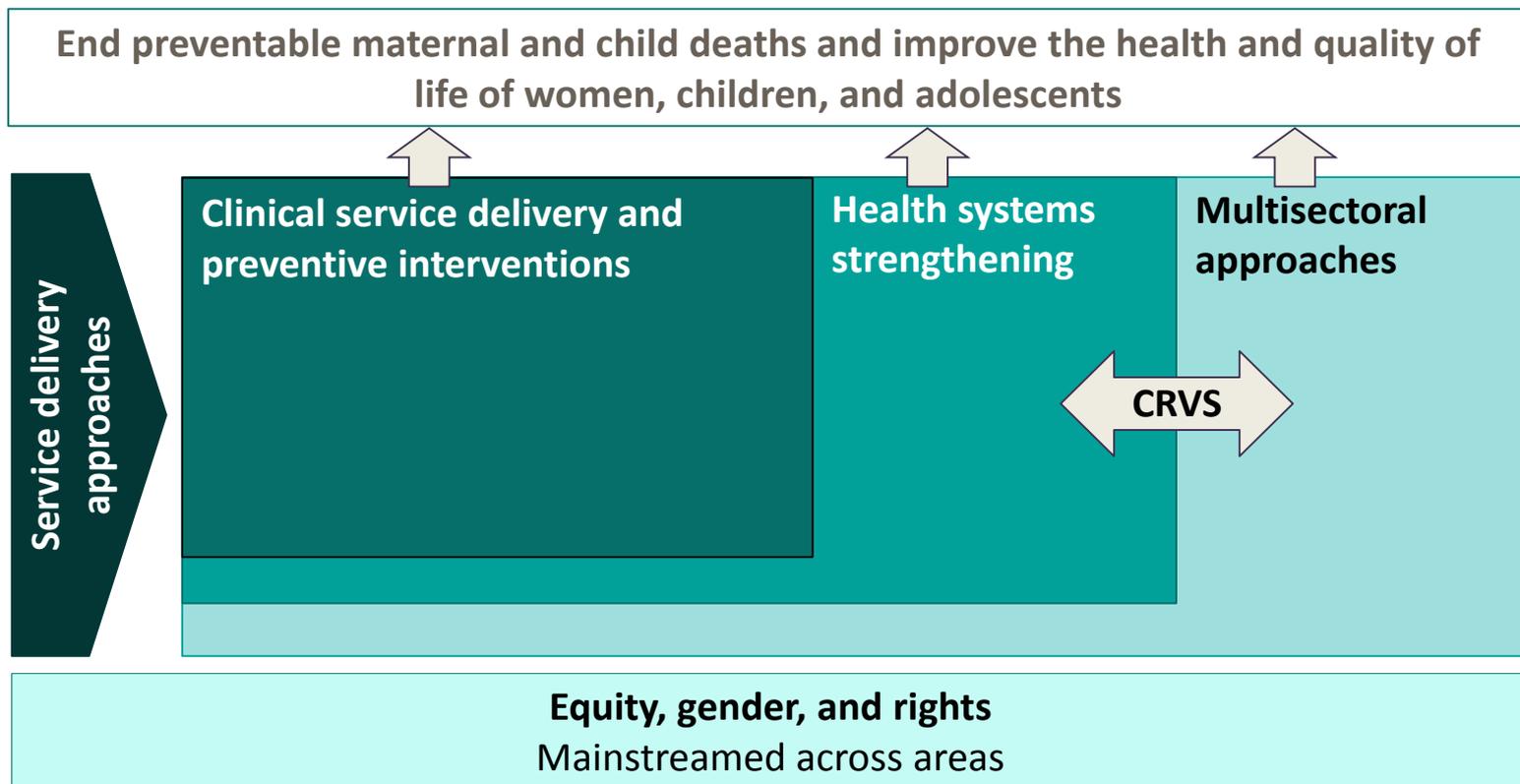
The “who” of the GFF

The GFF as a broader facility

The GFF Trust Fund

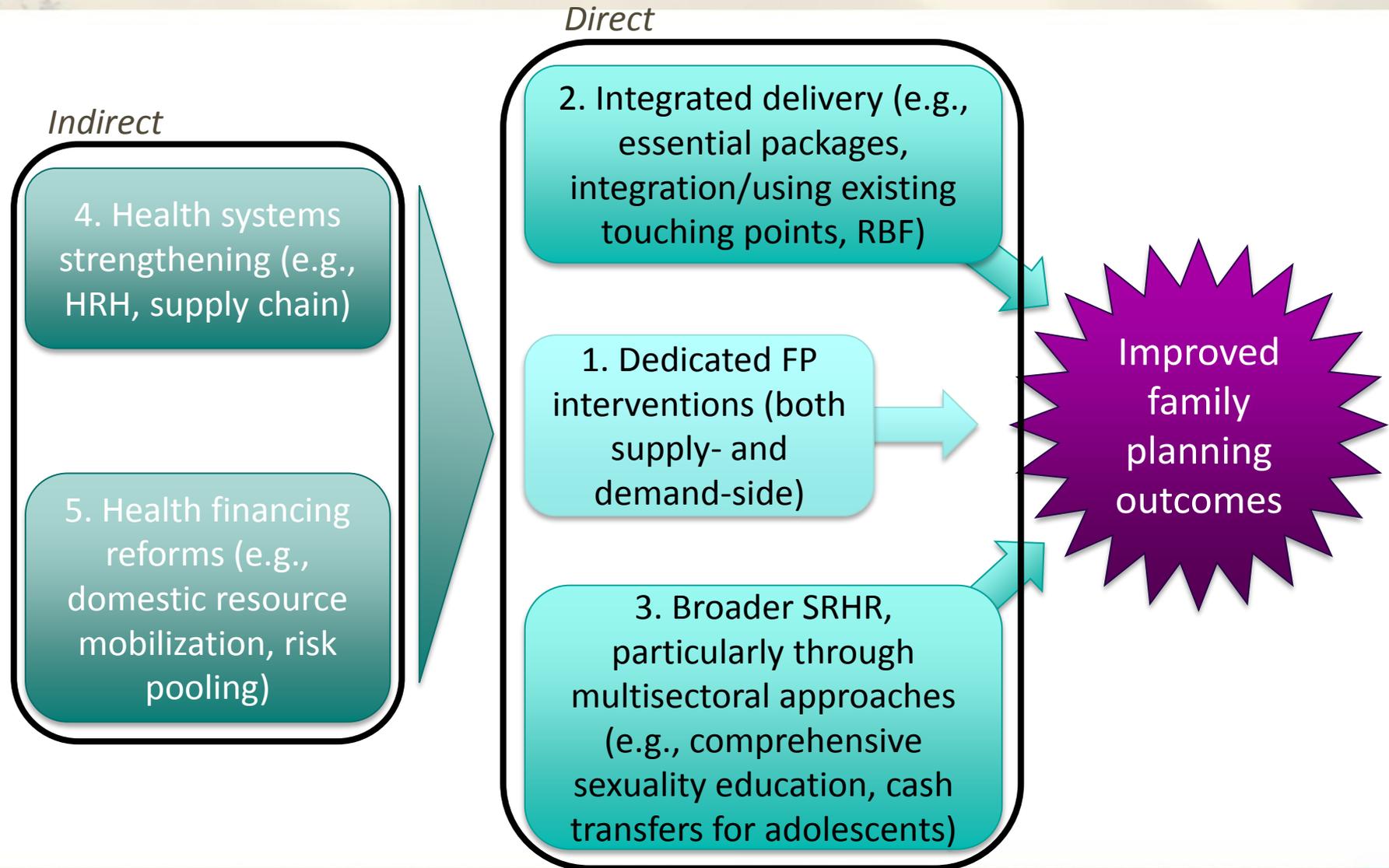
Governance

Scope of Investment Cases



- 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

Pathways to impact: how the GFF improves 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 → 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

Approach

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

Country experiences

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

Approach

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)

Country experiences

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

BILL & MELINDA
GATES foundation

Canada



The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Grand Challenges Canada™
Grands Défis Canada™
BOLD IDEAS FOR HUMANITY™



EVERY WOMAN
EVERY CHILD



NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS

The Partnership
for Maternal, Newborn
& Child Health



RESULTS
the power to end poverty

Safaricom



UKaid
from the British people



unicef

USAID
FROM THE AMERICAN PEOPLE

World Health
Organization

World Vision®

SUPPORTED BY
WORLD BANK GROUP

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. Wangui Muthigani,

*Maternal and Newborn Health
Program Manager, Kenya*

Hon. Yah Zolia

*Deputy Minister of Health & Social
Welfare, Liberia*

Dr. Adebimpe Adebisi

*Director, Family Health Dept., Ministry of Health
Nigeria*

Hon. Awa Marie Coll-Seck

Minister of Health, Senegal

Hon. Umy Mwalimu

*Minister of Health, Community Development,
Gender, Elderly, and Children, Tanzania*

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 (2013 LDHS) 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)*

Challenges faced by Adolescents

Strategies to address the bottlenecks

Proposed Activities

Individual:

- Limited knowledge on sexuality and contraceptives

Systems & Policies factors

- Health worker attitudes hinder seeking services
- Curriculum not comprehensive on sexual education
- Limited choice of methods

Environmental/society Factors

- Gendered decision making
- Cultural beliefs and practices
- Favoritism of the boy child

- Economic empowerment especially for out of school adolescents
- Increase uptake of FP services

- Create an enabling environment
- Look for synergies and collaborations across sectors
- Bring on board all stakeholders
- Improve health worker attitudes

- Understand how society influences behavior
- Develop targeted interventions to either build on positive & counter negative society influence

- Increase FP outreach campaigns
- Provide education scholarships especially for the girl child
- BCC to increase awareness of available methods
- Target first time young mothers especially on Postnatal FP
- Provide Post Abortion care

- Extend opening time to accommodate school going adolescents
- Increase available methods to reduce method mix skew
- Institutionalize sexual health/adolescent livelihood in curriculum
- Invest in effective supply chains
- BCC to address health worker attitudes
- Review laws, policies and regulations
- Institute Motivation schemes (RBF) for health workers

- Conduct operational research to explore community dynamics in decision making
- Ensure participation of adolescents in planning and programming
- Active engagement of adolescents, health promotion and behavioral change communication

Family planning, including commodity security and program management are part of the core indicators of the proposed PBF mechanism

COFFEE BREAK

[SESSION 4] DISCUSSION

NEXT STEPS & CLOSING