

## Key Advocacy Messages

### POST-2015 FINANCING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

**Background**<sup>1</sup>. Financing commitments to be agreed this July by Heads of State at the Third International Conference on Financing for Development (FfD) will guide national government decision-making on wide range of development financing issues for the foreseeable future. Changes proposed to existing financing arrangements present both threats and opportunities for the continued availability of funding for reproductive health supplies and sexual and reproductive health and rights (SRHR). The following key advocacy messages can help international and national level advocacy efforts influence FfD decision-making to improve access to RH supplies and SRHR.

---

#### ADVOCACY MESSAGE #1:

### GOVERNMENTS MUST CREATE TIME-BOUND IMPLEMENTATION SCHEDULES TO HONOUR THEIR FINANCIAL COMMITMENTS AND FULFIL HEALTH RIGHTS

#### Issue

Low income countries (LICs) do not have the resources or infrastructure to effectively self-finance health needs or improve access to RH supplies. Donors must create timetables and implementation plans to honour their commitment to the Monterrey consensus (2002), which stipulates that donors should dedicate 0.7% of Gross National Income (GNI) to development.<sup>1</sup> Furthermore: (1) Donor governments should dedicate at least 0.1% of their GNI to global health financing and 10% of Official Development Assistance (ODA) to population assistance; (2) All governments should devote at least 5% of their Gross Domestic Product (GDP) to national health financing.

#### Concern

- › Only five donors have met the 0.7% / GNI Monterrey target, leaving insufficient funds available for development. Donors that have not met this target should establish clear, specific, transparent and measurable implementation plans with deadlines to honour their commitment.
- › International consortia of experts have made it clear that in order for governments to fulfil the right to health, funding must be increased by donors for global health and domestic governments for health in-country.
- › The definition of ODA may soon be expanded to include environmental, security and possibly other issues. This risks increasing RH supply competition for the limited ODA that remains available. For that reason, increasing ODA to levels that donors promised is a crucial advocacy message.

#### Action

To increase development assistance in support of the ICPD costed population package, SRHR stakeholders should join other development cooperation organizations and urge governments to:

---

<sup>1</sup> Additional, detailed background and analysis can be found in the report "Hoehn, K; Compennolle, L and S Koenig. Post-2015 Financing for RH Supplies: Rapid Assessment – Advocacy Mapping. Reproductive Health Supplies Coalition. Brussels, Belgium. April 2015"

- › Reaffirm the Monterrey definition of ODA for monitoring donor country progress towards 0.7% of GNI.
- › Ensure that financing for the climate and security be excluded from ODA and that new funds are additional to ODA.
- › Adopt the Sustainable Development Solutions Network (SDSN) recommendation that all countries work toward allocating at least 5 % of national GDP as public financing for health.<sup>ii</sup>
- › Adopt either the SDSN recommendation (in line with the World Health Organisation recommendation) that high income countries allocate at least 0.1% of GNI as aid to help low- and middle-income countries implement universal health care or the Chatham house recommendation that high income countries provide at least 0.15% of GDP in aid for health in developing countries.<sup>iii</sup>
- › Adopt the International Parliamentarians' Conference (IPCI) commitment to dedicate 10% of ODA to Population Assistance, increase funding for RH supplies specifically and close the \$9.4 billion annual gap in funding to meet women's needs for modern contraception in the developing world.
- › For all the above commitments, adopt time-bound implementation schedules and binding targets with clear deadlines and UN monitoring.

### ADVOCACY MESSAGE #2:

## GOVERNMENTS USING PUBLIC FUNDS TO LEVERAGE PRIVATE CAPITAL MUST REQUIRE CLEAR ASSESSMENT CRITERIA, INDEPENDENT EVALUATION AND TRANSPARENT DATA ACCESS

### Issue

When ODA or other public funds is used to “leverage” new private capital in favour of sustainable development, governments must:

- › Demonstrate relative overall cost-effectiveness of the approach for improving access.
- › Require clear results assessment criteria, independent evaluation and transparent data access for monitoring of results.

Governments also must support research to increase understanding of how private and public sector approaches affect access among the poorest and most vulnerable; to assess the ‘added value’ of the private sector; to help domestic developing country governments mitigate the risks of blending private and public resources; and to develop and disseminate evidence on best practices in PPPs for RH supplies.

### Concern

- › Public funds increasingly will be used to leverage new private capital in favour of sustainable development. This includes but is not limited to efforts to: enhance support for infrastructure development and financing, mobilize private long-term finance for commercially viable projects and strengthen public and private partnerships (PPPs). When grant-like instruments are combined with non-grant financing from private and/or public sources it fall under the term blended financing.
- › The moral hazard is high (especially where for-profit companies receive funding) when public poverty eradication funds are used to support private profit.
- › There is a shortage of transparency, accountability measures and actual evidence on the cost-effectiveness of blended financing. Current data and evidence are insufficient to monitor and evaluate PPPs.
- › Blended financing mechanisms have received mixed reviews with the risk burden often retained mostly by the public partner.<sup>iv</sup>
- › Many market inefficiencies that impede the effective contribution of PPPs still exist (e.g.: procurement practices, user needs, demand forecasting, coordination, regulatory issues ...).

### Action

To ensure increased private sector involvement leads to sustainable impact, SRHR stakeholders should:

- › Advocate for better private sector data and information to ensure equitable access, quality of care and compliance with human rights and ethical standards.
- › Advocate that essential funding for PPPs should come from the private sector entities themselves to not compromise the availability of public development funds for reproductive health (RH) supplies among the world's most poor populations.
- › Make any public development funds used to “leverage” new private capital to improve SRHR outcomes contingent on a governance framework, within a tax-funded public health care context, that includes assessment criteria, data transparency, independent evaluation and monitoring mechanisms, as well as a clear demonstration of relative overall cost-effectiveness in improving access.
- › Increase understanding of how total market approaches (including both private, and public sectors) affect access of the poorest and most vulnerable. Undertake research to assess the ‘added value’ of the private sector and develop and disseminate evidence on best practices in PPPs for RH supplies and on how domestic developing country governments can mitigate the risks of blending private and public resources.
- › Forge strong relationships with the private and public sector to resource and address the market inefficiencies that impede effective interventions.<sup>v</sup>
- › Ensure that modalities of financing are rights-based and equitable, and that additional funding is delivered to the full range of SRH services and commodities.

### ADVOCACY MESSAGE #3:

**GOVERNMENTS MUST EXERCISE EXTREME CAUTION IN USING LOANS AND DEBT FINANCING.  
CREDITORS SHOULD PROVIDE CONSISTENT, TRANSPARENT AND VERIFIABLE INFORMATION ABOUT  
THEIR DECISION-MAKING, DISBURSEMENTS AND IMPACT.**

### Issue

- › High-level policymakers seem committed to increasing the use of loans, including through International Financial Institutions (IFIs) like the World Bank to finance development.

### Concern

- › Market-like (“non-concessional”) loans are designed to return profits to capital providers. They increase the net cost of development efforts, which in turn increases the burden on developing countries. Loan/debt financing of annually recurring operating (“current”) costs, like RH supplies and education, increases the overall financial burden and risks undermining sustainable development. These instruments should therefore be considered inappropriate to finance recurring operating costs, such as health services, except in clearly specified circumstances. Instead the GFF should make available sufficient grant assistance.
- › Transparency, governance and accountability of the World Bank and other International Financing Institutions (IFIs) has been a long-standing concern of SRHR advocates. It has been impossible for civil society to get clear, consistent and sufficiently detailed information regarding World Bank decision-making policies and procedures in relation to SRHR.
- › The Global Financing Facility for Reproductive, Newborn, Maternal, Child and Adolescent Health (GFF) plans to highly “incentivize” World Bank loans to finance reproductive, maternal, newborn, child and adolescent health. The GFF Trust Fund will only commit grant resources to countries that allocate IDA/IBRD loans to RMNCAH. As a general rule, the minimum leverage ratio (the ratio of IDA/IBRD financing to grant resources) is one-to-four.<sup>vi</sup>

- › The Creditor Reporting System of the OECD Development Assistance Committee does not indicate the proportion of loan financing that is allocated to current costs, nor the requirement or qualifications attached to them. This makes it difficult for civil society to assess and monitor them.

#### **Action**

#### **To ensure loan/debt financing does not undermine sustainable development, advocates should:**

- › Require international lenders to open decision-making criteria and processes – especially for population assistance and RH supplies – to public scrutiny and to stop lending practices that are contra-indicated with poverty eradication and sustainable development aims. Advocates should join forces with the development community and urge the World Bank and other IFIs to be more accountable and transparent in their decision-making, policies and procedures.
- › Require the GFF to make detailed evidence in support of its business plan available for public scrutiny, and be accountable to civil society concerns regarding criteria and processes that increase loan dependency in LDCs and LICs. At the national level, the modalities of financing under the GFF that explicitly link grants to loan funding, should be scrutinized for their effects on sustainable development.
- › Advocate for sufficient grant assistance to ensure that access to essential RH information, services and supplies is ensured without loan/debt financing of annually recurring operating costs.
- › Require international lenders to improve standardized reporting practices, e.g. through OECD DAC reporting systems that will ensure monitoring and engagement in International Financing Institution

#### **ADVOCACY MESSAGE #4:**

#### **FULL FINANCING OF ICPD IS ESSENTIAL TO ACHIEVE SUSTAINABLE DEVELOPMENT**

#### **Issue**

- › High-level decision-makers have demonstrated some willingness to reaffirm commitments to agreed international programmes of action for sustainable development. They do not often mention the 1994 International Conference on Population and Development in the context of development financing.

#### **Concern**

- › The economists and financial analysts that contribute to the FfD discourse are unaware of the importance of the open ended ICPD Programme of Action, its relevance to sustainable development and how it relates to development, sustained economic growth, the environment, consumption patterns, governance, social equity and gender equality. The ICPD Programme of Action does not occur in the FFD discourse despite support from the international civil society group that advises the intergovernmental committee FfD Outcome Document drafters.
- › The SRHR community has great advocates but has undertaken little action to build bridges between the different development sectors, or understand and participate in the FfD discourse to make the case for the ICPD Programme of Action.

#### **Action**

To reaffirm commitment to the ICPD programme of action advocates should:

- › Ensure that the ICPD programme of action appears in the FfD document, which references the importance of implanting several strategies and programmes of action agreed previously by the United Nations. SRHR advocates should make their voice heard in consultation processes that request CS feedback on the FfD drafts. National governments should also be targeted to call for inclusion of an ICPD reference in the FfD final outcome document.

- › Reach out to and request the support of leading finance and development organizations, as well as finance, health and development ministers for the inclusion of recommendations to fully fund ICPD and ensure it retains a place on the international development agenda.
- › Target regionally supportive mechanisms including NEPAD, which will likely play a leading role with regard to the SDG financing, to advocate for SRHR financing.

### ADVOCACY MESSAGE #5:

SRHR INFORMATION, SERVICES AND SUPPLIES ARE ESSENTIAL. NATIONAL GOVERNMENTS MUST INCLUDE THEM IN SOCIAL COMPACTS FOR GUARANTEED ACCESS.

#### Issue

- › High-level decision-makers commit to guaranteeing “nationally appropriate social protection systems and measures for all”.

#### Concern

- › The inclusion of SRHR in “nationally appropriate social protection systems and measures for all” is essential but not self-evident. For FfD guarantees to result in increased access to SRHR information, services and supplies within the poorest and most vulnerable segments of the population, it must be included in nationally defined social compacts.

#### Action

The overwhelming evidence that proves that family planning (FP) and RH supplies are an essential public service and a tremendous cost-effective public investment should be used to:

- › Urge decision-makers to include explicit language on access to FP, RH supplies and the ICPD agenda in FfD documents.
- › Demonstrate at the national level that RH supplies constitute an essential public service and public good or and should be part of an essential package and seek national commitment to include RH supplies in guaranteed minimum levels of social protection and essential public services in all national social compacts.
- › Advocate for additional international public funds for public policy research to determine the cost-effectiveness of mechanisms to assure universal access to essential services, and funding for third-party (e.g. civil society) resource tracking, data monitoring and advocacy.
- › Approach risk-pooling strategies with care and skepticism, and advocate for alternative social security mechanisms to be put in place to ensure that the poorest and most vulnerable increase their access to RH supplies.

### ADVOCACY MESSAGE #7:

INCREASING TAX REVENUE MUST NOT HAMPER SRHR ACCESS

#### Issue

- › Development financing decision-makers aim to increase domestic development country financing for health, and underline the need to improve fairness and effectiveness of tax systems for improving countries’ economic and social situations.

#### Concern

- › Efforts to increase public spending and domestic resource mobilization may undermine SRHR, if policymaker efforts to increase general revenues fail to be progressive and do not address out-of-pocket costs which present a great barrier to meeting SRHR needs among poor populations.

#### Action

To ensure domestic resource mobilisation increases access to SRHR, advocates should therefore:

- › Advocate for the fact that the necessity of high out-of-pocket spending for RH supplies and other essential services in developing countries demands tax-exemption or tax deductibility for those services and supplies.
- › Monitor that domestic government revenue comes from sources that do not further compromise access.

- › Support promising approaches to improve equity – including deployment of services and health workers in the areas most in need, task shifting, reduction of financial barriers to access to services, and conditional cash transfers.
- › Collaborate with global development civil society on the issue of taxation to lend extra gravitas and momentum to the movement, and support their recommendations.

#### **ADVOCACY MESSAGE #8:**

### **FULL ACCESS TO SRHR IS ESSENTIAL TO PROMOTE GENDER EQUALITY AND WOMEN'S PARTICIPATION IN THE LABOUR MARKET**

#### **Issue**

- › Development finance decisions-makers are eager to promote gender equality and increase women's participation in the labour market.

#### **Concern**

- › Without full access to SRHR women's potential cannot be tapped, there can be no gender equality and women's participation in the labour market will be hampered.

#### **Action**

To increase FfD decision-making in support of RH supply access, SRHR stakeholders should:

- › Continue to work with the international civil society FfD group to maintain the link between access to RH supplies and women's labour market participation in Outcome Declaration language to be adopted by heads of government and finance ministries at the FfD in Addis Ababa.

#### **ADVOCACY MESSAGE #9:**

### **DONORS MUST FUND LOCAL CIVIL SOCIETY TO MONITOR SUB-NATIONAL DECISION-MAKING AND IMPACT.**

#### **Issue**

- › Around the world, national governments are increasingly devolving responsibilities to the sub-national level, which often lacks technical capacity and resources to manage them effectively. The FfD commits signatories to develop mechanisms to help strengthen sub-national government capacity to manage its responsibilities while also ensuring appropriate local community participation in decision-making.

#### **Concern**

- › The devolution of decision-making to sub-national levels of government will continue. In order to ensure RH supply access, RH champions need to find ways to increase sub-national commitment to FP, supply chain management capacity and responsiveness to community needs.

#### **Action**

To increase support for RH supplies in a context of devolved decision-making, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

- › Increase international donor funding to improve national and sub-national technical capacity on financial and administrative management of supply chains for RH supplies for increased FP and RH supply access and uptake, monitoring resource flows and strengthening accountability.
- › Direct funding to civil society in developing countries to ensure that local communities are able to participate in decisions affecting their access to RH supplies and activities at the sub-national level can be taken to scale.

- › Direct additional resources toward data collection, analysis and monitoring of financial resources available for RH supplies at national and sub national levels which is essential for determining obstacles to access.
- › The effect devolution may have on access to SRHR should be assessed based on existing evidence, and robust mechanisms put in place timely to mitigate the risks.

### **ADVOCACY MESSAGE #10:**

#### **GOVERNMENTS MUST FUND RESEARCH**

#### **AT GLOBAL, NATIONAL AND SUB-NATIONAL LEVELS**

#### **TO ASSESS THE IMPACT OF DEVELOPMENT FINANCING ON SRHR**

#### **AND ENSURE EVIDENCE BASED DECISION MAKING**

##### **Issue**

- › Development financing decision-makers want to improve existing data collection, transparency, monitoring and follow-up. The support of FfD decision-makers, governments and civil society can be a tremendous help for ensuring that funds are directed toward collecting, monitoring, analysing and reporting data on RH supplies funding, especially from international private, domestic public and domestic private sources.

##### **Concern**

- › There is simply insufficient transparent data collection and monitoring to know, with a high degree of certainty, specific ways that the changes anticipated by the global FfD discourse will affect RH supplies. Financing data in every category except donor assistance – domestic public, domestic private, international private – for SRHR is highly insufficient.

##### **Action**

To enable monitoring of progress and ensure evidence based decision making SRHR advocates should:

- › Support the establishment of an international panel to develop and fund concrete ways to overcome the dearth of data on international health and SRHR funding by IFIs, non-DAC Government donors, private foundations and funding that is channeled through and spent by NGOs.
- › Increase international public support to:
  - a) monitor international and domestic financial flows for RH supplies.
  - b) help national developing countries develop and improve systems for tracking and reporting domestic and international financial flows – budgets and disbursements – dedicated to SRHR.
  - c) track national-level out-of-pocket expenditures for SRHR disaggregated by sex, socioeconomic status and other demographic and geographic variables to capture the financial burden and use of services among disadvantaged population groups.
- › Commit all countries to report total health expenditure and total SRH expenditure by financing source, per capita, and establish country compacts / agreements between governments and all major development partners that require reporting on externally funded commitments and expenditures, based on an agreed common format.
- › Agree that states should work towards developing standardized accounting and reporting frameworks for SRH, with data disaggregated by ‘government-as source’ (domestic public resources, i.e. taxes) and ‘government-as-agent’ (all financing disbursed by the government, including external revenue, such as ODA).
- › Standardized indicators on SRHR should be included in global and national results frameworks. Results framework are key to ensure accountability, as it provides a means to track progress globally,

nationally and sub-nationally. The international community needs to support national expenditure tracking where capacity and resources are lacking.

### ADVOCACY MESSAGE #11:

## GOVERNMENTS MUST ASSES THE FUNDING NEEDS AND SPECIAL CHALLENGES IN MIDDLE INCOME COUNTRIES

### Issue

- › UNFPA from the Global Population Assistance Report (GPAP 2012) shows that international funding for all countries, including Middle Income Countries, particularly those in Latin America and the Caribbean has dropped dramatically in the past years.<sup>vii</sup> Data shows a reduction of 22% of ODA for Latin American countries from 2009 until 2012. The report also predicts a 3% decline of government spending for SRHR in the region.

### Concern

- › Donors have been allocating contributions to Middle Income Countries on the basis of per capita income which assumes that, as countries increase their per capita incomes, they will have more resources and tools for combating poverty. This assumption is undermined by severe income inequalities in many countries. For the particular case of SRHR domestic funding, it is likely that public funding from governmental sources for SRHR issues in LAC not only will not increase in the period 2012-2015, but it will in fact slightly decrease by 3%<sup>viii</sup>.

### Action

When looking at resource allocations all governments, complement the per capita income criterion with a new perspective that addresses the structural gaps that constrain the development of middle-income countries (in terms of inequality and poverty, education, health, fiscality, gender and the environment etc.) but also in terms of human rights and democracy issues;

- › That donors and recipient countries open up a political dialogue among them, in order to identify ways of dealing with structural gaps on a country by country and case by case basis, by order of priority, with a view to establishing the most appropriate policy mechanisms and strategic working modalities.
- › In those cases where graduation is imminent and irreversible, assess the needs of each Middle Income country on an individual basis and create or revise the phasing out strategies in a coordinated effort with civil society, to ensure a continuation of SRH service and access to SRH supplies.
- › To include Middle Income Countries in global funding calls to address inequalities.
- › To increase funding to national and regional CSOs in the region to work on budget and policy advocacy as well as accountability to ensure domestic funding is appropriate to the needs of each country as donors pull out of the MICs.
- › Increase their political support to those countries where SRHR is most in danger and where domestic political will is weak and unstable.

---

<sup>i</sup> The Addis Ababa Accord of the Third International Conference on Financing for Development. Revised Draft. 2015 May 6. [http://www.un.org/pqa/wp-content/uploads/sites/3/2015/05/070515\\_financing-for-development-Inf-Consultations.pdf](http://www.un.org/pqa/wp-content/uploads/sites/3/2015/05/070515_financing-for-development-Inf-Consultations.pdf)

<sup>ii</sup> Sustainable Development Solutions Network (SDSN). Technical report in the framework of the post 2015 development agenda: Health in the framework of sustainable development. 2014 February 19

<sup>iii</sup> Røttingen J-A et al. Chathamhouse. Shared Responsibilities for Health: A Coherent Global Framework for Health Financing. 2014 May 2

---

<sup>iv</sup> EURODAD. A dangerous blend? The EU's agenda to 'blend' public development finance with private finance. 2013 August

<sup>v</sup> Reproductive Health Supplies Coalition (RHSC). Market Shaping for Family Planning: An analysis of current and future opportunities to improve the effectiveness of family planning markets. 2014 June

<sup>viv</sup> Business Plan. Global Financing Facility in Support of Every Woman Every Child. 2015 May.

<http://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/Business%20Plan%20for%20the%20GFF%2C%20final.pdf>

<sup>vii</sup> United Nations Population Fund (2012). *Global Population Assistance Report (GPAR;)*

<http://www.unfpa.org/sites/default/files/pub-pdf/GPAR%202012%20Sept.pdf>

<sup>viii</sup> Ibid