

# Highlights on family planning & sexual reproductive health and rights contained in the 2014 Consultation Report on the Global Financing Facility

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**Reproductive Health Supplies Coalition**  
Rue Marie-Thérèse, 21, 1000 Brussels, Belgium  
T. +32 (0)2 21 00 222 F. +32 (0)2 21 93 363  
[www.rhsupplies.org](http://www.rhsupplies.org)



# HIGHLIGHTS ON FP AND SRHR CONTAINED IN THE 2014 CONSULTATION REPORT ON THE GFF

The ‘Consultations on updating the Global Strategy for Women’s, Children’s and Adolescents’ Health: Perspectives on the Global Financing Facility’ report authored by The Partnership for Maternal, Newborn & Child Health (PMNCH) compiles and analyses the views of over 1,400 individuals and organizations who contributed to the PMNCH consultation on the Global Financing Facility (GFF). The report will inform the GFF business planning process and support the updating of the Global Strategy for Women’s, Children’s and Adolescents’ Health in early 2015.

**Full report available**

International Planned Parenthood Federation (IPPF) and the Reproductive Health Supplies Coalition (RHSC) have summarized some of the SRHR highlights in the report for you. Of course other issues highlighted in the report are also of interest to our sector and therefore we urge you to read the report for a complete picture.

<http://www.who.int/pmnch/gff/en/>

## HIGH NUMBER OF RESPONDENTS FROM THE SRHR SECTOR

Thanks to all of you the voice of the SRHR community was clear and loud: at least a third of respondents were from the SRHR sector.

## SRHR IN THE EXECUTIVE SUMMARY

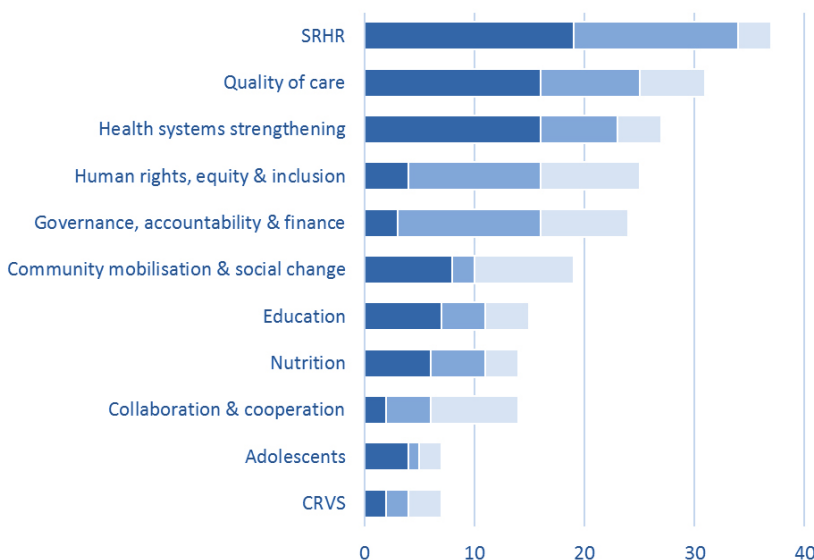
Within the suite of recommendations, SRHR is identified explicitly as an area of focus. In the summary of findings # 7 states: “Strong interest in clarifying how the operational model of the GFF will advance and champion a rights-based approach and in particular, how it will promote, protect and expand access to SRHR services.”

Strategic recommendation # 4 states: “Build a clear SRHR policy and approach: The GFF should seek to work with representatives from the SRHR community to build clear policy addressing SRHR in its broadest sense including a range of potentially sensitive issues (for example, female genital cutting, violence against women and girls, abortion, and early marriage).”

## SRHR IN THE REPORT

The compilation report of consultation responses to the GFF includes strong recommendations on prioritizing and funding the full range of rights-based SRHR services.

SRHR is given a standalone section (section 2.7 of the report) under the report’s section on reflections on vision, context and landscape. In particular, this section notes that respondents expressed concerns about losing the momentum achieved around addressing the full continuum of care. These comments included concerns that, in a context



### SRHR a top priority for respondents

Figure 7: Priorities for the new Global Strategy clearly shows the top priorities that resulted from the consultation, with SRHR clearly in the lead.

where there may be limited or vacillating national (government) demand for financing some elements of RMNCAH (most notably sexual health, reproductive health and safe abortion), resulting from domestic political issues, the shift of donor resources away from specific programmes (like family planning) into the GFF as part of the process of streamlining and harmonising funding flows, could lead to less funding for SRHR services (including – specifically – family planning).

The report also notes that respondents said that if donor resources are pooled into the GFF with the expectation that all services should be covered, ambition linked to the FP2020 goals may fail to be achieved. Very specific concerns were raised around the flow of commodities, stock-outs, as well as the fact that family planning funding and commitment currently supports many more countries than those on the list to benefit from the GFF. Some respondents said that, on the other hand, if the GFF fails to fold in at least some of the current funding streams, it will not achieve its objective of streamlining aid flows and harmonising aid. There was a well-articulated concern that politically determined considerations on the part of its donors could influence the scope and range of services funded by the GFF and that, as with partner governments, these politically determined considerations could change over time. Another concern touched on duplicating work that is already underway with regard to, for example, supply chains for SRHR.

The report identifies that respondents expressed some concern about timing, transition of existing funding commitments to the GFF, the risk of gaps and lost momentum. This was a key point raised by IPPF and partners, particular in relation to how the GFF will interact with already existing mechanisms such as the UNFPA GPRCS. Both the RHSC and IPPF raised concerns that not only must the GFF must deliver additional investment, there must be no gap in funding for SRHR, or interruption to supply chains, while the GFF is operationalised.

The report includes discussion about eligibility for funding and highlighted that there were concerns that decisions about funding should be handled with full transparency, that all stakeholders should be “at the table” in country, including civil society, including local representation and non-governmental organisations, either as recipients of funding or in an accountability role, or both. For some, this was very much about the possibility of applying for funding, linked to a previously expressed concern about the potential decline of funding for SRHR if the GFF absorbed funds currently earmarked, for example, for family planning.

Finally there was a strong emphasis on accountability and transparency. The report notes that there was consensus that a representative selection of partners, chosen in a transparent way and acting in an independent process, should be given responsibilities associated with transparency and accountability functions at both global and country level, and that functions associated with monitoring, ensuring transparency and holding the GFF to account on behalf of communities should also be identified, developed and implemented.

## IPPF AND RHSC IN QUOTES

Both IPPF and RHSC responses are quoted in the report.

Ultimately, the GFF should avoid becoming “*a business-as-usual instrument instead of a driver of innovation in health systems*” (RHSC submission) (p.10)

“*Indeed, RHSC’s position paper on the GFF explicitly states that, “ensuring universal access to voluntary family planning (FP) and SRHR is, without doubt, one of the most cost-effective investments in health and development”.* (p. 17)

...how will the current “*lack of clarity over the local implications of global decisions*” (RHSC) be addressed? (p. 21)

A particular concern raised was that “*the GFF indicator framework must have strong SRHR/FP indicators such as Contraceptive Prevalence Rate and those included in IDA*”(p. 26)

## NEXT STEPS

As we look to the next phase of planning for the GFF, we hope to influence design and implementation plans through civil society representation on the business planning committee, the oversight group as well as through the country consultations in frontrunner countries, where we will work with civil society partners to ensure that they play an active role in the consultations on the GFF.

## CONTACT

Preethi Sundaram

Policy and Advocacy Officer  
International Planned Parenthood Federation  
psundaram@ippf.org

Lou Compennolle

Commitments Initiative  
Reproductive Health Supplies Coalition  
lcompennolle@rhsupplies.org