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Post-2015 Financing for Reproductive Health Supplies

Rapid Assessment – Advocacy Mapping

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Abstract

Although funding for reproductive health (RH) supplies has been increasing, a significant gap persists, despite recognition that investment in SRH is highly cost-effective. Financing commitments agreed to this July by Heads of State at the Third International Conference on Financing for Development (FfD) will guide national government decision-making on development financing for the foreseeable future. Changes proposed to existing financing arrangements present both threats and opportunities for the continued availability of high quality RH supplies. Available data seem to indicate that financing for ICPD and RH supplies mirrors that for ODA overall. Consumer out-of-pocket payments in developing countries represent the largest source of financing for the ICPD costed package. Funding has been increasing from donor governments for FP and RH supplies. Funding appears to be increasing from domestic sources in developing countries and from private companies, though it's not clear how much of this is own-source funding rather than donor contributions. The analysis details recommendations on ten key issues in the global Financing for Development discourse which are important for RH supplies advocacy: (1) ODA definition expansion will increase RH supply competition for scarce resources; (2) Better data will be needed to assess the increased use of ODA for private sector investment; (3) Increased use of complex new financing mechanisms present transparency and accountability risks; (4) ICPD must be reaffirmed for its central role in achieving sustainable development; (5) New promises to guarantee social protection, essential public services and universal access require that RH supplies be included in nationally defined programmes; (6) Global funds used to finance new social protection guarantees may improve cost-effectiveness of RH supplies procurement but otherwise present major transparency and accountability problems; (7) Increased domestic development country financing for health requires careful design to enable and not hinder access to RH supplies; (8) Promoting gender equality and women's participation in the labour market requires full access to RH supplies; (9) the challenges of decision-making decentralization to subnational levels of government will continue; (10) disaggregated RH supplies financing data is essential for improving access and outcomes New financing mechanisms, especially those supporting private sector intervention, will be an important part of future financing. The RH community needs to be better prepared to understand and address them. Although advocacy must take place now, the key issues identified in this report will help inform longer-term interventions to ensure quality, equity, access, and rights.

Contents

Acronyms and Abbreviations

AFDB	African Development Bank Group
AfDF	African Development Fund
BMGF	Bill and Melinda Gates Foundation
CAGR	Compound Annual Growth Rate
CARE	CARE International
CDC	Centers for Disease Control (US)
CIDA	Canadian International Development Agency
CNCS	Mozambique National HIV / AIDS Council
CRS	Creditor Reporting System of the OECD DAC
CYP	Couple Years of Protection
DAC	Development Assistance Committee of the OECD
DFID	Department for International Development (UK)
DKT	DKT International (an international nonprofit organization)
EWEC	Every Woman Every Child
FDI	Foreign Direct Investment
FfD	Financing for Development
FP	Family Planning
GAVI	Global Vaccine Alliance
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GFE	Global Fund for Education
GFATM	Global Fund for HIV/AIDS, Tuberculosis and Malaria
GFF	Global Finance Facility for the Every Woman Every Child initiative
GFH	Global Fund for Health proposed by the SDSN
GNI	Gross National Income
HIV / AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
IBRD	International Bank for Reconstruction and Developmen
ICA Foundation	International Contraceptive Services Organization
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICIJ	International Consortium of Investigative Journalists
ICPD PoA	International Conference on Population and Development Programme of Action
IDA	International Development Association
IFI	International Financial Institution
IADB	Inter-American Development Bank
IMF	International Monetary Fund
IPPF	International Planned Parenthood Federation
IUD	Inter-Uterine Device

LDC	Least Developed Country
LIC	Low Income Country
MDG	Millennium Development Goal
MIC	Middle Income Country
MOH	Ministry of Health
MSI	Marie Stopes International
NGO	Non-Governmental Organization
NIDI	Netherlands Interdisciplinary Demographic Institute
ODA	Official Development Assistance
OECD	Organization for Economic Development and Cooperation
OOP	Out of Pocket (expenditures)
PAHO	Pan American Health Organization
PPP	Public-Private Partnership
PSI	Population Services International
RH	Reproductive Health
RHI	Reproductive Health Interchange
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SDSN	Sustainable Development Solutions Network
SME	Small and Medium Enterprise(s)
SRHR	Sexual and Reproductive Health and Rights
STD / STI	Sexually Transmitted Disease / Sexually Transmitted Infection
SWAps	Sector Wide Approaches
TOSD / TOSSD	Total Official Support for Development / Total Official Support for Sustainable Development
UN	United Nations
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNPEACE	United Nations Peacekeeping or Monitoring Mission
USAID	United States Agency for International Development
USDOD	United States Department of Defense
VFT	Vaginal Foaming Tablet
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

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Executive summary

2015 marks a critical year in the design of a new development financing architecture: the revision of donor and national development policies, conclusion of the Millennium Development Goal framework and negotiation of new Sustainable Development Goals (SDGs). In parallel, governments around the world are trying to figure out how to mobilize sufficient financing to support sustainable development and the new SDGs. An Outcome Document to be agreed by Heads of State at the Third International Conference on Financing for Development (FfD) in Addis Ababa in July 2015 will guide national government decision-making on financing for development for the foreseeable future.

This rapid assessment, funded by the Reproductive Health Supplies Coalition (RHSC) Innovation Fund, is designed to help identify possible implications of the global FfD discourse for Reproductive Health (RH) supplies financing and inform advocacy over the coming months. As the issues highlighted in the analysis are long-standing in duration, the authors hope this report helps instigate a more lasting engagement of RH supplies champions with the power brokers in international finance and economics.

Findings

The current FfD discourse raises ten major issues of concern for RH supplies financing:

1. As development assistance (ODA) continues to increase, an expanded definition of ODA will increase RH supply competition for scarce resources.

2. Donors will increasingly use ODA to leverage private sector investment. RH supplies champions need better data and information to ensure that this improves RH supplies access.

3. Complex new financing mechanisms, including blended public-private financing and development bank loans will finance sustainable development. Transparency and accountability are very challenging with these instruments, and RH supplies champions must be prepared to intervene to mitigate risks.

4. FfD decision-makers seek to reaffirm commitments to agreed international programmes of action for sustainable development. The ICPD programme of action should be included among those which receive increased funding, to help improve RH supplies access.

5. FfD decision-makers want to provide guarantees for social protection, essential public services and universal access. RH supplies must be included in nationally defined programmes to benefit from this.

6. Global funds are being considered as possible mechanisms to finance the new social protection guarantees. While some multilateral funds improve cost-effective RH supplies procurement on behalf of national governments, transparency and accountability are serious challenges for other global funds.

7. FfD decision-makers want to increase domestic development country financing for health. The design of tax systems and public provision of RH supplies will be crucial to determining whether and how this benefits RH supplies.

8. FfD decisions-makers want to promote gender equality and increase women's participation in the labour market. The difficulty of achieving these without full access to RH supplies must be made clear to those in power.

9. The devolution of decision-making to subnational levels of government will continue. RH champions need to find ways to increase subnational commitment to family planning, supply chain management capacity and responsiveness to community needs in order to ensure RH supply access.

10. FfD decision-makers would like to improve existing data collection, transparency, monitoring and follow-up. Disaggregated RH supplies financing data is essential for improving access and outcomes.

This report provides a rapid analysis of how these issues are being discussed by global FfD decision-makers. It reviews the available evidence for ODA as a whole and for RH supplies, where available; analyzes the risks and opportunities for RH supplies inherent in these issues; and provides detailed recommendations for advocacy to address these issues. An advocacy map, detailing key development financing events, stakeholders and entry points for RH supplies advocacy (Annex 1) provides guidance for next steps; and an annotated bibliography of published and unpublished literature addressing the issues of financing for RH supplies (Annex 2) can help guide those who wish to learn more about the topics addressed.

Three overarching conclusions can be drawn from this analysis.

First: the need for more and better research and transparent data is immense.

Reliable and comprehensive data are essential for the RH community to be able to plan and respond to current and future needs. Without transparent and open, good quality information, it is impossible for governments, private sector or civil society know where to allocate financial and non-financial resources. One of the clearest findings of this analysis is that there are simply inadequate data to predict, with a high degree of certainty, specific ways that the changes anticipated by the global FfD discourse will affect RH supplies. Data about donor support for family planning and RH supplies are insufficiently detailed and inconsistently reported on international databases. Knowledge about other crucial sources of financing for RH supplies remains either highly speculative or constrained by the objectives and parameters of focused studies. The collection of detailed and comprehensive information about the costed package of the International Conference on Population and Development (ICPD, See Sidebar) has now been discontinued (UNFPA/NIDI Resource Tracking Project). When it comes to developing country domestic government, domestic private sector or international private sector financing for RH supplies specifically, data are inconsistent, of questionable accuracy or simply lacking.

RH champions must seek the support of FfD decision-makers, governments and civil society to ensure adequate resources for collecting, monitoring, analyzing and reporting data on RH supplies funding, especially from international private, domestic public and domestic private sources. Considering the overwhelming information burden and dearth of financing data that can enable government decision-makers and civil society to know how changes in financing for development are affecting funding for RH supplies, the recommendations detailed in Section 3 and Annex 13 can help instigate further discussion and action.

Second: new financing mechanisms, especially those supporting private sector and market-like instruments, will play an increasing role in future financing for development. The RH community needs to be better prepared to understand and address these.

While donor government development assistance (ODA) has been increasing overall and for RH supplies specifically, there also has been tremendous private sector growth in developing countries, and a corresponding growth of interest in developing country RH supplies markets. With an eye towards the vast untapped private capital being used for commercial development around the world, the current FfD discourse seeks to increase non-ODA sources of financing for sustainable development. This includes direct and indirect support for international private sector financing through both commercial and grant-like loans (See Sidebar); public-private partnerships of various types (See Sidebar); direct market interventions, such as provision of equity and minimum volume guarantees; risk-based instruments, such as credit guarantees or risk insurance; and performance-based instruments such as advanced market commitments.

New funding sources that improve access to RH supplies could be very helpful, particularly considering the very large volume of private capital available, and the many women who rely on the private sector for family planning. However, there are many different ways of working with the private sector, and some risk greater moral hazard than others. The proprietary nature of commercial activities, which constrains

availability of transparent, detailed and reliable information, makes it very difficult to assess the relative benefit of private sector investment in RH supplies compared to alternatives. Increased reliance on non-state entities will commensurately increase the monitoring and accountability burden, which for population assistance, is already insufficiently resourced. Recommendations detailed in Section 3 and summarized in Annex 13 suggest ways for RH supplies champions to mitigate the risks and increase the benefits associated with increased commercial involvement in sustainable development.

Third: Advocacy is required in the short term to address the FfD Outcome Document to be agreed in Addis in July. In the long-term though the key issues identified help inform longer term it will be required to help inform interventions at national and sub-national levels to ensure quality, equity, access and rights.

The global FfD discourse is moving very rapidly, with tight deadlines for input and document revision, lending urgency to the need for RH supplies intervention. This analysis is designed to inform advocacy for RH supplies advocacy over the coming months. Annex I contains an advocacy mapping that can help RH supplies stakeholders and advocates put the report's messages and recommendations to immediate use. Structured chronologically, the mapping is intended to support nuanced advocacy interventions, by providing an 'actionable framework' in order to influence relevant players at key moments in the FfD decision-making process. It highlights key development financing events, stakeholders and entry points for RH supplies advocacy in the run-up to the Addis Ababa conference and Post-2015 UNGA high-level event.

While the need for advocacy on the specific language of the FfD Outcome Document is urgent, many of the trends described in this analysis began years ago, and their implementation will be rolled out incrementally over the coming years. RH supplies champions have been working over many years to improve their financial and economic policy-making literacy and to ensure more and better financial support where needed. After the July decision- making in Addis Ababa, these efforts must continue and with a greater emphasis on monitoring financial flows by international financing institutions and by national and subnational governments in developing countries.

Introduction, Context

An estimated 225 million women in the developing world who wish to protect themselves from unwanted pregnancy are not using an effective method of contraception. Lack of access to reproductive health supplies also affects the 204 million women each year suffering from one of the four major curable sexually transmitted diseases. (Singh et al, 2014). At the same time, maternal health supplies, which save lives by preventing or treating the leading causes of maternal death, remain out of reach for many women, particularly for poor, rural, indigenous and other vulnerable women (Yeager 2012). Ensuring access to reproductive health supplies[1] and sexual and reproductive health and rights (SRHR) drastically reduces morbidity and mortality while improving related social and economic effects (Stenberg 2014).

2015 marks a critical year in the design of a new development financing architecture: the revision of donor and national development policies, conclusion of the Millennium Development Goal (MDG) framework and negotiation of new Sustainable Development Goals (SDGs). Governments around the world plan to mobilize complex and multifaceted development financing to support sustainable development and the new SDGs.

Commitments for financing will be agreed to at the Third International Conference on Financing for Development (FfD) in Addis Ababa in July (See Sidebar). At this meeting, Heads of State and Government will adopt an FfD Outcome Document that will guide national government decision-making on financing for development for the foreseeable future. Changes proposed to existing financing arrangements for development present both threats and opportunities to ensuring the continued availability of high quality reproductive health (RH) supplies. This analysis aims to identify key issues that will affect the full spectrum of RH supplies, including maternal health supplies, where data is available.

The Global Financing Facility (GFF) in support of the Every Woman Every Child Global Strategy for Women's and Children's Health (EWEC) concretely illustrates how some of these discussions and trends may very soon affect RH supplies financing (See Sidebar on next page). First announced last fall, the GFF business plan has been finalized, with implementation expected later this year. The GFF also presents opportunities and risks, many of which mirror those found throughout the overall FfD discourse. Examples and illustrations from the GFF are cited where appropriate.

Sidebar 1: Third International FfD Conference, July 2015

The third International Conference on Financing for Development (Addis Ababa, 13-16 July 2015) will gather high-level political representatives, including Heads of State and Government, and Ministers of Finance, Foreign Affairs and Development Cooperation, as well as all relevant institutional stakeholders, non-governmental organizations (NGOs) and business sector entities.

The Conference will produce an inter-governmentally negotiated and agreed outcome to support the implementation of the post-2015 development agenda, based on assessment of:

1. Progress made toward the Monterrey Consensus and Doha Declaration (See other Sidebar)
2. New and emerging issues in development cooperation and finance.
3. Ways to strengthen the FfD follow-up process.

1 Although this analysis looks mainly at RH supplies in general and FP specifically, many related direct and indirect costs including human resources, and system and programme development are required to ensure access to RH supplies.

The global FfD discourse is moving very rapidly, with tight deadlines for input and document revision. The issues being debated now will inform both international and national decision-making and will affect funding for RH supplies for the foreseeable future. At the time this project began, the attention of most SRHR stakeholders was focused on substantive, thematic SDG decision-making. Many advocates were focusing on overarching policy issues but willingly deferred on "big picture" financing issues to general development cooperation organizations that were neither knowledgeable about nor motivated to address RH supplies. A few stakeholders were tracking changes to the overall development finance architecture, but none had sufficient resources dedicated to in-depth analysis and preparation.

Funding from the Reproductive Health Supplies Coalition (RHSC) Innovation Fund has enabled the rapid preparation of this analytical report to help identify implications of the global Financing for Development discourse for RH supplies financing. This report and its dissemination are the main deliverables of a project (See Annex) planned to help inform targeted advocacy for RH supplies. The analysis has been prepared under very tight time constraints and with a great deal of urgency, as the opportunity arose during the very time when the FfD consultation processes were underway. Due to the late nature and urgency of the analysis, combined with the rapid pace of developments, these findings must be considered preliminary.

Section 1 of this report provides a detailed overview of what we currently know about financing for RH supplies globally. It starts with the big picture of population assistance as a whole, then focuses on data supporting trends in funding for family planning, and finally zooms into the detailed information publicly available about financing for RH supplies. Section 2 describes the conceptual framework for the global FfD discourse and outlines development finance trends overall and for RH supplies. Section 3 provides a detailed analysis of major risks and opportunities for RH supplies in the current FfD discourse, and recommends ways to address them.

This analysis is designed to inform advocacy for RH supplies advocacy over the coming months. Annex I contains an advocacy mapping that can help RH supplies stakeholders and advocates put the report's messages and recommendations to immediate use. Structured chronologically, the mapping is intended to support nuanced advocacy interventions, by providing an 'actionable framework' in order to influence relevant players at key moments in the FfD decision-making process. It highlights key development financing events, stakeholders and entry points for RH supplies advocacy in the run-up to the Addis Ababa conference and Post-2015 UNGA high-level event.

The need for RH supplies intervention in the current FfD decision-making is urgent. However, many key development financing issues have developed over much longer periods of time and will continue to be refined on an ongoing basis as the decisions are implemented over the coming years. The authors hope this report helps instigate a more lasting engagement of SRHR stakeholders with the power brokers in international finance and economics.

Sidebar 2: What are RH supplies?

Reproductive health supplies are defined in this report as encompassing any material or consumable needed to provide reproductive and sexual health services—including but not limited to contraceptives, drugs, medical equipment, instruments, and expendable supplies for family planning, for prevention and treatment of sexually transmitted infections including HIV and AIDS, and for maternal health and ensuring safe delivery and postpartum care.

1. Reproductive Health Supplies Financing

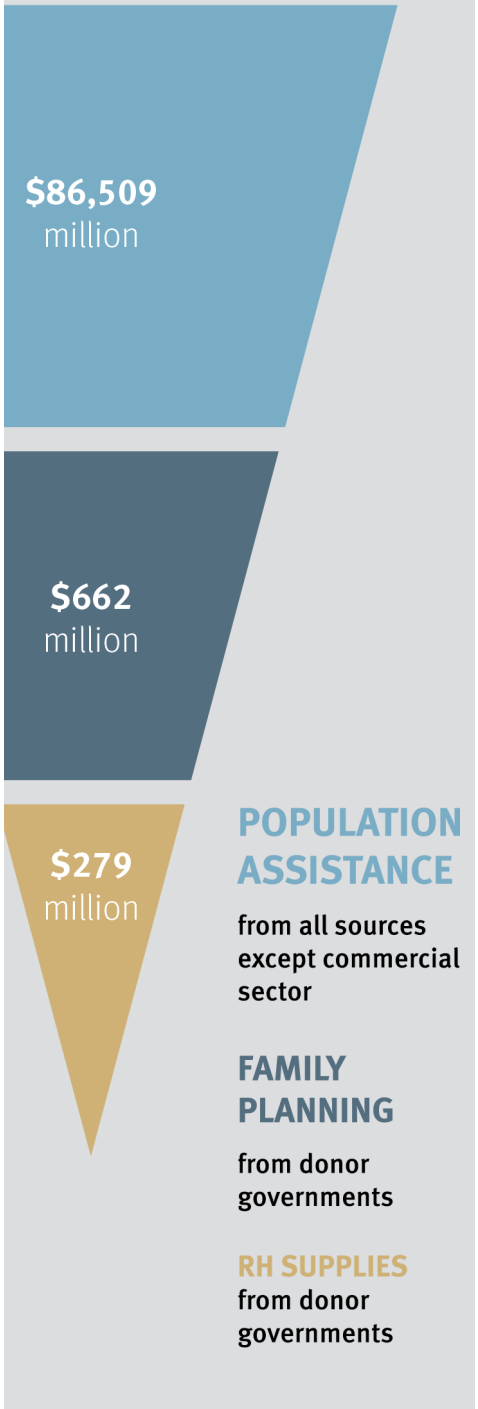
1.1 RH Supplies Financing Needs/Gaps

Policymakers concerned about sexual and reproductive health and rights (SRHR) have known that there is a significant gap in funding and access for reproductive health supplies ever since concerned government and nongovernmental stakeholders gathered to discuss the subject at the Istanbul "Meeting the Challenge" conference in 2001 (Solo 2011). Funding for RH supplies has risen since then, but the gap persists (Stover 2009) despite recognition from world-renowned economists that access to SRH is one of a limited number of investments for which there is robust evidence that benefits are more than 15 times greater than costs (Kohler 2012; Copenhagen 2014).

According to the Guttmacher Institute study Adding It Up: Investing in Sexual and Reproductive Health (2014), meeting all women's needs for modern contraception in the developing world would cost $9.4 billion[2] annually, including $2.3 billion in RH supplies, which would require an increase of $5.3 billion over current funding.[3] If all need for modern contraception were met, the annual cost of pregnancy-related care for women and their newborns would increase by $13.8 billion to $28.0 billion.[4] Fully meeting the need for modern contraception, maternal and newborn health care, antiretroviral care for pregnant women living with HIV and their newborns, and treatment for four major curable STIs would cost $39.2 billion annually, more than a doubling of 2014 spending. (Singh et al 2014; Ross et al 2009)

Identifying financial resources available for reproductive health supplies helps assess how the current global FfD discourse may affect future RH supplies funding. In order to capture the best possible information about RH supplies financing trends and gaps, Section 1 starts with the big picture of funding for population assistance overall, then zooms into family planning and then, as precisely as possible, reproductive health supplies. The approach used could be seen as an inverted pyramid (Figure 1).

Figure 1: Current Funding for Population Assistance. Sources: UNFPA 2015; CRS 2015; CHAI 2015



2 Throughout this report, the $ symbol refers to the US dollar.

3 An important factor underlying the cost increase is the concentration of unmet need in Africa and in low-income countries in other regions. Program and systems [indirect] costs are particularly high because the need to strengthen health systems is greatest in these parts of the world. With all unmet needs satisfied and the quality of contraceptive care improved, the average annual cost per user would increase (primarily due to a rise in indirect costs) from $6.35 to $10.77 (Singh et al. 2014).

4 Including $4.2 billion (a $3.0 billion increase) to provide HIV testing and counseling for all pregnant women, testing for their newborns and antiretroviral therapy for those who need it.

Findings

The main finding is that current data challenges[5] prevent firm conclusions about existing sources of financing for RH supplies. Data is inconsistent, of questionable accuracy or simply lacking. Reliable and comprehensive data are essential information for the community to be able to plan and respond to current and future need. Without transparent and open, good quality information, how will countries, private sector, civil society and the international system know where to allocate financial and non-financial resources? How will there be adequate tools to hold development actors accountable?

The most detailed and comprehensive information available about financing for RH supplies comes from studies that are designed for specific purposes, such as the now-discontinued UNFPA/NIDI Resource Tracking Project and studies conducted by the Clinton Health Access Initiative, Dalberg Global Development Advisors, John Snow, Inc., and private sector market research firms. The quality, detail and reliability of information available in existing international databases suffer due to the fact that the data is provided on a voluntary basis based on different methodologies.

Based on the studies and databases reviewed for this report[6]:

- Private consumers in developing countries provide by far the largest portion of funding for the ICPD costed package, which includes RH supplies. They also contribute far more to their SRHR as a percentage of GNI than consumers in wealthy countries.
- Donor governments have been increasing their support for family planning and for RH supplies over the past ten years.
- Private, for-profit interest in developing country markets for RH supplies has been increasing for several years, especially in countries and regions where there has been rapid economic growth.

1.2 Funding for Population Assistance

There is no single source of information providing a global overview of all sources of RH supplies financing. In order to understand RH supplies financing globally, many different data sources must be combined with proxy measures and extrapolation. This results in a rough picture, with many caveats.

To see the whole picture, one must start with the only integrated global financing analysis for population assistance as a whole. The best global picture of financing for population assistance comes from the work of UNFPA

Sidebar 3: ICPD Costed Package

The "costed package" specified in the ICPD Programme of Action (paragraph 13.14) enables ICPD resource tracking in four major categories of population assistance.

- STIs and HIV/AIDS, which includes condom distribution, represents about 65 percent of ICPD donor funding.
- Basic reproductive health represents about 23 percent of ICPD donor funding.
- Family planning, including most RH supplies, represents about 9 percent of ICPD donor funding.
- Basic public policy administration and research represents about 3 percent of ICPD donor funding.

See Beekink (2014) for a detailed description of methodologies used in estimating the "costed package" for the ICPD Programme of Action.

5 Annex 13 highlights some of the major caveats to keep in mind regarding the data presented here.

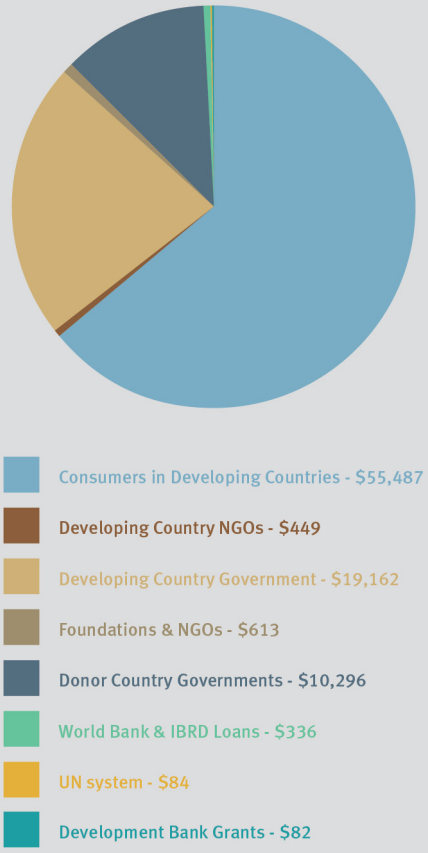
6 See annotated bibliography in Annex.

/ NIDI Resource Tracking project, which for many years has prepared detailed analyses of financing for the so-called "costed package" (See Sidebar on previous page) of the ICPD Programme of Action (Beekink 2014).

Figure 2 depicts the latest global overview for the whole ICPD costed package, by financing source (UNFPA 2014; Hoehn et al 2015 in press).

As Figure 2 illustrates, consumer out-of-pocket payments in developing countries appear to account for the single greatest source of financing for the ICPD costed package, followed by developing country governments[7]. Donor governments also contribute a meaningful portion of aid for the ICPD costed package. The UN system, World Bank Group, philanthropic foundations and non-governmental organizations (NGOs) contribute very little to the overall ICPD costed package.

Figure 2: ICPD Costed Package Financing in 2012 (millions $). Sources: UNFPA/NIDI Resource Flows project



1.3 Funding for Family Planning

To identify financing for RH supplies specifically, one can study the Family Planning purpose (sector) code within the OECD DAC Creditor Reporting System (CRS) online database. This freely available[8] online database provides detailed information on aid activities, such as sectors, countries and project descriptions for bilateral, multilateral and private donors' aid (ODA) and other resource flows to developing countries. Family Planning in the OECD DAC Creditor Reporting System includes:

- Family planning services including counseling
- Information, education and communication (IEC) activities
- Delivery of contraceptives
- Capacity building and training

A search of the CRS database shows a steady increase in bilateral government funding for family planning from 2009 to 2013, the last year on record. Family planning disbursements increased by 36 percent, from $487.3 million in 2009 to $662 million in 2013. See Figure 3 for details.

Donor governments are the main entities reporting family planning disbursements (payments) in the CRS.[9] UNFPA and the European Union Institutions together provided $42 million in 2012 and $34 million in 2013, but it's important to keep in mind that their resources – as is true for all multilaterals – also come principally from donor governments. Development

7 Some experts consider the methodology for determining out-of-pocket payments to be controversial. For a detailed explanation of the methodology please see the original Resource Flows report or Beekink, E. Projections of Funds for Population and AIDS Activities, 2013-2015. The Hague, 2014.

8 See https://stats.oecd.org/Index.aspx?DataSetCode=CRS1

9 Countdown 2015-Europe (2013-2014, 2015) reports that some European bilateral donors do not disaggregate FP disbursement reporting within comprehensive SRHR.

banks and private philanthropy are able to report their disbursements on the CRS, but none have reported any family planning disbursements over the past few years.[10] Private sector information is not gathered or reported on the CRS. So, while the CRS is the only entity collecting and reporting information on aid flows globally, very little certainty can be derived from the CRS about what these other important sources of financing for development offer for population assistance, family planning or RH supplies.

1.4 RH Supplies Financing

Data reported to OECD DAC

In attempt to identify how much of the projects reported in the CRS included some funding (disbursement) for RH supplies specifically, the authors reviewed the approximately 1500 family planning-coded project descriptions in the database for 2013. Eighty grant project disbursements do mention supplies, products, commodities, contraception, pharmaceuticals or method-mix specifically. Those eighty projects reported total project disbursements of worth $86.5 million, or about 12.5 percent of total family planning project disbursements, detailed in Annex 6. In all cases, those project grants were from donor country governments. Grantees included international NGOs, national NGOs, civil society, public sector / recipient governments and unspecified others.

The CRS data is insufficient. It does not reveal any insights about domestic government or private sector financing, domestic or international, other sources of data are required to complete the picture of RH supplies financing. It also reports significantly lower contributions to projects including RH supplies than data sources that are focused specifically on RH supplies.

Data reported to the Reproductive Health Interchange (RHI)

The Reproductive Health Interchange[11] managed by UNFPA provides access to harmonized data on contraceptive orders and shipments for over 140 countries. The data claim to reflect over 80 percent of contraceptive supplies provided by major donors over the last several years, worth more than $2.3 billion (RHI online 2015). RHI data

Sidebar 4: Further Research Required

The tremendous gaps in evidence found during this time-limited analysis point to additional research needed. These include:

- Analyze pre-2013 FP project descriptions in the CRS to identify multi-year RH supply trends
- Gather and analyze donor-funded projects and their budgets to assess overall cost-effectiveness and impact for RH supplies
- Gather data from tax authorities and other sources on private sector and PPP financing; identify cost-effective practices
- Identify the source of nonprofit funds for RH supply procurement
- Gather and analyze World Bank / IDA loan projects and their budgets to determine the relative cost-effectiveness of those loans as a financing instrument

Figure 3: Family Planning Funding Trends (millions $)
Source: OECD DAC Creditor Reporting System*

Type	2004	2009	2010	2011	2012	2013
Total ODA Commitments	89.5	509.7	609.2	671.6	727.7	665.0
Total ODA Disbursements	107.0	520.0	491.8	585.1	732.6	753.3
Grant Commitments	87.8	509.7	609.2	671.6	727.7	662.0
Grants Disbursed	---	487.3	446.9	547.6	565.6	687.3

*Accessed online 26 March 2015

10 Exception: the African Development Fund (AfDF) disbursed $12.5 million in loans in 2009.

11 See www.myaccessrh.org/rhi-home

comes from the central procurement offices of major contraceptive donors and other organizations that procure contraceptives. A detailed list of supplies reported through the RHI can be found in Annex 10.

Donor governments

At $254 million in 2013, the volume of RH supplies purchased was 2.5 times greater than ten years prior. Eighty-six percent of that volume was reported procured by external governments (international public financing), and the rest by international private nonprofit sources. This compares with $279 million in donor supported RH supply costs reported by CHAI for 2013. (CHAI 2015)

Developing country governments

Developing county domestic spending for RH supplies appears to be increasing, though it is not clear whether those resources are purely domestically sourced (eg, general revenue) or whether donors are contributing those funds specifically for RH supplies (Dowling 2007; Gribble 2010). The RHSC commitments database also indicates a considerable increase in national financial commitments to RH supplies (RHSC 2014) in the past half-decade.

A John Snow, Inc. survey in 2014 indicated that most countries surveyed (66 percent) do have a government budget line item for contraceptives and most (77 percent) have allocated funds for contraceptive procurement. Among countries reporting using government funds, two-thirds used internally generated funds and one-third reported used funds from other governments. The number of countries with a government budget line item for contraceptives increased over the previous year, even if there was essentially no change in the number of countries allocating funds to procure contraceptives. (JSI 2014)

The World Health Organization's Global Health Expenditure Database shows intermittent reproductive health reporting from only a few countries since the adoption of the ICPD PoA. Only a few countries sporadically reported reproductive health expenditures under the National Health Accounts RH sub-account methodology, which WHO no longer recommends. To address this deficiency, the independent Expert Review Group on Information and Accountability for the UN Secretary General's Commission on Women's and Children's Health recommended strengthening resource tracking at the national level in developing countries, but this aim has proven unattainable (Hoehn 2014; World Health Organization 2013).

Private non-profits

All the private entities reporting on RH Interchange are nonprofit organizations. It is not known whether the RH supply purchases reported to the RH Interchange by private entities were funded through own-source financial flows, as these nonprofits report significant support from private philanthropy and donor governments. Figure 4 illustrates the respective

Sidebar 5: Private Sector Involvement in RH Supplies

"Private sector" refers to all providers, suppliers, and ancillary and support services not managed by the public sector, including commercial or for-profit entities, non-profit organizations, community groups, informal vendors, doctors, pharmacies and hospitals (Armand et al, 2007).

In addition to innovating, manufacturing and disseminating RH supplies, the private for-profit sector has contributed philanthropy, corporate social responsibility and shared value creation through price reductions.

To date there has been no comprehensive empirical review of the contribution of the private sector to RH supplies. The overall impact of the private sector is complex and poorly understood, backed by mainly anecdotal evidence.

Nearly 40 percent of women in Sub-Saharan Africa and Asia rely on the private sector for family planning (Mitchell 2013).

percentages of private donor, sales/programme revenue and government income, as reported in these organizations latest available financial reports. As a proxy measure[12], they suggest that a very large portion of these procurements is likely to be funded or subsidized by donor governments.

Companies

Rapid economic growth in developing countries in recent years has stimulated pharmaceutical company interest and increased contraceptive sales, compared with countries where markets are comparatively settled. The Clinton Health Access Initiative reports that for-profit suppliers met the contraceptive needs of 76 million women in the 69 FP2020[13] countries in 2013. Supplier shipment data collected by CHAI indicate that the corporate market for product-based modern methods of contraception grew from 2011-2012, then declined in 69 countries in 2013. (CHAI 2015). The Asia Pacific region reportedly has the world's fastest growing pharmaceutical market, followed by Africa and Latin America (IMS Health 2013). Pharmaceutical company research provided to the authors in confidence has found major contraceptive sales nearly tripling from $119 million in 2009 to $292 million in 2012 in Africa (North Africa, South Africa and French West Africa) and the Middle East. Various market research sources, using different methodologies, predict that the global contraceptive market may more than double from $8.5 billion in 2005 to close to $20 billion in 2020.[14, 15]

Figure 4: Private Sector RH Interchange Contributor Income Source*

	Percent of Total Annual Income		
Organization**	**Private donors**	**Sales / Fees**	**Government / Public**
DKT International – 2014	14%	65%	---
IPPF - 2013	---	---	95.5%
MSI – 2013	21%	44.6%	25%
Population Services International (PSI) – 2013***		18.7%	81.4%

* Multilateral funds are assumed to come originally from government and are included in the Government / Public column. DKT does not report government income separately in its total revenue, but it does thank DFID, the Dutch government, the government of India, UNFPA, USAID and USDOD for their support. For MSI, other nonspecified grant income is assumed to from private sources, because government donors are named and enumerated.

** The organizations listed here have had the opportunity to correct and clarify this information.

*** For PSI, a very small amount of "Other and Contributions" comes from private sources; most comes from product sales. PSI "Government/ Public" income comes from multilaterals, which are funded by governments.

12 Annual reports are a very rough proxy measure, including total income and expenditure, not just RH supplies.

13 See www.familyplanning2020.org

14 Market research companies measure the market differently. Some include hormonals while others include condoms, implants, patches, rings and IUDs. This makes estimating overall market size tricky.

15 An anonymous source has reported that while donors paid around $2.62 per Couple Year of Protection (CYP) across methods (UNFPA 2012) from 2006 to 2011, the average retail price was $104.

2. Financing for Development

In the coming months, UN Member States will negotiate the final parameters of the Post-2015 Sustainable Development Agenda and the Sustainable Development Goals (SDGs), which require financing. At the Third International Conference on Financing for Development (FfD) in Addis Ababa in July (See Sidebar), Heads of State and Government will adopt an FfD Outcome Document intended to guide national government decision-making on financing for development for the foreseeable future. Their agreements on the overall architecture for financing development will shape how governments approach financing for development and how they prioritize the sources, amounts, modalities and thematic / sectoral approaches to financing development worldwide, including the SDGs.

In 2013, the UN General Assembly established an intergovernmental committee of 30 experts to propose financing strategies to mobilize resources for sustainable development. This Intergovernmental Committee of Experts on Sustainable Development Financing (Intergovernmental Committee) framed the current global Financing for Development discourse by describing the tremendous finances needed for poverty eradication and sustainable development. The report indicated that trillions of dollars are needed for infrastructure, credit for small and medium enterprises in developing countries, and global public goods including climate. It estimated the cost of a global safety net to eradicate extreme poverty at $66 billion per year, not including costs for health, education and hunger eradication. (Intergovernmental Committee August 2014). See Sidebar for additional information about the key Intergovernmental Committee reports.

2.1 Financing Framework

The Intergovernmental Committee report identifies five major building blocks for financing sustainable development:

- Domestic public financial flows: funding from government in the country of final funds destination
- Domestic private flows: funding from non-government in the country of final funds destination
- International public flows: funding from a government other than the country of final funds destination
- International private flows: funding from non-government sources outside the final funds destination
- Blended financial flows

Sidebar 6: Key International FfD Accords

FfD decision-making this year is part of a broader and longer-term process that began many years ago and addresses more issues than how to finance the SDGs.

The 2002 **Monterrey Consensus** reaffirmed that donor governments should provide 0.7 percent of Gross National Income (GNI) in official aid.

The 2008 International FfD Conference in **Doha** reaffirmed Monterrey aid targets, while emphasizing the importance of mobilizing domestic public and private resources, international private resources. It called for improved trade deals, debt restructuring mechanisms and the need to reform the international financial system and institutions.

Aid Effectiveness

The **2005 Paris Declaration** and High Level Forums on Aid Effectiveness in **Accra** (2008) and **Busan** (2011) emphasized country-ownership and partnership between donor and developing country governments and with civil society.

The data summarized in Section 1 show how difficult it is to get a clear, comprehensive and detailed picture of financing for RH supplies in the categories framing the global FfD discourse. In addition, financial flows quickly become mixed. Funds spent in support of RH supplies by multilaterals, companies, nonprofits or domestic developing country governments quite often originate from or are subsidized by international public / governments, so you can't easily add figures from different sources. For example:

- **Donor governments fund domestic and international companies and non-profit organizations** for research and development of RH supplies technologies; for purchase, dissemination and sales of RH supplies; and for actions to improve access to RH supplies.

  NIDI (2014) estimates that 42 percent of donor funding for population assistance was channeled to non-governmental organizations in 2013. No estimate was provided regarding donor assistance for corporate research and development, though a 2013 DSW fact sheet indicates that Europe's donors contributed €2.1 billion to research and development on Poverty-Related and Neglected Diseases between 2007-2012.

- **Donor governments fund multilaterals**, which may in turn buy supplies from international private companies; support domestic government efforts to increase RH supply access; or support domestic or international non-profit organizations with that mission. NIDI (2014) estimates that 29 percent of donor funding for population assistance was channeled to multilaterals in 2013.
- **Donor governments fund domestic governments bilaterally**, which may use those funds in turn to purchase products from domestic or international companies or provide support to domestic or international nonprofit organizations for actions to improve access to RH supplies. NIDI (2014) estimates that 29 percent of donor funding for population assistance was channeled directly to developing country governments in 2013.

Identifying the original source of the funds, and tracking their path to the end user, is essential to assessing the implications of FfD decisions and their cost-effectiveness in achieving desired aims.

2.2 Financing Trends

Domestic public (government) financial flows increasing for development overall; may be increasing for RH supplies.

Public domestic finance in developing countries more than doubled between 2002 and 2011, from $838 billion to $1.86 trillion. Most of this took place in middle income countries (MICs). In low-income countries (LIC), tax revenues also doubled, but remained insufficient for sustainable development. UNPFA/ NIDI (2014) estimate that domestic governments contribute about 22

percent of financing for the entire ICPD costed package. Domestic governments appear to be increasing funding for RH supplies, but evidence is mixed whether that is due to increasing own-source domestic government support or donor-driven funding. (RHI 2015; JSI 2014; Gribble 2010)

Domestic private funds increasing for development overall; at very high levels for RH supplies.

Domestic private funds may come from private companies, non-profits or individuals (ie, out of pocket) in-country. The presence of institutional investors in developing countries has reportedly been growing, and could potentially increase resources available for long-term investment in sustainable development, including emerging market pension funds, which currently manage $2.5 trillion in assets, and are expected to increase significantly, though a sizable portion of these portfolios is invested in domestic sovereign debt.

The UNPFA/NIDI data show out-of-pocket spending by consumers as the main source of funding (64 percent) for the ICPD costed package. Funds raised and spent domestically by private non-governmental organizations account for only one percent of total global financing for the ICPD costed package. There is no global estimate of how domestic private sales and programme revenue may be contributing directly to RH supplies. Considering the very heavy load currently burdened by developing country consumers (See Figure 2), it is difficult to imagine increasing domestic private out-of-pocket financing for RH supplies, especially in LDCs and LICs.

International public (donor government) funds increasing for development overall and for RH supplies.

With occasional setbacks since the Monterrey Consensus set an Official Development Assistance (ODA) target for donors of 0.7 percent of Gross National Income (GNI) – see Key International FfD Accords Sidebar – ODA has steadily increased over time, reaching an all-time high of $134.8 billion in 2013. Alarmingly, the Intergovernmental Committee report found that overall development assistance for Least Developed Countries (LDCs) has fallen, and will continue to fall. As explained in Section 1, donor government funding for family planning and RH supplies appears to be increasing.

Innovative Financing. Both the Intergovernmental Committee and the ICPD High Level Task Force[16] identify innovative financing mechanisms (See Sidebar) as promising new sources of international public funds for development and for ICPD. Evidence is mixed regarding the effectiveness of these mechanisms for health (Atun et al 2012; Fryatt et al. 2010).

16 The High-Level Task Force for the International Conference on Population and Development is an autonomous group of distinguished representatives from all regions of the world, with records of service in government, parliament, civil society, the private sector and philanthropy.

Sidebar 7: Innovative Financing

The term *"Innovative Financing"* is used in many different ways. After reviewing more than 100 initiatives, the High Level Taskforce on Innovative International Financing for Health Systems identified airline tax, tobacco tax, immunization bonds, advance market commitments, and debt swaps as the most promising sources for new and additional financing for global health. Only GAVI (www.gavi.org), the Global Fund for AIDS, Tuberculosis and Malaria (www.theglobalfund.org) and UNITAID (www.unitaid.eu) use innovative approaches globally to mobilize, pool, channel, allocate, and disburse funding more effectively for medicines, vaccines, diagnostics, preventive interventions, and health systems in low-income and middle-income countries to address vaccine-preventable childhood diseases, maternal disorders, HIV/AIDS, tuberculosis, and malaria.

(Adapted from Atun, et al 2012)

International private funds increasing for development overall; also for RH supplies.

International private funds come from companies, non-profit organizations or private philanthropic charities. The Leadership Council of the UN Sustainable Development Solutions Network initiative (SDSN 2015) envisions increased private sector (for-profit) financing of sustainable development through bank loans; bonds issued by governments or corporations; project financing by specialized financial institutions, including insurance companies, pension funds, sovereign wealth funds, and other asset managers; and direct equity investments, including portfolio flows and Foreign Direct Investment (FDI).

Gross FDI[17] financial flows to developing countries are massive –$778 billion in 2013 – and private cross-border transfers from individuals and households (remittances) have also grown substantially. The Intergovernmental Committee reports that FDI is the most stable and long term source of private sector foreign investment, though LDCs receive less than two percent of these flows.

The UNFPA/NIDI data, which does not estimate corporate contributions to ICPD, indicate that private philanthropy and NGOs provide less than one percent of total financing for ICPD. In theory, the trend for increased international development financing strengthens the ability of the private sector domestically to support RH supplies, through increased out-of-pocket spending by households resulting from remittances or by private companies operating domestically but financed internationally.

For-profit engagement in RH supplies in developing countries appears to be significant and growing, but it is not clear how much of this results from own-source financing, not subsidized by government. The private for-profit sector is involved in RH supplies in many ways, such as:

- Manufacturers, which may finance their research from private capital or public research funds or some combination
- Distributors, paid by public or private clients
- Marketing and social marketing agencies
- Consulting firms
- Online markets – for buying and selling supplies
- Pharmacies

While the data presented in Section 1 indicate tremendous private, for-profit market growth for RH supplies in developing countries, it seems nearly impossible to determine whether or how much of this comes from international private for-profit capital, excluding government support for research and development.

17 FDI is cross-border investment by an entity residing in one economy that seeks to obtain a lasting interest in an enterprise residing in another economy (OECD).

Blended financial flows increasing for development overall; probably increasing for RH supplies.

Blended financing mechanisms (See Sidebar) enable donors to use development aid to mobilize loans from financial institutions and influence how those projects are set up and managed. The European Union and World Bank are key supporters of blending financing. While the European Court of Auditors (2014) has found European Union blended financing to be reasonably well managed, there seems to be no reliable evidence that blending achieves development objectives. Only anecdotal evidence is available regarding blended financial instrument trends affecting RH supplies though RH supplies stakeholders have been hearing more about these types of instruments over the past decade or so. Certainly the The Implanon Access Initiative (Merck) which lowered the price of an important implant and the Jadelle Access Programme (Bayer) guaranteeing the supply of 27 million implants, training and a drastic price reduction, have been highly profiled in the field of RH supplies.

In summary (Figure 5), based on available data and making informed guesses where data is unavailable, trends seem to indicate increases in all major categories of development financing overall and possibly for RH supplies, though the needs for financing development remain tremendous, especially in LDCs.

Figure 5: Financing Trends – Development Overall and RH Supplies

Financing Category	Development overall	RH supplies / FP / ICPD
Domestic public	↑	? ↑ ?
Domestic private	↑	? ↑ ?
International public	↑	↑
International private	↑	? ↑ ?
Blended public-private	↑	? ↑ ?

Sidebar 8: Blended Financing

Blended finance is the complementary use of grant-like instruments and non-grant financing from private and/or public sources. In order of prevalence, they include:

- Loans
- Public Private Partnerships, such as donors providing technical assistance to government and private entities
- Direct Market Interventions, such as equity, a transfer of resources in exchange for an ownership stake)
- Risk-Based Instruments, such as credit guarantees or risk insurance
- Performance Based Instruments, such as Advance Market Commitments

Using ODA to leverage private capital reduces transparency while risking inefficiency and ineffectiveness (Bilal et al. 2013). Independent review of the effectiveness and impact of blended financing mechanisms would help determine if they are a suitable use of ODA.

3. Key Issues – Where RH Supply Meets FfD

A "Zero Draft" Financing for Development Outcome Document released in March this year contains the first indication of language that, after April and June revisions, will be negotiated and agreed by Heads of State and Government and High Representatives at the Third International Conference on Financing for Development (See Sidebar) in Addis Ababa in July. The agreed Outcome Document will guide government decision-making on financing for development for the foreseeable future.

This Outcome Document builds on many months of research, meetings and analysis made available by the FfD Conference preparatory process (see Sidebar). In parallel, Development Ministries from all countries[18] participating in the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD) and others are changing how development assistance is defined and reported. Some of the proposed changes risk increasing competition for scarce Official Development Assistance (ODA) resources (Hoehn, et al 2015 in press).

At the time of this writing, the Zero Draft provides the latest and best indication of the direction of the FfD discourse leading to the Outcome Document. After a preamble, the Zero Draft analysis is broken down into the following major categories:

A. Domestic public finance

B. Domestic and international private business and finance

C. International public finance

D. International trade

E. Debt and debt sustainability

F. Systemic Issues (eg, environment and international financial regulation)

G. Technology, innovation and capacity-building

H. Data, monitoring and follow-up

In theory, any and all financial interactions can affect the availability of RH supplies, by affecting money flows from the macro level through to the level of the individual person needing access to RH supplies. In that sense, few of

Sidebar 9: Main FfD Policy Documents

Hyperlinks to the main policy documents informing the FfD discourse can be found below.

- March 2015 "Zero Draft" Outcome document
- February 2015 "Elements" Background Paper for the Third FfD preparatory process
- August 2014 Report of the Intergovernmental Committee of Experts on Sustainable Development Financing
- December 2014 OECD DAC High-Level Communique
- October 2014 OECD DAC Report: Measurement of Development Finance post-2015

A second Outcome draft is expected in April and a third in June, before final negotiations in Addis in July.

18 OECD DAC Members: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Union, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States. Other participants in the December meeting: Chile, Estonia, Hungary, Israel, Mexico and Turkey; the International Monetary Fund (IMF), the World Bank, the United Nations Development Programme (UNDP) and the Inter-American Development Bank (IADB).

the above topics are exempt. However, some of the issues – notably international trade, debt sustainability and international financial regulation – require a degree of research, data gathering and documentation that simply is not evident in the literature to date.

The key issues described below identify major themes and language in the "Zero Draft" Outcome Document which available evidence suggests have significant implications for RH supplies. Messages that can be used for advocacy – highlighted in this section and in Annex – show both how financing for RH supplies can contribute to achieving the FfD goals and how proposed FfD approaches are likely to affect RH supplies financing. The RH supplies community stands to gain a lot by attempting to influence the language contained within these global outcome documents because they will continue to serve as a point of reference at the national level for the next decade and a half. In addition, the issues that are brought to the surface now will continue to be of use as country strategies are developed in response.

3.1 ODA Definition and Targets

Analysis

All key policy documents up to now have reaffirmed the agreement in Monterey in 2002 that donors should dedicate 0.7 percent of GNI to development assistance (See Sidebar), though only five donors have met this target[19]. The Zero Draft FfD Outcome Document starts with a clear call for all developed countries to substantially increase traditional development assistance and establish timetables for how and when they will allocate 0.7 percent of gross national income (GNI) to ODA[20]. It further calls on developed countries to allocate 0.15-0.20 of GNI to aid least developed countries. In parallel, the OECD DAC – which includes nearly all donors to development assistance – plans to clarify and expand the definition of ODA to include new "development enabling" sectors, such as those related to climate and security (OECD DAC 2014).

An increase in ODA provides a very clear and direct opportunity to increase financial support for RH supplies in poor countries. Why should the RH supplies community intensify its advocacy toward donor countries for increases in ODA overall and for RH supplies specifically?

- ODA grant support for RH supplies has a relatively direct, transparent and measurable impact on access to RH supplies.
- Grant support is a particularly effective method of financing for annually recurring operational costs like RH supplies in low income countries and

Sidebar 10: Global Public Goods

Global Public Goods are goods which the "free market" will not provide because their benefits are available to all and because consumption by one person does not prevent consumption by others.

Health does not meet this definition of a public good, but health has external effects like global public goods, including prevention or containment of communicable disease and wider economic benefits (Shmit 2007). When it comes to RH supplies, the demographic effects of family planning can increase a country's security and decrease pressure for migration, both of which are of broad public value (Ooms 2013).

Because the free market will not provide the collectively optimal level of public goods, they should be prioritized by ODA (Sachs 2014).

The GFF for EWEC focuses on supporting global public goods for health, which include knowledge, data, innovation and commodities.

19 Denmark, Luxembourg, Netherlands, Norway and Sweden (UN Millennium Project online 2015)

20 Zero Draft Outcome Document paragraph 2.

least developed countries, where other resources are scarce and/or inappropriate.

› The definition of ODA may expand to include sectors that are not currently included, which would make it more difficult for RH supplies to maintain visibility as a policy priority in competition with a greater range of sectors, eg, climate and security, and actors, eg, environmental and peace groups.

Engaging in international cooperation and assistance is an international legal obligation for States Parties in the UN-ratified International Covenant on Economic, Social and Cultural Rights, which forms part to the corpus of the ICPD commitments. The advocacy targets for traditional ODA – donor governments – present a limited number of targets whose support for RH supplies and SRHR domestically in their own countries can be construed as a favorable policy bias. Civil society in donor countries is relatively well resourced and with reasonable capacity to influence their own governments' decision-making. In this effort, RH supplies stakeholders can join forces with other, larger general relief and development organizations to push for increasing the size of the ODA pie.

Opportunity

According to the OECD DAC's Creditor Reporting System, ODA grants provide 59 percent of international public finance for development cooperation overall and 97 percent for population assistance specifically (OECD DAC CRS, as cited in Hoehn et al 2015 in press). Donor grants are clearly very important to RH supplies access. This is especially true in LICs and LDCs, which do not have the resources and infrastructure to effectively self-finance health needs, nor RH supplies access. They require sustained financial support from donors in order to have functioning health systems (Ooms 2010).

At least two credible institutions offer targets for domestic and international financing of global health.

› The UN Sustainable Development Solutions Network asserts that universal health care should be "built on the foundation of human rights and equity", (SDSN 2014); argues for all countries to work toward allocating at least 5 percent of national gross domestic product (GDP) as public financing for health; and urges high income countries to allocate at least 0.1 percent of GNI as international assistance to help low- and middle-income countries implement universal health care.

› The Chatham House Centre on Global Health Security Working Group on Health Financing (Røttingen, et al 2014) recommends that all governments target spending at least 5 percent of their countries' target GDP on health; that high income countries provide external financing for health "equivalent to at least 0.15 per cent of GDP"; and most upper middle income countries "should commit to progress towards the same contribution rate."

In addition, international parliamentarians, through the International Parliamentarian's Conference on Implementation of the ICPD Programme of Action (IPCI), have argued that donor governments should dedicate at least 10 percent of ODA to Population Assistance; a target met only by the United States during the past few years (DSW, et al 2013).

Adoption of these recommendations would provide a helpful starting point for increasing development and domestic support for RH supplies and SRHR.

Risk/Challenge

There seems to be strong thread in the FfD discourse for decision-makers to focus their attention away from traditional aid in favor of developing new sources of financing for development. Development Ministries from all countries[21] participating in the OECD DAC are discussing whether and how to clarify and expand the definition of ODA to include new "development enabling" sectors and public goods, such as those related to climate and security (Hoehn et al, 2015 in press). Expanding the definition of ODA, while the original Monterrey donor target for ODA of 0.7 percent of GNI remains the same, means more sectors and organizations competing for the same size pie and greater RH supplies competition with other sectors for scarce donor resources. This debate merits close monitoring and readiness for quick intervention.

Recommendations

To increase traditional development assistance in support of the ICPD costed package and RH supplies, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Reaffirm the Monterrey definition of ODA for monitoring donor country progress towards 0.7 percent of GNI.

2. Adopt the WHO recommendation that 0.1 percent of GNI should be reserved for global health financing

3. Adopt the SDSN recommendation that all countries work toward allocating at least 5 percent of national GDP as public financing for health.

21 OECD DAC Members: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Union, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States. Other participants in the December meeting: Chile, Estonia, Hungary, Israel, Mexico and Turkey; the International Monetary Fund (IMF), the World Bank, the United Nations Development Programme (UNDP) and the Inter-American Development Bank (IADB).

4. Adopt either the SDSN recommendation that high income countries allocate at least 0.1 percent 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 percent of GDP in aid for health in developing countries.

5. Adopt the International Parliamentarians' Conference (IPCI) commitment to dedicate 10 percent 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.

6. For all the above commitments, adopt time-bound implementation schedules and binding targets with clear deadlines and UN monitoring.

7. Ensure that financing for the climate be excluded from ODA and that new funds for the climate be additional to ODA.

3.2 Using ODA to Leverage Private Sector Investment

Since the International Conference on Aid Effectiveness in Busan (See Sidebar), "global and innovative partnerships for development" have come to be seen by many as the inevitable solution to sustainable development financing. Using ODA to leverage new private capital in favor of sustainable development is a major thread throughout the FfD, the Zero Draft Outcome Document[22] and the policy documents leading up to it. There is a significant emphasis on efforts by the World Bank and other IFIs to enhance support for infrastructure development and financing, mobilize private long-term finance for commercially-viable projects, and strengthen public and private partnerships (Development Committee 2015).

By agreeing to the current Zero Draft language, decision-makers would agree to provide financial and technical support to preparing and prioritizing projects with the greatest potential for sustainable industrialization and support blended financing instruments (See Sidebar), including public private partnerships (See Sidebar). The GFF for EWEC calls for a greater role of the private sector in health financing strategies at the national level and aims to strengthen and improve the private sector's efficiency.

Analysis

Many nonprofit champions of RH supplies worry about the possibility of increased involvement of companies in international financing for health in developing countries. There are at least two main reasons for this concern: the moral hazard of using public poverty eradication funds through

Sidebar 11: Public Private Partnerships (PPPs)

As the WHO website explains, the term "PPP" can apply to ventures varying widely in size, participation, legal status, governance, management, policy-setting prerogative, contribution or operational role. Objectives typically include:

- Developing a product
- Distributing a donated or subsidized product
- Strengthening health services
- Educating the public
- Improving product quality or regulation

Some "PPPs" could be more accurately described as public sector programmes with private sector participation, such as Global Alliance for Vaccines and Immunization, which has its secretariat at UNICEF.

There are also legally independent "public interest" (but actually private sector) entities such as the Global Fund to Fight HIV/AIDS, TB and Malaria.

22 See especially Zero Draft Outcome Document paragraphs 8, 48, 52, 58.

mechanisms supporting private profit; and the problem of ensuring transparent, accountable, cost-effective results.

Moral hazard

When nonprofit organizations receive donor support for RH supplies, which they then sell in developing countries, net returns feed back into operations improving access. As a result, the moral hazard of public investment in nonprofit operations is relatively low. This relatively low moral hazard exists whether or not the nonprofit organization produces results efficiently and with relative cost-effectiveness compared with other possible implementing agencies, though public officials must be vigilant to avoid wasting resources through programme ineffectiveness or "market" inefficiency (eg, pushing products that consumers do not want).

When a for-profit company receives a government subsidy to develop a RH product, which it then sells in developing countries, the moral risk is higher that public funds will be turned into private profit to the disadvantage of impoverished populations. Domestic government, domestic private organization or private consumer out-of-pocket funds may combine with the donor subsidy to return profit to investors that could have otherwise been used to improve RH supplies access. Market efficiencies normally attributed to for-profit market dynamics (eg, in meeting consumer demand innovatively) do not necessarily apply in a context where government defines and funds research, development, procurement and dissemination priorities, rather than consumers.

Well-designed public-private "blended" financing mechanisms enable governments to use official funds to leverage private capital while sharing risks and returns with the private entities. Compared to "pure" loans, the EU claims that blending mechanisms enables donors to:

- make transfers to heavily indebted countries without exacerbating debt problems;
- bring companies' financial rate of return closer to what they would get in developed economies for developing country projects with a high socio-economic and/or positive environmental impact; and
- improve the quality of funded projects.

Poorly designed public private partnerships and other blended structures can lead to high returns for the private partner, while the public partner retains all the risks (IOB 2013). In addition, Eurodad (2013) reports that there is no reliable evidence to show that blended financial mechanisms meet development objectives. (See Sidebar)

Transparency and accountability

For RH supplies, for-profit company innovation has produced many user-friendly products that have been helpful for increasing RH supplies availability and use. Whether this innovation produces net benefits on

aggregate seems obvious on the face of it. Unfortunately, the evidence is lacking regarding precisely where, when and how investments in development of new RH technologies by companies have generated net benefits compared with alternatives such as increasing understanding of existing contraception options, ensuring that existing RH supplies reach the populations needing them, investing in non-profit product development, and so on. There are several private sector mechanisms to govern (or build collective action), for social good and/or global health including GBCHealth[23], but these are voluntary and self-regulating. (GBCHealth 2015).

Disaggregated private for-profit data is not freely available, though some can be purchased from market research firms. There is no open international database where companies report RH supply financial flows[24]. Better availability and use of market research data in the international family planning and reproductive health community would help provide a more complete picture of financing-by-source for RH supplies. The proprietary nature of much of this information underscores the sensitivity of companies in openly sharing data about RH supplies costs and sales in their competitive markets. An open source approach to corporate reporting of RH supplies financial flows would have to make business sense for the companies providing data and benefit corporate profits from RH supplies. As Denise Harrison, Senior Market Development Advisor at USAID remarks "Many in our community question the validity of data (that can be purchased) from traditional market research, but it should be noted that companies make big investment decisions drawing on this data. We should ask if open access data works as well for government decision-making."

It would be very helpful to know more about the rapid growth of private markets for contraceptives in developing countries. For example, what is the economic profile of the purchasers in developing countries? If, as it seems reasonable to assume, they are middle- to upper-income people, do their out-of-pocket payments relieve the burden for public sector contributions to RH supplies, or do they reduce the opportunity for the sort of risk-pooling and resource re-allocation that enables governments to subsidize RH supplies for the very poor? How do their purchases influence which RH supplies are available? Does the growth of private out-of-pocket payments attract producers in ways that make it easier or more difficult for governments to negotiate RH supplies prices? How do socially marketed – subsidized but not free – RH supplies affect either the private markets or the public efforts to close the RH supplies gaps? How do donor purchases, at prices considerably below market, subsidize manufacturers? One could argue that consumer-driven purchasing has the potential to be more efficient in meeting needs than donor-driven RH supply than donor-driven purchase and

23 A coalition of companies bringing the voice of business to global health issues. See www.gbchealth.org

24 Many of the 59 companies listed as RHSC members do not make detailed financial reports available online. Among those that do, the information provided varies widely by description.

dissemination. However, determining whether this is true in developing countries requires more data than is likely to be available in the foreseeable future.

The following passage by Dalberg (2014), nicely summarizes many of the risks and opportunities associated with increasing private sector engagement in RH supplies:

"Given the complexity and trade-offs involved in market-shaping approaches for family planning, enhanced coordination and transparency are essential. In any market, interveners must consider complex trade-offs between individual products and approaches and between optimizing for the present versus delivering on the future. This is especially challenging in the family planning space, where providing women with choice is fundamental. While optimizing delivery for any one method is clearly not sufficient, there remains no objective metric for establishing the right balance to avoid biasing or distorting the market. Consequently, in the absence of global agreement on an optimal set of approaches, it is incumbent upon interveners to articulate the logic of their choices and the vision that they seek. To the extent that consensus can be reached around product priorities and the allocation of resources amongst them, prospects will be enhanced for building a common vision within the RH community."

At a minimum, it seems reasonable to expect that a very carefully researched market segmentation would help ensure that any ODA used to leverage increased private sector involvement will clarify their roles, cost-effectiveness and expected impact (Gribble 2010).

The High Level Task Force on ICPD (2015) argues that public-private partnerships to finance SRHR, outsource service provision, or advance research and development "should be carried out only under strong regulation and stewardship by governments and within an existing context of tax-funded public health care, to ensure equitable access, quality of care and compliance with human rights and ethical standards." It also recommends ex-ante criteria "to determine whether private sector partners have a demonstrated commitment to rights and gender equality-based approaches, have any prior involvement in human rights abuses or corruption, respect tax and other financial obligations, comply with labour and environmental standards, and have no conflicts of interest, for which proper disclosure should be required."

In order to ensure the greatest health impact in a time of uncertain donor and domestic resource allocation, Ministers of Health must ask not only for more funding, but also for policies that enable greater leverage of that funding. According to the Brookings Institute (Glassman 2008), approximately 28 percent of extra value (more supplies/lives saved for the same donor dollar) can be captured by adhering to efficient procurement and payment policies.

Opportunity

Although somewhat haphazard, the evidence for the net benefits of PPPs for health and RH supplies financing does exist. For example, the USAID Strengthening Health Outcomes through the Private Sector (SHOPS) programme[25] documents ways in which the private sector can be very helpful for improving health outcomes in developing countries. For those private sector entities that contribute meaningfully to improving access to RH supplies, increased support from government provides an opportunity to magnify that impact. Companies, non-profits, public-private partnerships and projects that innovate, manufacture and distribute RH supplies are among those with tremendous potential to aid sustainable development, sustainable industrialization and full employment of women. Increased funds leveraged from new sources that improve RH supplies access could be very helpful, particularly considering the very large volume of private capital available (see Section 2).

Leveraging, or incentivizing, the private sector to increase resources is also a major focus of the GFF and FfD. Some but not all private sector entities have signed on to global "compacts" that provide governance frameworks for their involvement, such as GBC Health, an international coalition of businesses interested in improving global health. Public-private partnerships accompanied by a clear governance framework – including ex-ante assessment and criteria, transparent reporting, independent evaluation, and monitoring mechanisms – present an opportunity to leverage private capital that is transparent and accountable and can be assessed for cost-effectiveness.

Some researchers have indicated that supply-chain management for the public sector, private training schools, low-cost clinic and pharmacy chains, and diagnostic laboratories present promising opportunities for private sector involvement (Fryatt 2010). As these are some key ways in which the private sector (nonprofit and for-profit) is involved in RH supplies access, they represent a very promising area for further research.

Risk/Challenge

The Intergovernmental Committee supports using ODA to leverage new private capital in favor of sustainable development mainly to exploit the potential to mobilize new resources. The motivation for increasing private sector involvement does not appear to be based on a thorough, nuanced or disaggregated sector-specific analysis of the effectiveness or cost-effectiveness of private sector interventions in achieving development aims. The RHSC (2014) identifies many "market inefficiencies" that impede effective private sector resolution of RH supply gaps, including:

› Lack of private sector insight into user needs and design requirements;

25 See www.shopsproject.org

- Lack of incentives for the private sector to enter market Information and data gaps;
- Sub-optimal global procurement practices;
- Lack of demand predictability;
- Lack of private sector incentive to meet stringent regulatory authority or WHO prequalification requirements;
- Challenges for companies in gaining regulatory approval;
- High cost of goods sold, distribution and delivery issues;
- Lack of user / consumer awareness; and
- Lack of coordination among actors.

In light of market and institutional failures, the risks and challenges of encouraging the use of ODA to leverage private capital are many (IOB 2013), with limited evidence to assess effectiveness, much less cost-effectiveness. There are many different ways of working with the private sector and not all of them are risk-free. The RHSC report (2014) lists 22 RH supply "market shaping" initiatives – activities by donor governments, philanthropic foundations and multilaterals that seek to proactively influence the dynamics of a given market. Goodwill is high, but evidence generally anecdotal regarding whether and how private sector engagement generates overall net health benefits in LICs and LDCs. As the FfD "Elements" paper (See Sidebar) rightly points out: "When a commitment is made by a non-state entity, only the committing entity can be held accountable, not the class of organizations." An increase in reliance on non-state entities will commensurately increase the monitoring and accountability burden, which for population assistance, is already insufficiently resourced.[26]

Recommendations

At the international level, the Civil Society group advising FfD Outcome Document drafters express concern about the "omnipresent" role of private finance and attendant socialization of risks and costs and the privatization of profits and wealth. They consider the Zero Draft as detrimental to the interests of sustainable development and biased towards big corporations and private finance overall. Mindful that sustainable development is meaningless without regard for human rights, they urge States to commit to develop the necessary policies and binding regulations to ensure alignment of business practices with human rights obligations. They suggest the Outcome Document includes a commitment to "work towards a mandatory UN set of principles to formulate and adopt principles for a set of sustainable development criteria to be applied on all businesses, and especially in cases when to public funds used to leverage private sector investment, drawn on existing UN principles."

26 The UNFPA/NIDI report makes it clear that Population Assistance investments in public policy research, administration and management have been flatlined for decades.

The fact that the broader finance and development-focused civil society is focused on monitoring, analyzing and addressing the inherent risks of shifting capital from poor individuals to wealthy individuals provides an opportunity for RH supplies stakeholders who also see to minimize risk of adverse capital transfers. SRHR and RH supplies stakeholders can learn from and build on the capacity of those civil society organizations; contribute to and strengthen their efforts to influence decision-makers; and focus their attention for the benefit of matters affecting RH supplies.

To prevent a net drain of resources away from ICPD implementation and RH supplies access in developing countries, especially LICs and LDCs, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Agree that essential funding for PPPs should come from the private sector entities themselves, in order not to compromise the availability of public development aid for RH supplies among the world's most poor populations.

2. Make any public development assistance that is used to "leverage" new private capital toward improving RH supplies uptake and SRHR outcomes contingent on a governance framework 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.

3. Fund research to assess the 'added value' of the private sector and develop and disseminate evidence regarding best practices in public private partnerships for RH supplies and how domestic developing country governments can mitigate the risks of blending private and public resources.

In addition, RH supplies champions must increase their literacy, knowledge and engagement on the commercial sector as an instrument for improving access to RH supplies.

Sidebar 12: Development Bank Loans (Part 1)

As explained by NIDI (2015) development banks are an important source of multilateral population assistance. They focus on providing loans, which must be repaid, rather than grants.

Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention, and fertility survey and census work.

The World Bank Group loaned $336 million for population and reproductive health activities in 2012. Three-quarters of this ($255 million) were loans from the International Bank for Reconstruction and Development (IBRD) loans at market rates. The rest were International Development Association (IDA) loans, made at highly concessional rates.

"Concessional" rates are those whose associated costs and fees are lower than for loans available on the commercial market.

3.3 Use of Loans

The Zero Draft Outcome Document and policy documents leading up to it place a lot of emphasis on clarifying and most likely increasing loans to achieve the SDGs[27]. Most of it is focused on the problems associated with improving overall debt levels of poor countries and high-level macro-economic dynamics impeding sustainable development. But, there is more of concern in this issue than may seem immediately apparent to RH supplies interests.

27 See Zero Draft Outcome Document paragraphs 63, 64 and 82.

Analysis

Governance of the World Bank and other IFIs has been a long-standing if intermittent concern of SRHR advocates. Under the 2005-2008 leadership of its Chairman Frans Baneke – who worked for the Netherlands Development Finance Company for 20 years before joining the SRHR community – the EuroNGOs coalition[28] conducted civil society training workshops and met with several World Bank board members regarding the need to increase World Bank funding for sexual and reproductive health and rights. Subsequently, the 2011-2012 EuroNGOs project "AHEAD for World Bank Advocacy" sought to build advocacy capacity of civil society in Kenya, Rwanda, Tanzania, Uganda, Mali, Senegal, Niger and Burkina Faso for influencing the World Bank at national level. Since 2010, IPPF's "Scorecard" work monitoring progress on the World Bank's Reproductive Health Action Plan has found it extraordinarily difficult to get clear, consistent and sufficiently detailed information regarding World Bank decision-making policies and procedures (IPPF 2014).

The inability of SRHR stakeholders to obtain clear information and accountability from the World Bank mirrors that of the development community as a whole, including frustrations voiced by donor governments. The February FfD Elements document itself rued the slow progress to improve debt and loan practices of international financial institutions, and bemoaned the lack of developing country representation for accountability and governance, as follows:

"Developing countries have yet to fully achieve greater voice and participation in the international financial institutions (IFIs)[29] and in financial standard and norm-setting bodies….governance reforms at the IFIs, begun in the Monterrey context, have been slow and disappointing, despite the initiatives taken in the institutions themselves. Furthermore, despite some progress, representation (of developing countries) in international financial regulatory bodies…remains limited." (Elements, p. 10)

While this statement was subsequently nuanced in the Zero Draft FfD Outcome Document, the latter still deplores that 'many countries remain vulnerable to debt crises' and calls for higher representation of developing countries in IFIs' governance structures.

World Bank / International Development Association (IDA) loans reported in the OECD DAC Creditor Reporting System database under Population Assistance sector coding frequently indicate coverage of annually recurring, operating "current" costs, including:

Sidebar 13: Development Bank Loans (Part 2)

NIDI and IPPF (2014) have found it extremely difficult to get clear, consistent, disaggregated and reliable data from the World Bank regarding its grants and loans for SRHR. It is also difficult to get information about the criteria and processes used for development bank loan decision-making.

Many bank loans are used to finance basic social service programmes such as nutrition, integrated health and girls' education projects. Often, ICPD components such as family planning, reproductive health and HIV/AIDS-prevention services are embedded in these projects. However, record-keeping systems do not disaggregate funds by ICPD categories. As a result, loans that finance basic social service programmes and which include family planning, reproductive health and HIV/AIDS services go unrecorded.

28 See www.eurongos.org

29 IFIs are institutions that provide financial support (via grants and loans) for economic and social development activities in developing countries, such as the European Investment Bank, World Bank, International Bank for Reconstruction and Development, and International Development Association.

- Information-education-communications activities
- Control of communicable and non-communicable diseases
- Health surveillance and promotion activities
- Hospital/other health and nutrition services, support services
- Health policy reform
- Capacity building
- Health care practitioner training
- Strengthening of personnel recruitment and management

Descriptions of these IDA loans as they appear on the OECD DAC Creditor Reporting System can be found in an Annex to this report. The descriptions do not indicate what proportion of loan financing was allocated to current costs, nor what requirements or qualifications may have been attached to them. This makes it very difficult for civil society to infer the principles and criteria being applied to IDA loans for population assistance or provide independent monitoring and assessment.

According to the February draft Business Plan, the GFF plans to highly "incentivize" IDA and International Bank for Reconstruction and Development (IBRD) loans for financing of 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-one. This means the IDA/IBRD loan must match or exceed the grant resources, or the grant resources are reduced to the level of IDA/IBRD financing. Operationally, grant resources are inextricably linked to the corresponding IDA/IBRD loan. Grants will not operate as standalone projects but rather as complements to an IDA/IBRD loan. There is no separate management structure for the grants. In order to obtain GFF grant resources, developing countries will be required to accept four dollars of IDA/IBRD loan financing on average.

Risk / Challenge

There are many reasons to be concerned about IFI lending practices. The International Consortium of Investigative Journalists (ICIJ) recently reported highly destructive impacts documented for World Bank development investments, citing gross human rights violations and $50 billion in funding for projects graded the highest risk for "irreversible or unprecedented" social or environmental impacts (ICIJ 2015).

More specifically, generally accepted public sector financial management practices recognize that loan/debt financing of annually recurring operating ("current") costs increases the overall financial burden of those costs and risks undermining economic development unless certain factors are in place. Loan financing for sustainable development falls into two major categories:

concessional and non-concessional. Concessional loans are less expensive than could be accessed on the open market and can qualify for reporting as a contribution to traditional development aid. Non-concessional loans and market-like instruments are designed with the express aim of returning profits to capital providers.

Because of their design and intent, non-concessional loans used to finance development increase the overall cost of the financing, which in turn increases the burden on developing countries. In order to assure that loan/debt financing in developing countries does not undermine sustainable development, loan/debt instruments should be considered generally inappropriate for financing of recurring operating (current) costs, except in clearly specified circumstances, such as if the loan is planned to (a) serve as a bridge that fills a gap in financing due to known/planned donor disbursement delays; (b) with a donor guarantee / pledge backing; and (c) highly concessional in the case of LDCs.

An additional concern regarding loans applies to the Global Financing Facility for EWEC. A great deal of the information that the GFF has released to public stakeholders raises many more questions than it answers. Critical underlying assumptions are left unexplained, and many are highly questionable.[30]

Opportunity

The USAID Strengthening Health Outcomes Through the Private Sector (SHOPS) programme[31] documents capital financing needs in developing countries that may be well served by loans. Bridge loans, like those espoused by the Pledge Guarantee for Health[32], can fill RH supplies financing gaps that occur when there is a lag between a donor's funding commitment and disbursement. Leveraging bridge lending, Ministers have the opportunity to procure essential medicines when they need them, and pay back when donor funding is available (PGH 2014).

Recommendations

The international Civil Society group advising the FfD Intergovernmental Committee drafters[33], responding to input from this project, have urged that

30 The February draft GFF business plan presented scenarios with either 25 percent or 50 percent of government (presumably domestic) health expenditure being dedicated to RMNCAH resulting in a reduction of international (presumably donor government) dwindling to a tiny fraction of funding. The assumptions and calculations behind these projections were not detailed nor explained.

31 See www.shopsproject.org

32 See http://pledgeguarantee.org/pledge-guarantee-for-health-2-0/

33 This group of more than 600 members serves as a communication platform among Civil Society Organizations dedicated to influencing the UN FfD process. Participants represent a wide range of finance and development-focussed international NGOs, such as the European Network on Debt and Development, the Society for International Develoment, CIVICUS, the Center for Human Rights and Climate Change, the Rethinking Bretton Woods Project. IPPF is a member, and the Women's Working Group on Financing for Development participate.

the following language be added to the FfD Outcome Document: "We commit to providing sufficient development assistance in form of grants to ensure that the social compact is fulfilled and access to essential health information, services and supplies is ensured without loan/debt financing of annually recurring operating costs." This helps strengthen the case for ensuring effective loan practices when it comes to RH supplies.

To protect against the worst consequences of increased loan financing of RH supplies, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Require international lenders to make decision-making criteria and processes – especially for population assistance and RH supplies – open to public scrutiny and to refrain from lending practices that are contra-indicated with poverty eradication and sustainable development aims.

2. Make sufficient grant assistance available to ensure that access to essential reproductive health information, services and supplies is ensured without loan/debt financing of annually recurring operating costs.

3. Require international lenders to improve standardized reporting practices, eg, through OECD DAC reporting systems that will ensure monitoring and engagement in in International Financing Institution (IFI) practices by FfD decision-makers, governments and civil society.

In addition, RMNCAH stakeholders must continue to closely monitor and intervene in the activities of the GFF for EWEC. While it is not clear how significant the GFF will become as a financing mechanism, considering only a few donors have expressed support so far, the alignment of the GFF approaches with the overall FfD debate and the institutional power of the World Bank group suggest that the GFF may continue to gain momentum. The RHSC and other SRHR stakeholders must remain vigilant to ensure that GFF practices produce results desired for RH supplies and SRHR as a whole. The GFF for EWEC should be expected 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.

3.4 Importance of ICPD Financing for Sustainable Development

The Zero Draft Outcome Document makes explicit reference to the importance of implementing several strategies and programmes of action agreed previously by the United Nations[34]. It does not explicitly reaffirm the ICPD Programme of Action, though access to sexual and reproductive health information, services and supplies, including RH supplies, is an essential precondition for many aspects of sustainable development.

Challenge

Most of the economists and financial analysts who have thus far contributed to the FfD discourse remain unaware of the importance of the ICPD Programme of Action to sustainable development, and of course to RH supplies access. They do not see the importance of the consensus it reflected among 179 UN Member States nor the ways the ICPD PoA positioned population in relation to development, sustained economic growth, the environment, consumption patterns, governance, social equity and gender equality.

At the ICPD, the international community agreed to fully finance four core programmes in an overall costed package: family planning; basic reproductive health; prevention of sexually transmitted diseases, including HIV/AIDS; and programmes that address the collection, analysis and dissemination of population data. Two-thirds of the required amount were to be mobilized by developing countries themselves and one-third was to come from the international community. These commitments have not been fulfilled on either side, which has undermined development progress in measurable ways (Beekink 2014; UN Secretary General 2014). Fully funding the ICPD Programme of Action would put in place many of the underlying factors required to ensure RH supplies access.

Opportunity

The reference to the New Partnership for Africa's Development (Nepad) in the Zero Draft Outcome Document is helpful. In order to create a 'mechanism' for implementing the MDGs, the UN General Assembly adopted at its Fifty-sixth Session in September 2001 a Road Map towards the implementation of the United Nations Millennium Declaration. The Road Map contains both targets and indicators for each MDG and these will be partly used in developing NEPAD's Implementation Plan. NEPAD can continue to play a leading role in the region with regard to financing of SDGs (AU 2006; NEPAD 2015. With NEPADs support of the ICPD PoA, there is an opportunity to advocate regionally for RH supplies domestic financing.

34 Zero Draft Outcome Document Paragraph 8.

Fortunately, as a result of intervention enabled by this project, the global civil society group in March agreed to include ICPD as a recommended addition to the Zero Draft. This is a great breakthrough because the prior CS consolidated comments had no mention of ICPD, RH supplies or FP. They mentioned health only briefly. Receiving the support of leading finance and development organizations for inclusion of a recommendation to fully fund ICPD is a very helpful start for the advocacy campaigns. It is just a start, of course. Civil society vetting will come, and influencing the international decision-makers to ensure ICPD retains support presents a formidable series of challenges.

Recommendation

Thanks to input from this project, the civil society group advising the Intergovernmental Committee FfD Outcome Document drafters have urged inclusion of the following language in the next draft: "We agree that reproductive health and family planning supplies are essential to sustainable consumption and production patterns and we recommit to fully funding the ICPD Programme of Action."

Stakeholders concerned about access to RH supplies should urge Finance Ministers and Development Ministers to redouble their efforts to fully fund the ICPD Programme of Action. Doing so will not only increase measurable financial flows for RH supplies themselves but also strengthen the enabling environment required for people in developing countries to access them.

3.5 Guaranteed Social Protection, Essential Public Services and Universal Access

The Zero Draft Outcome Document commits decision-makers to support something it calls "a new basic social compact to guarantee nationally appropriate minimum levels of social protection and essential public services for all." It also promises to "guarantee access to essential health care and education for all persons." The draft FfD Outcome Document would have Heads of State agree to increase public spending "to secure adequate investments to ensure universal access" and identifies domestic government spending as particularly important for this aim.

Opportunity

For Heads of State and Finance Ministers to guarantee access to essential health care, minimum levels of social protection and essential public services can only be good news for RH supplies access. In addition, the international civil society group advising FfD Outcome Document drafters have agreed to urge decision-makers to include explicit language on access to family planning, reproductive health supplies and the ICPD agenda. The support of

Sidebar 14: Global Financing Facility for Every Woman Every Child

In response to a call by the UN Secretary-General's for expanded cooperation for action, the World Bank Group and the Governments of Canada, Norway, and the USA announced the creation of a Global Financing Facility (GFF) in support of Every Woman Every Child (EWEC) with up to $4 billion in financing support towards MDG acceleration and to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH).

GFF design has developed in parallel with the global FfD discourse. Many of its design features mirror those topics being discussed in preparation for the FfD Outcome Document.

As the GFF is intended to serve as an implementation mechanism for financing RMNCAH, its business plan provides a helpful case study for how the abstract FfD discussion may play out in reality for RH supplies.

civil society internationally can be very helpful for giving additional weight to carrying forward SRHR and RH supplies messages to FfD decision-makers.

Challenge

The main challenge presented by this opportunity is to demonstrate at the national level that RH supplies constitute an essential public service and public good or at least should be part of a minimum essential package (Stenberg 2014; Hsu 2013). Experts may disagree about the application of the economic term "global public good" to family planning, but the benefits of investing in RH clearly accrue to the community at large. The challenge is to ensure that the FfD Outcome Document's "nationally appropriate minimum levels of social protection and essential public services for all" guaranteed by Heads of State include FP and RH supplies. Ensuring this will require a much greater availability of transparent, detailed data for monitoring and advocacy intervention at the national and sub-national level in developing countries than has been available to date.

Civil society groups advising the FfD Outcome Document drafters argue that asking States to commit to a "new basic social compact" obscures their existing obligation to fulfil the human right to social security enshrined in the Universal Declaration on Human Rights and International Covenant on Economic, Social and Cultural Rights (ICESCR).[35] They observe that States have committed to "comprehensive systems of social protection that provide universal access to social services" in the past. They ask whether developing countries have the national resources to implement these provisions and demand explicit reference to international support for developing countries as part of the means of implementation and global partnership. When it comes to RH supplies specifically and the related costs that are necessary to ensure access, insufficient human resources has proven a major factor limiting access, as well as availability of needed equipment, functioning transport systems and many others. A declaration of commitment by decision-makers is welcome, but empty promises of the past demand ceaseless dedication to problem-solving at national and sub-national levels.

Analysis

The SRHR field has many arguments and overwhelming evidence to draw on when making its case that FP and RH supplies are a public good and a tremendous cost-effective public investment for sustainable development.

While consumer out-of-pocket expenditures in developing countries represent 64 percent of all known financial flows for ICPD services, information and supplies (Figure 2), most Western European consumers

35 Collective in depth-analysis of the Zero Draft by the international group of Civil Society Organizations and Networks that follows the Financing for Development (FfD) process (draft 16 March 2015). Citations can be found therein.

contribute between 15 and 25 percent of total healthcare expenditures in their own countries (WHO Global Health Expenditures Database, accessed October 2014). On average across OECD countries, patients contribute about 20 percent of total healthcare expenditures (OECD.org 2013), though this may obscure how much consumers in wealthy countries pay for healthcare through taxes that support health systems. The disproportionate out-of-pocket burden by developing country citizens to the reproductive health, family planning and HIV/AIDs services, information and supplies in the ICPD programme of action demonstrates how essential these services are to private individuals. An accountable FfD system would respond not only to the demonstrable need for access to RH supplies, but also the clear demand being expressed for RH/FP by the poorest segments of society.

Certain Middle Income Countries (MICs) display high levels of unmet need for family planning. Equally significant are the remaining inequities between geographic regions and populations groups within MIC countries with regard to access to social services. Catastrophic out-of-pocket spending rates were highest in some countries in transition, and in certain Latin American countries (Tobar 2013). An analysis of Demographic Health Survey data by Barros et al (2012) found that regardless of how poor a country is, the wealthy have the means to access needed interventions, while the poor lack access to key interventions such as skilled birth attendance.

The High Level Task Force on ICPD's February report, "Policy Considerations for Financing Sexual and Reproductive Health and Rights in the Post-2015 Era" (2015) concisely explains the challenges of inequality when it comes to accessibility and affordability of SRHR services. It suggests that countries would ideally provide universal free access to services and eliminate financial barriers at point-of-service delivery, which requires sufficient tax collection for general revenue for budget allocation.

Sustainable consumption and production patterns start with a woman's ability to control the number and timing of children she bears, and universal access to RH supplies is at the heart of this critical enabling factor. Reproductive health, and RH supplies, have a global public good value which is encouraging the 'demographic transition' through improved health care (WHO 2013; Ooms 2014; Stephenson 2010).

If all unmet need were fulfilled in Sub-Saharan Africa alone, the number of unintended pregnancies in the region would drop by 78 percent, from 19 million to four million, resulting in eight million fewer unplanned births, five million fewer abortions and two million fewer miscarriages. Fulfilling unmet need in Sub-Saharan Africa would also prevent 555,000 infant deaths—255,000 newborn deaths and 300,000 deaths among older infants—which would result in a 22 percent decline in infant mortality. Enabling women to plan their pregnancies also leads to healthier outcomes for children. A recent study showed that if all births in developing countries were spaced at least two years apart, the number of deaths among children younger than five would decline by 13 percent. The number would decline by

25 percent if there were a three-year gap between births (Guttmacher 2012). Expanding access to contraception will be a particularly cost-effective investment potentially accounting for half of all the deaths prevented in the accelerated investment scenario, due to its relative low cost (Stenberg 2014).

Social protection and social insurance systems, while welcome, need to be approached cautiously. Risk pooling and prepayment to decrease risk and cost can in ideal circumstances decrease out-of-pocket expenditures by consumers. The GFF draft business plan also extensively emphasizes risk-pooling to "protect the poor and vulnerable" but goes on to acknowledge that these "are typically not completed in a single three to five year period" (GFF BP 2015).

On the other hand, Oxfam provides ample evidence that risk-pooling in developing countries often excludes the poorest of the poor (Oxfam 2013). Putting social protection and social insurance schemes in place may require lengthy processes as necessary structures and systems are put in place. In the interim, simpler options to reduce out-of-pocket expenditures should be explored to mitigate their adverse effects. FfD Outcome Document decision-makers have a responsibility to direct increased financing toward ensuring that the poorest of the poor are reached.

Recommendations

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

1. Commit to include RH supplies in guaranteed minimum levels of social protection and essential public services in all national social compacts.

2. Provide additional international public funds for public policy research to determine the cost-effectiveness of mechanisms to assure universal access to essential services, and for third-party (ie, civil society) resource tracking and advocacy.

3. Provide international public funds to develop domestic government capacity to ensure measurable achievement of universal access to essential services, including RH supplies, and social protection.

4. Approach risk-pooling strategies with care and skepticism, with alternative social security mechanisms put in place to ensure that the poorest and most vulnerable increase their access to RH supplies.

3.6 Global Funds

The trend for global FfD and aid effectiveness commitments has been a continuous push for greater national ownership and control by developing country governments of all processes affecting their sustainable development and growth. At the same time, the Zero Draft Outcome Document[36] emphasizes the use of global funds as a possible modality to fund the new social compact for access to basic services.

Analysis

There are two main components of this issue that have immediate relevance for RH supplies financing: the overall value of global funds as mechanism for financing development assistance for health overall, including RH supplies; and the specific value of global funds for cost-effective management of RH supplies procurement.

Global Fund for Health

The UN's Sustainable Development Solutions Network (2015) recommends creation of a Global Fund for Health (GFH) – combining GAVI, the GFATM, the Global Finance Facility for EWEC and other existing mechanisms – to comprise a financing window to strengthen health systems and support horizontal approaches to health. The proposed GFH would disburse a minimum of $15 billion per year as of 2020 compared with a combined total of $5.2 billion today for GAVI and the GFATM. In theory, consolidating vertical funds has a wide range of possible benefits, including reducing the administrative burden for developing country governments that current manage numerous vertical financing arrangements for health, and improving health system management across disease groups and target populations (Ooms and Hammonds 2014). However, considering donors' incentives and the political and institutional momentum of these distinct institutions, combined with the extraordinary complexity of harmonizing procedures among them, it seems unlikely that this year's FfD decision-making would take major steps in that direction. The discussion merits close monitoring, however, because none of the existing global funds for health focus specifically on RH supplies.

RH supplies procurement

Looking more closely at the benefits of global funds for procurement of RH supplies highlights the challenges of managing national and international processes for best development effects. A recent study of the contraceptive supply purchases in Mexico confirmed that consolidated, international purchases made by UNFPA on behalf of countries such as Mexico can reduce national health procurement costs and increase the transparency of these processes. Additional advantages include higher predictability and reliability

36 Zero Draft Outcome Document Paragraph 11

of contraceptive supply and delivery, as well as lower administrative and financial burdens due to reduced procurement-related staff time. Procurement experts have highlighted that when countries take on the task of procuring commodities, making sure the system works effectively takes time. The community needs to pay close attention to possible adverse effects: government procurement may take longer, at higher prices due to lower volumes, or switch brands with consequences for client acceptance (Dowling 2007). Recent studies have shown that when countries pick their suppliers, these suppliers sometimes select lower quality supplies (Bate 2014) which poses major concerns for RH supplies. National regulation must enable the use of international purchase systems by national governments or decentralized administrations, and a detailed review process is required to anticipate and prevent problems. (Vernon et al 2015)

Opportunity

Countries increasingly have the opportunity to either manage their own procurement systems or rely on international procuring agents like UNFPA (Gribble 2010; Dowling 2007). Governments in countries that receive donated contraceptives do not themselves need the capacity to manage complex and lengthy procurement systems and processes. International procurement agents often are able to negotiate lower prices through bulk volumes. Usually, UNFPA supplies can enter a country free of taxes. International public private partnerships have also proven helpful by negotiating minimum volume guarantees that enabled lower prices for specific RH supplies (FP2020 2013).

Experience with RH supplies procurement has shown that stimulating national procurement is a long term effort requiring capacity investments by donors to improve Ministries of Health, national medical stores, regulatory and other systems. As developing countries develop their capacity to procure quality RH supplies directly, a continued role for global and multilateral Funds enables pooling of domestic funding from various countries for joint procurement and can help ensure an efficient use of scarce domestic resources. The RHSC (2014) reports that in January 2013, a consortium of international donors and Bayer HealthCare signed a deal to supply and purchase 27 million doses of the Jadelle® implant for the coming six years, in exchange for a 53 percent price reduction. Price reductions for ARV drugs generated through market interventions by UNITAID, the UK Department for International Development (DFID), and the Clinton Health Access Initiative (CHAI) generated an estimated global savings of at least $600 million from 2008 to 2011. (RHSC 2014)

Challenge

The international FfD Civil Society group, at the time of this writing, have rejected a suggestion to strengthen the Zero Draft FfD Outcome Document language regarding the value of global funds and multilaterals in negotiating

cost-effective procurements. Furthermore, they are highly critical of the disproportionate and "distorting" influence of private philanthropies over approaches to sustainable development. They express concern that private philanthropic foundations, whose legitimacy is questionable and priority-setting processes are non-transparent, have too much influence over how governments, intergovernmental and UN fora approach sustainable development. They are concerned with the ways in which global funds can drive sustainable development priorities through a centralized, top-down approach, and see them as using their international power, influence and resources to impose unhelpful requirements on developing country governments while increasing overhead costs for sustainable development. The overall concern is that global / international funds have power and influence that undermines the ability of developing country governments to effectively manage their own sustainable development and economic growth. If the SRHR sector seeks to get buy-in from the larger world of civil society organizations influencing FfD, the role of global funds in relation to procurement will require further discussion.

Recommendation

To increase support for RH supplies, SRHR stakeholders should urge heads of government and finance ministries at the FfD in Addis Ababa to continue to support international procurement agencies as developing countries develop their own internal capacity to cost-effectively manage RH supplies procurement.

3.7 Domestic Public Finance and Tax Revenues

The Zero Draft Outcome Document emphasizes the importance of increasing domestic revenue generation in developing countries in order to strengthen sustainable development. It speaks to the need to improve fairness and effectiveness of tax systems for improving countries' economic and social situations[37].

Challenge

In reviewing Demographic Health Survey data, Barros, et al (2012) found highly unfair and avoidably inequitable access to skilled birth attendance and other interventions, when access is compared by income quintile. The authors do not know who accounts for the very high estimated out-of-pocket investment by consumers in developing countries, but it seems unlikely that consumer purchase of RH supplies is limited to the wealthy in those countries. As developing countries improve their systems of tax collection, it is important to ensure that efforts to increase public spending and domestic

37 Paragraphs 19 and 20.

resource mobilization do not undermine RH supply access. It seems reasonable to suggest 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. Increases in domestic government revenue should come from sources that do not further compromise access. The challenge for RH supplies stakeholders is to ensure that policymaker efforts to increase general revenues are progressive and reduce the barrier to meeting needs that is presented by out-of-pocket costs among poor populations.

Opportunity

Increased domestic government allocations to RH supplies would be very useful in closing the RH supplies funding gap in ways targeting the specific needs of each country. The Chatham House and Sustainable Development Solutions Network's recommendation that all countries allocate at least 5 percent of GDP as public financing for health provides a helpful starting point. For Sub Saharan Africa, the Abuja Declaration commitment to spend 15 percent of national budget on health will remain a hollow promise if the national budget is insufficient due to failure to raise tax revenue (SDSN 2014, Røttingen 2013).

The international Civil Society group advising FfD Outcome Document drafters, at the time of this writing, have collectively urged decision-makers to ensure progressivity of tax systems and include the following language:

- "We also agree to incorporate sustainable development, the elimination of extreme inequality, and ensure equity, including gender equality, as key objectives in all tax and revenue policies, including in the mandatory reporting and incentives provided to domestic and foreign investors, and tax treaties and agreements."
- "(…) efforts should be made to increase transparency, enhance information sharing, and improve reporting-of international assistance for tax and fiscal management, since impacts of such ODA are currently difficult to monitor and evaluate."
- "Strong action- oriented measures on guaranteeing universal social services including care services that reduce and redistribute unpaid care work, labour market regulation, and the elimination of discriminatory gender norms that underpin the vertical and horizontal gender-based segregation of the workforce should must should be included. Progressive taxation and fiscal systems should be recognized as a tool to achieve gender equality."
- "We agree that universal access to reproductive health supplies and modern methods of family planning are essential to enabling women's full participation in the economy and in the labour force and we agree to fully funding the ICPD Programme of Action." The support of civil society internationally can be a tremendous help for carrying forward these messages to FfD decision-makers.

The support of civil society internationally on these issues provides an opportunity for increased gravitas and momentum for influencing FfD decision-makers.

Recommendations

To ensure that efforts to increase domestic resource mobilization do not undermine RH supply access currently funded out-of-pocket by consumers in developing countries, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Agree that consumer out-of-pocket spending for RH supplies and other essential services should be tax-exempt / tax deductible for very poor populations.

2. Adopt all the above recommendations of the global FfD civil society advisory group regarding domestic revenue generation and taxation.

In addition, SRHR stakeholders can urge policymakers to support promising approaches found by Barros et al (2012) to improve equity – including deployment of services and health workers in the areas most in need, task shifting, reductions in financial barriers to access to services, and conditional cash transfers.

3.8 Women's Labour and Human Capital

The Zero Draft Outcome Document talks about the importance of women's full and equal participation in the formal labour market to increase sustainable development. The potential of women's human capital cannot be tapped without universal access to RH supplies. In order for women to have full and equal labour market participation, they must be able to control the timing and number of their pregnancies, which requires universal access to reproductive health and modern methods of family planning.

The international Civil Society group advising FfD Outcome Document drafters, at the time of this writing, have agreed to collectively urge decision-makers to agree that "universal access to reproductive health supplies and modern methods of family planning are essential to enabling women's full participation in the economy and in the labour force" and "to fully funding the ICPD Programme of Action." The Women's Working Group on Financing for Development (WWG on FfD) an alliance of organizations and networks advocating for the advancement of gender equality, women's empowerment and human rights, is closely monitoring the FfD process and working with the international civil society group advising FfD decision-makers. The support of civil society internationally on these issues provides an opportunity for increased gravitas and momentum for influencing FfD decision-makers.

Sidebar 15: Country Ownership

Since the Paris Declaration in 2005, the field of development cooperation has continuously increased emphasis on developing country ownership and control over development investments. Many donors have increased the amount of bilateral aid provided through mechanisms such as general budget support, which delegate authority for resource allocation to the national developing country government.

Unfortunately, developing countries are often less prepared to prioritize funding for family planning, RH supplies and sexual and reproductive health and rights in their budgets than are donor governments.

In addition, the challenge of increasing funding for SRHR in developing countries is exponentially more burdensome than influencing donor countries, for many reasons, not least of which is insufficient and non-transparent spending data.

FfD decision-making this year will extend this challenge for the foreseeable future.

Recommendation

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 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.

3.9 Devolved Decision-Making

The Zero Draft Outcome Document recognizes that around the world, national governments are increasingly devolving responsibilities to the sub-national level, which often lack technical capacity and resources to manage them effectively. It commits Outcome Document signers to develop mechanisms to help strengthen sub-national government capacity to manage its responsibilities while also ensuring appropriate local community participation in decision-making.[38]

Opportunity

The SRHR field and those concerned about RH supplies access have been struggling for several years to address the many challenges associated with devolution of decision-making and financial management to sub-national levels. Building technical capacity of sub-national governments in financial and administrative management of supply chains for essential goods and services is essential to sustainable development. Improved sub-national technical capacity on financial and administrative management of supply chains for reproductive health supplies could be very helpful for improving access and uptake, monitoring resource flows and strengthening accountability. Ensuring that local communities are able to participate in decisions affecting their access to RH supplies is an essential component of improving local accountability. Understanding financial resources available for RH supplies at national and sub national levels is also essential for ensuring access (Pradhan et al 2010).

A commitment from FfD decision-makers to build sub-national and municipal technical capacity-building in sectorial finance and management may be of tremendous assistance for those seeking to improve sub-national financial flows tracking and management.

Challenge

The post-2015 discussions will provide a set of SRHR-related indicators. These indicators are expected to guide the elaboration of tailored, national indicators, to be integrated into national monitoring systems. National governments must ensure that decentralization processes are accompanied

38 Zero Draft Outcome Document Paragraph 36

Sidebar 16: Sub-national Decision-making for RH Supplies

Developing countries' increasing tendency to decentralize responsibilities from national to subnational government has shifted attention to curative and emergency care rather than prevention; reduced awareness of the need to increase FP funding; increased corruption in procurement; reduced capacity to plan and manage the RH supplies pipeline and related data. In some cases decentralization has increased instability, increased the cost of RH supply procurement and compounded stock-outs and shortages in supplies.

Civil society can help maintain focus on SRHR and RH supplies; however, civil society is not systematically included in local processes. Local civil society organizations typically lack access to and understanding of key documents, processes and opportunities and are unable to participate meaningfully. (JSI 2010; Schmidt 2011; JSI 2012; Vernon et al 2015).

by efforts to establish effective monitoring systems at subnational level that allow for tracking SRHR spending among other issues. Vigilance and continued advocacy, especially at national and subnational levels will be required to ensure that international commitments to increase subnational financial and managerial capacity produce measurable improvements in RH supplies access. A very recent case study on the re-centralization of contraceptive supply purchases in Mexico (Vernon, et al 2015) provides evidence that in certain contexts, such as in Mexico, centralized RH supplies procurement may be more cost-effective and efficient than decentralized purchase systems, due to bulk discounts and a single tendering process. Perceived problems with the decentralization of RH supplies procurement were related to weak administrative and logistical systems at the subnational level of the states. The report concludes that in the particular case of RH supplies procurement, it is recommendable to consider, in the medium term, keeping structures at least partially centralized while simultaneously strengthening respective administrative structures and logistics at sub-national levels.

Recommendations

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:

1. Increase international donor funding to improve national and sub-national technical capacity on financial and administrative management of supply chains for reproductive health supplies for increased FP and RH supply access and uptake, monitoring resource flows and strengthening accountability.

2. 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.

3. Direct additional resources toward data collection, analysis and monitoring of financial resources available for RH supplies at national and sub national levels is essential for determining obstacles to access.

RH supplies and SRHR stakeholders will be required to continue ramping up their advocacy efforts at the national and sub-national level in developing countries for the foreseeable future.

3.10 Transparent Data Collection, Monitoring and Follow-up

The Zero Draft Outcome Document dedicates its entire final section to data collection, monitoring and follow-up. It talks about the importance of strengthening the capacity of national statistical systems and improving the timely availability of transparent financing data disaggregated by gender.

One of the clearest findings of this analysis is that 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. The support of FfD decision-makers, governments and civil society can be a tremendous help for ensuring that funds are directed toward collecting, monitoring, analyzing and reporting data on RH supplies funding, especially from international private, domestic public and domestic private sources.

Recommendations

To improve access and outcomes disaggregated RH supplies financing data is essential. SRHR stakeholder should urge decision-makers to:

1. Establish 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. (See also Pradham 2014).

2. Increase international public support for:

    a. tracking international and domestic financial flows for RH supplies.

    b. helping national developing countries develop and improve systems for tracking and reporting domestic and international financial flows – budgets and disbursements – dedicated to sexual and reproductive health and rights.

    c. tracking national-level out-of-pocket expenditures for sexual and reproductive health and rights disaggregated by sex, socioeconomic status and other demographic and geographic variables to capture the financial burden and use of services among disadvantaged population groups (ICPD 2015).

3. Commit all countries to reporting total health expenditure and total sexual and reproductive health 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.

4. Agree that States should work towards developing standardized accounting and reporting frameworks for sexual and reproductive health, 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).

Considering the overwhelming information burden and dearth of financing data that can enable government decision-makers and civil society to know how changes in financing for development are affecting funding for RH supplies, the above list serves mainly as a starting point, in hopes of instigating further discussion and action.

3.11 Additional Issues

There are many additional issues raised by the global FfD discourse and Zero Draft Outcome Document that merit consideration or present an advocacy opportunity. Where money moves, it has the potential adversely or beneficially, to affect access to RH supplies. The following issues are relevant and instrumental. They merit additional study and action, but may be lower priorities for advocates than the issues detailed above.

- Inserting references to health and RH supply chain infrastructure into Outcome Document calls for strengthening developing country infrastructures and ensuring that RH supplies experts are included in any related global initiatives (Zero Draft paragraph 53).
- Ensuring that RH supplies are explicitly addressed in commitments to implement environmental, social and governance (ESG) reporting frameworks for the private sector to contribute to transparency and accountability" (Zero Draft paragraph 15).
- Ensuring that commitments to strengthen investment in research and development of new technologies (Zero Draft section G) include RH supplies.
- Supporting commitments to develop a broader metric of well-being, which recognizes the multi-dimensional nature of poverty and the social, economic, and environmental dimensions of domestic output, than GDP as a sustainable development indicator (Zero Draft paragraph 119).

4. Concluding Remarks

This overview of financing for development trends and their possible implications provides a starting point for RH supplies advocacy toward major decisions to be made at the Third International Conference on Financing for Development in Addis Ababa in July. It was prepared to help RH supplies champions better understand and intervene on topics being debated internationally, to position RH supplies for increased funding in the future.

One of the most striking findings of this analysis is just how little coherent and reliable information is available regarding major sources of RH supplies financing. A great deal of research is needed for RH supplies stakeholders to intervene effectively in the macro-economic and systemic financing discussions being debated internationally. In theory, any development financing issue may have implications for RH supplies financing, such as:

- whether donor governments increase ODA and how they prioritize the use of public funds
- whether domestic government increase spending for SRHR and RH supplies and how they prioritize that spending;
- whether private financing domestically or internationally increases access to RH supplies; and
- whether financing decisions agreed internationally and nationally affect the ability of consumers in developing countries to purchase or otherwise obtain their needed supplies.

The Key Issues described in Section 3 may very well represent a subset of the development financing issues that RH supplies champions should be concerned with. Even for those issues, however, much more research is needed.

Given the urgency of effective RH supplies and SRHR advocacy between now and the Third International Conference on Financing for Development in Addis Ababa in July, it is important to remember that many of the trends described in this analysis began years ago. Their implementation will be rolled out incrementally in country after country over the coming years. The SRHR and RH supplies champions have been working over many years to improve their financial and economic policy-making literacy and engagement, to ensure more and better financial support where needed. The advocacy mapping provided in Annex can help RH supplies champions engage strategically between now and December. After the July decision- making in Addis, advocacy must continue and with a greater emphasis than ever before on monitoring financial flows by international financing institutions and by national and subnational governments in developing countries.

Annex 1: Advocacy Mapping

Key development financing events, stakeholders and entry points for RHS advocacy

In order to ensure the best possible use of the report's messages and recommendations, it is accompanied by a mapping highlighting key development financing events, stakeholders and entry points for RHS advocacy in the run-up to the Addis Ababa conference and Post-2015 UNGA high-level event. The mapping will ensure that the report results can be effectively used to influence FfD decision-making.

The mapping, structured chronologically according to events and opportunities occurring between January and December 2015, is intended to support nuanced advocacy interventions, by providing an 'actionable framework' on how to best take the report's messages forward in order to influence relevant players at key moments in the FfD decision-making process. Both the report and the mapping must therefore be seen as complementary parts of a comprehensive 'advocacy package'.

Mapping explained

Under the column "Tactics and tools for Influencing" 4 key aspects are addressed for each event/ advocacy opportunity: Registration process, key sessions to attend, the expected outcome of the event and key actions to take for RH Supplies/ SRHR advocacy in preparation, during and in the follow-up to the event. A selected number of past opportunities are mentioned to put upcoming opportunities into a logical context by focusing on the most important FfD-related outcomes since the beginning of the year.

The colour border on the left of each row is currently used to indicate key dates relating to the 3 major development processes marking this year for development, namely:

- The FfD (red)
- Post-2015 SDG indicators (green)
- GFF (purple) processes
- Blue important events for RH supplies advocacy which are not part of the above 3 main processes.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
		Past key events & advocacy references	
9 January, Riga, Latvia	EU launch of the European Year for Development (EYD)	European Commission President Jean-Claude Juncker and European Commissioner for International Cooperation and Development Neven Mimica	**REGISTRATION: N/A. past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME (key advocacy points): DECISION No 472/2014/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL:** EYD Focus on youth and development – which should include RH of young girls: › The European Year should raise awareness of all forms of gender discrimination faced by women and girls in various regions, particularly in terms of access to education, jobs and health systems, as well as of forced marriage, sexual exploitation, genital mutilation and other malpractices **ACTIONS:** › Attend EYD-related events in 2015 –especially those targeting youth / young girls in development › list available at: link – April has been declared EU month of health. › Use Decision wording as tool for advocacy
21 January, New York	FfD Elements Paper published in the context of first drafting session for preparation of the outcome document to the Financing for Development (FfD) preparatory process, to be presented during the 3rd international FfD conference in Addis Ababa, in June.	Hosted by the Office of the President of the UN General Assembly, with support from the Financing for Development Office (FFDO) and the UN Non-Governmental Liaison Service (UN-NGLS) Susan Alzner phone: 212-963-3125 e-mail: For any questions regarding civil society participation in the FfD3 process, contact: ffd3@un-ngls.org	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** Elements paper: For subsequent drafting sessions, reflection is encouraged on the following questions: › Do the elements presented cover the most critical dimensions of the agenda? › Are the key challenges covered in each of the building blocks? › See top RH supplies priority financing issues under international public finance building block. › What are concrete policy proposals that can be most transformative to address these challenges? See recommendations from RHS work. › How can the elements presented be made most relevant to and synergistic with the post- › 2015 agenda and implementation of the SDGs? › What should be the key deliverables in Addis Ababa? See recommendations from analysis of systemic FfD issues in Elements paper implications for RH supplies **ACTIONS:** › Use element paper as a basis further input to FfD outcome doc/ advocacy

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
5 February, Brussels	Publication of the European Commission Communication 'A global partnership for poverty eradication and sustainable development after 2015'. EU positions in preparation for the Financing for Development conference in Addis Ababa and the UN post-2105 summit in New York later in 2015.	European Commission	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** Key points in list of possible actions annexed to Communication, related to FfD: › 4) Mobilisation and effective use of international public finance. Actions for all: All countries should provide their fair share to support poorer countries in reaching internationally agreed objectives: › i. The EU and all high-income countries should provide 0.7% of their GNI as Official Development Assistance (ODA). › ii. Upper middle-income countries and emerging economies should commit to increasing their contribution to international public financing and to specific targets and timelines for doing so. **ACTIONS:** › Quote communication in events with participation of the European Commission.
6 Feb., New York	Post-2015 SDG Framework Elements paper published.		**REGISTRATION: N/A. past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Elements paper – Rough outline– refer to latest drafts available. **ACTIONS:** › Use element paper as basis for further input to FfD outcome doc/ advocacy

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
5 March, Brussels	Friends of Europe Conference, Brussels: Financing for development: The challenge of implementing SDGs.	Neven Mimica, European Commissioner for International Cooperation & Development	**REGISTRATION: N/A. past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Example of useful quotes from Comm. Mimica's key note speech: 'Let me be clear: The European Union should play its full part when it comes to ODA – the stance we have taken in the [Post-2015] communication is very clear: The EU along with all high income countries should meet the 0.7% UN target for ODA' […]'The last Eurobarometer published in January shows that 67% of EU citizens say that the EU should increase aid to developing countries. […] The EU development assistance costs us just 4 cents per day for each EU citizen but it provides an invaluable contribution to those in need. Of course, we need to continue to support the poorest members of society in the poorest countries in the areas of health, education and jobs – but we may also need to rethink how we spend these resources. […] ODA alone is not enough to implement a broad development agenda'. **ACTIONS:** › Use European Commissioner Mimica's quotes on FfD during the event for advocacy in the lead-up to FfD.
12-13 March, Santiago, Chile	LAC Regional Consultation on FfD	Organizer CEPAL, Ministerio de Relaciones Exteriores de Chile Daniel Titelman, Director, División de Desarrollo Económico, email: daniel.titelman@cepal.org	**REGISTRATION: N/A. past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Contact organizers. **ACTIONS:** › Contact organizer + coordination team in charge to receive information about outcome of + follow-up to the consultation. › Ensure follow-up and key messages feed into the global community discourse through the RHSC/LAC forum
March-April	GFF SRHR consultations: CSO and Private sector	World Bank RHSC MSI IPPF	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › GFF roundtable consultations for specific constituencies: MSI and IPPF prepared key messages on SRHR: RHSC GFF consultations report › RHSC coalition GFF Position Paper **ACTIONS:** › Use position papers for influencing GFF advocacy on RH supplies.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
16 March	3rd Zero draft of FfD outcome document published. Launch of process for collective CSO response to draft established through FfD listserv.	FfD preparatory process hosted by the Office of the President of the UN General Assembly, with support from the Financing for Development Office (FFDO) and the UN Non-Governmental Liaison Service (UN-NGLS) Susan Alzner phone: 212-963-3125 e-mail: For any questions regarding civil society participation in the FfD3 process, contact: ffd3@un-ngls.org CSO FfD listserv Contact persons: Matt Simonds: Matt.Simonds@ituc-csi.org Stefano Prato:Managing Director Society for International Development (SID) Website: http://www.sidint.net	**REGISTRATION: N/A** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** Key SRHR asks (in green) incorporated into consolidated CSO response, thanks to input from RHSC study researchers: › Language addition, Para 8 zero draft: "...In this regards, we agree to strengthen support for the implementation of relevant strategies and programmes of action, including [ADD] the International Conference on Population and Development Programme of Action, the Istanbul Declaration and Programme of Action, the Samoa Pathway, the Vienna Programme of Action for Landlocked Developing Countries, and the New Partnership for Africa's Development." › Language addition, para 15 zero draft: Language addition: "We agree that reproductive health and family planning supplies are essential to sustainable consumption and production patterns and we re-commit to fully funding the ICPD Programme of Action." › Addition para 22: "We agree that universal access to reproductive health supplies and modern methods of family planning are essential to enabling women's full participation in the economy and in the labour force and we agree to fully funding the ICPD Programme of Action." › Para 64, addition: We urge providers to take into account the recipient country's level of development, vulnerability by population groups, unmet needs (e.g. for family planning), debt level, ability to mobilize domestic resources, access to other sources of finance, [...] › Addition Para 119: "We further call on the United Nations and the IFIs to develop a broader metric of well-being than GDP as a sustainable development indicator, which recognizes the multi-dimensional nature of poverty and the social, economic, and environmental dimensions of domestic output, [ADD] by taking into account inequities, vulnerabilities and unmet needs within countries and between population groups." **ACTIONS:** › Contact FfD listserv coordinator to obtain consolidated full CSO response and use SRHR-related messages for RH supplies advocacy and input to further drafts.
20 March	Publication of first draft declaration documents for Post-2015 SDGs' framework: Post-2015 targets;		**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Post-2015 targets draft **ACTIONS:** › Use Post-2015 targets related to health (e.g. Goal 3. Ensure healthy lives and promote well-being for all at all ages) but also those on "sustainable consumption" to advocate for RH supplies financing within the FfD framework.in order to ensure FfD/ SDG coherence.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
23-24 March, Addis Ababa	Africa Regional Consultation towards the Third International Conference on Financing for Development	Focal person: Gamal Ibrahim: Geibrahim@uneca.org	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › A full summary of all in-country consultations can now be obtained through the FfD virtual group or by contacting focal person.
23 March, Geneva	European regional FfD Consultation Registration deadline: 9 March. Organizer: UNECE	Mr. Wu Hongbo, United Nations Under-Secretary-General for Economic and Social Affairs Secretary-General Mr. Christian Friis Bach, Executive Secretary of the United Nations Economic Commission for Europe Ms. Cihan Sultanoglu, Chair of the Regional UNDG Team for Europe and Central AsiaUNDP Regional Director forEurope and CIS Ms. AminaJ Mohammed Secretary-General'sSpecialAdviseron Post-2015DevelopmentPlanning Mr.Henryde Cazotte, Secretariat of the Leading Group on Innovative Financing for Development Ms.JeanSaldanha, Chair of Financing For DevelopmentTaskforce, Concord	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › A full summary of all in-country consultations can now be obtained through the FfD virtual group or by contacting focal person. **ACTIONS:** › Use geographic analysis to influence global debate. › Key messages from Chair's summary of meeting to be taken forward for advocacy: 13. The promotion of gender equality and the empowerment of women and girls is a necessary condition to achieve sustainable development, which is not only a human rights issue but also an important contribution to economic prosperity. The Addis Ababa Outcome document should give high attention to achieving and financing for gender equality, which constitutes an important goal and means of implementation of the Post-2015 Development Agenda. Proposals included gender sensitive budgeting and tax policies; ensuring equal access to financial resources, land and other productive assets, and integrating gender considerations in ODA investment decisions.[...] 22. Public-private partnerships (PPP) hold great promise for tackling infrastructure needs and the provision of some social services, but they require a conducive economic environment, effective legislation and, more broadly, the development of domestic capital markets. Risk mitigation instruments, if properly designed, may encourage the involvement of private investors in particular sectors. Standards, such as those promoted by the UNECE International PPP Centre of Excellence, can facilitate the development of PPP, promote transparency and accountability and put people first.[...] 29. Some participants highlighted that tax policy should be concerned not only with raising revenues but also with the impact on equality of different tax structures. The burden of indirect taxes falls disproportionally on the poor, therefore a shift towards direct taxes would be advisable to support inclusiveness. The effect of taxes as incentives for behavioral changes that support sustainable development also needs to be taken into account.[...] 40.Several countries reiterated the need to reaffirm the ODA commitment of 0.7 percent ODA/GNI. Some delegations called for timetables by those countries that did not yet achieve this level.

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Mar 23 – 27, New York	Post-2015 intergovernmental negotiations on SDGs and targets: 25 March: Interactive Dialogue with Major Groups and other Stakeholders, March 2015	18-member Stakeholder Steering Committee to collaborate on the engagement of the Major Groups and other stakeholders in the third post-2015 negotiating session (23-27 March 2015).	**REGISTRATION: N/A. Past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME: not yet published.** **ACTIONS:** › Ally with like-minded Steering Committee members (e.g. Asian-Pacific Resource and Research Centre for Women – ARROW; Women Environmental Programme) to advocate together for increased funding for RH supplies in the new financing architecture.
31 March, Brussels	European Parliament Development Committee discussing financing for development, budget support, migration, EU-Africa relations, tax.	EU Commissioner for Development Mimica Rapporteur: Pedro Silva Pereira (S&D)	**REGISTRATION: N/A. Past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › EP DEVE Committee- report on FfD – under finalisation. **ACTIONS:** › Draw upon language from report where it strengthens RH supplies argumentation: Urges the EU and its Member States to re-commit without delay or negotiation to the 0.7 % of GNI target, with at least 0.2 % of GNI reserved for LDCs, and to present multiannual budget timetables for the scale-up to these levels by 2020; Stresses that the EU and other developed countries must honour their commitment to provide scaled-up, new and additional climate finance to developing countries reaching USD 100 billion per year by 2020; [...] Emphasises that ODA should remain the standard measure of financial efforts made; supports the inclusion of concessional loans based on calculation of their grant equivalents, despite due consideration of total official support for development

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31 March – 1 April, Paris	OECD 2015 Global Forum on Development: Post-2015 Financing for Sustainable Development Forum.	Rintaro Tamaki, Deputy Secretary-General, OECD José CorreiaNunes, Head of Unit, Budget Support, Public Finance and Macro-economic Analysis at EuropeAid Martine Durand, Chief Statistician, Director, OECD Statistics Directorate Wu Hongbo, Under-Secretary-General for Economic and Social Affairs, United Nations Annette Detken, Head of Competence Centre Sustainable Economic Development, Education and Health, KfW Ricardo Fuentes-Nieva, Head of research, Oxfam	**REGISTRATION: N/A. Past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › The Global Forum on Development offers a timely opportunity to explore these unknowns of the new FfD framework with a broad set of experts, practitioners, non-state actors and policy makers ahead of the third UN Financing for Development Conference in Addis Ababa (July 2015) **ACTIONS:** › Ask Raj Kumar (Devex), who acted as moderator at event, about outcome from his (media) point of view. › Ask for Devex interest in publication of an article / Op-Ed on the impact of new financing structures for social sector funding including SRHR/ RH commodities/supplies.

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		APRIL 2015	
1 -2 April, Kinhasa, DRC	GFF DRC consultation In the DRC, the GFF will build and expand on an already strong joint approach toward MDGs 4 and 5 and provide the significant support needed for the development of a health financing strategy. There is already strong partnership alignment in the DRC, with the Global Fund, GAVI, UNICEF, and UNFPA DRC, for the GFF to build on.	GFF working group -AFP is the key contact for francophone GFF related issues	**REGISTRATION: N/A. Past event.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › not yet published. **ACTIONS:** › For advocacy background, refer to GFF concept note: In DRC an innovative partnership will finance and support the scale up of the results-based financing (RBF) program. The Global Fund, UNICEF, World Bank and the RMNCH Trust Fund are coming together to work with the government to design a program that aims to rapidly increase access to essential maternal and child health services.It is expected that by the end of 2015 all the health zones in two provinces (Equateur and Bandundu) will be covered by a comprehensive package of services implemented through an RBF program.The GFATM and UNICEF have committed financial, technical and human resources and will work with the WB to scale-up RBF in DRC. The GFATM is expected to provide HIV/TB Commodities to health facilities participating in the program. › Advocacy tools: Use USAID advocacy guidance tool "Enhancing Contraceptive Security through Better Financial Tracking" for preparing a RHS country analysis on DRC and present it to meeting participants / speakers. › Key advocacy messages that DRC is focusing on are: a separate commodity fund, and systems support. Focus on the demographic dividend.
2 April, Tanzania	GFF consultation Tanzania The recently-developed One Plan II and Big Results Now will be the basis of Tanzania's RMNCAH Investment Case. A health financing strategy is nearly finalized.		**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › GFF roundtable consultations for specific constituencies: MSI and IPPF prepared key messages on SRHR: RHSC GFF consultations report › RHSC coalition GFF Position Paper **ACTIONS:** › Use position papers for influencing GFF advocacy on RH supplies.

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2 April	Every Women Every Child - Launch of Synthesis report of Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health: Round 1-Priorities for the Global Strategy – Report	Consultation coordination: AfriYan, Cambodia Reproductive and Child Health Alliance, CHESTRAD, Citizen Hearing partners, Maty Dia, Evidence for Action, Girls' Globe, GHC, Vanita Gowda, Hriday, IPPF Africa Regional Office, NCD Alliance, Philippine NGO Council on Population, Health and Welfare, Safe Motherhood Network Federation Nepal, Fumie Saito, Uganda Youth and Adolescents Health Forum, White Ribbon Alliance Nigeria and Tanzania, Women Deliver, World Vision Uganda and Indonesia, and YWCA. PMNCH Secretariat: Robin Gorna (Executive Director); Andres de Francisco (Deputy Executive Director); Geir Lie; Lori McDougall; Nebojsa Novcic; Breshna Orya; Kadi Touré; and Veronic Verlyck; with support from Nicholas Green; Tammy Farrell; Nacer Tarif; and Caroline Nakandi	**REGISTRATION: N/A.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › This report has been developed to contribute to the process of updating the Global Strategy for Women's, Children's and Adolescents' Health, in advance of its launch in September 2015 alongside the new Sustainable Development Goals (SDGs). › This report aims to synthesise the views of more than 4,550 organisations and individuals who discussed and provided input through a wide - ranging consultation process, coordinated by the Partnership for Maternal, Newborn & Child Health (PMNCH) at the request of the office of the United Nations Secretary General. › › This report has been developed to provide a timely › input into the first draft of the Global Strategy, expected for release in early May 2015. PMNCH will take a further round of › consultations on the first draft of the Global Strategy during the month of May 2015 through the consultation web- hub: › (www.WomenChildrenPost2015.org) **ACTIONS:** › Get involved in continued strategy consultation process (May) to challenge some of the views reflected in the report which may represent a risk to RH supplies funding, e.g.: › There was some trepidation that hard won attention to neglected challenges (newborn lives, stillbirths, sexual and reproductive health and rights) might be put at risk depending on where both the Global Strategy and the larger global policy process around the SDGs land later in 2015; › There were mixed views about the extent to which the Strategy should focus on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)' core business as opposed to embracing whole-of-life issues. There was wide acknowledgement that the health challenges facing women and children were complex and increasingly extend beyond the RMNCAH core agenda. › Ally with PMNCH secretariat to take forward some of the financing-relevant report recommendations within the FfD process, e.g.: Financing, UHC and the Global Strategy – The costs of saving the lives of family members creates huge financial burdens for households driving many millions into poverty every year and the numbers could increase as chronic disease burdens grow. Domestic and global financing systems, soundly and sustainably linked to universal health coverage (UHC), are vital elements to addressing and curbing this slow-motion emergency. The Global Strategy is well placed to demonstrate and promote the links between the needs of the poorest and most vulnerable people - often women and children-to the UHC agenda, drawing attention to promotive and preventative services that will have impact on well-being throughout the life course.

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7-8 April, Amman, Jordan.	Western Asia regional consultation on Financing for Development	No further information available on agenda/ participants.	**REGISTRATION: N/A – past event. Reach out to APA http://www.asiapacificalliance.org/** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Regional messages to become part of the geographic analysis. **ACTIONS:** › A full summary of in-country consultations held until present can now be obtained through the FfD virtual group. › Use geographic analysis to influence global debate. › Reach out to APA to make sure they are aware and have the necessary messages and share preliminary findings
8-9 April 2015, New York	3rd International Conference on Financing for Development Preparatory Process: Informal Interactive Hearings with Civil Society and the Business Sector.	Co-Facilitators: H.E. George Talhot, Permanent Representative of Guyana; H.E. Mr. Geir O. Pederson, Permanent Representative of Norway. CSO FfD listserv Contact persons: Matt.Simonds@ituc-csi.org Civil Society Steering Committee members, selected on 10 March: Aldo Caliari - Center of Concern Andrew Hanauer - Jubilee USA Network Au'Birthly ("PEFI") Kingi - Vagahau Niue Trust Chibeze Sunday Ezekiel - Strategic Youth Network for Development (SYND) Daniel LeBlanc OMI - VIVAT International / OMI Gérald Volcy - Action Communautaire de Solidarité et d'Intervention Sociale (ACSIS) Jean Saldanha - CIDSE/ Addis Ababa NGO Coordination Group Jennifer Narcisa Del Rosario Malonzo - IBON International	**REGISTRATION: N/A past event** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › Provide civil society organizations and business sector entities with an opportunity to share their views and recommendations on the draft outcome document of the Conference. **ACTIONS:** › Reach out to CSO Steering Committee / listserv, to obtain information on conclusions/ follow-up to the meeting.

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		Jesse Liam Griffiths - Eurodad Kate Lappin - Asia Pacific Forum on Women, Law and Development Martin Tsounkeu - ADIN - Africa Development Interchange Network Matthew Simonds - International Trade Union Confederation Mcleo Mapfumo - Zimbabwe United Nations Association Mohammad Muntasim Tanvir - Global Campaign for Education / ActionAid International Nathan Charles Coplin - New Rules for Global Finance Nerea Craviotto Ortega - AWID / Women's Working Group on FfD Nicole ALIX - The Mont-Blanc Meetings - International Forum of the Social and Solidarity Economy Entrepreneurs Prakash Tyagi - GRAVIS Rachele Tardi - International Disability and Development Consortium (IDDC) and International Disability Alliance (IDA) Ravi M. Ram - Amref Health Africa Yvon Poirier - RIPESS-Intercontinental Network for the Promoton of Social Solidarity Economy	

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8-10 April, Incheon, Republic of Korea	"Development cooperation for people and planet: What will it take?" DCF High-level Symposium Aim is to distil key policy recommendations for the purpose of applying these in FfD-III and post-2015 negotiations; and to assist countries and other stakeholders with their preparations for implementation of a unified and universal post-2015 development agenda.	CO-CHAIRS: Wu Hongbo, Under-Secretary-General for Economic and Social Affairs, UNDESA, and Secretary-General for the Third International Conference on Financing for Development & Yun Byung-se, Minister of Foreign Affairs, Republic of Korea Key speakers: George Talbot, Co-Chair, Third International Conference on Financing for Development, Permanent Representative of Guyana to the United Nations (tbc) Martin Sajdik, President of the Economic and Social Council, United Nations	**REGISTRATION: N/A – past event** **KEY SESSIONS TO ATTEND:** FfD discussions structured around following key Focus questions, very relevant to RH supplies: › What should be the place of ODA post-2015, building on its distinctive characteristics and strengths? › How can ODA be better targeted to wherever poverty is deepest in developing countries, i.e. in politically and environmentally vulnerable countries? › What is needed to ensure that ODA effectively responds to the vulnerabilities of the poorest people? What could this mean for ODA allocation considerations post-2015? **OUTCOME:** › Set of recommendations in the run-up to the Third International Conference on Financing for Development in Addis Ababa on 13-16 July 2015 and the post-2015 Summit at the United Nations in New York in September 2015. NOT yet published. **ACTIONS:** › Insist on Link between RHS and environment / women's freedom to take informed family planning decisions and sustainable development (see related messages in the report).
10 April, New York 10am-1:00pm in Conference room 8 at UN HQ	Mobilizing local finance to implement the post-2015 development agenda The purpose of the side event is to highlight the importance of local development finance within the context of the Financing for Development agenda, and to explore concrete policy measures and actions that can help mobilize subnational financing for development in a sustained and sustainable fashion.	Preliminary agenda and list of speakers available in event concept note Key stakeholders invited: - H.E. Mr. François Delattre, Ambassador, Permanent Representative of France to the UN -H.E. Mr. GeirO. Pedersen, Ambassador, Permanent Representative of Norway to the UN, Co-chairs of the 3rdInternational Conference of Financing for Development –tbc - H.E. Mr. George Talbot, Ambassador, Permanent Representative of Guyana to the UN, Co-Chair of the 3rdInternational Conference of Financing for Development - tbc	**REGISTRATION: To apply for a special event ticket, please visit:** http://bit.ly/SETs-10April-Mobilizing-local-finance Deadline: 7 April **KEY SESSIONS TO ATTEND:** The debates will focus on three main areas: › Strengthening the mobilization of domestic resources; › Local taxation remains underdeveloped, and conditions to capture a portion of the capital gains in land value and the added value of economic activities are often not met. › Some countries allow local authorities to benefit from part of national economic growth through the taxation of economic activities, income or local sales (VAT). › The debates will focus on opportunities for reforming local taxation and transfers (fiscal decentralization),to foster the diversification and increase of local budgets and investments Local governments' access to long-term financing; › Access to loans and financial markets has been the backbone of most infrastructure investments in Western cities over the past two centuries. Cities have led this process, supported by central governments. However, in developing countries, national governments are keen to maintain macroeconomic equilibrium and restrict local governments' autonomy to access loans (often in an excessively constraining manner). › The debates will highlight the necessary conditions for fostering local governments' access to financing (loans, financial market, bonds, etc) in order to enable them to invest in sustainable urban development.

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		- Lenni Montiel, Assistant Secretary General for Economic Development, UNDESA -tbc -Jérémie Daussin- Charpantier,Lead Specialist on Local Finances and Decentralization, AFD - Gulelat Kebede, Head Urban Economy and Financeat UN-Habitat - Barbara Samuels, Executive Director, Global Clearinghouse for Development Finance - Aniket Shah, Program leader –Financing for Sustainable Development Initiative, UNSDSN - Christèle Alvergne, UNCDF Various representatives of local authorities or local government associations in developing countries.	The role of development partners in supporting local authorities › International and regional development banks already play a vital role in financing urban basic services and infrastructure in different regions. However, these banks tend to lend to national governments and the private sector, rarely granting credit directly to local governments. › ODA will continue to play a significant role in financing basic infrastructure and social service investments, particularly in low-income countries. However, it must focus more effectively on those countries that are most vulnerable tosocial and environmental challenges. Climate-finance mechanisms should be made accessible to the local level for enabling local governments to invest in resilient infrastructures. **ACTIONS:** › Use open debates to intervene and present participants with evidence about the risks of financing recurrent costs (e.g. for basic services) through loans › Regarding VAT, highlight need to consider that RH supplies and public goods are exempt. › Instead of ODA focus on most vulnerable countries, suggest focus on most vulnerable populations within a country. › Ally with LAs to seek agreement on message that Climate-financing should also enable local governments to invest in RH supplies.

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13-17 April, New York	Forty-Eighth Session of the Commission on Population and Development The Priority Theme of the session is "Realizing the future we want: integrating population issues into sustainable development, including in the post-2015 development agenda."	IPPF Asian Forum of Parliamentarians on Population and Development Women Deliver Women's Global Network for Reproductive Rights	**REGISTRATION:** › Online Pre-registration using CSO Net is NOW CLOSED. › If you wish to organize a side event, please contact the Population Division ahead of the meeting. Registration for side events will close on 6 April 2015. **OUTCOME:** › Recommendations on how to integrate population issues/ ICPD programme of Action with Post-2015 SDG + FfD framework. **KEY SESSIONS TO ATTEND: Key agenda points:** › During the session, the 2015 Report of the Secretary-General on the flow of financial resources for assisting in the further implementation of the ICPD Programme of Action will be discussed. › General debate on national experience in population matters: realizing the future we want —integrating population issues into sustainable development, including in the post-2015 development agenda. Under this item, Governments would report on national experiences in meeting the goals and objectives set out in the Programme of Action of the International Conference on Population and Development as they relate to the integration of population issues into sustainable development, including in the post -2015 development agenda. **ACTIONS:** › Use this opportunity to demonstrate potential threats of the new financing architecture for ICPD PoA financing, by using the CSO zero draft input. › While most stakeholder statements are thematic (linked to Post-2015 indicators), statement of Asian Forum of Parliamentarians on Population and Development mentions financial commitment – explore possibility of joint advocacy for RHS funding.
13-17 April 2015, New York.	3rd International Conference on Financing for Development Preparatory Process: Outcome Document 2nddrafting session The objective of the conference is to discuss new and enduring questions in development finance for Low-Income Developing Countries.	No agenda/ participants list available. Co-chairs -H.E. Mr. GeirO. Pedersen, H.E. Mr. George Talbot will presumably lead the session, as during 1st drafting session. Professor Jeffrey Sachs (The Earth Institute, Columbia University).	**REGISTRATION: To apply for a Special Event Ticket for the 13-17 April drafting session, please visit:** http://bit.ly/FfD3-SETs-Drafting-Sessions Deadline: 8 April **KEY SESSIONS TO ATTEND:** No agenda published. Zero draft is expected to be discussed. The conference will include paper presentations, a policy panel, and a keynote address by Prof. Jeffrey Sachs. **OUTCOME:** › 1st Draft of FfD outcome document. **ACTIONS:** › Use RH supplies/ SRHR relevant messages included in FfD CSO consolidated input to zero draft (see messages above) to influence drafting of 1st draft outcome document.

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14-16 April, Geneva, Switzerland	66th Session of the UN Economic Commission for Europe: Committing to Action on Sustainable Development in Times of Change The 66th session of the UN Economic Commission for Europe (ECE) will serve as the Regional Forum for Sustainable Development and give input to the 2015 high-level political forum on sustainable development (HLPF). The high-level dialogue of this meeting will discuss, inter alia: how to transform the proposed Sustainable Development Goals (SDGs) into guidelines, standards, regulations and policies so as to help countries to achieve the goals and take action at the regional level; and how to develop a framework for accountability and monitoring of sustainable development. High-level thematic discussions will also be held and focus on actions and commitments.	No details available yet.	**REGISTRATION: Online at: link** **KEY SESSIONS TO ATTEND: Provisional agenda: link** › High-level thematic discussions will › take the form of moderated multi-stakeholder › debates on change and cooperation, and will address key questions on five thematic issues, focused on actions and commitments. Relevant sessions to advocate for funding SRHR/ RH supplies as a fundamental strategy for sustainable development: (b)Sustainable management of ecosystems and natural resources; (e)Partnering for sustainable development 4. Discussion and adoption of the outcome doc. **OUTCOME:** › The outcome of the session would form the regional contribution to the 2015 High-Level Political Forum on Sustainable Development. **ACTIONS:** Use RHS messages from this analysis to answer the following questions guiding the High-Level ECE dialogue: › How can we, through regional cooperation, transform the proposed Sustainable Development Goals into guidelines, standards, regulations and policies that will help countries to achieve the goals and take action? › How can we create and facilitate new partnerships between governments, the private sector and civil society that lead to action towards sustainable development? › How can we develop a framework for accountability and monitoring of sustainable development? › Highlight cost-effectiveness of investing in RH supplies funding for ensuring sustainable use of resources in the long-run. › Advocate for SRHR/ RH supplies to become an integrated part of climate/ sustainable development strategies/ policies.

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16-17 April 2015, Berlin, Germany	International conference of G7 parliamentarians "She Matters"	Hosted by the German Federal Ministry for Economic Cooperation and Development (BMZ), organised by the German All Party Parliamentarians Group on Population and Development, in collaboration with DSW (Deutsche Stiftung Weltbevoelkerung) and the European Parliamentary Forum on Population and Development (EPF). Speakers: - BMZ (German Ministry Development & Cooperation) - DSW; EPF - MPs from EU and developing countries - UN Women - UNFPA - WHO - Guttmacher Institute - IPPF - Save the Children - World Vision	**REGISTRATION: Event is only for invited Parliamentarians and a limited number of conference observers. For further information, please contact: EPF: secretariat@epfweb.org** **KEY SESSIONS TO ATTEND: All. Schedule: link** **OUTCOME:** › Part of set of stakeholder consultations organized by the German government in the run-up to G7- conclusions are expected to feed into high-level summit discussions. **ACTIONS:** › Ahead of meeting: Ally with DSW for joint messaging on SRHR/ RH supplies. › Use following evidence for advocacy message to be transmitted through DSW and other like-minded organisations: According to a recent survey carried out by DSW to assess whether the newly elected members of the European Parliament are committed to health and SRHR in development, "83 per cent of MEPs agreed that supporting SRHR in EU development cooperation is either very important or important". In general, health and women's and girls' rights were high on the development priority list of MEPs. › Use this evidence and strong Pop. & Devt group within the German parliament to influence G7 decision-makers on the need for continued funding to SRHR and RH supplies as a key step towards ensuring sustainability of development funding.
April 17-19, 2015, Washington D.C.	World Bank Group International Monetary Fund Spring Meetings	Key speakers: Christine Lagarde, Managing Director, IMF Dr. Jim Yong Kim, President, World Bank Group Ban Ki-moon, Secretary-General, United Nations Ms. Ruth Messinger, President, American Jewish World Service Dr. Ashmawey, President, Islamic Relief Worldwide	**REGISTRATION: Now closed (30 March DDL).** **KEY SESSIONS TO ATTEND:** › Thursday, 16 April: Accountability for Better Development Outcomes: A Conversation with Government, Industry and Civil Society › Thursd, 16 April: Trust, Voice, and Incentives: Learning from Local Successes in Service Delivery in the Middle East and North Africa › Frid, 17 April: Flagship: Ebola: The Road to Recovery › Frid, 17 April: Tax Evasion and Development Finance: Strengthening Global Enforcement › Frid, 17 April: Flagship: Universal Financial Access 2020 › Friday, 17 April: Flagship: Financing for Development: The Way Forward › Friday, 17 April: Action 2015 Advocacy › Sunday, 19 April: Flagship: Fiscal Forum: "The Political Economy of Rising Public Debt" **ACTIONS:** › Before the event: Seek possible alliances with WHO and NGO speakers (Save the Children, Oxfam America, ONE) – especially those represented in GFF working groups – e.g. Save the Children (contact: Michael Klosson, Vice-President, Policy & Humanitarian Response) to jointly advocate for SRHR dimension within the WB discussions.

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		Dr. Carolyn Woo, President and Chief Executive Officer, Catholic Relief Services Hafez Ghanem, Vice President of the World Bank for the Middle East and North Africa H.E. Muhammed Sulaiman Al-Jasser, Minister of National Economy and Planning, Kingdom of Saudi Arabia H.E. Adel El-Adaway, Minister of Health, Egypt, Makhtar Diop, Vice President, Africa Donald Kaberuka, President, African Development Bank His Excellency Benny Engelbrecht, Minister of Taxation, Denmark His Excellency Luis Miguel Castilla, Ambassador to the United States & Former Minister of Economy and Finance, Peru His Excellency Mogens Jensen, Minister for Trade and Development Cooperation, Denmark Mr. Ray Offenheiser, President, Oxfam America His Excellency Børge Brende, Minister of Foreign Affairs, Norway (TBC) Honorable Amara Mohamed Konneh, Minister of Finance and Development Planning, Liberia (TBC) Min Zhu, Deputy Managing Director, IMF	› No session on GFF (!) foreseen - ally with GFF working group to send a strong message. › During session on Ebola crisis as opportunity for advocating for more funding for HSS, including stable RHS procurement systems. › Challenge WB and IMF leaders represented on impact and risks of loans if used for recurrent operational costs (e.g. on SRHR) for developing countries national budgets and deficits. › Approach Christine Lagarde to advocate for mainstreaming gender and SRHR issues within new financing frameworks to allow for economic advancement of women. Remind Lagarde about her strong commitment towards women's economic empowerment, as expressed in many recent media statements/ press briefings.

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		Jeffrey Sachs, Director, Earth Institute, Columbia University Bertrand Badre, CFO, World Bank Michael Elliott, CEO of ONE Justin Forsyth, CEO of Save the Children Joaquim Levy, Finance Minister, Brazil Helen Clark, Administrator, UNDP and former Prime Minister of New Zealand Arun Jaitley, Finance Minister, India	

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20-21 April, Berlin Germany	Inclusive dialogue with civil society in the context of Germany's G7 Presidency. CSO preparatory dialogue in the run-up of the G7 Summit 2015 in Schloss Elmau, which will focus on the global economy as well as on key issues regarding foreign, security and development policy. Additionally the UN conferences to be held in 2015 as well as the post-2015 agenda will be discussed.	The umbrella organisation of development policy non-governmental organisations (VENRO) and the Forum Environment and Development will be organising this dialogue together with the Federal Chancellery. As part of an outreach process Angela Merkel will meet representatives of the scientific community, business and trade unions, as well as non-governmental organisations and young people from the G7 countries. Detailed list of speakers not available yet.	**REGISTRATION: Contact VENRO for more details on registration.** **KEY SESSIONS TO ATTEND:** Information on the other development policy priorities of the German G7 Presidency is available here: › Post-2015 Agenda › Decent working conditions › Protecting the climate › Strengthening health care systems › Strengthening women economically › Food security › CONNEX Initiative › Deauville-Partnership › Accountability › Dialogue with Africa › Involving civil society › Back to overview **OUTCOME:** Recommendations to feed into G7 summit discussions. **ACTIONS:** › Get in touch with key German SRHR organisations, such as DSW as well as the German All Party Parliamentarians Group on Population and Development, in order to ensure joint messages on RH supplies are transmitted to the highest levels. › Approach German organisations to write a direct, joint letter to Angela Merkel on what you think should be the international community's priorities in this crucial year for development, by using the following new online tool provided by the German government: http://www.weltbevoelkerung.de/informieren/mail-an-merkel.html › Tactics to influence German government in accordance with the following relevant German development priorities: Fighting infectious diseases, improving child and maternal health, and strengthening health care systems are key concerns of the G7. Health will also be one of the priorities during Germany's G7 Presidency. Strengthening health care systems (with focus on immunization, Ebola, antibiotic resistance and UHC): Highlight SRHR is crucial for ensuring sustainability of UHC policies in the long-run. Women's economic empowerment: RH supplies crucial to enable women's full participation in the labour market.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
20-21 April, New York	ECOSOC Special high-level meeting with the World Bank, IMF, WTO and UNCTAD Objective: Provide Member States and major institutional stakeholders with the opportunity to discuss the key deliverables of the Addis Ababa Conference, and its follow-up.	Secretary-General of the United Nations, Mr. Ban Ki-moon President of ECOSOC, H.E. Mr. Martin Sajdik H.E. Mr. George Talbot (Guyana) and Mr. Geir O. Pedersen (Norway), Co-facilitators of the preparatory process for the Third International Conference on Financing for Development Mr. Mukhisa Kituyi, Secretary-General, UNCTAD Mr. Wu Hongbo, Under Secretary-General for Economic and Social Affairs and Secretary-General of the Third International Conference on Financing for Development Mr. Angel Gurria, Secretary-General, OECD Ms. Helen Clark, Administrator, UNDP Mr. Kevin Watkins, Executive Director, Overseas Development Institute	**REGISTRATION: N/A – past event.** **KEY SESSIONS TO ATTEND:** 3 thematic debates: › Current challenges and emerging opportunities for the mobilization of financial resources and their effective use for sustainable development on the road to Addis Ababa; › Renewed global partnership for development in the context of the post-2015 development agenda; and › Follow-up and the way forward: enhancing the role of ECOSOC **OUTCOME: N/A** **ACTIONS:** › Challenge WB and IMF on impact and risks of loans if used for recurrent operational costs (e.g. on SRHR) for developing countries national budgets and deficits. › Also see report messages on reduced WB funding for RH and related dilemmas.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
22-24 April, Delhi, India	FP2020 Convenes New Reference Group Cohort in New Delhi	Comprising leaders from governments, civil society, private sector and donor organizations, the 18-member Reference Group is tasked with steering FP2020 towards its goal of improving the lives of women and girls around the world, by promoting their fundamental right to decide, freely and for themselves, whether, when and how many children to have. All FP2020 activities are underpinned by a rights-based approach to ensure that family planning programs keep human rights and the dignity and empowerment of women and girls at their core. Four new members were recently added to the group, representing Tanzania, Niger, Marie Stopes International and the Children's Investment Fund Foundation. Reference Group Co-Chairs: - Dr. Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation. -Dr. Babatunde Osotimehin, Executive Director of UNFPA, the United Nations Population Fund. Contact point: Lauren Wolkoff FP2020 Communications Director lwolkoff@familyplanning2020.org T: +1-202-351-1909	**REGISTRATION: N/A – past event.** **KEY SESSIONS TO ATTEND: n/a** **OUTCOME:** › The meeting marks an important convening of global thought leaders, just months before the United Nations adopts a new set of Sustainable Development Goals to replace the expiring Millennium Development Goals. **ACTIONS:** › Contact communications point to obtain detailed outcome doc from meeting. › Approach civil society reference group members (e.g. Marie Stopes) as well as Bill and Melinda Gates Foundation to jointly advocate for RHS funding within the FfD process. › To that end, the following quotes from the India meeting can be used as references: Reference Group Co-Chair Dr. Babatunde Osotimehin, Executive Director of UNFPA, the United Nations Population Fund, said: "Family planning saves and transforms lives. Sexual and reproductive health and reproductive rights are a cornerstone of sustainable development. Together, FP2020 partners will continue to strive for universal access to a full range of voluntary and quality family planning services, and to mobilize the necessary political will to make this a reality." "The discussions taking place this week in New Delhi have far-reaching implications that will help set the course of family planning for the next 15 years," said Reference Group Co-Chair Dr. Chris Elias, President of Global Development at the Bill & Melinda Gates Foundation."The strategic course we lay out for FP2020 must provide a sound platform for global, regional and country-level collaboration and coordination if we are to achieve our goals," Elias said.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
20-24 April, New York	Post-2015 intergovernmental negotiations (Means of implementation and global partnership for sustainable development)	Speakers: Ambassadors George Talbot of Guyana and Geir O. Pedersen of Norway, Co-facilitators of the FfD process. World Bank and IMF representatives. Organizing partners – Major Groups: NGO: Jeffery Huffines CIVICUS: World Alliance for Citizen Participation Email: jeffery.huffines@civicus.org New York, New York www.civicus.org Ms. Leida Rijnhout Director for Global Policies and Sustainability European Environmental Bureau (EEB) BOULEVARD DE WATERLOO 34 1000 Brussels, Belgium Tel: +32 (0) 2289 10 90 Mob: +32 (0) 494 89 30 52 E-mail: Leida.rijnhout@eeb.org Website: http://www.eeb.org/ Mr. Philipp Schönrock Consumers International E-mail: psm@cepei.org Colombia Major groups steering committee: link	**REGISTRATION: N/A. Past event.** **RELEVANT SESSIONS:** Programme available at link › 21 April: Issues from FfD negotiation process (open discussion) › 23 April: Interactive dialogue with major groups and other stakeholders (open discussion); The relationship between the FfD and post-2015 processes (global partnership and possible key deliverables and transformative ideas such as in relation to capacity building, infrastructure, energy, social floors and agriculture, etc. › 24 April: Coherence between post-2015 and Ffd outcome documents; outstanding issues. **OUTCOME:** Review FfD means of implementation. **Actions:** › Major group and stakeholder statements can be submitted at the following link. › Follow-up to event: Challenge World Bank/ IMF on lack of focus of this Spring Meeting event on GFF launch as one means of Ffd implementation.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
29-30 April, Jakarta, Indonesia	Asia-Pacific Regional High-Level Consultation on Financing for Development.	Shamshad Akhtar, Under -Secretary-General of the United Nations and Executive Secretary of ESCAP Opening rem0arks George Talbot, Co-facilitator for the third International Conference on Financing for Development (TBC) Bambang Brodjonegoro, Minister of Finance, Indonesia	**REGISTRATION: contact the organizers (UN-ESCAP) or FfD NGO group.** **KEY SESSIONS TO ATTEND: Agenda available at following link - 2 most relevant sessions to attend:** Session 1: Asia-Pacific regional context: Financing in a changing development landscape Key Questions: › What could be the Asia-Pacific region's perspectives on the Addis Ababa Accord and its proposed financing for development framework? › What are the additional financing sources and instruments that could be mobilized to support the emerging sustainable development goals? › How can financing for development be better integrated into the national development processes? Session 2: Domestic resource mobilization for social sector financing Key Questions: › What are the key modalities for social sector financing in the Asia-Pacific region? › What are the reform policies to reprioritizepublic expenditure for social development? › What are the scopesand opportunities for domestic resource mobilization, including tax revenues? › What could be the role of theproposed Asia-Pacific Tax Forumin promoting regional dialogue on tax cooperation matters? **OUTCOME:** › Adoption of the Jakarta Consensus, the outcome document of the regional consultation containing discussions and recommendations related to the mobilization and effective use of financial resources in Asia and the Pacific, will be the Asia-Pacific region's input to the preparations and outcomes of the Third International FfD conference in Addis and contribute to the Post-2015 UNGA summit in Sept. + Climate change summit in Dec. **ACTIONS: Tactics for influencing:** › Use open debates to pass messages: › On social sector spending: show evidence about cost-effectiveness of investments in RH supplies for development as a whole. › Highlight risks of loans and private sector financing for social sector spending. › This event is also an opportunity to challenge the new Asian donors on their financing models. › Challenge MoF of Indonesia on RHS funding, by making reference to recent new reproductive health legislation introduced in the country and how this legislation will be implemented/ financed. › Use USAID advocacy guidance tool "Enhancing Contraceptive Security through Better Financial Tracking" for preparing a RHS country analysis on Indonesia in particular and present it to respective Min. Finance present at conference.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
30 April-1st May, New York	Expert Group Meeting on the role of the high-level political forum on sustainable development in post-2015 development framework	Participants will be representatives of Member States, UN system organizations and other relevant international organizations, major groups, experts and other relevant stakeholders.	**REGISTRATION: Registration is required given the small size of the room. Consult CSO focal point.** **KEY SESSIONS TO ATTEND:** The EGM will last for one and a half days. The programme will consist of an opening and four plenary sessions the first day with a short introduction for the break-out groups the second day. The second day will be dedicated to a session in break-out groups, followed by a reporting back and a wrap-up and closing. Plenary sessions will be kick-started by panellists. **OUTCOME:** › The objective of the expert group meeting (EGM) is to provide a space for reflection on how the forum could best be shaped to fulfill its role in the context of the post-2015 sustainable development agenda. This includes reflecting on how the forum can best promote implementation, advance integration of economic, social and environmental dimensions as well as promote monitoring and accountability on sustainable development goals and commitments. **ACTIONS:** › Use event to take political messages and findings from FfD process forward. Use event for networking/ building new alliances for RHS funding.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
		MAY 2015	
5-7 May 2015, Copenhagen, Denmark	Eurodad - IBIS International Conference 2015 The Eurodad biennial conference is a leading forum for discussion, idea-sharing and collective strategising for civil society groups advocating for reform of development finance.	The Eurodad conference will bring together leading civil society thinkers from around the globe working on issues ranging from debt, tax justice, aid, private finance, the International Financial Institutions (IFIs) and global monetary reform.	**REGISTRATION: Contact Eurodad for registration details: http://eurodad.org/sites/contact** **KEY SESSIONS TO ATTEND** Traditionally, the opening afternoon and evening have served to broaden our minds with expert and high level speakers, before moving into further discussion and workshops on day two. Day three normally focuses on collective strategizing, and contains space for participants to organise sessions to raise new ideas or inform and engage colleagues in key campaigns in addition to FfD **OUTCOME:** › Joint strategizing and practical planning on the FfD conference and beyond, informed by external experts and colleagues from around the world. Shared analysis and strategies on other important issues and opportunities for advocacy and campaigning on finance and development. **ACTIONS:** › Approach Eurodad as soon as possible to enquire about conditions for participation and potential for a session on the impact of FfD on RHS funding on day 3. › ConsiderEurodad as a potential strategic advocacy ally due to their in-depth expertise with working on FfD issues. › Discuss possible joint messaging by comparing RHS messages with Eurodad's FfD position paper published in the run-up to Addis, endorsed by 142 CSOs, including a number of health platforms (e.g. Action for Global Health). Example of recommendation in paper: › Set binding timetables to meet commitments to provide 0.7% of GNI as ODA. › Ensure ODA represents genuine transfers, including ending aid tying, removing in-donor costs and debt relief, providing the majority in the form of grants, and reforming concessional lending by reflecting the real cost of loans to partner countries.
5-7 May, Bahrain	ESCWA Second Session of the Arab High-Level Forum on Sustainable Development (AFSD) The Forum will take stock of, exchange views and harmonize regional positions on the progress of negotiations relating to the post-2015 development agenda and the Sustainable Development Goals (SDGs), and will discuss developments in the drafting of the outcome document of the FfD 3.	Jointly organized by the UN Economic and Social Commission for Western Asia (ESCWA) and the UN Environment Programme (UNEP), in cooperation with the League of Arab States (LAS). No list of speakers / details published yet. Possibly contact CSO major groups representative, for more information: jeffery.huffines@civicus.org	**REGISTRATION: No details available.** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › This meeting seeks to support Arab regional preparations for the third session of the High-Level Political Forum on Sustainable Development (HLPF), to be held in New York in June-July 2015. It also aims to contribute to the elaboration of the regional input to the Third International Conference on Financing for Development (FfD 3), which will be held in Addis Ababa in July 2015. **ACTIONS:** › Ask CSO focal point about possible participation. › Use USAID advocacy guidance tool "Enhancing Contraceptive Security through Better Financial Tracking" for preparing a RHS country analysis on a few countries from the Arab region for presentation during meeting.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
6-7 May, Johannesburg, South Africa	Stakeholder Consultation on the GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH 2016-2030	The Strategy and Coordination Group, led by the Executive Office of the Secretary-General, made up of eminent persons, manages decision-making and political mobilization. Members of the group are composed of the work stream leads and constituency representatives nominated through a process managed by PMNCH. Convenor: Ms. Amina J. Mohammed, UN Secretary-General's Special Advisor on Post-2015 Development Planning, EOSG Focal point contact person: Nana Taona Kuo, Senior Manager, EWEC Health Team, EOSG kuot@un.org National leadership and operationalization workstream Convenors: Mr. C.K. Mishra, Additional Secretary in the Ministry of Health & Family Welfare, Government of India, and Dr. Joe Thomas, Executive Director of Partners in Population and Development (PPD) Focal point contact person: Dr. Rakesh Kumar, Ministry of Health and Family Welfare, Government of India, rk1992uk@gmail.com and Ms. Anshu Mohan, Ministry of Health and Family Welfare, Government of India, anshu.mohan@nic.in Updating conceptual framework workstream Convener: Dr. Flavia Bustreo, Assistant Director-General for Family, Women's and Children's Health, WHO	**REGISTRATION: Contact strategy and coordination group focal points for more information.** Round 2 (May-June 2015) will seek comments on the first draft of the updated Global Strategy, which will be posted on the Every Woman Every Child website. **KEY SESSIONS TO ATTEND: Consultations organized according to work streams. Relevant ones:** 2. National Leadership and Operationalization This work stream will develop an operational plan for national leadership and operationalization of the Global Strategy. This group will help to identify what updates and additions to the Global Strategy are most needed for country-level impact and to ensure prioritization and identification of high-impact interventions and investments for women's, children's and adolescents' health. This work stream is led by the Government of India and Partners in Population and Development (PPD). 3. Updating the conceptual framework and technical content of the updated Global Strategy The updated framework will consider the emerging needs, increased evidence-base, and a better understanding of the broader determinants related to health systems, enablers, and human rights. Greater attention will be given to the role of health enhancing sectors, such as education, water, nutrition and sanitation and there will be a focus on innovation and sustainable financing. This work stream is led by H4+ and PMNCH, with WHO playing a key coordinating role. **OUTCOME:** › PMNCH will produce summary reports that synthesize the feedback received through each of the consultation rounds. These summary reports will also be posted on the interactive consultation hub. They will feed into the Global strategy, which will align with the targets and indicators developed for the Sustainable Development Goals framework and outline opportunities for means of implementation, including innovative financing and the Global Financing Facility. To build the political support needed to develop and implement an updated Global Strategy, it will be essential to demonstrate how the Every Woman Every Child multi-stakeholder partnership and accountability models have contributed to accelerated progress for women's, children's, and adolescents' health. **ACTIONS:** › Engage in the consultation process on the strategy to insert more RH-related language and avert risks presented in the report (see above) for RH supplies funding. › Ally with PMNCH work streams / focal points to bring forward key messages from the strategy and consultations processes within the FfD and Post-2015 sust. Devt goal processes.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
		Focal point contact person: Marleen Temmerman, WHO, temmermanm@who.int and Andres de Francisco, PMNCH, defranciscoa@who.int Under the umbrella of the technical content work stream, other partners will lead on specific areas, as noted below: Detailed contact – accessible at link	
6-8 May, Riviera Maya, Mexico	World Economic Forum Latin America	Co-chairs: Carlos Slim Angelica Fuentes : Chairs the Mexico Gender Parity Taskforce, a World Economic Forum initiative, she serves on Secretary Clinton's International Council on Women's Business Leadership and is a Global Advocate for the Girl Up Campaign, a United Nations Foundation program. In 2014, she established the Angélica Fuentes Foundation, the philanthropic culmination of her lifelong commitment to wome	**Registration: Recommended by 6 April. High registration fee. More information: link** **Key sessions to attend:** › The Challenge: Gender Parity - How can women's economic and creative potential be harnessed in the workplace? Explore actions to tackle the regions most pressing challenges in the Transformations Hub › The Challenge: Health - How can public-private collaboration enhance the quality of and access to healthcare? Explore actions to tackle the regions most pressing challenges in the Transformations Hu › Thursday 7 May - From Poverty to Prosperity. How can Latin American economies innovate to ensure delivery on the post-2015 sustainable development goals? › Dimensions to be addressed: › Inclusive growth to address persistent poverty › and inequality › Access to quality health and education › services › Environmental resilience and improved › resource management **OUTCOME: N/A** **Actions:** › Approach Angelica Fuentes as a key ally for taking forward argument on need for RHS funding for women's empowerment and economic independence (see report recommendations). › Approach Carlos Slim as an ally for health as a valuable investment (Carlos Slim Foundation).
18-22 May, New York	Post-2015 intergovernmental negotiations (Follow-up and review)	No list of speakers published yet.	**REGISTRATION: No details – contact civil society focal points (see above) for more information.** **KEY SESSIONS TO ATTEND:** **OUTCOME:** **ACTIONS:**

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
16-18 May, Bangkok, Thailand	Asia-Pacific Civil Society Forum on Sustainable Development	No further details available at this stage on participants list/ agenda.	**REGISTRATION: Online application: http://meetings.unescap.org/ by 1 April 2015.** **KEY SESSIONS TO ATTEND:** **OUTCOME:** › A series of intergovernmental events focused on sustainable development will take place in Bangkok during May 2015, preceded by the Asia-Pacific Civil Society Forum on Sustainable Development which will take place in Bangkok on 16-18 May 2015. This forum will be convened by the United Nations Economic and Social Commissions for Asia and the Pacific (ESCAP) and the United Nations Environment Programme (UNEP) in collaboration with the Asia Pacific Forum on Women, Law and Development (APWLD) on behalf of Asia Pacific Regional CSO Engagement Mechanism (AP-RCEM) and and other civil society partners. **ACTIONS:** › Insist on Link between RHS and environment / women's freedom to take informed family planning decisions and sustainable development (see related messages in the report).
18-26 May, Geneva	68th World Health Assembly	Dr Margaret Chan, Director-General Delegations from all WHO Member States	**REGISTRATION: at this link** **KEY SESSIONS TO ATTEND: Agenda: link** **GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH 2016-2030 high-level consultation** › Maternal, infant and young child nutrition: development of the core set of indicators › Women and health: 20 years of the Beijing Declaration and Platform for Action › Health in the post-2015 development agenda › Monitoring the achievement of the health-related Millennium Development Goals › Health in the post-2015 development agenda **OUTCOME:** › Adoption of health resolutions / reports. **ACTIONS:** › Closely monitor high-level consultation n Global Strategy to see whether CSO input (see above consultations/ reports) will have been taken into account. › Explore possibility to submit Statements by NGOs in official relations with WHO at the WHO governing body meetings: In the spirit of transparency, WHO facilitates this space to post statements from NGOs in official relations with WHO for the WHO Governing body meetings to enable them to make their views know before the debates. These statements are expected to be related to the technical items under discussion during the meetings. The statements are posted for a limited time, and will not be retained on the website thereafter.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
		June 2015	
2 June (tbc), New York.	Informal Hearings with NGOs, Civil Society, Major Groups and the Private Sector on the Post-2015 Development Agenda	Hosted by UNGA President Sam Kutesa and the Co-Facilitators of the post-2015 No further information available yet.	**REGISTRATION: Via the UN Non-Governmental Liaison Service (UN-NGLS).** **KEY SESSIONS TO ATTEND:** **OUTCOME:** › As part of the preparatory process for the September 2015 UN General Assembly (UNGA) Summit for the adoption of the Post-2015 Development Agenda, two days of stakeholder hearings will be hosted by UNGA President Sam Kutesa and the Co-Facilitators of the post-2015 development agenda negotiations.. The hearings are mandated to take place before June 2015, and are noted in the calendar of "other related meetings" on the DESA sustainable development website. **ACTIONS:** › feedback from stakeholders on themes for the four round-table discussions that will be conducted as part of these hearings, and feedback should be submitted by 31 March 2015
2-3 June, Paris, France	OECD Forum 2015: Investing in the Future: People, Planet, Prosperity	The Forum brings together members of civil society, business, trade unions, academia, and media to share policy suggestions and concerns with government. The focus will be on Investment, Inclusive Growth, Innovation, the New Climate Economy and the Sustainable Development Goals. Featured speakers: Helen Clark, Administrator, UNDP Angel Gurría, Secretary-General OECD Elizabeth Nyamayaro Senior Advisor to Under-Secretary-General & Executive Director, UN Women; Head HeForShe Campaign Silvana Koch-Mehrin, Founder & CEO Women in Parliaments Global Forum (WIP) Laura A. Liswood, Secretary-General Council of Women World Leaders Farah Mohamed, Founder & CEO G(irls)20	**REGISTRATION: link** **KEY SESSIONS TO ATTEND: N/A** **OUTCOME:** › The main points of the discussions are expected to feed into OECD's annual Ministerial Meeting where heads of state and ministers discuss issues on the global agenda. **ACTIONS:** › This is an opportunity to ally with the numerous women's organisations represented at the forum to highlight the important link between FP, population and sustainable development / climate change – see report messages on this. › OECD presence should be used to advocate for separating climate finance from ODA (see report messages) and providing for FP / RHS funding under climate finance. › Strategic alliances made at this forum could become important advocacy partners in the last stretches of the FfD process, considering that some are from the private sector/ European parliaments.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
3-5 June, Cape Town, South Africa	World Economic Forum on Africa	Co-chair: Phumzile Mlambo-Ngcuka, Undersecretary-General and Executive Director, United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN), New York - No detailed list of speakers/ participants available yet.	**REGISTRATION: NA** **KEY SESSIONS TO ATTEND: Preliminary programme: link** › Road to Addis How can the private sector support African economies to achieve the post-2015development agenda? Dimensions to be addressed: Sharing prosperity Blended finance opportunities Enhancing delivery mechanisms › Ebola: Learning from the Crisis What lessons and new approaches can be learned from the Ebola epidemic to prepare Africa for future health challenges? Dimensions to be addressed: Addressing system failure Building community-level resilience Enabling private-sector response › Harnessing Africa's Biggest Resource By 2050, Africa's population will double. How can the continent capitalize on its biggest resource ? its people? Dimensions to be addressed: Investing in health and education Meeting growing consumer demand Preventing social and political unres Healthcare Innovations › What innovations are accelerating access to quality healthcare services? Dimensions to be addressed: Improving access to primary healthcare Bridging the financing gap Building public-private partnerships **OUTCOME: N/A** **ACTIONS:** › Contrary to the economic fora in other regions (e.g. Asia), this one on Africa addresses topics related to development finance, health and population dynamics. This makes it particularly relevant for attendance. › Fact that it is co-chaired by UN Women Under-secretary General is a unique opportunity for SRHR and RH supplies advocacy › Refer to report messages on RHS as a means for women's economic empowerment and access to the labour market.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
3-4 June, Brussels	European Development Days. Organised by the European Commission, European Development Days is Europe's leading forum on development and international cooperation. In June 2015, it will serve as the European Year for Development's flagship event by showcasing the ways in which European Union Member States and citizens are contributing to the eradication of poverty and the promotion of human rights worldwide.	European Commission Neven Mimica, European Commissioner for International Cooperation & Development 6000 development practitioners from all over the world – incl. U.N., EU member states, NGOs etc. SRHR community stakeholders: DSW, IPPF, Marie Stopes, UNPFA, Alianza por la Solidaridad, Countdown 2015 EDD organizers – contacts : programme@eudevdays.eu village@eudevdays.eu community@eudevdays.eu	**REGISTRATION:** For participants: Open until mid may: link . Deadline for application for Lab session + Stand at the EDD was 2nd March. However, a list of selected sessions and stands can be made available by EDD organizers upon request as of 23 March, and session/ stand organizers are allowed to partner up with new organisations at any point in time. Request list of orgs and explore opportunities for collaboration: village@eudevdays.eu Deadline registration for speakers for approved sessions: 14 May. **KEY SESSIONS TO ATTEND: Agenda overview: link** › Sessions related to overall themes "Our dignity: Right to Health"; "Gender"; "Financing"; "Inclusion". › Particular sessions on RH/ SRHR: › Access to SRHR: A prerequisite for youth economic empowerment – organized by: DSW, IPPF EN, Marie Stopes, UNPFA; Alianza por la Solidaridad, Countdown 2015, GIZ. **OUTCOME: N/A. EU flagship event on development.** **ACTIONS:** › Use interactive debates and workshops / labs as opportunities to remind EU and EU member states about their financial commitments to RHS and development aid, by also referring to EU communication published in January (see above) and EU Council Conclusions (to be published in April). › Ally with SRHR/ Gender session presenters to convey common messages related to FfD and RHS supplies. › Attend Financing-specific sessions to influence speakers with messages elaborated in report. › Attend private sector-lead sessions (namely presenting health PPPs) to discuss potential for new RHS PPP alliances.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
7-8 June, Schloss Elmau, Bavaria,-Germany	G-7 Summit The G7 Summit 2015 in Schloss Elmau will focus on the global economy as well as on key issues regarding foreign, security and development policy. Additionally the UN conferences to be held in 2015 as well as the post-2015 agenda will be discussed. Information on the other development policy priorities of the German G7 Presidency is available here: › Post-2015 Agenda › Decent working conditions › Protecting the climate › Strengthening health care systems › Strengthening women economically › Food security › CONNEX Initiative › Deauville-Partnership › Accountability › Dialogue with Africa › Involving civil society	G7 Core Members: Canada Stephen Harper Prime Minister France François Hollande President Germany Angela Merkel Chancellor Italy Matteo Renzi Prime Minister Japan Shinzo Abe Prime Minister United Kingdom David Cameron Prime Minister United States Barack Obama President European Union Jean-Claude Juncker Commission President Donald Tusk Council President Heads of state and government primarily of African countries to join them on the second day of the summit	**REGISTRATION: N/A. See above CSO consultations (April) for information on how to get involved/ to influence proceedings.** **KEY SESSIONS TO ATTEND: Civil society preparatory meeting in April which will feed into this summit (see above for more information).** **OUTCOME:** › Heads of State high level meeting on key topics of international economic development and security. **ACTIONS:** › see civil society prep meeting April, above.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
15-19 June 2015	3rd International Conference on Financing for Development Preparatory Process: Outcome document 3rddrafting session		**REGISTRATION: No information yet on agenda, participants etc available yet. Monitor website + FfD CSO listserv for news.** **KEY SESSIONS TO ATTEND: monitor website.** A Drafting session side event will be organized by CONCORD – no details available, contact CONCORD FfD group: Zuzana Sládková -Policy Team - AidWatch/Financing for Development Coordinator **OUTCOME:** › 3rd FfD draft. **ACTIONS:** › Follow FfD listserv announcements to monitor and feed into consolidated CSO input for 3rd FfD draft. › It can be expected that CONCORD will advocate along the lines of their position paper "Destination Addis Ababa" published in February 2015: › Ally on common messages in favour of funding for development/ health/ RHS.
22-25 June, New York	Post-2015 intergovernmental negotiations (Intergovernmental negotiations on the outcome document)		No information on agenda, participants etc available yet. Monitor website.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
23-25 June, New York	Global Compact+15: Business as a force for good	500 participants from Global Compact Local Networks, companies, investors, academia, civil society, labour and UN private sector representatives. (tbc)	**REGISTRATION: Contact: gc15@unglobalcompact.org** **KEY SESSIONS TO ATTEND:** 1. Focused meetings (23 - 25 June) Over the first two days, Global Compact platforms and working groups will convene their respective annual events as smaller focused meetings to determine how their work already is and can better contribute to achieving the SDGs. Please click here for draft schedule. On the morning of 25 June from 9:30am -11:00am all focused meetings participants will come together in interactive roundtable discussions. During this session, participants will focus on identifying the key obstacles to greater private sector action in support of the Post-2015 Agenda and will define pathways to enhance impact, including through innovative models of partnership. 2. General Assembly Session (25 June, 11:30am – 1:00pm) This session will be a unique gathering of all participants and special guests in the UN General Assembly Hall. Together participants will aim to demonstrate to Governments the private sector's critical role in solving our world's greatest challenges and show how the Global Compact's work is at the heart of the United Nations agenda. 3. 15th Anniversary Celebration Dinner (25 June, 6:30pm – 10:00pm) The dinner will be an opportunity to celebrate the Global Compact's philosophy of shared responsibility for a better world and the progress made with business around the globe over 15 years. UN Secretary-General Ban Ki-moon and former UN Secretary-General Kofi Annan will be honoured guests and joining us for this historic evening. Please click here for more information. Corporate Tables and Sponsorships The 15th Anniversary Celebration is a unique opportunity to align your brand with the UN Global Compact, voice your support for our programmes and initiatives, and make an investment in our future endeavors. Please click here for further information on available opportunities. **OUTCOME:** › Marking the UN Global Compact's 15th anniversary, the conference will bring business and civil society to the United Nations to show how the private sector is taking action and partnering to advance societal priorities, with an emphasis on the United Nations global agenda for sustainable development to be released later this year (the SDGs). **ACTIONS:** › Take forward messages in report related to private sector financing.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
			July 2015
3 July	International Tax Conference: 'Pay your taxes where you add the value' In co-operation with the Universities of Groningen and Tilburg and the Dutch Association of Investors for Sustainable Development (VBDO) the Ministry of Foreign Affairs of the Netherlands organizes a one-day international tax conference.	Key stakeholders (speakers): Lilianne Ploumen, Dutch Minister for Foreign Trade and Development Cooperatio Pascal Saint-Amans, Director, OECD Centre for Tax Policy and Administration Speakers of IMF, World Bank and ATAF (tbc)	**REGISTRATION: Deadline for free registration: 17 April: Complete Registration form.** **KEY SESSIONS TO ATTEND:** All - Agenda: link **OUTCOME:** › The conference will provide a forum for academics, companies, government officials and members of civil society to discuss effective ways to support developing countries' tax policy and revenue collection. › The conference is held in the context of the Global Partnership for Effective Development Cooperation, of which Lilianne Ploumen, the Dutch Minister for Foreign Trade and Development Cooperation, is co-chair. › The conference aims to feed national policymaking as well as the international debate on domestic resource mobilization in the post 2015 area. › G20 and OECD try to address mismatches and loopholes in the global 'patchwork' of tax regulations through the BEPS (Base Erosion and Profit Shifting) project. The OECD will come with its full set of recommendations by the end of 2015. Other international organizations, such as EU, IMF, UN and World Bank, as well as regional organisations and individual countries are active with own initiatives, either to enhance fiscal co-operation or to strengthen capacities of tax administrations. The conference 'Pay your taxes where you add the value' will focus on how we can best support developing countries in fighting tax avoidance and collecting a fair amount of taxes. **ACTIONS:** › Use open debates to take the floor and networking sessions to connect with relevant speakers/ networkers. › Challenge IMF, World Bank and other speakers on the risks identified in the report of an exclusive FfD focus on domestic resource mobilization for RHS funding (see report).

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
13-16 July, Addis Ababa, Ethiopia.	Third International Conference on Financing for Development	No agenda/ speakers list available at this stage – monitor website.	**REGISTRATION: Contact FfD CSO focal point / listserv (see above).** **KEY SESSIONS TO ATTEND:** › Launch of Global Financing Facility › Agenda tbc – Content: The scope of the Conference is set out in General Assembly resolutions 68/204 and 68/279, and will focus on: (1) assessing the progress made in the implementation of the Monterrey Consensus and the Doha Declaration and identifying obstacles and constraints encountered in the achievement of the goals and objectives agreed therein, as well as actions and initiatives to overcome these constraints; (2) addressing new and emerging issues, including in the context of the recent multilateral efforts to promote international development cooperation, taking into account: the current evolving development cooperation landscape; the interrelationship of all sources of development finance; the synergies between financing objectives across the three dimensions of sustainable development; and the need to support the United Nations development agenda beyond 2015; (3) reinvigorating and strengthening the financing for development follow-up process. **OUTCOME:** › Final FfD outcome document. **ACTIONS:** › Identify and ally with main CSO platforms invited to the event and representing CSO community. › Feed into CSO FfD position papers and input to draft documents by using recommendations of this report (see process detailed above ; follow FfD listserv news). › Present RHS concerns as general development concerns rather than issue-specific ones so as to get decision-makers' attention. Good example: General concerns about grants vs. loans; issue of financing recurrent operational costs through loans. › Remind decision-makers of major recent global commitments – e.g. GFF – and potential clash with new financing models. › Present all country case studies elaborated on the basis of RHS advocacy tools such as USAID advocacy guidance tool "Enhancing Contraceptive Security through Better Financial Tracking"
20-24 July; 27-31 July, New York	Post-2015 Intergovernmental Negotiations(Intergovernmental negotiations on the outcome document)	No speakers list yet	No information on agenda, participants etc available yet. Monitor website.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
16 September, Berlin, Germany	G7 - Dialogue with women in business, science and research and civil society	No speakers list yet	**REGISTRATION: No information on agenda, participants etc available yet. Monitor website.** **KEY SESSIONS:** **OUTCOME:** › Discussions to feed into G7 presidency (Germany) priorities and actions. **ACTIONS:** › Approach business women represented at the meeting to explore possibilities of jointly advocating for RHS as a tool for women's economic empowerment and participation in the labour market (see report messages).
25-27 September, New York	UNGA Post-2015 Summit	No details available yet.	**REGISTRATION**: Contact civil society groups (see contact details above). **KEY SESSIONS: No agenda available yet. Monitor website.** Proposed 6 themes for Interactive Dialogues › Eradicating poverty in all its dimensions and addressing inequality › Tackling climate change and achieving more sustainable lifestyles › Building strong, inclusive and resilient economies › Promoting peaceful societies and strong institutions › A renewed global partnership and adequate means of implementation › Reviewing progress on SDG commitments; universality and differentiations **OUTCOME:** › Post-2015 SDG Outcome Document; Launch of GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH 2016-2030 › ACTIONS: › Build on input provided to draft outcome document through CSO group (see above) and consensus found in April on how to align SDG indicator and FfD outcome documents › Use CSO FfD outcome document input as a basis for advocacy on RH funding. › Refer to simultaneous launch of Global Strategy to remind stakeholders about the need to prioritize women's health and RH needs. Connect with relevant stakeholders present for the launch of the strategy to join advocacy efforts on this topic. › Approach major CSO groups/ platforms working on health/ SRHR and attending the summit to influence proceedings.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
October 18-21, Mexico city, Mexico	Global Maternal Newborn Health Conference Organized by the Secretariat of Health of Mexico and 15 other convening partners in Mexico City.	No speakers list published yet. Organisations involved in the event: › Bill and Melinda Gates Foundation › USAID › Carlos Slim Foundation › WHO / PAHO › UNICEF › Women Deliver › UNFPA › Save the Children › Maternal Health Taskforce › Maternal and Child Survival Program › JHpiego › Merck › The partnership for Maternal, Newborn & Child health	**REGISTRATION:** Abstract submission Abstract submission is now open. Read the call for abstracts and submission instructions here. For updates on registration, sign up for the conference mailing list. The submission period will close at midnight EST on April 24, 2015. **KEY SESSIONS: Six conference tracks, all relevant:** 1.Innovating to accelerate impact at scale 2.Measuring for evaluation and accountability 3.Bridging equity divides 4.Generating new evidence to fill critical knowledge gaps 5.Strengthening demand for health care 6.Increasing health systems' capacity to respond to population need **OUTCOME:** › 2015 is a critical milestone in international development: the deadline for the Millennium Development Goals and the anticipated adoption of an ambitious new agenda, the Sustainable Development Goals. Our conference will offer the first opportunity for the global maternal and newborn health communities to discuss and strategize for the new goals. A landmark technical conference to discuss strategies for reaching every mother and newborn with high-quality health care. **ACTIONS:** › Consider abstract submission. › Relevant topics for RH supply funding advocacy: › Health innovations: highlight RH supplies innovations; › Generate new evidence: Request that more evidence needed on PS resource flows and PPP best practices with regard to SRHR / RH supplies; more funding needed for SRHR R&D › Health systems capacity to respond to population: argue that essential factor for increasing capacity in the long run is ensuring that women's RH supply needs are met. › Remind donors and stakeholders about launch of Global Strategy at UNGA summit and follow-up on its conclusions.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
9-11 November, Indonesia	International Family Planning Conference (ICFP)	Co-hosted by the National Population and Family Planning Board of Indonesia (BKKBN) and the Bill & Melinda Gates Institute for Population and Reproductive Health, the conference is expected to host 3,500 participants. Contact: Juliana Zuccaro, Program Officer, jzuccaro@jhu.edu	**REGISTRATION: http://fpconference.org/2015/register/** Online registration will open in late May/early June of 2015. If you come from a developing country the cost will be $400 USD; if you come from a developed country the cost will be $500 USD. The prices will go up by $100 USD as the conference gets closer. Abstract submission: DDL 1 May 2015 Abstract Submission The Conference organizers invite abstracts on cutting edge research and program results directed at enabling individuals in the world, especially in low-income areas, to achieve their contraceptive and reproductive intentions. Of particular interest are abstracts on research demonstrating how family planning benefits and advances the health and wealth of people and nations and on high impact or best practices of family planning programs and service delivery models. Abstracts using strong scientific/evaluation methods will be given priority in the review and acceptance process. **KEY SESSIONS: TBD:** Concurrent sessions are formed on the basis of abstracts that successfully pass through a blind review process. Plenary sessions are developed by the organizing committees. Elements of the 2015 program will include: › Opening and closing ceremonies, plenaries, preformed panels and sessions determined by abstract submissions, spotlighted tracks, round table lunch discussions, the EXCELL Awards, the ICFP Time Capsule installation, exhibit hall and marketplace of ideas, and partner auxiliary events. **OUTCOME:** › ICFP is a movement and a platform for strategic inflection points in the family planning agenda. **ACTIONS:** › Opportunity to have first reflection on the outcome and impact of FfD and Post-2015 frameworks on FP + RHS funding. › Discuss way forward and forge alliances, including with BMGF, for leveraging new funding on basis of Post-2015 outcome.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
30 Nov. – 11 Dec., Paris	COP21 – Paris Climate Change Conference		**REGISTRATION: Online registration open until 22 June, at this link.** Applications for Side events and Exhibits for COP 21/CMP 11 Side events and exhibits online registration system (SEORS) for COP 21/CMP 11 will be open at 9 a.m. Central European Time (CET) on Tuesday, 30 June 2015 and closes at 5 p.m. CET on Friday, 3 July 2015. Selection process for the application will take a few months. Applicants will be notified whether their application would be successful by the beginning of October 2015. N.B: IPPF London has already been listed among admitted organisations. Workshop/ meetings organized ahead of COP21 (calendar here): Participation of non-governmental organizations is facilitated through the constituencies, so as to aim for a balanced representation of the admitted non-governmental organizations. The secretariat contacts constituency focal points for them to nominate constituency representatives based on the expertise required for respective workshops/meetings. Constituency members interested in, and suitably qualified in the matter of, a particular workshop/meeting, should contact the respective constituency focal point – list can be accessed here. **KEY SESSIONS: Daily programme still to be published at following link.** **OUTCOME:** › The twenty-first session of the Conference of the Parties (COP) and the eleventh session of the Conference of the Parties serving as the meeting of the Parties to the Kyoto Protocol (CMP) will take place from 30 November to 11 December 2015, in Paris, France. **ACTIONS:** › Refer to report recommendations and messages on the importance of RHS supplies for sustainable development and management of resources / climate change. › Ally with SRHR organisations registered for the event to take these messages forward. › Advocate for climate funding to be invested into RHS.

Timeline	Entry point/opportunity	Key stakeholders	Tactics and tools for influencing
7-8 December, Le Bourget, Paris, France	The Sustainable Innovation Forum (SIF15); the largest business-focussed side event held during the annual Conference of Parties (COP), will take place again in 2015 on 7-8 December in the Le Bourget area of Paris.	Convening 750+ cross-sector participants from business, Government, investors, UN, NGO and civil society during COP21, SIF15 will be an unparalleled opportunity to bolster business innovation in the climate change arena. Building on year-round work from Climate Action and UNEP, the expanded 2 day Sustainable Innovation Forum 2015 will accelerate international sustainable development and bring scale to low carbon innovation.	**REGISTRATION: Online pre-registration: http://www.cop21paris.org/register** You can pre-register your interest now, the registration to the Forum will open in August 2015. As we have only limited space available, make sure you will secure your space. **KEY SESSIONS: not yet published.** **OUTCOME:** › This large scale platform for business will create dialogue, enable collaboration and showcase game-changing solutions to climate challenges. Featuring 80+ foremost expert speakers, high level plenary sessions, interactive panel debates, workshops, cultural components and enhanced networking opportunities. **ACTIONS:** › Refer to new RHS technologies as innovations for sustainable development (see report messages/ recommendations. › Seek new partnerships with businesses / private sector to leverage funding for RHS innovations.

Annex 2: Annotated bibliography

Abt Associates Inc. (ABT) [Internet]. NHA Global Policy Brief: Meeting Millennium Development Goals: Using National Health Accounts to Understand Reproductive Health Financing. June 2005 [cited 2015 Mar 12]. Available from: http://www.who.int/management/programme/MeetingMDGsUsingNHAsUnderstandRepHealthFinancing.pdf

This brief gives an overview of the national health accounts in relation to reproductive health financing.

African Union Commission (AUC) [Internet]. Sexual and Reproductive Health and Rights: Continental Policy Framework. 2006 [cited 2015 Mar 12]. Available from: http://pages.au.int/sites/default/files/SRHR%20English_0.pdf

In order to create a "mechanism" for implementing the MDGs, the UN General Assembly adopted at its Fifty-sixth Session in September 2001 a "Road Map towards the implementation of the United Nations Millennium Declaration". The Road Map contains both targets and indicators for each MDG and these will be partly used in developing the NEPAD's Implementation Plan. NEPAD can continue to play a leading role in the region with regard to financing of SDGs.

Armand F, O'Hanlon B, McEuen M, Kolyada L, Levin L. Maximizing Private Sector Contribution to Family Planning in the Europe & Eurasia Region: Context Analysis and Review of Strategies. Bethesda, MD: Private Sector Partnerships-One project, Abt Associates Inc. 2007 July [Cited 2015 April 18]. Available from: http://pdf.usaid.gov/pdf_docs/pbaaa089.pdf

Atun R et al. Innovative financing for health: what is truly innovative? The Lancet. 2012; 380 : 9858: 2044 – 2049.

Barros AJ, Ronsmans C, Axelson H, Loaiza E, Bertoldi AD, França GV, et al. Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries. The Lancet. 2012; 379:1225–33.

Countdown to 2015 tracks progress towards achievement of Millennium Development Goals (MDGs) 4 and 5, with particular emphasis on within-country inequalities. They assessed how inequalities in maternal, newborn, and child health interventions vary by intervention and country.

Methods: They re-analyzed data for 12 maternal, newborn, and child health interventions from national surveys done in 54 Countdown countries between Jan 1, 2000, and Dec 31, 2008. They calculated coverage indicators for interventions according to standard definitions, and stratified them by wealth quintiles on the basis of asset indices. They assessed inequalities with two summary indices for absolute inequality and two for relative inequality.

Findings: Skilled birth attendant coverage was the least equitable intervention, according to all four summary indices, followed by four or more antenatal care visits. The most equitable intervention was early initiation of breastfeeding. Chad, Nigeria, Somalia, Ethiopia, Laos, and Niger were the most inequitable countries for the interventions examined, followed by Madagascar, Pakistan, and India. The most equitable countries were Uzbekistan and Kyrgyzstan. Community-based interventions were more equally distributed than those delivered in health facilities. For all interventions, variability in coverage between countries was larger for the poorest than for the richest individuals.

Interpretation: They noted substantial variations in coverage levels between interventions and countries. The most inequitable interventions should receive attention to ensure that all social groups are reached. Interventions delivered in health facilities need specific strategies to enable the countries' poorest individuals to be reached. The most inequitable

countries need additional efforts to reduce the gap between the poorest individuals and those who are more affluent.

Bate R, Zhe Jin G, Mathur A, Attaran A. The National Bureau of Economic Research (NBER) [Internet]. Poor Quality Drugs and Global Trade: A Pilot Study. Working Paper No. 20469. 2014 September [cited 2015 Mar 12]. Available from: http://www.nber.org/papers/w20469

This study shows that when countries pick their suppliers, these suppliers sometimes select lower quality supplies. This has major implications and possible consequence for reproductive health supplies and poses a serious risk to quality.

Beekink E. UNFPA/NIDI Resource Flows Project [Internet]. Projections of Funds for Population and AIDS Activities, 2011-2013. 2014 [cited 2015 Mar 12]. Available from: http://resourceflows.org/sites/default/files/Projections%20of%20Funds%20for%20Population%20and%20AIDS%20Activities,%202011-2013%20%282013%29_0.pdf

This source provides data on financial flows for population activities. Estimations and projections for the years 2011 to 2013 for donor expenditures are presented, and results on resource flows for population activities generated by developing countries are also presented. By combining figures on both donor and domestic expenditures, a projection of global resource flows is obtained. The high burden on populations in terms of spending (especially for LAC and Asia) is especially interesting for the analysis. Additionally, although difficult to track the role played by consumers in spending for FP is much larger than usually assumed.

To get an insight into the contribution of consumers to the overall expenditure, projections of private consumer expenditures were introduced in previous reports (Van Dalen and Reuser, 2005; Van Dalen and Reijer, 2006; Van der Pers and Beekink, 2007; Beekink and Ernsten, 2008, Micevska Scharf & Ernsten, 2010; Beekink, 2010; Beekink, 2011). These reports concluded that the burden of population assistance rests to a large extent on the shoulders of consumers, who contribute approximately 60 percent of the total resource flows.

The distribution of OECD/DAC government funds across the various population categories is also in the coming years unbalanced. Nearly 70 percent of donor government funds are expected to go to HIV/AIDS activities. Around 5, 19 and 0.7 percent is expected to go to respectively Family Planning, Reproductive Health and Basic Research.

Bilal S, Krätke S. European Center for Development Policy Management (ECDPM) [Internet]. Briefing note: No. 55. Blending loans and grants for development: An effective mix for the EU? 2013 October [cited 2015 Mar 12]. Available from: http://ecdpm.org/wp-content/uploads/BN-55-Blending-loans-and-grants-for-development.pdf

Chavkin, et al. How the World Bank Broke Its Promise To Protect The Poor. International Consortium of Investigative Journalists and Huffington Post. 2015 April 16.

Chinedu A, Beswick J. Brandeis University Waltham [Internet]. Comparison of The Global Fund and The GAVI Alliance with Emphasis on Health System Strengthening. 2009 May [cited 2015 Mar 12]. Available from: http://sihp.brandeis.edu/ighd/PDFs/GF-GAVI-Comparison-May-2009.pdf

The article looks into the role of two public private partnerships (PPPs), The Global Fund and The GAVI Alliance, and the strengthening of health systems (HS). Both have different operating principles and eligibility criteria for funds. Even though the GFF trust fund is different there are interesting parallels and the 3 main aims (copied below) are very much the same. This is interesting to look at especially since calls are going out for the RNMCAH trust fund to be more independent and play a more GAVI/GFATM type role (PNMCH consultation). It raises questions about how these financing facilities (to some extent implementation arms of the FFD discourse) will interact, especially in view of increased calls for harmonization and health systems strengthening. The community will need to make sure that reproductive health supplies which is not the focus of any of the three does not get lost as it is not the mainstay of the initiatives.

The main aims of Global Health Partnerships (GHPs) are to develop and supply products (vaccines or drugs), improve access to health care, and act as global coordinating mechanisms. These three aims are shared by the Global Fund and the GAVI Alliance.

The Global Fund and GAVI are public-private partnerships comprised of governments, civil service societies, the private sector and international organizations. Both organizations function as a financing mechanism to address issues of technology and health care supply and delivery for their areas of operation.

Chowdhury S , Vergeer P, Schmidt H, Barroy H, Bishai D, Halpern S. World Bank Group [Internet]. Economics and ethics of results-based financing for family planning : evidence and policy implications. Health, Nutrition, and Population (HNP) discussion paper. Washington DC ; 2013 [cited 2015 Mar 12]. Available from: http://documents.worldbank.org/curated/en/2013/12/18933867/economics-ethics-results-based-financing-family-planning-evidence-policy-implications

This paper explores the rationale for introducing incentives based on insights from classical and behavioral economics, to respond to supply- and demand-side barriers to using FP services. There are ethical concern related to FP incentives and the community needs to make sure that the rights based approach is at the center. This is why the ICPD programme of action in its entirety would be a noteworthy addition to the FFD discourse as it also establishes a clear rights framework.

To help the reader understand why incentivizing FP requires specific attention in RBF, the evolution of incentives in vertical FP programs introduced from the 1950s to the early 1990s and the ethical concerns raised in these programs are described. RBF programs after the 1990s were also studied to understand the ways FP is currently incentivized. The paper also touches on the effects of the incentive programs for FP as described in the literature. Finally, it examines ethical concerns related to FP incentives that should be considered during the design, implementation, and evaluation of programs.

Civil Society Response to the FfD Elements Paper January 28, 2015. Collective Assessment by the CSO FfD Group. Analysis of and recommendations for the Financing for Development (FfD) zero draft (multiple drafts reviewed).

Clinton Health Access Initiative (CHAI). PowerPoint presentation: CHAI Market Analyses: FP2020 Global Commodity Security Landscape. 2015 April 10.

Compernolle L. Reproductive Health Supplies Coalition [Internet]. Global Financing Facility: All hands on deck. RHSC, Advocacy and Accountability Working Group Position on the Global Financing Facility & Additional Feedback from the Community. 2014 December [cited 2015 Mar 12]. Available from: http://www.rhsupplies.org/fileadmin/user_upload/Global_Financing_Facility/Global_Financing_Facility_RHSCAAWG_Consultation.pdf

This document was the result of a broad stakeholder consultation with the RHSC in response to the first GFF concept paper in 2014. Many of the issues raised made it into the official consultation feedback document that was put together by PNMCH on behalf of the World Bank. While the GFF clearly provides an opportunity to advance RH supplies, the community needs to continue to be vigilant to ensure it is central to any national effort for them to be successful. Below is a copy of 11 main recommendations.

1. The GFF should explicitly recognize FP's special nature and contribution to public health.

2. The GFF should include a dedicated financing window or separate initiative for SRHR/FP to achieve universal access by 2030.

a. Funding must support ALL aspects of SRHR and ensure increased funding for commodities. SRHR/FP is the most cost-effective public health and development intervention and should be included as a 'best buy' intervention.

b. The GFF must deliver additional investment.

c. There must be no gap in funding for SRHR/FP, or interruption to supply chains, while the GFF is operationalized.

d. No country should be discouraged from supporting all aspects of SRHR/FP by the GFF financing architecture.

5. GFF mechanisms, including results-based financing approaches, must be equitable and put client rights at the center.

6. Civil society must be afforded a formal role in the design and establishment of the GFF, and in the design of national plans, financing maps, and accountability efforts. Civil society involvement must be integral to the development and validation of country RMNCAH plans and financing roadmaps.

7. The GFF indicator framework must have strong SRHR/FP indicators such as Contraceptive Prevalence Rate and those included in IDA.

8. The SRHR/FP community must be allowed adequate time to weigh in on GFF-related provisions for commodity procurement, and other operational areas in which the community possesses technical expertise.

9. Donors shifting funds via the GFF should continue to track Official Development Assistance (ODA) for SRHR/FP to ensure it furthers FP2020 Summit and World Bank commitments

10. Health systems focus needed

11. Official mechanisms for CS involvement required in shaping and accountability

CONCORD AidWatch. CONCORD AidWatch input OECD's Development Assistance Committee (DAC) senior level meeting on 3-4 March. Brussels. 2014.

Copenhagen Consensus Center [Internet]. Preliminary Benefit-Cost Assessment for 12th Session of OWG. 2014 [cited 2015 Mar 12]. Available from: http://www.copenhagenconsensus.com/sites/default/files/owg12.cost-benefit-assessment.pdf

This report updates an earlier contribution from the Copenhagen Consensus Center bringing together expert inputs on the cost-benefit of individual targets proposed in the latest OWG draft. Updates include assessments of targets for industrialization, reducing inequalities, and conservation of marine resources.

Countdown 2015 Europe. European Support to Reproductive Health & Family Planning Trends Analysis for 2013-14. Undated [cited 2015 April 27]. Available from: http://www.countdown2015europe.org/wp-content/upLoads/2015/02/European-support-to-RHFP-2014-19-Jan-2015.pdf

Countdown 2015 Europe. Countdown 2015 Europe's Added Value in Tracking European Donor Support for RH/FP. Undated.

Department for International Development (DFID). Intervention Summary. Project title: Improving market efficiencies and VfM of quality contraceptives and other reproductive health medicines through market entry of approved generic suppliers (AIDS and Reproductive Health Team, ARHT, PRD 2011) Short working title: Quality Reproductive Health Medicines.

Estimates of product volumes were taken from 2010 RH interchange data and increased by 2% per annum. It is understood that this will lead to an underestimate of overall savings for two reasons: firstly, RH interchange only collects data from donors, UN and civil society procurers (data suggests that, excluding India, Brazil & China, donors account for 40% of the market place in less developed countries); secondly, it is understood that some donors and civil society under-report to RH interchange. Future estimates of the proportion of volume that a pre-qualified generic product would fulfil were estimated as 25% year one, 50% year two and subsequently (for optimistic scenario); 10% year one, 20% year two and then 30% for

medium and conservative scenarios.

Development Committee (joint ministerial committee of the Boards of governors of the bank and the fund on the Transfer of real resources to developing countries). From billions to trillions: transforming development finance Post-2015 financing for development: multilateral development Finance. Dc2015-0002. 2015 April 2.

Dowling P, Tien M. John Snow, Inc. [Internet]. Policy brief: Using national resources to finance contraceptive procurement. 2007 [cited 2015 Mar 12]. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/Using_National_Resources_Final_tagged.pdf

The FFD discourse focuses on increasing domestic financing, which may lead to increase national procurement, this may have repercussions for RHS. This brief focuses on national resources to finance contraceptives, the opaqueness of national spending patterns and the possible negative effects on procurement of commodities, which include government procurement may take longer, governments may not be able to obtain the same prices donors can because of lower volumes, or they may procure different brands than were provided by donors, with consequences for client acceptance. Furthermore, the brief points to a serious lack of data at the national level which makes it difficult to quantify demand, forecast and procure. This article is supported by (Levine R. A Risky Business: Saving Money and Improving Global Health through Better Demand Forecasts (Brief).). The FFD focuses heavily upon the importance of data and information and the connection could be made to health forecasting.

Note: There is an interesting table: National Resources for Contraceptive Financing by Source.

The amount of government financing in real terms and as a proportion of the total need is an important indicator that should be tracked at the regional, national, and global levels. In general, government financing can be an important indicator of commitment to family planning.

Without more intensive in-country research of actual government accounts or procurement records, it is difficult to quantify the extent of support. It is also difficult to separate funding promised, budgeted, allocated, or actually spent, and with basket funds, attribution becomes next to impossible.

National financing of contraceptives inevitably leads to government procurement, and although this can be executed through third party procurement agents such as the United Nations Population Fund (UNFPA), in many cases, governments will take on procurement. This may lead to a number of procurement-related issues that affect contraceptive security—for instance, government procurement may take longer, governments may not be able to obtain the same prices donors can because of lower volumes, or they may procure different brands than were provided by donors, with consequences for client acceptance.

DSW, EPF, NIDI, Countdown 2015 [Internet]. The definitive guide to global population assistance. Euromapping 2013. 2013 October [cited 2015 April 22]. Available from: http://www.dsw.org/uploads/tx_aedswpublication/Euromapping_2013.pdf

DSW. Fact Sheet: European Innovation and PRNDs (Poverty-related and Neglected Diseases). Brussels. 2013.

Engenderhealth [Internet]. Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights A Conceptual Framework. Summary Brief, August 2013 (Updated April 2014) [cited 2015 Mar 12]. Available from: http://www.engenderhealth.org/files/pubs/family-planning/human-rights-based-family-planning/SUMMARY_BRIEF_Voluntary_Family_Planning_Programs.pdf

By applying human rights laws and principles to family planning program and quality of care frameworks, this new framework brings what have traditionally been parallel lines of thought together in one construct to make the issue of rights

in family planning concrete. The human rights discourse seems lacking from the FFD and GFF discourse and strengthens the case for references to the ICPD PoA.

EURODAD [Internet]. A dangerous blend? The EU's agenda to 'blend' public development finance with private finance. 2013 August [cited 2015 April 23]. Available from: http://eurodad.org/files/pdf/527b70ce2ab2d.pdf

Eurodad's (2013) report finds that: There is no reliable evidence to show that blending mechanisms meet development objectives. Blending mechanisms risk undermining developing country ownership, which is vital for success in any development efforts. These mechanisms are completely lacking in transparency and they are unaccountable. The added value of the grant element is questionable. Existing blending mechanisms may be wasting scarce ODA resources.

Eurodad recommends putting an immediate halt to any further ODA being channeled through European-level blending mechanisms, until there is: A radical overhaul of the transparency and accountability of the current blending mechanisms. A full and independent review of the effectiveness of existing mechanisms focusing on their development impacts, including whether – given their governance failings – they are suitable vehicles for ODA.

Opportunity costs are huge and not carefully considered. Delivering ODA through blending mechanisms to support private investment means that those resources cannot be used elsewhere. Given the current budget constraints, these opportunity costs may be particularly high in countries or sectors where the need for straightforward public investment is high such as in health, education and climate adaptation. [this is especially worrying when considering the public good emphasis in FfD and GFF]

EURODAD, et al. UN Financing for Development negotiations: What outcomes should be agreed in Addis Ababa in 2015? 2014 December.

European Court of Auditors. Special Report: The effectiveness of blending regional investment facility grants with financial institution loans to support EU external policies. Luxembourg. 2014.

Evans D, Hsu J, Boerma T. Universal health coverage and universal access. Bulletin of the World Health Organization [internet]. 2013 August [cited 2015 Mar 12]; 91(8): 546 . Available from: www.who.int/bulletin/volumes/91/8/13-125450.pdf

This article focuses on universal health coverage (UHC) and makes the case that universal access is an essential part of it. UHC has been set up as a possible umbrella goal for health in the post-2015 development agenda, and has now been included in one of the sub-goals (#3). The question is how to protect and prioritize FP/RHS within UHC. Thus far there has been no definition of a set of health benefits for which there should be UHC/essential services as a move to universal coverage does not have agreed international standards to monitor progress systematically and hold governments and their partners to account.

Furthermore, the GFF country consultations have been organized under the UHC header (in Tanzania, Kenya and Ethiopia). Furthermore, the coverage goal has implications for commodities especially as it relates to financial hardship resulting from out of pocket payments. And in terms of the three dimensions of access which include accessibility, affordability and acceptability.

Universal health coverage is the goal that all people obtain the health services they need without risking financial hardship from unaffordable out-of-pocket payments. It involves coverage with good health services – from health promotion to prevention, treatment, rehabilitation and palliation – as well as coverage with a form of financial risk protection. A third feature is universality – coverage should be for everyone. Although many countries are far from attaining universal health coverage, all countries can take steps in this direction. Improving access is one such step.

Access has three dimensions:

1. Physical accessibility. This is understood as the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them.

2. Financial affordability. This is a measure of people's ability to pay for services without financial hardship. It takes into account not only the price of the health services but also indirect and opportunity costs (e.g. the costs of transportation to and from facilities and of taking time away from work). Affordability is influenced by the wider health financing system and by household income.

3. Acceptability. This captures people's willingness to seek services. Acceptability is low when patients perceive services to be ineffective or when social and cultural factors such as language or the age, sex, ethnicity or religion of the health provider discourage them from seeking services.

FP2020 [Internet]. Press release: Innovative Partnership Reduces Cost of Bayer's Long-Acting Reversible Contraceptive Implant By More Than 50 Percent. 2013 February 27 [cited 2015 Mar 12]. Available from: http://www.familyplanning2020.org/articles/177

An unprecedented group of public and private sector partners has finalized an agreement that will make Jadelle®, an effective, long-acting, reversible contraceptive implant, available to more than 27 million women in the world's poorest countries at a more than 50 percent price reduction over the next six years. The Jadelle Access Program – developed and supported through a partnership between Bayer HealthCare AG, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative (CHAI), the Governments of Norway, the United Kingdom, the United States and Sweden, and the Children's Investment Fund Foundation (CIFF) and the United Nations Population Fund (UNFPA) – builds on momentum generated at the July 2012 London Summit on Family Planning, where global leaders pledged to provide an additional 120 million women in developing countries with contraceptive access by 2020. It also supports the recommendations of the UN Commission on Life-Saving Commodities by helping to shape global markets in order to increase the availability of quality, life-saving commodities at an optimal price and volume.

Fryatt R, Mills A, Nordstrom A. Financing of health systems to achieve the health Millennium Development Goals in low-income countries. The Lancet [Internet]. 2010 January [cited 2015 Mar 12]; 375: 419–426. Available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2809%2961833-X/abstract

The article focuses on health systems strengthening (HSS) to achieve the millennium development goals (MDGs), which is also relevant for sustainable development goals (SDGs). The link can be made between recurring cost investments and infrastructure loans for HSS and commodities. It looks at innovative financing mechanisms and the role they can play, but evidence is still very much lacking. The private sector role in strengthening supply chains is called out as an intervention which may have potential. Furthermore the article highlights the important role civil society will need to play within these constructs to improve accountability. Innovative financing is called out in the GFF and FFD discourse.

Challenges included: variable definitions of innovative finance; small evidence base for many innovative finance mechanisms; insufficient experience in harmonization of global health initiatives; and inadequate experience in use of international investments to improve maternal, newborn, and child health. Contentious issues included the potential role of the private sector, the rights-based approach to health, and the move to results-based aid.

Swapping existing debt for grants (as with the Global Fund's Debt2Health initiative) and converting loans to grants when performance targets are met (as with the World Bank's so-called buy downs) are both initiatives that could be used in many areas. Experience for Debt2Health is so far limited to HIV, tuberculosis, and malaria but could expand, although the projected amount of funds to be raised in this way is not large. Experience with buy downs is little but will now grow with the expansion of World Bank and other work on results-based financing.

Improve accountability. As well as improving data for the flow of funds and results, governments and donors will need to

improve accountability to stakeholders globally and nationally through more inclusive models of cooperation. Civil society has a crucial, growing role in calling governments to account and in scaling up efforts on the ground.

With respect to health-care provision, it is argued that other than some evidence about how to improve the quality of prescribing among drug retailers, and with the exception of evidence for contracting service delivery to non-governmental organizations, there was little good evidence for whether investment in private-sector delivery would reap health-care benefits, specifically for the poorest people. It suggested that possible options that merited exploration and testing included private-sector involvement in supply-chain management for the public sector, private training schools, low-cost clinic chains for people who are employed on low incomes in urban areas, and low-cost pharmacy chains and diagnostic laboratories. In view of the little evidence, pilot schemes and rigorous assessment were argued to be the best way forward.

GBCHealth [Internet]. 2015 [cited 2015 Mar 12]. Available from: http://www.gbchealth.org/

GBCHealth is a coalition of companies and organizations committed to investing their resources to make a healthier world… for their employees, for the communities in which they work and for the world at large. Their mission is to leverage the resources of the business community for positive impact on global health challenges.

Glassman A, Lane C. Brookings Institution [Internet]. Smooth and predictable aid for health: a role for innovative financing? Global Economy and Development working paper 1. 2008 August [cited 2015 Apr 3]. Available from: http://www.brookings.edu/research/papers/2008/08/global-health-glassman

This paper presents evidence that aid flows to the health sector are volatile in terms of observed outcomes and uncertain in terms of making and delivering future commitments. The aid is therefore poorly suited to fund recurrent costs associated with achieving the Health Millennium Development Goals, particularly funding of Primary Health Care (PHC) facilities that are key to achieving maternal and child health goals. Recent aid financing innovations have begun to address some of the inadequacies of the health aid architecture through more stable and long-term financing for health. These represent a small though rising share of aid. Additional financing mechanisms that could contribute to more stable and predictable flows are proposed in the context of funding integrated PHC: (1) smoothing of irregular aid commitments through securitization of aid receivables; (2) health endowment funds; (3) a swing donor facility; and (4) a “health debit card” for financing shortfalls. To be effective, these mechanisms would need to complement ongoing efforts to improve the efficiency of interactions between donors and recipients in the disbursement of aid through greater transparency in aid transactions and mutual accountability in defining aid objectives.

Market inefficiencies, especially in cash flow management, destroy aid value - up to 28% of every dollar - before it ever reaches the patient. Globally, that means up to $2.8 billion in value that can be recaptured every year by improving efficiencies in funding, procurement, logistics, and delivery.

In yet another study on the harmful effects of aid volatility, Homi Kharas of the Wolfensohn Center for Development at Brookings uses a quantitative measure of deadweight loss, representing the “avoidable loss that would be eliminated if aid was stable or perfectly predictable.” This approach provides estimates for global deadweight loss due to aid volatility, while also identifying the contributions of individual donors to the overall loss. Kharas estimates the cost of volatility to be roughly US$16 billion, amounting to 15-20 percent of the total value of aid. Overall, Kharas estimates that for every dollar of aid, $0.07 - $0.28 is lost due to unpredictability, which translates to a 1.9 percent of potential GDP loss to recipients (p. 4).

Global Environment Facility (GEF) [Internet]. [cited 2015 Mar 12]. Available from: http://www.thegef.org/gef/whatisgef

With the FFD zero draft a reference is made to the GEF as a viable global mechanism. There are some interesting parallels and differences between the GEF and the GFF.

The Global Environment Facility was established in October 1991 as a $1 billion pilot program in the World Bank to assist in

the protection of the global environment and to promote environmental sustainable development. The GEF would provide new and additional grants and concessional funding to cover the "incremental" or additional costs associated with transforming a project with national benefits into one with global environmental benefits.

The United Nations Development Programme, the United Nations Environment Program, and the World Bank were the three initial partners implementing GEF projects.

In 1994, at the Rio Earth Summit, the GEF was restructured and moved out of the World Bank system to become a permanent, separate institution. The decision to make the GEF an independent organization enhanced the involvement of developing countries in the decision-making process and in implementation of the projects. Since 1994, however, the World Bank has served as the Trustee of the GEF Trust Fund and provided administrative services.

As part of the restructuring, the GEF was entrusted to become the financial mechanism for both the UN Convention on Biological Diversity and the UN Framework Convention on Climate Change. In partnership with the Montreal Protocol of the Vienna Convention on Ozone Layer Depleting Substances, the GEF started funding projects that enable the Russian Federation and nations in Eastern Europe and Central Asia to phase out their use of ozone-destroying chemicals.

The GEF subsequently was also selected to serve as financial mechanism for three more international conventions: The Stockholm Convention on Persistent Organic Pollutants (2001), the United Nations Convention to Combat Desertification (2003) and the Minamata Convention on Mercury (2013).

Gribble J. Population Reference Bureau (PRB) [Internet]. Procuring contraceptives: Options for countries. 2010 April [cited 2015 Mar 12]. Available from: http://www.prb.org/pdf10/toolkit-procuring.pdf

This brief out lines the challenges and responses for countries as many are now beginning to purchase family planning commodities as a step toward contraceptive security. While in the past, most governments in countries that received donated contraceptives did not have to manage the procurement process. Typically, these countries would estimate the number and types of commodities needed and donors would handle the administrative process of purchasing. As governments increasingly fund their own contraceptive supplies for public-sector programs, they are taking a more active role in procuring them and outlines ways to manage the complex and time-consuming process.

Gribble J. Population Reference Bureau (PRB) [Internet]. Financing Contraceptives: A New Funding Environment. Contraceptive Security: A Toolkit for Policy Audiences. 2010 April [cited 2015 Mar 12]. Available from: http://www.prb.org/pdf10/toolkit-financing.pdf

This policy brief focuses on how changes in development assistance affect funding for contraceptive commodities and strategies used by CS advocates to fortify resources. National health accounts (NHA) provide valuable information, and it would be worthwhile to do a global analysis of spending on RHS based on the NHA and their sub-accounts, but before NHAs can be used their quality will need to be improved (Beekink 2014).

Funding for contraceptives has increased from 79 million in 1990 to 223 millions (including WB loans in 2007. The estimate need is 408 million in 2015.

Governments have relied heavily on donated contraceptives. Increasing emphasis on sustainable partnerships involving public, private and commercial sectors. There is a need for transition strategies to ensure advances are not lost and quality does not suffer. The benefits of a "total market approach".

A significant # of countries (20 out of 46 in 2003) are using their own funds (internally generated, program support from donors or WB loans and credits) to cover a significant portion of the cost of contraceptives provided through the public sector. This level however is insufficient to respond to unmet need for FP.

NHA and RH sub-accounts are additional tools to better understand funding for FP. They provide info on donor reliance, household burden, out of pocket spending and alignment with national plans.

Targeting remains necessary to ensure vulnerable groups have access.

Guttmacher [Internet]. Fact sheet. Costs and Benefits of Investing in Contraceptive Services in Sub-Saharan Africa.2012 [cited 2015 Mar 12]. Available from: http://www.guttmacher.org/pubs/FB-contraceptive-services-SSA.html

This factsheet, taking data from the 2012 "adding it up" report, outlines the costs and benefits of investing in contraceptive services in SSA.

If all unmet need were fulfilled in Sub-Saharan Africa alone, the number of unintended pregnancies in the region would drop by 78%—from 19 million to four million—resulting in eight million fewer unplanned births, five million fewer abortions and two million fewer miscarriages.

Fulfilling unmet need in Sub-Saharan Africa would also prevent 555,000 infant deaths—255,000 newborn deaths and 300,000 deaths among older infants—which would result in a 22% decline in infant mortality.

Enabling women to plan their pregnancies also leads to healthier outcomes for children. A recent study showed that if all births in developing countries were spaced at least two years apart, the number of deaths among children younger than five would decline by 13%. The number would decline by 25% if there were a three-year gap between births.

Halvorson-Quevedo, Raundi and Mariana Mirabile. Guarantees for Development. OECD [Internet]. 2014 March [cited December 2014]. Available from: http://www.oecd.org/dac/externalfinancingfordevelopment/documentupload/GURANTEES%20report%20FOUR%20PAGER%20Final%2010%20Mar%2014.pdf

High-Impact Practices in Family Planning (HIP) [Internet]. Financing commodities and services: mobilizing resources to sustain current and future family planning demand. Washington, DC: USAID; 2014 Mar. Available from: http://www.fphighimpactpractices.org/resources/financing-commodities-and-services

This high impact practice brief focuses on increasing funds for procurement of contraceptive commodities and supplies (which represent only one component of the cost of a FP program), as well as engaging the private sector (NGOs, social marketing programs, and the commercial sector) to support a "total market approach" that serves individuals from all socio-economic sections of society. In addition to public sector funding, much of the costs for commodities and services come from clients (OOPE), donors and insurance programs.

Countries are increasingly demonstrating commitment to family planning by: (a) creating a budget line item, (b) spending government funds (internally generated funds, basket funds, World Bank credits or loans, and other funds that donors give to the government for their use) on commodities and supplies, or (c) both.

Social safety net programs, such as insurance, may help reach marginalized groups with family planning services. Programs designed to reach the underserved can be an effective way of incorporating FP/RH services at low—or no—additional cost. In Peru, the Integrated Health Insurance program reaches millions of the country's most vulnerable populations with primary health care. As a result of advocacy efforts, the government decreed the inclusion of reproductive health, including family planning, as part of an expanded package of services. The decree ensures adequate funding for family planning in the insurance program and protects the budget for family planning services (Menotti et al., 2008). Social insurance programs in Argentina (Plan Nacer) and Brazil also provide family planning counseling and services, improving access to sexual and reproductive health services among the poor (Eichler et al., 2010).

Estimate the true costs of family planning service expansion. When estimating the cost of a scale-up strategy, it is critical to identify the full range of costs to be included —beyond just supplies and equipment — and to quantify how many of each input will be needed to implement the plan.

High Impact Practices in Family Planning (HIP) [Internet]. Social marketing: leveraging the private sector to improve contraceptive access, choice, and use. Washington, DC: USAID; 2013 Jan. Available from: http://www.fphighimpactpractices.

org/resources/social-marketing-leveraging-private-sectorimprove-contraceptive-access-choice-and-use

This evidence brief on social marketing and FP outlines how the PS can be leveraged to improve access to RHS through social marketing approaches. With such emphasis on the private sector in both the GFF and FFD it is important to have a clear understanding of what private sector means and implies.

High Level Task Force for ICPD [Internet]. Policy Considerations for Financing Sexual and Reproductive Health and Rights in the Post-2015 Era. 2015 February [cited 2015 Mar 12]. Available from: http://icpdtaskforce.org/post-2015/

This policy document comes with nine recommendations for financing SRHR in the post-2015 era.:

1) Develop National Financial Action Plans for Sexual and Reproductive Health and Rights. All countries should develop multi-year national action plans for financing SRHR, and ensure the integration of SRHR plans and budgets within broader national health strategies and budgets, as well as within other relevant sectoral plans (i.e. education, gender, youth, etc.).

2) Improve Tracking of Financial Resource Flows for Sexual and Reproductive Health and Rights. States should improve systems for tracking and reporting domestic and international financial flows dedicated to sexual and reproductive health and rights, and regularly review allocations against expenditures. In the short term, all countries should report total health expenditure and total sexual and reproductive health expenditure by financing source, per capita.

3) Reduce Fragmentation of Donor Funding Streams. Donors and recipient countries should take steps to improve coordination to reduce parallel programming and fragmentation of funding streams for sexual and reproductive health and rights.

4) Improve Efficient Use of Available Resources. To more effectively and efficiently employ financial resources allocated to SRHR, investments should be made to strengthen the financial planning and management capacities of relevant government authorities and health personnel.

5) Increase Mobilization of Domestic Public Revenue for Health, including Sexual and Reproductive Health. While a large proportion of SRHR spending comes from domestic sources, a significant portion of this is out-of-pocket expenditures by individuals, implying inequity in access to services based on ability to pay. There is thus a pressing need to maximize fiscal space for health spending, including for SRHR. Opportunities include improved tax collection, excise taxes (e.g. on tobacco or alcohol), earmarking tax revenues (hypothecation), financial transaction taxes, and exploring monetary and debt management policy scenarios that could free up resources for health, including SRHR.

6) Remove Financial Barriers to Accessing Sexual and Reproductive Health Services. Countries should allocate sufficient funds to effectively remove financial barriers for people to access SRH services. Out-of-pocket expenditures for health care, including sexual and reproductive health, impoverishes individuals and families. For example, every year, about 150 million people suffer financial hardship from paying for health care, and 100 million are pushed below the poverty line.

7) Mobilize New Innovative Sources of Financing and Scale up Existing Ones. Various innovative sources of financing have been proposed and in some cases are already being implemented for a number of development priorities, including health. These could be adapted to provide additional funding for sexual and reproductive health.

8) Regulate Private Sector Financing for the Provision of Sexual and Reproductive Health Services. The use of public-private partnerships (PPPs) as a means of financing SRH is on the rise, and in light of growing interest and prominent discussions on PPPs in the context of the Post-2015 Development Agenda, it will be especially important for countries and stakeholders engaging in such partnerships to expressly address the potential risks and shortfalls that can distort public health principles and objectives.

9) Strengthen Monitoring and Accountability for Fulfillment of Financial Commitments to Sexual and Reproductive Health and Rights. Despite many new initiatives and commitments related to various aspects of sexual and reproductive health and rights, political will and resources remain inadequate.

Hoehn K, Stratmann J, Schaffler P. Modernization of Development Finance Statistics and Sexual and Reproductive Health and Rights: Risk Analysis Ahead of the 3rd International Conference on Financing for Development. RHM 2015; 23(45). (In press)

As governments around the world prepare to adopt a new development framework – the Sustainable Development Goals (SDG) – and a supportive financial framework in 2015, the OECD DAC is exploring new ways of measuring and reporting on resource flows enabling development, including population assistance. How will these changes affect the evidence base, discourse about and donor incentives regarding sexual and reproductive health and rights (SRHR)? An initial analysis indicates that the suggested reform could lead to:

- reduction of grant aid in favor of increased loans, public-private initiatives and market-like instruments that are less suitable for SRHR support

- expansion of the range of stakeholders in development discourse to include those with market power that can steer the discussion away from the needs of the most underserved populations.

- diversion of attention and resources away from SRHR.

The discourse over how to provide, incentivize and report on development assistance in the new framework demonstrates the crucial relationship between knowledge, evidence, practice and power in relation to funding for SRHR in developing countries. With all that is at stake, those who seek to improve SRHR are well served to engage in these discussions as early and often as possible before the momentous decisions in 2015.

Hsu J, Berman P, Mills A. Reproductive health priorities: evidence from a resource tracking analysis of official development assistance in 2009 and 2010. Lancet. 2013; 381: 1772–1782.

This article uses CRS data to calculate global aid estimates to RH and the allocation of resources across RH activities and how they respond to need. FP is not a sub-section in this article.

Information is scarce about the extent to which official development assistance (ODA) is spent on reproductive health to provide childbirth care; support family planning; address sexual health; and prevent, treat, and care for sexually transmitted infections, including HIV. The article analyzed flows of ODA to reproductive health for 2009 and 2010, assessed their distribution by donor type and purpose, and investigated the extent to which disbursements respond to need. The authors aimed to provide global estimates of aid to reproductive health, to assess the allocation of resources across reproductive health activities, and to encourage donor accountability in targeting aid flows to those most in need.

The authors applied a standard definition of reproductive health across all donors, including a portion of disease-specific activities and health systems development. The authors analyzed disbursements to reproductive health by donor type and purpose (e.g., family planning). The authors also reported on an indicator to monitor donor disbursements: ODA to reproductive health per woman aged 15–49 years. The authors analyzed the extent to which funding is targeted to countries most in need, proxied by female life expectancy at birth and prevalence of HIV infection in adults.

Donor disbursements to reproductive health activities in all countries amounted to US$5579 million in 2009 and US$5637 million in 2010—an increase of 1·0%. ODA for such activities in the 74 Countdown priority countries increased more rapidly at 5·3%. More than half of the funding was directed towards prevention, treatment, and care of HIV infection for women of reproductive age (15–49 years of age). On average, ODA to general reproductive health activities amounted to 15·9% and ODA to family planning 7·2%. Aid to reproductive health was heavily dependent on the USA, the Global Fund, the UK, the United Nations Population Fund, and the World Bank.

Donors are prioritizing reproductive health, and the slight increase in funding in 2009–10 is welcome, especially in the present economic climate. The large share of such funding for activities related to HIV infection in women of reproductive age affects the amount of ODA received by priority countries. It should thus be distinguished from resources directed to other reproductive health activities, such as family planning, which has been the focus of recent worldwide advocacy efforts.

Tracking of donor aid to reproductive health should continue to allow investigation of the allocation of resources across reproductive health activities, and to encourage donor accountability in targeting aid flows to those most in need.

Hsu J, Pitt C, Greco G, Berman P, Mills A. Countdown to 2015: changes in official development assistance to maternal, newborn, and child health in 2009–10, and assessment of progress since 2003. Lancet [Internet]. 2012 [cited 2015 Mar 12]; 380: 1157–1168. Available from Pubmed: http://www.ncbi.nlm.nih.gov/pubmed/23000291

The article looks at tracking of financial resources to maternal, newborn, and child health provides crucial information to assess accountability of donors through the Creditor Reporting System (CRS) calculation of official development assistance (ODA) disbursements to RH and offers a different approach than NIDI data. The article analyses analyzed ODA flows to maternal, newborn, and child health for 2009 and 2010, and assessed progress since monitoring began in 2003. The share of multilateral funding continued to decrease but, relative to bi-laterals and global health initiatives, was better targeted. The balance between bi-lateral and multi-lateral funding has implications for RHS, as multilaterals provide a more stable source of funding where bi-lateral funding is more dependent on national political decisions. This begs the questions what happens to support to important multi-laterals in GFF and FFD discourse.

Annex 2 available with population assistance minus HIV.

Information is scarce about the extent to which official development assistance (ODA) is spent on reproductive health to provide childbirth care; support family planning; address sexual health; and prevent, treat, and care for sexually transmitted infections, including HIV.

In the past few years, financial commitments to reproductive health have increased. In 2010, the UN Global Strategy for Women's and Children's Health generated commitments valued at US$40 billion, including those for reproductive health. In 2012, a summit convened by the UK and the Bill & Melinda Gates Foundation generated US$2·6 billion in financial commitments for family planning.

The volume of worldwide ODA to reproductive health was US$5579 million in 2009 and US$5637 million in 2010—an increase of 1·0% in real terms (table 1). On average, development assistance directed to maternal and newborn health accounted for 37·0% of this amount, and additional reproductive health aid (R*) to family planning, sexual health, and sexually transmitted infections accounted for 12·7%, with aid to HIV infection accounting for the remaining 50·3%. Private grants to reproductive health from the Bill & Melinda Gates Foundation totaled US$76 million and US$106 million in 2009 and 2010, respectively.

The breakdown of ODA to reproductive health by source of aid flow shows varying roles and priorities in funding. On average across the 2 years, most of such aid (71·9%) was provided by bi-laterals, with the remaining share split similarly between multilaterals (13·9%) and global health initiatives (14·2%; table 2). Further breakdown of ODA by R* and maternal and newborn health (figure) shows that bi-laterals disbursed twice as much to R* (with an average 81·4% of R* directed to HIV/AIDS activities) as to maternal and newborn health. By contrast, multilaterals disbursed half as much aid to R* (with an average 64·3% of R* directed to HIV/AIDS activities) as to maternal and newborn health. Finally, global health initiatives disbursed three times as much to R* (with an average 79·2% of R* directed to HIV/AIDS activities) than to maternal and newborn health.

Between 2009 and 2010, disbursements to reproductive health from bi-laterals remained roughly constant in real terms, decreasing by 1·0% (US$39 million), whereas multilaterals decreased their aid to such activities in 2010 by 11·8% (US$97 million), and global health initiatives increased their aid by 27·8% (US$195 million; table 2). The stability in total bilateral funding masks changes in aid from individual donors. In absolute terms, the biggest increases were in aid from the USA, Australia, and Germany, with an increase between the 2 years of at least US$20 million each. By contrast, the biggest decreases in absolute amounts were by the Netherlands, Norway, and Spain, with decreases of more than US$15 million each.

Aid from multilaterals decreased by US$97 million primarily because aid from the World Bank International Development

Association) to reproductive health fell by 41·8% from US$249 million in 2009 to US$145 million in 2010. FP merely gets 7.2% of ODA US$ 294 m which is a cause for concern.

IMS Health 2013

IMS Health [Internet]. Africa: A Ripe Opportunity. White Paper. Multiple Locations. 2013 [cited 27 April 2015]. Available from: http://www.imshealth.com/deployedfiles/imshealth/Global/Content/Home%20Page%20Content/High-Growth%20Markets/Content%20Modules/IMS-Africa_WP_101212final.pdf

International Center for Research on Women (ICRW) [Internet]. Trade Liberalization & Women's Reproductive Health: linkages and pathways. 2009 [cited 2015 Mar 12]. Available from: http://www.icrw.org/sites/default/files/publications/Trade-Liberalization-and-Reproductive-Health.pdf

International Conference on Population and Development (ICPD) [Internet]. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014. Report of the Operational Review of the Implementation of the Programme of Action of the International Conference on Population and Development and its Follow-up Beyond 2014. Unedited version. 2014 [cited 2015 Mar 12]. Available from: http://icpdbeyond2014.org/uploads/browser/files/icpd_global_review_report.pdf

This report outlines the donor aid for ICPD.

At the ICPD in 1994, the international community agreed that US $17 billion would be needed in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015 to finance four core programmes in the area of population and development: family planning; basic reproductive health; prevention of sexually transmitted diseases, including HIV/AIDS; and programmes that address the collection, analysis and dissemination of population data. Two thirds of the required amount would be mobilized by developing countries themselves and one third, or $5.7 billion in 2000, $6.1 billion in 2005, $6.8 billion in 2010, and $7.2 billion in 2015 was to come from the international community.

A total of 8 per cent of population assistance was expended for family planning services, 22 per cent for basic reproductive health

Although funding for population activities has been rising, it was not meeting growing needs in developing countries. To ensure adequate funding for the implementation of these component of the ICPD Programme of Action, in 2009 the United Nations Population Fund reviewed the existing estimates for the four components of the ICPD costed population package (ICPD para. 13.14) and revised them to reflect current needs and costs. The revised estimate across the four components totaled US $64.7 billion for 2010, which was expected to rise to US $69.8 billion by 2015.

International Conference on Population and Development (ICPD) [Internet]. ICPD Beyond 2014. Messages and Preliminary Findings from the ICPD Beyond 2014 Global Review. 2013 June 24 [cited 2015 January 12]. Available from: http://icpdbeyond2014.org/uploads/browser/files/initial_findings_of_icpd_beyond_global_survey.pdf

International Planned Parenthood Federation (IPPF) [Internet]. The scorecard revisited: Monitoring and evaluating implementation of the World Bank's Reproductive Health Action Plan 2010–2015. 2015 [cited 2015 Mar 12]. Available from: http://www.ippf.org/sites/default/files/scorecard_1.pdf

The role of country partnership frameworks and other frameworks to help implement global financing at the country level.

Contraceptive prevalence rate has been added to the IDA 17 results management system.

Health portfolio of WB is growing, allocation to SRHR should be reflected proportionally.

[measuring results of GDF and funding for supplies through systems and indicators]

[Here the question is how GFF will influence targeted WB funding made available to SRHR.]

International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI). Briefing on Global Financing Facility (GFF). 2015 March 19.

In this brief that was prepared for a civil society round table organized by the World Bank, the following recommendations were made (emphasis added):

We must ensure that financing mechanisms, including results-based financing approaches, are rights-based and equitable, putting women and girls' rights at the center. The GFF must reach the poorest populations and not limit its reach to financing only Low Income Countries (LICs) given that many of the worlds' poorest populations live in Middle Income Countries (MICs).

The new financing architecture must deliver additional investment in sexual and reproductive health and rights, including family planning. This is particularly important when understanding whether funding will be grants or loans and also in ensuring that the GFF leverages additional funds, rather than transferring funding from already existing financing mechanisms. Funding must support all aspects of SRHR and ensure increased funding for family planning (FP) commodities and other interventions that affect the sexual and reproductive health of women and adolescents, for example, tackling and eliminating Female Genital Mutilation (FGM) and Sexual and Gender-Based Violence. There must be no gap in funding for SRHR, or interruption to supply chains, while the GFF is operationalized. No country should be discouraged from supporting all aspects of SRHR by the GFF financing architecture.

Financing mechanisms must have strong accountability and transparency. While respecting the principle of the GFF being a country led mechanism, the SRHR community calls for the involvement of civil society in both the design and implementation of the GFF, including in the creation of national plans and financing maps. We need to ensure a robust system of monitoring progress and tracking resource flows at both the global and national levels underpinning the GFF. This requires transparency on the part of the World Bank and donor community, as well as ensuring a system of accountability is in place. The GFF indicator framework must include strong SRHR indicators. While efforts have been made during the business planning phase, ensuring continued engagement is critical.

Civil society must participate in the creation of national plans and financing maps, and have strong role in ensuring accountability. There are many competing policy priorities at the global level as well as the country level. Civil society must be included as a crucial part of the development and validation of financing plans.

International Planned Parenthood Federation (IPPF). Key Recommendations FfD and SRHR Countdown2015Europe. 2015March.

This set of recommendations was put together the Countdown 2015 Europe Consortium which believes that in order for the Post-2015 development agenda to be achieved, human rights, gender equality and sexual and reproductive health and rights (SRHR) should be at the heart of the framework. It made the following recommendations which are broad but still have bearing on supplies:

1. Ensure enablers for Global Public Goods and Sustainable Development, like health and SRHR, are Recognized and Funded

2. Recommit within a clear timeframe to 0.7% of GNI to ODA that targets both poor people and poor countries

Donor support through grants is necessary to ensure adequate resources for SRHR because:

Loans and innovative development instruments (market like instruments, guarantees etc.) are not suitable for investments in social sectors like health and education.

The return on investment on SRHR sector is currently not widely recognized, and as a result the amount of domestic public

financing or private financing (beyond out-of-pocket payments) will be limited.

3. Domestic Finance with Human Rights and Gender Equality at its Core

The commitment to the Abuja Declaration from African countries should be reinforced, so that the agreed 15% of funds are allocated to health. Renewed commitment to the Maputo Plan of Action on sexual and reproductive health and rights (SRHR) is also critical.

4. Enable inclusiveness and universality of the new partnership through disaggregation of data by sex, age and other relevant characteristics

We are calling for all targets and indicators to be disaggregated by age, sex, economic quintile, geographic region and other relevant characteristics.

Kates J, Wexler A, Michaud J, Valentin A. Kaiser Family Foundation [Internet]. Mapping the donor landscape in global health: family planning and reproductive health. 2014 January [cited 2015 Mar 12]. Available from: https://kaiserfamilyfoundation.files.wordpress.com/2014/01/8541-mapping-the-donor-landscape-in-global-health-family-planning-and-reproductive-health.pdf

The Kaiser Family Foundation undertook a series of analyses to describe the global health "donor landscape." Using three years of data from the Organisation for Economic Co-operation and Development (OECD), they map the geographic landscape of global health donor assistance, looking both at donor presence and magnitude of donor assistance by issue area, region, and country. The effort is intended to shed new light on donor presence within and across recipient countries, and to produce a set of figures and tools that stakeholders can use in both donor and recipient countries.

While the donor landscape for family planning and reproductive health (FP/RH) consists of multiple donors, the top five – including three governments and two multilateral institutions – account for nearly three-quarters of all FP/RH assistance. While close to 150 countries receive at least some assistance for FP/RH activities, most funding is directed to those regions and countries with high unmet need for family planning. Looking at donors to FP/RH across the most recent three-year period with available data (2009-2011), we found: 36 different donors (including 27 bilateral donor governments and 9 multilateral organizations) reported providing FP/RH assistance in at least one year examined. 29 donors reported giving assistance in all three years.

The five donors with the greatest presence, as measured by number of recipient countries, were: UNFPA (119), the UNICEF (113), Japan (99), Canada (92), and the World Health Organization (WHO, 82). However, when measured by magnitude of assistance provided (as a share of annual average funding between 2009 and 2011), the top five donors were: the U.S. (29%), UNFPA (19%), the U.K (13%), the Netherlands (6%), and the World Bank (5%). Together, the top five donors accounted for 72% of all donor funding for FP/RH, with the 31 remaining donors accounting for more than a quarter (28%) of FP/RH assistance over the study period.

Kates J, Wexler A, Lief E. Kaiser Family Foundation [Internet]. Donor government assistance for family planning. 2014 November [cited 2015 Mar 12]. Available from: http://kff.org/global-health-policy/report/donor-government-assistance-for-family-planning-in-2013/

This report outlines the FP resource tracking work that was commenced by the Kaiser Family Foundation in 2013 for FP2020. Data were collected directly from ten donors, who represent approximately 98% of bilateral family planning funding, and are profiled in this report: Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, the U.K., and the U.S. Data for the remaining DAC members was obtained from the OECD Creditor Reporting System (CRS). The data is not broken down to the supplies level.

Since 2012, donor governments have increased their support for family planning efforts. In 2013, the most recent year for which data are available, donor governments provided $1.3 billion to support bilateral family planning programs in low- and middle-income countries, an increase of more than $200 million (19%) above 2012 levels (this includes cash transfers, TA

and products). This growth was largely due to increased funding from the U.S., the U.K., and the Netherlands, already the three largest donors to bilateral family planning programs. Donor governments also provided US$454 million in core contributions to the United Nations Population Fund (UNFPA) – the primary multilateral organization addressing family planning – an increase of US$22 million (5%) above 2012 levels [data from OECD CRS]. In addition, preliminary data indicate that donors are making progress toward commitments made at FP2020.

Koenig S, Rosenquist R. Action for Global Health [Internet]. Health spending in Tanzania: the impact of current aid structures and aid effectiveness. 2010 October [cited 2015 April 14].Available from: http://www.actionforglobalhealth.eu/publications/detail-view/article/health-spending-in-tanzania-the-impact-of-current-aid-structures-and-aid-effectiveness.html

NEPAD [Internet]. [cited 2015 Mar 12]. Available from: http://www.nepad.org/humancapitaldevelopment/health/about .

NEPAD is mentioned in the FFD (para 8) "we agree to strengthen support for the implementation of relevant strategies and programmes of action … NEPAD." NEPAD has a number of key objectives in the area of health and the RHS could be promoted through regional for a. Relevant areas include:

Improving healthcare systems in Africa and reducing the burden of HIV/AIDS, TB and malaria. This includes providing member states with strategic guidance, capacity building opportunities and promoting an African agenda for health.

Increasing the number of trained and motivated health workers in Africa. NEPAD works with global and regional partners to promote health education to improve the base of skilled professionals in this sector.

Ensuring that affordable, essential medicines are available to all Africans. The focus here is to build regional partnerships to improve the regulation of medicines and improve access to and the quality of medicines.

What progress has been made so far?

Among its many achievements in the area of healthcare, NEPAD has published a strategic document aimed at boosting pharmaceutical innovation on the continent. The report, Strengthening Pharmaceutical Innovation in Africa, can be downloaded here›››

The African Medicines Regulatory Harmonization (AMRH) Programme has been established and operationalizes the African Union's Pharmaceutical Manufacturing Plan for Africa (PMPA), which seeks to enable African countries to fulfill their national obligations to provide all citizens with safe, quality and efficacious essential medicines.

Amreh http://www.nepad.org/humancapitaldevelopment/how-we-work

Officially NEPAD's goals and their achievements are closely and directly linked to population factors, improving human well-being should therefore be at the core of development programmes. In order to create a "mechanism" for implementing the MDGs, the UN General Assembly adopted at its Fifty-sixth Session in September 2001 a "Road Map towards the implementation of the United Nations Millennium Declaration". The Road Map contains both targets and indicators for each MDG and these will be partly used in developing the NEPAD's Implementation Plan.

Nguyen A. FP2020 Funding Analysis, Preliminary Results. Clinton Health Access Initiative (CHAI). 2014 Oct 31.

This analysis forecasts (1) users of contraceptives purchased by USAID and UNFPA; and (2) corresponding commodity costs based on historical shipment volumes and trends in consumption growth. It compare forecasted USAID and UNFPA-funded users to FP2020 user targets.

It concludes that given committed funding, an estimated XX additional funds are required for the UNFPA Global Programme for Reproductive Health Commodity Security (GPRHCS) to reach 28 percent of total FP2020 users (excluding sterilization),

compared with a linear trend scenario. That would reach 110 million women by 2020, at a cost of $250 million annually.

Kohler H-P. University of Pennsylvania [Internet]. Copenhagen consensus 2012: Challenge Paper on "Population Growth". PSC Working paper series. 2012 April 6 [cited 20 2015 April]. Available from: http://repository.upenn.edu/psc_working_papers/34/

This paper was used as input for the Copenhagen consensus paper which analyzed more than 160 SDG targets for their return on investment. FP and RH made it as one of only 27 on the list of phenomenal return on investment.

Leahy E. Reproductive Health Supplies in Six Countries: themes and entry points in policies, systems and financing. Population Action International; 2009.

Levine R. Center for Global Development [Internet]. A Risky Business: Saving Money and Improving Global Health through Better Demand Forecasts (Brief). 2007 May 18 [cited 2015 Mar 12]. Available from: http://www.cgdev.org/publication/risky-business-saving-money-and-improving-global-health-through-better-demand-forecasts

This brief provides an analysis of the problem of demand forecasting and an agenda for action. The report offers specific recommendations that apply across a range of products and that could be implemented by identifiable public and private organizations. The three main recommendations are: Improve the capacity to develop credible forecasts by acting in specific ways to take forecasting seriously; Mobilize and share information about product demand in a coordinated way through the establishment of an infomediary; and Share risks and align incentives through a broad range of contractual arrangements.

Predicting demand is tricky: it means figuring out far in advance how much of which products governments, private consumers and donors will want to buy, and how much they will be willing to pay, often even before these decisions have been considered. It is made trickier by the recent entry of many new sources of funding and advice, a broad range of new products, and new actors in procurement. The lack of accurate forecasts has several damaging effects. It increases risks for suppliers, resulting in higher costs and supply shortages. It discourages firms from investing in research and development for new health products that poor people need. And it creates obstacles for donors and national governments as they seek to spend aid effectively to improve health and save lives.

Levine R, Blumer K. Center for Global Development [Internet]. Following the Money: Toward Better Tracking of Global Health Resources (Report). 2007 May 17 [cited 2015 Mar 12]. Available from: http://www.cgdev.org/publication/following-money-toward-better-tracking-global-health-resources

This report calls for a move: from tracking expenditures on specific health programs in an uncoordinated way to coherent and long-term support to improve government budgetary and financial systems in the developing world; to institutionalizing standard approaches to documenting and analyzing health sector expenditures; and to providing more timely, predictable and forward looking data on external assistance to the health sector.

Mitchell S. Health Market Innovations Blog [Internet]. The Role of the Private Sector in Family Planning. 2013 November 10 [Cited 2015 April 22]. Available from: http://healthmarketinnovations.org/blog/role-private-sector-family-planning

ONE. Financing for Development 2015 ONE's Policy Recommendations for Addis Ababa. 2014 December 19 [cited 22 December 2014]. Available from: http://www.un.org/esa/ffd/wp-content/uploads/2014/12/9Dec14-ONE-input1.pdf

ONE. The 2014 DATA report. 2014 [cited 24 April 2015]. Available from: http://www.one.org/us/policy/data-report-2014/

The report:

- provides the latest updates on aid spending globally and in sub-Saharan Africa,
- examines the composition and targeting of aid and rules for measuring ODA loans,
- profiles progress by the G7, the European Union and Australia, and
- assesses whether African countries are meeting their own budget promises and prioritizing spending on health, agriculture and education.
- Finally the report offers 11 specific recommendations to improve public finance for development beyond 2015.

Ooms G, Stuckler D, Basu S, Mckee M. Financing the Millennium Development Goals for health and beyond: sustaining the 'Big Push'. Globalization and Health [Internet]. 2010 [cited 2015 Mar 12]; 6:17. Available from: http://www.globalizationandhealth.com/content/6/1/17

This article highlights the failures of current aid and makes the point that it is not reaching the poorest of the poor, it is often misaligned and too short term in nature, perpetuates the poverty trap and does not adequately address the question of resilience. The authors propose perennial redistribution through a global social health protection fund.

Many of the Millennium Development Goals are not being achieved in the world's poorest countries, yet only five years remain until the target date. The financing of these Goals is not merely insufficient; current evidence indicates that the temporary nature of the financing, as well as challenges to coordinating its delivery and directing it to the most needy recipients, hinder achievement of the Goals in countries that may benefit most. Traditional approaches to providing development assistance for health have not been able to address both prevalent and emergent public health challenges captured in the Goals; these challenges demand sustained forms of financial redistribution through a coordinated mechanism. A global social health protection fund is proposed to address recurring failures in the modern aid distribution mechanism. Such a Fund could use established and effective strategies for aid delivery to mitigate many financial problems currently undermining the Millennium Development Goals initiative.

Ooms G, Hammonds R, Waris A, Criel B, Van Damme W, Whiteside A. Beyond health aid: would an international equalization scheme for universal health coverage serve the international collective interest? Glob Health [Internet]. 2014 May [cited 2015 Mar 12]; 10:41. Available from: http://www.globalizationandhealth.com/content/10/1/41/abstract

This article focuses on the concept of universal health coverage as the World Health Organization promotes 'universal health coverage' as the overarching health goal for the next phase of the Millennium Development Goals. In order to provide a basic level of health care coverage, at least some countries will need foreign aid for decades to come. How does this reality mesh with the current GFF and FFD debates, which talk about increasing domestic financing considerably in the coming fifteen years?

Ooms G, Hammonds R. Financing Global Health Through a Global Fund for Health? Chatham House [Internet]. Centre on global health security working group papers. Working Group on Financing. Paper 4. 2014 February. Available from: http://www.chathamhouse.org/sites/files/chathamhouse/public/Research/Global%20Health/0214GlobalFund.pdf

Organisation for Economic Co-operation and Development (OECD). Development Assistance Committee. Factsheet. OECD DAC statistics: a brief introduction. 2008 July.

Organisation for Economic Co-operation and Development (OECD). Development Assistance Committee. High Level Meeting Communiqué. London. 4-5 December 2012.

Organisation for Economic Co-operation and Development (OECD). Fragile States Report 2013: Resource Flows and Trends in a Shifting World, DAC International Network on Conflict and Fragility. OECD. December 2012.

Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee. DAC High Level Meeting Final Communique. Paris. 15-16 December 2014.

Organisation for Economic Co-operation and Development (OECD). Development Assistance Committee. DAC Senior Level Meeting Report. Measurement of Development Finance Post-2015. Paris. 7-8 October 2014.

Organisation for Economic Co-operation and Development (OECD). Non-DAC Countries and the Debate on Measuring Post-2015 Development Finance. 2014.

Organisation for Economic Co-operation and Development (OECD). Development Assistance Committee. Background paper: Towards more inclusive measurement and monitoring of development finance – Total Official support for Sustainable Development. DAC High-Level Meeting. Paris. 15-16 December 2014.

Organisation for Economic Co-operation and Development (OECD). Options on Concessionality. DAC Meeting. 2014 June 10.

Organisation for Economic Co-operation and Development (OECD) / Development Assistance Committee (DAC). DAC high level meeting: final communique. 2014 December 16 [cited 2015 April 27]. Available from: http://www.oecd.org/dac/OECD%20DAC%20HLM%20Communique.pdf

OXFAM [Internet]. Universal Health Coverage: Why health insurance schemes are leaving the poor behind. 2013 October [cited 2015 Mar 12]. Available from: http://go.oxfam.ca/docs/universal-health-coverage-2013-10-summary.pdf

This article details a case against pooling as a means to reach the poorest of the poor. Risk pooling and prepayment schemes are very much advocated in the GFF and the FFD also mentions social protection mechanisms.

User fees for health care still exist in the majority of developing countries. Worldwide every year 150 million people face catastrophic health-care costs because of direct payments, while 100 million are pushed into poverty - the equivalent of three people every second. In the name of UHC, many governments and donors are promoting and implementing voluntary private and community-based health insurance schemes that they have been shown to have low coverage are costly to administer, and exclude the poor. India's RSBY insurance scheme for those below the poverty line is widely praised as a success but offers limited financial protection, suffers from corruption, abuse, and cost escalation, and has skewed public resources to curative rather than preventative care. No country in the world has achieved anything close to UHC using voluntary insurance. For those who recognize the pitfalls of voluntary schemes, social health insurance (SHI) has become an increasingly popular alternative. However, while SHI has worked to achieve UHC in a number of high-income countries, attempts to replicate the same kind of employment- based models in low- and middle-income countries have proved unsuccessful. SHI schemes are typically characterized by large-scale exclusion. Ten years after the introduction of SHI schemes in Tanzania, population coverage had reached only 17 per cent. Even rich countries struggled to achieve rapid scale up via SHI - it took Germany 127 years to achieve UHC. People in poor countries cannot and should not have to wait that long.

Partnership for Neonatal, Maternal and Child Health (PNMCH) [Internet]. Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health: Perspectives on the Global Financing Facility. 2014 December 15 [cited 2015 Mar 12]. Available from: http://crowd360.org/wp-content/uploads/2015/01/Full-Report-Perspectives-on-GFF-Consultations-on-Global-Strategy-20150114.pdf

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 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 harmonizing 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 harmonizing 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 organizations, 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.

Recommendations:

A sense that the GFF needed to become something more ambitious (more broadly owned and with wider possible beneficiaries) than a World Bank Trust Fund and that to be truly global it needed to have a critical mass of partners working together with shared ambition linked clearly to the objectives of the Global Strategy for Women's, Children's and Adolescent's Health specifically and the sustainable development goals (SDGs) more generally. While this may have to be achieved over time, the features of something more global than a trust fund would include:

Governance, decision-making, and stakeholder structure that is broader and more inclusive than a World Bank Trust Fund structure would usually entail;

Processes designed to build transparency and accountability in the decision-making and use of funds, monitoring and accountability; and

Delivering funding to stakeholders in partner countries in a range of ways not necessarily limited to current Trust Fund rules and to eligible recipients other than national governments.

Partnership for Maternal, Neonatal and Child Health (PNMCH) [Internet]. Private Enterprise for Public Health, Opportunities for Business to Improve Women's and Children's Health: A Short Guide for Companies. 2012 [Cited 2015 March 28]. Available from: http://www.who.int/pmnch/topics/part_publications/private_enterprise_for_public_health_guide.pdf

Pledge Guarantee for Health (PGH) [Internet]. 2014 February [cited 2015 Mar 12]. Available from: http://pledgeguarantee.org/ghd-news-ministers-health-can-increase-leverage-ministers-finance/

This webpage describes the bridge mechanism to ensure RH commodity security.

For the developing world, financing of health systems and essential medicines has largely been the work of international donors. On an annual basis, bilateral and multilateral donors provide close to $10 billion in overseas development assistance for the procurement of health commodities alone. However, in today's environment of reduced donor funding, a growing number of developing countries are being asked to contribute a greater share of their own public health expenditures.

The reality is that resources are limited in an environment where needs are great, and competing for development resources. In order to ensure the greatest health impact in a time of uncertain donor and domestic resource allocation, Ministers of Health should ask not only for more funding, but also for policies that enable greater leverage of that funding. According to the Brookings Institute, approximately 28% of extra value (i.e. more commodities/lives saved for the same donor dollar) can be captured by adhering to efficient procurement and payment policies.

One of the key tools in capturing this value is a bridge loan to close the time between donor funding commitment and disbursement. Leveraging bridge lending, Ministers have the opportunity to procure essential medicines when they need them, and pay back when donor funding is available.

Policy and Operations Evaluation Department, Dutch Ministry of Foreign Affairs (IOB). Study: Public-Private Partnerships in developing countries A systematic literature review. 2013 June 6 [cited 2015 Mar 12]. Available from: http://www.government.nl/documents-and-publications/reports/2013/06/13/iob-study-public-private-partnerships-in-developing-countries.html

Population Services International (PSI) [Internet]. Undated [cited 2015 Mar 12]. Available from: http://www.psi.org/research/evidence/social-marketing-evidence-base/

This website provides a comprehensive evidence base of materials related to family planning and social marketing.

Pradhan J, Sidze E, Khanna A, Beekink E. Mapping of reproductive health financing: methodological challenges. Sexual & Reproductive Healthcare. 2014 October [cited 2015 Mar 12]; 5(3):90-8. Available from Medline: http://www.ncbi.nlm.nih.gov/pubmed/25200968

There are a number of estimates that highlight the need for financial resources for RH programmes at national and sub national levels. Lack of understanding of these different estimates can lead to inappropriate advocacy for financial prioritization of RH in general and RHS in particular. This article looks at the limitations of the CRS and NHAs.

The CRS database is still the leading source of information on health financing. The RF database uses percentage figures to

allocate parts of the specific CRS purpose codes to one of the ICPD categories, whereas other organizations focus more on maternal and child health, like the Muskoka initiatives, Countdown 2015 and the Global Strategy. Moreover, the main limitation of the CRS is that it only allows the allocation of one purpose code per project, which limits the assessment of donor disbursements made to specific sub-sectors of RH such SGBV.

Also, the gap in data on international health funding by non-DAC Government donors, private foundations and funding that is channeled through and spent by NGOs needs to be addressed.

In order to deliver appropriate and effective development assistance for health to LMICs, reliable data on patterns and flow of global health financing is required. This will enable more critical analysis of the performance of funders and global health actors. In order to monitor the domestic financial flow for RH activities, the RHA (in the framework of NHA), is the best possible source to track national level expenditures on RH. However, producing RHA in the context of NHA suffers many challenges.

First, the use of RHA needs to be enhanced. Creating RHAs is not enough, they need to be disseminated before national level planner and policy makers. Once they agree upon the findings of the RHA, the users of RHA will increase. Second, in order to have better comparability, countries need to use the same methodology suggested in the WHO guidelines [15]. Thirdly, there is a need for improved financial management and information system in recipient countries that are capable of providing a composite picture of health expenditures that integrate external and domestic funding for health. Fourthly, since generation of information based on special surveys is very costly, RH utilization is expensive. Fifth, the development of RHA should be institutionalized in order to produce periodic reports on financial flows for RH activities. Institutionalization of the development of RHA depends not only on the technical and financial capacity of its institution but also on the political will at the national level. Hence, capacity-building is required not only for the development of RHA but also for making use of the data from RHA at the national level health planning and programming.

RAISE [Internet]. RH supplies in emergencies. 2012 [cited 2015 Mar 12]. Available from: http://www.who.int/woman_child_accountability/ierg/reports/2012_20N_RAISE_Overview_March2012.pdf

Within the GFF and FFD mention is made of countries in crisis and state of emergency. Ensuring access to RHS in those settings is extremely challenging and sufficient thought should go into how to make countries and systems resistant to these challenges to ensure continued access to RHS.

Reproductive Health Interchange (RHI) [Internet]. United Nations Population Fund. [cited 2015 Mar 12]. Available from: https://www.myaccessrh.org/rhi-home

The Reproductive Health Interchange (RHI) provides access to harmonized data on contraceptive orders and shipments for over 140 countries. The data currently reflects over 80% of contraceptive supplies provided by donors over the last several years, worth more than $2.3 billion.

The RHI data comes from the central procurement offices of major contraceptive donors and other organizations that procure contraceptives. This includes such organizations as IPPF, MSI, PSI, USAID and UNFPA, among others.

Reproductive Health Supplies Coalition (RHSC) [Internet]. Market Shaping for Family Planning: An analysis of current and future opportunities to improve the effectiveness of family planning markets. 2014 June [cited 2015 Mar 12]. Accessible from: http://www.dalberg.com/documents/Market_Shaping_for_Family_Planning.pdf

The Dalberg paper on market shaping analyses current and future opportunities to improve effectiveness of FP markets. Despite the call going out from the FFD and various initiatives (EWEC, FP2020, RHSC) all have market shaping pillars this is an area that needs to handled carefully since the verdict is not out. There is a need for enhanced coordination there remains no objective metric for establishing the right balance to avoid biasing or distorting the market. Consequently, in the absence of global agreement on an optimal set of approaches, it is incumbent upon interveners to articulate the logic of their choices

and the vision that they seek.

Advancing choice, equity and health impact

In recent years, family planning has attracted marked increases in attention and investment. In the last five years alone, funding for contraceptives grew by 50 percent, reaching $275 million in 2012, driven mostly by increased investments in implants (accounting for 68 percent of total funding growth), and female condoms (20 percent of total growth).

Market-shaping interventions are strong candidates for funding and attention. Their short-term nature and inherently catalytic approach make them attractive to both donors and implementers. They also have the advantage of working with a relatively limited set of institutional actors, meaning that discussion, dialogue and coordination can occur within a manageable set of players. However, of the many problems confronting the family planning sphere, evidence suggests that many may be more appropriately or effectively addressed by programmatic interventions that improve public-, commercial- and nonprofit sector distribution and delivery. While the focus of this report has been on the implementation of short-term strategies addressing critical market barriers, 'programmatic' barriers to access are often much more complex and require higher levels of investment to address. It will be important to ensure that any emphasis on market shaping does not starve funding for the critical programmatic efforts needed to effectively deliver products to those who wish to access them.

Given the complexity and trade-offs involved in market-shaping approaches for family planning, enhanced coordination and transparency are essential. In any market, interveners must consider complex trade-offs between individual products and approaches and between optimizing for the present versus delivering on the future. This is especially challenging in the family planning space, where providing women with choice is so fundamental. While optimizing delivery for any one method is clearly not sufficient, there remains no objective metric for establishing the right balance to avoid biasing or distorting the market. Consequently, in the absence of global agreement on an optimal set of approaches, it is incumbent upon interveners to articulate the logic of their choices and the vision that they seek. To the extent that consensus can be reached around product priorities and the allocation of resources amongst them, prospects will be enhanced for building a common vision within the RH community.

Reproductive Health Supplies Coalition (RHSC) [Internet]. Supply promises. 2014 [cited 2015 Mar 12]. Available from: www.supplypromises.org

This website gives and overview of both financial, policy and programmatic commitments made to reproductive health supplies in the past decade.

The Reproductive Health Supplies Coalition (RHSC), with support from Cambridge Economic Policy Associates (CEPA), has developed a compendium of commitments on reproductive health (RH) supplies (the "Commitments Compendium"; available at www.supplypromises.org). The Compendium maps and analyses commitments made by governments and other institutions (including academic and research institutions, foundations, global partnerships, health care professional organisations, multilateral organisations, NGOs, and the private sector) under eight key global health initiatives.1 Despite the global 'enthusiasm' around commitments, the commitments landscape is opaque and opportunities to leverage and advance commitments are not systematically realized.

In this context the RHSC commissioned this research piece to: (a) clarify the processes and rationale behind countries making and advancing on commitments, and shed light on their value within the development context; and (b) serve as the basis for development of the Coalition's commitments strategy in terms of its role and engagement with stakeholders at the country level. This qualitative study builds on our previous Compendium work, and was undertaken over the period August-October 2014 through a combination of stakeholder consultations and focused desk research. It seeks to understand the notion and value of RH supplies commitments, which we have analyzed at each stage of their 'life-cycle' - motivation; formulation; implementation; and results/ impact

Ricardo Vernon S, Helguera G, Suárez Blanch C. Reproductive Health Supplies Coalition (RHSC), ForoLac, Insad.

Estudio de caso: Recentralización de compras de insumos anticonceptivos en México. Elaborado por Investigación en Salud y Demografía. 2015 January 29.

Rosen J, Sacher S. USAID | DELIVER PROJECT [Internet].Enhancing Contraceptive Security through Better Financial Tracking: A Resource Guide for Analysts and Advocates. 2013 September [cited 2015 Mar 12]. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/EnhaCSFin.pdf

This document guides readers through the steps to track contraceptive financing and finance processes. The guide provides information about financing schemes, sources, and agents and details how to collect and analyze data on how much funding was needed, committed, and spent for contraceptives. It also provides information to help users map the funding processes (including organizations involved, funding decisions, timing, and potential bottlenecks) in order to determine when and to whom to advocate for adequate and timely funding for contraceptives. Finally, the guide suggests various situations in which to use the finance tracking information to enhance advocacy and decision-making.

Rosen J, Sacher S, Kalangwa A, Kyaddondo B. USAID | DELIVER PROJECT [Internet]. Uganda: Financial Tracking of Reproductive Health Commodities. 2013 April [cited 2015 Mar 12]. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/countryreports/UGFinaTracRH.pdf

This report summarizes the findings and recommendations from an exercise to improve tracking of financing for subsidized contraceptives and other reproductive health commodities in Uganda and to identify entry points for advocacy. The exercise took place in Uganda in 2012 and was a collaborative effort between the USAID | DELIVER PROJECT, Advance Family Planning/Partners in Population and Development Africa Regional Office, the Population Secretariat of the Ministry of Finance, Planning, and Development, and the Reproductive Health Division of the Ministry of Health.

Ross J, Weissman E, Stover J. Reproductive Health Supplies Coalition [Internet]. Contraceptive projections and the donor gap: meeting the challenge. 2009 February [cited 2015 Mar 12]. Available from: www.rhsupplies.org/fileadmin/user_upload/RMA_WG_meetings/RHSC-FundingGap-Final.pdf

This report looks at just one component of reproductive health commodities: contraceptives and is a follow-up to a report of the same title published in 2001, the report starts with an overview of current demand for contraceptives in 88 developing countries that depend on supplies from donors. The total requirements, including domestic and out-of-pocket funds, would be much higher. Future needs for contraceptive commodities are projected for two scenarios: one assuming that all unmet need for family planning will be satisfied by 2015 as specified in the ICPD and the MDGs, and the other one based on the medium variant projections of the United Nations Population Division—projections that assume a more gradual contraceptive prevalence increase that is based on historical trends. The proportion of future needs that will require donor funding is estimated on the basis of historical funding trends. Those future needs are compared with current donor funding to highlight the "donor gap," the expected shortfall in commodity funding unless resources for commodities are increased substantially.

The analysis found that in the African region, region, more than 80 percent of contraceptive supplies are provided by donors, but the % depends heavily on the region. In the other regions, much smaller portions of contraceptives were provided by donors, with the majority of contraceptives either supplied by the private sector and financed through out-of-pocket spending by consumers or other private or public funds, or supplied by national governments through domestic budgets. In the Middle East/North Africa and Asia/Pacific regions, as well as in the Central Asian Republics, donor funding accounted for 20 to 25 percent of total commodities supplied. In Latin America and the Caribbean, the donor-provided share was about one-third.

The situation is somewhat better for family planning commodities. The UNFPA's annual "Donor Support Report for Contraceptives and Condoms," published since the late 1990s, provides a detailed overview of commodity funding (table 2). After growing rapidly in the mid-1990s, annual donor contributions peaked in 1996 at $172 million, probably under the

influence of the ICPD in 1994. The following years saw funds tumbling, remaining for several years in the $140 to $150 million range. Then, 2001 marked a turnaround when substantial increases in support by Canada (Canadian International Development Agency, or CIDA), the Netherlands, and the United Kingdom (Department for International Development, or DFID), which were channeled through UNFPA, brought total support in that year to $224 million. Also beginning in 2001, significant donor funds were channeled through Population Services International (PSI). Since 2003, total funds have fluctuated just above $200 million per year.

The lion's share of the funding over the past decade (figure 8) was provided by the United States Agency for International Development (USAID) and UNFPA, which together contributed almost 70 percent of total funding. (UNFPA funding includes procurements on behalf of the World Bank, the European Union, and CIDA.) Significant contributions came also from the German Federal Ministry for Economic Cooperation and Development/KFW Development Bank (BMZ/KfW) and the Department for International Development of the United Kingdom (DFID), with 10.0 percent and 6.4 percent of total donor support respectively. PSI, which emerged as a major player in 2001, contributed 9.9 percent of total funds, the vast majority of which are provided by other donors.

In 2015, the total requirements would be nearly $720 million in those 88 countries, as opposed to $406 million in donor financing under the UN Population Division Medium Projection. In the year 2020, an estimated $450 million would be required in commodity support in order to satisfy all demand (prevalence plus current unmet need) for donor support contraceptives. If donor funding were to remain at or around current levels, the funding would fall short by $227 million. The cumulative shortfall over the 2008–2020 period would be around $1.9 billion. Even under the more moderate medium variant scenario, donor funding would fall $183 million below the required amount in the year 2020 (a cumulative shortfall of more than $1.4 billion).

To meet estimated commodities needs, donor funding will thus have to increase by $220 million to $450 million by 2020 to meet unmet need or by $145 million to $306 million to match the medium variant of the UN Population Division projection. The annual growth rate in donor funding required to meet unmet need by 2015 is 7.0 percent, slightly higher than the historical rate of increase. If this goal is achieved, the required growth in funding after 2015 would drop to only 2 percent per year.

The allocation of donor contributions among the different contraceptives has remained relatively constant over the past decade, with 90 percent of total support going to condoms, pills, and injectables.

Røttingen J-A et al. Chathamhouse [Internet]. Shared Responsibilities for Health: A Coherent Global Framework for Health Financing. 2014 May 2 [cited 2015 March 18]. Available from: http://www.chathamhouse.org/publication/shared-responsibilities-health-coherent-global-framework-health-financing

The financing group examined what needed to be done to provide a global framework for sustainable health financing in order to achieve Universal Health Coverage, looking at how to strengthen domestic financing; boost the financing of global public goods for health; increase external financing; improve efficiency and accountability; and move towards a global agreement on sustainable financing, including as part of the post-2015 development agenda.

Sachs J, Schmidt-Traub G. Financing Sustainable Development: Implementing the SDGs through Effective Investment Strategies and Partnerships Preliminary, unedited draft for public consultation – not for citation or attribution. 30 November 2014. [cited 4 April]. Available from: http://www.un.org/esa/ffd/wp-content/uploads/2014/12/Full-FSD-draft-for-public-consultation_ln.pdf

Schmidt A. Action for Global Health [Internet]. AID EFFECTIVENESS: progress and the status quo of democratic ownership and meaningful civil society participation in the health sector. 2011 July [cited 4 April]. Available from: http://www.actionforglobalhealth.eu/fileadmin/AfGH_Intranet/AFGH/Publications/AfGH_CSOParticipationReport_F1_LoRes.pdf

Ownership is the first of the five principles set out in the Paris Declaration on Aid Effectiveness. Democratic ownership of development processes includes parliamentarians, civil society and the private sector. However, in practice, the principle of ownership is all too often interpreted as 'government' ownership only. Based on three country case studies and the review of wider literature, this report presents an overview of recent developments and the status quo of civil society participation in development processes. Civil society participation in development policies is important for a number of reasons: for example, civil society can provide a mechanism for checks and balances, enhance government accountability and transparency by acting as a watchdog, represent the voices of poor and marginalized people.

Smith R, MacKellar L. Global public goods and the global health agenda: problems, priorities and potential. Globalization and Health [Internet]. 2007 [cited 2015 April 14]; 3:9. Available from: http://www.globalizationandhealth.com/content/3/1/9

Shwartländer B, Stover J, Hallett T, et al. Towards an improved investment approach for an effective response to HIV/AIDS. The Lancet [Internet]. 2011 [cited 2015 Mar 12]; (377): 2031–41. Available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2960702-2/abstract

This article is relevant because of its focus on programmatic synergies which are important for the commodity discussion and in light of the relevance of FP and SRH in many of the 17 SDG goals, from HIV to ageing, to environment. It serves as an argument to "plug" RHS into multiple issues.

Schwartländer and colleagues have suggested that investment frameworks based on country epidemiology and recognition of programmatic synergies with other sectors will help to improve the targeting of funds, increase efficiency, and improve the effect on population health. Some donors have adopted the principles of such frameworks. For example, the Global Fund approach to funding countries is based on National Strategy Applications which are linked to epidemiological data and streamline funding in line with the Paris Declaration.

Sengupta R, Muchhala B. Third World Network Infor Service on UN Sustainable Development [Internet]. SDGs: Means of Implementation in latest 'zero draft' fall well below expectations. 2014 July [cited 2015 Mar 12]. Available from: https://www.globalpolicy.org/component/content/article/252-the-millenium-development-goals/52671-means-of-implementation-nearly-toppled-process-of-sdgs-agenda.html

This brief is a reaction to the mode of implementation (MOI) of the SDG zero draft, it is not a strong source but feedback from civil society on private sector involvement holds strong.

Private sector partnerships will distort the original global partnership for development, a critical mass of global civil society groups, along with progressive academics, have argued that public-private partnerships need to be accompanied by a governance framework, led by the UN, within which private sector partnerships should be held accountable and transparent. Such a governance framework should incorporate accountability, ex-ante assessment and criterion, transparent reporting, independent evaluation, and monitoring mechanisms. Furthermore, partnerships should demonstrate sustainable development results in developing countries, and this should formulate a key criterion that must be met before a private sector actor is able to engage in a "partnership."

Sidze E, Pradhan J,Beekink E, Maina T, Maina B. Reproductive health financing in Kenya: an analysis of national commitments, donor assistance, and the resources tracking process. Reproductive Health Matters [Internet]. 2013 [cited 2015 Mar 12]; 21(42):139- 150. Available from: http://www.rhm-elsevier.com/article/S0968-8080(13)42738-6/fulltext#s0030

This article provides a case study of how national health accounts (NHA) can shed light on national spending patterns on reproductive health. With such a lack of data NHA could provide a rich source of information, unfortunately they have quite a few shortcomings which hamper the harvesting of good data necessary to plan and spend efficient and effectively (they

cannot be broken down by service elements, lack of data on OOPS, and lack of spending information from beneficiaries).

Furthermore the NHA show that within Kenya out of pocket spending although it decreased remains high and this has major implications in terms of poverty and inequity reduction. Coverage by health insurance is equally limited.

Reproductive health financing sources

Out-of-pocket household payments contributed 38% of the THERH in 2005–06, which dropped to 29% in 2009–10, which is still very high. The private sector contributed only 3% in 2005–06 and 1% in 2009–10, while donors contributed 24% and 22% of the total in 2005–06 and 2009–10, respectively.

Thus, consumers bear a disproportionate share when it comes to reproductive health and family planning expenditures in Kenya. As a percentage of total out of pocket expenditure on general health, households spent 14% on reproductive health services in 2009–10 as opposed to 10% in 2005–06. Out-of-pocket spending, especially by the poor, has important implications for policy initiatives aimed at reducing poverty and inequities in health access in Kenya.

Coverage by health insurance

Coverage by health insurance in Kenya is limited both in terms of the numbers covered and the resources controlled by the insurance sector – National Hospital Insurance Fund (NHIF) and private health insurance. In 2005–06, private health insurance controlled 9.3% of the total expenditures on RH compared to 12.5% in 2009–10. NHIF alone controlled 6.2% of total RH resources in 2005–06 as opposed to 8.8% in 2009–10. In total, health insurance accounted for 21.3% of resources mobilized for reproductive health in 2009–10, up from 15.5% in 2005–06.

Finally, we recommend generation of more comprehensive reproductive health accounts data on a regular basis in Kenya. Improvements in reproductive health services require significant resource commitments as well as efficient and effective use of those resources. National decision-makers need to know whether their country has adequate resources to achieve their reproductive health goals. They also need to be accountable to donors, civil society and the United Nations. African governments often lack the technical instruments needed to plan for adequate budgets.

Singh S, Darroch J, Ashford L. Guttmacher Institute [Internet]. Adding It Up: The costs and benefits of investing in sexual and reproductive health. 2014 [cited 2015 Mar 12]. Available from: https://www.guttmacher.org/pubs/AddingItUp2014.html

This is an authoritative report on SRH costing and the global resources required to meet unmet need. For the past years Guttmacher has been the leading source on costing of SRH and the global contraceptive need. It also teases out the related programmatic and systems costs and looks at the current cost of contraceptives for an estimated 652 million users, the cost if services would be improved and the cost if 225 million women with unmet need would be added. Providing modern contraceptives to all women who desire to use them would require a doubling in spending. The report also makes the case of FP being a “best buy” intervention. This is an interesting concept from FFD perspective, and public good discussions in the light of limited resources. The report also goes towards a constellation of services to also include MNCH and strengthen HS along the continuum. It looks at contraceptives beyond FP. It also clearly illustrates (graph 2.2) that poor women have the highest unmet need. This is important in light of the discussions that tackle the issue of reaching the most vulnerable populations while the discourse focuses on social protection schemes and risk pooling.

Fully meeting the need for modern contraceptive services would cost $9.4 billion. Providing modern contraceptives to all women who need them requires more than a doubling of spending.

The current cost of modern contraceptive services for 652 million users in the developing world in 2014 is an estimated $4.1 billion (Figure 2.3). This estimate includes the costs of contraceptives and related supplies ($1.3 billion), health worker salaries ($0.7 billion) and program and systems costs (also called indirect costs, $2.1 billion).

The indirect costs include many types of program support, such as staff supervision and training, information and education on family planning, construction and maintenance of facilities, development and maintenance of commodity supply

systems, and other management functions.

The cost of contraceptives and related supplies varies by method: Long-acting and permanent methods such as the IUD and sterilization incur higher costs up front than short-acting methods, but they offer protection from pregnancy for many years. Thus, for each user, average annual direct costs are lowest for IUDs ($0.58), male sterilization ($0.88) and female sterilization ($1.84). Annual costs per user are substantially higher for condoms ($4.07) and are highest for hormonal methods ($7.51–7.90).

Investments in the programs and systems that support services will be essential if all women who need modern contraceptives are going to overcome the barriers they face in obtaining them and using them effectively. Areas in which improvements are needed include provision of accurate information and education, provision of a range of modern methods, logistics to ensure a continuous flow of supplies, training for health workers, availability and adequacy of service sites, supply of community-based workers, and availability of counseling on methods and follow-up of users. These upgrades are most urgently needed in countries where unmet need is highest, especially in Sub-Saharan Africa.

If services were improved for the 652 million women currently using contraceptives, costs would increase to $5.4 billion annually ($2.1 billion in direct costs and $3.3 billion in indirect costs; Figure 2.3). If the 225 million women with unmet need were to use the same mix of methods as current modern method users and receive improved services, total costs would increase to $9.4 billion annually ($3.4 billion in direct costs, plus $6.0 billion in indirect costs).

The $5.3 billion difference between the cost of serving current users and the cost of meeting all need for modern contraception reflects the magnitude of the improvements required to expand capacity and improve the quality of contraceptive services. An important factor underlying the cost increase is the concentration of unmet need in Africa and in low-income countries in other regions. Program and systems costs are particularly high because the need to strengthen health systems is greatest in these parts of the world.

With all unmet needs satisfied and the quality of contraceptive care improved, the average annual cost per user would increase (primarily due to a rise in indirect costs) from $6.35 to $10.77.

Because of the increased attention paid to global health in recent years, donor resources for health increased 11% per year between 2000 and 2010, but they have remained relatively constant since then. Financial assistance for health services targeting maternal, newborn and child health; HIV and AIDS; malaria; and tuberculosis experienced the greatest growth—suggesting that the MDGs related to health (Goals 4, 5 and 6) have had a major influence on how financial assistance was allocated.

Sexual and reproductive health does not typically constitute a distinct spending category, and thus teasing out this funding from other health funding is a complex task. Overall, treatment, care and prevention of HIV and AIDS accounts for the largest share of reproductive health assistance (half or more, with much variation by region), followed by maternal and newborn care and then contraceptive commodities and services, which account for the smallest share of such assistance (10% or less). Development assistance for health does not necessarily align with the disease burden in a given country. Evidence about impact and considerations of equity must continue to guide investment decisions made by donors, global and regional agencies, national governments and sub national governing bodies.

National governments are continually challenged in allocating scarce funds for competing health and development needs. Most governments in developing countries are reforming the financing and structure of their health systems, and many are moving in the direction of universal health care, in which basic services are guaranteed for everyone, regardless of ability to pay. Such an approach is consistent with reducing poverty and social and economic inequalities. The sources of financing for universal care may vary a great deal from one country to another, but the pooling of resources and protection of poor families through insurance schemes are likely to play a greater role in the future. In the context of universal health coverage, evidence about the costs and benefits of sexual and reproductive health must be presented and taken into account to ensure that these services are included in the package of care available to everyone.

Solo J. Reproductive Health Supplies Coalition (RHSC) [Internet]. Reproductive Health Commodity Security: Leading from behind to forge a global movement. 2011 [cited 2015 Mar 12]. Available from: http://www.rhsupplies.org/fileadmin/user_upload/Access/JulieSolo.pdf

This paper tells the story of how what was once seen only as a technical issue became a global movement. It also marks the tenth anniversary of a milestone conference that many credit with having given birth to that movement. This publication assesses what has been accomplished, and strategize for the future.

Stenberg K, et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. The Lancet [Internet]. 2014 April 12 [cited 2015 Mar 12]; 383(9925): 1333 – 1354. Available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962231-X/abstract

The article draws on the work of the Study Group for the Global Investment Framework for Women's Children's Health, coordinated by the Partnership for Maternal, Newborn & Child Health and the World Health Organization and has fed into the GFF concept paper. Detailed cost estimates 2013-2035 are given and the Global Investment Framework estimates that increasing health expenditure by just $5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits. These returns include greater gross domestic product (GDP) growth through improved productivity and labor participation, as well as prevention of the deaths of 147 million children, 32 million stillbirths, and 5 million women by 2035. These gains could be achieved by an additional investment overall of $30 billion per year, equivalent to a 2% increase above current spending. The Investment Framework singles out FP and contraception as particularly cost-effective and FP one of the six basic packages but also emphasizes the need to invest in health systems. More than a third of the additional costs required are health systems investments that are also required for services beyond those for reproductive, maternal, newborn, and child health.

Sustained global and regional efforts are being made to support countries to accelerate progress, including the UN Secretary-General's Global Strategy for Women's and Children's Health, and the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa. As part of these initiatives, much work has been done to calculate where additional investment is needed to improve health systems and service delivery in low-income countries.

The analysis builds on this work, with particular focus on the substantial social and economic benefits that can accrue when a country invests in the health of its women and children. The investment gaps are well known: insufficiently resourced health systems with low coverage of cost-effective interventions, and poor health information and management systems, making inefficient use of limited resources.

Reflecting trends in overall development assistance for health, aid funding for RMNCH has leveled off in recent years. Investments in strengthening the overall health system and health workforce are needed. Each country needs to determine their appropriate health financing path. Of the 147 million child deaths prevented, 78 million would be death averted from scaling up FP. The high rates of return suggest that RMNCH should be treated as a public good.

Expanding access to contraception will be a particularly cost-effective investment potentially accounting for half of all the deaths prevented in the accelerated investment scenario. Relative small cost (4% of additional intervention specific cost 2013-35).

Stephenson J, Newman K, Mayhew S. Population dynamics and climate change: what are the links? Journal of Public Health [Internet]. 2010 [cited 2015 Mar 12]; 32(2): 150-156. Available from: http://jpubhealth.oxfordjournals.org/content/32/2/150.abstract

There is a lot of emphasis on climate change and environment in both the SDG and the FFD discourse. Climate change has been described as the biggest global health threat of the 21st century. World population is projected to reach 9.1 billion by 2050, with most of this growth in developing countries. While the principal cause of climate change is high consumption in

the developed countries, its impact will be greatest on people in the developing world. Climate change and population can be linked through adaptation (reducing vulnerability to the adverse effects of climate change) and, more controversially, through mitigation (reducing the greenhouse gases that cause climate change).

Sustainable Development Solutions Network (SDSN) [Internet]. Technical report in the framework of the post 2015 development agenda: Health in the framework of sustainable development. 2014 February 19 [cited 2015 April 4]. Available from: http://unsdsn.org/resources/publications/health-in-the-framework-of-sustainable-development/

This report looks at the current state of global health, and priorities for the post-2015 agenda.

Health is crucial for sustainable human development, both as an inalienable human right and an essential contributor to the economic growth of society. Health is also a good summative measure of the progress of nations in achieving sustainable development. It contributes to national development through productive employment, reduced expenditure on illness care and greater social cohesion.

By promoting good health at all ages, the benefits of development extend across generations. Investments in primary health care can promote health across all social groups and reduce health inequities within and between countries.

Improving performance of health systems by enhancing financial and human resources, appropriate use of technology, community empowerment and good governance will advance this agenda. The potential for providing large-scale employment as frontline health workers, particularly to women and young persons, should be utilized to strengthen the economy and improve health services.

Talbot G, Pederson G. United Nations [Internet]. Co-Facilitators for the preparatory process of the UN Third International Conference on Financing for Development (FfD 3). Preparatory Process for the 3rd International Conference on Financing for Development: Elements. New York. 2015 January 15 [cited 2015 Mar 21]. Available from: http://www.un.org/esa/FfD/wp-content/uploads/2015/03/1ds-zero-draft-outcome.pdf

Prepared for the first drafting session for the preparation of the third International Conference on Financing for Development outcome document will be held from 27 - 29 January 2015, this “Elements” paper argues that an integrated policy framework that mobilizes all sources of finance – public and private, domestic and international – is required to meet the predicted shortfalls in financing for development. Because large financing gaps remain and ODA commitments remain unfulfilled, additional international public and private financing flows are needed in LDCs, SIDS and conflict-affected countries. Key issues include:

Domestic resource mobilization – public and private – is considered essential for health (p.3).

Countries that are dependent on revenue related to commodity exports are exposed to commodity price volatility (p.4)

Overseas remittances have increased substantially (p.5) – how many of these end up in women’s hands and can enable purchase of RH supplies?

Calls to revisit safeguards from multilateral development banks (MDBs) and other institutions to ensure that investment is aligned with sustainable development (p.5)

Monitoring of other official flows is weaker than monitoring of ODA (p.6)

Awareness that developing countries are inadequately represented in international economic decision-making and norm-setting and needs to reflect changing dynamics in the world. (p.10)

Awareness that IFI governance reform has been slow and disappointing. (p.10)

Acknowledgement that international rules and standards are not always in line with sustainable development objectives (p.10)

When a commitment is made by a non-state entity, only the committing entity can be held accountable, not the class of organizations. (p.10) [An increase in reliance on non-state entities will commensurately increase the monitoring and accountability burden – which is already insufficiently resourced.]

Tobar F. Trampa del ingreso medio: Una crisis de crecimiento en el aseguramiento de insumos de Salud Sexual y Reproductiva en América Latina y El Caribe. UNFPA LACRO. 2013 November.

This brief outlines the challenges the Latin America and Caribbean (LAC) region faces as a "graduation" region and the trap of average income. With its increasing dependence on public and out of pocket spending for commodities with negative consequences for RHS access.

The last decade has seen a shift in the way commodities are being financed in LAC. This has positive had as a positive effect the reduction on unmet need. However it does raise the question of sustainability of funding streams.

The challenges relate to: LAC region and household spending percentage; donor withdrawal; government funds are not sustainable. Out of pocket spending mostly affects the poor and negatively influence, they also face the greatest barriers. National level funding is volatile. Due to the fact that SRHR is not a political priority. This negatively affects adherence and expansion. Public provision is essential for the poor and vulnerable and hard to reach as well as adolescents, who pay the price for disruption in availability. For them commodities should be provided free of charge.

UNITAID [Internet]. CHAI, UNITAID, and DFID announce lower prices for HIV/AIDS medicines in developing countries. 2011 May 17 [cited 2015 April 27]. Available from: http://www.unitaid.eu/en/resources/331-clinton-health-access-initiative-unitaid-and-dfid-announce-lower-prices-for-hivaids-medicines-in-developing-countries

United Nations (UN) [Internet]. The I– 8 group. Innovative financing for development. Leading Innovative Financing for Equity (L.I.F.E.). 2009 December [cited 2015 Mar 12]. Available from: www.un.org/esa/FfD/documents/InnovativeFinForDev.pdf

There is consensus that ODA alone will not be enough. This document focuses on innovative finance for development and touches upon 8 possible mechanims. Since innovative finance is part of the FFD how do these 8 mechanisms fare in light of helping to decrease unmet need for FP?

Over the years, debt relief by the official sector has been coordinated through an informal grouping of major creditors known as the Paris Club. Arrangements in the Paris Club go hand in hand with two broad-based debt relief initiatives for the poorest countries—the Heavily Indebted Poor Countries (HIPC) Initiative, which began in 1996, and the Multilateral Debt Relief Initiative (MDRI), which was created in 2005. Under these initiatives, the poorest countries receive a substantial debt write-off according to terms and conditions set and monitored by the International Development Association (IDA) and the International Monetary Fund (IMF).

United Nations (UN). International Covenant on Economic, Social and Cultural Rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with article 27

United Nations (UN). The Millennium Development Goals Report. 2014.

United Nations (UN) Economic Commission for Africa, UNFPA [Internet], Africa Union Commission. Africa Regional Review Report, ICPD and the MDGs: Working as One. Fifteen-Year Review of the Implementation of the ICPD Programme of Action in Africa—ICPD at 15 (1994–2009). ECA/ACGS/HSD/ICPD/RP/2009. ECA, Addis Ababa; 2009 [cited 2015 Mar 12]. Available from: http://www.unfpa.org/sites/default/files/event-pdf/ICPD%2015%20Report.

pdf

The ICPD+15 review meeting in Addis Ababa in 2009 surface financing issues that countries are dealing with to implement the ICPD programme of action. The issues also hold true for financing RHS at the country level. Over 70% of countries in sub-Saharan Africa indicate that they received insufficient external financial resources to successfully implement their population programmes, in particular those needed to achieve the MDG 5 targets. A similar proportion faced the challenge of inadequate government funding. About 68% also indicated difficulties in mobilizing other domestic resources (both government and private resources) (p.29).

United Nations (UN). Economic Commission for Latin America and the Caribbean. Middle-Income Countries: A Structural Gap Approach. Santiago, Chile. November 2012.

United Nations (UN) Secretary General. Global Strategy for Women's and Children's Health. New York. September 2010.

United Nations (UN) Sustainable Development Solutions Network. Health in the Framework of Sustainable Development. Report from the Thematic Group on Health for All. 2014.

United Nations (UN) Report of the Intergovernmental Committee of Experts on Sustainable Development Financing Final Draft. 2014 August 8 [cited 2015 April 27]. Available from: https://sustainabledevelopment.un.org/content/documents/4588FINAL%20REPORT%20ICESDF.pdf

United Nations. Zero draft, Third International Conference on Financing for development. Addis Ababa Accord: A global framework for sustainable development. 16 March 2015 [cited 27 April 2015]. Available from: http://www.un.org/esa/ffd/wp-content/uploads/2015/03/1ds-zero-draft-outcome.pdf

United Nations (UN). Third International Conference on Financing for development. "Elements paper". 2015 January 19 [cited 2015 April 27]. Available from: http://www.un.org/pga/wp-content/uploads/sites/3/2015/01/220115_ffd-informal-meeting-.pdf

United Nations (UN) Sustainable Development Solutions Network. Key Elements of a Successful Addis Ababa Accord on Financing for Sustainable Development: A Working Paper. 2015 March.

United Nations (UN) Sustainable Development Knowledge Platform. Proposal of the Open Working Group for Sustainable Development Goals and SG report [Cited 2014 15 December]. Available from: https://sustainabledevelopment.un.org/owg.html

United Nations (UN) Sustainable Development Knowledge Platform Synthesis Report of the Secretary-General on the Post-2015 Agenda; accessed online December 2014 and UN Sustainable Development Knowledge Platform. Proposal of the Open Working Group for Sustainable Development Goals and SG report.

United Nations (UN) Secretary General. Global Strategy for Women's and Children's Health. New York. 2010 September.

United Nations Population Fund (UNFPA) [Internet]. Financial Resource Flows for Population Activities in 2011.

2013 [cited 2015 Mar 12]. Available from: http://www.unfpa.org/sites/default/files/pub-pdf/GPAR%202011%20Final%20Report.pdf

In response to the ICPD Programme of Action a call went out that the "estimates should be reviewed and updated", and to harmonize the ICPD financial targets with MDG costing, UNFPA undertook the task of reviewing estimates for the four components of the ICPD costed population package and produced revised estimates to meet current costs and needs in 2012.

United Nations Population Fund (UNFPA). State of World Population 2013: Motherhood in Childhood: Facing the challenge of adolescent pregnancy. New York. 2013.

United Nations Population Fund (UNFPA). Messages and Preliminary Findings from the ICPD Beyond 2014 Global Review. 2013 June 24.

United Nations Population Fund (UNFPA). State of World Population 2013: Motherhood in Childhood: Facing the challenge of adolescent pregnancy. New York. 2013.

United Nations Population Fund (UNFPA). Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development. Report of the UN Secretary General. New York. 2014.

United Nations Population Fund (UNFPA). Global Programme on Reproductive Health Commodity Security (GPRHCS) Annual Reports.

UN Statistical Commission [Internet]. SDGs proposed list of Indicators. 2015 February [cited 2015 Mar 12]. Available from: https://www.globalpolicy.org/images/pdfs/GPFEurope/List_of_Proposed_Indicators_for_SDGs.pdf

The SDG indicators are a major indicator of where financial flows will go to as money tends to go to what is being measured and tracked. Currently there are a total of 17 goals/169 targets! That leaves a huge number of indicators to track and quite an expense. Calls have gone out to reduce this number but the community needs to make sure that supplies do not fall off the radar.

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Proposed Indicator 1: Adolescent birth rate (10-14, 15-19)

Proposed Indicator 2: Demand satisfied with modern contraceptives

USAID I Deliver (Internet). Contraceptive security and decentralization: Lessons on Improving Reproductive Health Commodity Security in a Decentralized Setting. February 2012 [cited 2015 Mar 12]. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/CSDece_LessImpr.pdf

This brief outlines that certain commodity security issues occur more often in decentralized settings. It underlines the value of engaging lower-level stakeholders (regional-, district-, and facilitymanagers and health providers, as well community members) throughout the commodity security strengthening process. RHCS champions in El Salvador, Ethiopia, Indonesia, Mexico, Nigeria, Philippines, and Tanzania—among others—have devised their own RHCS strategies in their decentralized settings. Ensuring RHCS in a decentralized system takes time and commitment. RHCS advocates need to continuously monitor commodity availability throughout the supply chain and make adjustments. Although there is no perfect model for

ensuring RHCS under decentralization, analyzing country experiences can help identify common pitfalls, lost opportunities, and successes. Other countries can apply these lessons as they encounter similar challenges and opportunities.

USAID I Deliver Project [Internet]. Contraceptive security brief. Follow the Money: Tracking Contraceptive Finances. 2013 January [cited 2015 Mar 12]. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/FollMoneTrac.pdf

This brief underscores that to respond effectively to changing funding climates, it is important that stakeholders are knowledgeable about the resources their countries are currently using and that they know about other resources that may be available but are not currently used. This is extremely challenging.

Countries use a variety of funding sources when they procure contraceptives. While the makeup of each country's finances for contraceptives varies, the most common support for contraceptives come from four sources:

1. government funds: internally generated (i.e., taxes)
2. government funds: other funds provided by donors to governments for their use, including but not limited to, basket funds and World Bank grants
3. in-kind donations
4. Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) grants.

The CS Indicators survey captures financial information annually, by funding source. The finance information generally reflects the country's most recent complete fiscal year.

Contraceptive security financing indicators: Collected information

1. existence of a government budget line item for contraceptives
2. amount the government has allocated for contraceptives
3. value and sources of government expenditures for contraceptive procurement
4. value and sources of in-kind contraceptive donations and GFATM grants used for contraceptives in the public sector.

Historically, many countries relied exclusively on donated contraceptives. While today, it is only one of several sources of contraceptives, in-kind donations are still a significant percentage of public-sector contraceptives; 79 percent (33/42) of the CS Indicators respondent countries received in-kind donations of contraceptives. However, the changing donor climate may lead to variability in funding, which may cause gaps in meeting family planning needs. Being mindful of the changing donor trends, and knowing where funds are generated, can help advocates keep contraceptive financing on the agenda during national budget discussions.

USAID | DELIVER PROJECT, Task Order 4 [Internet]. Contraceptive security indicators data 2014. Arlington, VA: USAID | DELIVER PROJECT, Task Order 4; 2014. Available from: http://deliver.jsi.com/dlvr_content/resources/allpubs/factsheets/CSIndiData2014.xlsx

In 2014, the USAID | DELIVER PROJECT conducted it sixth annual data collection of CS Indicators from 47 countries. On this page you can find CS Indicator dashboards, papers, data and maps. By clicking on a country on the map you can access that country's data dashboard for all surveys completed.

Wagstaff A. Economics, health and development: some ethical dilemmas facing the World Bank and the international community. Journal of Medical Ethics [Internet]. 2001 [cited 2015 Mar 12];27(4):262-267. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1733428/pdf/v027p00262.pdf

This article tackles ethical issues related to the World Bank population assistance programme. It asks why there should be a

focus on the poor, and explores the link between improving the health of the poor, and reducing health inequalities between the poor and better-off. It discusses difficult ethical issues at both the global level (including debt relief and the link between country ownership and donor commitment) and the country level (including user fees and whether providing assistance to the non-poor may in the long run be a way of helping the poor).

Global resource pooling issues: There is potentially a free-rider problem—donors may rely on other people's contributions safe in the knowledge that they will continue to benefit from the charity's work. The same problem could apply to donors pooling aid at the national level, leading potentially to a decline in the willingness of tax-payers in donor countries to support overseas aid. This will become even more likely if donors and tax-payers in donor countries consider that the benefits associated with pooling (greater country ownership and hence greater development effectiveness) are offset, if only in part, by increased costs and/or reduced efficiency in the process of disbursing funds.

Whether the move towards pooled aid has indeed exacerbated the free-rider problem is hard to say. It is, however, noteworthy, though quite possibly coincidental, that over the period when the pooling of aid became more common, funds for development assistance fell.

Vulnerable populations: And indeed it seems plausible that health systems and policies aimed primarily at the poor and needy will get the necessary political support only if an appreciable portion of the benefits accrue to the better-off. There may, therefore, be something of a trade-off between targeting publicly financed health spending on the poor and sustaining the programme in the long run.

Cesar Victora et al. argue that new services and new technologies will inevitably be used first by the better-off, and in any case the poor might be reluctant to use services and technologies that are not used by the better-off, since the poor are suspicious of services used solely by the poor and aspire to use services used by the better-off.

Williamson R, Duvall S, Goldsmith A, Hardee K, Mbuya-Brown R. Health Policy Project [Internet]. The effects of decentralization on family planning. 2014 August [cited 2015 Mar 12]. Available from: http://www.healthpolicyproject.com/pubs/445_FPDecentralizationFINAL.pdf

Decentralization of family planning is a critical concern for policymakers as international family planning commitments and the expansion of decentralization reforms become more common. Building on the latest research, this paper presents a family planning and decentralization analytical framework that was developed by the USAID-funded Health Policy Project to help key stakeholders better understand family planning decentralization processes, identify potential challenges and opportunities, and guide decentralization reforms.

The record on family planning and decentralization is mixed. While decentralization opens up the political process to new actors, opportunities for tailoring programs to client needs, discovering and addressing local challenges, and engaging new FP supporters and promoters, the potential for adverse effects is substantial.

FP stakeholders are often excluded from the decision-making processes surrounding decentralization, leading to gaps and weaknesses in policy frameworks guiding FP decentralization. Decentralization reforms may overwhelm the capacity of lower-level organizations to fulfill new functions. Moreover, in some countries, decentralization has led to family planning not being a priority as local-level authorities reallocate resources to other areas. Local authorities may not understand the importance of family planning or may see it as contrary to traditional gender norms or religious beliefs. There is an urgent need to better understand how decentralization reforms impact FP programs and services.

Woodward D, Smith R. WHO [Internet]. Global Public Goods and Health: concepts and issues. [cited 2015 Mar 12]. Available from: http://www.who.int/trade/distance_learning/gpgh/gpgh1/en/

World Bank [Internet]. Concept Note: Global Financing Facility in Support of Every Woman Every Child. 2014 September 25 [cited 2015 Mar 12]. Available from: http://www.worldbank.org/content/dam/Worldbank/

document/HDN/Health/GFFExecutiveSummaryFINAL.pdf

World Bank. Business Plan for the Global Financing Facility for Reproductive, Maternal, Newborn, Child, and Adolescent Health Version 1.2. 2015 February 27. INTERNAL DRAFT DOCUMENT – NOT FOR CIRCULATION

The World Bank together with the business plan team is fine-tuning the business plan for the GFF. This business plan details the thinking behind their financing strategy and brings up a lot of questions. The entire document is relevant but the one pasted below especially. Lou Compernolle has also made a list of specific commodity concerns (see below)

Look at section B (page 25-35) Health financing strategies

World Health Organization (WHO) [Internet]. Global Strategy for Women's and Children's health. Background paper on financial estimates in the global strategy. 2010 September 10 [cited 2015 Mar 12]. Available from: http://www.who.int/pmnch/activities/jointactionplan/100922_1_financial_estimates.pdf

World Health Organisation et al [Internet]. Trends in maternal mortality: 1990 to 2010. WHO. 2012 [cited 2015 April 27]. Available from: http://whqlibdoc.who.int/publications/2012/9789241503631_eng.pdf?ua=1

World Health Organization (WHO) [Internet]. Public-Private Partnerships for Health. [cited 2015 Mar 12]. Available from: http://www.who.int/trade/glossary/story077/en/

This web-page explains what the term public-private partnership entails in the context of health. The term public-private partnerships covers a wide variety of ventures involving a diversity of arrangements, varying with regard to participants, legal status, governance, management, policy-setting prerogatives, contributions and operational roles. They range from small, single-product collaborations with industry to large entities hosted in United Nations agencies or private not-for-profit organizations.

World Health Organization (WHO) [Internet]. Fact sheet Family Planning N°351. 2013 May [cited 2015 Mar 12]. Available from: http://www.who.int/mediacentre/factsheets/fs351/en/

This fact-sheet outlines the benefits of FP.

World Health Organization [Internet]. Global Health Expenditure Database (GHED). May [cited 2014 October 3]. Available from: http://www.who.int/health-accounts/ghed/en/

The Global Health Expenditure Database (GHED) presents internationally comparable health expenditures for all WHO Member States from 1995 to present.

Xu K, Evans D, Kawabata K. Household catastrophic health expenditure: a multicountry analysis. The Lancet [Internet]. 2003 [cited 2015 Mar 12]; 362:111-117. Available from: http://www.who.int/health_financing/documents/lancet-catastrophic_expenditure.pdf

This article shed major light on catastrophic household expenditure, it is dated but still provides valuable insight, and already pinpoints disastrous effect of out of pocket spending in the LAC region.

Health policy makers have long been concerned with protecting people from the possibility that ill health will lead to catastrophic financial payments and subsequent impoverishment. Yet catastrophic expenditure is not rare. The authors investigated the extent of catastrophic health expenditure as a first step to developing appropriate policy responses.

The proportion of households facing catastrophic payments from out-of-pocket health expenses varied widely between countries. Catastrophic spending rates were highest in some countries in transition, and in certain Latin American countries.

Three key preconditions for catastrophic payments were identified: the availability of health services requiring payment, low capacity to pay, and the lack of prepayment or health insurance.

Yeager B. MHTF blog [Internet]. Improving Access to Maternal Health Commodities: A System Approach. 2012 [cited 2015 March 15]. Available from: http://www.mhtf.org/2015/03/26/improving-access-to-maternal-health-commodities-through-a-systems-approach-where-are-we-now/

This blog gives a systems approach to improving access to maternal health supplies, and list the main bottlenecks to progress

Annex 3: Methodology and Data Caveats

The methodology employed for this analysis included:

1. Document review of published and unpublished articles and reports, government and inter-governmental policy documents, civil society analyses of policy documents.

2. Electronic and telephonic consultation with a wide range of experts, including monitoring civil society working groups

3. Review of online databases

4. Assessment of key issues based on cross-referencing knowledge about financing for RH supplies with elements of the global Finance for Development policy documents.

Documentation review

157 articles, reports, policy and other documents were reviewed in the preparation of this analysis. The literature reviewed was identified through an organic process involving outreach to experts, follow-through based on their recommendations and follow-through based on review of the literature itself. Annex 2 contains an annotated bibliography of documents reviewed.

Consultation

Thirty experts with a range of backgrounds were consulted to suggest resources and literature for review. They were all offered the opportunity to review the draft report, and 16 provided detailed comments. Three civil society working groups on Financing for Development were closely monitored during the preparation of this analysis: global Civil Society Financing for Development group; RHSC Global Financing Facility group; and the Woman's Working Group on Financing for Development.

Online Database review

The main online databases reviewed for this analysis were the OECD DAC Creditor Reporting System and the Reproductive Health Interchange. The World Health Organization's Global Health Expenditure Database was cited in several of the articles that informed this analysis. Private sector market databases (IMS Health) were cited by sources to this analysis as well.

Analysis

Several analytical documents and matrices were developed to support this analysis, including:

1. An advocacy map, detailing key development financing events, stakeholders and entry points for RH supplies advocacy (Annex 1).

2. Annotated bibliography of published and unpublished literature addressing the issues of financing for RH supplies (Annex 2).

3. Detailed review of policy documents relevant to the FfD discourse, including:

    a. Outcomes of the OECD DAC High Level Meeting in December 2014

    b. Third International FfD Conference "Elements" paper released in January 2015

    c. The High Level Task Force for ICPD's Policy Considerations for Financing Sexual and Reproductive Health and Rights in the Post-2015 Era released February 2015

    d. Third International FfD Conference "Zero Draft" Outcome Document released in March 2015

    e. Multiple blogs and documents prepared by various civil society organizations providing input to the formal policy document

4. A detailed matrix was developed to help the authors collectively identify FfD issues of relevance to RH supplies financing. This matrix identified:

    a. Relevant Zero Draft Language

    b. Overall Issue / Concern

    c. cPros – Opportunities presented by the issues for RH supplies finance

    d. Cons - Risks for RH supplies finance

    e. Citation / reference

    f. Comments / Notes / Questions for the authors conducting the analysis

    g. Advocacy Message Recommendation

5. A summary of RH supplies grant disbursement projects reported in the OECD DAC online Creditor Reporting System database was prepared, detailing donor country, recipient country, grant recipient and grant amount (Annex 6).

6. A collection of population assistance loan descriptions excerpted from the OECD DAC online Creditor Reporting System database was prepared to better understand how loans are being used in Population Assistance (Annex 7).

7. A collection of family planning project descriptions excerpted from the OECD DAC Creditor Reporting System was prepared to better understand how RH supplies information is reported (Annex 8).

8. Multiple years RH supply procurement contributions reported on the RH Interchange were tabulated (Annex 9) and a detailed list of which RH supplies are reported on the RH Interchange was prepared (Annex 10).

9. Excerpts of relevant Zero Draft Outcome Document text were summarized for ease of reference by advocates (Annex 12).

10. A summary of report recommendations was prepared for ease of reference (Annex 13).

Quality Assurance

The following quality assurance mechanisms were incorporated into this evaluation:

- To cover as much ground as possible during the compressed period of project implementation, three research analysts assisted with literature review and expert consultation during the project period.
- To ensure coherence of findings based on the disparate literature reviewed, the three research analysts closely coordinated their work and development of findings and recommendations.
- To check facts, reports and documentation were cross-checked for verification, where possible with the original source.
- The draft report was reviewed by 16 experts before finalization.

Data Caveats

The sources of data presented in Section 1 of this analysis are compromised in many ways. This Annex highlights some of the major limitations of those data sources.

NIDI/UNFPA Resource Flows Project. The NIDI report from which the data for the Figure 2 pie chart is derived contains several pages of explanatory footnotes, worth reading for those interested in scrutinizing the assumptions and methodology.

OECD DAC Creditor Reporting System. The CRS allows only one purpose code to be assigned per project, which limits the assessment of donor

disbursements made to specific sub-sectors of family planning. Many multilaterals – including the World Food Programme (WFP), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO) – do not report to ODA.

The "RH supplies grants" described in section 1.4 addressed more than just RH supplies. Because grant project budget breakdowns are not reported on the CRS, there is no way to assess, from the available CRS data, what amounts were directed specifically to RH supplies.

The project description field in the CRS database is a free-text field, with no apparent standardization. Most FP project descriptions are quite vague. Some merely describe their intended purpose as "health system strengthening," for example. Other project descriptions are more detailed. See Annex 8 for examples of family planning project descriptions available through the CRS. No project descriptions indicate budget allocations or disbursements within the overall project budget.

To identify which CRS family projects addressed RH supplies, any grant that did not explicitly mention RH or FP supplies, commodities or contraception was excluded, so many projects funding RH care or FP services are excluded. The difference between the projects whose reported detail on the CRS mentions RH supplies explicitly and those that fund RH supplies is probably quite significant. Many FP project descriptions, for example, indicate "Expand access to high-quality voluntary family planning (FP) services and information, and reproductive health (RH) care…" including to reduce unintended pregnancy. But if the description provides no clear and specific word that identifies supplies, products, pharmaceuticals, contraception, method-mix or other direct link with RH supplies, knowing whether the grant also includes RH supplies would require in-depth research – tracking down project proposals and reports from each OECD DAC donor – beyond the scope of the current report.

In addition, those interested in more closely examining some of the challenges of using CRS data may want to review the experiences of Countdown2015 Europe as summarized in fact sheets that can be found on their website.

Using the RH Interchange as a proxy for RH supplies financing is just as risky as using the OECD DAC Creditor Reporting System. RHI collects data from donors, UN and international civil society procurers. Available data comes from voluntary self-reports, which means no one knows what volume of RH supplies may be procured from non-reporting entities around the world. Domestic private sector procurement of RH supplies is rumored to be significant, but no data is available to confirm, refute or quantify such investments. Furthermore, the specific list of products reported through the RH Interchange does not cover maternal health supplies, while maternal health supplies do feature on the RH Interchange catalog contains a variety

of quality-assured contraceptives, medical devices, pharmaceuticals, and kits related to reproductive health.

According to DFID, estimates of product volumes were taken from 2010 RH interchange data and increased by 2 percent per annum, which may lead to an underestimate of overall savings because (1) RH interchange only collects data from donors, UN and civil society procurers (excluding India, Brazil & China, donors may account for 40 percent of the market place in less developed countries); (2) some donors and civil society are known to under-report to RH interchange. (DFID 2011).

Annex 4: Project Team

Karen Hoehn (Project Lead): With a Master's degree in public sector financial management and social policy, Ms. Hoehn's track record includes 27 years' experience researching, analyzing and influencing donor policies and financing. During this time, Ms. Hoehn has played a leadership role raising $1.64 billion to improve health and reduce poverty among impoverished communities and vulnerable people in the US, Africa, Asia, Latin America and Europe. Ms. Hoehn has more than 10 years' experience within the field of SRHR in tracking, analyzing and preparing user-friendly communications for advocates around the world regarding global financial resource flows for SRHR through Euromapping, Euroleverage and other projects. Ms. Hoehn has been responsible for many publications on the topic of donor policies and financing, including one peer-reviewed article proposing a three-pronged approach to advocacy for sustainable national funding for SRHR, and another article scheduled for May publication regarding the overarching implications of the current development finance discourse for SRHR.

During her two years as an International Development and Management Consultant, Ms. Hoehn has helped local and international NGOs and WHO with: public policy research and analysis; donor and investor liaison; mapping of donor policies and procedures; advocacy tool development, advocacy presentations; advocacy program evaluation; organizational assessment and development; resource mobilization / business development strategy; program development, proposal management, proposal writing / editing; market analysis and feasibility assessment; partnership research and development; and stakeholder facilitation and communications messaging. Prior positions include three Director-level or above positions with nonprofit organizations and three with companies. Ms. Hoehn currently serves in a volunteer capacity on the Board of Population Services International – Europe (Amsterdam) and Children Are the Future (Brussels). Contact: Karen.hoehn@gmail.com

Lou Compernolle is a public health expert with 15 years of dedicated professional work in the field of SRH and population and development, with additional expertise in RH commodity security, global health policy, resource mobilization, advocacy, accountability, civil society engagement, evaluation, aid effectiveness, knowledge management and partnerships for development. Lou has extensive experience with UN, bi- and multilateral organizations, local NGOs, academia and foundations. Previous employers include the Association of Gender Issues, IPPF European Network, UNIC, WHO, and the Reproductive Health Supplies Coalition. Consultancy clients have included DSW, the Dutch Royal Tropical Institute, the Campaign against Teen Pregnancy, the World Health Organization and others. Ms. Compernolle has an MA in Sinology and International Law and an MSc in Health Policy and Population from the London School of Economics with accreditation in

Project Management for Development (PMD pro) and Facilitation Plus. She speaks English, French and Dutch fluently and has a solid grounding in Spanish and Chinese. Contact: loucompernolle@gmail.com

Sibylle Koenig is a development consultant and policy adviser with 10 years' experience managing, monitoring and evaluating international aid programs and grant schemes, as well as advocacy. She has worked for a variety of organizations, including the European Commission, the UN, bilateral aid agencies and NGOs in Latin America (4 years) and Europe, with extensive travel (mainly fact-finding and Monitoring / Evaluation visits with high-level interviews) to Africa (Tanzania, Uganda, Mozambique, Kenya, Botswana) and Asia (Cambodia, Vietnam, Thailand, India, South Korea). Her SRHR and financing for development-specific experience includes two years' global health/SRHR advocacy; several studies, publications and evaluations on the effectiveness of international aid and funding for health and SRHR; representation of the European health/SRHR CSO community at the 4th High-Level Forum on Aid Effectiveness in Busan (2011); and contributions to EU health/ SRHR aid policy-making (EuropeAid). She speaks English, German, French and Spanish fluently. Contact: koenigsibylle@hotmail.com

Annex 5: Project Goal and Objectives

Project Goal

Provide the RHSC and key RH supplies stakeholders with detailed, concrete and user-friendly information to inform a coordinated and strategic campaign supporting RH supplies during the post-2015 negotiations and development financing decision-making.

Project objectives:

1. Produce analytical report:
    a. Reviewing published and unpublished literature regarding RH supplies financing, such as those prepared by the Clinton Health Access Initiative and authored by John Stover
    b. Identifying policy issues in the global development finance discourse that will affect RH supplies and SRHR;
    c. Detailing global development financing decision-making processes that will affect RH supplies and SRHR;
    d. Producing a timeline and calendar of key development financing 2015 events and decisions that will affect RH supplies and SRHR; and
    e. Mapping key decision-makers, with suggestions on how to influence them.
2. Coordinate with IPPF to produce user-friendly communications materials to enable non-technical audiences to intervene in support of RH supplies and SRHR during 2015.
3. Inform and liaise with the IPPF campaign to increase global, regional and national stakeholders' knowledge, understanding and capacity to engage with the 2015 financing discussions.
4. Implement a webinar for stakeholders to be identified by RHSC to disseminate knowledge.

To be completed by end April 2015, the analysis and its findings have the potential to engage a broad range of decision-makers new to RH supplies but with the potential to become champions of RH supplies and the benefits of RH supplies to development and poverty reduction.

Annex 6: CRS-reported RH supplies grant project disbursements*

OECD DAC CRS FP Project Descriptions mentioning RH supplies

(accessed online 25 March 2015)
millions $US current

Donor country	Recipient Country	Grant recipient	Amount
Netherlands	Benin	PSI **	$ 0.33
Belgium	Mozambique	National NGOs	$ 0.27
Norway	Unspecified	PSI	$ 2.19
Germany	Benin	Public sector	$ 0.84
Germany	Pakistan	Public sector	$ 5.17
Norway	Multi-country	MSI	$ 2.55
Australia	Indonesia	Donor government	$ 0.48
UK	Zambia	Unspecified	$ 5.32
UK	Zambia	Unspecified	$ 0.35
UK	Uganda	Unspecified	$ 2.71
UK	Uganda	Third Country Government (delegated cooperation)	$ 6.25
UK	Tanzania	Third Country Government (delegated cooperation)	$ 7.43
UK	Sub-Saharan Africa	International NGOs	$ 1.76
Spain	Peru	National NGOs	$ 0.10
US	Mozambique	International NGO	$ 1.78
US	Kenya	International NGOs	$ 1.17
US	Democratic Republic of Congo	International NGOs	$ 2.26
US	Mozambique	NGOs/civil society	$ 1.01
US	Ethiopia	National NGOs	$ 3.88
US	Mali	International NGOs	$ 0.13
US	Mali	International NGOs	$ 0.13
US	Sub-Saharan Africa	International NGO	$ 0.13
US	Rwanda	National NGOs	$ 0.12

* Please see the Methdology Annex for a description of related data limitations and caveats.

** Additional detail provided by PSI: The Norway grant was for purchase of implants to be distributed in 13 countries as well as some funds to support expansion of service delivery channels/capacity. Benin, Burundi, Cambodia, Cameroon, DRC, El Salvador, Guatemala, Nicaragua, Malawi, Rwanda, Togo, Uganda, Zimbabwe. This was part of their support to FP 2020 commitments. The MSI award on the same page (also from Norway) was for the same purpose (purchase of implants). The one from the Netherlands in Benin was a total grant of about $5 million but probably the much lower amount in the database is reflective just of the amount used to purchase RH supplies.

Donor country	Recipient Country	Grant recipient	Amount
US	Unspecified	International NGO	$ 9.44
US	Madagascar	Public sector	$ 0.12
US	Madagascar	National NGOs	$ 4.57
US	Malawi	National NGOs	$ 0.11
US	Mozambique	Unspecified	$ 0.11
US	South Sudan	International NGOs	$ 0.11
US	Unspecified	National NGOs	$ 4.10
US	Sub-Saharan Africa	International NGOs	$ 0.10
US	Democratic Republic of Congo	International NGOs	$ 3.06
US	Unspecified	National NGOs	$ 0.11
US	Unspecified	International NGOs	$ 2.80
US	India	Public sector	$ 1.75
US	Afghanistan	International NGOs	$ 1.70
US	Mali	International NGOs	$ 0.09
US	Mozambique	National NGOs	$ 0.06
US	Mozambique	Unspecified	$ 0.05
US	Mozambique	International NGOs	$ 0.04
US	Mali	International NGOs	$ 0.04
US	Unspecified	NGOs/civil society	$ 0.15
US	Mozambique	International NGOs	$ 0.85
US	South Sudan	International NGOs	$ 0.03
US	Mali	Unspecified	$ 0.82
US	Uganda	National NGOs	$ 0.82
US	Ethiopia	National NGOs	$ 0.02
US	Angola	International NGOs	$ 0.02
US	Senegal	National NGOs	$ 0.75
US	Tanzania	National NGOs	$ 0.68
US	India	National NGOs	$ 0.70
US	Mali	International NGOs	$ 0.60
US	Kenya	National NGOs	$ 0.63
US	Malawi	National NGOs	$ 0.02
US	Madagascar	Unspecified	$ 0.60
US	Mali	National NGOs	$ 0.49
US	Unspecified	National NGOs	$ 0.49
US	Unspecified	National NGOs	$ 0.46
US	Unspecified	National NGOs	$ 0.00
US	Mali	National NGOs	$ 0.00
US	Mozambique	International NGOs	$ 0.40
US	Tanzania	National NGOs	$ 0.39
US	Zambia	National NGOs	$ 0.40

Donor country	Recipient Country	Grant recipient	Amount
US	Uganda	National NGOs	$ 0.00
US	Uganda	International NGOs	$ 0.00
US	Mali	National NGOs	$ 0.00
US	Tanzania	Public sector	$ 0.00
US	Kenya	National NGOs	$ 0.32
US	Nigeria	National NGOs	$ 0.00
US	Uganda	International NGOs	$ 0.00
US	Mozambique	NGOs/civil society	$ 0.30
US	Mozambique	NGOs/civil society	$ 0.30
US	Mozambique	NGOs/civil society	$ 0.30
US	Rwanda	International NGOs	$ 0.00
US	India	Unspecified	$ 0.28
US	Mozambique	National NGOs	
US	Mali	International NGOs	
US	Bangladesh	International NGOs	$ 0.27
US	Mali	Unspecified	$ 0.25
US	Unspecified	NGOs/civil society	$ 0.21
US	Nigeria	National NGOs	$ 0.21
Total			**$ 86.47**

Annex 7: Population Assistance Loan Descriptions

The following excerpts were downloaded from the OECD DAC Creditor Reporting System in December 2014.

Rajasthan, India

The Rajasthan Health Systems Development Project for India will assist Rajasthan in improving the health status of it s population, in particular the poor and underserved population. Specifically, the project will increase access to and improve the quality of health care. The project has three main components, one of which mainly focuses on the poor and tribal population.

Component 1 improves the state's institutional capacity for health policy development and planning by **establishing a Strategic Planning Cell** that focuses on designing and implementing strategies for public-private partnership, and developing contracting mechanisms and carrying out a diagnostic assessment, and designing a regulatory framework. The component also improves the health management information system, and supports a variety of training activities on health management, clinical aspects, waste management, equipment maintenance and behavior change communication.

Component 2 physically **renovates and upgrades district hospitals and health centers**, implements a health care waste management system, establishes an institutional framework, trains staff and workers, improves the quality of clinical services, and strengthens the current referral system.

Component 3 **supports interventions** to improve access to health care among disadvantaged populations, especially the tribal population and these households below the poverty line. Specifically, it carries out information, education, and communication campaigns; targets a new strategy aimed at improving health services for tribal and poor populations that focuses on improved service delivery, health camps, non-financial incentives to recruit medical personnel, and incorporates tribal medicine; and uses innovative mechanisms to reduce financial barriers to health care.

Bangladesh

The Second Health Project for Uzbekistan aims to improve the quality and overall cost-effectiveness of health care services. The project has the following four components:

Component 1 will extend further support for development of Primary Health Care (PHC) services. In concert with the Asian Development Bank, all Primary Care Centers (SVPs), as well as some remaining SVPs not covered under Health I, will be supplied with a **package of equipment**. More remote SVPs will be supplied with telecommunication equipment and transport to improve patient services, referrals, and overall management of these facilities.

Component 2 will support broad activities to continue to improve the health care financing and management system, to improve efficiency in the delivery of services and to help increase sustainability of primary health care reforms. Activities to improve the health care financing and management system will comprise **the scaling up of financing and management pilots** initiated under the first

Health project, and extending and geographically expanding the rural PHC financing model of the first project nation-wide following some adaptations.

Component 3 aims at contributing to the control of communicable and non-communicable diseases, and to improve public health services, including surveillance, and health promotion.

The objectives of the Health and Population Program Project are to achieve better access to essential services for the poor, lower maternal mortality and morbidity, and continued improvements in child health and family planning. Reorganization of and reform of public services are expected to enable the Government to improve the quality and utilization of its system and to allocate its limited resources more cost-effectively. The project components are:

(a) service delivery and policy reform including an essential services package, hospital/other health and nutrition services, support services, and health policy reform, and

(b) organization and management reform including reorganization and rationalization of the Ministry of Health and Family Welfare, Government of Bangladesh (MOHFW) and sector-wide program management.

Component 4: The project will be implemented through the Ministry of Health, its Central Project Implementation Bureau (CPIB), and Oblast Project Implementation Bureaus (PIBs).

Burkina Faso

The objective of the Basic Education Sector Project for Burkina Faso is to assist the recipient in its efforts to implement the ten-year program.

In addition, the Government of Burkina Faso (GoBF) has requested that the Bank supports the implementation of a targeted safety net program through **school feeding program** to mitigate dropout risks in a time of food crisis due to rising prices and exogenous shocks.

The additional financing will provide the opportunity to target vulnerable areas which have been affected by recent flood and where children are likely to dropout from school and parents less willing to invest in children's schooling.

The targeted intervention will support the program's objectives through a school feeding program intended for about 200,000 children, which will reduce considerably dropout and repetition rate, as it will increase gross intake rate in first grade in these areas. Additional activities are therefore necessary, and have been planned by Government.

At present, the GoBF is unable to provide sufficient funding to finance the proposed activities, particularly school-based quality improvement and teacher support, as well as school feeding programs, whose impact on access and retention of poor children in primary school is high. Hence, additional financing from the Bank is essential to help consolidate and expand gains in order to meet the program development objectives.

Georgia

The Primary Health Care Development Project aims to improve the coverage and utilization of quality primary health care (PHC) based on the model of family medicine/general practice, with an emphasis on reaching the poor and disadvantages. The project is an integral part of the Government of Georgia's health sector strategy and builds upon the investments in preventive health care supported through the Bank-funded First Health Project. The project consists of three components.

First, the PHC service delivery component will support a two-phased development of PHC services in urban and rural areas through **rehabilitation of facilities and provision of basic medical and office equipment**. It will **establish PHC clinics and referral laboratories, conduct a PHC referral pilot, and enhance community-based information, education, and communication**.

Second, the institutional development component will support **capacity building and institutional development training, policy framework, and regulatory environment of PHC**. It will also support the management of PHC services through an integrated health management information system.

Third, the project management support component will support project implementation.

Cote d'Ivoire

The objectives of the Integrated Health Services Development Project, within the framework of the government's National Health Development Plan, are to: 1) expand access to health services and improve their utilization; 2) make health services available on a sustainable basis; and 3) improve the ability of the Ministry of Public Health (MSP) to analyze health problems, and to formulate, monitor and evaluate policies, strategies and programs. The project components are as follows:

1. the minimum package of health services (PMA);
2. reproductive health;
3. health planning and management; and
4. information and health.

The first two components - service delivery - include the following: (a) investment and start-up costs for PMA introduction in about 14 districts, including nutrition, pharmaceuticals, training, reproductive health, and information, education and communication services; and (b) an accelerated program of reproductive health services, including family planning and sexually transmitted diseases.

The last two components - institutional strengthening activities - cover the following areas: (a) organization development of the MSP; 2) information systems, including epidemiological surveillance and continuous monitoring and feedback of user perspectives on services; 3) training of prescribers in use of generic drugs and strengthening of quality control laboratory services; 4) health care financing; 5) financial management; and 6) review of training programs and strengthening of personnel management.

Annex 8: Examples of Family Planning Project Descriptions in OECD DAC CRS Database

The following examples of project descriptions were downloaded from the OECD DAC Creditor Reporting System in March 2015.

To operate a birth centre and preparing skilled Tanzanian midwives to provide the maternity care that meets global standards.
The project builds the capacities of rural communities in the departments of Tahoua and Keita in Niger, and helps to prevent and manage food crises. The project empowers communities by creating community grain banks, supporting agricultural production, and training food security committees and communal councils to monitor the local food situation. Women play a significant role at every level of the project implementation.
Increasing Access to Quality Family Planning and Reproductive Health for women and youth in Yemen
The capacity of relevant actors to implement adequate approaches aiming at sexual and reproductive health and rights is improved, with a special focus on training and advanced training, national and regional coordination and access to high quality service
DEPTDESC: India - New Delhi - FUNDDESC: CO Programme Delivery
Expand access to high-quality voluntary family planning (FP) services and information, and reproductive health (RH) care. This element contributes to reducing unintended pregnancy and promoting healthy reproductive behaviors of men and women, reducing abortion, and reducing maternal and child mortality and morbidity.
The Health Policy Project (HPP) works to strengthen developing country national and subnational policy, advocacy, governance, and finance for strategic, equitable, and sustainable health programming. HPP helps countries bring about real change in the health of people and communities. We work with in-country partners to sustain commitment to and ownership of policy responses that support improvements in family planning and reproductive health (FP/RH), HIV, and maternal health.
E2A is USAIDs global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services.
The goal of PROGRESS is to improve access to family planning among underserved populations through research and research utilization. To achieve this goal, PROGRESS developed a workplan consisting of four legacy areas. The legacy areas comprise the key organizing structure for identifying and implementing activities, monitoring performance, and assessing achievement of desired outcomes. The legacy areas: 1. Maximizing human resources by task-shifting and addressing medical barriers to family planning services 2. Expanding service delivery options within and beyond the health sector 3. Expanding the family planning method mix for home, community, and lower-level provider use 4. Increasing in-country capacity for research and research utilization.

Evaluation - Family Planning and Reproductive Health - Expand sustainable provision of family planning services in clinical and non-clinical programs including those in the public, private, NGO, and PVO sectors, and at the community level; activities that help improve the quality of the services and care provided, including pre- and in-service training of providers and application of evidence-based service-delivery norms and standards; and availability of a wide range of contraceptive options (temporary, fertility awareness methods, and long-acting and permanent methods) for men and women. Improve responsiveness to client needs, including the FP/RH needs of youth and men, women and girls affected by violence, refugees/IDP, and other underserved populations. Also included are activities that integrate FP and related RH care, including integrated FP/MCH services, especially provision of post-partum family planning, FP information within the ANC setting, and post-abortion care; FP, as appropriate, in the context of HIV/AIDS/STI prevention, treatment, care and support; fistula prevention and repair; prevention and mitigation of gender-based violence in the context of FP/RH programs; and programs that encourage abandonment of female genital cutting and other harmful traditional practices that are associated with negative RH outcomes.

USAIDs Global Health Bureau launched the Health Finance and Governance (HFG) Project to support countries in their quest for stronger health systems that deliver the life-saving services their citizens need, when and where they can access them, and at affordable prices. HFG is a five-year (20122017), $209 million global project designed to improve health finance and health governance systems in partner countries, leading to expanded access to health care and improved health outcomes. HFG also works with country partners to improve the management of health systems and generate much-needed evidence on the most effective, efficient ways to improve health systems.

The APHIAplus (AIDS, Population and Health Integrated Assistance Plus) program is a health services delivery program funded by USAID. The program supports the implementation of health services development plans. The programs stakeholders are Kenyan governmental agencies, non-governmental organizations, faith-based organizations, and the private sector. To improve health outcomes, the program supports the provinces to maximize their existing service delivery capacity; integrate maternal, newborn, and child health, nutrition, water, and sanitation interventions; and apply resources to existing programs that allow the provinces to more quickly address social determinants of health, especially for poor, marginalized, and underserved populations.

Nepal Family Health Program II

The project is implemented by Väestöliitto Mannerheim League for Child Welfare (MLL) Youth Empowerment and Civic Education Family Planning Association of Malawi and College of Medicine University of Malawi. Its activities are in the Republic of Malawi in Dedza and Mangochi districts in 6 schools. There is a high school drop-out among girls aged 10-18 which is as a result of unfriendly school environment unsupportive community environment lack of empowerment of girls and poor sexual health. Reasons for drop-outs are e.g. sexual harassment early marriages and pregnancies family responsibilities and long distances. The aim of the project is to develop capacity of the partners develop models and strengthen the already existing structures in the project area. Furthermore the aim is to improve the implementation of the national policies within youth and girls sexual and reproductive health and rights and education on the local level especially in the project area. The specific objectives are; 1) CSO capacity building 2) Girl friendly and safer schools in project area 3) Supportive community environment for girls' education and sexual and reproductive health and rights in project area 4) Girls are empowered in the project area.The outputs are: 1) Comprehensive approach by partners in development of well-being and health of girls in the project area 2) Model of SRHR friendly school is established 3) Model of safe school environment is established 4) Community members promote actively education and well-being of girls in the project area 5) Girls have responsible role in project implementation. The development objective is to contribute to the improvement of well-being and health of Malawian girls. The Finnish cross-cutting goals are taken into consideration in monitoring and evaluation. The focus is on human rights and gender equality. The project focuses on training key groups in communities on project themes develops models for schools on safe and supportive environment and sexual education conducts research analyses collected data and strengthens existing structures. In the implementation such models are adopted as Integrated Area Based Approach peer support and school peace of MLL and Steps of Sexuality -sexuality education of Väestöliitto. The beneficiaries on the project area are girls aged 10-18 years teachers boys community leaders and parents. Project sustainability is secured a.o. by working with existing structures.

General objective: To contribute to the achievement of the objective of the Mozambican MoH FP strategy, in particular to increase Contraceptive Prevalence Rate to 25 percent in 2014.Specific objectives:1. To align the Mozambican FP strategy to international guidelines. 2. To ensure sustained and adequate offer/integration of FP services, in particular LARCs.3. To provide knowledge on the enabling factors and barriers with regard to appropriate contraceptive use, in particular LARCs, at community and individual level. Expected outcome: 1. Recommendations for the Ministry of Health allowing it to ensure the alignment of the national family planning strategy to international guidelines.2. A health service delivery approach that can be adopted by the Ministry of Health to ensure a sustained and adequate offer/integration of family planning services.3. Understanding of the driving factors (enabling factors and barriers) for contraceptive use in well-informed communities.

Annex 9: Reproductive Health Supplies Procurement Contributions

Organization	IPU	2004	2009	2010	2011	2012	2013
AFDB							
BMGF			971,523	318,623	435,352	234,000	323,284
CARE		52,632					
CDC	x						
CIDA	x						
CNCS	x						
DFID	x	3,389,699					
DKT			3,858,313	4,871,459	8,252,666	9,006,164	6,810,634
GFATM		73,157	11,794,722	6,107,048	2,758,155	3,424,774	69,015
ICA			281,600	408,000	116,000	253,200	348,000
IPPF		2,878,488	15,813,580	1,533,110	589,120	861,629	868,126
KFW	x	121,319					
MOH		10,317,959	14,283,071	8,104,924	10,712,048	4,436,152	
MSI		23,453	1,609,196	1,165,005	2,221,028	2,775,605	2,182,801
Netherlands	x						
other			2,478,601	2,353,503	5,017,839	22,855,489	24,421,864
Othergov	x	206,973					
PAHO			163,061				
PSI			3,991,395	3,579,804	2,621,325	939,555	188,808
UNDP		133,890	92,808	232,721	1,180,011	4,729,316	4,106,966
UNFPA		10,927,877	52,861,400	60,079,747	38,155,439	102,225,065	102,501,873
UNICEF		1,611	2,619	2,619			
UNOPS			111,983	275,801	230,038		
UNPEACE		51,764	92,718	224,609	118,177,213		
USAID	x	68,108,181					
USDOD	x						
WFP				376			
WB		8,448,859	4,881,443	5,684,803	1,666,073	5,583,514	
WHO		485,442					
Total		**105,221,303**	**213,984,280**	**206,507,370**	**205,333,460**	**284,839,684**	**254,131,746**

Annex 10: RH Interchange Supplies Tracked

The RH Interchange product catalog includes the following range of RH supplies:

Contraceptives

- Combined Low Dose OC Pills
- Emergency Contraceptive
- Female Condoms
- Injectable Contraceptives
- Intrauterine Device (IUD)
- Lubricants
- Male Condoms
- Progestogen only Pills
- Subdermal Implants

Medical Devices

- Anaesthesia & Resus. Equip
- Anatomical Models
- Hospital Equipment & Furniture
- Laboratory Equipment
- Med. Diagnostic Equip&Supplies
- Medical & Surgical Instruments
- Medical Attire & Linen
- Medical Electrical Equipment
- Medical Sterilization Equipmnt
- Medical Supplies
- Medical Utensils

Medical Kits

- Medical Kits
- Reproductive Health Kits

Pharmaceutical Products

- Anaesthetics
- Analgesics
- Anti-Anaemia Medicines
- Antibacterials
- Antifungal Medicines
- Antimalarial Medicines
- Antiprotozoal Medicines
- Antiseptics
- Cardiovascular Medicines
- Diagnostic and Lab. Reagents
- Intravenous Solutions
- Other Pharmaceuticals
- Oxytocics and Anti-oxytocics
- Vitamins and Minerals

Annex 11: Blended Finance Mechanism

The following table was published in the Intergovernmental Committee of Experts on Sustainable Development Financing Report dated 8 August 2014.

Table 1: Blended Finance Instruments

Category	Description	Examples		Prevalence
Loans	• Majority of ODA–eligible, bilateral loans are provided from government to government for investments in economic infrastructure and water and sanitation infrastructure, and are provided to middle income countries • Development Finance Institutions (DFIs) also make loans directly to the private sector. While many DFIs operate below a commercial rate of return, the majority of their activity is not ODA eligible.			High
Direct Market Interventions	• A direct transfer of resources from donors to the private sector, either through grants, or through equity investment.	Viability gap funding	Financial contribution to make investment commercially viable	Low
		Challenge funds and innovation ventures	Competitive process to award funding for innovative projects, and to support expansion to scale for those proving success	Medium
		Equity	Transfer of resources in return for an ownership stake	Low /medium
		First-loss funding	Funding generally designated as a subordinate equity interest	Low
Risk Based Instruments	• Donors take on some portion of the risks associated with private sector or partner government activity. Credit is thereby made available, or the cost of credit is reduced	Credit guarantees	Provision to protect financier from default	Low
		Political-risk insurance	Protection against select (rare but costly) policy-oriented risks	Low
Performance Based Instruments	• Future commitments by governments or donors to transfer resources to the private sector upon pre-specified conditions being met. • Provide the private sector with flexibility in delivering outcomes (rather than outputs) and can, for example, facilitate credible government commitment to payment schedules when there are large upfront private sector investments required.	Advanced market commitments (AMCs)	An ex-ante commitment for public purchase of supply	Pilot
		Social or development impact bonds	Contingent contract with a particular investor for repayment on delivery of impact-based results	Pilot
Public Private Partnerships	• A modality of cooperation with the private sector based on a combination of instruments or negotiated outcomes • Require other inputs (such as experience, expertise and bankable projects) in addition to the employment of the financial instruments listed. • Donors can facilitate PPPs by: o Providing technical assistance and/or project preparation facilities that offer support to both government and the private sector o Directing multilateral organisations to bolster their efforts at facilitating PPPs o Providing other financial incentives to make PPPs more attractive			Medium

Annex 12: FfD Outcome Document Zero Draft Text on Key Issues

Section 3.1 ODA Definition and Targets

"We urge all developed countries that have not yet done so to substantially increase their ODA starting immediately with a view to implementing by 2020 their commitment to allocate 0.7 per cent of GNI as ODA to developing countries, with 0.15-0.20 of GNI to LDCs. We strongly encourage all donor countries to establish, by the end of 2015, indicative timetables to illustrate how they will increase their assistance and reach their goals. – Zero Draft FfD Outcome Document, paragraph 2

Section 3.2 Using ODA to Leverage Private Sector Investment

"Solutions can be found through strengthening official finance, unlocking the transformative potential of people and the private sector while ensuring that investment patterns support sustainable development, and by strengthening national and international policy environments. – Zero Draft FfD Outcome Document, paragraph 8

"We recognize the important contribution that direct investment, including FDI, can make to sustainable development when investors follow social and environmental standards of good corporate behaviour. We will thus direct our investment promotion and other relevant agencies to focus on project preparation, prioritizing projects aligned with sustainable development, including those with the greatest potential for sustainable industrialization and decent jobs. Internationally, we will support these efforts through financial and technical support, and encourage closer collaboration between home and host country agencies where international flows of investment are involved. – Zero Draft FfD Outcome Document, paragraph 48

"We recognize that blended finance (combining concessional and non-concessional international public finance), pooled financing platforms and public-private partnerships (PPPs) have significant potential to contribute in this area. In particular national and multilateral development banks can be constructive partners, both in terms of financing and skill building. It is also important that careful consideration be given to the appropriate use and structure of pooled financing instruments, including of PPPs. Projects should be transparent, share risks and rewards fairly, and be implemented following feasibility studies that demonstrate, inter alia, that they are the most effective way to structure the investment. PPPs should not replace or compromise

state responsibilities, nor should they impose unsustainable debt burdens or contingent liabilities on governments. – Zero Draft FfD Outcome Document, paragraph 52

"An important use of ODA is to catalyze additional resource mobilization from other sources, public and private – Zero Draft FfD Outcome Document, paragraph 58.

Section 3.3. Use of Loans

"…Development banks can play a particularly important role in alleviating constraints on financing infrastructure investment. In this regard, we welcome initiatives to expand the supply of such finance, including through the establishment of new MDBs such as the New Development Bank and the Asian Infrastructure Investment Bank. – Zero Draft FfD Outcome Document, paragraph 63

"We note with concern that when countries graduate to middle income status, they often lose access to sufficient finance to meet their needs. We encourage MDB shareholders to apply criteria flexibly and give favorable consideration to review graduation criteria to ensure that they are fair, up to date and relevant. We urge providers to take into account the recipient country's level of development, vulnerability, debt level, ability to mobilize domestic resources, access to other sources of finance and the type of programme being funded when determining what type of financing would be most appropriate. – Zero Draft FfD Outcome Document, paragraph 64

"We acknowledge that borrowing is an important tool for financing public and private investment critical to achieving the SDGs, including, for example, in infrastructure. Sovereign borrowing also allows government finance to play a countercyclical role over economic cycles. However, borrowing needs to be managed prudently. – Zero Draft FfD Outcome Document, paragraph 82

"The monitoring and prudent management of liabilities is an important element of comprehensive national financing strategies and is critical to reducing vulnerabilities." – Zero Draft FfD Outcome Document, paragraph 82

Section 3.4. Importance of ICPD Financing for Sustainable Development

"…we agree to strengthen support for the implementation of relevant strategies and programmes of action, including the Istanbul Declaration and Programme of Action, the Samoa Pathway, the Vienna Programme of Action for Landlocked Developing Countries, and the New Partnership for Africa's Development. – Zero Draft FfD Outcome Document, paragraph 8

Section 3.5. Guaranteed Social Protection, Essential Public Services and Universal Access

"We commit to a new basic social compact to guarantee nationally appropriate minimum levels of social protection and essential public services for all. We recognize that this entails significant additional investments, such as for strengthening country health and social protection systems and delivering education to all our children, including those in fragile and conflict affected states." Zero Draft FfD Outcome Document, paragraph 8

"Domestic public finance is necessary to provide public goods" – Zero Draft FfD Outcome Document, paragraph 17

"As the basis of a new basic social compact to invest in people, we will guarantee access to essential health care and education for all persons, and support implementation of nationally appropriate social protection systems and measures for all, including floors, with a special focus on those furthest below the poverty line, including children, persons with disabilities, youth and older persons, as provided for in the International Labour Organization's (ILO) Recommendation 202. – Zero Draft FfD Outcome Document, paragraph 31

"We agree to increase public spending to secure adequate investments to ensure universal access to basic social infrastructure and inclusive social services, such as health and education...We agree to make every effort to meet this minimum benchmark for all communities by no later than 2025. We agree to complement national efforts with international support, particularly to LDCs and other vulnerable countries, to ensure that by 2030, every woman, every child and every family has access to a minimum package of essential services. – Zero Draft FfD Outcome Document, paragraph 32

Section 3.6. Global Funds

"We agree to explore the most effective, efficient and coherent funding modalities to do this, including the possibility of global funds, building on the experiences of existing mechanisms and based on country-led experiences. We commit to significant international support for this initiative and we call for philanthropists, foundations and the business sector to join us in these efforts." – Zero Draft FfD Outcome Document, paragraph 11

Section 3.7. Domestic Public Finance and Tax Revenues

"...We recognize that significant additional public resources will be necessary to realize sustainable development and achieve the SDGs. Towards that end we are committed to bolstering government revenues as needed while improving the efficiency of our expenditures. Countries with government revenue below 20 per cent of GDP agree to progressively increase tax revenues, with the aim of halving the gap towards 20 per cent by 2025, and

countries with government revenue above 20 per cent of GDP agree to raise tax revenues as appropriate. Globally, we commit to support countries that need assistance, including through substantially increasing ODA and technical assistance for tax and fiscal management capacity, particularly to LDCs. – Zero Draft FfD Outcome Document, paragraph 19

"...To this end, and while recognizing that optimal tax policy is necessarily reflective of a country's economic and social situation, we will work to improve the fairness and effectiveness of our tax systems. Our efforts will include broadening the tax base and continuing efforts to integrate the informal sector into the formal economy as appropriate and in line with country circumstances, while ensuring progressive tax systems." – Zero Draft FfD Outcome Document, paragraph 20.

Section 3.8. Women's Labour and Human Capital

"The full and equal participation of women in the formal labour market would significantly increase not just opportunities for women, but their contributions to domestic revenue and economic growth. Countries should promote social infrastructure and policies that enable women's full participation in the economy and in the labour force. – Zero Draft FfD Outcome Document, paragraph 22

We will continue to invest in human capital, including in the untapped potential of women's human capital through inclusive social policies, including on health and education, in accordance with national strategies. – Zero Draft FfD Outcome Document, paragraph 31

Section 3.9. Devolved Decision-Making

"We further acknowledge that in more and more countries, responsibilities for revenues, expenditures and investments in sustainable development are being devolved to the sub-national level and municipalities, which often lack adequate technical capacity, financing and support. We therefore commit to develop mechanisms to assist them, including to strengthen capacity, particularly in areas of infrastructure project development, local taxation, sectorial finance and debt issuance and management, including access to domestic bond markets...We must also ensure appropriate local community participation in decisions affecting their communities, based on country circumstances. – Zero Draft FfD Outcome Document, paragraph 36

Section 3.10. Transparent Data Collection, Monitoring and Follow-up

"We will seek to improve the availability of sufficiently disaggregated financing data, including gender-disaggregated data, as well as data on other means of implementation, and to strengthen the capacity of our national statistical offices and systems....In support of this effort, we commit to

enhance capacity building and promote sharing of experiences and expertise among developing countries, and to provide adequate financial support to enable developing countries and LDCs and SIDS in particular, to increase collection and publication of high quality, timely and reliable data in support of the post-2015 development agenda. – Zero Draft FfD Outcome Document, paragraph 115

"Greater transparency can be achieved by publishing timely, comprehensive and forward–looking information on development activities in an independent, standardized, open, electronic format. We will learn from and strengthen existing initiatives and open data standards. A focus on data and statistical systems at the country level will be especially important in order to strengthen domestic capacity and accountability. Targeted support will be needed for this effort. – Zero Draft FfD Outcome Document, paragraph 117

"To reach the commitments agreed in this Accord, we commit, in particular, to assist countries in collecting data on domestic flow of funds, including sources, uses and allocation to sustainable development activities by contributing to strengthen national statistical authorities. We also request the UN Statistical Commission, working with the relevant international statistical services and forums, to facilitate enhanced tracking of data on all cross-border financing and other economically relevant flows that brings together existing databases, and to regularly assess and report on the adequacy of international statistics related to financing for sustainable development. – Zero Draft FfD Outcome Document, paragraph 118

Annex 13: Summary List of Recommendations

The following recommendations are excerpted from the above analysis for ease of reference.

Section 3.1 ODA Definition and Targets

To increase traditional development assistance in support of the ICPD costed package and RH supplies, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Reaffirm the Monterrey definition of ODA for monitoring donor country progress towards 0.7 percent of GNI.

2. Adopt the WHO recommendation that 0.1 percent of GNI should be reserved for global health financing

3. Adopt the SDSN recommendation that all countries work toward allocating at least 5 percent of national GDP as public financing for health.

4. Adopt either the SDSN recommendation that high income countries allocate at least 0.1 percent 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 percent of GDP in aid for health in developing countries.

5. Adopt the International Parliamentarians' Conference (IPCI) commitment to dedicate 10 percent 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.

6. For all the above commitments, adopt time-bound implementation schedules and binding targets with clear deadlines and UN monitoring.

7. Ensure that financing for the climate be excluded from ODA and that new funds for the climate be additional to ODA.

Section 3.2. Using ODA to Leverage Private Sector Investment

To prevent a net drain of resources away from ICPD implementation and RH supplies access in developing countries, especially LICs and LDCs, SRHR

stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Agree that essential funding for PPPs should come from the private sector entities themselves, in order not to compromise the availability of public development aid for RH supplies among the world's most poor populations.

2. Make any public development assistance that is used to "leverage" new private capital toward improving RH supplies uptake and SRHR outcomes contingent on a governance framework 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.

3. Fund research to assess the 'added value' of the private sector and develop and disseminate evidence regarding best practices in public private partnerships for RH supplies and how domestic developing country governments can mitigate the risks of blending private and public resources.

In addition, RH supplies champions must increase their literacy, knowledge and engagement on the commercial sector as an instrument for improving access to RH supplies.

Section 3.3. Use of Loans

To protect against the worst consequences of increased loan financing of RH supplies, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Require international lenders to make decision-making criteria and processes – especially for population assistance and RH supplies – open to public scrutiny and to refrain from lending practices that are contra-indicated with poverty eradication and sustainable development aims.

2. Make available sufficient grant assistance available to ensure that access to essential reproductive health information, services and supplies is ensured without loan/debt financing of annually recurring operating costs.

3. Require international lenders to improve standardized reporting practices, eg, through OECD DAC reporting systems that will ensure monitoring and engagement in in International Financing Institution (IFI) practices by FfD decision-makers, governments and civil society.

In addition, RMNCAH stakeholders must continue to closely monitor and intervene in the activities of the GFF for EWEC. While it is not clear how

significant the GFF will become as a financing mechanism, considering only a few donors have expressed support so far, the alignment of the GFF approaches with the overall FfD debate and the institutional power of the World Bank group suggest that the GFF may continue to gain momentum. The RHSC and other SRHR stakeholders must remain vigilant to ensure that GFF practices produce results desired for RH supplies and SRHR as a whole. The GFF for EWEC should be expected 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.

Section 3.4 Importance of ICPD Financing for Sustainable Development

Stakeholders concerned about access to RH supplies should urge Finance Ministers and Development Ministers to redouble their efforts to fully fund the ICPD Programme of Action. Doing so will not only increase measurable financial flows for RH supplies themselves but also strengthen the enabling environment required for people in developing countries to access them.

Section 3.5. Guaranteed Social Protection, Essential Public Services and Universal Access

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

1. Commit to include RH supplies in guaranteed minimum levels of social protection and essential public services in all national social compacts.

2. Provide additional international public funds for public policy research to determine the cost-effectiveness of mechanisms to assure universal access to essential services, and for third-party (ie, civil society) resource tracking and advocacy.

3. Provide international public funds to develop domestic government capacity to ensure measurable achievement of universal access to essential services, including RH supplies, and social protection.

4. Approach risk-pooling strategies with care and skepticism, with alternative social security mechanisms put in place to ensure that the poorest and most vulnerable increase their access to RH supplies.
Section 3.6. Global Funds

To increase support for RH supplies, SRHR stakeholders should urge heads of government and finance ministries at the FfD in Addis Ababa to continue to support international procurement agencies as developing countries develop their own internal capacity to cost-effectively manage RH supplies procurement.

Section 3.7. Domestic Public Finance and Tax Revenues

To ensure that efforts to increase domestic resource mobilization do not undermine the RH supply access currently funded out-of-pocket by consumers in developing countries, SRHR stakeholders should join other development cooperation organizations in urging heads of government and finance ministries at the FfD in Addis Ababa to:

1. Agree that consumer out-of-pocket spending for RH supplies and other essential services should be tax-exempt / tax deductible for very poor populations.

2. Adopt all the above recommendations of the global FfD civil society advisory group regarding domestic revenue generation and taxation.

In addition, SRHR stakeholders can urge policymakers to support promising approaches found by Barros et al (2012) to improve equity – including deployment of services and health workers in the areas most in need, task shifting, reductions in financial barriers to access to services, and conditional cash transfers.

Section 3.8. Women's Labour and Human Capital

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 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.

Section 3.9. Devolved Decision-Making

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:

1. Increase international donor funding to improve national and sub-national technical capacity on financial and administrative management of supply chains for reproductive health supplies for increased FP and RH supply access and uptake, monitoring resource flows and strengthening accountability.

2. 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.

3. Direct additional resources directed toward data collection, analysis and monitoring of financial resources available for RH supplies at national and sub national levels is essential for determining obstacles to access.

RH supplies and SRHR stakeholders will be required to continue ramping up their advocacy efforts at the national and sub-national level in developing countries for the foreseeable future.

Section 3.10. Transparent Data Collection, Monitoring and Follow-up

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

1. Establish 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. (See also Pradham 2014).

2. Increase international public support for:

    a. tracking international and domestic financial flows for RH supplies.

    b. helping national developing countries develop and improve systems for tracking and reporting domestic and international financial flows – budgets and disbursements – dedicated to sexual and reproductive health and rights.

    c. tracking national-level out-of-pocket expenditures for sexual and reproductive health and rights disaggregated by sex, socioeconomic status and other demographic and geographic variables to capture the financial burden and use of services among disadvantaged population groups (ICPD 2015).

3. Commit all countries to reporting total health expenditure and total sexual and reproductive health 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.

4. 8Agree that States should work towards developing standardized accounting and reporting frameworks for sexual and reproductive health, 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).

Considering the overwhelming information burden and dearth of financing data that can enable government decision-makers and civil society to know how changes in financing for development are affecting funding for RH supplies, the above list serves mainly as a starting point, in hopes of instigating further discussion and action.

The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.

Reproductive Health
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