# Meeting Report

# Resource Mobilization and Advocacy Working Group

**Chair: Sandra Jordan**

**Addis Ababa**

**UN Conference Centre**

**21st July 2011**

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## Common Themes

**Throughout the meeting striking recommendations and observations were made, below a short overview:**

Reviving ***HandtoHand*** Campaign, Using the H2H Campaign as a specific target in terms of what we want to achieve; Encouraging governments to make a pledge

Synergizing with ***maternal health*** movement; Getting new people on board from MH community and including MH supplies

Linking our work with H2H to all the ***MDGs*** and identifying partners from women and children's health, gender/empowerment, education, environment; Exploring ***climate change*** and impact of population dynamics/demographics on ecological systems

Unifying the "***asks***" as a community, partnering with other organizations so that we are combining our asks; Turning technical asks into political asks; Improving demand-driven funding, defining the SMART asks to get to that goal: financial, policy, and regulatory asks; Delineating our "ask" for the coalition, creating a clear ask for RHS in emergency settings; Strengthening research and evidence base for defined advocacy "ask"

Developing ***shared global commitment*** among donors, governments, and private sector; Setting collective targets at the UN level, donor level, and country level; Maximizing our resources by collaborating; Linking between advocacy and the supply chain people

Exploring ***unusual partners*** as donor and collaborators; Opening up and making linkages beyond Anglophone Africa

Exploring ***regional opportunities*** for coordination/harmonization and S-S collaboration; Linking global and national advocacy

***Coordinating at country level*** with country ownership; Establishing country coordinating mechanisms and ensuring those that exist are optimally functional; Bringing in policymakers and plugging into the existing political/social reforms; Understanding the role that government can play in enabling the private sector in their provision of services; Working with religious leaders and faith-based organizations and other players;

Building ***CSO*** skills and technical capacity; Supporting CSOs to hold governments accountable and Increasing ties with the media

Mapping of ***financial flows*** in country; Providing more support in TA with financial knowledge and improving financial literacy; Making sure that all the resources set aside are being used

Looking into ***innovative financing mechanisms*** (taxes, Gavi etc); Capitalizing on Global Fund opportunities and ensuring contraceptives in applications

Zooming in on ***task-shifting***/task sharing, Developing WHO guidelines for family planning commodities similar to the ones that have been developed for HIV/AIDS on task shifting

***Communicating*** what is working and celebrating our success within countries, regions and global sphere; Sharing evidence of challenges/successes so that others learn from that as well

Focusing on implementation and ***monitoring*** (i.e. implementation of policies); Tracing the chain from policy to funding to implementation to results and outcomes, tracking progress toward commitments

## ➲ RMAWG Task force

***Formation of task force to develop the RMA WG work plan for the coming year***

- Wendy Turnbull
- Sarah Shaw
- Sandra Jordan
- Rosemary Muganda-Onyando
- Beth Frederic (will lead until Chair is chosen)
- Karen Hoehn
- Jotham Musinguzi
- Martin – Ninsiima
- Lou Compernolle
- Leo Bryant
- Chair

***Creation of a Smart plan*** based on the meeting, this will include the group's advocacy opportunities, that they were interested in working on and where there is need.

## ➲ Leadership RMAWG:

- PAI TOR
  - Need to better define what sort of support/capacity we have to take over if there is no one available to take on the Chair.
  - Between now and ***July/August, need to consider offering up nominations*** for Chair. Will suggest for a final vote at EuroNGO meeting in Poland this fall.
  - ***PAI will keep the re-election momentum going*** so that all are informed and can be in the loop as the process moves forward.

## ➲ Key future events:

| DATE | EVENT |
|---|---|
| **13 October 2011** | EuroNGOs, Warsaw, Poland |
| **19 October 2011** | Claiming Sexual and Reproductive Rights in Asian and Pacific Societies, Indonesia |
| **29 Nov 2011** | Fourth High Level Forum on Aid Effectiveness, Busan, Korea |
| **5 – 9 December 2011** | Sixth African Population Conference, Ouagadougou, Burkina Faso |
| **29 Nov/2 Dec 2011** | International FP conference, Dakar |
| **4-6 June 2012** | Rio +20 is a huge opportunity |

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## ➲ Abbreviated Agenda

| RMAWG Addis Agenda, 21 June 2011, UNCC | |
|---|---|
| 9:00 - 9:30 | Welcome, Agenda and Meeting Objectives, Sandra Jordan, *RMAWG Chair* |
| 9:30 - 10:45 | Increasing Access to Reduce Unmet Need for Contraception—Setting the Scene Moderator—*Sandra Jordan*<br>▪ Hand-to-Hand Campaign, An Advocacy Opportunity—*Julia Bunting, DFID*<br>▪ From Donorship to Ownership—*Scott Radloff, USAID*<br>▪ Supporting Countries, Maintaining the Pressure on Donors—*Alan Bornbusch, USAID*<br>▪ Broadening Our Reach —FP and the Environment—*NegashTeklu, PHE Ethiopia Consortium*<br>▪ The Advocacy Environment—*Sono Aibe, Pathfinder International*<br>▪ Discussion |
| **10:45 - 11:15** | **Break** |
| 11:15 - 11:45 | Results-centered Advocacy—Developing a Strategy for RMAWG Action, 2012, Beth Fredrick and Martin Ninsiima, Advance Family Planning |
| 11:45 - 12:15 | Access for All—Advocacy Priorities to Increase Donor and National Government Commitments Moderator—*Sarah Shaw, IPPF*<br>▪ *Suzanne Ehlers, Population Action International*<br>▪ *Rosemary Muganda, PATH-Kenya*<br>▪ Discussion |
| **12:15 - 13:15** | **Lunch** |
| 13:15 - 14:45 | Access for All—Advocacy Priorities to Increase Donor and National Government Commitments Moderator—*Nana Sam Amma, Oforiwaa, PPAG*<br>▪ *Leo Bryant, Marie Stopes International*<br>▪ *Karen Hoehn, DSW*<br>▪ *Beatriz De la Mora, UNFPA*<br>▪ Discussion |
| **14:45 - 15:15** | **Break** |
| 15:15- 16:15 | Revisiting the Workplan and Next Steps<br>▪ *Sandra Jordan& Susan Rich, Bill & Melinda Gates Foundation* |
| 16:15 - 17:15 | Advocacy in Action; Moderator—*Sandra Jordan*<br>▪ Access for All Advocacy Opportunities—Wendy Turnbull, Population Action International and discussion<br>▪ Fact Finding in Peru and Budget Tracking – Pierre LaRamee, IPPF-WHR<br>▪ New and Underutilized Methods—Nienke Blauw, Rutgers/WPF |
| 17:15 - 17:45 | RMAWG Business<br>▪ Leadership transition/Working Group ToR, final thoughts—*Sandra Jordan* |
| **18:00** | **RMA Working Group Reception – Honoring the Spark: A Method Mixer**<br>The reception will salute all who have contributed to the information exchange, awareness raising and advocacy focused on ensuring the availability of contraceptive supplies. |

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## RMA WORKING GROUP MINUTES

### ➲ RHSC Welcome and Agenda

**Sandra Jordan (USAID) welcomed the group.**

The group needs to strengthen the linkages between the conference calls and become more action oriented. Achievable ideas are needed to take the group forward. Introduction to the first panel consisting of: Julia Bunting (DFID), Scott Radloff (USAID), Alan Bornbusch (USAID), Negash Teklu (PHE), and  Sono Aibe (Pathfinder).

### ➲ Increasing Access to Reduce Unmet Need for Contraception—Setting the Scene

**Julie Bunting (UK Department for International Development): HandtoHand Campaign**

- Launched last September at UN meeting in NYC with hope of being able to deliver on MDG 4 and 5 by 2015. Aligned with UN Every Woman Every Child Global Strategy.
- Coalition felt it could make an enormous contribution to this goal, but many outside of the RHSC do not know of our role and ability of family planning to reduce unintended pregnancies.
- Aim is to halve the unmet need (current = 215 million). Achieving this will mean meeting the needs of 80% of women in lower- and middle-income countries.
- Represents the power of partnership not just among Coalition members, but also ***by bringing people to the table who can make a difference***: ***linking it to all the MDGs, partners from women and children's health, gender/empowerment, education, environment***, etc.
- How is it possible that ***Climate Change*** has 100 billion? And that commodity security is not part of that dialogue, ***how can we support mutual agendas***?
- We need to think about what we care about and how it can help others achieve their goals.

**Scott Radloff: "Donorship" to Ownership**

- USAID is shifting resources away from programs with more capacity to ones with less (i.e., from Latin America to Africa and Asia).
- Key to success has involved ***a shared commitment among donors, governments, and private sector***.
- Stock-outs, or stocks not getting to service delivery points are still rife. Work is needed towards scaling up adequate supplies in country.
- Also need sustained commitment: for countries to move from low levels of access to high takes 25 years or more.
- Over time, we should be seeing increased government contributions, increased private-sector provision of services, and decreased donor support as it becomes more selective.
- Need a standard of what we would expect governments to be contributing to contraceptives over time.
  - We have some data on this to analyze and come up with a standard.
  - Must go beyond just having a budget line item, and really be able to quantify.
- Need to better ***understand the role that government can play in enabling private sector in their provision of services***.
  - Market segmentation: those who can pay, go to private sector
  - Government shifts resources to those who are unable to afford.
- Need to better understand that evolution so that we can best support the shift.

- There is a need for ***shared commitment***. Technical working groups are needed on the ground in ***country to coordinate*** (gov/donors/PS/NGOs/CS) and coordination of donors at country level.

**Alan Bornbusch: Supporting Countries, Maintaining Pressure on Donors**

- Wanted to talk about ***ownership AND donorship***.
  - CARhs is a global level group that receives reports on the status of contraceptives stocks to provide an early warning for stock level problems in developing countries. Then can deal with those shortages/overages to prevent stock from going to waste. CARhs is a huge RHSC success, but this should be happening at the country level where they have committees that can be aware of stock issues, and at that level, they can avert stockouts by going to USAID for emergency shipments, or go to others and say we don't need a shipment. CARhs is sometimes uniquely needed: Rwanda, Burkina Faso, and CARhs brokered a shipment between the two. Saved $2 million dollars of shipments.
- We all need to ***put pressure on countries to see that they have committees looking at data, but also need to keep pressure on global north***.
- Urged RMA members to become supply chain experts. Money in a budget line is not just the solution – unless it translates into product, available at facilities.
  - Need to know what the "ask" is going to be to play effective watchdog role.
  - Translate rhetoric and words into product.
  - Tighter relationships between this and SSWG where the supply chain experts sit, since they can help us get from rhetoric to an "as" that is informed by numbers. They would be more than happy to work with us in better understanding how these things are MEANT to work, and where they're not.

**Negash Teklu (PHE Ethiopian Consortium): Family planning and the environment**

Explanation of a unique approach which combine access to FP with economic and environmental issues in Ethiopia. **PPT**

- PHE addresses the ***impact of population dynamics on the ecological systems***. This implies that:
  - Nature is integrated & Community demand is comprehensive
  - We need to preserve the environment for health, quality of life and economic security and development.
  - Thus "sustainable development" was born, containing three pillars -- environmental, social and economic.
  - People cannot exercise adequate stewardship over their natural resources unless their basic needs for health, nutrition and economic well-being are addressed.

**Sono Aibe (Pathfinder International): Advocacy Environment**

- Have many resources in place: donor gap, etc. And we have the global call to action with Hand2Hand.
- However, in the US, there are many favorable and unfavorable administrations that come through with new policies.
  - Looming federal budget situation leaves us with few outspoken champions.
  - Happening when we face much hostility and at the same time when unmet need is higher than it ever has been in our movement.
- We rarely hear of ***demographics in the discussion of climate change***, as well as in discussions about food security, we need to do more.

  - More than 3B under the age of 25.
  - Yet we aren't close to developing a plan of action to develop their needs.
- Plan should contain following elements:
  - *Something old*: keep doing the tried and true. Continue to ***put FP in the broader context*** of development and look beyond 2015. Advocate for good policies and successes.
  - *Something new*: What do we do when money dries up. ***What are unusual partners***? Where are BRICKS countries, and other emerging donors, and oil rich countries? How are we going to reach the client at the last mile in rural areas? Can we partner with corporations who can access those populations? Where can we target new places and help to convince corporations to discuss these issues in the workplace? Join hands with advocates for budget transparency and good governance. We need to ***coordinate at country level***.
  - *Something borrowed*: continue to examine what GAVI is doing for procurement, payment, financing, and oversight and ***look at other innovative financing mechanisms***.
- For the donors in the room, they know what advocacy looks like, since this movement was born with them. Now we need that creativity again.
- To others within RMA, think about how to move advocacy agenda along to align with the issues that we are facing.

**Discussion**

- Definition of low and high levels
  - Scott: to get from under 10% modern CPR to into the 50% range, it takes about 25 years.
  - Duff Gillespie: Does that deflate the motivation people have in tackling these problems? Things have changed in some countries: Ethiopia, Malawi; while others have taken longer. It's now a law.
  - Scott: Most rapid we've seen is around 15 years, but we see most coming in around 25 years, and that's why we need to encourage the donors to stay the course. Need to stick together.
- Susan Ehlers (PAI): How can we learn more about the success of CARhs, with the Rwanda example? ***Need to put legs on things that are working***.
  - Alan: The success is very recent, and couldn't share the news until the deal was done. ***Linkages between advocacy and the supply chain people*** is the only way that those success stories can come out. We need tighter linkages between the workstreams of RMA and SSWG. It's more important for RMA to know about supply chains than for SSWG to know about advocacy.
- ???X: Data showing that demographic trends can be pushed by resources. What can we learn from what AIDS activists have dealt with…if you invest quickly, at the right time, when it's appropriate, you can make the demographic transition quicker to the point that they can pay for their own contraceptives. With that ***data***, we will have a stronger advocacy argument to bring people into the mix that weren't active donors before.
- MoH Kenya: We don't always see support when we have supply issues and they don't always get a response. Maybe advocacy could play a larger role in helping to address these situations.
  - Alan: Glass with CARhs is half full, but there are examples when it's half empty. CARhs is a fire-fighting crew, but it doesn't have a lot of water to put out fires. Does not have access to any special funds/resources and if the people around the table don't have the product to give, there's nothing that can be done.
  - Future of supply chains doesn't necessarily lie with training service providers to be logisticians. Tomorrow, there will be an example from Zimbabwe where we've shifted the task of keeping stock away from service provider to a delivery team…which is no different than how things are done in the commercial sector.

- Bill Ryerson: In Nigeria, ***barriers often have nothing to do with supply issues***. We need to be realistic about this.
  - Most recent DHS showed that fertility rate was 5.7, ideal number among women was 7, among men it was 8. Most people never intend to use the method because they want as many children as possible for other reasons.
  - Cost or lack of access is 0.2%. Major barriers are cultural or informational.
- Scott: Nigeria is where it is now because USAID left for 10 years, and made progress in the mid-1980s after which it collapsed. If you wait 20 years to get started, population is twice the size as it would have been had you started earlier.

## ➲ Results-centered Advocacy—Developing a Strategy for RMAWG Action, 2012

**Beth Frederick and Martin Ninsiima (Advance Family Planning)**

- AFP is led by Gates Institute, but is a partnership: PPD, Futures, Centre for Communications Program, African Women's Development Fund.
  - Also work in India, Pakistan, Nigeria, Kenya, etc.
  - Importance of partnerships at the local level
  - Work with MSI, DSW, Pathfinder, Jhpiego, DFID, and others (Packard, Gates).
  - Has been up and running for 18 months.
- Purpose in this session is to give a sense of how they approach advocacy based on Spitfire™ Strategy.
  - Developed by a consultancy firm in DC, and adapted approach to advocacy.
  - With added focus, trying to see if we can achieve ***progress in countries*** we're working in.
- In Uganda, Spitfire approach has helped to be focused in the way we do advocacy by identifying decision-makers without spending so many resources in trying to reach them and focusing on "the ask" that we want our audiences to realize.
  - Need to sustain advocacy so that money allocated is actually disbursed: still have challenges monitoring where the money goes and need tools in order to do so at the country level.
  - Spitfire™ worked because of partnership approach; gave us a common voice, helped us to work with other stakeholders in the country (DSW, members of parliament, etc.)
- We have an advantage in ***the H2H Campaign: a specific target in terms of what we want to achieve***.
  - If we can make progress toward that goal as advocates, we could already be focusing our efforts more clearly than we have in the past.
  - Incremental success: We need to only plan for the coming year and focus on steps we can take now in order to get closer to the 100 million new users.
  - What do we think is really within the power of the donors to commit to this effort? Can they be better advocates for FP commodities and services on our behalf?
- ***Maximize our resources***: we are all advocating on these issues, so we need to think more strategically so we are not duplicating efforts.
- ***Celebrating our success***: how can we recognize the leaders who have taken action and led us this far? We don't often make it clear to the other WGs that our work has had a multiplier effect for what they're trying to do.

**Discussion:**

- Elizabeth Nyamayaro Dawson (Merck): Injectables are now part of CBD; is this part of your approach? Need to make sure these programs are integrated so that the volunteers are not overburdened.

- Until recently, there was not a ***policy guideline*** for CBDs to distribute injectables.
- Negash Teklu: How is our advocacy working? If one experience is working in one country, we should not only speak to our own country, but ***use evidence of challenges/successes so that others learn from that as well***.
  - Beth: Need to share what we're asking of our policymakers as well. Is it an investment of finances? More community health workers? How did the process begin? What did we learn from this process?
- Jotham Musinguzi (PPD Africa Regional Office): We need to ***bring in policymakers*** from the region to learn what is going on.
- Lou Compernolle (RHSC Secretariat): I have heard much frustration among Francophone participants in terms of not having access to some of these findings.. ***I would challenge us all to open up and make the links with Francophone Africa as well.***
- Maureen Greenwood (UN Foundation): ***Can some of the Spitfire***™ ***principles be applied in setting collective targets at the UN level, donor level, country level?***
  - Sandra: Suggest we add that to our list of ideas for the strategic plan.
  - Duff: Has been used at large organizations, including at Packard, where it was diffused to other countries. Transports very well (Asia, LAC), and is very user-friendly for decision-making.
- Nelson Keyonzo (Jhpiego—Kenya): We keep ideas to ourselves and don't make them sustainable. We need to be cognizant of the fact that many of these ideas should be brought to the mainstream. Also ***need to involve people from other regions/continents, and not just have discussions for Africans***.

## ➲ Report out from country delegate discussions

**Suzanne Ehlers (PAI):**

- *Recipient government-side*
  - Need to build ***CSO skills and technical capacity*** (figuring out whether money is being disbursed): building experience with supply-chain forecasting and how it affects the ask.
  - Harnessing momentum of national plans (Bangladesh, Tanzania, etc.): want to see at the national-level where we can expand on these efforts.
  - Importance of ***linking to socioeconomic development***: RH is central to other development concerns—need to make those other fields aware of this.
  - Government will/commitment is strong in many countries:
    - Good policies/procedures on the books.
    - Need to ***work on implementation and monitoring***.
    - Need to keep the momentum of quick wins and strategic planning efforts.
    - Connect people to online tools so that we have a better context of what smart planning looks like.
  - ***Role of ministers and parliament***: they can play a huge role in terms of advocating to and leaning on ministries of health.
- *Donor government side*
  - Need to ***unify theasks*** (e.g., environmentalists take up our ask and put it in theirs). Used to get targeted support for supplies, but not as necessary anymore now that supplies are more integrated.
  - In key ***outcome documents***, include that one word "supplies;" make sure that it's there and getting people's attention.
  - ***Integration with maternal health movement***:

- Learning from other supplies movement (HIV/AIDS with ARVs, GAVI, etc.)
- Partnerships with IPPF and DSW have always highlighted the need to learn from these successes.

**Rosemarie Muganda-Onyando (PATH Kenya)**

- Sometimes we don't celebrate enough, sometimes too much.
  - If governments gave $.75 million dollars every year, it would take 25 years to meet the minimum requirements for MH.
  - Idea of take what we can get is inadequate.
  - ***Look at more target-specific processes***: can we work toward a 5% increase every year? What if we ask for 10% increases every year?
- How can we ***plug into the existing political/social reforms***?
  - In many countries, there is an opening of democratic space and lots of change; but ***health advocates are not as engaged as those working in civil and political rights***.
  - What would happen if we sued the government of Kenya? It's a fundamental right in our constitution. It would raise visibility of MH supplies.
- We can ***learn lessons across counties, but also within countries***.
  - Other issues in countries are well-organized (education, etc.)
  - That is not the same with advocates for MH/RH.
  - What can we learn from those other advocates and use them for our cause?

**Discussion**

- Nana Amma Oforiwaa (PPAG): ***Role of the media*** can also play a huge role in our work as advocacy. They set the agenda for national discourse and we need them as champions. Also need to be cognizant of the milestones along the way, so if we want to get to a destination, what do we need to do to get there? Don't measure success in terms of achieving goals, but also the progress along the way.
- Krishna Jafa (PSI): Has work been done on ***task-shifting*** and pushing for those resources?
- Patrick Mugirwa (PPD Africa Regional Office): I think if we are able to make the government commit resources, we can't ask for more. Funds are being returned to the general fund, so we need to ***make sure that we are using all the resources*** and that there is a zero balance.
- Kidest Lulu (WHO/Ethiopia): We all understand that it's important to have resources in countries where change is happening. We need to try to talk to the MOH about getting more funds, and they say they already understand the importance because it's already in the plans. ***Countries need more support in TA with financial knowledge***.
- Halima Shariff (Advanced Family Planning/Ethiopia): We have many issues around getting CSOs involved to work with the government.
  - First step would be to have a strong local voice. Coalition of NGOs that are committed and passionate and can dialogue with the government with an evidence base. We need to have some kind of an analysis every year to show the government that this is not enough.
  - Spitfire™ approach helps local NGOs to undertake activities that are not as expensive as other approaches. Focus on the key decision-maker and the key ask. If we don't have a mechanism for tracking funding, will not be able to move agenda forward.
  - Each group has its own set of asks, but if you are going to the same government partners, they will be confused. We have to ***partner with other organizations so that we are combining our asks***.

- Spitfire helped us single out core group of MPs so that we can get them to understand the issues and then they become our advocates. They are asking the questions like "are you sure you are getting to the rural areas" and are able to use the data from the DHS.

**Sarah Shaw (IPPF) Summary of the discussion:**

- Focus on building CSO capacity to advocate and ***turn technical asks into political asks***, but also for ***financial literacy***. Should we be building relationships with CSOs who are the experts in these areas?
- National plans can build momentum, but we need to make sure they are being acted on.
- ***Unified ask as a community***, but also need to get out of our silo and engage more with MH community, environmental movement, social/economic movement.
- Can ***learn from others*** (GAVI, HIV/AIDS).
- ***Look at social and political reform processes that are taking place and figure out how we can leverage our movement*** as part of those efforts.
- ***Task shifting/task sharing***: See the example of Uganda with distribution of injectables—how can we replicate that in other countries?

## ➲ Advocacy Priorities to Increase Donor and National Government Commitments

**Karen Hoehn (DSW): Raise challenges, identify opportunities/priorities, and things that work**

- Challenges:
  - Fragmentation of effort (funding, disbursements, outcomes) ***we need to connect the dots***
  - Fragmentation of funding (donors, national government-regional level, CSOs with 3–4 year projects and small budgets). Need to be able to give in-depth attention to issues that don't fit on a long list of complex tasks.
  - Transparency: systems (bureaucracies) reduce results; accountability becomes an issue because you don't know who's responsible for the whole chain and this leads to waste and corruption. EU and the implementation behind the policies.
    - Policy commitment rhetoric becomes an obstacle—difficult to find out where the implementation is behind the policies.
    - Money is not enough: act in a coordinated matter is the only way to achieve results.
  - ***Get out of our comfort zones***: reach out to other MDG groups, and need ***research and the evidence*** in order to do so.
  - Demand: sustainability is a challenge, but demand is needed to generate and create results. Assumptions that ODA funds will go away should not be taken for granted—for the poorest countries, this might not happen in many, many years.
- Opportunities:
  - ***Changing international aid architecture***
    - Donor coordination may reduce fragmentation of effort
    - Advocacy momentum and need for CSO engagement.
  - ***Working with religious leaders and faith-based organizations***.
  - Growing ***regional opportunities for regional coordination/harmonization***
- Things that work:
  - ***Linking global and national advocacy***: advocates in the north have information that advocates in the south need, and vice versa.
  - ***Monitoring implementation of policies***.
  - ***Demand-driven funding*** (country ownership).
  - ***Funding for civil society to hold governments accountable***.

- ***Building capacity of ministers of parliament to advocate*** on these issues.
- Priority should be ***tracing the chain from policy to funding to implementation to results and outcomes***.

**Leo Bryant (Marie Stopes International): Key issues that partner organizations face; linking what we can do at the national level with what we can at the global level**

- ***Task shifting is a big part of being able to spend the resources efficiently***.
  - Governments that are not spending the entire budget for the supplies that they have allocated are a huge problem.
  - Task shifting includes figuring out how to shift commodities that are usually only provided by doctors to others (nurses who can provide long-acting or permanent methods of family planning).
  - Linking national task shifting with global advocacy for task shifting.
  - Where are ***WHO guidelines for family planning commodities similar to the ones that have been developed for HIV/AIDS on task shifting***?
- Getting ***commodities registered at country level*** is a process that can take a huge amount of effort, and requires a ton of lobbying.
  - Should we be thinking about how we can ***support national/regional drug registration authorities***?
  - Generic manufacturers are not normally motivated to get registered in a country where they would not have a huge market share. How can a manufacturer be bothered to go through the hoops of one country? What about regional registration?
- Resources are still the key: what tools do we have at the global level?
  - HandtoHand Campaign had a lot of momentum and a lot of agencies have made commitments to the campaign, but what we haven't seen yet are commitments from governments.
  - Should we be ***encouraging governments to make a pledge*** in terms of how much they are going to increase modern CPR? We could then use those pledges to leverage others.
- Discussion around environmental issues
  - MSI has a program in Madagascar that has been really successful in ***tying in community sustainability to the FP message***, which resonates with a lot more people than if you just talk about FP as a right.
  - At the global level, ***Rio +20 is a huge opportunity*** to focus our message on that conference so that it can be tied in with those environmental objectives.
  - We're only asking for $1 billion, compared to hundreds of billions for climate change.
- Global donor picture
  - We're in a phase now when we're doing relatively well compared to where we were at. The UK government is now backing FP more than they had; US has Democrats supporting FP more in Congress, but budget crisis is a concern.
  - Many have the feeling that we could potentially sit back and take foot off the gas; doing well compared to an appalling situation. But, we can't slow down and we have to keep pushing for more sustainable resources.
- Beyond the US, it is still a political issue that will change with administrationsFor long term sustainability, we need to get simpler—make the message clear so that it's difficult to not understand at the country level.

**Beatriz de la Mora (UNFPA): Update on role of UNFPA Global Programme**

- Global Programme born at the same time as the Coalition as a funding mechanism that UNFPA would host.
- Established to help countries plan their needs and put RHCS into national health plans.
- Programme works to ***strengthen delivery systems and procure contraceptives and supplies for RH***.
- Outputs of the programme include:
  - ***Country RHCS strategies*** are developed, coordinated, and implemented by the government—want to institutionalize these processes.
  - Should be ***integrated with other HIV/AIDS, gender, and reproductive rights strategies***.
  - Functional ***coordinating mechanisms*** that bring together all types of partners are essential.
- Focuses on 11 countries, of which there are 10 countries with active coordinating mechanisms, which help ensure financial and political commitment.
- Budget line is not the only aspect to focus on, but we have to make sure that it is active and replenished and that the funds are used for their intended purpose.
- Focus on integrating RHCS into policy documents (PSPs)

**Discussion:**

- Duff Gillespie (Advance Family Planning): highlighted the importance of having ***contraceptives on central drug lists***, which doesn't guarantee that good things will happen, but if it's not in the list at all, nothing will happen. UNICEF Essential Drugs List that just came out did not have contraceptives on it. Why?
- Jane Linus (Pathfinder): It seems that purchasing that's done through the Global Programme could somehow adapt to the methods of GAVI. Need to get information on registration of drugs at country level so that known effective drugs are able to get on the market easier in others. Take advantage of ***regional networks for registration***.
- Martin Ninsiima (AFP): Asked whether the country coordinating mechanisms are something that could work anywhere. Beatriz responded that UNFPA puts them as a priority to strengthen efforts in country. To ensure that civil society and others are not duplicating efforts. However, Nana Amma commented that some countries are experiencing fatigue in coordination efforts.
- Boniface Njenga (Jhpiego/Kenya) asked what needs to be done for UNFPA to look at the reality on the ground and not just the broader picture.
  - Beatriz responded by outlining where the funding for countries in the various streams of Global Programme funding goes:
    - Funding comes from UK, Netherlands, Spain, Catalonia, Luxembourg, and Australia, Denmark.
    - Stream 1: 15 countries selected and wanted to ensure funding for 5 years (now 7) to see real results. We needed $150 million per year to reach our goals, but we are now only able to work in 11 Stream 1 countries.
    - Stream 2: 48 countries
    - Emergencies: earthquake in Haiti—got supplies on the ground within days.
- Betty Kyaddondo (EARHN/Uganda): commented on role of country coordinating mechanisms.
  - UNFPA has helped establish a group in Uganda.
  - There were other committees: MCH, FP working group
  - Biggest challenge is how often the groups meet and whether they are discussing similar issues
  - These committees are all aspire to do important work, but they may not be functional – need an assessment of whether or not they are working. There is fatigue among the members, who should participate, and what they can do to achieve their goals. ***How can we make Country Coordinating Mechanisms optimally functional?***

- Linda Cahaelen (USAID): Want to share new initiatives coming to the forefront through USAID that can make an impact on in-country advocacy. We need evidence based advocacy (lives saved, births averted, socio-economic impact).
  - ***RAPID presentations*** – ***look at impact of FP on many sectors***; now are bringing that back in to look at 1-5 years impact so a country can manipulate the goals and will provide countries with a cost-effectiveness approach.
  - ***Mapping of financial flows in country***: our focus is doing a pilot in countries to document how it's done, and identify advocacy pressure points and help advocates tailor messages.
- Gias Uddin (FPAB): Bangladesh established its committee in 2005, but after 2-3 meetings, it was stopped because it didn't have any legal authority. With help of Gates Foundation, tried to establish another; conducted advocacy with other stockholders, and it was finally established. This has dramatically helped the RHCS situation in country.
- Sarah Shaw (IPPF): commented that the ***HandtoHand Campaign needs to be revived***; commitments are still being made, but need to ***track progress toward commitments*** (accountability framework) that have already been made.
  - For governments, it will be easy to do that ***monitoring*** since the commitments contain quantifiable figures (modern CPR increase).
  - Risk that the RH community is not fully engaged in this effort—get ***new people on board from the MH community***.
  - Need ***smart advocacy asks*** that we can put into the campaign.
- Halima Shariff (Advanced Family Planning/TZA):
  - Many committees and there are many people talking to one another.
  - Advantage of working in the Coalition is that each member can use their own comparative advantage to push forward a particular piece of the puzzle.
  - We need to break down the asks and task members within the Coalition with tracking down the audience for these asks.
  - Current practice is we meet, talk about who is doing what, learn from others, successes are celebrated, and we have to change that approach and figure out how to look at these issues in smaller chunks.
- Suzanne Ehlers (PAI): Same themes keep coming up, which will be a part of Call to Action, and already are part of HandtoHand. How do we narrow in on the WG agenda for what our workplan will look like? Need to hold true to what we uniquely bring to the Coalition.
  - ***What is our strength as a group?***
  - ***How do we relate with one another in our group?***
  - ***How do we interact with other WGs*** – used to have reps attending other meetings?
  - How do we ***use Spitfire™ to narrow down the things*** we want to accomplish and with whom?
  - How can this WG work for that in a distilled manner so that we can actually get something done?
- Nana Amma provides an overview of the highlights from the first afternoon session

## ➲ Advocacy in Action

- Nienke: Introduce the Caucus to get a better understanding of what it aims to achieve.
  - Trying to push Coalition internally to discuss ***new methods and methods that are not currently available/used on a broad level***.
  - Liaisons will reach out to WGs so that they can determine where there is good overlap between workstreams in the WGs and the goals of the Caucus.

- Discussed ***MH supplies*** and how the Coalition can play a greater role in the efforts to move them forward alongside traditional contraceptive commodities – including through RMA advocacy.
- Prequalification through WHO of these methods – advocating for this to take place, as well as possibility of advocating for inclusion of RH supplies on the UNFPA list of Essential Meds for Maternal and Child Health.

## ➲ Revisiting the workplan and next steps (Sandra Jordan and Oying Rimon)

- Oying Rimon: Identifying three top priorities that the Coalition could be focusing on
  - What is the comparative advantage of the Coalition in achieving these priorities?
  - Maybe one at global, two at country level?
  - Suggestions:
    - With Global Programme at UNFPA, goal to reach $750 million – is this something that we can put our weight behind? Do we want to put our eggs in one basket? What are our overarching goals?
      - Would increase number of countries that are in Stream 1, Stream 2, etc.
      - Would increase number of commodities that could be covered in AccessRH so they have a broader inventory.
    - Task shifting
      - It's not just about buying the supplies, but delivering the supplies.
      - Bringing the services closer to the people who need them with the limited health human resources that MOHs possess.
- Sono Aibe: If we're already working on ***task shifting, this may be something we could focus on collectively.*** Also, we need to figure out what the comparative advantage of the RHSC would be in taking this on (ability of Skibiak, et al, to reach out to other leaders in their conversations).
- We need to ***capitalize on Global Fund opportunities and put contraceptives in applications*** as a source of country funding, and create a summary guidance sheet for those countries that want to do this
- Maureen (UNF): Agrees with coming up with concrete actions but feels strategic objectives should guide the group.
  There is the issue of a fare share ask. Understanding between donor and recipient country that country puts money in places where donors or not funding in general. Update evidence for "fare share asks". We need to unify asks but also be conscious that asks are very country specific.
- Sarah Shaw: Tools and Tactics have been moved off the board for now, because we need to focus on asks and needs.
  - Goal is 100 million.
  - What are ***theasks to get to that goal: financial, policy, and regulatory asks***. Then divided each into ***national and global***.
  - Think about what is the likelihood of us being able to turn those asks into feasible goals that we can accomplish? Is it measurable? How will we know that we achieved the goal?
  - We tend to overcomplicate issues and over-commit. What is ***our "ask" for the coalition and the secretariat/John***?
- Duff Gillespie: what are discrete activities that can be done?
  - UNFPA list does not include RH commodities for contraception
  - MISP including contraception? We should ***create a clear ask for RHS in emergency settings***
  - UNFPA not accepting money from French for contraceptives

- Overall: come up with concrete, potential actions.

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