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18TH GENERAL MEMBERSHIP MEETING OF THE REPRODUCTIVE HEALTH SUPPLIES COALITION

Overview of AAWG activities since RHSC GMM in Seattle

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AAWG restructuring

In the aftermath of the RHSC GMM in Seattle in October 2016, it was decided to reduce the number of workstreams to two to make the AAWG more effective and efficient.

New workstreams:

- 1) RH Supplies Financing Workstream
- 2) Last Mile Advocacy Workstream

This workstream used to be the GFF Group but it was decided to broaden to focus to work on more general RH supplies financing:

- Engage Global Financing Facility (GFF) Investors Group to ensure accountability and quality of commodities within the GFF governance
- Advocate for reduction of the global funding gap for RH commodities
- Work with CSO representatives within the mechanism to push for prioritization of RH commodities procurement
- Engage the CSOs to hold leaders accountable to increased domestic resources for RH.

Leads:

- Oct. 2016- Jan. 2017: Erica Belanger (IPPF)
- Jan. 2017- Dec. 2017: Erica Belanger (IPPF) and Angela Mutunga (AFP Kenya)
- Dec. 2017 Mar. 2018: Angela Mutunga (AFP Kenya)
- Mar. 2018 now: Angela Mutunga (AFP Kenya) and Mande Limbu (FP2020)

Outcomes:

- Strongly represented in GFF structures:
 - Angela Mutunga & John Townsend are elected CSO representatives on the GFF Investors Group
 - John Skibiak is appointed member of the GFF Task Team on Commodities

The GFF Investors Group and the GFF Task Team on Commodities come up with clear recommendations related to supplies

AAWG members contribute to development of GFF Civil Society Engagement Strategy.



More coordinated and targeted CSO advocacy in GFF countries



RH supplies strongly featured in Country Investment Plans (e.g. Kenya, Uganda)

EATTLE CALL TO ACTION.
LOSING THE CONTRACEPTIVE FUNDING GAP

Outcomes:

Trend analyses of European and other international donors

the London FP Summit in Jul. 2017)

Seattle call to Action: Closing the
Contraceptive funding gap
A campaign to get more attention for the RH
supplies funding gap coming up due to the Global
Gag Rule (launched in Nov. 2016 & relaunched during

- AAWG member advocacy for increased domestic resources for RH supplies (e.g. Uganda)
- Set up collaboration between RH Financing Workstream and SSWG and its workstreams CSP & CARhs

Last Mile Advocacy Workstream

New group initiated in March 2017

Leads: Amos Mwale (Youth Vision Zambia) & Aliyu Aminu Ahmed (CiSFP)

Focus:

- Support all major stakeholders to clearly understand and support any new and effective delivery system at country level.
- Build advocacy constituencies (community CSOs) towards enhancing social accountability and sustaining the last mile effort.
- Advocate for a clear accountability mechanism in each supply management system.
- Generate action to strengthen and enforce regulations that demand all suppliers (manufacturers or wholesalers) to supply good quality products.

Last Mile Advocacy Workstream

Outcomes:

- Case studies related to last mile advocacy:
 - Tuungane project in Tanzania by K4Health and Pathfinder (finalized)
 - Informed Push Model in Senegal by Merck for Mothers (in process)
- The AFP Opportunity Fund awarded two grants to projects in Tanzania & Uganda looking into last mile and accountability issues
- Last mile advocacy working groups are being formed in a few countries with A&AWG members to track RH commodities (e.g., Nigeria, Tanzania).
- Organized webinars:
 - 'Advocacy for generics'
 - 'RH supplies in humanitarian setting'



Lessons learned for the future

- Intentions to work with other IMs are there but it is often difficult to set up sustainable collaboration
- ❖ Formal participation by AAWG members in global entities (e.g. GFF Investors Group) provide the insight and intelligence for highimpact advocacy. Use the RHSC network to get more RH supplies experts in formal advocacy positions.
- An additional in-person meeting (next to the RHSC GMM) would help to focus the work (especially for new workstreams and collaboration with other IMs)

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SEATTLE CALL TO ACTION: CLOSING THE CONTRACEPTIVE FUNDING GAP

From October 10-14, 2016, the 17th meeting of the Reproductive Health Supplies Coalition (RHSC) convened in Seattle, Washington. Recognizing that the world is facing a contraceptive supplies crisis, the signatories and mentioned member organizations of the RHSC—a community of multilateral and bilateral organizations, private foundations, low- and middle-income country governments, civil society, inter-governmental and non-governmental organizations, and manufacturers—put forth the Seattle Call to Action on Closing the Contraceptive Funding Gap.

PREAMBLE

Over the past decade, members of the Reproductive Health Supplies Coalition have worked to ensure that all people can choose, access and use affordable, high-quality reproductive health products. As a global community, our demand generation and service delivery efforts have revolved around FP2020. As such, there is a growing demand for reproductive health commodities. However, the world is facing a contraceptive funding crisis, and there is a global shortage of certain methods. At the same time, investment in contraception is not being sufficiently prioritized at the global, national, and subnational levels; and inadequate coordination and lack of prioritization in existing financing is contributing to bottlenecks in the supply chains, affecting smoother delivery of the commodities. In The Global Contraceptive Commodity Gap Analysis, the RHSC projects that if current trends continue, in 2020, there will be an annual shortfall of \$233 million needed to pay for contraceptive supplies. If public funding does not increase, the world's poorest women—who already contribute 54% of all spending on contraceptive supplies in the 69 poorest countries—will be forced to pay even more for contraceptives.

Now is the time to develop a holistic plan of action to avert this crisis, which threatens to put the health and wellbeing of thousands of women and girls at risk, as well as the achievement of FP2020 commitments and the Sustainable Development Goals. Family planning programs are more likely to succeed if favorable policies are in place, and when the necessary contraceptive supplies are available, accessible, affordable, and of high quality enough to meet the growing demand for contraceptives. And, a failure to meet the contraceptive needs of women and girls has the potential to derail progress already made.

To that end, we call for broad actions at the global, national, and subnational level to put in place a sustainable plan to prioritize funding for contraceptives and strengthening the systems that ensure contraceptive security.

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Questions?