Report back from the International Planned Parenthood Federation and World Bank Group panel on: The future of financing for sexual and reproductive health and reproductive rights at the International Conference on Family Planning, Nusa Dua, Wednesday 27th January 2016 7.00am – 8.20am

Despite the early start there was an excellent turn out for the panel event which generated thought-provoking discussion between the panellists and audience.

Julia Bunting, President of Population Council, moderated the event and opened the panel by highlighting the significant funding gap (between $33-39 billion) for Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) at the global level. Julia emphasized that the Global Financing Facility (GFF) cannot close this funding gap alone. Julia flagged that Out of Pocket Payments (OOP) are still the main source of funding for Sexual and Reproductive Health care and highlighted that the GFF must not inadvertently increase OOP.

Michele Gragnolati, Global Lead for Population and Development, Health, Nutrition and Population for the World Bank Group stated that the Bank is extremely committed to reproductive health and family planning. Michele underlined that the Bank’s total investment in reproductive health goes beyond the GFF and includes programmes such as the Sahel Women's Empowerment and Demographics Project. Michele provided a short synopsis of the Bank’s history of investing in reproductive health and highlighted that since 2010, World Bank spending on reproductive health has significantly increased, with most of this investment going to the Africa region. Michele stated that the GFF is an important mechanism to support the Secretary General's Global Strategy for women's, children's and adolescents' health. He explained that GFF is focused on smart, scaled, sustainable financing, with a focus on ensuring sufficient domestic resource mobilization for SRMNCAH.

Tewodros Melesse, Director-General of IPPF, underlined that financing for sexual and reproductive health and rights (SRHR) is critical to meet the needs of women around the world, yet despite this, funding for SRHR is insufficient. He highlighted that although African Union countries agreed in 2001 in Abuja to allocate 15% of their annual budget to health, only two African countries have reached this target. Tewodros regretted that budgets become so politicized; particularly budget allocations for sexual and reproductive health and rights. Tewodros highlighted that we have an opportunity, now that sexual and reproductive health and reproductive rights are included in the Sustainable Development Goals (SDGs), to invest in sexual and reproductive health and called for meaningful engagement of civil society in meeting the SDGs. Tewodros stressed that no country has made meaningful progress on health without significant public investment from the government.

Dr Felix Kabange, the Minister of Public Health from the Government of the Democratic Republic of Congo (DRC) highlighted that it is a priority for him to make family planning widely available in order to reap a demographic dividend in the DRC. The Minister spoke about the new family planning strategic plan from 2014-2020 which has a vision for all women to have choice and to increase use of modern contraception. The Minister highlighted that the GFF is an important financing mechanism for the DRC and that the DRC is committed to the UN Secretary General's Global Strategy. However there are some major bottlenecks to achieving progress in the DRC, including the supply chain, human resources, and, public financing for health. The Minister explained that the DRC health budget has increased to 7.5% and announced that the DRC Government has allocated USD $3.5 million for contraceptives for 2016.

Kellie Sloan, Director of Family Planning at the Bill & Melinda Gates Foundation, explained that the Foundation sees the GFF as an important opportunity to increase smart and
sustainable financing for family planning and will contribute to FP2020 acceleration. Kellie highlighted that the GFF presents opportunities for countries and partners to create comprehensive plans for women and girls. However, it is important not to presume that countries will include family planning in their plans and so Kellie urged us to continue advocacy to make sure family planning is included in GFF investment cases given the broader health and development outcomes that come with investing in family planning.

Matt Boxshall, Director of Health Markets at Marie Stopes International (MSI) highlighted that the GFF can help countries move to domestic resource mobilization. Matt spoke about MSI’s experience of innovative financing mechanisms. Matt argued that governments can benefit from separating purchasing and provision of family planning services and enabling market forces to enhance quality and productivity.

During the ‘question and answer’ session, there were questions about minimum standards for civil society engagement in the GFF country platforms, benefit streams / cost-benefit ratios and the impact on National Health Insurance, how the GFF can enable Universal Health Coverage (UHC), availability of technical assistance through the GFF and resourcing for civil society to complement government service delivery among others.

Julia closed the session by reiterating the importance of keeping sexual and reproductive health on the financing agenda and ensuring that the GFF and other financing modalities provide sustainable funding to reach the most marginalized groups.

For more information about the GFF or questions about IPPF’s work on financing for sexual and reproductive health and rights please contact Preethi Sundaram, Policy and Advocacy Officer, psundaram@ippf.org