THE TIME IS NOW — VIRTUAL GENERAL MEMBERSHIP MEETING

FINANCING BREAKOUT ROOM



ACTIVITY INSTRUCTIONS

1 STEP 1 | Review the 'North Star' Vision Statement

Provide any feedback or reflections on the drafted vision statement, including both the long-term vision and short-term focus.

To type, double click on a sticky note & then begin typing.

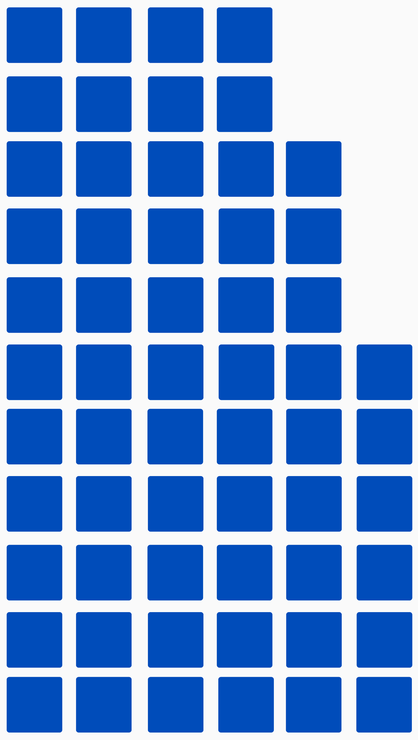
2 STEP 2 | Consider What & Who is Needed

Answer the questions provided via the prompts to the right:

1. **What key actions do we need to take to achieve this vision?**
2. **What key actors or groups will the RHSC – working with and through its members and partners - need to work with to affect these changes? Who can help or hinder our work? Who will we work with most directly?** Identify the partners/groups/organizations with whom we, as a Coalition, will interact with directly, and with whom we can anticipate direct influence. RHSC will work with them to affect change but does not control them.
3. **What information do we need?** Consider what type of data/evidence, financing information, or details about a country's financing landscape might be needed.

As you consider these questions, add the suggested actions into the first column. Then, consider who is needed -- and what role they might play -- adding stickies to the corresponding second column. Finally, consider what type of information we would need to inform these actions.

As you add ideas, cluster similar actions in the same row within the provided table. This will help us group actions thematically & build upon similar or connected ideas.



Imagine that we, as a Coalition, are extremely successful in addressing this priority area, what key changes did we bring about? What have our members achieved?

'North Star' Vision Statement

Long-Term Vision

There is adequate, sustainable financing for RH supplies in low-resource settings to ensure that all people have a broad choice of quality, affordable RH supplies to meet their RH needs. Government decision-makers adopt health systems financing paradigms that prioritize sustainable, resilient financing flows. They ensure the inclusion of RH supplies in health systems financing and leverage a range of co-financing and innovative financing mechanisms to ensure adequate financial resources. Governments integrate RH supplies into universal health coverage mechanisms and explore opportunities to leverage private/social health insurance, where relevant. Bilateral, multilateral, and other co-financing payers provide clear information around co-financing eligibility, reporting, and financial flows to government decision-makers and NGO/CSO partners to inform financial decision-making.

This arrow is intentional

Short-Term Focus

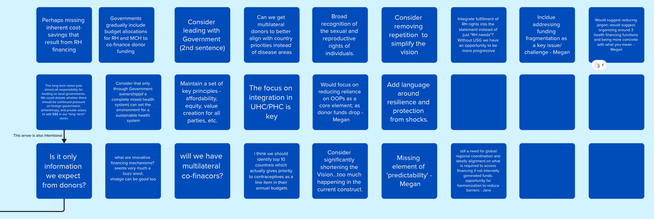
Ensuring adequate, sustainable financing for RH supplies in low-resource settings will require a shift in the approach to financing. Collectively, we will need to develop a new financing paradigm - one that takes account of health systems financing as a whole, yet still prioritizes RH supplies financing - that can be adapted at global, national, and sub-national levels. While this new financing paradigm is developed, there is an urgent need to ensure that the current financing gaps for RH supplies are closed in the immediate future.

DRF, Total market approach and Health insurance and contributions and Local Manufacturing

Government decision-makers will need the right tools to inform financial decision-making and clear information, data, and evidence around opportunities to incorporate innovative financing, alternative financing, and co-financing mechanisms. Advocates need access to data and evidence as well as clear advocacy messages and understanding of who the financial decision-makers (and those who influence them) are. To reach our vision, we will need to both (1) ensure that short-term changes in US$ funding are addressed; while also (2) starting to build a new sustainable, resilient, country-owned financing solution in the long-term.

Just a note that RH supplies are generally in UHC schemes, its more an issue of PPM mechanisms etc - so more about ufnctioning rather inclusion -

Reflections from the Group



Moving to Action

What will it take to develop a new financing paradigm - inclusive of RH supplies? What actions do we need to take? What needs to happen in the short-term vs. what needs to happen in the long-term? What information do we need? And who do we need to engage - as decision-makers, influencers, or implementers? And, how can we ensure that this paradigm can be adapted to global, national, and sub-national levels to advocate for adequate financing for RH supplies?

	What key actions do we need to take to achieve this vision? What do we need to do to ensure that we are successful?	What actors or groups will we need to work with most directly to affect these changes? Why are these organizations or groups needed?	What information do we need? Where do we need additional insight or understanding?
SHORT-TERM	Achieving person-to-person support while the gap exists Leverage pooled procurement platforms (e.g., UNFPA Supplies Partnership) to maintain continuity of critical commodities when RH commodity stocks… Map out all local leaders and voices for awareness raising Mobilize civil society to push for increased domestic budget allocation for SRH commodities. Resurface and repeat the economic /ROI rationale to invest in women/girls Involve local leaders, youth to participate in awareness raising to identify new donors Provide special conditions for financing for (former) recipients of USAID funding to mitigate the sudden gap make clear what the demand is, work both on demand and supply side Need to understand the gaps and new ways to increase resources. Think differently than before. DRM is important, but we need more than that. We had a gap before USAID cuts, so we won't be able to continue to improve access by relying on DRM. Need to understand current strategic planning/costing to determine gaps at country level noting variation across different commodity areas - MR Need to create focused DRM exercises in countries - would suggest thinking about national health financing dialoague sessions to bring in right people/ depts etc - MR Does our terminology (FP-RH, etc.) need to change to broaden our appeal to potential funders who may previously have been neutral or opposed to funding such supplies— DRM: look at opportunity for different countries. Sustainable, long-term opportunities in the LT, also an important role in the ST Support for advocacy, technical assistance to move towards DRM Looking at PFM/ procurement as a focal area as well to identify how to unlock funding that is availabie but not used - MR should we speak out on the tariffs? Strengthen the training of health operators so that they "remember" the importance and use of contraceptive methods. Need to demonstrate 'value' of investing in RH supplies for financial decision makers (EG societal ROI) to make a case for increased investment - MR Resource mapping exercises to understand where current fragmentation exists - MR	Youth leaders supported by RHSC and member organizations All people, with emphasis on the youngest, who are directly affected in their lives by reproductive health. maybe work more with local/ regional manufacturers , instead of the 'big global' ones I don't think its an issue of new paradigms - that makes it more complicated - its more about improving current functions - MR World Bank,Exisiting Funders Private Sector work w CSOs - important for accountability Involvement of private healthcare facilities, insurance companies, universities, and professional associations Somebody has to close the tap or someone has to regulate the water Check out Mandi K's work to unpack behavioral drivers of health leaders' decision making Physicians, nurses, midwives, counselors, etc. Creating a global network of allied professionals.	Funding gaps, demographic dividend, countries' current commitments, cf lots of BHS, UNFPA studies to prevent youth pregnancies are need as accurate info as possible from the countries…we need the country stocking agencies to provide us the national levels…we need to know AMC & the SKUs in the country…we need the LMIS data to disseminate the results now to the provinces How to implement a strong communication campaign to raise funds for person-to-person support Free online courses with WHO or similar certification.
LONG-TERM	Alignment around what we mean by a 'new financing paradigm' Is it that it's a 'new' paradigm or a modification or adjustment to the current ways of working Country-based sustainability needs to be at the core. Parallel structures are, IMO, an important root cause of the current crisis provide governments insight on what they can save and (re)allow with investments in RH. Also highlight the textiles the health aspect is is a good investment because they will need to save on cost that occur if they don't Achieve a global agreement beyond the Sustainable Development Goals, including financial investment targets and people benefitted as measurement indicators. A globally agreed plan, down to the last corner of the world. Support efforts to advance national health insurance schemes Initiate dialogue with regional governments platforms to include financing of contraceptives in their budgets Take a hard look at how maternal health commodities are currently funded...the likely, and most sustainable, health financing mechanism for all RH commodities	MOH, Private Sector and over arching org's like RHSC, Decision-makers at the United Nations level Need to engage actors across value chain to understand how we might continue to generate value for all parties (e.g. revenue, impact [social and otherwise], political capital, etc) African Union leaders supporting RH, understanding the link between FP and economic progress, include youth leaders, testimonies	Proposal based on evidence and current SDGs compliance UNFPA studies on preventing youth pregnancy, effects on social and economic development