THE TIME IS NOW
VIRTUAL GENERAL MEMBERSHIP MEETING

# FINANCING BREAKOUT ROOM

## Setting the Scene

Consultations with RHSC IMs and Members

1 **Urgent need to close funding gaps.**
How do we ensure access to RH supplies in the short-term, as we navigate this new financing landscape? What needs to happen at the global level and what needs to happen at the country level?

2 **Long-term need to develop a more sustainable, resilient financing paradigm.**
How do we build a more sustainable way to fund RH supplies? And how do we integrate this into health systems financing more broadly, so that RH supplies are not in competition with other health issues?

We should include a context section, anti-rights movements are progressing, there is corruption in governments and institutions, and we are seeing regression in the recognition of rights, with emphasis on rights related to sexual and reproductive health.

# 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.*

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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.

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 changes in USG funding are addressed; while also (2) starting to build a new sustainable, resilient, country-owned financing solution in the long-term.

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

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

- Perhaps missing inherent cost-savings that result from RH financing
- Governments gradually include budget allocations for RH and MCH to co-finance donor funding
- Consider leading with Government (2nd sentence)
- Can we get multilateral donors to better align with country priorities instead of disease areas
- Broad recognition of the sexual and reproductive rights of individuals.
- Consider removing repetition to simplify the vision
- Integrate fulfillment of RH rights into the statement instead of just "RH needs"? Without USG we have an opportunity to be more progressive
- Incldue addressing funding fragmentation as a key issue/ challenge - Megan
- Would suggest reducing jargon; would suggest organizing around 3 health financing functions and being more concrete with what you mean. - Megan
- This long term vision puts almost all responsibility for funding on local governments. We could debate whether there should be continued pressure on foreign government, philanthropy, and private actors to add $$$ in our "long-term" vision.
- Consider that only through Government ownership(of a complete mixed health system) can set the environment for a sustainable health system
- Maintain a set of key principles - affordability, equity, value creation for all parties, etc.
- The focus on integration in UHC/PHC is key
- Would focus on reducing reliance on OOPs as a core element; as donor funds drop - Megan
- Add language around resilience and protection from shocks.
- This arrow is also intentional
- Is it only information we expect from donors?
- what are nnovative financing mechanisms? seems very much a buzz word; vinatge can be good too
- will we have multilateral co-finacors?
- i think we should identify top 10 countreis which actually gives priority to contraceptives as a line item in their annual budgets
- Consider significantly shortening the Vision...too much happening in the current construct.
- Missing element of 'predictability' - Megan
- still a need for global/ regional coordination and ideally alignment on what is required to access financing if not internally generated funds. opportunity for harmonization to reduce barriers - Jane
- We are looking from the top of the pyramid downwards and this, in this political-economic context, is complex. Let's look outside the box and think of a movement from the bottom up, for example people who want to support specific people in other places. A look at solidarity and partnership.
- New donors inluding private sector, foundations co-finance RH
- Is it realistic to have a short-term focus, beyond emotional appeals and domestic resource mobilization based on the current macroenviornment?
- What, specifically, do we mean by paradigm in this context? What do we think a new paradigm would afford?
- Again - predictability is a key aspect. Its not just about more/sufficient funding
- In inefficient and corrupt governments, how can we ensure this? When they try to ignore or deny international agreements on these issues, how do we "force" them?
- clear ongoing need for data visibility into country supply needs/priorities, to inform financing decisions; opportunity to emphasize this in discussions about financing - Jane (connection to the data session)
- I'm skeptical that more tools will make a difference - decision making has behavioral and cultural components that are worth recognizing. How can we look at this with a more behavioral lens? Recognizing decision makers gain and lose on every call they make?
- operational consideration - mechanism for new payers to participate - need trusted entity(ies) to contract/procure (transparently turn the new financing into supplies orders) - some centralization might also support the predictability others have noted is important, as well as visibility into what is happening - Jane

## 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-nat dvocate for adequate financing for RH supplies?

For financing group - would also be good to think about efficiency of current funding. Fragmentation, etc., is a big issue. Figuring out how to use existing funding better is important.

| | 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? |
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| SHORT-TERM | Achieving person-to-person support while the gap exists<br>I think we need to start working on the ground cohesively with groups like ECOWAS - rather than being only the regulatory kind of role we should try and ensure that they get the actual funding in their kitty from entities like KfW so that dispeensing within the ECOWAS region is done on a practical basis with proper full reporting back to the donor<br>Leverage pooled procurement platforms (e.g., UNFPA Supplies Partnership) to maintain continuity of critical contraceptive and RH commodity stocks.<br>Map out all local leaders and voices for awareness raising<br>Mobilize civil society to push for increased domestic budget allocation for SRH commodities.<br>Resurface and repeat the economic /ROI rationale to invest in women/girls<br>Provide special conditions for financing for (former) recipients of USAID support to bridge the sudden gap<br>Involve local leaders, youth to participate in awareness raising to identify new donors<br>make clear what the demand is, work both on demand and supply side | Youth leaders supported by RHSC and member organizations<br>World Bank,Exsiting Funders<br>All people, with emphasis on the youngest, who are directly affected in their lives by reproductive health.<br>so each country or groups of countries need to provide their annual procurement needs to the regional entity like ECOWAS on a timely manner and express their annual demand . Based on this and market ready quality assured FP mfrs , ECOWAS cn float their own RFQ or take help of a 3rd party ( with minm bare success fees to them) - be responsible for their own procurement and be in the drievers seat<br>maybe work more with local/ regional manufacturers , instead of the 'big global' ones<br>I don't think its an issue of new paradigms - that makes it more complicated - its more about improving current functions - MR | Funding gaps, demographic dividend, unmet need, consequences of lack of RHS, UNFPA studies to prevent youth pregnancies<br>we need as accurate info as possible from the countries , we need the country stocking policy at regional as well as national levels ; we need to know AMC fo the SKU in country , we need to know the CMS policy to disseminate the stocks out to the provinces<br>How to implement a strong communication campaign to raise funds for person-to-person support |
| | DRM: look at opportunity for different countries. Sustainable, long-term opportunities in the LT, also an important role in the ST<br>Support for advocacy, technical assistance to move towards DRM<br>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.<br>Need to understand current strategic planning/costing to determine gaps at country level noting variation across different commodity areas - MR<br>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<br>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-- | Private Sector<br>work w CSOs - important for accountability<br>Involvement of private healthcare facilities, insurance companies, universities, and professional associations | |
| | Looking at PFM/ procurement as a focal area as well to identify how to unlock funding that is availabie but not used - MR<br>should we speak out on the tariffs?<br>Strengthen the training of health operators so that they "remember" the importance and use of contraceptive methods.<br>Need to demonstrate 'value' of investing in RH supplies for financial decision makers (EG societal ROI) to make a case for increased investment - MR<br>Resource mapping exercises to understand where current fragmentation esists - MR | Check out Ideas42's work to unpack behavioral drivers of health leaders' decision making<br>Physicians, nurses, midwives, counselors, etc. Creating a global network of allied professionals.<br>Somebody has to close the tap or someone has to regulate the water | Free online courses with WHO or similar certification. |
| LONG-TERM | Alignment around what we mean by a 'new financing paradigm'<br>Is it that it's a 'new' paradigm, or a modification or adjustment to the current ways of working<br>Country-based sustainability needs to be at the core. Parallel structures are, IMO, an important root cause of the current crisis<br>provide governments insight on what they can save and (re)solve with adequate access to FP To highlight that besides the health aspect is is a good financial investment as well to save on cost that incur if they don't<br>Achieve a global agreement beyond the Sustainable Development Goals, including financial investment targets and people benefited as measurement indicators. A globally agreed plan, down to the last corner of the world. | MOH, Private Sector and over arching org's like RHSC,<br>Decision-makers at the United Nations level | Proposal based on evidence and current SDGs compliance |
| | Support efforts to advance national health insurance schemes<br>Initiate dialogue with regional governments platforms to include financing of contraceptives in their budgets<br>Take a hard look at how maternal health commodities are currently funded...the likely, and most sustainable, health financing mechanism for all RH commodities | 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)<br>African Union leaders supporting RH, understanding the link between FP and economic progress, include youth leaders, testimonies | UNFPA studies on preventing youth pregnancy, effects on social and economic development |
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