

## AID EFFECTIVENESS AND REPRODUCTIVE HEALTH

350 million women worldwide still lack access to reproductive health supplies and every single minute a woman dies of pregnancy related causes, usually due to lack of supplies. There is a massive gap between the demand for reproductive health and its supply, due to part to the largest ever generation of young people, the increased risk of sexual HIV transmission and decreased donor support for sexual and reproductive health and rights programming.

Interact Worldwide is the UK partner of Countdown 2015 Europe a group of 18 leading European NGOs experienced in advocacy for reproductive health in ODA. We work in 15 European countries in a concerted effort to achieve increased financial support of European donors for Reproductive Health Supplies (RHS) and to improve European coordination and coherence to narrow the gaps between the needs, demand and availability of the necessary supplies to secure universal access to reproductive health as an essential step toward achieving the MDG's<sup>1</sup>.

The Paris Declaration of Aid Effectiveness was agreed in 2005, emphasising the principles of ownership, alignment, harmonisation, managing for results and mutual accountability. Progress on this will be assessed at the Third High-Level Forum in Accra on 2-3 September 2008.

Countdown 2015 Europe is concerned that in order to achieve the MDG's increased financial support<sup>1</sup> is needed, as well as improved coordination and coherence among European donors in providing ODA more effectively. Aid effectiveness is crucial in achieving the MDG's and its targets. **Countdown 2015 Europe urges European donors to take into account MDG-related issues, like SRH, in the aid effectiveness debate.** In particular, the following needs to be addressed:

### Link Aid Reforms to MDG Outcomes

There is a need to **link reforms in aid modalities to MDG's outcomes and in particular sexual and reproductive health.** The aid effectiveness debate focuses strongly on the technical mechanisms of the aid delivery system and often omits the link between increasing aid effectiveness and reducing poverty and inequality as expressed in the MDG's<sup>2</sup>. The aid effectiveness agenda should be implemented with

a strong focus on development, human rights, democratic governance, environmental sustainability, and gender equality. To assess this link, there is a need for an **additional qualitative indicator** within the Accra Agenda for Action (AAA), focused on the MDG's. Suggested targets include addressing the unmet need for contraception or the reduction of maternal mortality<sup>3</sup>.

**Recommendation: Include an additional indicator to link reforms in aid modalities to actual MDG outcomes.**

### Increase the focus of aid effectiveness on cost effective interventions

Development aid for health has increased significantly over the past five to ten years. However, while more emphasis is now being placed on improving the effectiveness of how to disburse aid, little attention is paid to the **cost-benefit of aid** to different areas. Interventions in the area of SRH have a wide ranging impact on poverty reduction. In addition to improved health, enhanced uptake of SRH services and supplies contributes to economic growth, gender equality, and democratic governance<sup>4</sup>. Investments in

<sup>1</sup> Best available estimates indicate that the funding needed to achieve universal access to reproductive health and the sexual and reproductive health related components of prevention for HIV and AIDS is US\$29.8bn in 2010 rising to US\$35.8bn in 2015. (Countdown 2015 Europe, *Strategic Options for Greater European Investments in Reproductive Health Supplies* 2007)

<sup>2</sup> AWID, Monitoring and Evaluation of the Paris Declaration Implementation, *Aid Effectiveness and Women's Rights Series, Primer No. 4*, 2008

<sup>3</sup> Maternal mortality aside from being an MDG target itself is widely accepted as indicative of the general performance of the health system as a whole: it shows a country's ability to provide basic social services to their populations, which have a significant impact in reducing poverty.

<sup>4</sup> Singh S, et al., *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York: The Alan Guttmacher Institute and the United Nations Population Fund, 2004 and All Party Group on Population, Development and Reproductive Health (2007) Return of the Population Growth Factor

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reproductive health supplies have been proven to be cost-effective: US\$1 million for commodities can prevent 800 maternal deaths, 11,000 infant deaths, 14,000 additional deaths of children under 5, 150,000 induced abortions or 360,000 unwanted pregnancies<sup>5</sup>. Outcomes of this size would have exponential impact on the achievement of other development outcomes.

**Recommendation: Increase the focus of aid effectiveness on cost effective interventions, such as SRHR.**

### A Mix of Funding Instruments is crucial for the MDG's

There is evidence that **general budget support alone cannot lead to progress in the health MDG's**, especially for the poorest, most marginalised groups<sup>6</sup> and for uptake of SRH services and supplies which lack high political profile and are controversial in some cultures<sup>7</sup>. Experience with general budget support has shown that it is unlikely to secure an increased political commitment to sensitive areas within social development. Thus, general budget support

#### Case Study – Malawi

Since 2004, donors have been contributing, through sector budget support to pooled funding for the health sector in Malawi and funds are implemented through a Sector Wide Approach and the delivery of the Essential Health Package. However, this has led to worsening reproductive health commodity security, with many facilities struggling to access basic commodities for maternal health and family planning. Health workers noted that shortages of these commodities did not occur so regularly in the past, when supplies were provided directly by donors. The Government sector provides only 55% of health services in Malawi and other providers have put in place individual, parallel supply systems to circumvent the problems in the central system that is crippling the achievement of universal access to reproductive health.

Ref: USAID *Analysis of the Operational Policy Barriers to Financing and Procuring Contraceptives in Malawi*, USAID Health Policy Initiative and USAID Deliver project, 2007.

<sup>5</sup> UNFPA Annual Report 2004, p. 6

<sup>6</sup> Including commercial sex workers, men who have sex with men, prison populations, youth, refugees and internally displaced people.

<sup>7</sup> Project Aid Towards Sector Support – an evaluation of the SWAp in Dutch bilateral aid 1999-2005, 10b Evaluations Policy operation evaluation department No 301, November 2006.

alone risks not adequately addressing expanded access to SRH as agreed upon internationally<sup>8</sup>. In fragile states, where access to SRH services and supplies is particularly vital<sup>9</sup>, the need for other means of funding is crucial, as the often weak state infrastructure makes budget support in these countries not viable. A **mix of funding mechanisms maximises effectiveness** and should include general as well as sector budget support, pooled funding through the SWAp and partnerships with civil society organisations and UN agencies.

**Recommendation: Promote the use of a mix of funding mechanisms to ensure progress on all the MDG's.**

### Engage CSO's in improving aid architecture

**Civil Society Organisations (CSO's)** play a crucial role in all stages of development aid and can contribute to achieving Aid Effectiveness in several ways. The success of budget support is determined by the level of government capacity to plan, execute and account for its public spending. **CSO's<sup>10</sup> can contribute to building this capacity as well as delivering health services to help achieve national health objectives.** For example, Public Private Partnerships (PPP's) such as voucher schemes and the social marketing of condoms and other reproductive health supplies are a proven approach to ensure SRH services and commodities are available and accessible<sup>11</sup>. Non-state actors can also play a role in **demand creation**, which is an important component of health system strengthening and plays a role in **strengthening democratic accountability** by providing information and a voice to the poorest and most marginalized groups, who often have the least access to health services, especially SRH services. Finally, CSO's can play a crucial role in **extending services to marginalised/geographically remote groups**,

<sup>8</sup> DFID Health Resources Centre, Aid Instruments and Sexual & Reproductive Health/HIV Outcomes, April 2007

<sup>9</sup> Due to the increased occurrence of sexual violence in conflict and post-conflict situations, raised birth rates post conflict and the increased risk of HIV/AIDS and other STI's.

<sup>10</sup> Including non-governmental organisations, faith based organisations and community based organisations

<sup>11</sup> DFID Health Resources Centre, Aid Instruments and Sexual & Reproductive Health/HIV Outcomes, April 2007, p. 19

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where public health infrastructure is less than optimal<sup>12</sup>. Health System Strengthening to reach the MDG's requires the drawing on the expertise of all stakeholders, state and non-state, which should be reflected in the new aid architecture.

**Recommendation: Engage CSO's in service delivery and ensure they are consulted in improving the aid architecture.**

### Case Study - Public Private Partnership Tanzania

Marie Stopes Tanzania has developed a public-private partnership (PPP) with local government authorities in Tanzania, which works within the framework of the national Poverty Reduction Strategy Paper (PRSP) to ensure rural access to SRH care, HIV services, maternal and child health services and primary health care. By working closely together with Local Authorities to implement and monitor service delivery and by operating according to guidelines set in the PRSP, this model of PPP provides accessible and high quality services in rural areas and has increased government health care capacity.

### Recommendations:

1. Include an indicator to link aid modality reforms to MDG outcomes
2. Consider the SRH outcomes when assessing aid effectiveness at national and local level.
3. Promote the use of a mix of funding mechanisms.
4. Engage CSO's in service delivery and aid reforms
5. Increase the focus on cost effective interventions, e.g. SRHR

## Consider the effects on SRH when assessing aid effectiveness

The Paris Declaration on Aid Effectiveness outlines the need for increased national ownership of development efforts and alignment of donor efforts around national plans. Countdown 2015 Europe calls on donors to consider the **effects on SRH when assessing the effectiveness of aid on the national and local level**, for instance when monitoring general and sector budget support. Donors need to work with national and local governments to ensure that national plans include robust SRH indicators, follow up the implementation of Reproductive Health Supplies (RHS) budget lines, and make sure that annual reviews indicate expenditure against these goals.

**Recommendation: Consider the effects on SRH when assessing the effectiveness of aid at the national and local level.**

For more information about Countdown 2015 Europe in the UK visit the website or email Amy Whalley - [whalleya@interactworldwide.org](mailto:whalleya@interactworldwide.org)

<sup>12</sup> [www.tarsc.org/WHOCSI/pdf/WHOTARSC1.pdf](http://www.tarsc.org/WHOCSI/pdf/WHOTARSC1.pdf)