Financing for Sexual and Reproductive Health and Rights

for Asia and the Pacific region

Background:

The United Nations Population Fund (UNFPA) and G:ENESUS* developed e-learning courses on public financing on Sexual and Reproductive Health (SRH), based on the premise that effective and sustainable financing of SRH services is one of the most powerful ways to achieve three strategic priorities:

(1) ending preventable maternal death,

(2) ending unmet need for family planning, and

(3) ending gender-based violence (GBV) and harmful practices.

In relation to this, a stand-alone virtual workshop was held three times to provide a high-level overview of the strategic elements of financing for SRHR, in cooperation of UNFPA, G:ENESUS* and the Asian Population and Development Association (APDA).

The course was presented by:

Mr. Davide De Beni, a Health Economist at UNFPA, Asia and the Pacific Regional Office.

Mr. Tomas Lievens, a social policy economist with expertise in health financing. He holds a MA in Economics from the University of Nottingham.

Ms. Nicole Teggelove, a public health specialist with experience in SRHR across Asia and the Pacific. She holds a Bachelor of Nursing, a Master of Public Health and Tropical Medicine, and a Postgraduate Certificate in Disaster Management and Refugee Health from James Cook University.

Ms. Clara Picanyol, an economist specializing in Public Financial Management. Her expertise is in how to mobilize public finances for social sectors, including SRHR.

Opening

Mr. Davide DeBeni welcomed delegates on behalf of UNFPA and G:ENESUS. He asked Dr. Osamu Kusumoto, Secretary-General and Executive Director of the Asian Population and Development Association (APDA), for some opening remarks.

Address by Dr. Osamu Kusumoto
Dr. Kusumoto noted that population issues were of fundamental importance but were not prioritized because they were not seen as urgent.

It was crucial that parliamentarians work towards ensuring human rights and that people live dignified lives.Unintended pregnancies were at the root of social problems and caused poverty and the loss of children's self-esteem, and the cause of many global issues.

In this context, communicating and persuading governments to address population issues was crucial. He said that he had been thinking about this for more than 30 years and concluded that all most proposals were after-the-fact solutions. However, addressing population issues is essentially a proactive approach that is taken before tragic situations occur. It is one of the comparative advantages that the population issue has among other areas. Because it was proactive and rational, it may seem less urgent, but it solved problems and was highly cost-effective compared to post-event approaches. This seminar aimed to give parliamentarians the tools needed to reach out to governments and legislators with this understanding.

Dr. Kusumoto thanked UNFPA APRO Mr. Björn Andersson, Regional Director of UNFPA APRO, and UNFPA staff for their strong support of this project.

Mr. DeBeni said UNFPA has increasingly focused on leveraging national public policy and finance over the past few years instead of only directly promoting programmes.

National expenditure directed to SRH services was still far too low in many countries in the Asia Pacific region. One of the greatest challenges was competing priorities for a limited health care budget. The current COVID-19 pandemic had driven fiscal constraints. Developing the course was to make a stronger case for investing in SRHR services and prompt debate.

He thanked APDA for convening the workshop.

Mr. Lievens outlined the workshop's agenda and then introduced the case of investing in SRH services. There were two reasons to invest in SRHR: the first was a human rights rationale, and the second was a socio-economic argument.

SRHR investment had extremely high returns. For every $5 per capita investment, the return was nine times that or $45. Yet despite every ministry of finance being keen on returns, there was a funding gap of about $5 per capita globally. These figures, he said, were obtained from cost-benefit studies, where the maternal deaths, stillbirths, neonatal deaths, and so on, are averted. These are converted into lives saved with the associated economic benefits. The formula can be replicated with other aspects like family planning. For example, averting pregnancy leads to lower maternal mortality, which, in turn, impacts workforce participation and increased schooling, leading to higher wages, and so the benefits increase. The return-on-investment calculations can be adapted for each country.

Session 1: SRHR outcomes and financing – why does it matter?

Ms. Nicole Teggelove said SRHR are defined as complete physical, mental and social well-being in all matters related to sexuality and the reproductive system. This meant that all individuals have the right to make decisions governing their bodies and access services that support that right. SRHR ensures that all people can enjoy satisfying and safe sex lives and have the capability to reproduce and the freedom to decide if and when, and how often they wish to have children. She said that by investing an additional $4 per capita, all women of reproductive age would receive pregnancy-related care. All newborns would receive essential lifesaving care during and just after birth. Contraceptive services would be available so people could decide whether and when to have children.

These benefits address health burdens and provide good value for money. If this investment were made in the 74 countries that carry 95% of the global maternal and child mortality, the benefits would be enormous, including reducing household poverty, increasing services for GBV, reducing maternal and newborn mortality, and decreasing the vertical transmission of diseases like HIV, viral hepatitis and syphilis. She looked at the benefits based on the UNFPA strategic plan, including the unmet need for family planning, preventing and ending preventable maternal deaths, and GBV, including harmful practices, which include FGM, early and forced child marriage.

Ms. Teggelove said it was important to embed these services into a broader SRHR response under universal health coverage (UHC) to achieve national and global targets.

SRHR is clearly defined in the SDGs. However, SRHR has greater benefits than those listed in the specific SDG goals of 3.7 and 5.6. SRH services assist in alleviating poverty, keeping children in school, and helping facilitate greater peace and stability within countries.When building services to meet targets, these targets will require an understanding of the interplay between supply and demand.

Population dynamics such as the location, age structures of the countries can change over time, and services need to adapt and reorient. Need is also heavily influenced by service effectiveness. Things like acceptability and accessibility influence demand. While there is a close interplay between need and demand on service uptake, other factors may also impact. For example, a person might need GBV services, and a supply of these services may be available. However, due to stigma and discrimination or fear of being judged, the person may not access the services.

Discussion

Dr. Kusumoto observed that financial modeling was, at times, inexact. He also commented and asked the researchers' personal opinion on SRHR and its interface with human rights and the definition of human life. At the ICPD in Cairo, there were long discussions about this to reach some reasonable agreement, but subsequent arguments have not been based on this agreement.

Ms. Teggelove said while the modeling may differ from country to country, it was worth investing in SRH services. She said the researchers used the definitions from the ICPD25 documents. This defined SRHR as the state of complete physical, mental and social well-being in all matters related to sexuality and the reproductive system. All individuals have the right to make decisions regarding their bodies and access services that support that right.

Dr. Kusumoto commented that there were many cultures that should be respected. This included divergent views on human rights and abortion. Answering these difficult philosophical questions was important for advocacy.

Mr. DeBeni commented that while these kinds of questions were crucial and had formed part of debates and discussions of UNFPA, however, at this forum, they would concentrate on finance.

Mr. Lievens said that Dr. Kusumoto raised an important issue. It was important for parliamentarians to develop a narrative that was appealing to their countries and considers sensitivities.

Session 2: Public Budgets and the Role of Parliament

Ms. Clara Picanyol asked the parliamentarians several questions about the budgeting process.

These included:

1. Does Parliament have at least three months to review the draft budget?
2. Does Parliament have a financial budget committee to scrutinize the budget?
3. Are sectoral departmental committees involved in the budget process? Whether apart from the budget committee and the finance committee, do other departments play a role too?
4. Is there an independent research capacity to analyze the budget? Ideally, legislators should have access to budget research capacity so that it can be independently analyzed
5. Does Parliament have the power to amend the budget?
6. Are the budgets and parliamentary committees open to the public and the media?

Ms. Picanyol said research indicates that public financing can be one of the most critical mechanisms for financing healthcare. Therefore, understanding the budgetary process, financial management, institutional and political arrangements affecting public funding was crucial.

She said the budget process was important because priorities and choices made reflect the powers of various actors. Describing a basic pattern for passing a budget, she told the participants that an aggregate expenditure ceiling was set to maintain fiscal discipline. The budget was then distributed among sectors and ministries or departments. Negotiations began, and the consolidated budget was laid before Parliament for approval. In most

countries, there was an audit institution that analyzed the government accounts and financial statements. This was usually followed by consideration of the audit findings by the legislature. The timing was critical because long delays could undermine the accountability officials responsible for losing public money. Legislative effectiveness in budget scrutiny was enhanced by continuous oversight so that the parliamentarians should follow the entire budget process as it unfolds. Advocating for SRHR in the budgeting process was perhaps one of the most direct ways parliamentarians could directly influence the rates, decisions, and outcomes.

The role of the legislature varies from country to country. There were a lot of political dynamics around it. Using a World Bank study, Ms. Picanyol explained the different legislature roles – from the U.S., where the Congress has unlimited powers to amend, to much more restrictive types. In some cases, the government could veto legislative amendments. This configuration is popular in Francophone countries and Latin America. In the Westminster tradition, the Parliament could not initiate any financial appeals, and it had strictly limited powers to amend the government's financial proposals.

Knowing how the budget process helps parliamentarians understand entry points and empowers them to influence how money is spent. In abnormal circumstances, there could be a delay in the approval of the budget – this had been seen during the COVID-19 pandemic, but in normal circumstances, there should not be any use of the interim spending practices. A detailed discussion of the budget figures usually becomes possible in smaller forums at the committee level. Legislatures need to have strong committees to be effective.

Ms. Picanyol commented that legislative committees are often the engine room of the legislature – because these are away from political grandstanding and a forum for in-depth and technical debate. Where the debate was mainly on the floor of the house, the budgetary role of the legislature tended to be weak.

Research capacity was also crucial. The ability to understand the budget and to make informed changes depends on sound analysis. It was important that parliamentarians had access to independent information and analysis. Sometimes individual parliamentarians or even the political parties employ their specialized budget researchers to compensate for this capacity gap. In the budget preparation and approval, parliamentarians could raise their voice on the importance of budget being channeled to SRH services and plans. They also should use their role to scrutinize the budget and hold the government to account.

Discussion

Mr. Jay Biswas asked delegates about sectoral health committees like a Women's Commission or a health committee to look at budgeting.

Mr. Manmohan Sharma noted that the ruling party pushed through the budget as they saw fit, which impacted the budgetary process.

Mr. Biswas said this was an interesting observation, and it would be an idea to include a kind of policy-based budgeting to ensure, for example, there is 4% set aside as a marker for public health.

Session 3: Improving the visibility and funding of SRH policies and plans

Mr. DeBeni presented a case study on Cambodia. The study was done a few years ago and was used for discussion purposes only.

The development agenda calls specifically for universal coverage of SRH services. Modern contraception use increased from 27% in 2005 to almost 40% in 2014. In the same year, 76% of women received antenatal care by skilled health providers at least four times during their most recent pregnancy. Nearly 90 % of women were attended by a skilled health provider while giving birth in 2014 – up from 44% in 2005.

The study looked at coverage of SRH services and financial risk protection. In Cambodia, there were two packages or services identified in public sector facilities. The first was the Minimum Package of Activities (MPA), provided at the health center level, and the Complementary Package of Activities (CPA) available in hospitals. Both were widely available, resulting in a service coverage index of almost 80%.

However, these services were not included in the private sector, and two-thirds of women saw the costs as a barrier. In this regard, Cambodia had one of the highest levels of out-of-pocket expenditures in the region – 60% of current health expenditure was out-of-pocket - increasing from $14 in 2000 to $45 in 2014. In terms of inequities, only 50% of women reported being covered by health insurance in Cambodia, with the lowest coverage among adolescent girls. In specific provinces, this percentage went down to even less than 2%.

In recent years, the inequities have been addressed with the adoption of the National Social Protection Strategy for the Poor and Vulnerable in 2011. The National Social Protection policy framework followed this in 2016. The country recently established National Health Insurance for the formal sector and rolled out the 100-days financial package for mothers and newborns.

Discussion & final comments

A question was asked about possible solutions. Mr. DeBeni replied that if SRH services were not funded from budgets, the financial burden would fall on the family. Either the country can fund it from the budget or go the National Health Insurance route.

A delegate from UNFPA country office in Cambodia elaborated on some of the new aspects to SRHR financing, including the 100-day package and expanded on social protection. He said the study was dated, and quite a lot of innovation had taken place in 2017/18, including the Health Equity Fund, which is a mechanism to remove the financial barriers. The next steps are UHC for the informal sector.

Mr. Lievens thanked the speakers for their contribution and said important to engage with the complexities of SRHR and closed the workshop.