



SEATTLE CALL TO ACTION: CLOSING THE CONTRACEPTIVE FUNDING GAP

From October 10-14, 2016, the 17th meeting of the Reproductive Health Supplies Coalition (RHSC) convened in Seattle, Washington. Recognizing that the world is facing a contraceptive supplies crisis, the signatories and mentioned member organizations of the RHSC—a community of multilateral and bilateral organizations, private foundations, low- and middle-income country governments, civil society, inter-governmental and non-governmental organizations, and manufacturers—put forth the Seattle Call to Action on Closing the Contraceptive Funding Gap.

PREAMBLE

Over the past decade, members of the Reproductive Health Supplies Coalition have worked to ensure that all people can choose, access and use affordable, high-quality reproductive health products. As a global community, our demand generation and service delivery efforts have revolved around FP2020. As such, there is a growing demand for reproductive health commodities. However, the world is facing a contraceptive funding crisis, and there is a global shortage of certain methods. At the same time, investment in contraception is not being sufficiently prioritized at the global, national, and subnational levels; and inadequate coordination and lack of prioritization in existing financing is contributing to bottlenecks in the supply chains, affecting smoother delivery of the commodities. In *The Global Contraceptive Commodity Gap Analysis*, the RHSC projects that if current trends continue, in 2020, there will be an annual shortfall of \$233 million needed to pay for contraceptive supplies. If public funding does not increase, the world's poorest women—who already contribute 54% of all spending on contraceptive supplies in the 69 poorest countries—will be forced to pay even more for contraceptives.

Now is the time to develop a holistic plan of action to avert this crisis, which threatens to put the health and wellbeing of thousands of women and girls at risk, as well as the achievement of FP2020 commitments and the Sustainable Development Goals. Family planning programs are more likely to succeed if favorable policies are in place, and when the necessary contraceptive supplies are available, accessible, affordable, and of high quality enough to meet the growing demand for contraceptives. And, a failure to meet the contraceptive needs of women and girls has the potential to derail progress already made.

To that end, we call for broad actions at the global, national, and subnational level to put in place a sustainable plan to prioritize funding for contraceptives and strengthening the systems that ensure contraceptive security.

RECOMMENDATIONS FOR ACTION

We, the undersigned leaders, call upon governments, parliamentarians, UN agencies, donors, and the private sector to commit to ensuring:

1. CSO engagement is prioritized through policy and advocacy.

Civil society organizations have a crucial role to play in guaranteeing family planning programs are adequately funded at all levels, as well as ensuring the supply chain functions in a transparent, efficient, and sustainable way.

National contraceptive supply processes must include civil society organizations to fulfill the commitment by donors and national governments to engage civil society organizations. These processes must be open and should include transparency and accountability mechanisms.

Global processes, like the GFF, should incorporate civil society engagement in recognition of the importance of feedback from the front lines of reproductive health service delivery.

Governments and civil society should work together to promote policies that lead to efficiency and effectiveness in delivering family planning programs.

2. Donor and country governments mobilize resources to adequately fund contraceptives.

Donor and national governments must honor their funding commitments, and they must work to improve the coordination and timeliness of commodity delivery systems. This is crucial given the changing donor funding landscape characterized by growing demands on meager resources.

Donor funding alone will not solve the funding gap. To that end, domestic resources should be dedicated to contraception, fostering an enabling environment to ensure sexual and reproductive health and rights for women and girls everywhere, including in crisis-affected settings. Donors must ensure accountability by ensuring the benchmarks that country governments set for supplies financing, procurement, and prioritization are met in a timely fashion.

All governments, even those heavily reliant on donors, are encouraged to prioritize the allocation and expenditure of domestic resources to contraception, and ensure an enabling environment for family planning programs. Prioritization of sexual and reproductive health services within national and district-level governments is just as important as the support of international stakeholders.

3. Improvements to the health system and supply chain are emphasized as the solution.

Contraceptive stock outs contribute to high rates of unintended pregnancies and unmet need, and increased maternal and infant mortality. Strengthening health systems is key to ensuring that women and girls receive quality and timely sexual and reproductive health services, including a full range of contraceptive options.

Donors, governments, private sector and civil society must work together to strengthen global health systems and supply chains with the goal of mitigating funding shortages, ending contraceptive commodity stock outs, improving resilience to crises and supply chain disruptions, and ensuring value for money and access to the full range of quality contraceptive methods.

A focus must be directed on supply chain improvements, including deepening supply chain visibility and mapping programs against availability of contraceptives to better inform programmatic decision-making.

We need to improve method mix through stronger procurement, demand generation and awareness raising (for new and underutilized methods in particular), and an investment in contraceptive research and development to produce new methods that better meet people's needs to advance women's health and rights.

4. Programs are developed to ensure contraceptives reach the end user.

Increased investments in health workers and training for health workers is required to ensure they are able to provide contraceptive methods of the woman's choice

Youth family planning programs and policies should seek to remove the stigma, prejudice, and discrimination many young people experience from providers, parents, and community members when they seek counselling, information, and services.

Young people are a diverse groups with diverse needs. They should be offered the full range of information and complete method mix to enable them to make informed contraceptive choices and select methods appropriate for their individual situations.

Development and implementation of task sharing policies can increase access to a more diverse method mix and reduce the cost of ensuring contraceptive methods result in a high quality and appropriate service

We must prioritize the availability of quality family planning and reproductive health supplies in natural disasters, conflict-affected settings, and other humanitarian crises where they are often overlooked. The interruption of family planning services due to a humanitarian emergency can have long-term negative effects. Reproductive health priorities should be integrated into crisis preparedness, response, and recovery.

Efforts need to be made to support more generic manufacturers to go through SRA process, and bring their quality-assured products to markets. Increased donor and national government procurement of generic methods will reduce cost and ensure scarce resources can reach more women.

5. Monitoring, evaluation and learning tools and systems are utilized to their fullest capacity.

We need to ensure harmonization of data around funding, forecasting, procurement and supply of contraceptive methods. We need to ensure transparency of data-, that data is publicly available, and that data is translated and communicated to civil society organizations for action to foster change.

Most importantly, there needs to be increased investment and prioritization of investment in civil society to utilize data for advocacy and accountability to promote policymakers' commitment to improve the reproductive health supplies funding situation; and to support and utilize redress mechanisms when women's right to family planning methods are not being met.

SIGNATORIES

- 1 Abt Associates
- 2 Advance Family Planning
- 3 Albanian Center for Population and Development
- 4 Alliance for Reproductive Health Rights
- 5 Allied Youth Initiative - Uganda
- 6 Association for Reproductive and Family Health
- 7 Balanced Stewardship Development Association
- 8 Bangladesh Model Youth Parliament
- 9 BOCS Global Think Tank Foundation
- 10 Bulgarian Family Planning and Sexual Health Association (BFPA)
- 11 CARE USA
- 12 Center for Biological Diversity
- 13 Center for Health and Gender Equity (CHANGE)
- 14 Centre for the Study of Adolescence
- 15 CHASE Africa
- 16 CHOICE for Youth & Sexuality
- 17 CILSIDA
- 18 CIPAC
- 19 Civil Society for Family Planning in Nigeria
- 20 Coalition for Health Promotion and Social Development (HEPS-Uganda)
- 21 COMMUNITY AND FAMILY AID FOUNDATION-GHANA
- 22 ContraFund
- 23 Countdown 2030 Europe
- 24 CSYM HUDUMA TANZANIA Christian Spiritual Youth Ministry
- 25 Danish Family Planning Association
- 26 Dev3.0
- 27 DSW (Deutsche Stiftung Weltbevölkerung)
- 28 EDUCATING GIRLS & YOUNG WOMEN for DEVELOPMENT
- 29 EngenderHealth
- 30 Equilibres & Populations
- 31 EuroNGOs-The European NGOs for Sexual and Reproductive Health and Rights, Population and Development
- 32 Evidence for Action / MamaYe
- 33 Family Health Care Network in Armenia/IPPF Member Association
- 34 Family Planning 2020
- 35 Family Planning NSW, Australia
- 36 Federación de Planificación Familiar Estatal (FPFE)
- 37 FEMNET- The African Women's Development and Communication Network
- 38 FOKUS - Forum for Women and Development - Norway
- 39 FUNDACION CEMOPLAF
- 40 Fundación ESAR
- 41 Fundación Oriéntame
- 42 Health Action International
- 43 Health NGOs Network (HENNET)
- 44 Health Poverty Action
- 45 Hope for Future Generations
- 46 Ibis Reproductive Health
- 47 IFH/NHF
- 48 International Campaign for Women's Right to Safe Abortion
- 49 International Centre for Reproductive Health
- 50 International Consortium for Emergency Contraception
- 51 International HIV/AIDS Alliance
- 52 International Planned Parenthood Federation
- 53 International Planned Parenthood Federation/Western Hemisphere Region
- 54 International Youth Alliance for Family Planning
- 55 IntraHealth International
- 56 Ipas
- 57 IPPA Yogyakarta's Chapter
- 58 Irish Family Planning Association
- 59 Japanese Organization for International Cooperation in Family Planning (JOICFP)
- 60 John Snow, Inc. (JSI)
- 61 Kazakhstan Association on Sexual and Reproductive Health (KMPA)
- 62 KESSEL MEDintim GmbH
- 63 KMET
- 64 Latin American and Caribbean Women's Health Network - LACWHN
- 65 Management Sciences for Health
- 66 Marie Stopes International
- 67 Maternity Worldwide
- 68 Médecins du Monde France

SIGNATORIES

69	Medical Students for Choice - Mbarara University
70	MeTA Zambia
71	Michael Adedotun Oke Foundation
72	Mikken Medical Supplies, LLC
73	Missionpharma A/S
74	Mount Kenya Trust
75	Mouvement français pour le Planning Familial
76	My Age Zimbabwe Trust
77	Mylan
78	NORSAAC
79	Options Consultancy Services
80	P&D Factor - Associação para a Cooperação sobre População e Desenvolvimento
81	PAI
82	Partners in Population and Development Africa Regional Office (PPD ARO)
83	Pastoralist Resource Initiative Development Agency-PRIDA
84	PATH
85	Pathfinder International
86	Peace Pen Communications
87	Pharm Access Africa Limited
88	PHM(yes)
89	Plan International UK
90	Planned Parenthood Federation of America
91	Planning Familial France
92	PLANNING FAMILIAL LUXEMBOURG
93	Population Connection
94	Population Council
95	Population Matters
96	Population Services International
97	Positive Voice
98	pro familia Bundesverband
99	PT Tunggal Idaman Abdi
100	Public Health Ambassadors Uganda
101	Public Youth Organization “Hamsol ba Hamsol” (Y-PEER Tajikistan)
102	Radanar Ayar Association
103	Renforcement des capacités en santé maternelle et infanto-juvenile
104	Reproductive Health Uganda
105	Reprolatina
106	Rural Development Institute / Himalayan Institute Hospital Trust
107	Rutgers
108	Rwenzori Center for Research and Advocacy (RCRA-UGANDA)
109	Salamander Trust
110	Samasha Medical Foundation
111	Sensibilisation Santé Sexualité (“3S”)
112	Sex og Politikk
113	SHINE SA
114	Simavi
115	Society for Feminist Analyses (AnA)
116	STOPAIDS
117	Sustainablue Consulting
118	The Female Health Company
119	The Society for Education on Contraception and Sexuality
120	Tulane University
121	Unity Development Association
122	Universal Access Project, United Nations Foundation
123	Väestöliitto ry
124	Woman Health & Family Planning Ukraine
125	Women and Children First (UK)
126	Women Deliver
127	WoMena
128	Women’s Global Network for Reproductive Rights (WGNRR)
129	Women’s Plans Foundation
130	Women’s Refugee Commission
131	Y-PEER
132	YouAct, European Youth Network on Sexual and Reproductive Rights
133	Youth Coalition for Sexual and Reproductive Rights
134	Youth Vernissage LLC in Armenia
135	YSAFE (Youth Sexual Awareness for Europe)
136	YWCA Netherlands