

**PAI Feedback on draft Operational Framework for the Global Strategy for Women's, Children's and Adolescents' Health  
12/1/2015**

Since our founding in 1965, PAI has worked to champion reproductive rights for women in all parts of the world. We work to ensure universal access to high-quality, effective, and affordable family planning and reproductive health services (FP/RH). We welcome the opportunity to provide feedback on the Operational Framework that will guide implementation of the updated Global Strategy for Women's, Children's and Adolescents' Health. The Global Strategy is an essential component in promoting health and well-being for women and girls around the world, and implementing the Sustainable Development Goals (SDGs).

The current draft of the Operational Framework moves the global health community towards realizing the ambitious goals of the Global Strategy and the SDGs. However, we are concerned that the current draft: (1) Could provide clearer guidance to countries around reproductive health aspects of the Global Strategy; (2) Relies too heavily on the troubled Country Platform and Investment Case model of the GFF; and (3) Fails to provide adequate provisions for accountability at the country level.

Our specific recommendations to strengthen the Operational Framework are as follows:

**Page 9, 1.1 A strong country platform for women's, children's and adolescents' health; and page 10, 1.3: Strengthening prioritized, costed, national and subnational plans:**

- It appears that the country platform as conceived with the Global Financing Facility (GFF) is envisioned as the primary mechanism for operationalizing the new Global Strategy. Unfortunately, thus far, GFF country platforms have been generally opaque and exclusive bodies. Furthermore, to date, no completed Investment Case has seen the light of day. Therefore it is premature to scale up this model of planning and prioritization.
- If the GFF model is the best option, then the Operational Framework should explicitly make this clear.
- Expanding the GFF model means that efforts to enhance the GFF minimum standards for country platforms become relevant beyond the 12 GFF countries. Therefore, serious attention needs to be paid to ensure that the minimum standards are adequate before they are adopted.<sup>1</sup>
- This also raises questions that should be resolved within the Operational Framework:
  - Who will finance the development and implementation of Investment Cases in non-GFF countries?

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<sup>1</sup> See: Sochas & Dennis, 2015. [Raising the Bar: Recommendations to Strengthen the GFF Minimum Standards to Country Platforms to Enhance Participation, Transparency, and Accountability](#). Washington, DC: PAI; CSO recommendations coming out of November Nairobi workshop.

- With their expanded mandate for the Global Strategy, how should the Country Platforms engage with existing structures for health planning in countries such as family planning technical working groups or donor coordinating committees? How should they coordinate with other commitment efforts such as FP2020 Family Planning Costed Implementation Plans, and efforts to operationalize the SDGs?
- Country plans should ensure that interventions that are prioritized equally address the health needs of all women, children and adolescents.

**Page 11, Steps to develop the Investment Case:**

- We suggest you explicitly add steps on:
  - Seeking meaningful feedback from a wide range of stakeholders; and
  - Publishing and disseminating the Investment Case in a timely manner at country level, for example, a central place on the Every Woman Every Child webpage where all Investment Cases are hosted.

**Page 13, 2.1 Identification of funding requirements:**

- We suggest you explicitly add a step on publishing and disseminating data on cost estimates, funding sources and disbursements. These should also be housed in a central place on the Every Woman Every Child webpage.
- What kind of technical support will governments in low resource settings have to do costing and tracking?

**Page 15, 3.2: Strong advocacy and communication platforms:**

- Communications and community outreach can support advocacy, but they are distinct. Therefore, this section should be broken into two, and the advocacy and communications platforms should be separate.
- There should be reference for the importance of advocacy for policy change, specifically, the need for civil society to be able to meaningfully engage and influence policy and policymakers.
- Specific note should be made of the need for financial support for advocacy and accountability efforts, especially in-country advocacy efforts.

**Page 18, table 2, Potential global milestones to track the Global Strategy's impact (2016-2020):**

- The Global Strategy Online Resource Center should have a clear mandate and include information such as data on cost estimates, funding sources and disbursements and Investment Cases.
- Milestones should not only track the number of countries that have updated national plans to reflect the Global Strategy, but also the number of countries that secured funding and have started implementing the new plans.

**Page 19, 4.1: Robust review and accountability processes:**

- This section should include a strong recommendation for an independent, multi-stakeholder accountability mechanism for reviewing implementation of plans, as well as ensuring funding to operationalize plans in each country.

- This section should specify what role the country platforms can play to facilitate meaningful review and accountability. Should the country platforms convene the review meetings? Solicit inputs from external stakeholders? Publish data?

**Page 21, 5.2: Reliable supply of commodities:**

- This section should strongly suggest that only medicines and commodities on the WHO Prequalification of Medicines Programme be procured to ensure quality.<sup>2</sup>
- The list of bullets should include “Timely release of government or donor funds to prevent procurement delays.”

**Page 22, 5.4: Quality health services:**

- The opening section begs the question: Which sub-set of RMNCAH interventions has been implemented at scale?

**Page 25, 6.3 Joint monitoring across sectors**

- Monitoring across sectors is important and can capture new data. While key information can be gathered, the health sector shouldn’t alone be responsible for monitoring across sectors. Other sectors such as education and transportation should monitor health outcomes.

**Page 27, 7.1 An evidence and planning base:**

- The list of strategic steps should include plans and programs that address the unique reproductive health needs of adolescents; and address the elimination of harmful practices such as child, early and forced marriage and female genital mutilation.

**Page 30, 8.1 Humanitarian settings as core business of national and social systems:**

- We recommend the prioritization of the Minimum Initial Service Package (MISP) for reproductive health in the provision of humanitarian assistance. Specific reference to the MISP should be included in national health and social systems.
- This section and the previous seem to assume that government systems in humanitarian settings—which include fragile states—are functioning normally. It should be clear that in fragile states particularly, external actors (UN Agencies, Civil Society) need to coordinate to provide essential health and social services.

**Page 30, 8.2 Emphasis on human rights:**

- We appreciate this section, which is vitally important. We also strongly endorse the need to prevent and respond to gender-based and sexual violence in humanitarian settings. This reference could be strengthened by recommending, “This includes providing a full range of gender-sensitive reproductive health services and supplies during and after humanitarian crises.”

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<sup>2</sup> <http://www.who.int/mediacentre/factsheets/fs278/en/>