

## **Global Fund Round 10 Proposal Includes \$8.7 Million for Family Planning Commodities**

### **Uganda Advocacy Case Study**

Beginning in July, 2010, the Uganda Family Planning Consortium (UFPC), with Advance Family Planning (AFP), collaborated on an advocacy intervention to influence the Country Coordination Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria to include funding for family planning commodities in the Round 10 Proposal for Uganda. As a result of this intervention the proposal included \$8.7 million which was allocated specifically for procurement of family planning commodities. Though the proposal was unsuccessful, the evidence provided regarding the contribution made by family planning to improving HIV/AIDS outcomes will inform advocacy focusing on future Global Fund proposals.

#### **Background—High Unmet Need for Contraception**

Uganda Demographic and Health Survey results show that only 24% of currently married women report current use of contraception and 41% have an unmet need for family planning. Uganda has the highest level of unmet need for family planning among currently married women among countries with a Demographic and Health Survey (2000-6) and lack of access to family planning services and commodities contributes to unmet need. Annual population growth rate is approximately 3.2% and total fertility rate remains high at 6.7 children per woman. As a result, Uganda is the third fastest growing country in the world.

The Ministry of Health projects a 30% gap between contraceptive need and available funding. The Uganda Government relies heavily on donor support for procurement of contraceptives and other family planning commodities and the current annual budget provides only \$3.75 million for family planning, only \$1.9 million of which has been appropriated. USAID and the United Nations Population Fund (UNFPA) now procure approximately two-thirds of the annual public sector contraceptive requirements. Increasing the funds from a variety of sources will ensure contraceptive security in light of increasing demand.

There is recognition within the Ministry of Finance that greater access to family planning is essential to increasing the speed of economic growth and social and structural transformation. Although there is support for family planning as stipulated in national policies and development plans, this support has not translated into adequate allocation of resources to family planning programmes in the country.

To ensure universal access to reproductive health, AFP has worked in coalition with Ugandan advocates, service providers and policymakers to focus on mobilizing resources

from government, bilateral agencies and international agencies to achieve contraceptive commodity security. Based on evidence on interlinkages between HIV prevention and family planning services provision, the Global Fund presented a promising opportunity for securing new resources for family planning.

### **The Strategy—10% of the Global Fund Budget to be Earmarked for Contraceptives**

The goal of this advocacy effort was to include funding for family planning commodities to ensure that all people in Uganda will have a consistent and predictable choice of contraceptives; with an objective of ensuring that 10% of the Global Fund Budget for Uganda will be earmarked for contraceptives. The advocacy initiative was driven by the UFPC which comprises Marie Stopes Uganda, Reproductive Health Uganda, Pathfinder, Uganda Health Marketing Group and AFP (as a convener). AFP spearheaded advocacy strategy development using the Spitfire Strategies approach. A Smart Chart™ was developed indicating target audiences, key messages and advocacy activities to achieve agreed upon objectives.

### **Key Activities—Influencing the Country Coordinating Mechanism**

The UFPC reviewed the Global Fund proposal framework to identify the main area where family planning can be included. The review showed that family planning was included in the sub-component focusing on prevention of mother-to-child transmission of HIV (PMTCT). An analysis of the interests, concerns and influence of key CCM members informed development of appropriate messages. The UFPC generated information showing the current contraceptive commodity gap and how this would affect the goals of the PMTCT component. The generated evidence was then presented in form of a two-page briefer.

The UFPC also assigned members to participate at every stage of the proposal development process and used the briefer to argue for inclusion of funding for family planning commodities. Both official and informal avenues were used to track the proposal development process. This approach was instrumental in establishing relationships with consultants charged with drafting the proposal on behalf of the CCM.

### **Lessons Learned and Next Steps**

Through ongoing personal contact, members of the UFPC were able to influence the proposal development committee and secure an invitation to participate in the process. The presentation of evidence regarding the contraceptive commodity gap and contribution of family planning to PMTCT goal was also highly effective.

Though the proposal was ultimately unsuccessful, there is hope for including funding for family planning commodities in future Global Fund proposals. Strong evidence exists

regarding the contribution made by family planning to improving HIV/AIDS outcomes. Additionally, AFP's local coordinating partner, Reproductive Health Uganda, has been elected as an alternate member to the Global Fund Country Coordinating Mechanism (CCM). In this role, they will attend all CCM meetings as an alternate to full member, Uganda Network of AIDS Service Organizations, and have the opportunity to ensure that family planning is prioritized.

### **Acknowledgements**

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### **For More Information**

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