

HIGH LEVEL CONSULTATIVE MEETING ON PROGRESS OF FP2020 HELD



From left to right -Mr.Victor Rakota (UNFPA), H.E Dr. Kebede Worku (MoH), H.E Susanne Moorehead (Ambassador to British Embassy) and H.E Ato Edosa Adegna (Member of Parliament)

Consultative meeting with high level policy makers on FP2020 commitment and progress in Ethiopia held on 29 June 2017 at Capital Hotel, Addis Ababa. The Ministry of Health in collaboration with development partners including CORHA, CCRDA, David and Lucile Packard Foundation, DFID, USAID, Bill and Melinda Gates Foundation and UNFPA organized this important half day workshop that enabled to review progresses so far made, challenges and opportunities for further scaling up voluntary family planning in the country.

It is to be recalled that, in 2012 at London FP 2020 Summit, leaders from around the world committed to expanding contraceptive access to million women and girls. Ethiopia is among key focus countries for FP2020 in which the country has committed to reach additional 6.2 million women with unmet need for family planning in 2020. Since then, the country has managed to increase family planning users from 29 percent in 2011 to 36 percent in 2016 and as

[Continued on page 4...](#)



On this Issue

EDITORIAL

NEWS & HIGHLIGHTS

HIGH LEVEL CONSULTATIVE MEETING ON PROGRESS OF FP2020 HELD

ACCELERATING MOMENTUM TOWARDS ACHIEVING FP2020 GOALS

THE SECOND JOINT HEALTH FORUM ORGANIZED

CORHA PARTICIPATED IN GFE, UHC AND JLN MEETINGS

RETREAT FOR BOARD OF DIRECTORS CONDUCTED

CORHA MEMBERS OF BOARD OF DIRECTORS

POPULATION AND REPRODUCTIVE HEALTH LEADERSHIP NETWORK REVITALIZED

TECHNICAL TIPS

THE GLOBAL GAG RULE/ PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE/MEXICO CITY POLICY

UPCOMING EVENTS

EDITORIAL

ACCELERATING MOMENTUM TOWARDS ACHIEVING FP2020 GOALS

Family planning saves lives; it empowers women to realize their potential through improving educational attainment, fostering meaningful economic participation and enabling them to make decisions on their health and future thereby contributes to national economic development. In Ethiopia, use of family planning methods among currently married women aged 15 – 49 has grown from 8 % in 2000 to 36 % in 2016. As a result, fertility level declined from 5.5 to 4.6 birth per woman within the same period; a decrease of 0.9 births per woman. The unprecedented result is mainly attributed to Health Extension Program which brought family planning services much closer to the community.

Though much progress has been made, there is still long way to go to attain the country's ambitious goal indicated in GTP II to increase CPR to 55% in 2020. There are also significant disparities in family planning use between urban and rural population, and among regions in Ethiopia. Studies documented that Somali and Afar regions lagged behind and made negligible progress as compared to the other regions. Similarly low use of modern family planning methods and high unmet need prevailed among rural residents, among women with no education and those with in the lowest wealth quintile.

Unmet need for modern family planning methods is still high including among adolescents and young people. One in every five women in Ethiopia still has unmet need for family planning service. Since 70 % of the population being under the age of 30 in Ethiopia, the country's investment in the health of its youthful population alongside education, employment and jobs is very critical to attain a demographic dividend and sustainable development. The current national adolescent and youth health strategy (2016 – 2020) as well as the school health initiative carry promising opportunities to expand sexual and reproductive health services including family planning among this critical group.

Effective family planning programs requires the availability of essential supplies which in turn entails effective and efficient supply chains. However, supply chain is one of the challenges in Ethiopian family planning program. Without adequate financing, the poorest and most marginalized people will continue to forfeit good health. One of the key components of the Health Sector Transformation Plan is to “progressively increase government budget allocation to the health sector.”

Ethiopia is among key focus countries for FP2020 in which the country has committed to add 6.2 million additional family planning users. Since 2012, when this commitment was made, the country has managed to avert eight million unintended pregnancies, two million unsafe abortions and twenty thousand maternal deaths as a result of protection provided by modern contraceptive use. We are now over halfway of the FP2020 commitment and the global community is preparing to reenergize its commitment to the rights based family planning services. Hence, it is a key moment to reflect on lessons learned, understand challenges and bottlenecks, and mobilize efforts to ensure the promises made to millions of girls and women are met.

To realize the FP2020 target, an acceleration plan and strategy is required to reinforce the existing efforts; devise targeted strategy in low performing regions, mobilize finance both from domestic and external sources and effective use of available resources, improve supply chain management, introduce effective approaches to reach youth and adolescents as well as underserved communities.

NEWS & HIGHLIGHTS

THE SECOND JOINT HEALTH FORUM ORGANIZED

The second Joint MOH and Health sector Partners Forum held from 1-2 June 2017 at Adama town. The Joint Forum meeting was officially opened by Dr Mizan Kiros, Director of the Financial Resource Mobilization Directorate of MoH. Dr Mizan in his speech, noted that Ethiopia has registered enormous health outcomes in terms of creating access and health coverage through the primary health care units in the last two decades. He further indicated that currently there is a financial resource constraint for timely implementation of the HSTP entailing that the need to harmonize and align our programs to use efficiently the allocated budget and minimize the duplication of efforts.



Dr Meshesha Shewarega, Executive Director of CCRDA on his key note address representing CSOs stressed that effort made by the government to coordinate charities and societies under one legal framework is appreciable however, their voice needs to be heard and all necessary amendments, changes and improvements should be made in response to their operational challenges.

Subsequently presentations and discussions were made on updates on action points of the 2016 Forum meeting, partners' harmonization and alignment, ChSA regulations, and experience of regional Health Bureaus in engaging partners. CORHA has been actively engaged in national organizing committee of this joint forum, making presentation and facilitating discussions.

***CORHA PARTICIPATED IN GFF, UHC AND JLN MEETINGS***

CORHA, represented by its Executive Director Ato Abebe Kebede, attended the Global Financing Facility (GFF), Universal Health Coverage (UHC), and Joint Learning Networking (JLN) workshops held in Washington DC, USA from 18 -23 April 2017 organized by the World Bank group and Global Financing Facility (GFF). The invitation is facilitated by World Bank Ethiopia office with the recommendation from the Federal Ministry of Health of Ethiopia. The GFF has had three rounds of countries selected to receive funding. In the first round, Democratic Republic of the Congo, Ethiopia, Kenya and Tanzania were selected. In the second round, Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal and Uganda were selected. The 2017 UHC Forum focused on improving the efficiency in external and domestic health spending. Over the two days workshop, JLN members work towards building a community of practitioners who will work together and provide peer support around improving efficiency in the use of resources for health care within and outside the collaborative, as an expansion of the JLN

For details visit our website :www.corhaethiopia.org

NEWS & HIGHLIGHTS

HIGH LEVEL CONSULTATIVE....

CONT'D FROM PAGE 1

the country has managed to increase family planning users from 29 percent in 2011 to 36 percent in 2016 and as a result over eight million unintended pregnancies, two million unsafe abortions and twenty thousand maternal deaths averted. The consultative meeting was officially opened by H.E. Dr Kebede Worku, State Minister of MoH and attended by members of



Abebe Kebede presenting CSO's contribution to FP 2020

the Standing Committee of the House of Peoples Representatives, higher government officials of concerned ministries, representatives of development partners and Non-governmental organizations working on RH/FP. The meeting was also part of a satellite event for global FP 2020 Summit to be held 11 July 2017 in London. At the end of the consultation, a call was made for more coordinated efforts to accelerate action towards FP 2020 commitments of Ethiopia.



RETREAT FOR BOARD OF DIRECTORS CONDUCTED

CORHA with the financial support from David and Lucile Packard Foundation under the Organizational Effectiveness project has organized a two days Board development retreat at Bishoftu town from 30 June to 01 July 2017. The overall objective of the retreat is to enable board members of CORHA to develop and reinforce their capacity and apply the skills and experiences they obtained to discharge their board responsibilities in creative and productive ways for better results. During the two days retreat, members of the board of directors have thoroughly discussed on issues related to Board Governance, Roles and responsibilities of Board members and the Executive Director, performance evaluation and enhancing effectiveness of Board of Directors.

MEMBER OF CORHA BOARD OF DIRECTORS

1. Jemal Kasew (EngenderHealth)-Chairperson
2. Dr. Alemayehu Mekonnen (Ethiopian Public Health Association-EPHA) Vice Chairperson
3. Feyera Assefa (DSW) - Member, Board of Director
4. Degarege Seyoum (Amhara Development Association-ADA)- Member, Board of Director
5. Melaku Sebhat (Redeem Generation)- Member, Board of Director
6. Geta-alem Kassa (Hiwot Ethiopia)- Member, Board of Director
7. Heran Demissie (Marie Stopes International; Ethiopia-MSIE) - Member, Board of Director
8. Abebe Kebede (CORHA)-Secretary

NEWS & HIGHLIGHTS

POPULATION AND REPRODUCTIVE HEALTH LEADERSHIP NETWORK REVITALIZED



POP/RH leadership programs including Leadership Development for Mobilizing Reproductive Health (LDM), Visionary Leadership Program (VLP) and International Family Planning Leadership Program (IFPLP) have been implemented in the past two decades to enhance the capacity of population and reproductive health program leaders. Subsequently, a network was established to serve as learning platform among established and emerging leaders .

Aiming at revitalizing the earlier established POP/RH leadership network, Consortium of Reproductive Health Associations (CORHA) and Centre for African Family Studies (CAFS) with financial support from David and Lucile Packard Foundation has organized a one day workshop on 23 May 2017 here in Addis Ababa.

The workshop was opened with remarks by Ato Abebe Kebede, Executive Director of CORHA and with keynote address by Wro Yemeserach Belayneh, David and Lucile Packard Foundation Country Advisor. The participants of the workshop were alumnae of POP/RH leadership training programs conducted in Ethiopia and abroad. A total of 21 participants attended the workshop. Discussions



were also held for better understanding on the importance of the revitalization of the network. Finally, POP/RH network is established and coordinating committee elected to run day to day activities of the Network.

TECHNICAL TIPS

THE GLOBAL GAG RULE/ PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE/MEXICO CITY POLICY

Protecting Life in Global Health Assistance or “the Global Gag Rule”, called the Mexico City Policy in prior iterations, is a U.S. policy that conditions the eligibility of foreign NGOs for assistance from the U.S. government on their agreement not to engage in abortion-related activities. The Global Gag Rule denies foreign organizations receiving U.S. funding the right to use their own funds for the provision, counseling, or referral for abortion services, or advocacy for liberalization of abortion laws. Put in place by President Reagan, it has been rescinded by every Democratic president and re-instated by every Republican president for over 30 years.

Trump’s Expansion of Global Gag Rule: As reinstated by President Trump on January 23, 2017, and per the May 15, 2017 implementation plan and Standard Provision, the Global Gag Rule has been expanded to nearly all “global health assistance.” During previous Republican administrations, the Global Gag Rule applied only to U.S. family planning assistance from USAID and the U.S. Department of State. The memorandum issued by President Trump and subsequent implementation plan expanded the types of U.S. funds to which the Global Gag Rule will be applied. The Global Gag Rule still only applies to non-U.S. NGOs.

This expansion means that it disqualifies non-U.S. NGOs (for-profits and not-for-profits) from receiving U.S. global health assistance under a grant, cooperative agreement, or contract from all U.S. departments and agencies if they 1) provide induced abortion services as a method of family planning, 2) provide induced abortion counseling or referral or 3) advocate or lobby for the liberalization of abortion laws and policies, even with funds obtained from other donors.

Assistance has previously been defined broadly, including funds, technical assistance, training (with some exceptions) and commodities (such as contraceptives). The policy has not applied to foreign-NGOs that do research (not for advocacy) on abortion, provide post-abortion care, or provide induced abortion to save the life of the woman or in cases of rape or incest. In countries where abortion is legally permitted in other circumstances, induced abortion counseling and referral is permitted for these circumstances if certain conditions are met.

What happens next? : On May 15, 2017, the State Department released the implementation plan for the expansion of Trump’s Global Gag Rule. On May 22, 2017, USAID made public the Standard Provision to implement the 2017 Presidential Memorandum, entitled “PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)”. This Standard Provision applies to foreign non-governmental organizations receiving global health assistance and requires U.S. organizations to obtain such an agreement from their foreign non-governmental sub-recipients of USAID global health assistance.

This means that for all new global health assistance awards, GGR clauses will be included. For existing global health assistance awards, GGR clauses will be added as new incremental funds are notified and obligated – i.e., awardees will not be able to receive additional funding obligations without agreeing to the GGR clauses. This will apply not only to funding that is yet-to-be-noticed, but also to funding that has been noticed but not yet obligated. Given that funding is typically allocated incrementally, it is likely that all existing global health assistance awards will be covered by GGR within a year.

TECHNICAL TIPS

What is not included? : The GGR does not apply to foreign governments (“national and sub-national”), U.S. non-governmental organizations, and multilateral organizations. In addition, “other multilateral entities in which sovereign nations participate” are not subject to the GGR requirements. This includes both the Global Fund to Fight AIDS, TB, and Malaria and Gavi, the Vaccine Alliance. Furthermore, humanitarian assistance, abortion services or counseling and referring for abortion in cases of life endangerment, rape, or incest; and post-abortion care, including “treatment of injuries or illnesses caused by legal or illegal abortions” are not included. These services can and should be provided even when GGR is in effect. Nothing in the GGR implicates the procuring, distribution, and programming of Emergency Contraception (i.e. Plan B or the Morning After Pill). All activities should continue un-interrupted.

Does this apply to our organization? If your organization is not U.S. based and receives “Global Health Assistance” through direct funding from the U.S. government or as a sub-recipient, the Global Gag Rule will apply to you. Non-U.S. based organizations will need to decide whether to take U.S. global health assistance and restrict their activities related to abortion, or Cease to take U.S. global health assistance. If your organization is U.S. based and receives “Global Health Assistance” funding from the U.S. government, you will need to monitor and certify compliance of the Global Gag Rule for all of your non-U.S. based sub-grantees.

The expansion is enormous, and includes many new organizations. The State Department Press Guidance released May 15, 2017 states that, “In consultation with the Secretary of HHS, the Secretary of State may authorize additional, case-by-case exemptions to the policy.” Organizations should consider requesting these exemptions.

What are the immediate implications on existing pro-

grams? Until the Standard Provision with “Protecting Life in Global Health Assistance” is included in your agreement with the U.S. government, you should continue to provide all the same services and information as you have previously. Existing grants include language required by the Helms Amendment, which prohibits US money from directly funding abortion-related services. Prior to the reinstatement of the GGR, this meant that organizations could continue to perform abortion-related services as long as they did so with other donors’ funds.

What to do now?

1. Organizations should consider requesting a case-by-case exemption.
2. Do not change what services and information you are providing until your contract/funding agreement with the U.S. government changes to reflect the GGR.
3. To the best of your ability, capture a snapshot of your organization now, before Trump’s GGR goes into full effect. Having a clear picture of your contracts, agreements, services provided, and commodities procured now will help your organization tell the story of the harm of Trump’s GGR later.
4. Capture and save all communications from U.S. missions and headquarters about the GGR, roll-out, and compliance. Documentation of how the policy is implemented will show the negative impact of the GGR and can be helpful with advocacy efforts for repeal.
5. The best way for organizations to respond is by becoming well-informed about U.S. funding policies, establishing clear compliance systems and remaining committed to evidence-based programming for women and girls.

Source:<http://pai.org/wp-content/uploads/2017/01/What-You-Need-to-Know-About-the-Mexico-City-Policy-Restrictions-on-US-Family-Planning-Assistance-An-Unofficial-Guide.pdf>

Upcoming Events

Training on POP/RH Leadership

Thematic Group Formation

High Level Dialouge on Accelerating momuntum towards HIV preven-
tion, Treatment and care

Establishement of Regional health forums



Published By :

Consortium of Reproductive Health Association (CORHA)

Tel: 0118-596241

0118-596242

info@corhaethiopia.org

www.corhaethiopia.org

Address : Kaliti Road, CCRDA Building Infront of the Training
Center for Drivers and Mechanics