

PRIORITIZING FP/SRH AND WORKING IN THE NEW AID ENVIRONMENT: THE CASE OF COLOMBIA

Meeting on Reducing Inequities: Ensuring Universal Access to Family Planning 30 June – 2 July 2009 UNFPA, NY

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WHAT IS THE NEW AID ENVIRONMENT (NAE)?

NAE and new aid modalities (NAM) in principles and agreements reached in the Paris Declaration (2005), the Millennium Conference (2005) and the Accra Agenda for Action (2008): make more efficient international aid and national efforts

Key principles:

- MDGs-framework for national policy setting
- National development plan center of programs
- Country ownership and government leadership
- Strengthening national and local capacities
- Scaling up effective interventions
- Reliance on national systems and procedures

NAE & NAM IN COLOMBIA

- Middle-income country international aid is not financially important
- Social investment: health and education
- No SWAPs or direct budget support
- NDP, NHP & Local Health Plans and budgets
- Health system: privatized w/government regulation
- Decentralization: departments and municipalities

NATIONAL DEVELOPMENT PLAN

- Social & economic policy document (CONPES 2002) on MDGs. MDG 5 named as Universal access to SRH.
- Implementation of the National SRH Policy (2003)
- National Poverty Reduction Strategy: access to SRH/FP and sex education to vulnerable groups
- Guarantees FP information and services (NSSS), eliminate access barriers, emphasis on adolescents
- Concern for adolescent pregnancy particularly among poorest groups

COUNTRY OWNERSHIP AND GOVERNMENT LEADERSHIP

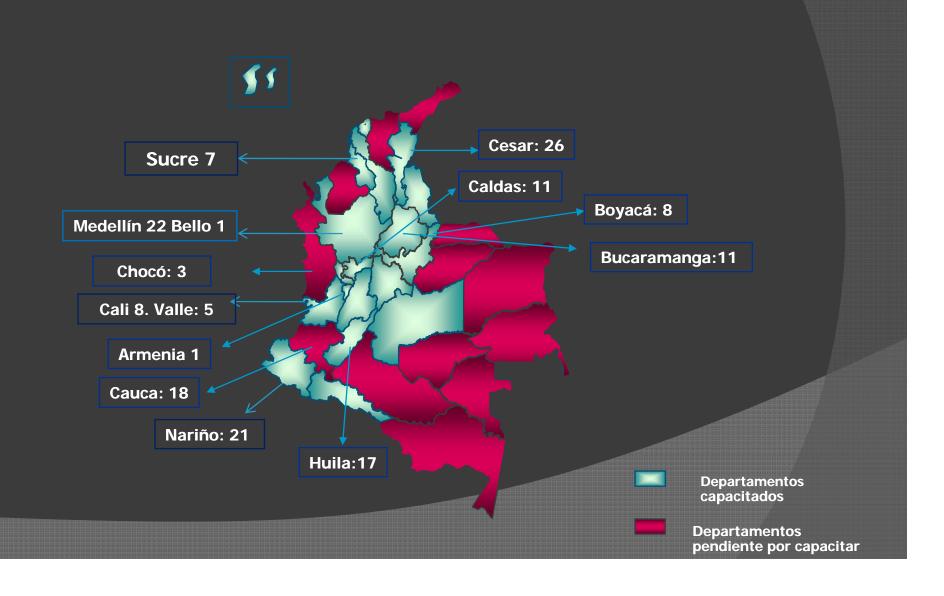
- National Public Health Plan (2007). Objective aimed at improving SRH poorest groups, adolescents and young people
- Increase access to FP services and information
- Obligatory implementation district, departmental and municipal levels; private health institutions and providers
- Implementation of adolescents SRH friendly services model, counseling and access to contraceptive methods, including emergency contraception.

UNFPA ROLES

- Policy dialogue and advocacy for inclusion of SRH/FP in NDS & poverty alleviation strategy
- Technical support for developing SRH-A model; guidelines for preparation of LPHPs
- Resource mobilization
- Scaling up implementation of SRH/FP model
- Capacity development at decentralized levels
- Strengthening public and private health providers
- Performance-based/results-oriented
- Inter-institutional coordination: health, education, social protection, information, vocational

SCALING UP ASRH/FP SERVICES

(IN OPERATION AS OF JUNE 2009)



NEXT STEPS

- Disseminate ASRH model to ONGs and CSOs, to replicate model
- ✓ Bring on board universities to include in curricula
- Continue with training of health secretariats at departments and municipalities
- Strengthen policy advocacy with decision makers at local levels and also w/private health providers
- ✓ Support M&E of ASRH model implementation