Carrying the Weight: Estimating Family Planning Costs to Meet MDG 5B, Successes and Challenges

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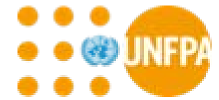
A complex task: multiple levels and needs



- Multiple exercises underway, multiple models, possibility of confusion

  Global, regional and national estimates

- International support to national/regional programmes

  a) Road Map exercises: initially child and maternal survival oriented;

  early rounds often did not include family planning (disease oriented)

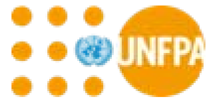
  b) Investment Case estimations underway, improvements

- Multiple purposes: as part of advocacy efforts, as elements of operational planning

  Advocacy to raise total funding levels (for health/continuum of care/FP)

  Detailed operational plans require more specifics

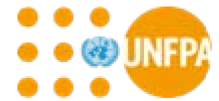
What is the scope of the questions?



Family Planning cost estimates can include multiple components, only some of which are in current models (*):

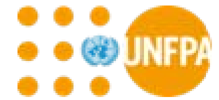
- Direct service delivery*: personnel and equipment costs (using operational norms)
- Programme costs*: management, supervision, health information systems, logistics at various operational levels
- Outreach and motivational efforts*
- Training (including training institutions for scale up)
- Capital expenses (facility construction and upgrading, long-lasting equipment)
- Integration within service packages
- Overall health system development costs

How to address the ghost of verticality?



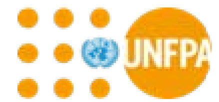
- In the past, some family planning programmes were vertical programmes with dedicated staff, facilities, funding streams (frequently donor supplied)
- Donors earmarked funds for categories of interventions or health system components
- Increasingly, donor contributions are into funding baskets for the sector
- Analysis of the requirements for the full continuum of care are needed. Not every component of FP programmes can be analyzed separately for their required inputs.
- Allocation decisions are nationally determined, but/and monitoring by intervention category is a difficult exercise.

Whose thumb is on the scale? Obtaining and maintaining balance.



- Donors are recognizing the centrality of national priority setting and decision making, but the process of harmonization, simplification and alignment is far from complete.
- Different costing tools offered in technical assistance can reflect institutional mandates and priorities, especially in levels of detail
- General health system improvement costs are allocated differently
- Coverage levels, assumptions and targets become critical determinants of projections of needs – in FP unmet need levels become a determining factor

What is the scope of existing solutions?



- Significant progress is being made in harmonizing technical assistance

- A Unified Costing Model is under development BUT national level development of specific plans must control the decisions: there is no technical solution to priority setting (impact and efficiency improvement are vital but how these play out is very context specific).

- Countries need to demand that analyses include FP related activities and outlays.

- Addressing the full continuum of care and taking advantage of synergies will be vital to successful scale-ups and more rapid progress

  (exs., post-partum care, adolescent and youth information and services, integration with HIV/AIDS programmes, etc.)

Broader impacts and softer landings

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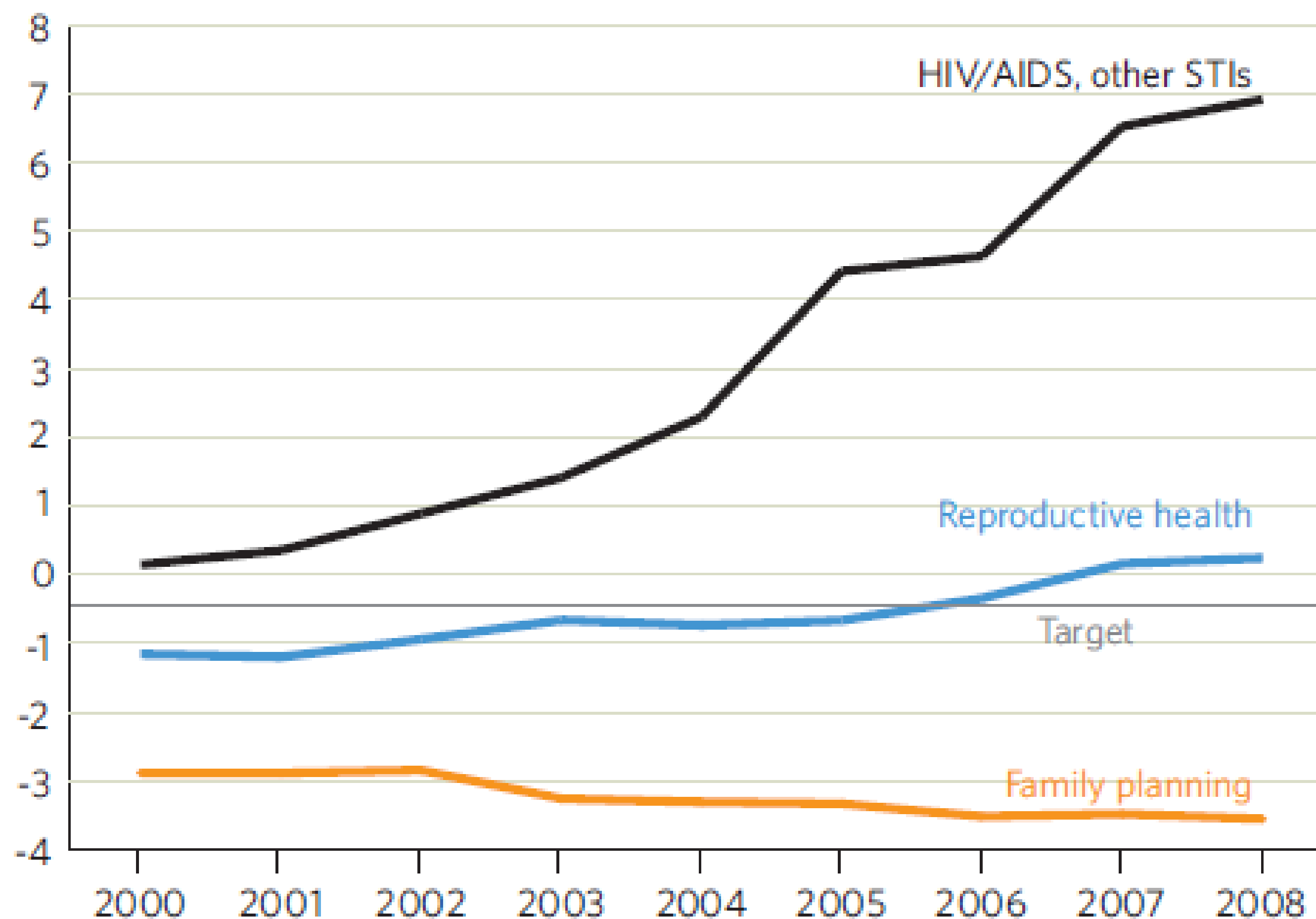
- The multiple positive impacts of FP requires multi-sectoral strategies and coordinated programmes (which requires human and financial investment)

- Advocacy for health system shares usually includes cost-benefit arguments. When benefits are accrued outside the health system finding an appropriate metric is difficult.

Gaps: knowledge, financial and analytic

- Addressing barriers and bottlenecks to service use requires detailed and context specific information which is often incomplete
- Investments to create a supportive environment for FP use are required but will vary for different groups of beneficiaries
- Gender-sensitive and gender-responsive strategies must be developed
- Some categories of requirements are poorly costed: youth-friendly services (adolescent fertility is in the MDGs), information needs
- Even when acceptable estimates of resource requirements are available, estimates of current allocations and expenditures may be lacking (including attribution to intervention sets). Decision-making based on gap levels is problematic.
- Resource constraints leave many programmes underfunded
- Cost-savings are infrequently taken into account in allocation decisions, to the detriment of FP priority setting

Actual spending as a percentage of Cairo targets by category, 2000-2008



Source: UNFPA, Report of the Secretary General on the *Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development*, 42nd Session of the Commission on Population and Development, March 2009.

Comparisons to HIV/AIDS estimates

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- Cairo targets adjusted after 16 years; HIV/AIDS estimates have a long history of adjustments
- HIV/AIDS has remained largely a vertical programme whose estimates have only relatively recently addressed health service strengthening needs
- Service integration issues are not adequately addressed
- HIV/AIDS has a living constituency in a way that maternal mortality and family planning do not

Who pays?

- Knowledge of total resource requirements for scale-up of any health programme, including family planning, does not address financing options
- All sources of resources – international, domestic, out-of-pocket, etc. – must be part of strategies for service scale-up
- The role of Government in providing incentives and regulatory frameworks for various partners is not always appreciated
- Analyses of financing options often address the fiscal space for the public sector activities without assessing alternate sources

Among users

- Inequities in access to services are dramatic: reproductive health demonstrates some of the largest
- Decentralization and privatization reforms need to address making quality FP accessible, available and affordable for all

Ways forward

What Is Needed to Meet the Goals of Cairo for universal access to RH and, particularly, FP?

- Implement policies, programmes and laws
- Scale up programmes and services to meet public need
- Strengthen systems and institutions
- Fully engage civil society and young people

- Increase programme effectiveness and accountability, from domestic sources and aid
- Work together in synergy

- Increase resources--national & international, public & private

- Improve costing tools *and their self-critical and intelligent use,* examine current allocations (look beyond the marginal costs) and include outlays for system enhancement