Can Advocates and Technical Partners Catalyze a Trend Shift in Domestic Resources for Family Planning?

September 15, 2020
Martyn Smith
FP2020: The Need for Catalytic Investments
As of July 2019, **53 MILLION** additional women and girls were using modern methods of contraception across the 69 FP2020 focus countries.

**261 MILLION | Baseline: July 2012**

The 2012 baseline is re-estimated every year to incorporate the latest available data. Because of this, our estimate of the total number of users of modern contraception in 2012 and subsequent years is different in each annual report. In last year’s report, we estimated that there were 271 million total users in 2012. In this year’s report we estimate that there were 261 million total users in 2012. This difference is largely due to new estimates of the number of women of reproductive age in FP2020 countries in 2012. For more information about these changes, see “Re-estimating total and additional users using a rolling baseline.”
DISTRIBUTION OF FAMILY PLANNING EXPENDITURES IN 69 FP2020 COUNTRIES BY SOURCE OF FUNDS, 2017

- International Donors 45%
- Domestic Governments 32%
- Out-of-Pocket 19%
- Other 4%

TOTAL USD $3.8 BILLION
Providing full contraceptive care to all women in LMICs who want to avoid a pregnancy will require a substantial increase in investment.

$12.6 billion

$7.1 billion

3.6

1.9

1.6

7.8

2.5

2.2

Current contraceptive care

All needs met for contraceptive care

Programs and systems costs

Direct costs

Health worker salaries

Drugs, supplies and hospital costs

Notes: Estimates are for 2019. Numbers may not add to totals because of rounding. LMICs=low- and middle-income countries (see Figure 1.1). Source: reference 45.

guttmacher.org
2016-2017 Domestic Government Expenditures on Family Planning (37 countries)

- LIC: 8%
- LMIC: 92%
ESTIMATED FAMILY PLANNING EXPENDITURES IN BANGLADESH, 2016

- **Domestic Government**: 72% ($224.6 million)
- **Out-of-Pocket**: 11% ($34.8 million)
- **International Donors**: 10% ($30.7 million)
- **Other**: 7% ($22.0 million)

**TOTAL**: $312.2 million

In millions, USD
ESTIMATED FAMILY PLANNING EXPENDITURES IN KENYA, 2016

TOTAL
$73.0

- Domestic Government: 25% ($18.6)
- Out-of-Pocket: 5% ($3.7)
- Other: 9% ($6.5)
- International Donors: 61% ($44.2)

In millions, USD
ESTIMATED FAMILY PLANNING EXPENDITURES IN SENEGAL, 2016

- **Domestic Government**: 28% ($3.5 million)
- **International Donors**: 62% ($7.8 million)
- **Out-of-Pocket**: 9% ($1.1 million)
- **Other**: 0.6% ($0.08 million)

**Total**: $12.5 million
Country Self-Reports: Financial Commitments

- Self-report questionnaires requested from all country commitment-makers in July 2019

- 40 self-reports received (44 countries total have made a financial commitment)
INTERNATIONAL BILATERAL FAMILY PLANNING ASSISTANCE FROM DONOR GOVERNMENTS: DISBURSEMENTS, 2012–2018

In billions, USD

<table>
<thead>
<tr>
<th>Year</th>
<th>Disbursements</th>
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<tbody>
<tr>
<td>2012</td>
<td>1.09</td>
</tr>
<tr>
<td>2013</td>
<td>1.33</td>
</tr>
<tr>
<td>2014</td>
<td>1.43</td>
</tr>
<tr>
<td>2015</td>
<td>1.34</td>
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<tr>
<td>2016</td>
<td>1.20</td>
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<tr>
<td>2017</td>
<td>1.26</td>
</tr>
<tr>
<td>2018</td>
<td>1.50</td>
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Working together for a future where all women and adolescent girls everywhere have the freedom and ability to make their own informed decisions about using modern contraception and whether or when to have children, lead healthy lives, and participate as equals in society and its development.

To realize the vision, countries and partners will...

- Expand the Narrative and Shape the Policy Agenda
- Drive Data and Evidence-Informed Decision Making
- Increase, Diversify, and Efficiently Use Financing
- Transform Social and Gender Norms
- Improve System Responsiveness to Individual Rights and Needs

Our commitments, decisions, and efforts are guided by...

- Voluntary, person-centered, rights-based approaches, with equity at the core
- Empowering women and girls and engaging men, boys, and communities
- Build intentional and equitable partnerships with adolescents, youth, and marginalized populations to meet their needs, including for accurate and disaggregated data collection and use
- Country-led global partnerships, with shared learning and mutual accountability for commitments and results
THE ROAD AHEAD: 2020-2021

JAN-NOV: Transition to architecture for new partnership

JAN:
• Celebration of FP2020
• Launch of the 2019-2020 Annual Progress Report
• Commitment Kickoff

NOV:
Launch of the partnership at ICFP 2021 and new commitments in place

JAN-NOV: Commitment generation and bridge year during the transition for the next phase of the partnership
Catalytic Investments to Mobilize Domestic Resources for Family Planning

Elise Lang, Health Technical Advisor

September 15, 2020
Family Planning Program Areas

**Demand Generation**
- Increase *clients’ desire* to use FP
- Needed when mCPR is *low*

**Service Delivery**
- Provision of FP services & methods
- Prioritize when mCPR reaches *accelerated growth*

**Supply Chain**
- *Storage & distribution* of FP commodities
- Reinforce as mCPR increases

**Family Planning Commodities**
- Procurement of contraceptives & commodities
- Prioritize procurement of *wider method range* as mCPR increases
<table>
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<tr>
<th>Type of Barrier</th>
<th>FP Program Area</th>
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<tr>
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<td>Pro-natalist beliefs</td>
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<td>Socioeconomic &amp; Technocratic</td>
<td>• High infant &amp; child mortality</td>
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<tr>
<td></td>
<td>• Need for workers</td>
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<tr>
<td>Health System Functioning &amp; Financing</td>
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## Example Responses to Barriers

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<td>• Need for workers</td>
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<tr>
<td><strong>Health System Functioning &amp; Financing</strong></td>
<td>Only delivers short-acting contraception</td>
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Types of Responses to Barriers

- Conduct targeted **advocacy** aimed at those responsible for or having influence over the budget
- Infuse specific **capacity development** activities into a domestic resource mobilization decision-making process
- Draft, revise, or implement a key **rule, law, regulation, or policy** that may promote domestic resource mobilization
- Reduce the risk of investing in the **family planning market**
Activities, programs, or mechanisms which leverage existing political, social, and financial opportunities to increase the likelihood that decision-makers will raise allocation of domestic resources or improve execution for domestic resources.

<table>
<thead>
<tr>
<th>Specific Examples</th>
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<tbody>
<tr>
<td>Analysis &amp; advocacy for inclusion of FP into financial protection mechanisms</td>
</tr>
<tr>
<td>Invest in civil society capacity to advocate for &amp; mobilize FP funding</td>
</tr>
<tr>
<td>Co-financing arrangement between donor &amp; central government</td>
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<tr>
<td>Invest in shifting wealthier FP users to commercial providers</td>
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</table>
Prioritizing Catalytic Investments
The S-Curve

mCPR growth trajectory is an important factor in FP strategic planning and identifying programmatic priorities for investment.

<table>
<thead>
<tr>
<th>Slow growth</th>
<th>Entering rapid growth</th>
<th>Rapid growth</th>
<th>Exiting rapid growth</th>
<th>Leveling off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in: demand generation, shifting social norms, and establishing infrastructure to deliver FP services.</td>
<td>Demand Generation</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
mCPR growth trajectory is an important factor in FP strategic planning and identifying programmatic priorities for investment.

Investment in reducing barriers to access, ensuring contraceptive availability and high quality services, and in sustaining demand generation.
mCPR growth trajectory is an important factor in FP strategic planning and identifying programmatic priorities for investment.

The S-Curve

Investment in ensuring mCPR equity, long-term sustainability, continued service improvement and expanded method choice.

Track20, 2017
The **health financing system** determines how a country can actually raise and pool funds to pay for FP services and programs.
Health Financing Maturity

**Financing Environment Characteristics**

- Engaged commercial sector
- Significant private sector contribution
- Existing health insurance schemes
- Low Efficiency
- Low Government contribution to FP; high donor dependence

**Areas for Domestic Resource Mobilization**

- Explore innovative financing
- Strengthen the private sector
- Integrate FP into a benefit package
- Improve efficiency
- Increase national and sub-national government contribution

**Barrier to Domestic Resource Mobilization**

- Restrictive policy, law, or regulation
- Lack of supporting information/data

**Response**

Conduct financial analysis and advocacy to support policy to include family planning in a benefit package.
Example Catalytic Investment in Kenya

- **Advocacy** aimed at county government leaders on benefits of investments in FP and ROI

- **Capacity Development** of civil society representatives to advocate to county leaders

- **Policy** revision adding a reproductive health budget line item, increasing the 2019 FP budget by more than US$40K

**Health financing maturity**

- **Higher**
  - National level: existing health insurance scheme
  - Local level: low domestic funding for FP, no budget line item

- **Lower**

**mCPR**

- Low
- High

- **mCPR**: 45.1%
## Process for Identifying the Right Investments

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Setup technical working group</td>
<td>• Include public, private and civil society representatives</td>
</tr>
</tbody>
</table>
| 2    | Conduct situational analysis                      | • UHC plan, health financing strategy, health sector and FP-related strategic plans  
• Identify S-curve and health financing maturity levels |
| 3    | Conduct Key Informant Interviews                  | • Enabling environment for FP financing  
• DRM opportunities in public & private sector |
| 4    | Evaluate investment options                        | • 5 criteria: Feasibility, Acceptability, Alignment with FP needs, Financial impact, Health Impact |
| 5    | Implement                                          | • Develop an implementation roadmap & timeline                         |
Check out the HP+ Guide and Summary brief

Full Guide:

Summary brief:
Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project’s HIV activities are supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This presentation was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this presentation is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.
The Sustainable Financing Initiative for HIV/AIDS

Susanna Baker
Background - HIV/AIDS Financing Landscape

Continued high donor dependence for HIV/AIDS funding
Background - What is SFI?

USAID, PEPFAR-funded: $48 million investment in 18 countries and the Asia regional program over 5 years

Focused on measurable results, targeted investments, and leveraging efficiency gains to increase resource envelope and enhance domestic (govt, private, prepayment) contributions to the HIV/AIDS response
Social Health Insurance in Vietnam - Key Results

SFI achieved an overall ROI of 125% across all Social Health Insurance and ARV procurement activities.

- People living with HIV now enrolled in Social Health Insurance → 90%
- Outpatient treatment facilities integrated into the public health system: 99.7%
- Domestic funding for HIV/AIDS has grown from <1/3 of program cost to >1/2 of program cost
SHI in Vietnam - Mechanisms for Success

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
<th>ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence and advocacy for SHI coverage and increased DRM for HIV services</td>
<td>Revised SHI law under finalization to include select preventive services into SHI</td>
<td>$0 per $1 spent (policy change was not achieved during the project period)</td>
</tr>
<tr>
<td>TA to MOH and VSS throughout the SHI integration process</td>
<td>Integration of outpatient clinics into SHI scheme; Increased government contributions to SHI</td>
<td>$1.18 per $1 spent</td>
</tr>
<tr>
<td>TA to help design and monitor policies and technical guidance for ARV payment and reimbursement through SHI, including local subsidies</td>
<td>Gov. subsidies, premiums, and copayments mitigate the financial risks for PLHIV, service providers, and the SHI fund; increased efficiency by dispensing 3 months of ARV per refill</td>
<td>$4.67 per $1 spent</td>
</tr>
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</table>
Accessing Private Capital in Tanzania - Key Results

- Leveraged over $6 million in private capital through DCA and non-DCA agreements
- 53 Total loans disbursed, including 30+ for HIV service providers
- Increased HIV testing by ~35% at facilities that received financing
- SFI achieved an ROI of 1,468% in its private sector financing activities
Private Capital in Tanzania - Mechanisms for Success

Support to Financial Institutions

- Formed health unit and trained 50 staff at CRDB bank; created pipeline of health loans for CRDB approval
- Mkombozi Commercial Bank in discussions with ODC about potential health DCA with strong focus on rural FBOs

Support to Health Facilities

- Coach over 65 FBO and for-profit facilities through loan application process
- Helped develop business cases to incentivize CRDB lending

This center provides HIV counselling and testing among other services. The center was granted a DCA-backed loan to purchase a hematology analyzer and expand the laboratory. As a result, they increased their patient volume by 16% over a 6-month period.
### Lessons Learned

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th><strong>ROI NOT ONLY MEASUREMENT</strong></th>
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<tbody>
<tr>
<td>-</td>
<td>Alone ROI not adequate to measure success in financing</td>
</tr>
<tr>
<td>-</td>
<td>Measuring changes in policy, knowledge generation</td>
</tr>
<tr>
<td>-</td>
<td>Contribution rather than attribution</td>
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<tr>
<td>-</td>
<td>SFI had system-wide results, not just HIV/AIDS-specific</td>
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<thead>
<tr>
<th><strong>2</strong></th>
<th><strong>ENABLING POLICY ENVIRONMENT</strong></th>
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<tbody>
<tr>
<td>-</td>
<td>An open policy environment that is able to sustain the financial gains is essential for successful financing activities</td>
</tr>
<tr>
<td>-</td>
<td>Political will needs to be present to move financing activities forward</td>
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<tr>
<th><strong>3</strong></th>
<th><strong>LASTING IMPACT</strong></th>
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<tbody>
<tr>
<td>-</td>
<td>Focusing on activities that show promise for lasting impact beyond external global financing</td>
</tr>
<tr>
<td>-</td>
<td>Govt alone cannot sustainably finance a health system, leveraging private markets and prepayment mechanisms are critical for sustainable outcomes</td>
</tr>
<tr>
<td>-</td>
<td>SFI-funded activities have since transitioned to USAID mission budgets, with increased funding for sustainable financing activities across the board</td>
</tr>
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</table>
Catalytic Investments in FP – Experiences of TCI

Kojo Lokko
Executive Director
The Challenge Initiative
Bill & Melinda Gates Institute

Sept. 15, 2020
What is The Challenge Initiative?

• The Challenge Initiative (TCI) is a platform that enables local governments to scale up high-impact family planning approaches for the urban poor.

• TCI represents a highly innovative approach to development aid intended to strengthen the understanding of *scale, impact, efficiency* and *sustainability*.

• Since launching in 2016, TCI has demonstrated that its “*Business Unusual*” approach can change the way business is done in the development landscape.
TCI’s 4 Stages of engagement

Eligibility Checklist
- Political commitment
- Resource contribution
- System readiness

Project Award Criteria
- Soundness
- Cost-efficiency
- Size of potential impact

RAISE Assessment
- Monitoring
- Triangulating data
- Identify areas for improvement

Stage 1
Expression of Interest
Marketing TCI to engage cities and drive interest; establishing clear roles and responsibilities

Stage 2
Program Design
Planned, intensive coaching related to landscape and gap analysis and TCI University, introducing the toolkit and proven approaches

Stage 3
Implementation
Technical support to strengthen capacity for implementing and monitoring the proven approaches, dispersing the Challenge Fund and leveraging other resources, and supporting peer-to-peer learning through community of practice

Stage 4
Graduation
Transition to coaching on-demand, decrease in Challenge Fund available, continuing monitoring, and become part of the alumni network
Changes in contraceptive uptake indicators in TCI cities

**Increase in annual clients accessing FP service**

- **Baseline (12mo-baseline):** 1,464,721
- **Latest (12mo-June 2020):** 2,160,668

48% increase

**Modeled number of additional users since TCI implementation, as of June ’20**

- **Baseline:** 1.26 million
- **Latest:**
  - Current users (base mCPR): 200,851
  - Short-acting: 928,703
  - LARC: 134,547

**Annual mCPR growth**

2.47% annualized mCPR growth

**Notes:**
1. Data does not include 3 TCI cities in Francophone West Africa due to issues in HMIS reporting (2 in Burkina Faso, 1 in Niger).
3. Adjustments to the model can be made to account for changes in facility reporting rates and reversals of declining trends.
4. Model estimates can be triangulated with survey data, including consideration of changes coming from the private sector.
5. Model does not yet incorporate diffusion beyond TCI cities.
Promises made, Promises kept

- **YR2** 78% Spent
- **YR3** 73% Spent
- **YR4** 81% Spent

<table>
<thead>
<tr>
<th></th>
<th>Local Commitment</th>
<th>Local Commitment Spent</th>
<th>TCI Challenge Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>YR 4: Jul 2019 - June 2020</td>
<td>$49,599,706</td>
<td>$40,151,174</td>
<td>$9,644,472</td>
</tr>
</tbody>
</table>
Kilifi County, Kenya

- Advocacy meetings during the budget-making process
- Engagement meetings with technical and political leadership of the county
- PIT participation and coaching of accounts and finance teams
- Advocacy and engagement meeting with Ministry of Gender and Social Services
- FP outcomes and results from FP classic program motivate the county to invest more resources into AYSRH
- Greater interest and supervision of the program by members of the county team ensured resources spent on FP/AYSRH program
Common strategies for success

**ADVOCACY**
- Advocate for dedicated FP line item in city budgets – separate from RMNCH
  - Ring-fence FP funds
- Align communication and advocacy efforts with local priorities
  - Involvement of non-technical teams (finance & admin staff. City Clerk)
- Support Advocacy Core Groups
  - Advocacy by internal players.

**ENGAGEMENT**
- Local gov’t in the driver’s seat
- Incentive of a challenge/matching fund
- Instill sustainability from day one.
- Work with sub-national plans such as Costed Implementation Plans
- Streamlined and cost-effective interventions 20/80 rule
- Use of data for decision-making and prioritization of funds
- Community holding leaders accountable

**COORDINATION AND MANAGEMENT**
- Coach to strengthen financial management capacity of LGs
- Track release and expenditures monthly - PIT Meetings
- Build LG capacity in partner coordination – improves confidence and ability to quantify gaps
- Regular meetings with political leadership alongside health management team
  - Review of data and impact at highest level
- Take advantage of sub-national leadership – closer to the ground
Challenges

• FP not often high priority for many local governments
• General shortfall in government health budgets
• Resources committed are not always released and spent
• Verifying and tracking expenditures
• Change in political leadership
• Alignment of financial calendars
• Emerging disease outbreaks
Ideas for the immediate future

• A calculator for local governments contribution per capita
  • Variables to include: estimated GDP, mCPR, population

• Improved public-private-partnerships. Coach local governments to better leverage private sector operations and resources.

• Stronger involvement of the community – Resource contribution and demand for accountability from leaders

• Issuing a kind of accreditation to cities as ‘investment-ready cities’ with high ROI. Thereby, motivating local governments to invest their own funds in readiness for that status.
THANK YOU!

TCIUrbanHealth.org
THANK YOU