“Repositioning Family Planning and Reproductive Health” in the region.

“Financing for Family Planning: Options and Challenges”

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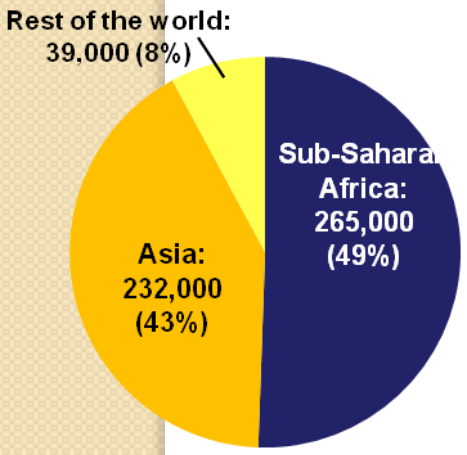
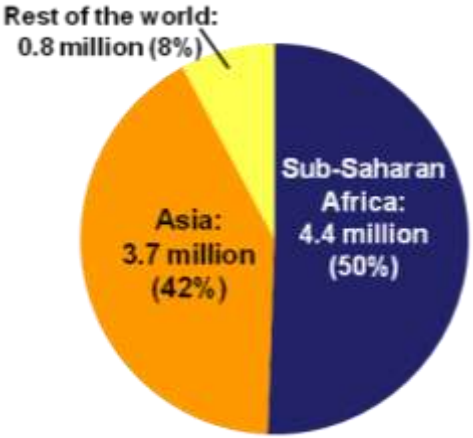
Global Health issues are increasingly about Africa

With only 12% of the world's population, Africa accounts for 57% of the world's maternal deaths, 49% of child deaths, 85% of Malaria cases, 67% of people with HIV, and 26% of underweight children

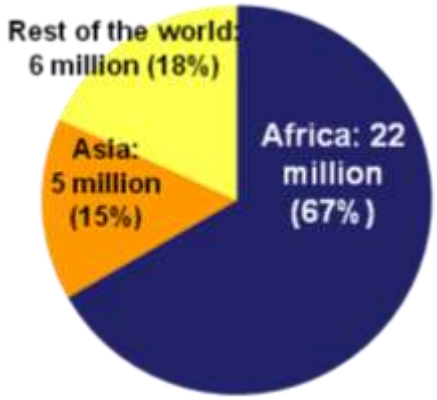
Maternal deaths, 2005



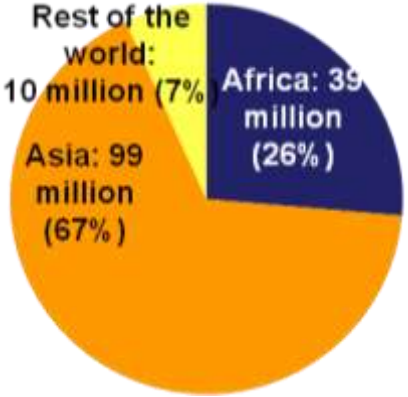
Death of children under five, 2008



Adults and children estimated to be living with HIV, 2007



Underweight children under five, 2007

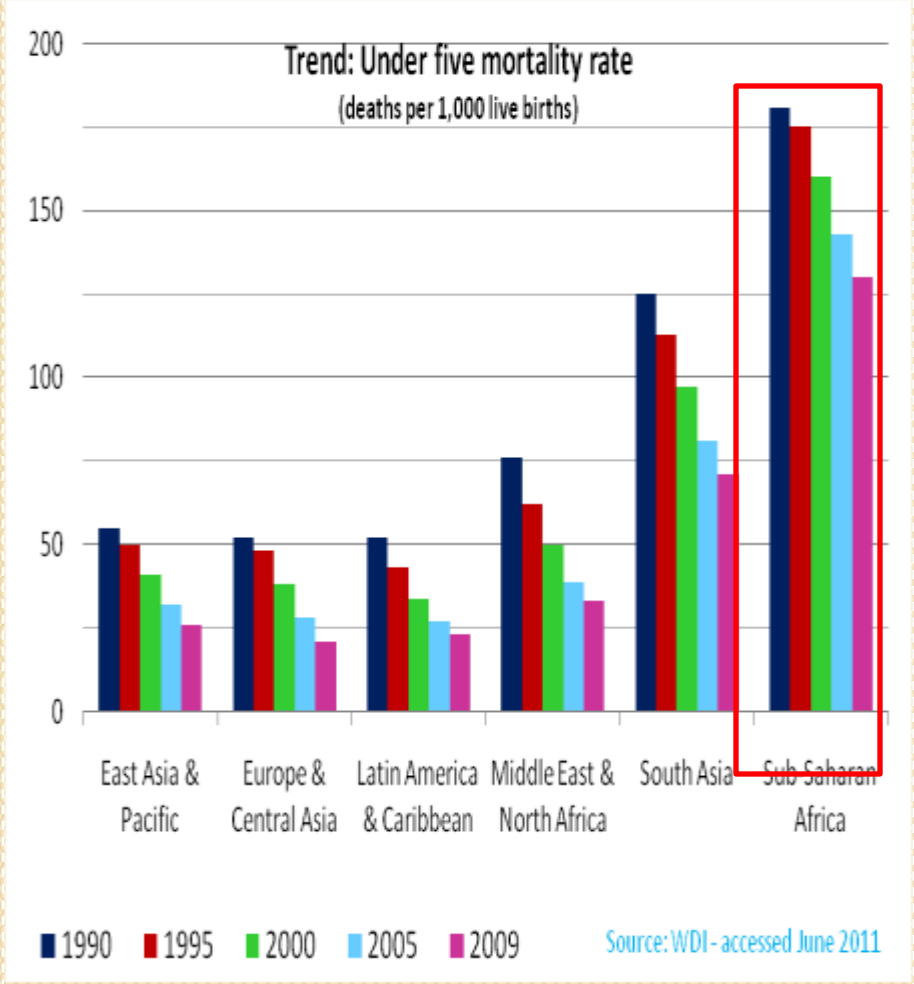


Ref: Science in Action – Saving the lives of Africa's mothers, newborns and children. ASADI 2009. Eds Kinney MV, Lawn JE, Kerber KJ
Data sources: UNAIDS 2007, UNICEF, www.childinfor.org, Lancet nutrition series, World Malaria Report 2009.

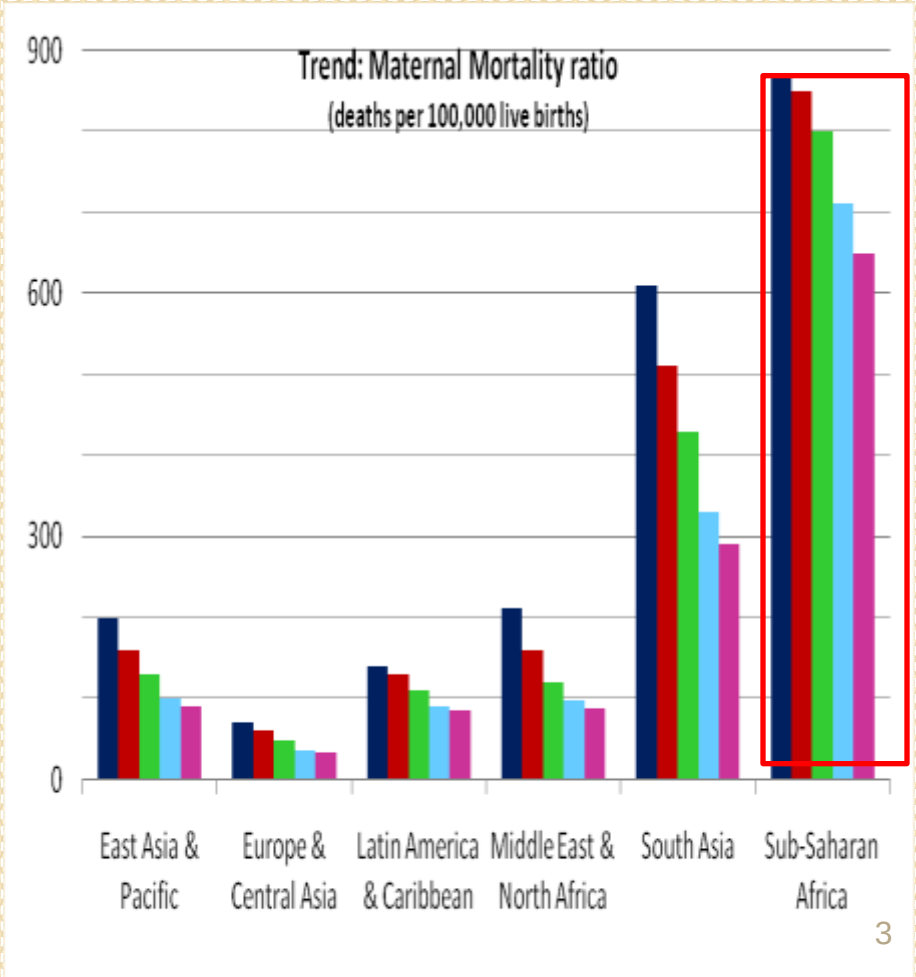
Yes Africa has progressed towards the MDG targets..

but slower than in the rest of the world ..and progress inequitably shared..

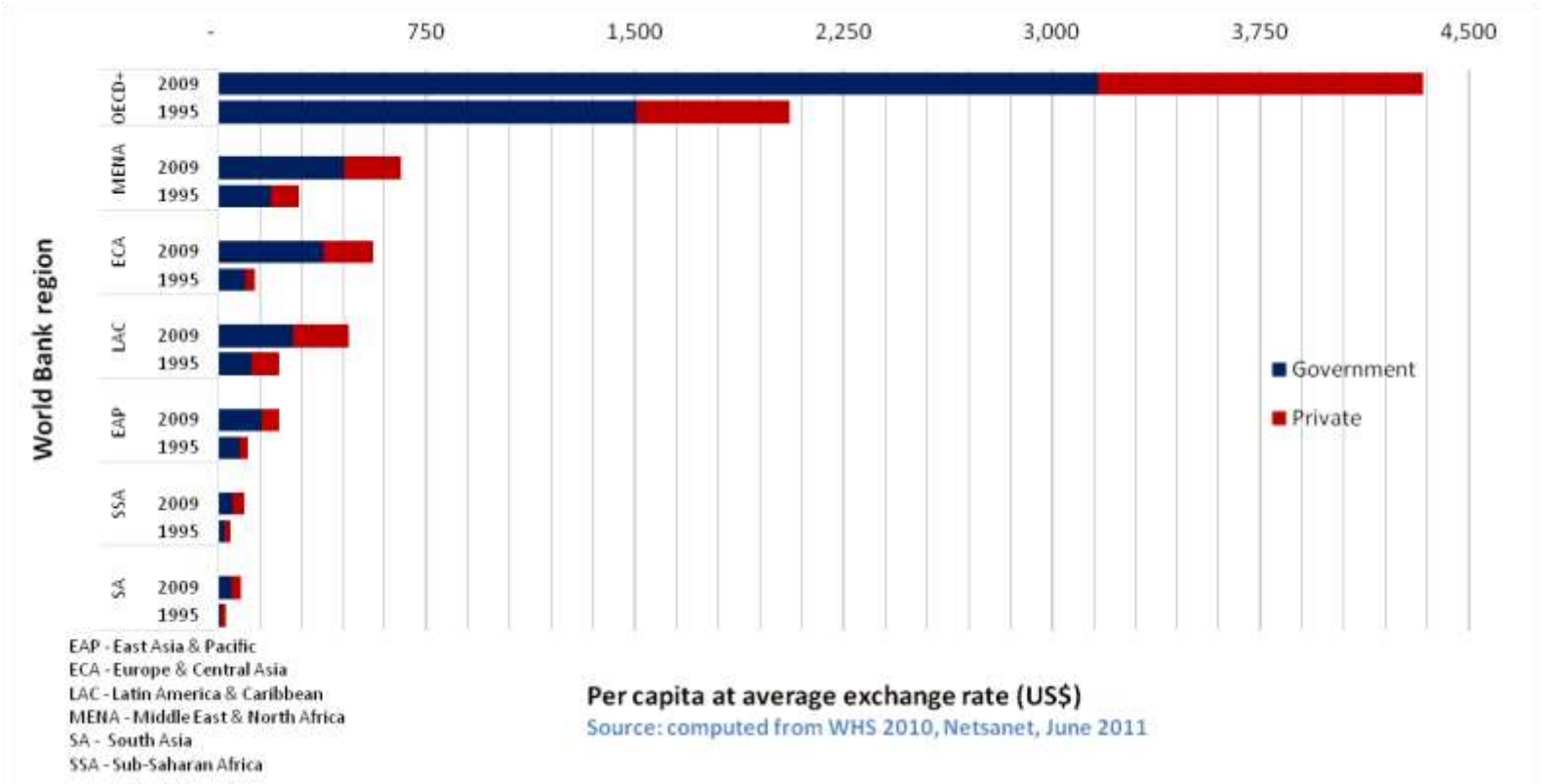
For SSA 20% less under 5 deaths in 2009 compared to 1990.



For SSA 26% % less maternal deaths in 2008 compared to 1990.

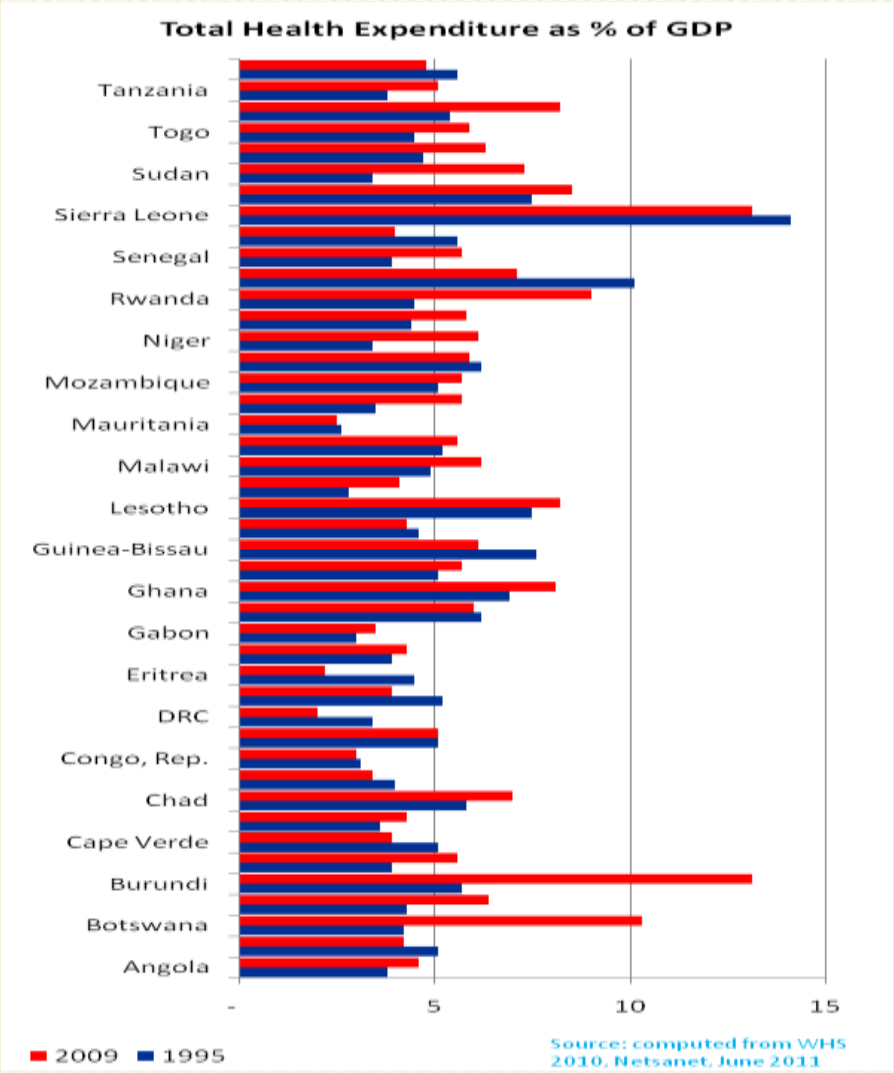


SSA still has a low per capita spending on health..
……yet not the lowest

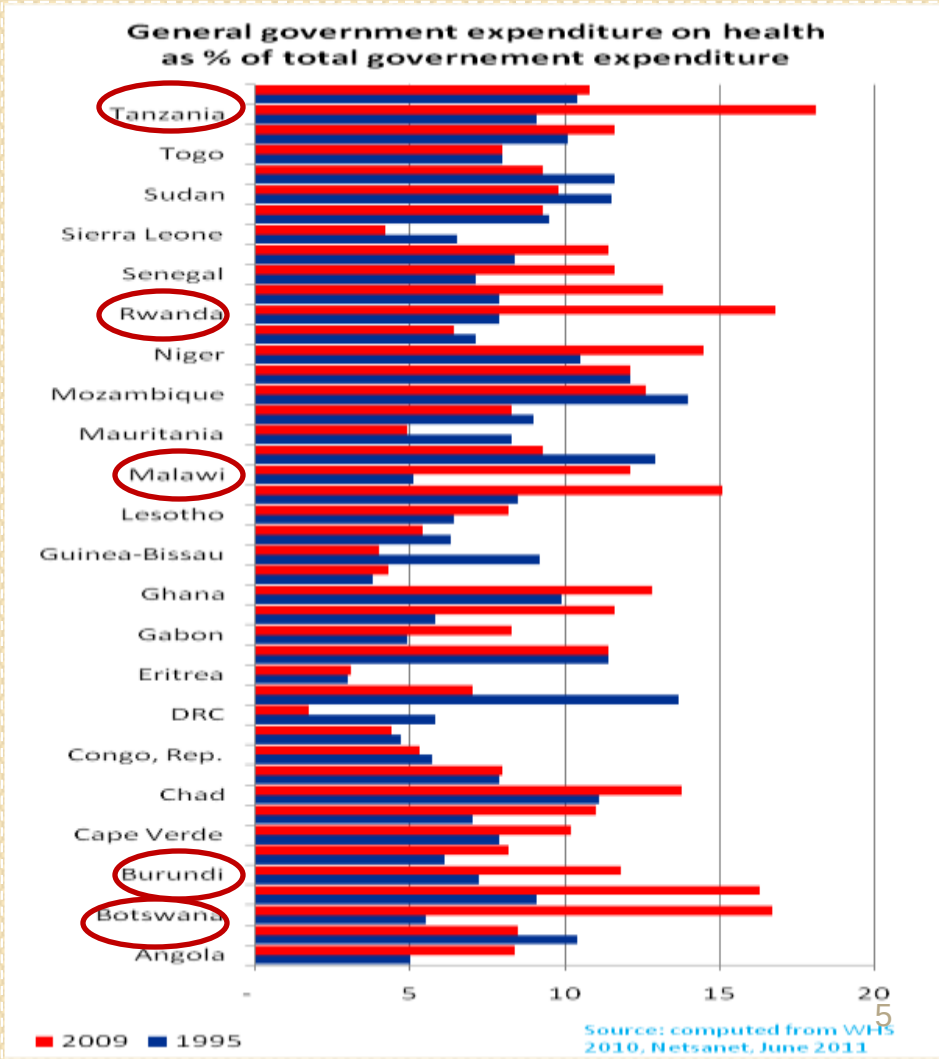


No major increase in allocations to health in SSA between 1995 and 2009

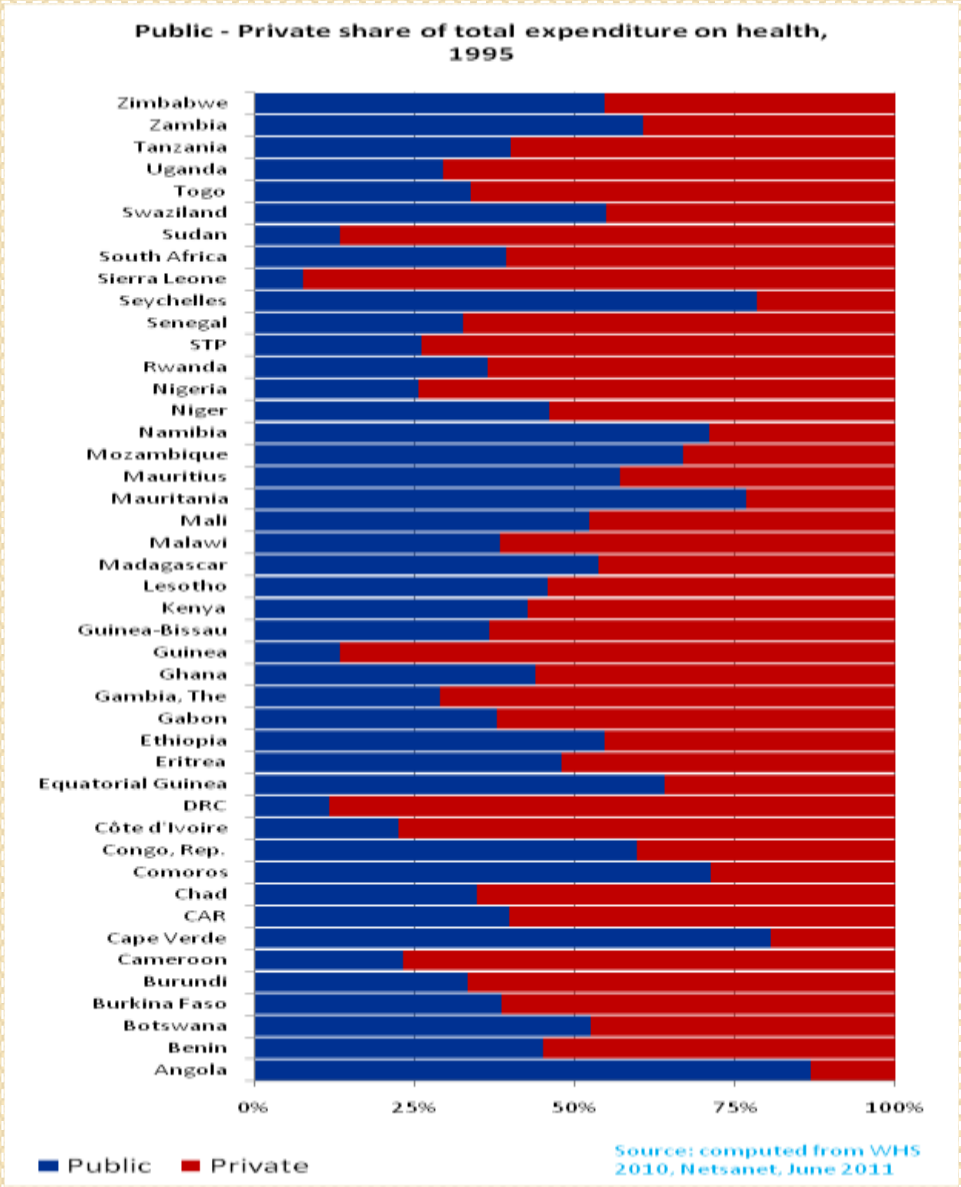
THE as % GDP increased from 5% in 1995 to 6% in 2009

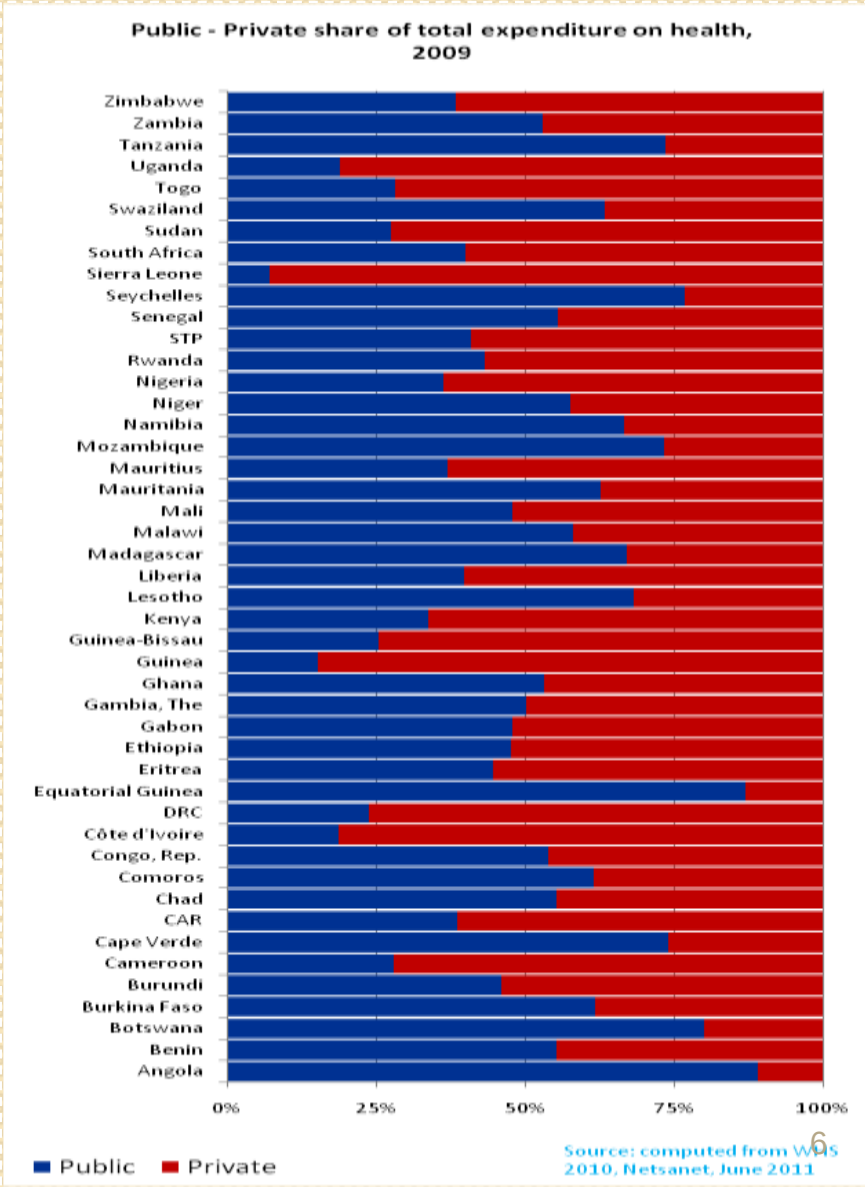


GGHE as % total GE increased from 8% in 1995 to 10% in 2009. Very few countries achieved the 15% Abuja commitment



Private sources -mostly out of pocket - finance more than half of health expenditures





Financing options for Family planning….

1. The region should continue to receive its proportionate share of donor resources in the short and medium term….

- High levels of unmet need for FP services, as well as a large gap between need and both actual and potential resources.
- In the short term, donors should increase their support to African family planning programs in order to sustain them in the face of increasing demand for services.
- Countries should take opportunities of available funding mechanisms from Global Health Initiatives

What about dependency?

- In order to prevent dependence, governments need to work with donor to set clear time frames for phase-out of increased assistance
- Countries should develop their own plans for domestic resource mobilization.

2. Charging users fees for FP? Rationale ….

- ***Revenues and Quality of Services .*** **Increased revenue from user fees can:**
  - augment financing of recurrent inputs, such as contraceptives, and improve the quality and effectiveness of services;
  - free up resources to expand the availability of services; and
  - lessen dependence on donor funds.

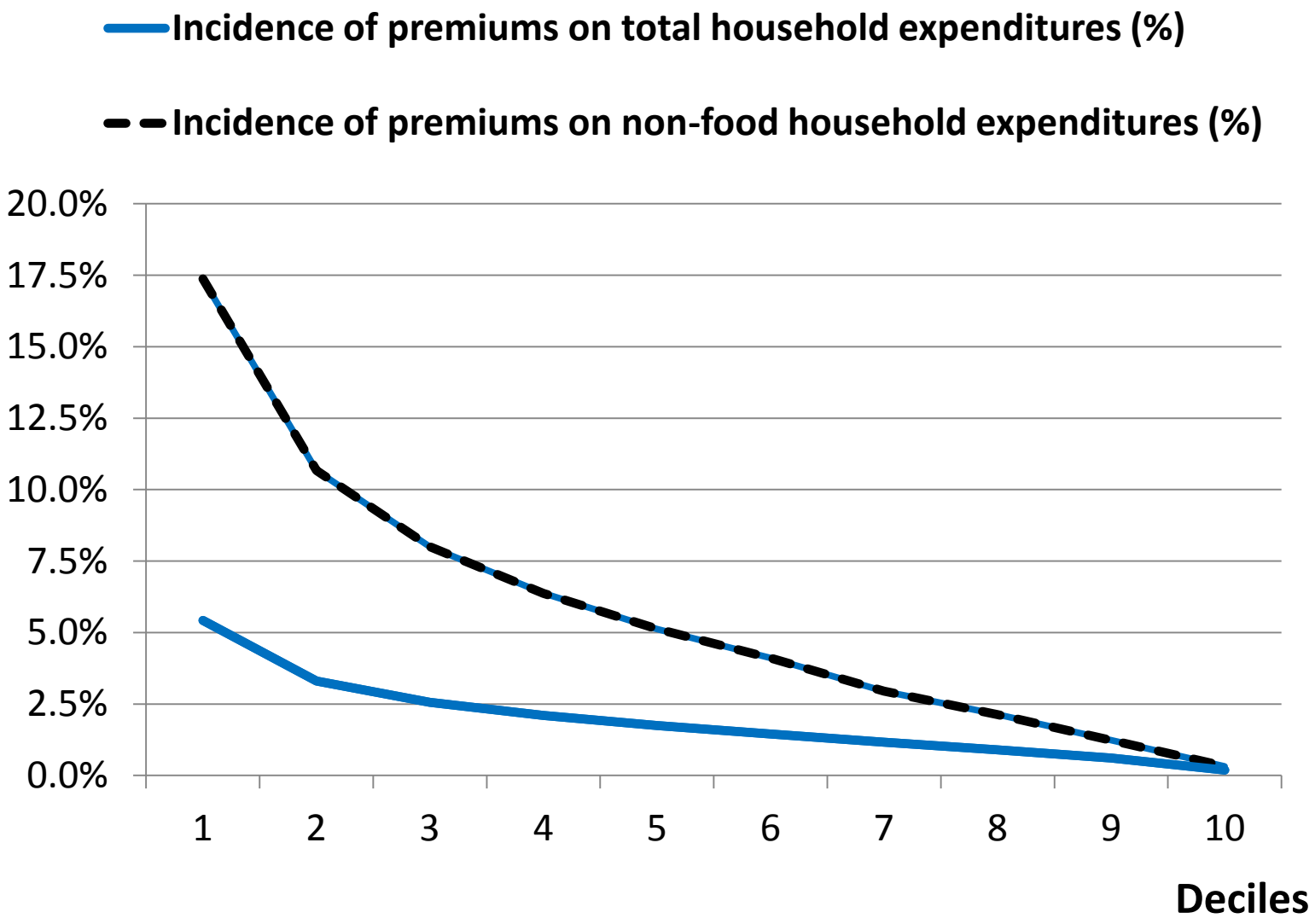
- ***Efficiency .*** **Strategic pricing of services:**
  - can reduce excessive use of services and bring supply capacity in line with willingness and ability to pay; and
  - can direct clients to lower-cost sources (for example, to pharmacies/shops for re-supply methods) while higher-level facilities provide clinical methods and methods to new acceptors.

Source : B. Janowitz, D. Measham and C. West .Issues in the Financing of Family Planning Services in Sub-Saharan Africa. Family Health International

Charging users fees for FP? Rationale ….cont

- ***Equity.*** **User fees can improve equity:**
  - If higher prices are charged to those most able to pay, making it possible to channel family planning subsidies to the poor;
  - If exemptions are implemented for the most destitute.
- ***Public-Private Collaboration. User fees for government services:***
  - Foster greater competition between private and public providers and improve the efficiency of both; and
  - Divert demand to private providers, freeing up government resources to improve care for the poor.

3. …without effective exemptions, contribution policies for Community Based Insurance scheme could be a burden on the poorest (Rwanda)



4. Expanding the Commercial Sector

- Many clients who use free or low-cost public services can afford to pay (or pay more) for services. Mechanisms should be developed to shift such individuals to commercial sector sources.

- Greater support for social marketing programs is one of the best ways to promote the development of commercial market sales even though these are subsidized.

4. Expanding the Commercial Sector , cont

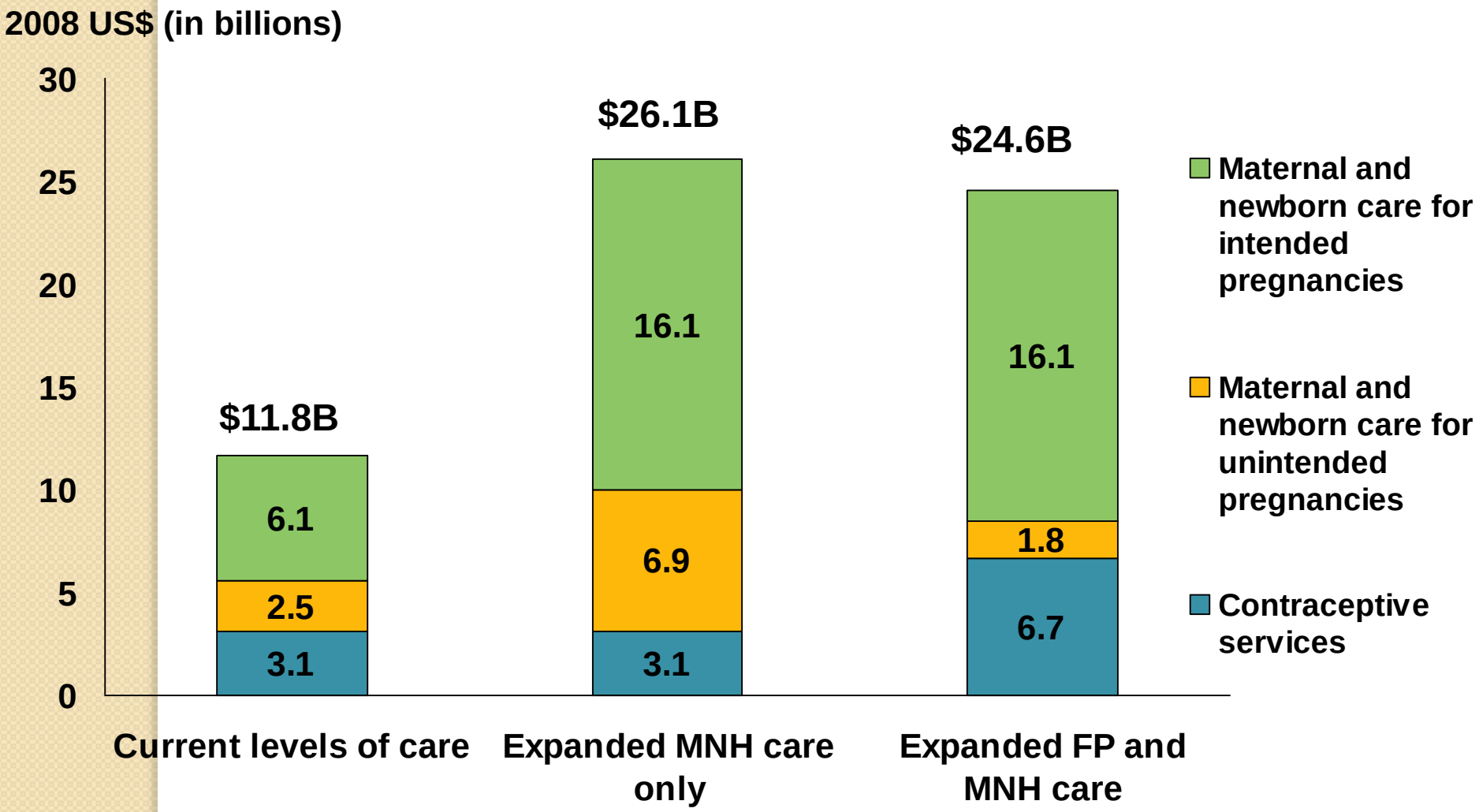
- Governments should create incentives for commercial sector growth, particularly in urban areas:
  - by reducing associated taxes,
  - liberalizing regulations, and reducing or eliminating other barriers to market entry -- while taking care to ensure service safety and quality, as well as vigorous and fair competition.

- Employers have limited incentives to provide family planning services. Insurance companies and other managed care arrangements have even less incentive to cover family planning

5. Implement cost-saving strategies

- Costs may be reduced in several ways:
  - Lower cost methods and distribution systems can be identified (integration of FP distribution with other funded initiatives)
  - Excess capacity in delivery systems can be tapped;
  - Costly regulations and unnecessary procedures can be eliminated or minimized; and
  - Family planning services can be integrated with broader reproductive health services.

6. Integration: Family planning offsets the cost of improved maternal/newborn health care…



Source: Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009.

Bottom line: A dual investment strategy is *much* more cost-effective

- The total cost of providing both services is $24.6 billion – which is $1.5 billion *less* than providing maternal and newborn care alone
- The duel investment strategy saves the most maternal lives
- $1 spent on contraception = $1.40 saves in maternal and newborn health care costs

Source: Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009.

Along with many benefits beyond the health sector

- Higher education levels, especially for women;
- Higher labor productivity, including greater female labor force participation;
- Increases in household wealth, reducing poverty; and
- Slower rates of population growth and less pressure on renewable natural resources

Source: Singh S et al, Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009.

7. Innovation in Health financing : Performance Based Financing (Rwanda example)

Output Indicators – payment per unit	Payment	Quality of Services	Weight
Visit and Outreach Indicators	(USD)	General Administration	0.052
Curative care visits	0.18	Cleanliness	0.028
1st prenatal care visits	0.09	Curative care	0.170
4 completed ANC visits	0.37	Delivery	0.130
1st time family planning visits (new users)	1.83	Prenatal Care	0.126
One-month contraceptive resupply	0.18	Family Planning	0.114
Facility delivery	4.59	Immunizations	0.070
Child (0-59 months) growth monitoring visits	0.18	Growth Monitoring	0.520
Completed childhood vaccines on time	0.92	HIV Services	0.090
Content of Care Indicators		TB Services	0.028
Appropriate tetanus vaccine during ANC	0.46	Lab Services	0.030
2nd does of malaria prophylaxis during ANC	0.46	Pharmacy Management	0.060
At-risk pregnancies referred to hospital for delivery	1.83	Financial Management	0.050
Emergency transfers to hospitals for obstetric care	4.59		
Malnourished children referred for treatment	1.83		
Other emergency referrals during curative treatment	1.83		

Incentives to Community Health Workers Cooperatives (Rwanda example)

- Community based distribution of FP methods…but initiation for first users at the facility level
- CHW cooperatives receive incentives payment for:
  - Targeted improvements in 4 indicators
    - Early antenatal care,
    - Institutional delivery,
    - **Family planning**
    - Monitoring nutritional status of children <5 years)
- Introduce in-kind incentive payment to women on 3 indicators
  - Early antenatal care, institutional delivery, timely postnatal care
  - **NO family planning indicators (to avoid coercion)**

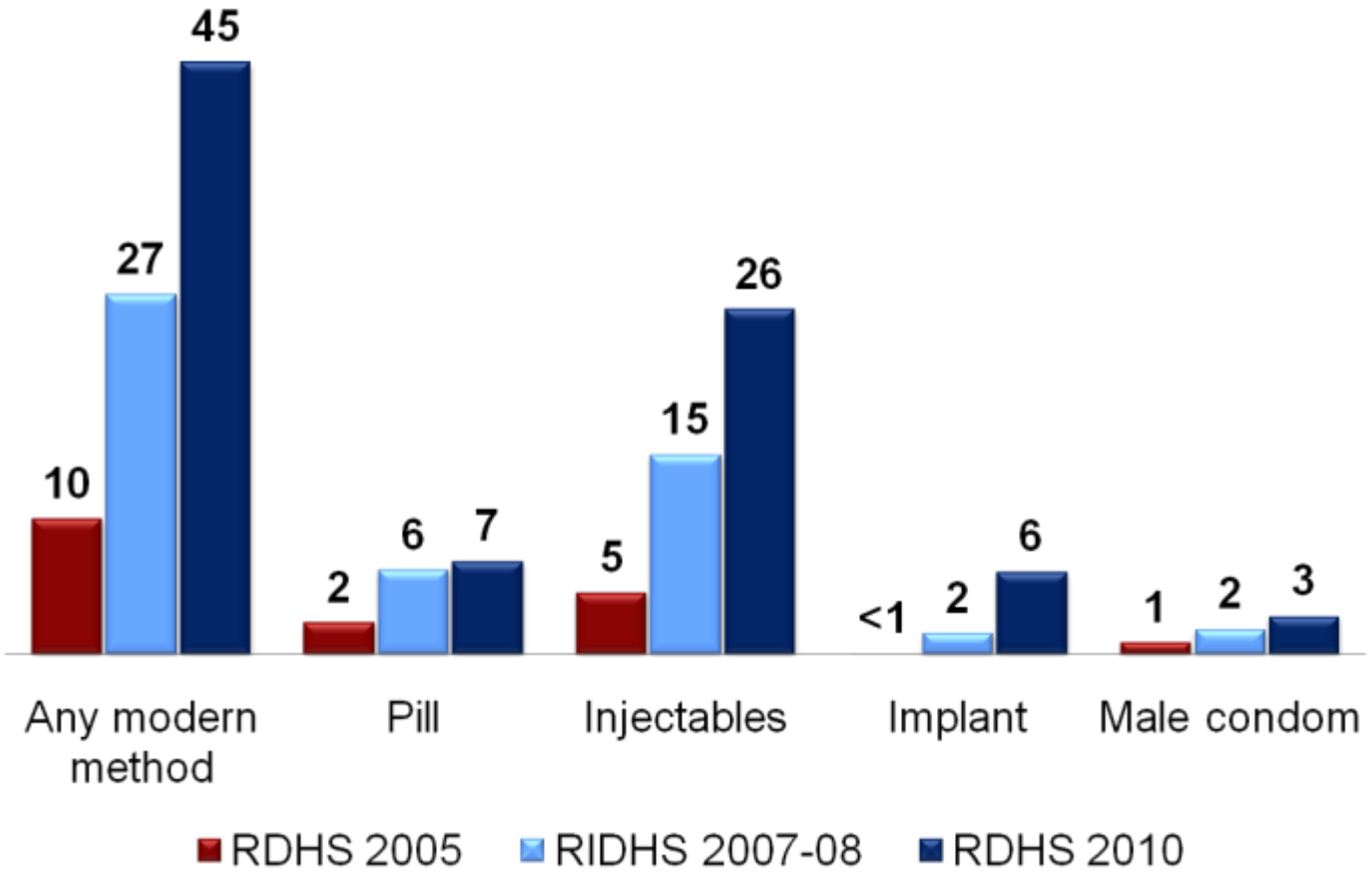
More money is needed but more value for money is needed even more!!!

- Gap in strengthening health systems and scaling up high impact interventions
- SSA Countries require increased and better allocated domestic and external funding for strengthening their national health systems in order to achieve the FP targets (and MDGs)
- Improving health systems performance: Human Resources, Pharmaceutical procurement and supply chain, governance and accountability
- Innovations in health financing
- Sustainability….

- It’s working in Rwanda…

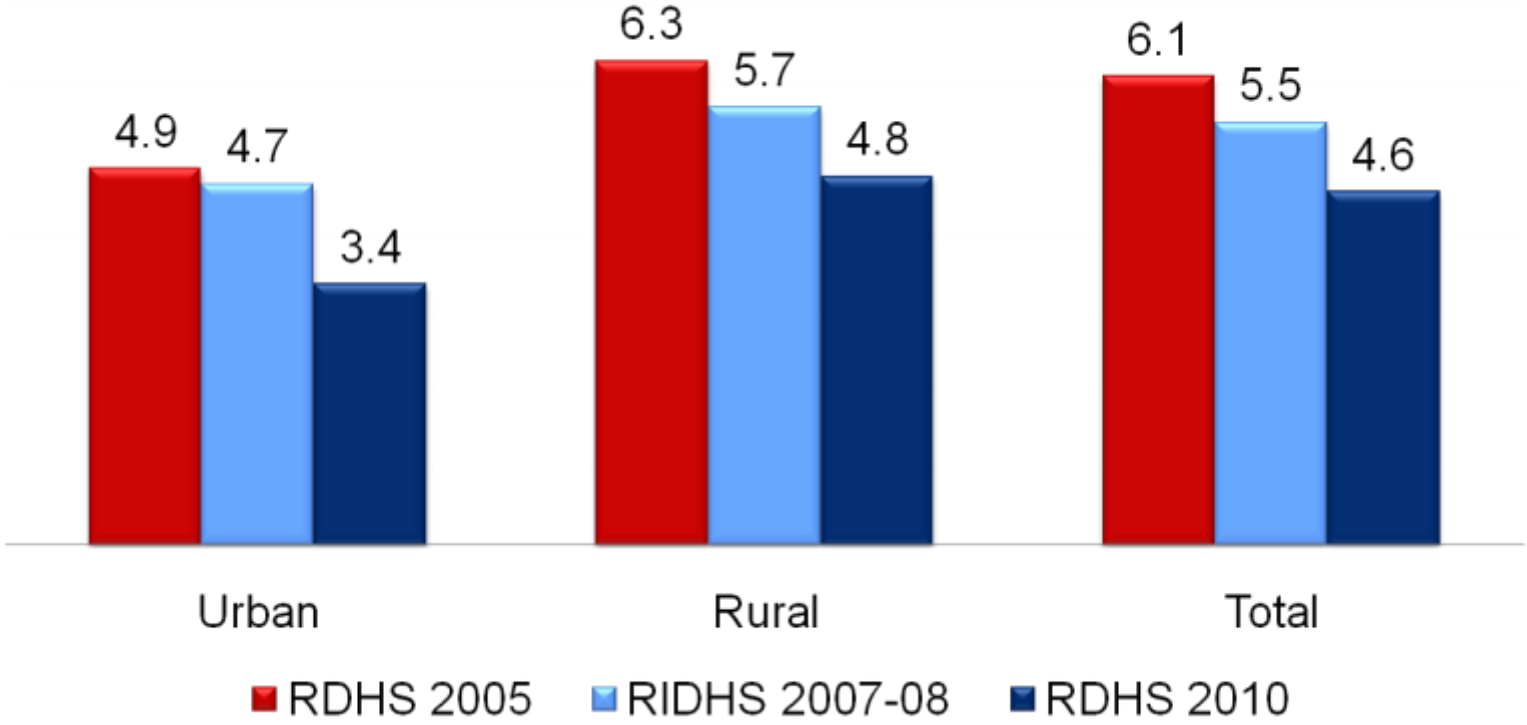
Use of Modern Methods of FP has increased significantly since 2005 in Rwanda….

Percentage of currently married women using any modern method



There is evidence of Fertility decline in Rwanda…..

TFR for women age 15-49 for the 3-year period preceding the survey



THANK YOU