



**HEALTH
POLICY
PROJECT**

The GAP Tool



Photo by Dietmar Temps

Priya Emmart
September 27, 2011



USAID
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Outline

- Overview of the GAP
- GAP in Ethiopia
- Conclusions



Overview of the GAP

Why
What
How
Results

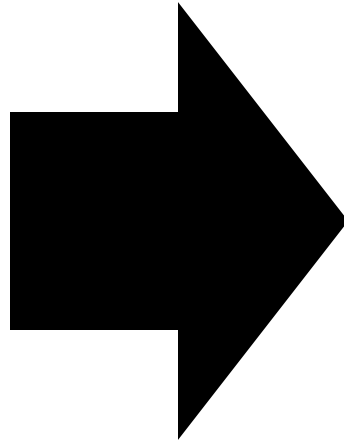
Why the Funding GAP Tool?

- Istanbul 2001 meeting: Global Donor Gap Analysis (updated 2009)
- Call for one agreed-on number at the country level
- Provide in-country stakeholders with timely, relevant data
- Apply a simple, user-friendly tool; minimal training



What Is It?

- **G**ather
- **A**nalyze
- **P**lan



FP Program
\$\$ Gap

Contraceptive
\$\$ Gap

Gather Data

- Distribution of FP methods by method and source
- Commodity costs by method
- Labor costs of service delivery
- Overhead costs
- Program support costs
- Current and projected funding for FP by source



Photo by Terje S Skjerdal

Analyze Results

- Projected funding gap for FP
- Projected funding gap for contraceptives
- Source mix changes
- Shift in method mix
- Expected changes in funding source for FP



Plan Collectively

- Build consensus on assumptions and other data inputs
- Use to promote dialogue on resources required
- Reach agreement on results to inform policy and financial planning



Photo by Dielmar Temps

It Is Simple—Many Inputs Are Pre-Loaded

INPUTS FOR FAMILY PLANNING COST PROJECTIONS

Enter data in yellow cells

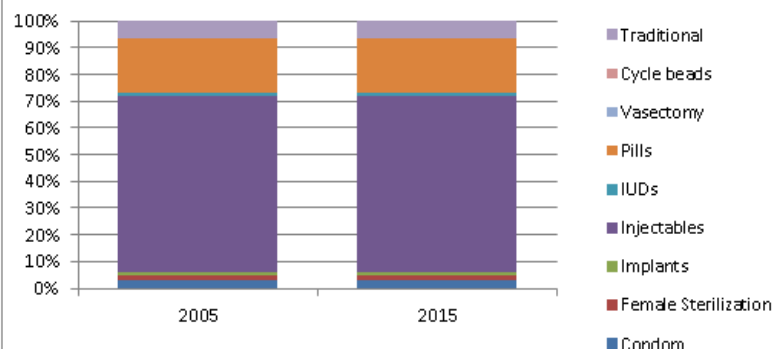
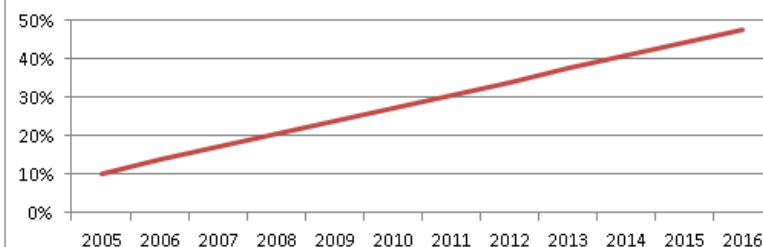
Review data in blue cells and change if necessary

Country name	Ethiopia	
Year of latest CPR estimate (usually latest DHS)	2005	DHS
Contraceptive prevalence among all women 15-49	10.3%	DHS
Unmet need for FP 2005	33.8%	DHS
CPR goal	44.1%	
Target year to meet unmet need	2015	
Number of women of reproductive age in 2006	19,954,636	UN Pop Div
Annual growth rate in number of WRA	2.9%	UN Pop Div

Distribution of FP users by method

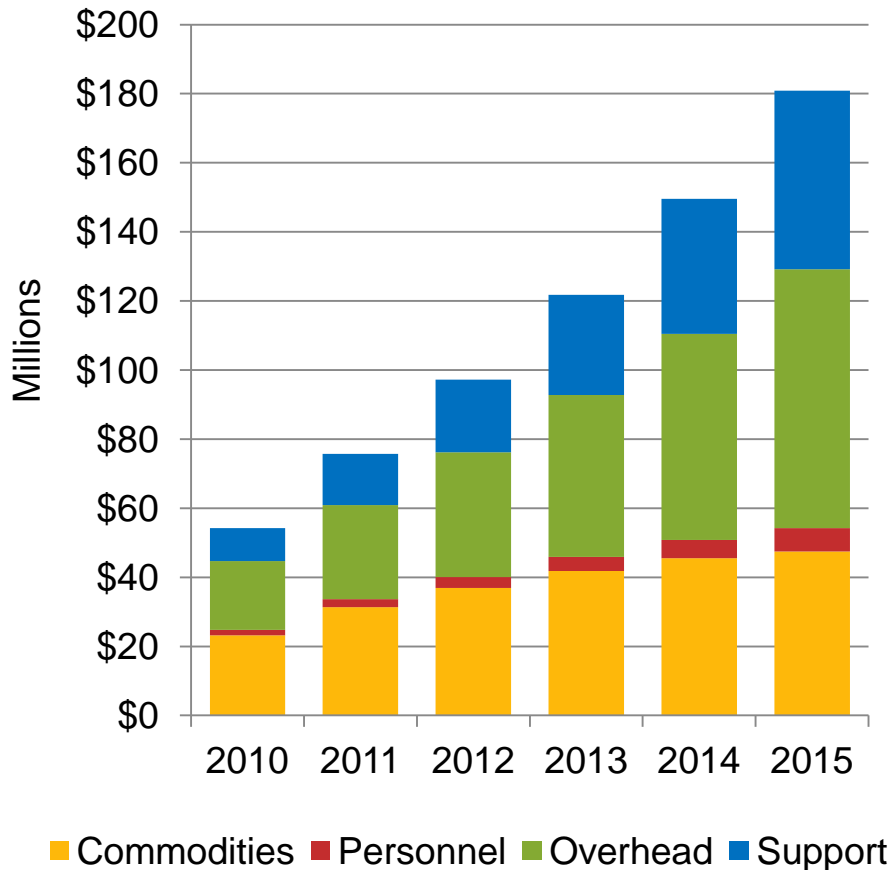
	2005	2015
Condom	2.9%	2.9%
Female Sterilization	1.9%	1.9%
Implants	1.0%	1.0%
Injectables	66.0%	66.0%
IUDs	1.0%	1.0%
Pills	20.4%	20.4%
Vasectomy	0.0%	0.0%
Cycle beads	0.0%	0.0%
Traditional	6.8%	6.8%
Total	100.0%	100.0%

Contraceptive Prevalence

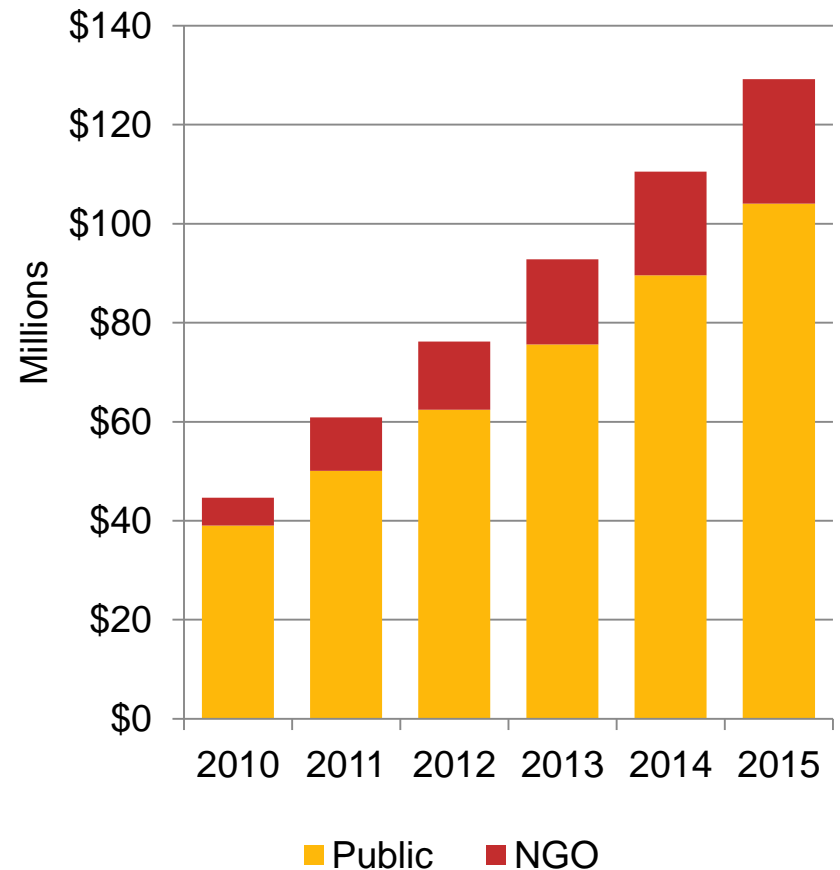


Outputs on Costs and by Sector

Total Costs by Component (2009 US\$)

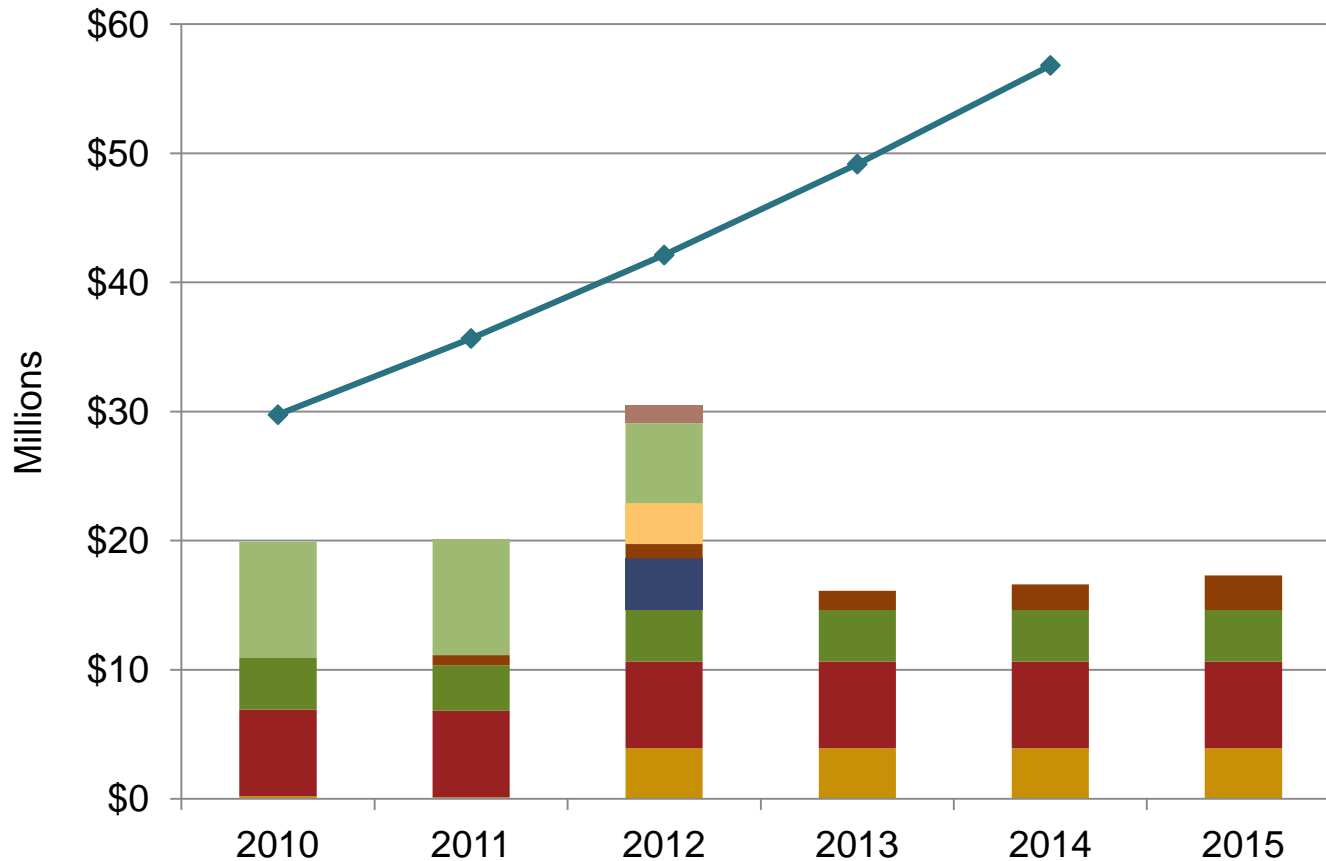


Total Costs by Sector (2009 US\$)



The FP Gap... from Program

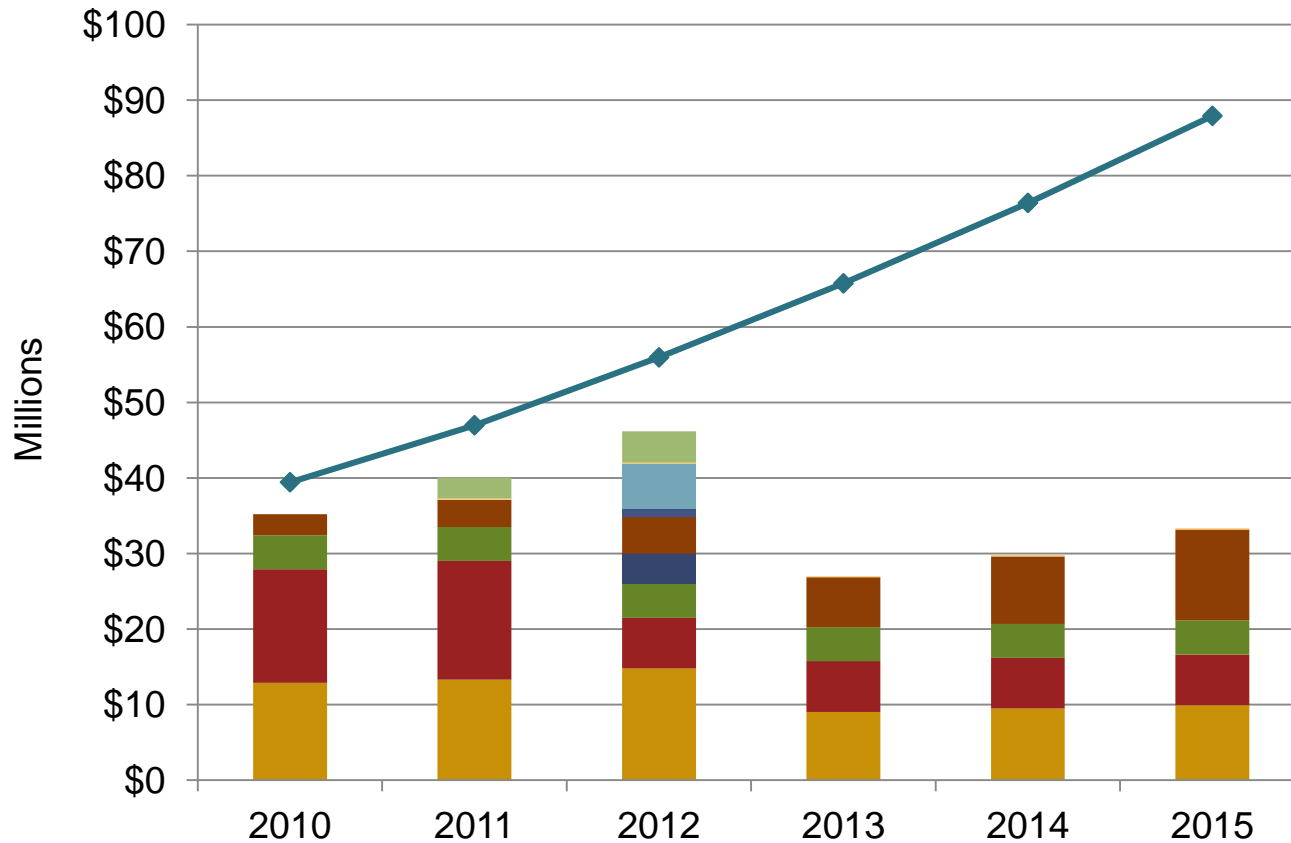
FP Resource Requirements and Funding (2011 US\$)



Source: GAP Tool.

... to Product

Commodity Requirements and Funding (2011 US\$)



Source: GAP Tool.

GAP in Ethiopia



FEDERAL MINISTRY
OF HEALTH
Ethiopia

Access to All—Ethiopia

■ Policies and Plans

- Population, Health, Reproductive Health, Adolescents, Growth and Transformation Plan

■ Providers

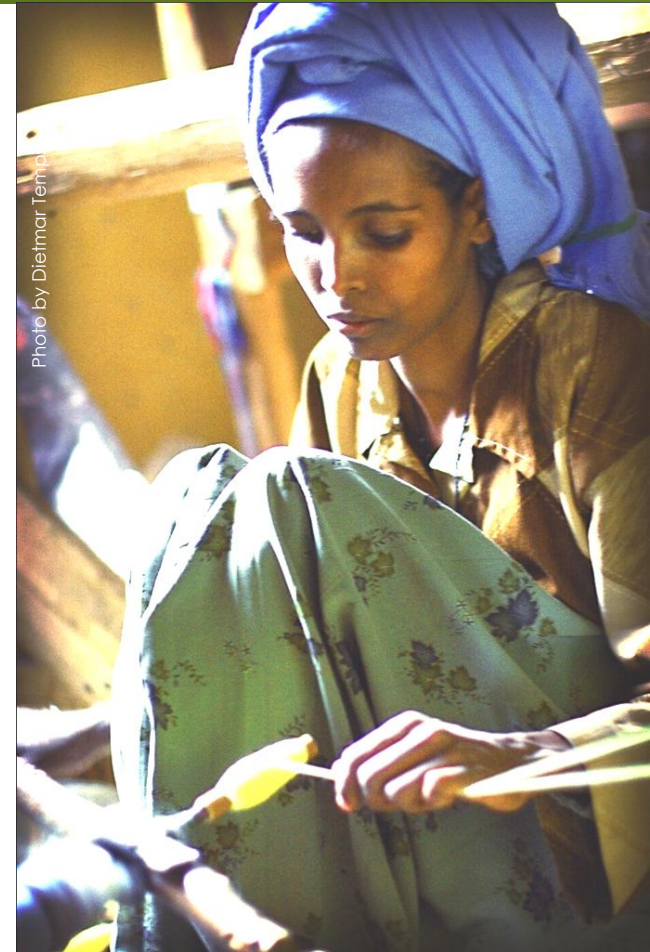
- 35,000 Rural & 4,000 Urban HEWs
- HC expansion & other providers

■ Product

- Short and long acting

■ People

- Rural households
- Urban households
- Adolescents



Inputs

■ Targets

- *Health Sector Development Plan (HSDP) IV (2010–2015)*
- Current and future method mix plans

■ Performance

- Last *10 K Study* (John Snow, Inc.), 2010
- Census, 2007 *Ethiopia Demographic and Health Survey (EDHS) 2005*

■ Costs

- Labor—FP costing study, *The Cost of Family Planning in Ethiopia* (USAID | Health Policy Initiative, Task Order 1), 2010
- Commodities, program support, and overhead—global default

Rapid Increase in CPR

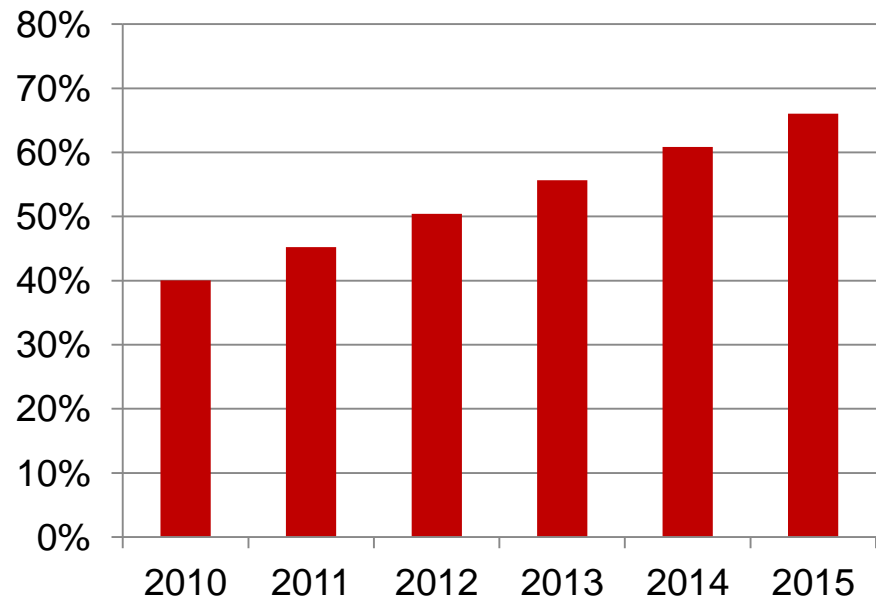
■ CPR

- From 40% to 66% in 5 years
- Percentage point increase 5.2% annual

■ Users (women in union)

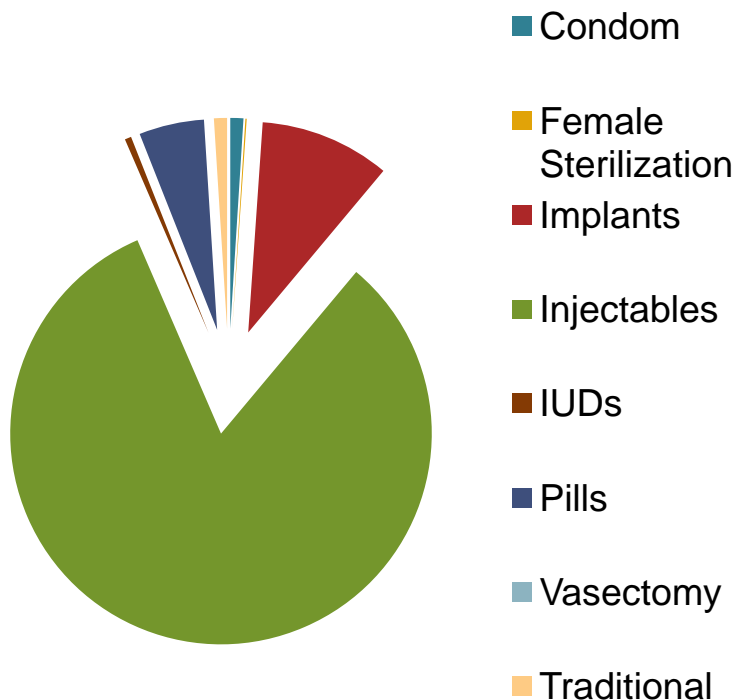
- 5.1 million women in 2010 to 9.5 million by 2015

Contraceptive Prevalence Rate, Women in Union



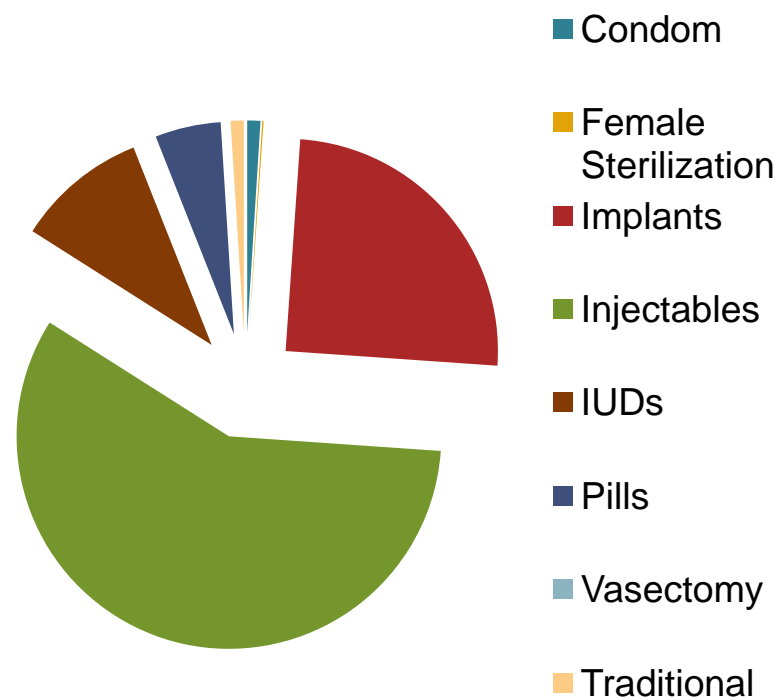
Methods... A More Robust Mix

2010



Source: L10K, Gates/JSI

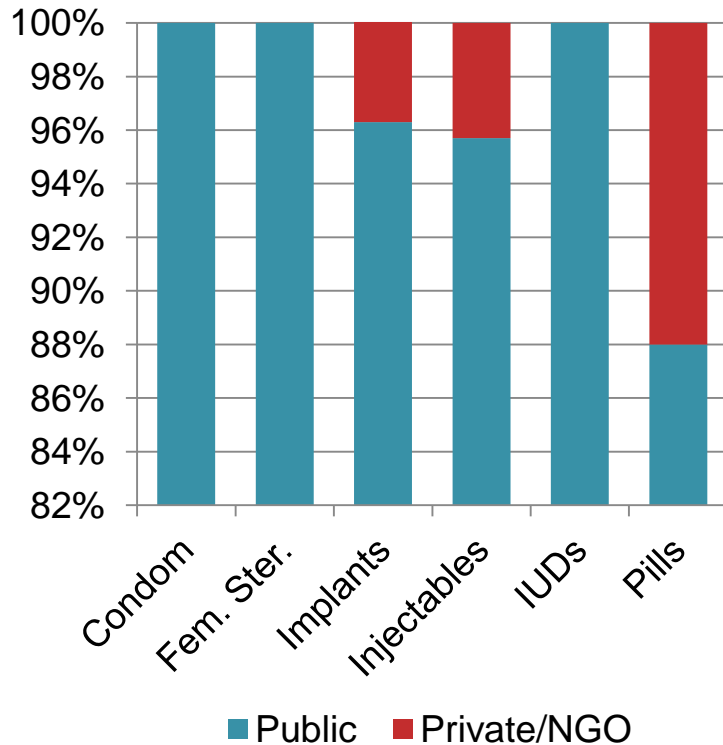
2015



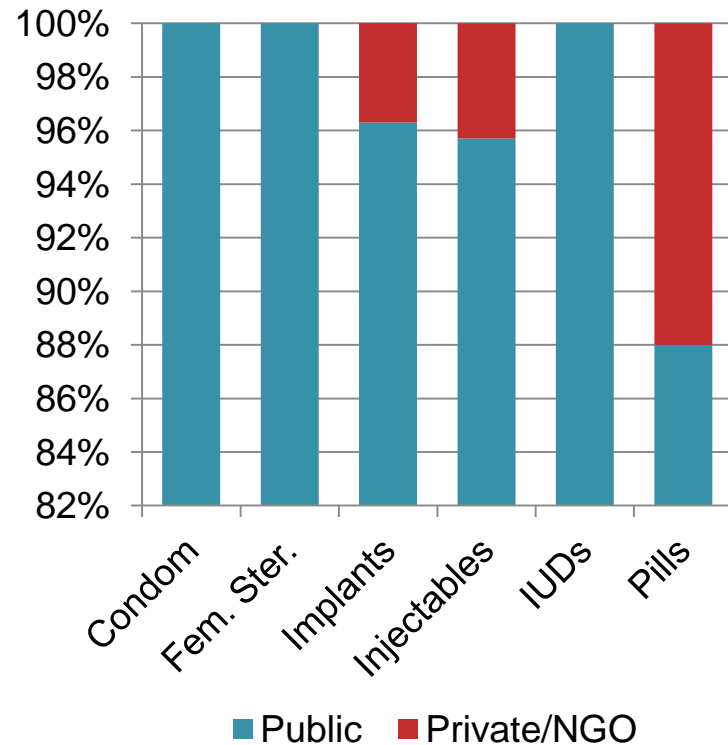
Source: HSDP IV , L10K

Public Sector Dominates FP Market

Source of Services, 2010



Source of Services, 2015

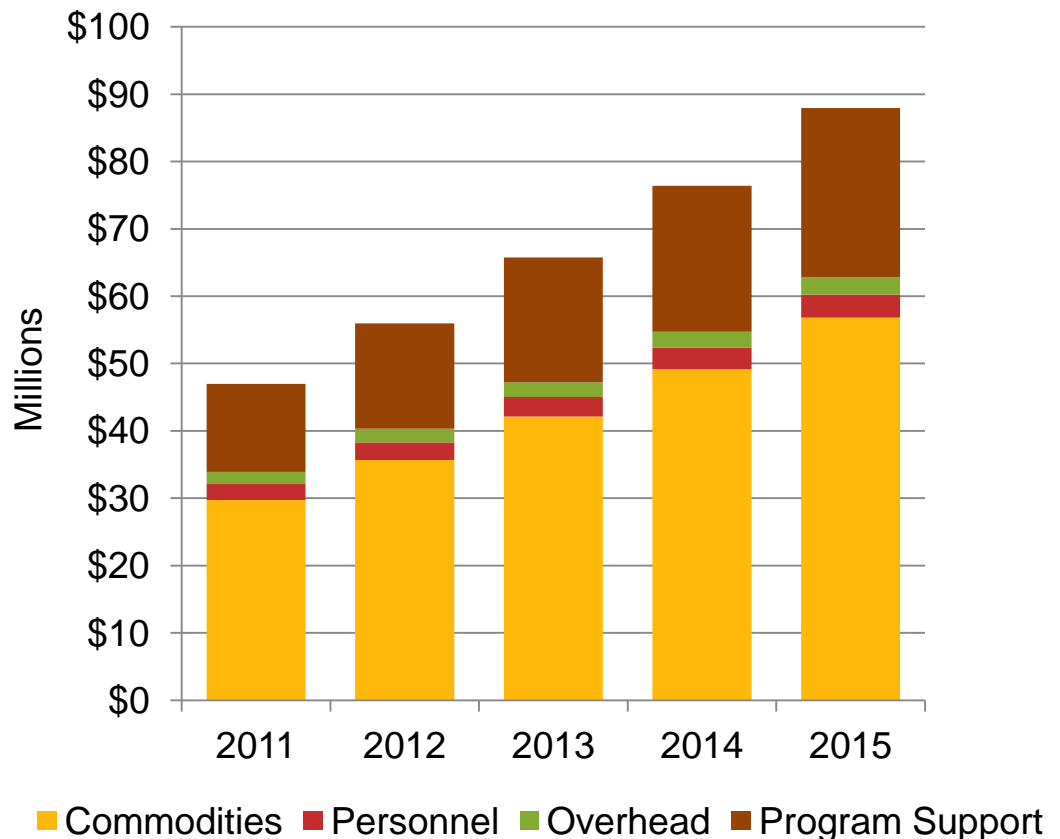


Costs

Reaching a CPR of 66% by 2015

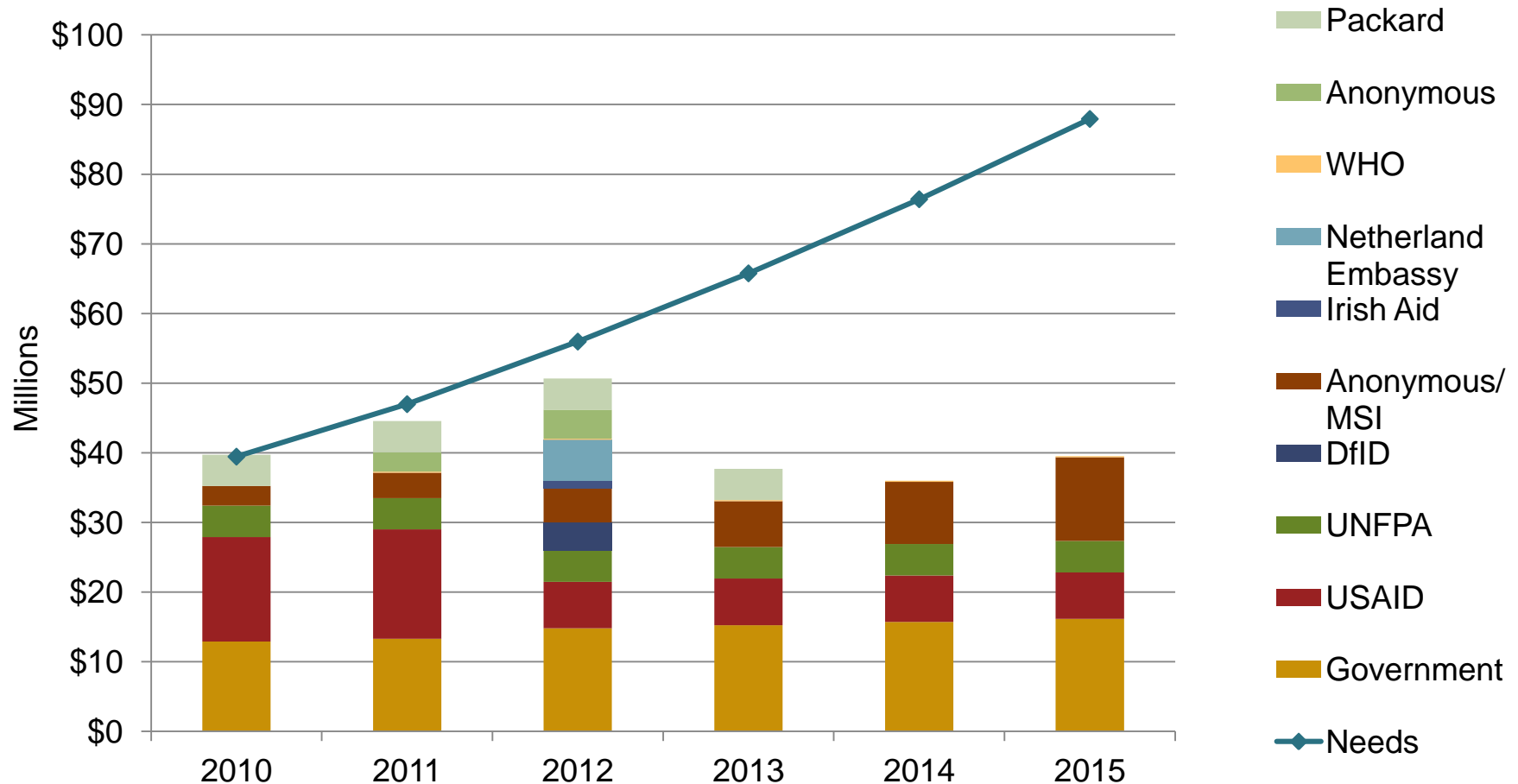
Total Costs by Component (2011 US\$)

- High total costs
- Government share
 - Labor, commodity and overhead
 - Does not include Capital investments and investment in education
- Donor share
 - Program support and commodity costs



What Is the FP Funding Gap?

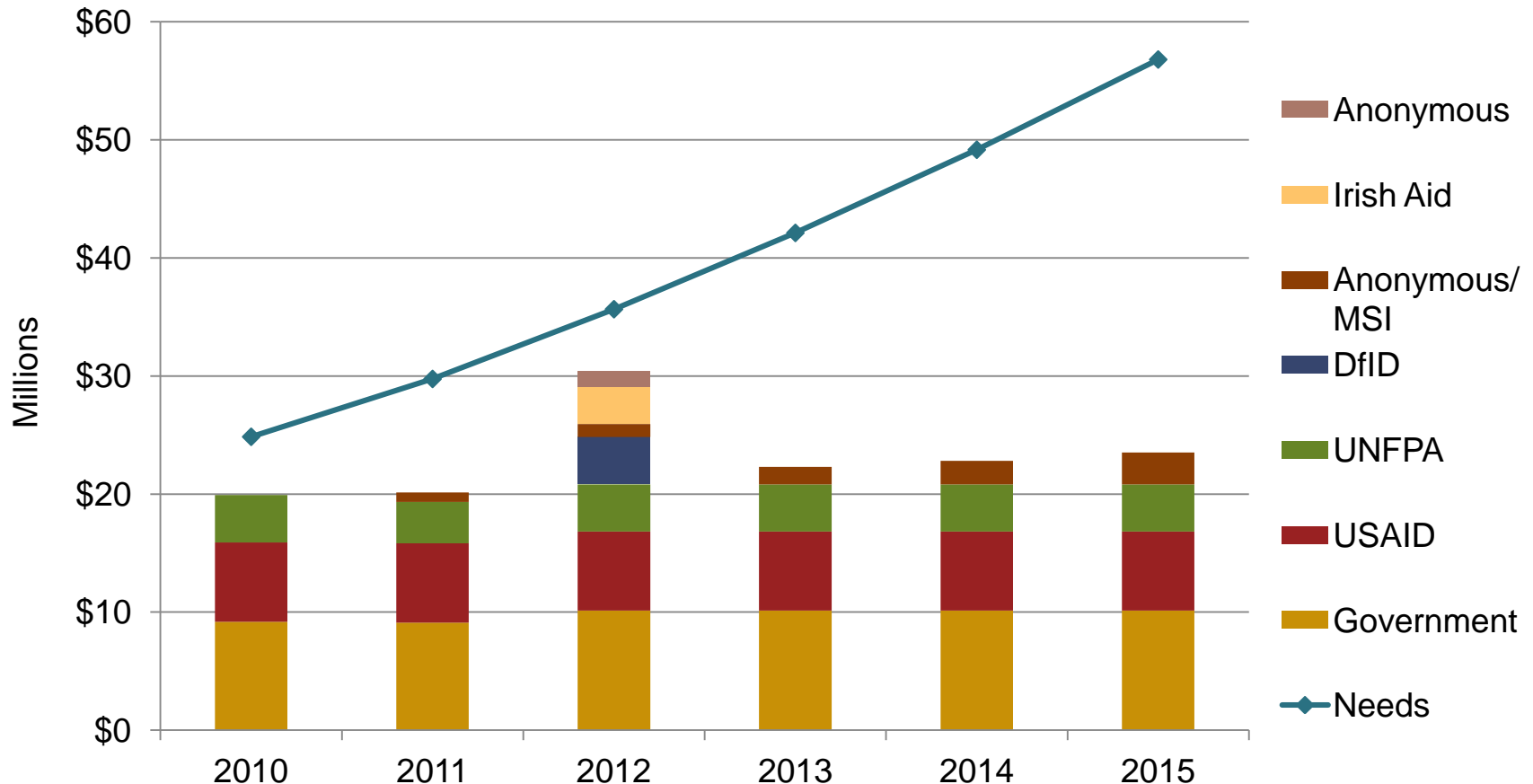
FP Resource Requirements and Funding (2011 US\$)



WHO = World Health Organization; MSI = Marie Stopes International; DfID = United Kingdom Department for International Development; UNFPA = United Nations Population Fund

What Is the Contraceptive Funding Gap?

Commodity Resource Needs and Commitments (2011 US\$)



MSI = Marie Stopes International; DfID = United Kingdom Department for International Development; UNFPA = United Nations Population Fund

Summary

- Reaching MDGs by 2015 requires significant funds
- Commitments from donors are short term
- Changing method mix has high program costs
- Most of FP expansion will occur in the public sector



Early Adopters



Conclusions

Conclusions

- Urgent need for data on family planning costs beyond commodities at the country level
- Commitments need to be linked to country-specific strategic goals
- Poor predictability of funding
- Expanding long-acting method mix requires commitments for program support (training; logistics; information, education, and communication)



Acknowledgements

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Thank You!

www.healthpolicyproject.com

Photo by Dietmar Temps

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