



**Pharos
Global Health
Advisors**

Transitions in Family Planning:

**Challenges, Risks, and Opportunities Linked to
Upcoming Declines in Global Health Aid to
Middle-Income Countries**

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Global health transitions put past successes and future efforts in family planning at risk – preview of the main takeaways

1. The MICs expected to transition from DAH in the next decade will have **weaker economic and technical capacity to support and sustain critical health gains** compared to previous cohorts
2. The challenges facing individual programs (HIV, Malaria, Immunization) at country level will be **exacerbated by the competing pressures of simultaneous health transitions**
3. **Family Planning (\$1.3B annually from donors) is at risk**, threatening current and future gains in FP access, uptake, and quality for millions of women
4. A group of ~20 middle-income countries most “at risk” and their FP donors are **ill-prepared to deal with transition**, and FP transition preparation is behind preparation for other diseases
5. **Timely action** by Governments, donors, and FP advocates is needed to turn this situation around and ensure that FP fares well in the transition environment of the next 3-5 years





For today's discussion:

1. Present project objectives and approach
2. Explain our analytical framework
3. Describe/assess global landscape of family planning transitions
4. Present key takeaways from 3 country case studies of FP transition:
 - Ghana
 - Kenya
 - Bangladesh
5. Discuss country and global actions for mitigating risks associated with family planning transition

Project objectives

- 1 **Identify the major risks and challenges** to impending FP transitions in the context of simultaneous health transitions
- 2 **Propose strategies** for national policymakers to manage competing pressures and address specific risks to FP programming
- 3 **Make recommendations** for donors to allocate resources and share responsibilities more effectively and transparently in support of FP program transition

Our approach

Framework development	Landscape	Framework application	Synthesis
			
To analyze transitions, drawing on the literature and global interviews	Survey FP and other health transitions	Examine three high-risk country cases with field visits and 20+ interviews each: <ul style="list-style-type: none">• Ghana• Kenya• Bangladesh	Synthesize global and country-level results into key findings and recommendations

What do we mean by transitions in health?



Transition: the process by which a country moves towards fully funding and implementing its own health programs **independent of donor support** while continuing to **sustain** past gains and scaling up programs as appropriate.¹



Simultaneous transitions in health: when donors pull back in several health areas at once, multiplying transition challenges






¹The Global Fund Strategy 2017-2022.

Context: upcoming transition country cohort has more limited capacity to manage donor exit than the last one

Indicator	Previous Cohort	Upcoming Cohort	Consequences
	Albania, Armenia, Azerbaijan, Bosnia, Bolivia, Georgia, Indonesia, Sri Lanka, and Vietnam	Angola, Cameroon, Congo, Moldova, Mongolia, Nigeria, Pakistan, Papua New Guinea, and Sudan	
GDP per capita (US \$)	\$2,600	\$2,400	Poorer
DAH as % GHE	9.2	13.9	More donor-dependent
IHME health access & quality index	62	51	Lower access
CPIA score	3.9	3.2	Weaker governance
Human development index	0.69	0.58	More development challenges

Source: Yamey, Hecht, et al., 2018.

Global landscape: unlike ATM programs, transition triggers for Family Planning are less well-developed, and there are few tools for analysis and planning

Agency	Area	Transition Triggers	Transition Tools
	Immunization	GNI per capita	"Graduation" assessments and grants
	HIV, TB, Malaria	Disease burden and GNI/capita	TRAs, S&T Plans, transition grants
	HIV	Ability and willingness to sustain epidemic control	Sustainability Index Dashboard
	Family Planning	TFR and mCPR (under review; sometimes other contextual factors considered)	Limited
		Unclear	None?

84 LMICs assessed for FP transition risk according to demographic, financial and FP-related indicators

Country Category	GNI per Capita (USD)	Total Fertility Rate	Modern Contraceptive Prevalence Rate	Unmet Contraceptive Need	HIV Spending from DAH	Immunization Spending from DAH	DAH for FP per WRA (USD)	DAH as % Total Health Expenditure
Long-term dependent (n=35)	\$680	4.7%	19.8%	28.1%	90.5%	76.4%	\$1.21	26.1%
High risk for FP transition (n=22)	\$1,525	3.2%	31.8%	24.9%	81.2%	73.2%	\$0.73	13.3%
Low dependency, easier transition (n=23)	\$3,660	2.3%	47.0%	18.7%	44.4%	3.0%	\$0.03	1.2%

Table values: unweighted median

Our three country cases—Ghana, Kenya, and Bangladesh—are part of the high-risk category

Country/ Category	GNI per Capita (USD)	Total Fertility Rate	Modern Contraceptive Prevalence Rate	Percent Unmet Contraceptive Need	Share of DAH in HIV Spending	Share of DAH in Immuni- zation Spending	DAH for FP per WRA (USD)	DAH as % Current Total Health Expenditure
High Risk Group	\$1,525	3.2%	31.8%	24.9%	81.2%	73.2%	\$0.73	13.3%
Bangladesh	\$1,470	2.1%	45.5%	19.1%	95.6%	73.0%	\$0.75	7.6%
Ghana	\$1,880	3.9%	22.1%	33.6%	62.6%	65.0%	\$1.37	12.8%
Kenya	\$1,460	3.8%	42.7%	20.3%	63.1%	--	\$4.01	19.5%

Framework for country-level FP transition risks and solutions analysis

- 1 Financing** Can the country mobilize adequate domestic funds?
- 2 Procurement** Will post-transition national systems be efficient and effective?
- 3 Technical capacity** For health technology assessments, strategic information management, QA?
- 4 Enabling factors** Is there strong political support, supportive legal environment, and durable coordinating structures?

Ghana faces the largest challenges in preparing for and implementing FP transition

Technical capacity

- FP performance indicators are relatively weak

Financing

- Heavily dependent on donors for funding for FP, at a time when it appears that donor support is set to decline
- Increasing co-financing obligations for other major health programs could squeeze available funds for FP

Enabling factors

- Ghana wants to become self-reliant from aid but has not yet defined the strategies to achieve this in health/FP
- Political commitment to FP is fragile

Ghana's FP performance indicators are relatively weak, and political commitment to family planning is fragile

- Other health programs are prioritized over FP – FP viewed as a choice rather than a necessity
- Informants did not consider FP a key component of achieving national development goals/SDGs
- Some female advocates for FP in government and civil society, but this does not translate into strong political support for FP
- Weak political commitment mirrored in low government budget allocations for FP and heavy donor dependence

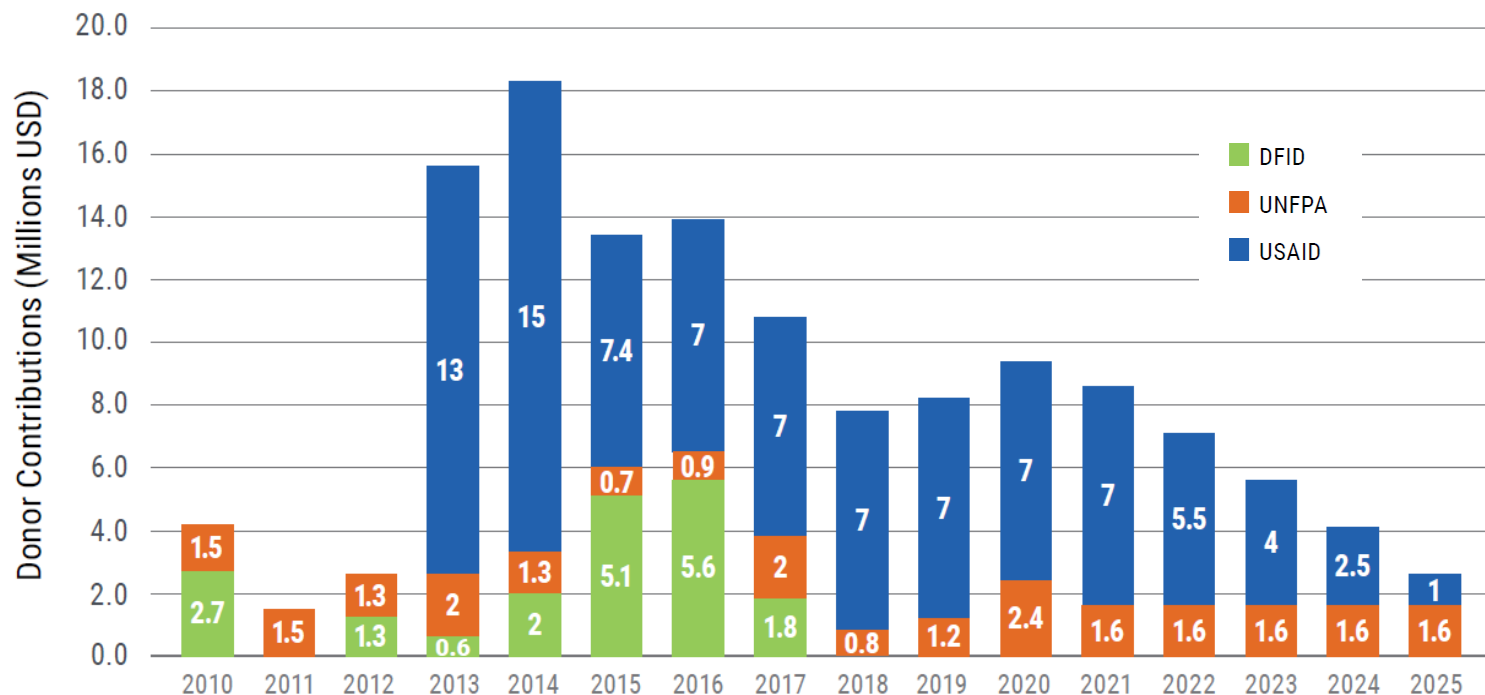
Ghana FP Performance Indicators, 2019	
Total FP users	1,689,000
mCPR (AW)	22%
mCPR (MW)	29%
Unmet need (MW)	34%
Demand satisfied (MW)	46%

Note: mCPR = modern contraceptive prevalence rate;
AW = all women; MW = married women

Ghana depends heavily on donors for funding for FP, at a time when it appears that donor support is set to decline

Donor support for FP is expected to decrease by 75% by 2025

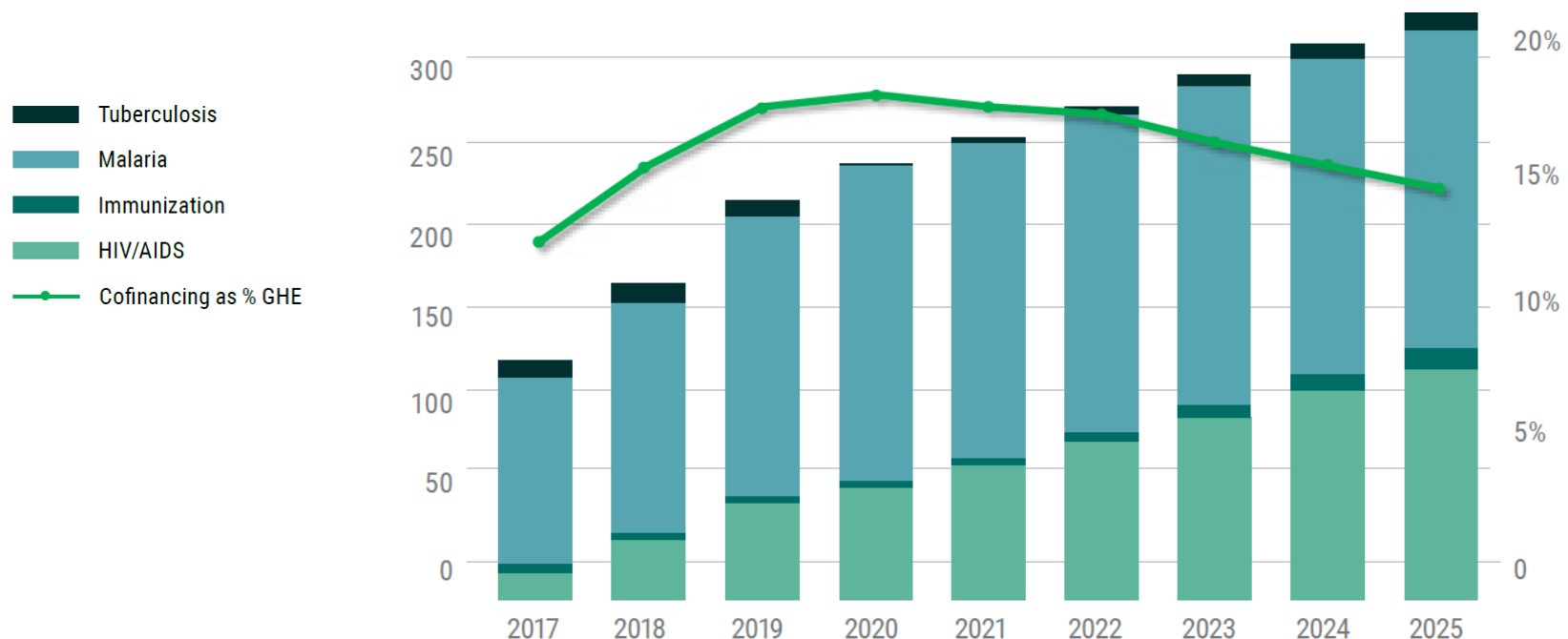
Estimated and Projected Donor Contributions for FP in Ghana: 2010-25



Ghana faces increasing co-financing obligations for other major health programs that could squeeze available funds for FP

Annual domestic co-financing requirements for HIV, TB, Malaria expected to absorb 20% of GHE by 2025

Ghana's Projected Co-Financing Requirements: 2017-25

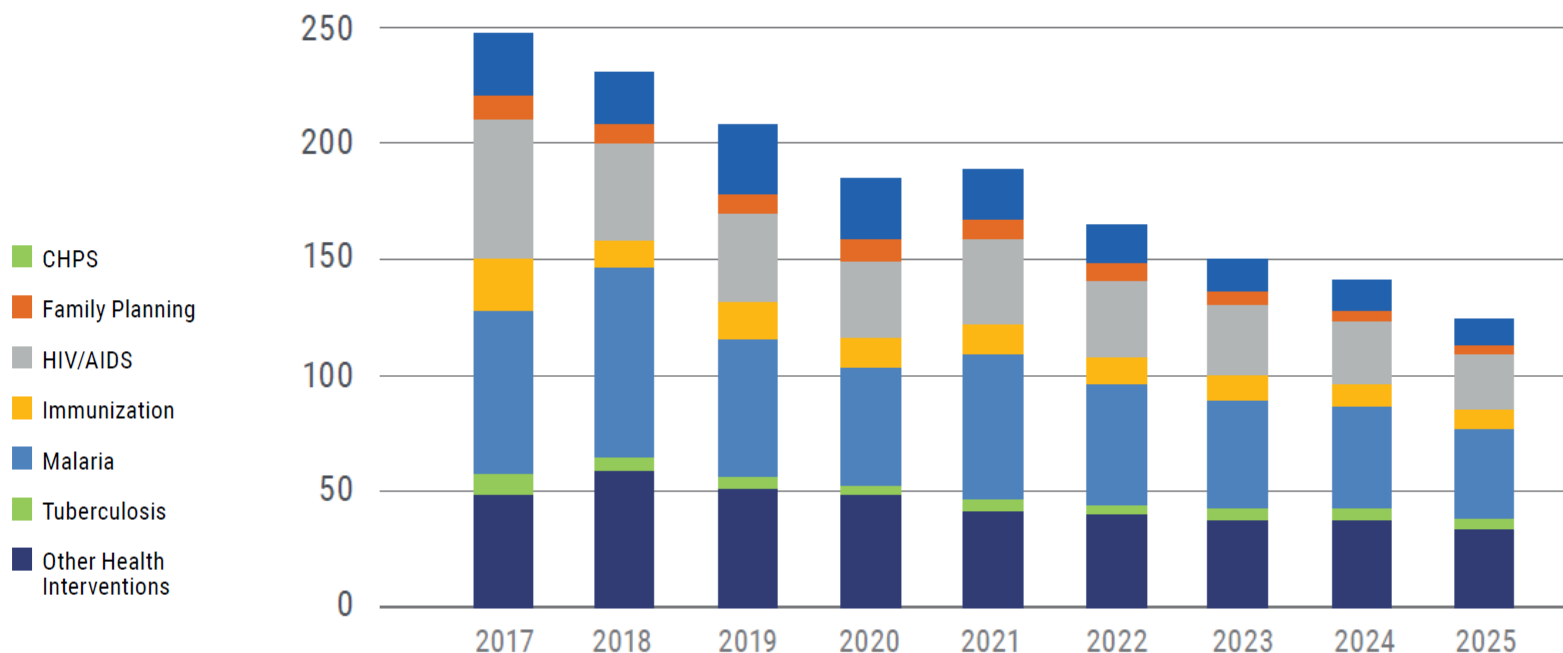


Source: DFID/OPM, 2018

Ghana wants to become self-reliant from aid but has not yet defined the strategies to achieve this goal in health and FP

Health and FP are not central to the Ghana Beyond Aid agenda – the current focus is on industry, and key FP donors in Ghana viewed FP transition as a remote event and thus not a priority

Projected Donor Contributions for Six Ghanaian Health Programs: 2017-25



Source: DFID/OPM, 2018

Possible actions to address Ghana FP transition challenges

Financing

- Introduce a **national FP budget line** to solidify and monitor government domestic financial contribution
- Develop FP **commodity financing plan** with explicit and increasing domestic funding requirements
- Ensure FP services are **included in Ghana's NHIS package** and reimbursed using evidence from ongoing pilot and HTA analysis

Procurement

- Develop a **plan and timeline** for transfer of FP commodity procurement and supply chain management responsibility from USAID/Chemonics to the government

Technical capacity

- Conduct and **regularly update** FPSA for use in transition planning and monitoring
- Create a health sector-wide **health transition strategy** with input from government and partners, including FP

Enabling factors

- **Raise awareness** of FP program benefits and transition scenarios with senior officials to advocate for greater prioritization and domestic investment in FP

Kenya was once a leader in national ownership of FP programs, but devolution is undermining progress and jeopardizing transition

Financing

- Devolution in 2013 has led to reduced domestic financing for FP and exacerbated regional disparities

Procurement

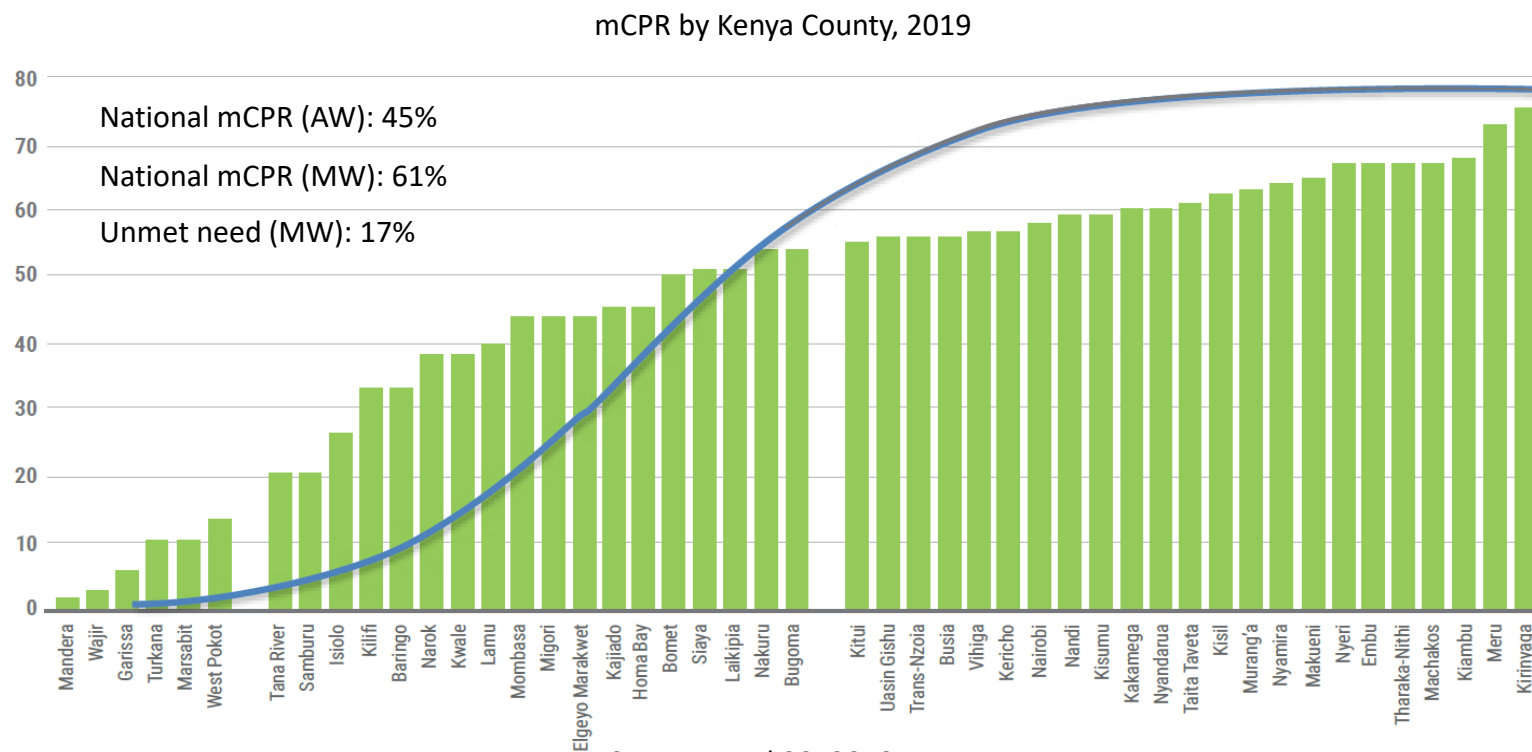
- Limited FP investment from counties and declining donor funds have precipitated a national FP commodity crisis – further donor declines in FP would put the national program at major risk

Enabling factors

- FP and other donor-backed health programs are vying for incorporation in NHIF and in UHC, but affordability is questionable
- National awareness of FP transition and related risks is high, but the FP community is not involved in health sector transition planning

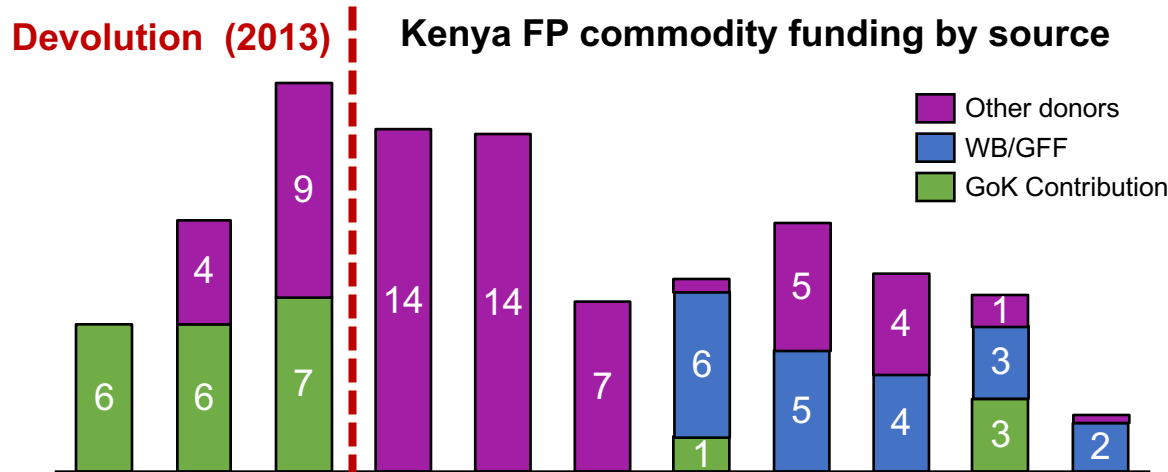
Devolution in 2013 has led to reduced domestic financing for FP and exacerbated severe regional disparities

- Devolution granted Kenya's counties responsibility for FP programming and financing, diluting national technical capacity
- Several counties have chosen not to prioritize FP programs or investments
- Donors concentrate in select counties, while other regions receive little TA

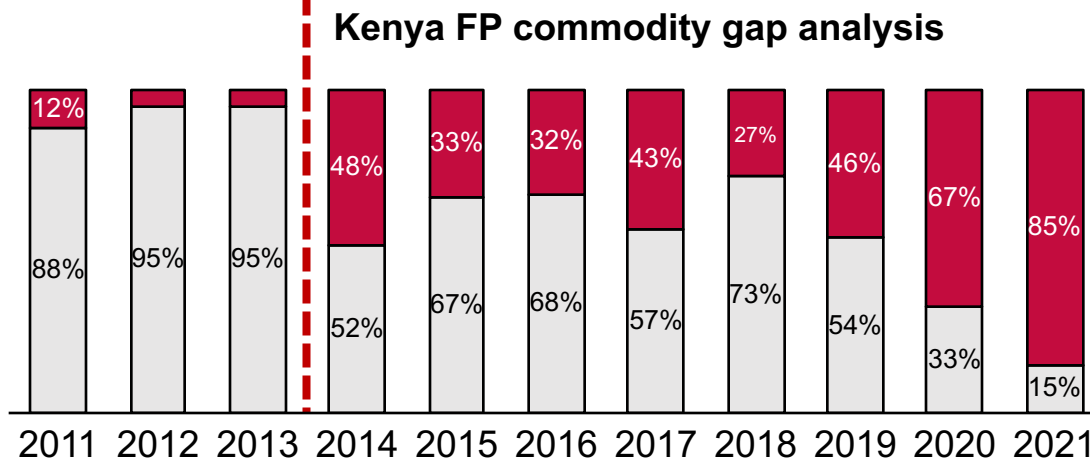


Source: Track20, 2019

Limited FP investment by Kenya and declining donor funds have precipitated a national FP commodity crisis



Strong domestic funding for FP ended after devolution



Looming commodity financing gap – donors are trying to negotiate matching agreement with GoK

FP and other donor-backed health programs are vying for incorporation in NHIF/UHC but affordability is questionable

Summary of Major Health Program Resource Needs and Expected Expenditures (Millions KES), 2018

- FP is included in the NHIF, but this only covers ~20% of Kenyans
- Plan to transform the NHIF into universal social health insurance may not include FP, HIV, TB, etc. because of affordability
- Kenya's NHIF budget for 2018 **KES 37B**, versus total HIV, TB, malaria, and FP resource needs of **KES 132.4B**

"Priority" Health Program Area	Total Resource Need	Domestic Funding	Donor Funding	Gap
HIV	103,205	33,094	61,912	8,199
Malaria	14,747	14,456	6,313	
TB	6,555	2,398	2,433	1,724
FP	7,899	1,366	4,292	2,241
Total	132,406	51,314	74,950	6,142

Sources: Chaitkin et al., 2017; Kenya CIP, 2017-2020

FP's financial weight and transition risks are similar to TB, but the FP community is not involved in transition planning as are the three big infectious diseases (and immunization)

- GoK, GF, PEPFAR, and other donors are assessing Kenya's readiness for increased domestic co-financing requirements for other diseases but not for FP
- The National AIDS Control Council is leading a technical working group to plan for transition across the health sector, but FP is not represented

Health Program	Total Spending (USD)	Donor Financing (USD)	% Donor Funded
HIV	949M	598M	63
TB	77.5M	40.3M	52
Malaria	245M	130M	53
FP	66.6M	48.6M	73

Sources: WHO, 2017; UNAIDS, 2018; IHME, 2018; Kenya FPSA, 2016

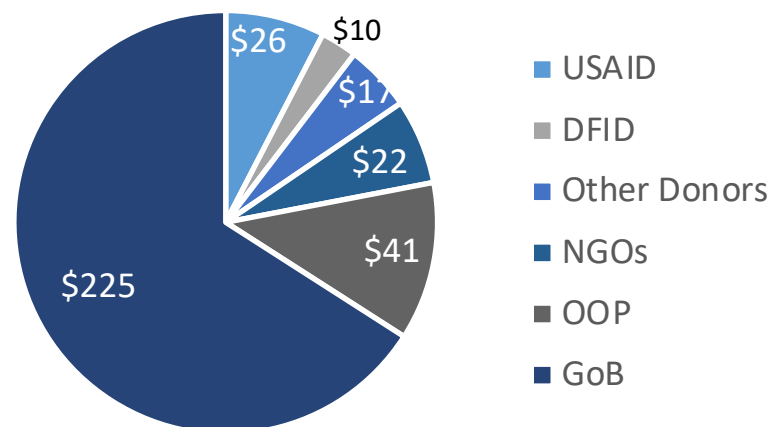
Possible actions to address Kenya's FP transition challenges

Financing	<ul style="list-style-type: none">• Re-introduce a national FP budget line and rebalance program funding between county and national levels• Implement FP commodity matching fund and monitor performance
Procurement	<ul style="list-style-type: none">• Resolve county debts to KEMSA to eliminate delays in shipments• Improve county FP commodity forecasting to address over- and under-supply
Technical capacity	<ul style="list-style-type: none">• Use HTA to identify a cost-effective package of FP services to include in UHC benefits
Enabling factors	<ul style="list-style-type: none">• Develop FP transition plan with input from government and partners as part of the next CIP• Integrate FP transition planning and analysis into health sector-wide transition discussions by joining the TWG led by NACC• Improve equity in FP access across counties by focusing donor TA on the neediest areas and building PPPs

Building on political will to lower national fertility, Bangladesh's FP program has become more self-reliant...

Selected Bangladesh FP Performance Indicators, 2018	
mCPR (AW)	46%
mCPR (MW)	57%
Unmet need (MW)	19%
Demand satisfied (MW)	75%
TFR	2.08

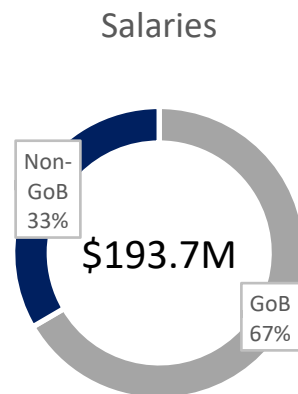
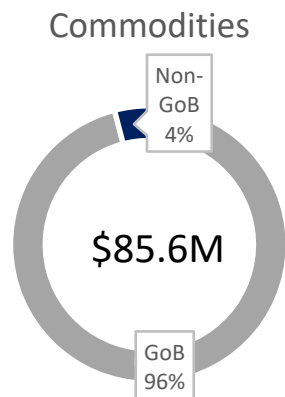
Bangladesh FP Financing by Source: 2016 (Millions USD)



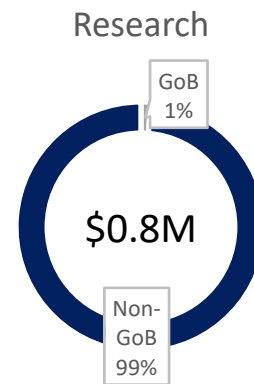
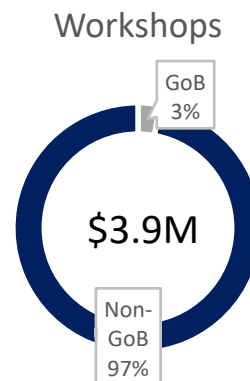
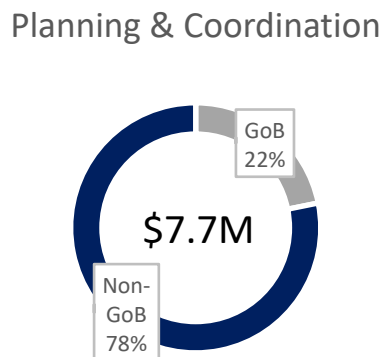
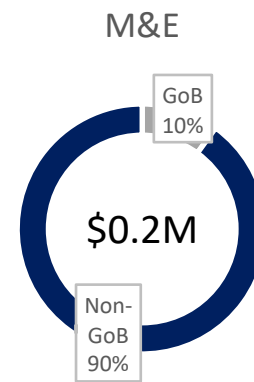
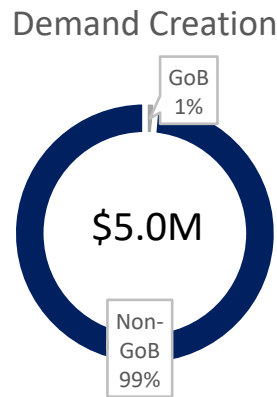
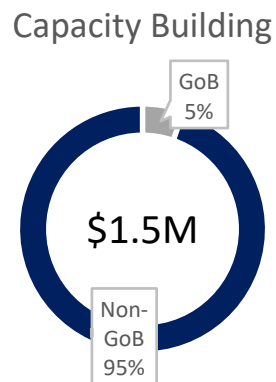
Bangladesh's FP program performs relatively well...

...and 85% of the FP program is funded through domestic sources

...but Bangladesh still depends on donors to fund critical enabling areas that need to be sustained to continue overall program effectiveness



Source: FPSA, 2016

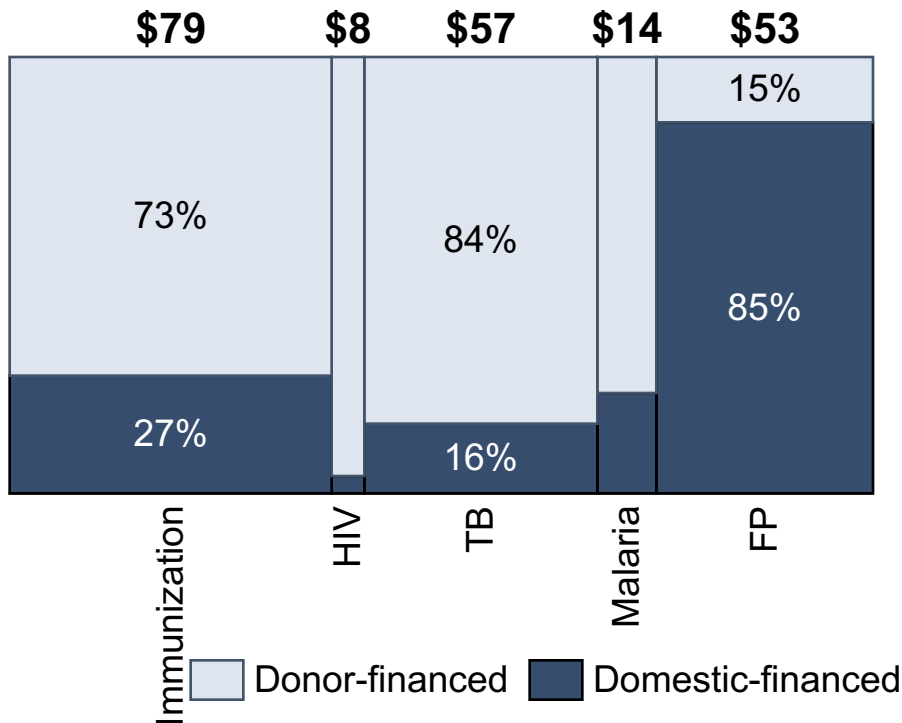


Although commodities and salaries are primarily domestic-funded...

...the remaining critical FP support programs are donor-dominated

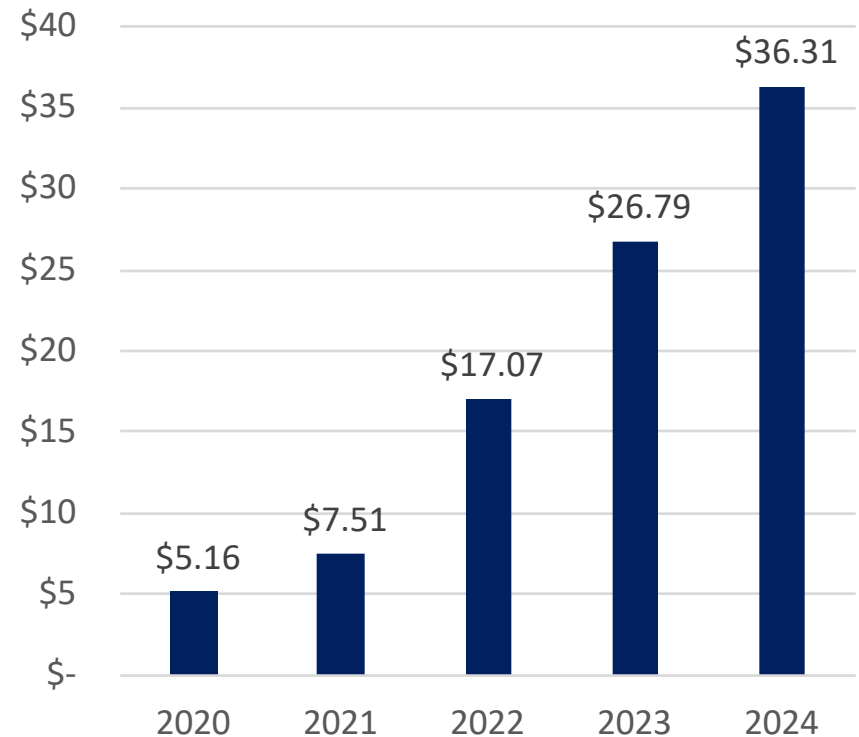
Bangladesh's FP program sustainability could still be threatened by declines in other DAH

Annual donor funds \$M



Compared with FP, other priority health programs are heavily donor-financed

Expected Gavi Co-financing Requirements for Bangladesh: 2020-2024 (Millions USD)



Increasing co-financing requirements will put pressure on FP

Possible actions to address Bangladesh's FP transition challenges

Financing

- Improve government capacity for **and increase available resources for social contracting** with NGOs to work with vulnerable groups as donor funds decline

Procurement

- Increase LARC/LAPM access through **strategic procurement**
- Share best practices and knowledge on Procurement and Supply Management

Technical capacity

- Assess donor-funded TA for FP and **develop a plan to transition**
- Develop FP-specific **transition plan and health sector-wide transition strategy**

Enabling factors

- Reframe FP program narrative in terms of access and choice (versus fertility reduction) among senior officials to **advocate for continued prioritization and investment in FP**

To support successful FP transition in the 22 high risk countries, global public goods need to be created

For high-risk countries

- **Develop/adapt tools for FP transition readiness and risk assessments** and FP transition plans
- Pilot and expand widely the **integration of FP into larger health sector sustainability and transition strategies** – tools and institutional mechanisms
- **Enhance FP advocacy tools (scenarios, investment briefs)** to make evidence-based cases to prioritize FP transition with expanded domestic resources

For global supporters

- Publish and communicate widely and transparently **donor transition policies, triggers, processes**, and projected declines in funding for FP
- Develop a **global working group on FP transition** (linked to existing structures) to support national planning (tools and TA), promote knowledge sharing, and coordinate donor policies

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