Ensuring adequate financing of family planning commodities and services

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Family Planning Financing

- Ensuring Adequate Financing of Family Planning Commodities and Services

Increasing efficient and effective investment in family planning through the public and private sectors is key to meeting the FP2020 goal of helping 120 million additional women become modern contraceptive users. Despite efforts by country governments, donors and individuals are responsible for nearly half (49%) of the costs of reproductive, maternal, neonatal, and children’s health (7). Household expenditures dwarf the contributions of both domestic and international funding sources. Future efforts to reduce unmet need for FP must consider consumers’ out-of-pocket costs, programmatic cost-effectiveness, and sources of funding.

CHALLENGES TO FINANCING FAMILY PLANNING

The estimated direct and indirect annual cost of providing modern contraceptive services to 671 million users in developing regions is US$6.3 billion (2). Direct costs include contraceptives, supplies, and health worker salaries. Indirect costs include programme support, information and education on FP, construction and maintenance of facilities, and supply chain management. This results in a total average (including direct and indirect) cost for modern contraception per person per year in developing regions of US$1.01.

Expanding and improving services to meet the needs of all women and girls in developing regions (an additional 214 million) for modern contraception would cost US$12 billion annually (including direct and indirect) or US$1.93 per person per year (2).

The average cost per person in developing regions for modern contraceptive services and maternal and newborn care is US$8.56 or US$53.6 billion annually (2). Investing in both contraceptive and maternal and newborn services together results in a net savings of $6.9 billion compared with investing in maternal and newborn health care alone.

If current trends in increased contraceptive use in 148 developing countries and territories continue, there will be a funding gap of US$322 million in 2020 for commodities alone (2). If the FP2020 goal were fully achieved, the remaining funding gap between amounts spent on supplies in 2014 and 2020 would be US$541 million (3).

POLICY AND PROGRAMME CONSIDERATIONS

- Ensure sustained fundraising, pooling, and strategic purchasing in order to scale up delivery systems for contraceptive methods.

- Increase the number of additional family planning users by reaching new users and improving continuation rates among current users.

- Conduct further research on family planning quality performance metrics, such as the method information index, to test their correlation with higher continuation rates. Client dissatisfaction and discontinuation represent significant risks to the success of FP2020.
CONSIDERATIONS FOR ENSURING ADEQUATE FINANCING OF FAMILY PLANNING COMMODITIES AND SERVICES

Increasing the number of additional FP users is achieved both by reaching new users and by improving continuation rates among current users (5,6,6). Further research on FP quality performance metrics, such as the method information index, is needed to test their correlation with improved continuation rates. Particular as contraceptive prevalence increases, client dissatisfaction and discontinuation represent a significant risk to the success of the FP2020 initiative (7).

Achieving universal access to family planning would have one of the highest benefit-cost ratios among a wide choice of policy options for development (8). Social and economic benefits for women, their families, and societies will result from increases in women’s and children’s education, increases in women’s earnings, and further reductions in poverty (2). In health, prevention is much cheaper than treatment; the cost of modern contraception is much lower than providing care for unintended pregnancies. For each additional dollar spent on FP above the current level, the cost of pregnancy-unintended pregnancies. For each additional dollar spent on contraception is much lower than providing care for maternal and newborn health care alone (2). If needs for modern contraception and maternal and newborn care were fully met, the result would be a net savings of US$6.9 billion compared with investing in contraceptive Commodity Gap Analysis 2016 pdf accessed on June 14, 2017.

(8)

