

Expenditures on Family Planning in FP2020 Focus Countries in 2015

December 5, 2017

John Stover, Rudolph Chandler: Track20 Project for the International Family Planning Expenditure Tracking Advisory Group

Introduction

Family planning programs are funded from a variety of sources, including spending by domestic governments, international donors and consumers. These funds pay for commodities, salaries of service delivery personnel, facilities and equipment as well as support functions such as training, monitoring, planning, research and demand creation. Current spending supports over 300 million users of modern methods of contraception in the 69 FP2020 focus countries (progress.familyplanning2020.org). Spending will need to expand substantially in the coming years to keep up with population growth and meet the needs of all couples who want to plan their families.

At the 2012 London Summit on Family Planning donor governments pledged to spend an additional \$2.6 billion by 2020 to support programs to achieve the goals of FP2020. A number of national governments within the 69 focus countries also made commitments in 2012. Commitments were renewed and expanded at a follow-up meeting in London in July 2017 totaling about \$2.6 billion. Currently, commitments have been made by 41 of the 69 priority countries, 14 international donor governments, 40 civil society organizations, 9 foundations, 4 international partnerships and 18 private sector organizations. Not all of these commitments include specific financial amounts. Among the larger financial commitments by domestic governments are India which pledged to spend US\$ 3 billion dollars on family planning from 2012-2020 and Indonesia which pledged to spend US\$ 1.6 billion.

Expenditures on family planning are not currently tracked systematically. This makes it difficult to understand funding trends and assess whether funding is a limiting factor in the growth of modern method users.

Over the past five years a number of organizations have cooperated to improve methods and share information on family planning expenditures. The International Family Planning Expenditures Tracking Advisory Group has reviewed the available information and provided guidance on how these data may be used to estimate global expenditures. (See the Appendix for a list of current members.) The goal of this collaboration is to produce annual estimates of the amount of spending on FP from all sources: international donors, domestic governments, and consumer out of pocket spending. This paper describes the data, methods and results for 2015.

Data

Several key sources of information on family planning expenditures are available. They are described below.

International Donor Expenditures

- **Kaiser Family Foundation (KFF)** collects data on the bi-lateral donors that report Official Development Assistance to the OECD DAC. They conduct direct data collection with the ten largest bi-lateral donors (Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, U.K., and U.S.). Information on all other OECD DAC member governments is taken from the OECD CRS database. The data include any funding specifically ear-marked for family planning, including family planning-specific contributions to multilateral organizations (e.g. UNFPA Supplies), family planning funding provided under broader reproductive and maternal health, and the estimated family planning share of other official development assistance (where possible). They have now collected five rounds of data covering 2012 to 2016 that show donor funding varying between US\$1.1 billion and US\$1.4 billion per year. (Wexler A, Kates J, Lief E. Donor Government Assistance for Family Planning in 2015, Kaiser Family Foundation, December 2017.)
- The **UNFPA/NIDI** project on Resource Flows for reproductive health added a specific family planning component in 2014 that collects information on international donor assistance flows and includes disaggregation by recipient country where possible. The most recent round includes information on donor contributions to 45 of the 69 FP2020 focus countries.
- **Institute for Health Metric Evaluation (IHME)** analyzes information on development assistance for health and government expenditures on health. They use a variety of sources on reported expenditures and estimate expenditures from budgets and trends where current data do not exist. Most of the estimates are for all health spending but donor flows for family planning are reported separately. (Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2015: Development assistance steady on the path to new Global Goals. Seattle, WA: IHME, 2016.)
- **Deutsche Stiftung Weltbevölkerung (DSW)** leads a Europmapping activity to track expenditures by major European donors on reproductive, maternal, newborn and child health, and family planning. DSW uses the OECD CRS data base and applies the Revised Muskoka methodology to estimate the family planning component of maternal and child health expenditures (<http://www.g8.utoronto.ca/summit/2010muskoka/methodology.html>).

Domestic Government Spending

- The **UNFPA/NIDI** project also collects information on spending within countries by the national government and NGOs. Data on family planning expenditures are collected annually through consultants identified by national UNFPA offices and detailed questionnaires provided by NIDI. The most recent round of data collection includes information on domestic expenditures for 28 countries for 2015.
- The **World Health Organization (WHO)** supports the production of health accounts in low- and middle-income countries using the System of Health Accounts (SHA 2011) platform. Domestic

expenditures on health are reported via a disease/priority intervention area classification. Family planning is an optional module in this system. Data are released on WHO's database, the Global Health Expenditure Database (GHED), in December each year. The database now includes FP expenditure information for 21 countries – out of which 12 countries are FP2020 focus countries - for various years from 2010 to 2014. WHO also releases information on donor expenditures on FP that have been collected throughout the same process.
(<http://apps.who.int/nha/database/DocumentationCentre/Index/en>)

- The **USAID | DELIVER** project implemented by JSI collected information on national government funding for contraceptive supplies. This activity will be continued under the Global Health Supply Chain project implemented by Chemonics.
In many FP2020 priority countries, civil society organizations monitor their own governments' expenditures for family planning as part of ongoing efforts to ensure continued progress towards FP2020 commitments as expressed through budgets. Efforts led by Advance Family Planning, PAI and others are currently underway to develop a **common framework for tracking government spending on family planning programs** in a small set of sub-Saharan African countries (<https://pai.org/reports/towards-common-framework-measuring-government-spending-family-planning/>). But the data is not yet available for a sufficiently large number of countries to be included in the present effort.

Consumer Out-of-pocket Spending

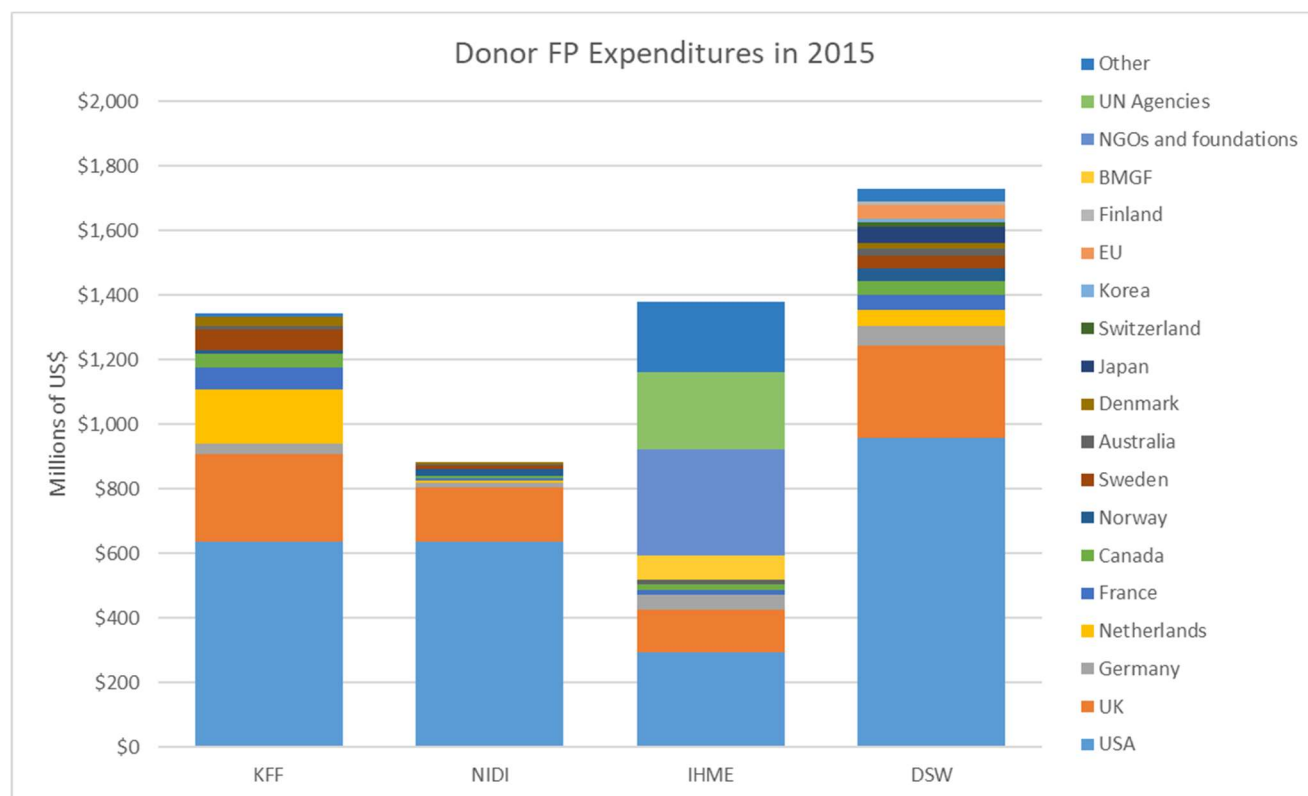
- The **PMA2020** project (implemented by the Gates Institute at Johns Hopkins University) conducts household and facility surveys in 11 countries that provide information on consumer payments for family planning services. (<https://www.pma2020.org/>)
- **Demographic and Health Surveys (DHS)** conducts nationally representative household surveys, some of which include questions about whether the respondent paid anything for family planning services at the last visit and, if so, how much was paid. This information is available for nine countries: India, Indonesia, Egypt, Kenya, Madagascar, Niger, Pakistan, Philippines and Uganda. (<https://dhsprogram.com/>)
- **Population Service International (PSI)** collected data on contraceptive markets, including prices, in five countries (Ethiopia, Nigeria, DRC, Myanmar and India) through the FPWatch project. (<http://psiimpact.com/2017/07/fpwatch-getting-the-full-picture-on-the-contraceptive-market/>)
- The **Track20** project (implemented by Avenir Health) estimates out-of-pocket expenditures using estimates of modern method users in each country, DHS reports of method mix and source of method and estimates of expenditure per user from DHS, PMA2020 and PSI. (www.Track20.org)

Methods

Family planning expenditures in FP2020 focus countries are estimated at the country level and then aggregated to get a total for all FP2020 countries. For each country we consider five sources of expenditure: donors, national governments, NGOs, corporations and out-of-pocket. The national government expenditures include only those from domestic resources to avoid double counting of donor funds. Since not all donor funding can be allocated to recipient countries we add the unallocated expenditures to the sum of the country-specific estimates to get total expenditures across all 69 countries.

Figure 1 compares estimates of donor flows from four different sources. The results reported by KFF are larger than those reported by NIDI largely because KFF includes more shared expenditures (where family planning is one component of a broader reproductive health activity) than NIDI. The IHME estimate uses a conservative approach to identifying family planning expenditures in the OECD database, but also includes funding from foundations, NGOs and multi-lateral agencies. The DSW estimates are higher mainly due to a higher estimate for the United States.

Figure 1. International Donor Expenditures for Family Planning, 2015



Information on domestic government spending on family planning is available for 40 of the 69 countries (12 from WHO/SHA and 28 from UNFPA/NIDI). These 40 countries contain 84% of all modern method users in the 69 countries. We have not imputed missing values, so we probably under-estimate the total contribution. These data also include information on family planning expenditures from their own resources by NGOs (24 countries), corporations (9 countries) and other organizations (14 countries). (These data have not yet been fully validated at country level through the process used for the other FP2020 core indicators. For this reason, we do not report the country-specific estimates here, but expect to be able to do so next year.)

Track20 has estimated out-of-pocket expenditures by considering two separate components: client payments for family planning services obtained in the private sector and payments for public sector services. Data from Demographic and Health Surveys provide information on the proportion of family planning users who get their services from the public sector by method. We multiply these proportions by the number of modern method users of each method (as reported in the FP2020 annual report) to get the number of users receiving services in the public sector and subtract from the total number of modern method users to estimate those who receive services in the private sector.

Information on the cost of obtaining FP services is available from DHS, PMA2020 and PSI. PMA2020 asks respondents about the total amount paid in the past year. DHS asks about the last visit. The PSI studies report price per piece as well as price per CYP. For the long-term methods (sterilization, IUD, implants) these differences are not important. For the short-term methods (condoms, pills, injectable) we convert cost per visit to annual expenditures by multiplying by the number of re-supply visits per year (estimated by comparing the costs in countries where different data sources overlap): 9.5 for pills, 4 for injectables and 27 for condoms. The results are shown in Table 2.

Table 1. Prices of private sector services by method and country

Country	Source	Pill	IUD	Injection	Condom	Female		Male	
						Sterilization	Sterilization	Sterilization	Implants
Burkina	PMA2020	\$ 1.94	\$ 3.02	\$ 2.28	\$ 1.52	\$ 23.87	\$ -	\$ 3.95	
Egypt	DHS 1997	\$ 3.64	\$ 6.41	\$ 8.71	\$ 2.43	\$ -	\$ -	\$ -	
Ethiopia	PMA2020/PSI	\$ 0.91	\$ 4.54	\$ 0.82	\$ 2.10	\$ 86.58	\$ -	\$ 1.66	
Ghana	PMA2020	\$ 1.57	\$ 2.25	\$ 1.35	\$ 1.27	\$ 21.86	\$ -	\$ 3.02	
India	DHS/PSI	\$ 0.67	\$ 6.23	\$ 12.46	\$ 3.50	\$ 46.79	\$ 14.06	\$ -	
Indonesia	PMA2020	\$ 5.39	\$ 20.07	\$ 6.17	\$ 7.39	\$ 123.04	\$ -	\$ 8.54	
Kenya	PMA2020/DHS	\$ 2.16	\$ 6.71	\$ 1.94	\$ 1.63	\$ 26.16	\$ -	\$ 3.33	
Kinshasa	PMA2020/PSI	\$ 1.99	\$ 8.46	\$ 3.87	\$ 2.10	\$ 8.96	\$ -	\$ 7.64	
Madagascar	DHS	\$ 0.68	\$ 10.57	\$ 6.55	\$ 1.42	\$ 14.77	\$ -	\$ 14.11	
Niger	PMA2020/DHS	\$ 1.81	\$ 29.24	\$ 1.60	\$ 1.01	\$ 73.33	\$ -	\$ 6.81	
Nigeria	PMA2020/PSI	\$ 0.79	\$ 2.35	\$ 1.06	\$ 4.20	\$ 19.12	\$ -	\$ 1.93	
Pakistan	DHS	\$ 1.86	\$ 2.88	\$ 2.78	\$ 1.06	\$ 97.77	\$ -	\$ -	
Philippines	DHS	\$ 8.87	\$ 11.09	\$ 13.24	\$ 17.40	\$ 65.73	\$ -	\$ -	
Uganda	PMA2020/DHS	\$ 5.42	\$ 13.03	\$ 0.65	\$ 0.30	\$ 60.08	\$ 40.72	\$ 11.40	

For countries without data on prices we assigned a proxy country based usually on geographic proximity. The assignments are shown in Table 3. Countries with data on prices represent 76% of all modern method users in the FP2020 countries, so only the remaining 24% are represented by proxies.

Table 2. Proxy countries for private sector prices

Reference Country	Countries using this reference country	Percent of modern method users represented by this country
DRC	Congo	1%
Egypt	Kyrgyz Republic, Uzbekistan, Yemen	5%
Ethiopia	Eritrea	2%
Ghana	Cameroon, Cote d'Ivoire, Gambia, Liberia, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone	2%
India	Bangladesh, Nepal, Sri Lanka	56%
Indonesia	Cambodia, Timor-Leste, Viet Nam	16%
Kenya	Burundi, Lesotho, Mozambique, Rwanda, South Sudan, Tanzania. Zambia. Zimbabwe	6%
Madagascar	Comoros	1%
Mexico	Bolivia, Honduras, Nicaragua	1%
Niger	Benin, Central Africa Republic, Chad, Guinea, Haiti, Mali, Mauritania, Togo	1%
Pakistan	Afghanistan	4%

In some countries clients have to pay to access family planning services at public sector facilities. Information on the percentage of public sector clients who pay for services and the median fees they pay is available from DHS surveys in seven countries (Ghana, India, Indonesia, Kenya, Madagascar, Pakistan and Philippines). The proportion of public sector clients paying something for family planning services ranges from nearly 100% in Ghana to 10% for female sterilization in India. Together these seven countries account for 67% of modern method users in the FP2020 countries. Across all seven countries and methods, the prices paid by public sector clients are about 25% less than for private sector clients. In these countries total out-of-pocket expenditures accounted for by public sector clients range from 6% in India to 30% in Kenya and Madagascar. The weighted average for all seven countries is that out-of-pocket payments by public sector clients are 12% of the payments by private sector clients. Therefore, we have increased the private sector out-of-pocket payments by this amount to estimate the total.

Results

The total estimated expenditure on family planning in 2015 in the 69 FP2020 focus countries is US\$ 2.7 billion. Of this total 49% comes from international donors, 28% from domestic governments, 2% from NGOs, 3% from other sources and 17% from out-of-pocket payments (Figure 2). This translates to about \$9.30 per modern method user across all countries.

Figure 2. Estimated distribution of sources of family planning funding, 2015 (Millions of US Dollars)

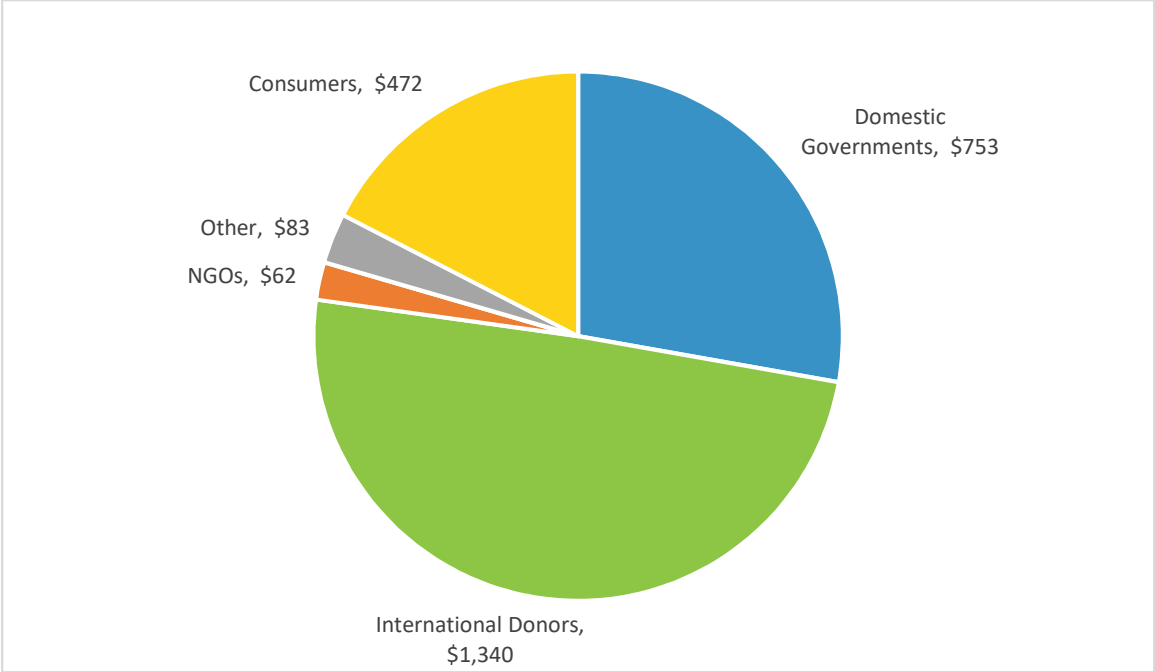
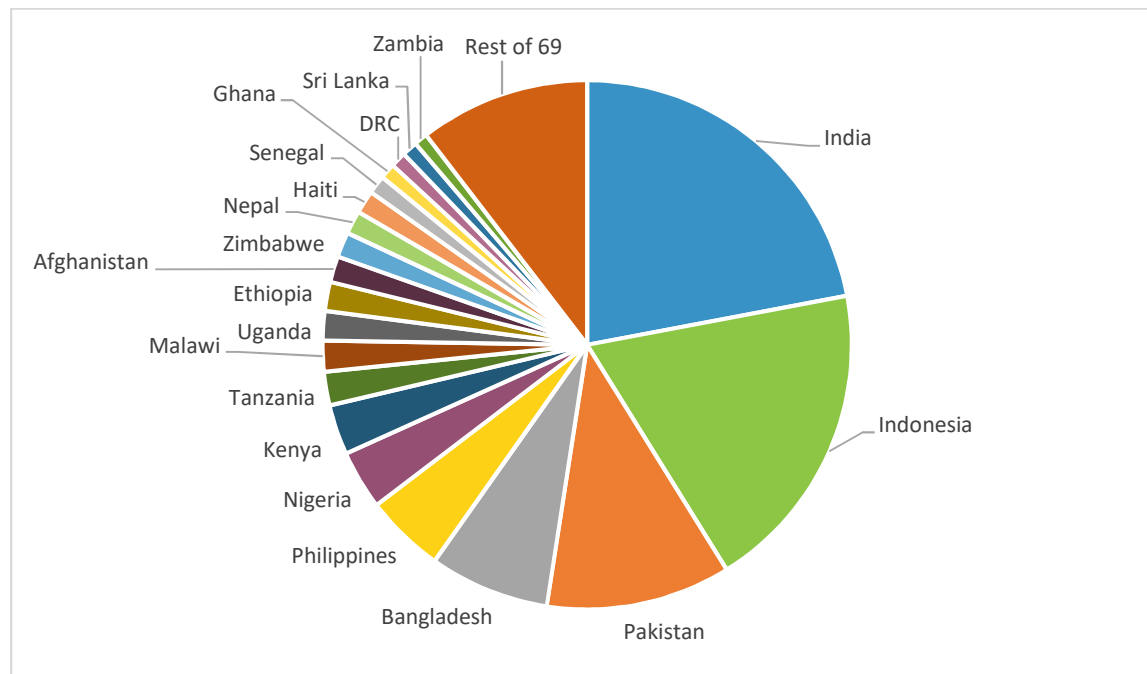


Figure 3 shows the distribution of expenditures by country. The top 6 countries account for two-thirds of all expenditures, with India, Indonesia and Pakistan accounting for more than half of expenditures. (These three countries also account for about 62% of modern method users.)

Figure 3. Estimated distribution of Family Planning Expenditures by Country, all Funding Sources



Discussion

This is the first time a comprehensive estimate of family planning expenditures has been published using these global data sources. These estimates highlight the importance of donor funding in the FP2020 focus countries and the need to better understand the contributions from domestic sources.

There are several limitations to these estimates. The data are far from complete, but some data are available for all but eight of the FP2020 countries (Bhutan, Djibouti, DPR Korea, Iraq, Occupied Palestinian Territory, Papua New Guinea, Solomon Islands and Western Sahara). Donor disbursements account for almost half of the total. We have good data on donor disbursements but some uncertainty about how to identify family planning funds that are part of activities with broader reproductive health focus.

Estimates of domestic public-sector spending are uncertain as they have not been extensively validated in all countries. Procedures are being put in place to more comprehensively validate these figures in 2018. There are difficulties in crediting government contributions for health system components, such as personnel and facilities, that are shared across all health activities.

The estimated out-of-pocket expenditure accounts for almost 1/5 of the total. Although the costs of private sector services are not available for most countries, the countries with data contain two-thirds of

all modern method users. We rely on DHS data for the share of family planning services provided by the private sector, but some respondents may not be able to correctly classify the facilities they use.

The new estimate of out-of-pocket payments is considerably lower than last year's largely due to new information from PMA2020 facility surveys in nine countries and the PSI FPWatch market studies in five countries. These studies provide more up-to-date data, especially for short term methods (condoms, injections and pills) that represent almost three-quarters of out-of-pocket payments.

The estimates of donor funding can be used to assess trends over time since the methods have been consistently applied. The Kaiser Family Foundation reports donor spending from 2012-2016 and shows an increase in the first few years followed by a decline that is in part due to currency fluctuations but also reflects some actual declines. The estimates of domestic government expenditures are not yet refined enough to detect trends over time, but we should see significant increases in the coming years if recent pledges are fulfilled. Estimates of out-of-pocket expenditures are based on periodic surveys. Only PMA2020 collects these data on a frequent (annual) basis. Thus, we will only be able to detect trends over longer periods of time.

Given that two-thirds of the estimated expenditures occur in just six countries, efforts to improve the accuracy of this global estimate in the future can focus on a relatively small number of countries.

Appendix A. Organizations Participating in the International Family Planning Expenditure Tracking Advisory Group

Abt Associates, Health Finance and Governance Project
Avenir Health, Track 20 project
Bill & Melinda Gates Foundation
Chemonics
Countdown 2015
DSW
FP2020
Guttmacher Institute
International Planned Parenthood
Johns Hopkins University, Advance Family Planning project
Johns Hopkins University, PMA 2020 project
JSI, DELIVER Project
Kaiser Family Foundation
Netherlands Interdisciplinary Demographic Institute
PAI
UNAIDS
UNFPA
USAID
World Bank Global Financing Facility
World Health Organization