



Achieving the Grand Convergence: A Case for Investing in Family Planning Supplies and Supply Chains

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Background

A visionary report released by the Lancet Commission on Investing in Health—Global Health 2035¹—asserts that we can accomplish significant health gains in low- and middle-income countries by 2035—to achieve a *grand convergence*.



Aligned with Global Health 2035, a new Global Investment Framework for Women’s and Children’s Health² (the Framework) maps the health, economic, and social gains that result from a greater investment in women’s and children’s health during the same time period. Family planning commodity costs and the associated supply chain operational costs required to minimize the unmet need for family planning are important elements of the overall Framework costs.

“If we make the right investments in the health sector today, we could achieve universally low rates of infectious, maternal, and child deaths by 2035.”

—Lawrence H. Summers

The Framework authors and the USAID | DELIVER PROJECT present this companion to the Framework, which outlines the family planning commodity and supply chain costs. By knowing these costs, international donors, governments, and program managers can ensure that funds are available to meet commitments for increased access.

¹ Jamison, Dean; Summers, Lawrence; et al. “Global Health 2035: A World Converging Within a Generation.” The Lancet, December 2013, vol. 382, no. 9908. doi:10.1016/S0140-6736(13)62105-4.
² Stenberg K; Axelson H; Sheehan P; Bustreo F; et al. (Study Group for the Global Investment Framework for Women’s Children’s Health) “Advancing Social and Economic Development by Investing in Women’s and Children’s Health: a New Global Investment Framework.” The Lancet, 2014 April 12, vol. 383, no. 9925 (2014): 1333-54.

Opportunities for Action

• Country-level planning and investment

• Advocacy

• Total market approach

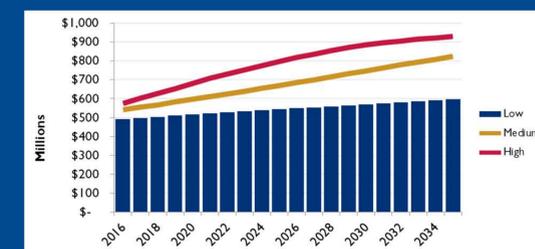
• Systems strengthening

• Stewardship

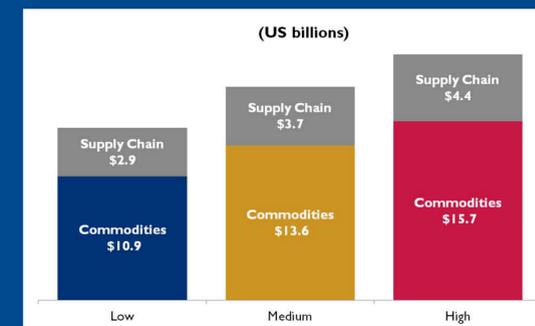
Methodology

- Between 2016 and 2035, disaggregate the investments needed for family planning commodities and for operating the associated supply chains.
- Reflect the most current evidence base for supply chain costing; present refined supply chain costs, with commodity costs.
- Disaggregate the Framework results for key subsets of countries. The disaggregated results are provided at the following levels—
 - All 74 countries in the Framework study, not including China and India
 - Regionally: Latin America and Caribbean Region, South Asia, and sub-Saharan Africa
 - FP2020 focus countries
 - USAID maternal and child health priority countries
 - GFF frontrunner countries.

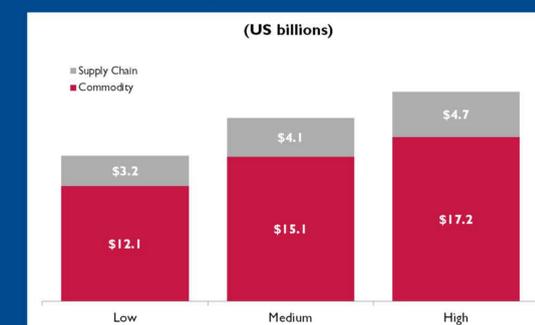
Yearly Family Planning Commodity Costs for 72 Countries, 2016–2035



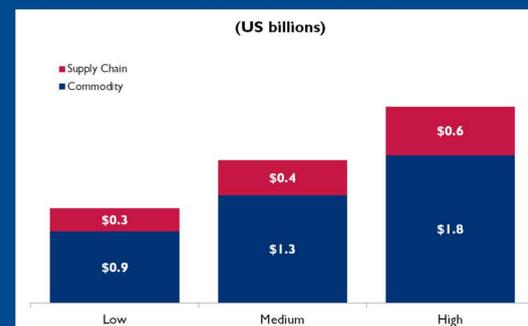
Total Family Planning Commodity and Supply Chain Costs for 72 Countries, 2016–2035



Estimated Investment Needed for FP2020 Focus Countries, 2016-2035



Estimated Investment Needed for GFF Frontrunner Countries, 2016-2035



Note: The Global Financing Facility (GFF) supports Every Woman Every Child. The frontrunner countries are Ethiopia, Kenya, Tanzania, and DRC.

Estimated Investment Needed for USAID Maternal and Child Health Priority Countries, 2016-2035

