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**HEALTH POLICY
INITIATIVE**

Targeting Resources and Efforts to the Poor:

Introduction

Presenter's Name

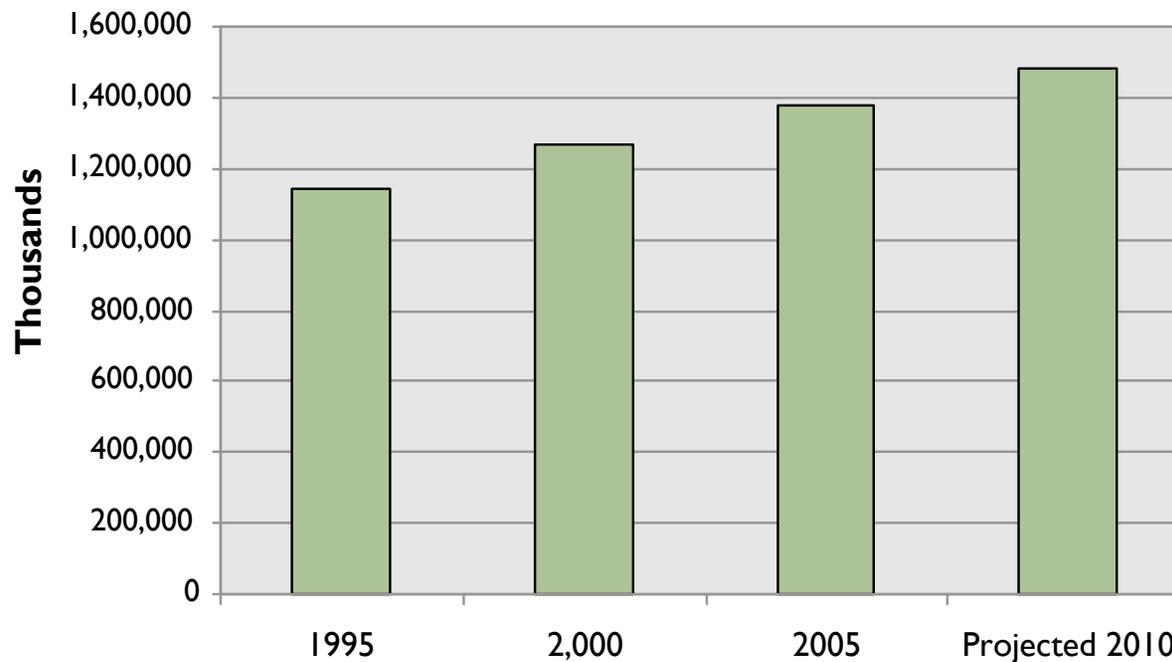
Date



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A Widening Resource Gap: Global Demand for FP Is Increasing

- Increasing number of women of reproductive age
- Increasing demand for family planning

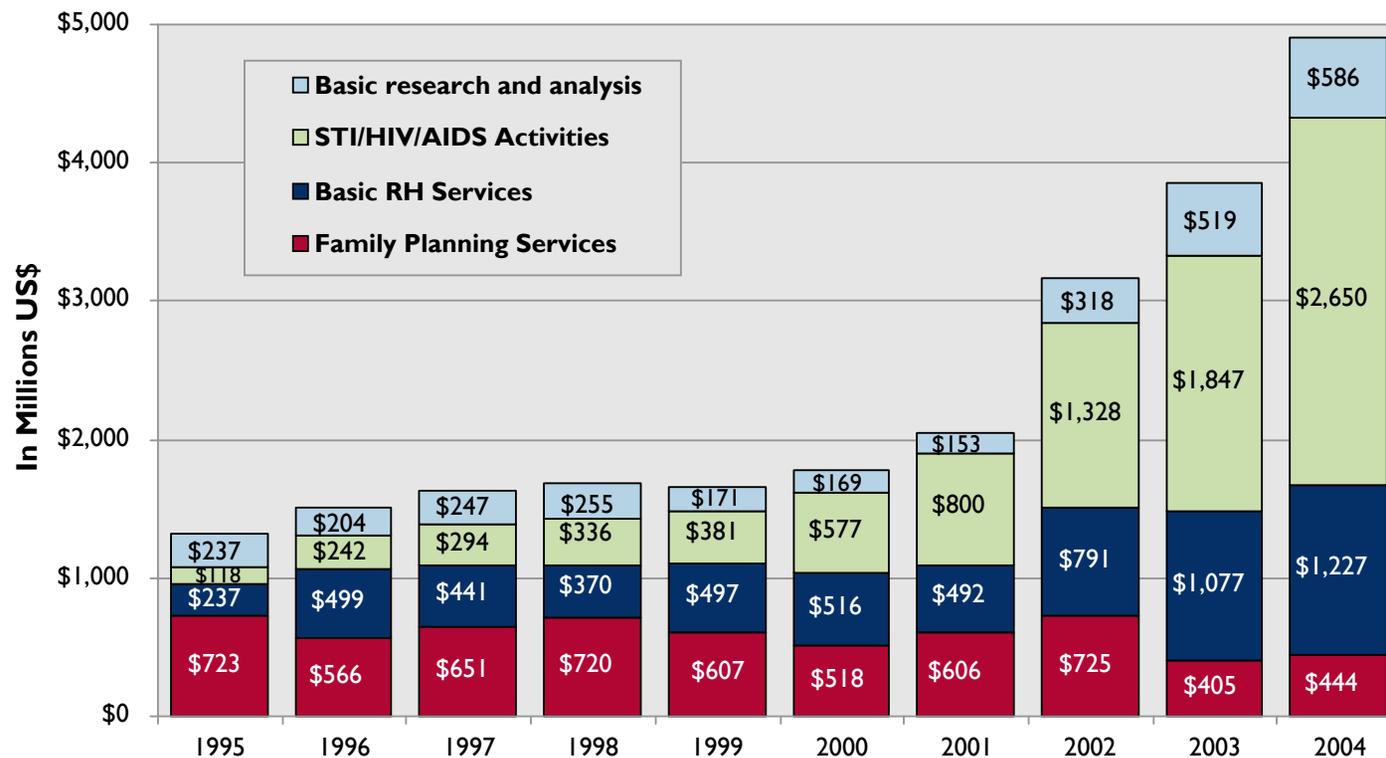


Number of Women of Reproductive Age in Less-Developed Regions

Source: Weissman, E. 2007. Cost of Family Planning Literature Review. Washington, DC: Futures Group, Health Policy Initiative, Task Order I.

A Widening Resource Gap: Resources Are Falling Short

- Public sector money is limited and stretched
- Donor funding is stagnating



Source: Weissman, E. 2007. Cost of Family Planning Literature Review. Washington, DC: Futures Group, Health Policy Initiative, Task Order I.

Who Will Fill the Gap?

- Public sector (government and donor)
- Commercial entities
- Nongovernmental organizations
- Social marketing programs

Each sector has an important role to play.

Role of Public Sector

Provide FP services/products to those with the greatest need for subsidies

- High fertility
- Low contraceptive use
- High unmet need



- Poor
- Geographically isolated
- Rural residents
- Ethnic minorities
- Adolescents, youth

Targeting: A Definition

Concentrating [public sector] resources, particularly resources for social programs, on the people who need them the most and would otherwise not have access to them.

Some Barriers to Targeting

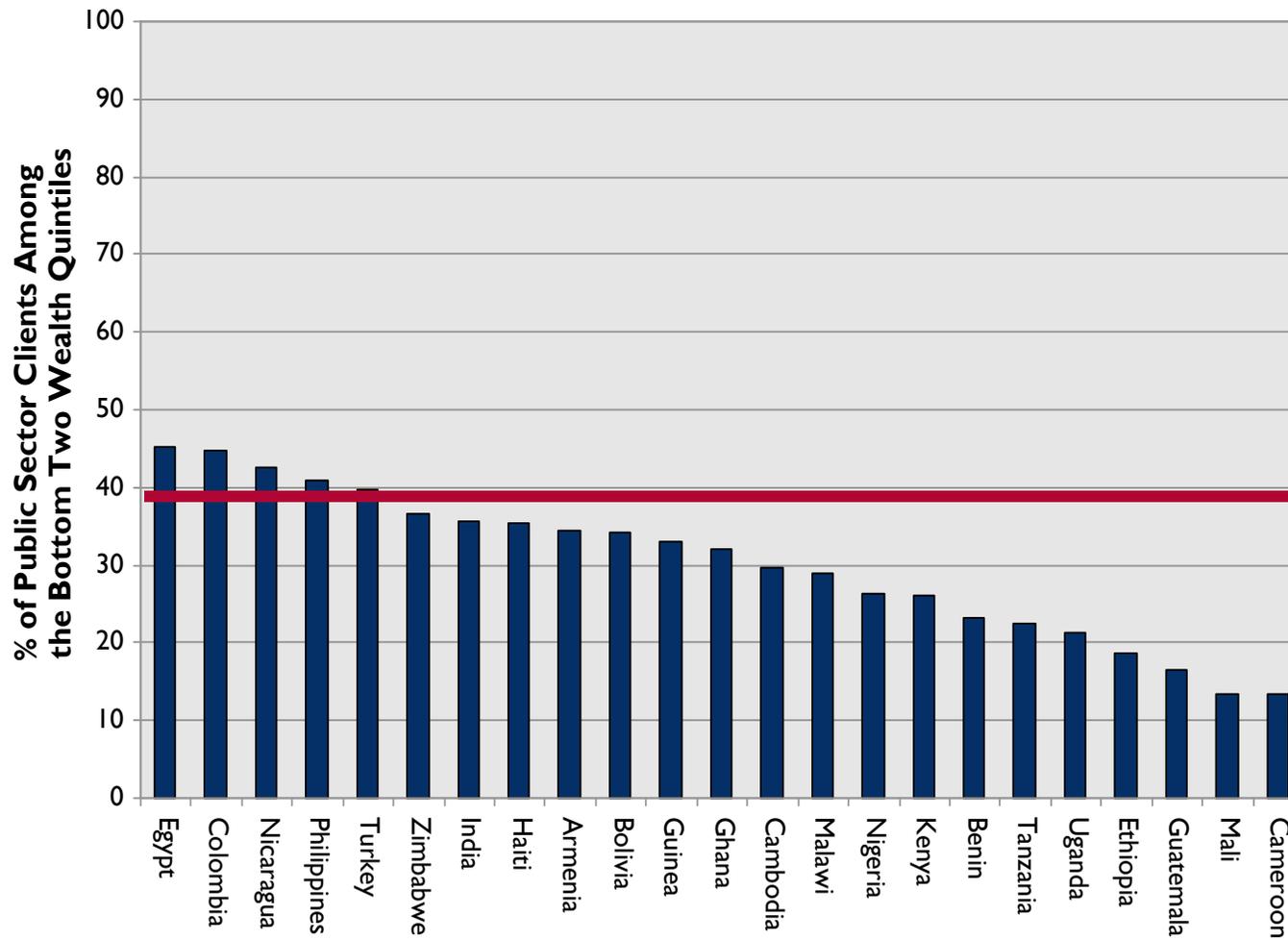
- “Health for all” as a public sector entitlement
- Constitutional requirement of universal public-sector access
- Perceived underdevelopment of private sector
- Major changes required in public service delivery system

Consequences of Not Targeting



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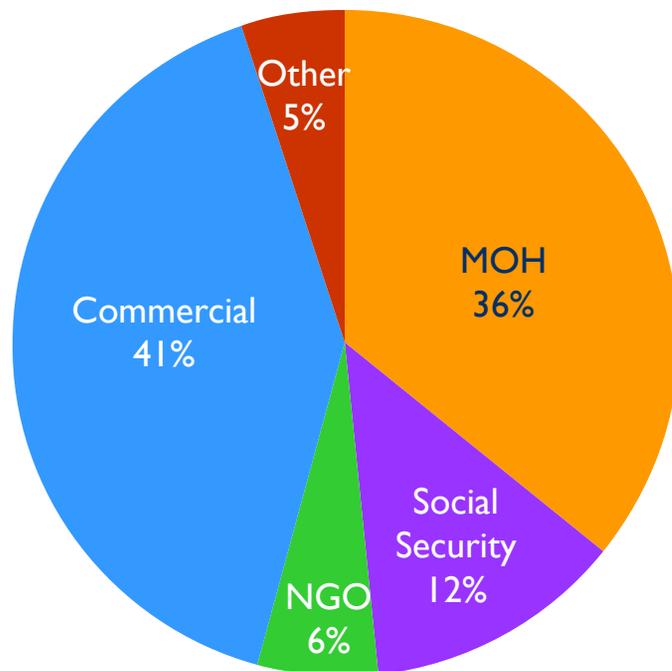
The Better-Off Receive More Public Subsidies



Source: DHS data, 2001–2004

Crowds Out Commercial Sector: Case of Peru

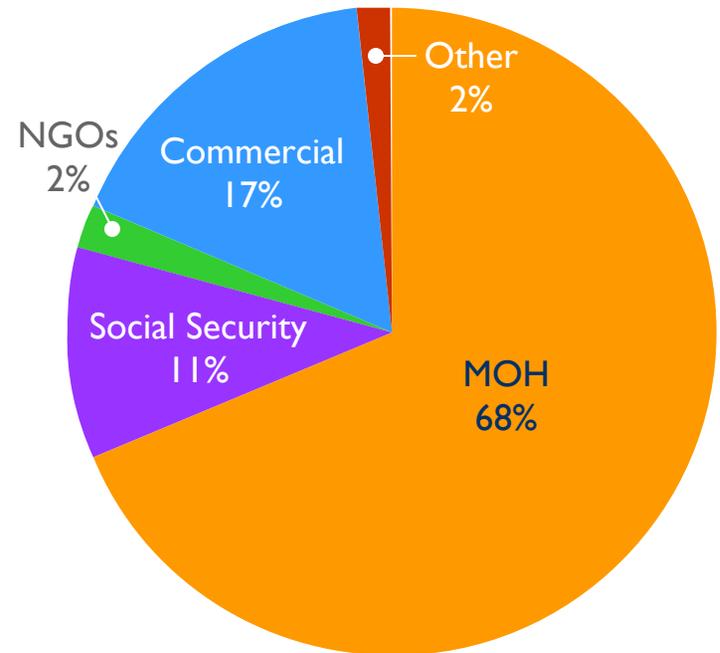
1992



1995

Ministry of Health mandates FREE family planning for ALL

2000



Source: DHS 1992 and 2000 Peru

Benefits of Targeting

- Promotes equity
- Stimulates private sector involvement
- Enables design of programs geared to target population needs and characteristics

Putting a Targeting Strategy in Place: A Multistep Process



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Step One

Define target group(s)

Which groups

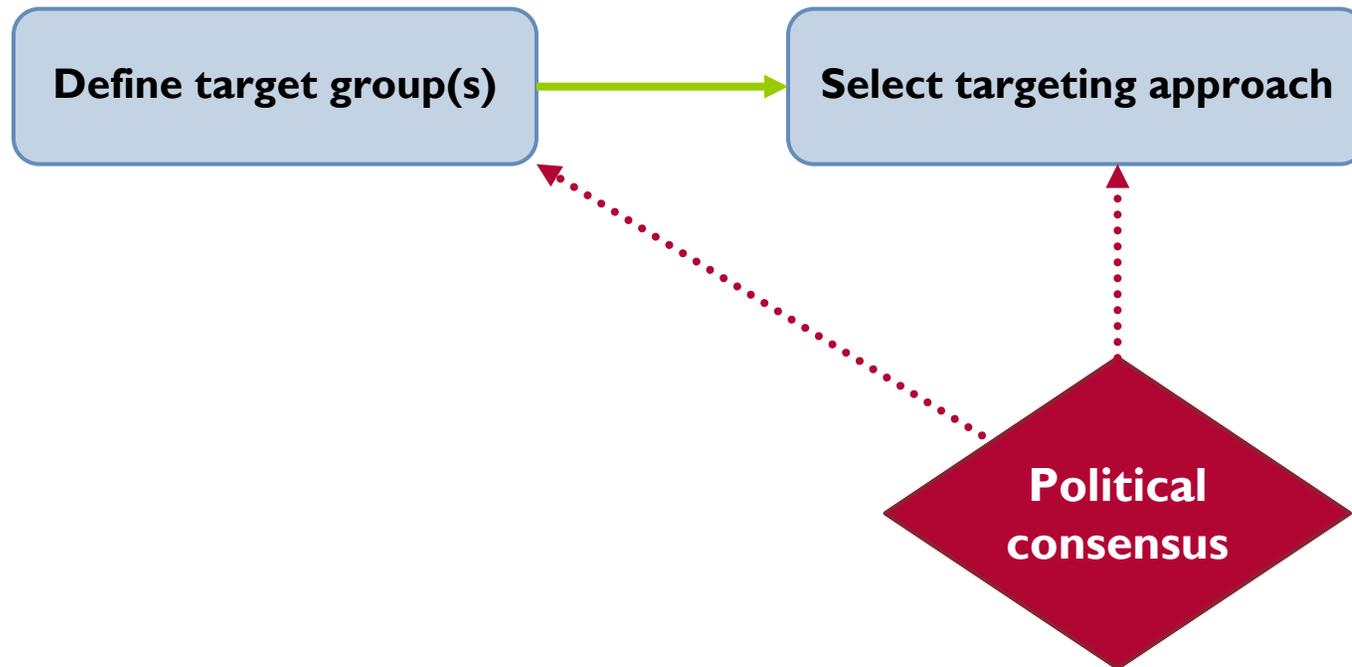
- Face access barriers?
- Are underserved?
- Have low contraceptive use?
- Have high unmet need, fertility, and/or unintended pregnancies?

What are/is their

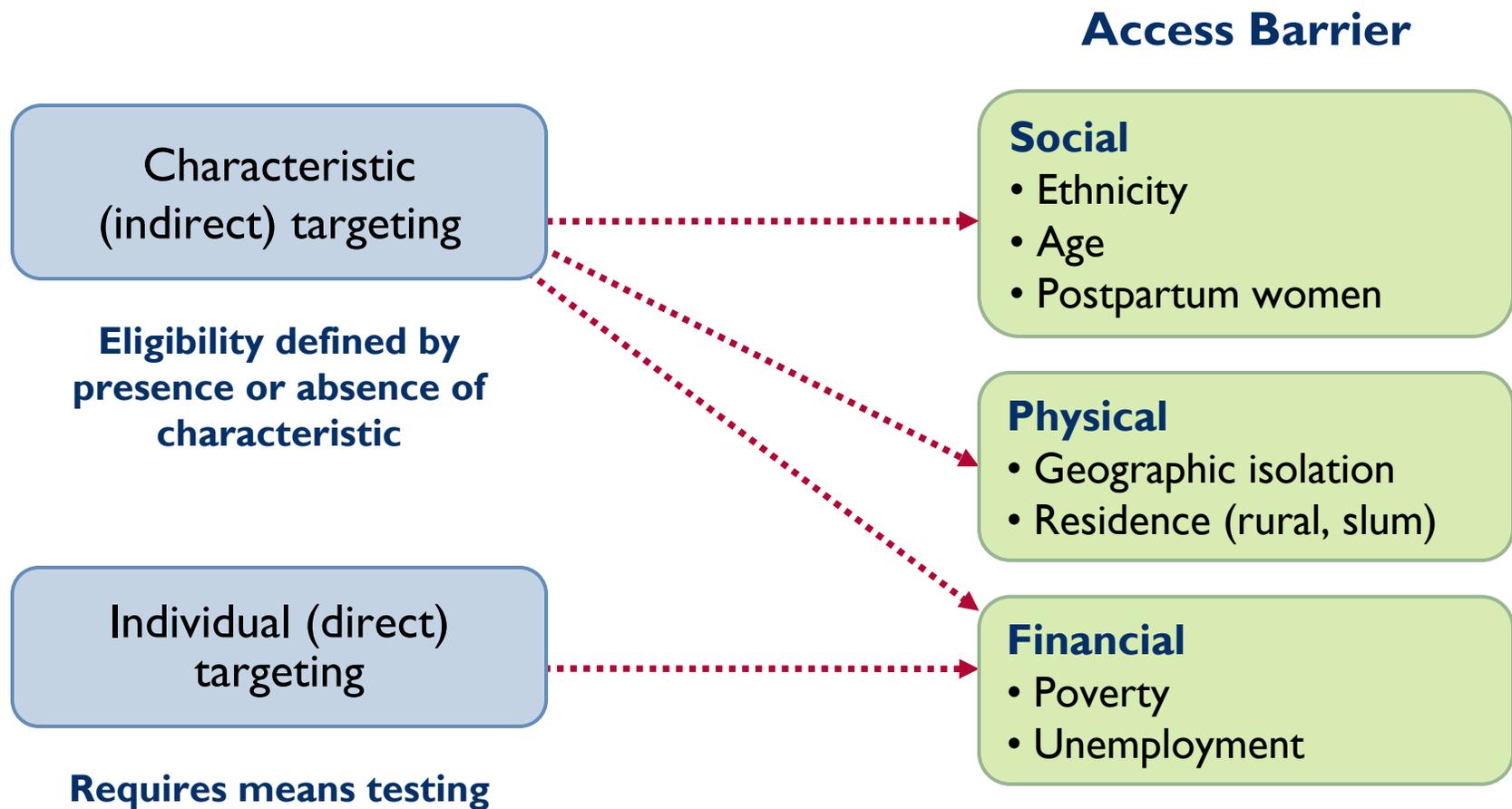
- Sociodemographic characteristics?
- Geographic distribution?
- Size?

Political
consensus

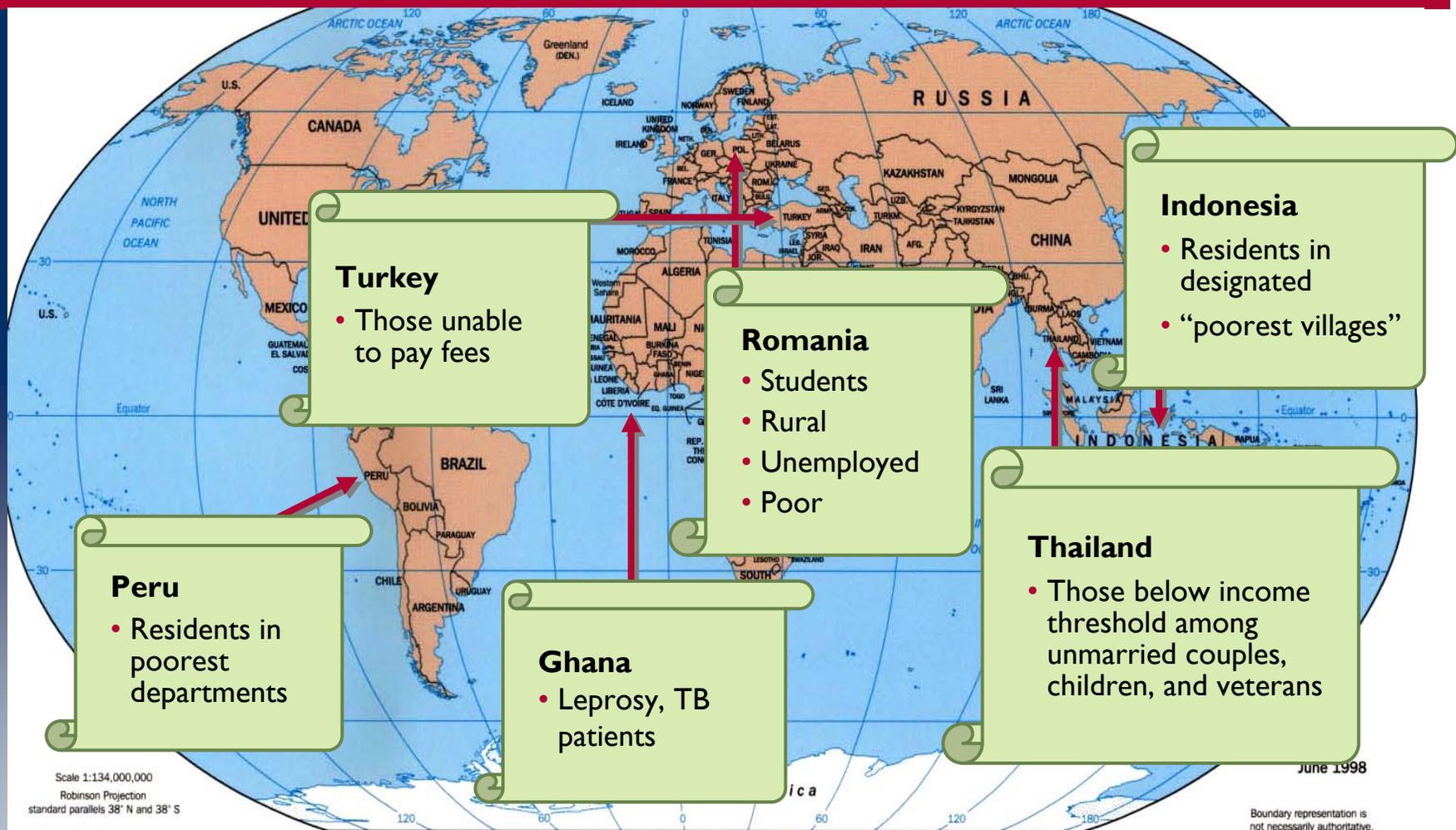
Step Two



Selecting an Approach

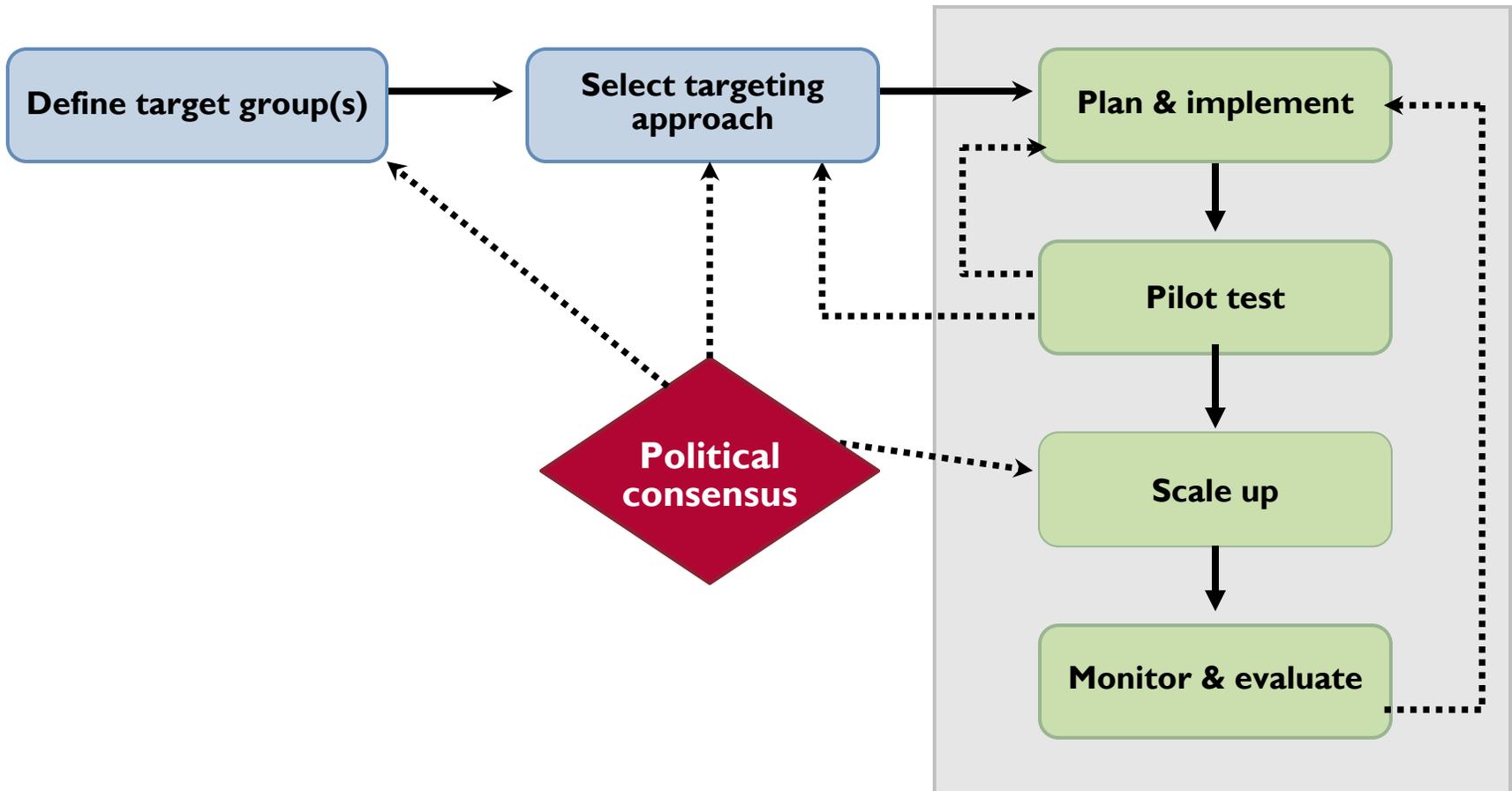


Examples of Targeting Approaches in Public Sector Health and FP Programs



Source: POLICY Project. 2003. “Targeting: A Key Element of National Contraceptive Security Planning.” *Policy Issues in Planning & Finance* No. 3. Washington, D.C.: Futures Group.

Step Three



Measure Success of Targeting Strategies

- **Measure Effectiveness (coverage)**
 - Increased coverage (participation rates)
 - Increased contraceptive use among target population
 - Decreased unmet need
- **Measure Efficiency (leakage)**
 - Decline in % ineligible clients obtaining targeted services

Targeting *Can Be Done*

Targeting requires

- Commitment and perseverance;
- A long-term focus;
- Resources (but not necessarily expensive); and
- Opportunities for implementing a new approach
 - Health sector reform
 - Poverty reduction programs