



Estimating the
Resources Required
to Achieve Family
Planning Targets
in Ghana



September 2012

Photo credit: Barry Williams



National Population Council



Photo credit: <http://www.bigfoto.com/atira/ghana/>

Outline

- Overview of the GAP Tool
- GAP Application in Ghana
- Challenges
- Results
- Conclusions



Photo credit: Huisman

Outline

- Overview of the GAP Tool
 - Why
 - What
 - How
 - Results
- GAP Application in Ghana
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Why the GAP Tool?

FP stakeholders met in Istanbul (2001) to review the Global Donor Gap Analysis (updated 2009) and commit to closing the resource gap for reproductive health supplies

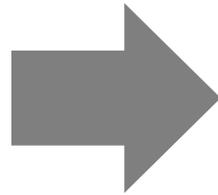
Newly established Reproductive Health Supplies Coalition called for a tool to estimate FP resource requirements at the country level

GAP Tool was developed to provide in-country stakeholders with timely, relevant data on the

- Costs of delivering FP services and impact of projected changes in FP method mix and contraceptive prevalence
- Resources needed to achieve FP programme goals for contraceptive prevalence or fertility

What Is It?

1. **G**ather
2. **A**nalyse
3. **P**lan



FP Programme
\$\$ Gap

Contraceptive
\$\$ Gap

1. Gather Required Data

Current and target contraceptive prevalence rates

Distribution of FP methods by method and source

Commodity costs by method

Labour costs of service delivery

Overhead costs

Programme support costs

Current and projected funding for FP by source

2. Analyse Results

Projected funding gap for FP

Projected funding gap for contraceptives

Source mix changes

Shift in method mix

Expected changes in funding source for FP

3. Plan Collectively

Build consensus on assumptions and other data inputs

Use to promote dialogue on resources required

Reach agreement on results to inform policy and financial planning

How Can GAP Be Used?

Determine whether national targets are achievable with existing funding

Foster policy dialogue on method mix and private sector involvement in FP

Advocate for longer term commitments for FP

Evaluate gaps in data on costs and resource allocation

Examine the effect of interaction between the public and private sector on the FP gap



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 - Inputs
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Background: Process

Initial data collection and document review (December 2011–January 2012)

Model development (January)

- Initial model preparation
- Initial consensus-building exercise
- Review of necessary inputs

Discussion/decision on inputs and targets

- Presentation/discussion of preliminary results

Model finalisation (February)

Background: FP/RH Programme in Ghana

Relevant policies and plans

- National Population Policy (Revised 1994)
- Roadmap for Repositioning Family Planning in Ghana (2006–2010)
- National Health Policy (2007)
- National Reproductive Health Policy and Service Standards (Revised 2003)
- National Reproductive Health and Commodity Security Strategy (2011–2016)
- MDG Acceleration Framework for MDG 5 (2012)—Prioritised Acceleration Solution: Develop proposal and mobilise the international community to ensure adequate funding for the procurement of commodities
- Ghana Shared Growth and Development Agenda (2010–2013)

Background: FP/RH Programme in Ghana (cont.)

Providers

- Clinics/community-based nurses
- Private and NGO sector providers

Products

- Short- and long-acting methods (non-permanent and permanent):
condoms, pills, implants, injectables, intrauterine devices (IUDs)

Inputs

Targets

- Contraceptive prevalence (National Population Policy, 1994)
- Future method mix plan (consensus based on review of Demographic and Health Surveys, various years)

Current status

- Ghana Demographic and Health Survey (GDHS 2008)
- Ghana Health Service Reproductive and Child Health (RCH) Unit Institutional Report

Couple-years of protection (CYP) conversion factors

- Factors currently in use in Ghana
- In the future, may need to review CYP conversion factors based on latest guidance

Inputs (cont.)

Costs and resources

- Ghana 2011 Contraceptive Procurement Table (CPT) Memo (USAID | DELIVER PROJECT, Ghana Health Service)
- Partner contributions (donors, NGOs)
- Labour, programme support, and overhead—global defaults (Vlassoff et al. 2004. “Assessing the Costs and Benefits of Sexual and Reproductive Health Interventions.” Occasional Report No. 11.)
- Commodities—actual costs (USAID | DELIVER PROJECT)



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Challenges

Cost calculations are based on international estimates.

- Labour costs of service delivery
- Overhead costs
- Programme support costs

Ghana-specific data are needed to gain a better understanding of costs associated with FP service delivery.

Estimated funding gaps could be understated.

- Difficult to separate FP from other RH and MCH funding (integrated programmes) for both the Government of Ghana and development partners
- Projected funding for FP by source uncertain (although goal of GAP)



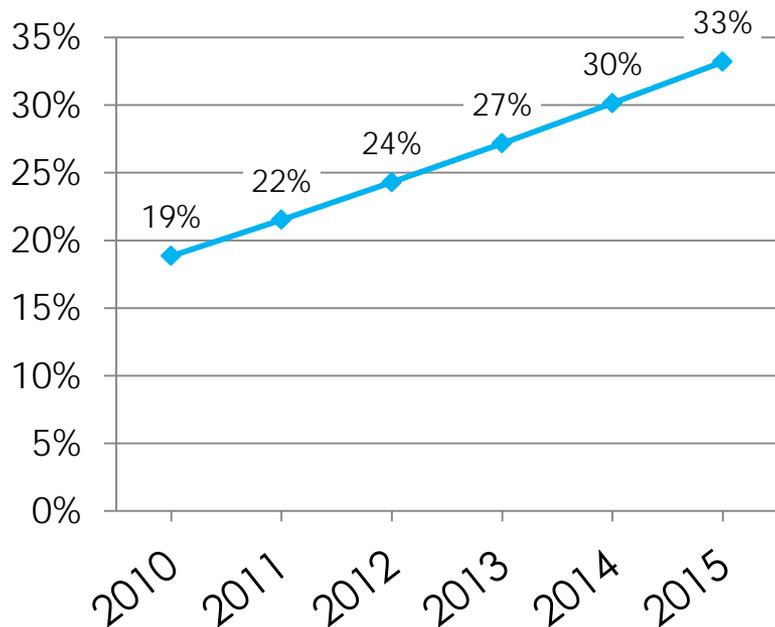
Photo credit: International Institute for Communication and Development

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CPR Targets

Contraceptive Prevalence Rate (modern methods)



Note: Data refers to all women of reproductive age (ages 15–49)

Base CPR from 2008 GDHS:

- 13.5% for modern methods

Target for 2020

- 50% for modern methods (meets most unmet need)

Projected CPR

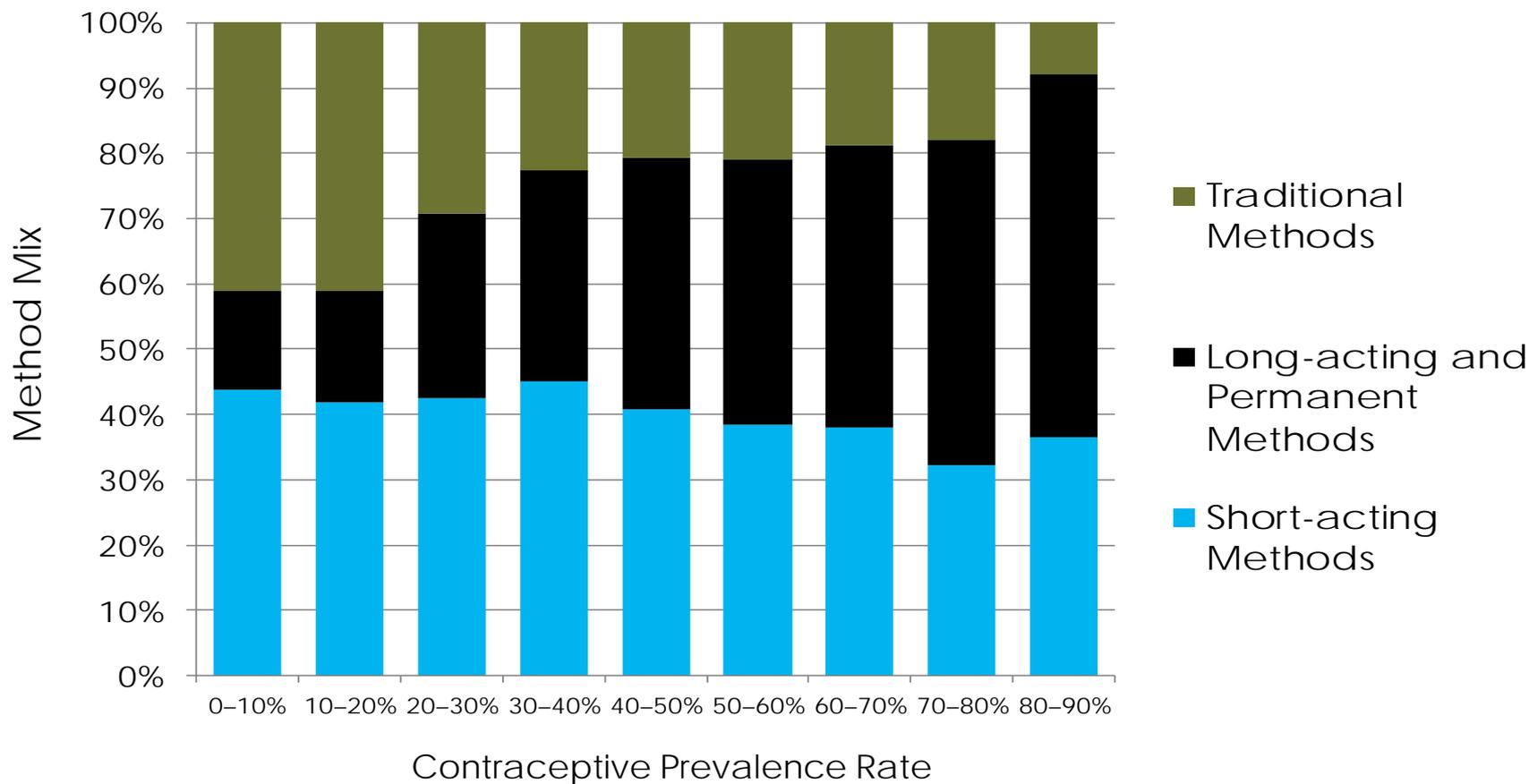
- 19% to 33% for modern methods in 5 years (2010–2015)

- 3 percentage point annual increase

Eligible Users

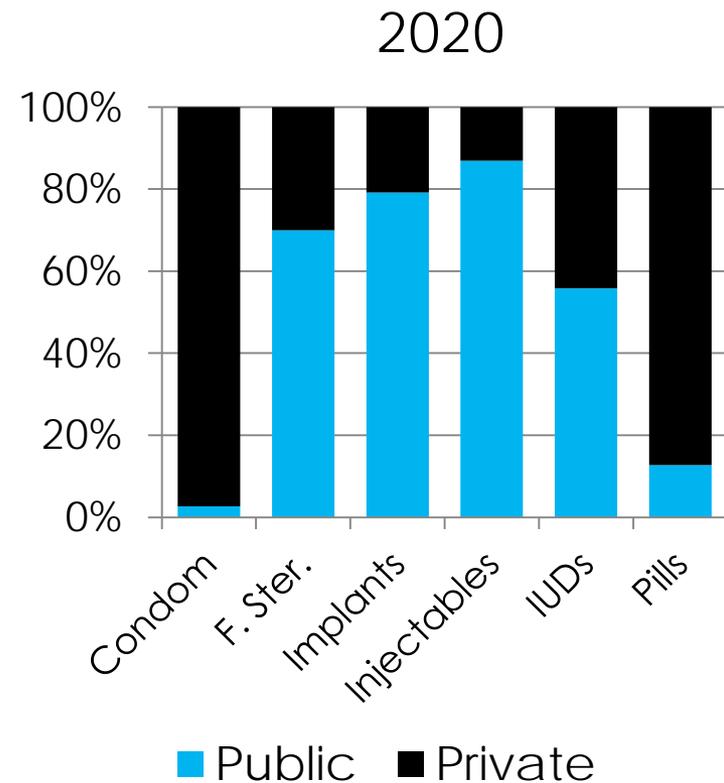
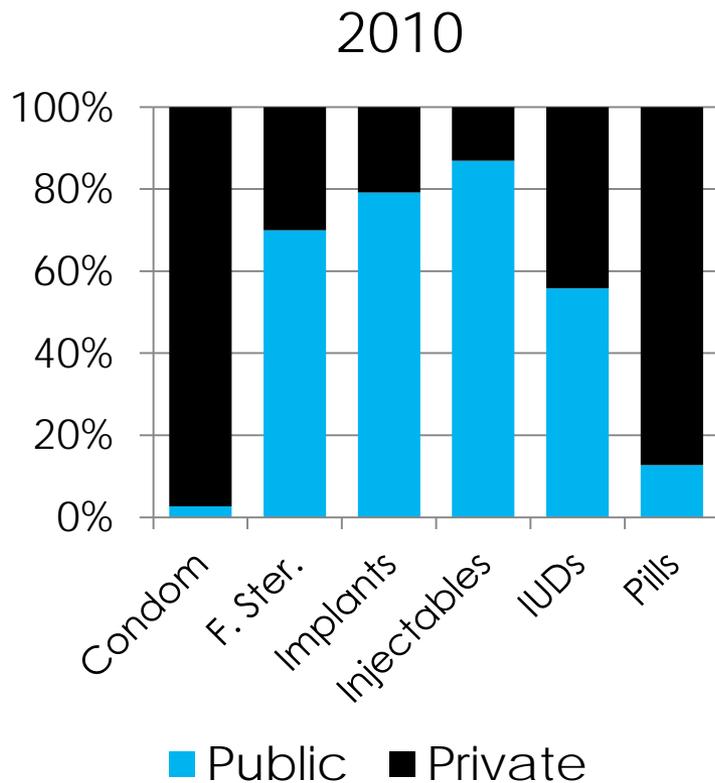
- 1.6 million women in 2010 to 2.8 million by 2015

Method Mix Target: Move to Long-Acting Methods (based on policy and evidence)



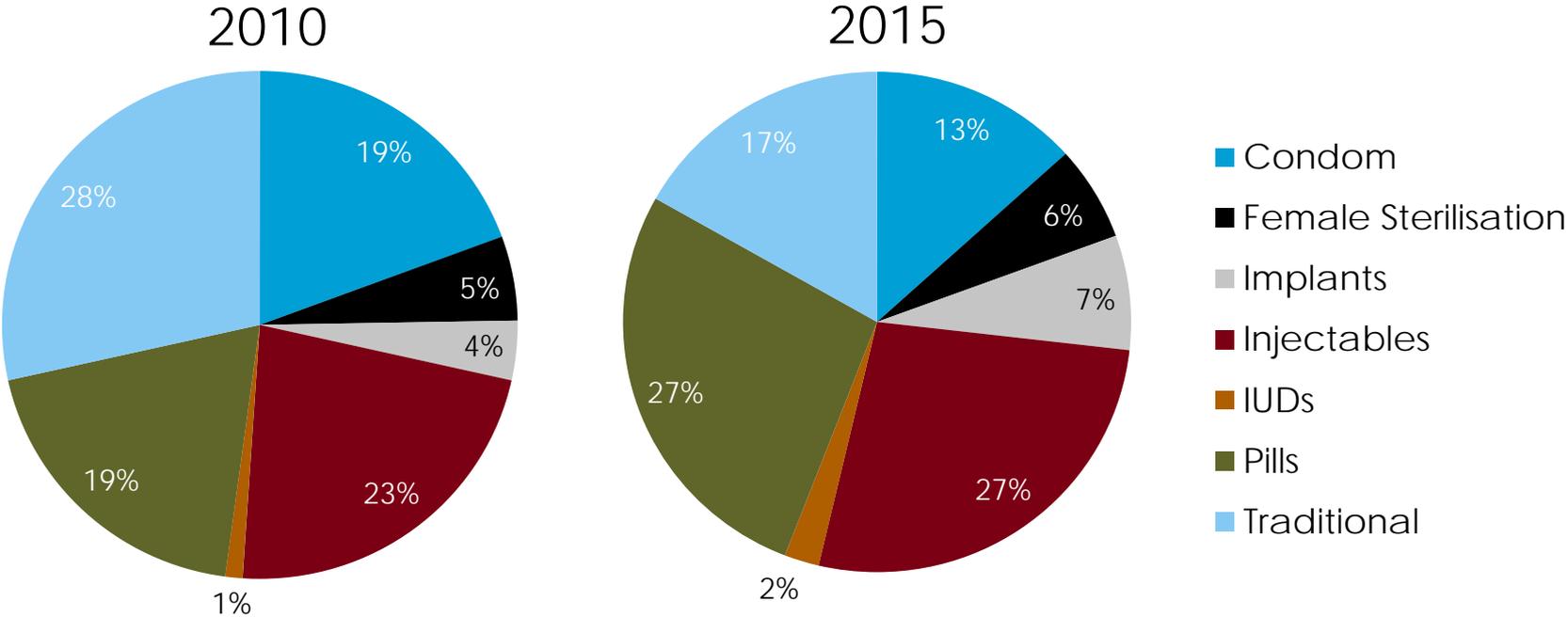
Source: Stover, J., E. Weissman, and J. Ross. 2010. "Global Resources Required to Expand Family Planning Services in Low-and Middle-Income Countries." Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Source of FP Services



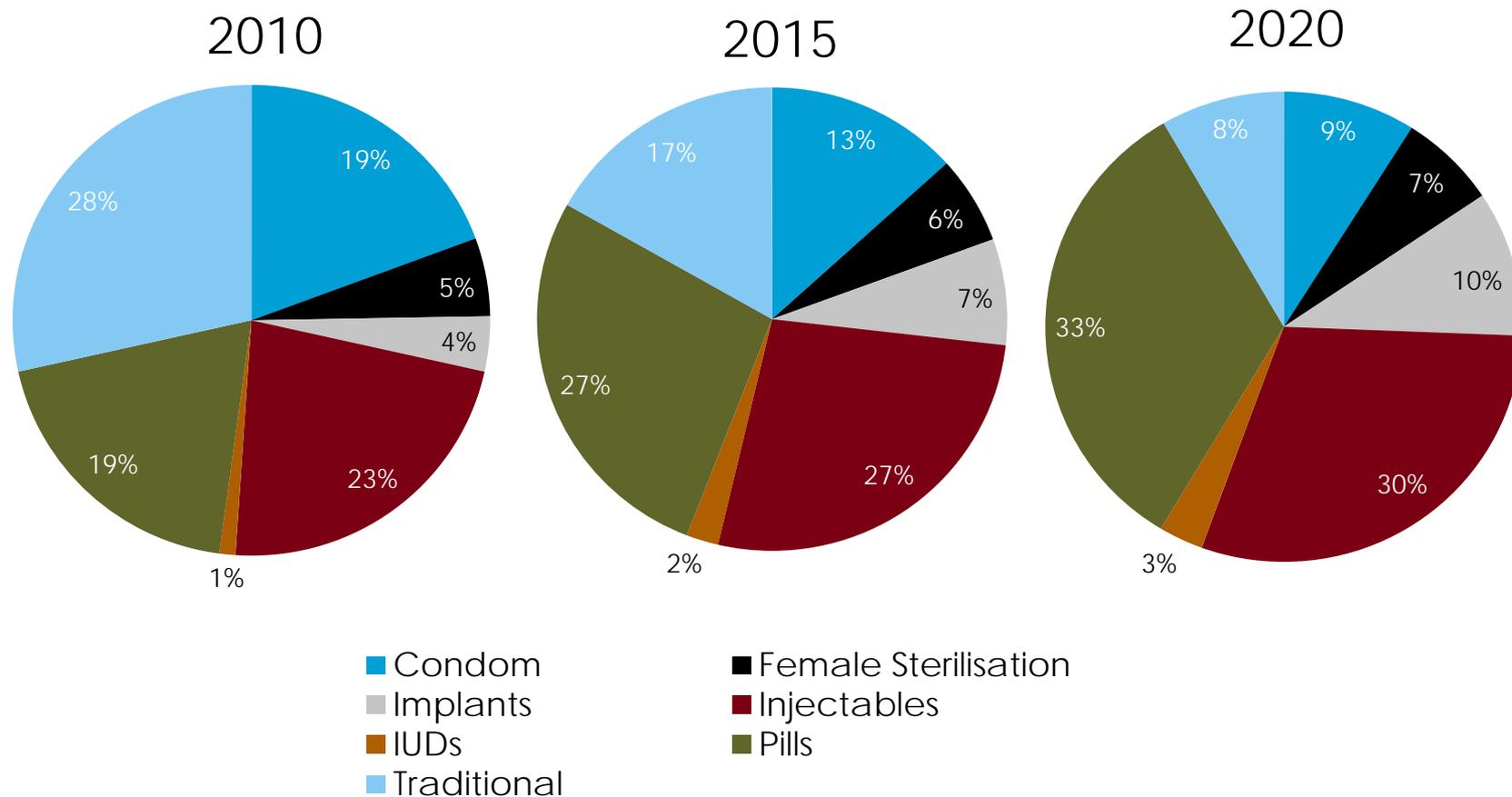
Note: Analysis assumed no change in FP market source

Methods... Moving Towards a More Robust Mix



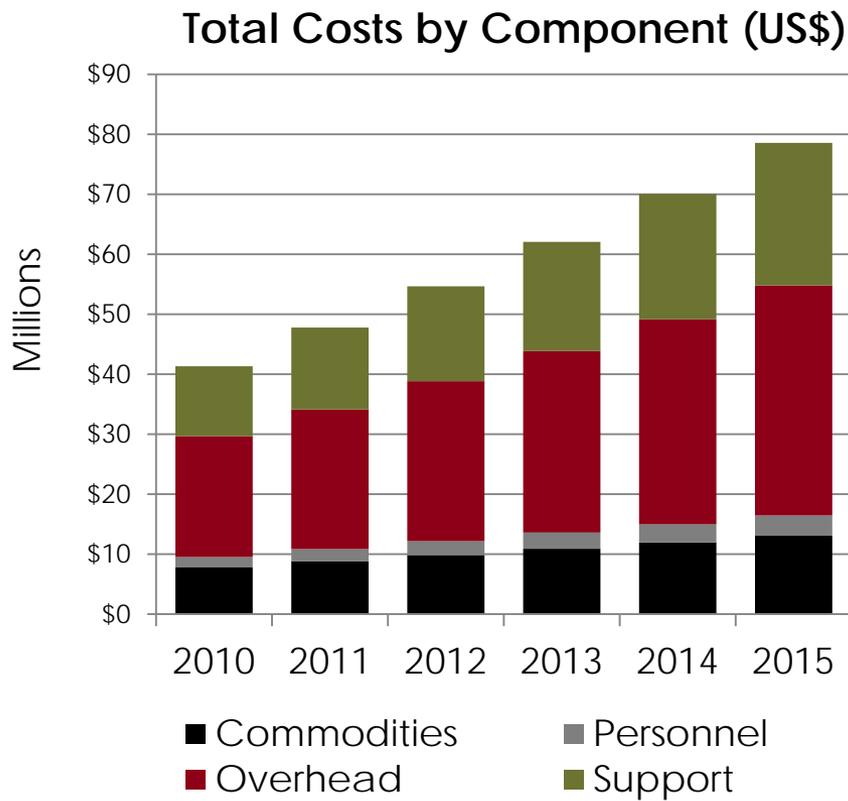
Sources: GHDS 2008 and consensus targets for 2010 and 2015.

Methods... Moving Towards a More Robust Mix



Sources: GHDS 2008 and consensus targets for 2010 and 2015.

Costs of Achieving CPR Targets by 2015



Almost \$80 million required to achieve 33% modern CPR in 2015

Government share

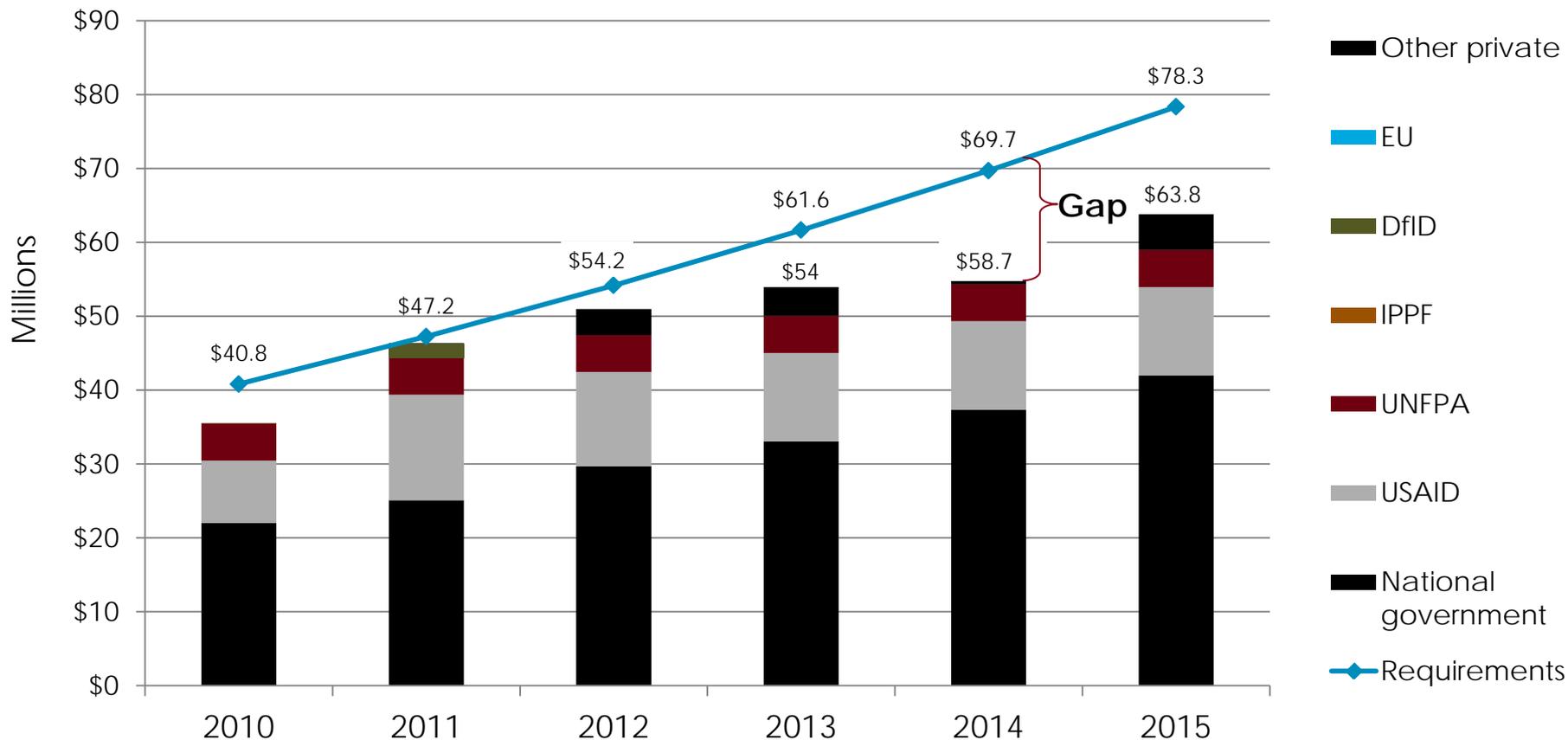
- Labour, overhead, and some commodity costs
- Does not include capital investments and investment in education

Donor share

- Programme support and most commodity costs

What Is the Total FP Funding Gap?

Resource Needs and Commitments (US\$)



Source: GAP Tool projections.

EU = European Union; DfID = UK Department for International Development; IPPF = International Planned Parenthood Federation; UNFPA = United Nations Population Fund; USAID = United States Agency for International Development

What Is the Total FP Funding Gap?

Year	Requirements ('000)	Commitments ('000)	Gap ('000)
2011	\$47,233	\$46,478	\$755
2012	\$54,233	\$50,983	\$3,188
2013	\$61,645	\$53,956	\$7,689
2014	\$69,691	\$58,674	\$11,016
2015	\$78,342	\$63,791	\$14,551

What Is the Contraceptive Funding Gap?

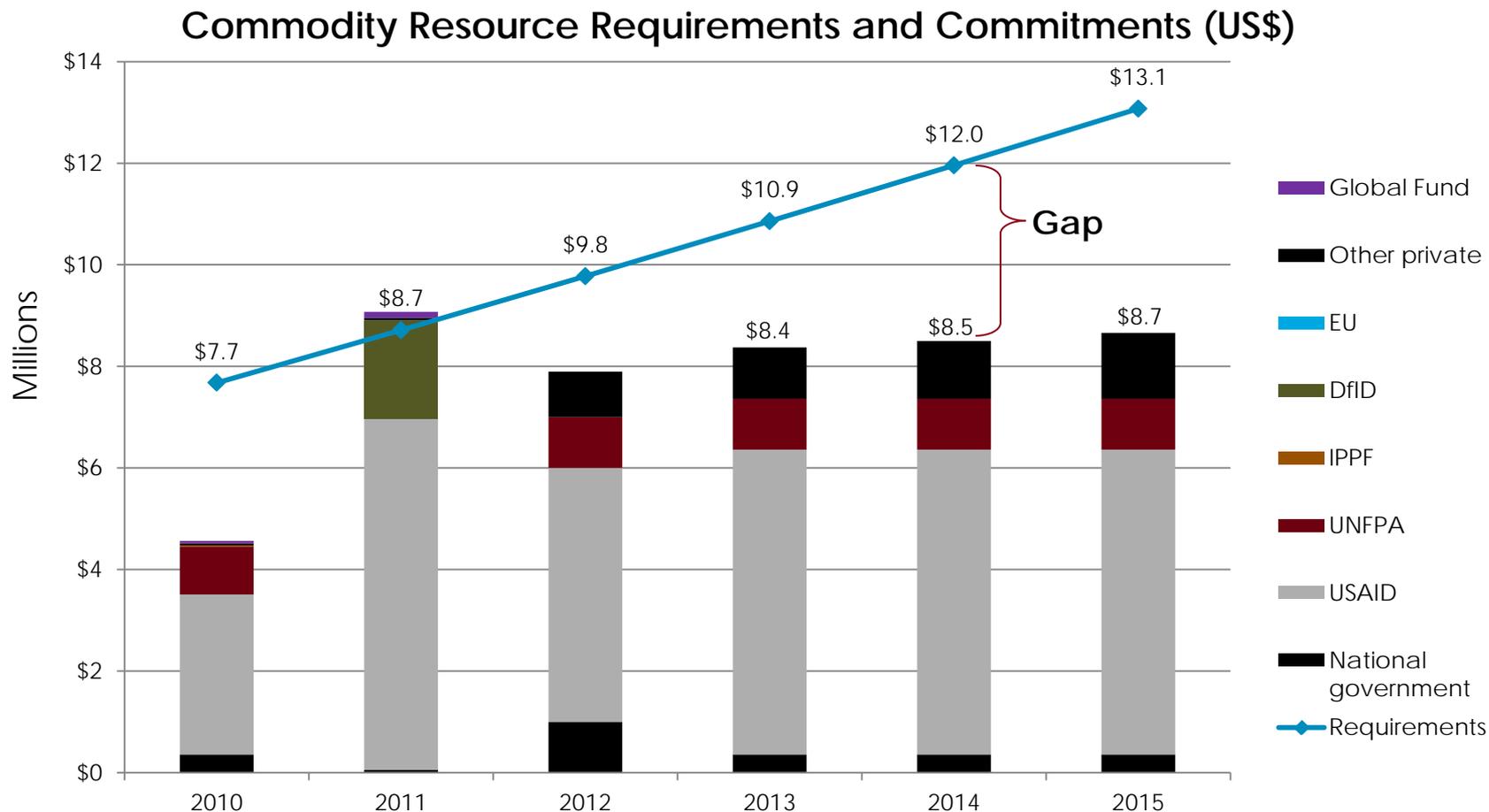




Photo credit: Adam Jones

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Conclusions

Greater government support for FP/RH

Sustained donor funding for FP/RH

Better coordination of the overall FP programme

Additional data collection to better understand costs of delivering FP services

Thank you!



National Population Council

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