

Guidance for Ministry of Health Family Planning Department Staff

Authors: Ayan Jha and Jay Gribble



Introduction

Securing sustainable funding sources for family planning programming and commodities is essential for long-term success, especially as countries deal with the risks from donor funding transitions. All aspects of a country's family planning program—service delivery, demand creation, supply chain, commodities, monitoring and evaluation, program management, and supervision—need sustainable financing solutions. Staff who work in Ministry of Health family planning departments play an important leadership role in ensuring that sustainable financing for a family planning program is available. As such, the responsibilities of these staff should include:

1. Articulating budget needs to the Ministry of Health (MOH) planning department and the Ministry of Finance (MOF).
2. Assessing the extent to which the current budgeted funds are used to achieve program goals, in collaboration with the MOH finance and administration departments.
3. Coordinating with other governmental, nongovernmental, and development partners on the financing, implementation, and accountability of activities that collectively contribute to achieving country family planning goals and objectives.
4. Supporting coordination with development partners to ensure minimal financing gaps.
5. Advocating for consideration and inclusion of family planning in broader health financing initiatives (such as the [Global Financing](#)

[Facility](#)), arrangements (such as social insurance), and reforms.

The purpose of this brief is to provide practical action steps that MOH family planning program staff can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To identify appropriate family planning financing mechanisms, MOH family planning program staff need to understand the country context in which the program operates, as well as the opportunities to build upon existing and emerging financing mechanisms. The following steps will help staff gain this understanding.

Program context: To understand the context of a family planning program, MOH family planning program staff should review the different landscapes, overviews, and analyses available on the program. In particular, the landscape analysis in the country's family planning costing implementation plan provides a thorough review of the different aspects, priorities, and gaps in the family planning program. In reviewing these documents, staff should try to understand the dimensions related to policy, governance, accountability, services and quality assurance, and contraceptive security.

Legal and regulatory environment for universal health coverage: To understand the family planning program context, staff should also understand the legal, regulatory, and policy environment—often reflected in a landscape analysis. With this understanding they can use the Health Policy Plus project’s [Guide for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes](#) to identify the enablers and barriers that exist to investing in family planning as part of universal health coverage initiatives. Doing so will help gauge the enabling environment for family planning financing and determine which mechanisms and strategies may have a higher likelihood for success. Understanding the actions needed to change an existing law or regulation, for example, one connected to social health insurance, will require engaging the MOH’s family planning technical working group.

Current financing context: To understand the current health financing context, staff should review USAID’s [Family Planning Financing Roadmap](#) website and interactive tool, which can serve as a launching pad for considering relevant financing options for family planning. The site provides a review of [health financing concepts](#) and pre-filled [country-specific data](#) that can be modified to offer stakeholders a set of recommendations for family planning financing solutions appropriate to the context. Through this step, staff should try to understand the current level of public expenditure on health and opportunities to increase this financing (such as through domestic resource mobilization), the proportion of the health budget dedicated to family planning, and the coverage and benefits provided under the country’s national health insurance program/benefits package.

Future financing options: MOH family planning program staff should assess the opportunities and barriers to increasing and sustaining domestic financing of family planning programs in the country. Opportunities can include participation in the [Global Financing Facility](#), advocating for inclusion of family planning in the

national insurance program/benefits package, identifying ways to better utilize current funding to meet national family planning goals (such as through improving efficiency), and improving demand for family planning services through vouchers and conditional cash transfers.

Catalytic investment options: The Health Policy Plus project’s [Guide for Identifying Catalytic Investments to Raise Domestic Resources for Family Planning](#) can help staff identify and prioritize actions to spur domestic resource mobilization for family planning. This guide will help build on results from the [Family Planning Financing Roadmap](#) and focus in on four types of catalytic investment activities—targeted advocacy, capacity development, improved policies and regulations, and market solutions that facilitate private sector participation in the family planning market. Investments can potentially address four programmatic areas: increasing demand generation, improving service delivery, improving supply chain infrastructure, and prioritizing procurement of a wide range of family planning commodities.

Engaging the Right Stakeholders

With a comprehensive understanding of the family planning context, MOH family planning program staff can identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, staff will need to re-engage with new decisionmakers and stakeholders as necessary, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, MOH family planning program staff, in collaboration with other stakeholders mentioned in Table 1, need to identify the financing solutions that are the most feasible. The following are action items for different financing mechanisms—some or all of

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at the regional/district/county level, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
Health insurance agencies	Determines services that are covered in benefits packages and determines providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.

which may be appropriate depending on the country context.

If the country is a Global Financing Facility country:

- Participate as a member of the technical working group preparing the reproductive, maternal, neonatal, child, adolescent health, and nutrition (RMNCAH-N) investment case.
- Gather and present evidence on the high impact of family planning, the unmet family

planning needs of the population (including data disaggregated by region), and unfunded priorities in the country's costed implementation plan for family planning. [Advocate for the inclusion of priority family planning interventions.](#)

- Contribute to the development and monitoring of family planning indicators included in the investment case.

If family planning services are not adequately covered in the national health insurance scheme benefits package:

- Assess current population coverage of the national health insurance scheme (i.e., who is covered).
- Speak with national health insurance agency officials to understand the inclusion criteria for the benefits package and reasons for exclusion of some or all family planning services.
- Gather and present evidence demonstrating that family planning meets the inclusion criteria. For example, demonstrate the cost-effectiveness of family planning and how it influences disease burden, equity concerns, and national priorities.
- Project the financial impact on the insurance scheme of including family planning. Costs may increase in the short-run, especially if long-acting reversible contraceptives and permanent methods are included in the benefits package, but there will be long-term gains from the reduced number of unwanted pregnancies. Low-cost family planning options may also be included, especially in the initial benefits package.
- Partner with donors and civil society organizations to plan and conduct advocacy for inclusion of family planning in the benefits package. This may require increasing awareness among key decisionmakers (such as health insurance agencies, the MOF, and parliamentarians) and/or building public pressure through media campaigns.
- Encourage the MOH family planning technical working group to reach out to cross-government counterparts (such as those in the MOF) to advocate for inclusion of family planning services in the national health insurance scheme.

If government budget line allocations to family planning are non-existent or insufficient (national and local):

- Meet with family planning advocates, particularly civil society organizations, to develop an advocacy plan based on the [SMART](#) approach.
- Develop advocacy messages targeted at different key decisionmakers, such as local government health officers and MOF budgeting staff.
- Compile evidence—including on total resource needs, value for money, and implementation plans—to support key messages.
- Meet with key decisionmakers (within the MOH and MOF) and present evidence.
- Partner with local civil society organizations and advocate to local government officials, for example, by initiating discussions on family planning at community town halls.

If there is a limited health budget necessitating a more efficient family planning program:

- Consider steps to improve technical efficiency, i.e., using the available resources to achieve the maximum possible improvement in outputs:
 - Use the forthcoming HP+ [family planning technical efficiency tool](#) to identify potential inefficiencies in the family planning program. Steps to improve efficiency in service delivery may include integration with the HIV program, inclusion of adolescent-friendly services, ensuring availability of commodities, and conducting in-service training for providers. Additional measures to improve efficiency may involve improving program management and increasing demand for services—for example, through health insurance or voucher programs, media campaigns, and social marketing.

- Focus on implementing task-sharing policies for contraceptive methods that will help improve access to long-acting reversible contraceptives and permanent methods, based on [World Health Organization guidelines](#).
- Consider steps to improve allocative efficiency, i.e., the best way to allocate limited funds so that maximum population health gains are achieved. One way to do this is through strengthening the government financial management system:
 - Meet with finance and administration departments of the MOH to review the budget.
 - Identify bottlenecks in the flow of funds through the system—Are funds being allocated to and arriving at community and facility levels? Are funds being released from the treasury and are they being fully utilized?
 - Work in collaboration with finance and administration departments of the MOH and budget department of the MOF to address priority bottlenecks.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, work with key stakeholders, including the MOH family planning technical working group, MOF, and development partners who finance commodities, to make the case for tax exemption of family planning commodities. For example, develop an advocacy plan and targeted messaging for legislators and MOF

staff to emphasize the health and economic benefits from increased numbers of family planning users.

If the country is facing transition in donor financial support:

- Conduct costing, fiscal space, and financing gap analyses (if not already done by the donor) in collaboration with the MOH finance department and the MOF.
- Build on experiences and lessons learned from other country transitions.
- Broker communication between donor, MOH, and MOF leadership on transition timelines and expectations.
- Lead development of a formal transition plan, ensuring high-level buy-in within the government.
- Leverage multisectoral platforms for discussion and opportunities to involve other sectors in the transition plan.

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Guidance for Ministry of Finance Staff

Authors: Ayan Jha and Jay Gribble



Introduction

Family planning has long been considered one of the most cost-effective development programs. Indeed, reducing the number of unwanted pregnancies and lowering population fertility rates have cascading benefits across the health, social welfare, and economic sectors. Through helping to reduce maternal and childhood illnesses and deaths, family planning contributes to labor market productivity, achieving the [demographic dividend](#), and increasing GDP per capita. Scientists estimate that for every dollar invested in reducing the unmet need for contraception, there is a long-term gain of \$120 in “accrued annual benefits,” most of it being attributable to the consequent economic growth (FP2020, p. 2).

Staff working in ministries of finance play a critical role in not only ensuring that family planning programs are adequately financed, but also ensuring that budgets are efficiently planned and fully executed. To fulfill that role, responsibilities of Ministry of Finance (MOF) staff should include the following:

- Coordinating with the Ministry of Health (MOH) to establish sustainable financing mechanisms for family planning programs through donors like the [Global Financing Facility](#), UNFPA, and USAID.
- Ensuring that clear and actionable processes related to budget monitoring are in place so that the funds are spent in a responsible, accountable way (such as through [performance-based financing](#)).

- Establishing institutional procedures to accommodate changes or emerging needs during the year.
- Working with the relevant government entities to reduce or eliminate import taxes or duties on family planning commodities.

The purpose of this guide is to provide practical action steps that MOF staff can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Varying actions are provided based on the country context and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To identify appropriate family planning financing mechanisms, MOF staff need to understand the country context in which the family planning program operates, as well as the opportunities to build upon existing and emerging financing mechanisms.

USAID’s [Family Planning Financing Roadmap](#) interactive tool can serve as a starting point for examining the country context. Staff can use the tool to review [health financing concepts](#) related to family planning and work with MOH staff to update [country-specific data](#) and review the recommendations for family planning financing solutions. As part of this process, MOF staff should:

1. Understand the current public health financing mechanisms (e.g., health insurance, earmarked taxes, and government subsidies)

or mechanisms that could be considered for sustainable domestic financing of family planning programs.

2. Identify the challenges and solutions to improving efficiency in allocation, flow, and use of funds.
3. Examine alternative financial mechanisms to bring in additional resources, such as through private sector participation or global donors.
4. Determine the financial projections or indicators that may be needed to

inform discussions with government and external stakeholders.

Engaging the Right Stakeholders

With a comprehensive understanding of the context, MOF staff will then need to identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, MOF staff will need to

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and can advocate for the health budget, including allocation to family planning (particularly the budget line for contraceptives) and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at regional/district/county levels, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
Health insurance agencies	Determines services that are covered in benefits packages and providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.

re-engage with new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

In collaboration with the stakeholders mentioned in Table 1, MOF staff should identify the most appropriate financing solutions. The following sections provide action items for different financing mechanisms, some or all of which may be appropriate depending on the country context:

If government budget allocations to family planning are non-existent or insufficient:

- At the national level, work with the MOH to establish allocation, determine the level of funding needed, and support the political approval process.
- At the local level, work with key decisionmakers (local government and district health officers) to establish and fund a line item. Where possible, incentivize increases in allocation for family planning, such as donor matching funds, which could be done through coordination with the MOH family planning program.

If the limited fiscal space for health necessitates a more efficient family planning program:

- Consider steps to improve technical efficiency through collaboration with the MOH to identify and address potential inefficiencies within the family planning program. The Health Policy Plus's forthcoming [family planning technical efficiency tool](#) can be used to identify potential inefficiencies in the family planning program. Steps to improve efficiency in service delivery may include integration with the HIV program, inclusion of adolescent-friendly services, ensuring availability of

commodities, and conducting in-service training for providers. Additional measures to improve efficiency may involve improving program management and increasing demand for services—for example, through health insurance or voucher programs, media campaigns, and social marketing.

- Consider steps to improve [allocative efficiency](#) by strengthening public financial management:
 - Work with the MOH to identify bottlenecks in the flow of funds through the system using audits, fund flows, or financial analyses.
 - Review options for improved allocation and spending by examining annual planned versus actual expenditures to address under-spending.
 - Conduct appropriate modeling exercises to develop financial projections for the future planning of resources.

If family planning commodities are not exempt from import taxes:

- Work on exemption for import duties on family planning commodities to be included in relevant finance laws (as was done in [Madagascar](#)).

If limited domestic resources for health require innovative financing mechanisms:

- Use criteria to identify and evaluate opportunities for [blended finance](#), strategically using public and philanthropic resources to incentivize private funding for family planning programs.
- In collaboration with the MOH, consider strategic purchasing mechanisms like results- or [performance-based financing](#) to incentivize high-quality service delivery.
- Work with the MOH to develop vouchers or other subsidies that may increase the demand for family planning services among target population groups.

If the country is facing transition in donor financial support:

- Support the MOH in conducting costing, fiscal space, and financing gap analyses (if not already done by the donor).
- Understand the risks associated with donor phase-out and begin preparing for the transition as soon as possible. Early planning activities should involve all in-country stakeholders and look to build and/or improve the capacity of the local program to forecast needs and manage procurements. Such proactive, participatory activities led by a committed national leadership can ensure that all in-country stakeholders have adequate time to prepare for the financial transition.
- Work with donor and MOH leadership on transition timeline, expectations, and implementation, including the level of funding needed and how family planning can truly be sustainably financed.

References

FP2020. "Family Planning's Return in Investment." Available at: https://fp2030.org/sites/default/files/Data-Hub/ROI/FP2020_ROI_OnePager_FINAL.pdf.



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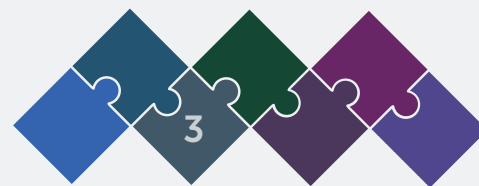
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Guidance for Legislators in Health or Social Sector Committees in Parliament

Author: Ayan Jha



Introduction

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Political goodwill and support is key to finding sustainable domestic solutions for financing family planning programs and increasing the availability, accessibility, and affordability of contraceptive choices. Persistent commitment from national leadership has been shown to be critical in developing policies that create an enabling environment for implementing family planning programs through purposeful budgetary allocations at both national and subnational levels (Murunga et al., 2013). Legislators/members of parliament—especially those who are members of parliamentary committees on health, women’s welfare, and/or social welfare—can assume leadership roles in advocating for and formulating legislation that can ensure sustainable domestic financing for family planning programs. The responsibilities of these legislators should include:

1. Advocating to the Ministry of Health (MOH), Ministry of Finance (MOF), and fellow parliamentarians on the health and economic benefits associated with national family planning programs.
2. Building broad coalitions within parliament to support increased budgetary priority for family planning programs.
3. Drafting and passing legislations that support increased domestic financial resource allocation and create an enabling environment for family planning programs.
4. Leveraging their position on oversight committees to ensure health budgets include financing for family planning and that these funds are used efficiently.
5. Engaging with civil society organizations working in family planning to create public awareness and demand for family planning services, building political pressure on the government to prioritize family planning.

The purpose of this brief is to provide practical action steps that legislators can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To identify appropriate family planning financing mechanisms, legislators need to understand the country context in which the program operates, as well as the opportunities to build upon

existing and emerging financing mechanisms. To understand the context of the national family planning program, including the legal, regulatory, and policy environment related to family planning, legislators should review the landscape analysis in the country's family planning costed implementation plan. The analysis should provide a thorough review of the different aspects of the family planning program and its priorities and gaps. The Health Policy Plus (HP+) project's *Guide for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes* can help legislators identify the enablers and barriers that exist to investing in family planning as part of universal health coverage initiatives.

To understand the national health financing context, legislators should review USAID's [Family Planning Financing Roadmap](#) website and interactive tool, which can serve as a launching pad for considering relevant financing options for family planning. The site provides a review of [health financing concepts](#) and pre-filled [country-specific](#) data that can be modified to offer stakeholders a set of recommendations for family planning financing solutions appropriate to the context. Through this step, legislators should try to understand the current level of public expenditure on health and opportunities to increase this financing (such as through domestic resource mobilization), the proportion of the health budget dedicated to family planning, and the coverage and benefits provided under the country's national health insurance program/benefits package.

Engaging the Right Stakeholders

With a comprehensive understanding of the family planning context, legislators can identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, legislators will need to re-engage with new decisionmakers and stakeholders as necessary, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, legislators, in collaboration with other stakeholders mentioned in Table 1, need to identify the financing solutions that are the most feasible. The following are action items for different financing mechanisms—some or all of which may be appropriate depending on the country context.

If government allocations to family planning are non-existent or insufficient:

- Collaborate with civil society organizations in the health sector to gather evidence on the health and economic benefits of investing in family planning. Utilize this information to develop policy briefs/advocacy messages targeted to the MOH, MOF, and other parliamentarians. For the latter group, it is important to develop messages that convey why constituents (communities/families) will benefit from increased availability, accessibility, and affordability of family planning services—both in terms of better health outcomes for mother and child as well as labor market productivity.
- Meet with MOH and MOF leadership during pre-budget consultations to present evidence and advocate for developing/increasing budget line allocations to family planning. Also consider if family planning services could be financed through the national health insurance scheme benefits package.
- Meet with specific caucuses within the national parliament, like the women parliamentarians' caucus or the committee on development affairs, to garner support for increased domestic financing of family planning.
- Lead the development of legislation that can support increased domestic financing for family planning programs.

If there is limited health budget necessitating a more efficient family planning program:

- When reviewing the health budget either in a committee and/or parliament, use legislative authority to introduce amendments that can improve allocative efficiency, i.e., the

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MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health insurance agencies	Determines services that are covered in benefits packages and providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.
Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.

best way to allocate limited funds so that maximum population-level health gains are achieved. Some of the ways to achieve this goal include:

- Ensuring that allocations equitably address unmet family planning needs of the rural and socially and economically marginalized population groups and make services available at primary healthcare facilities (not only at hospitals). Domestic financing should also address supply chain (logistic) issues in hard-to-reach areas.
- Providing guidance and monitoring to the MOH to strengthen the government financial management system by identifying and addressing potential bottlenecks in allocation, transfer, receipt, and utilization of funds from the federal level to community and facility levels.
- Emphasizing the purposeful and complete use of allocated funds within a fiscal year, which can provide a strong justification for increasing family planning allocations in the subsequent health budget.

- Use oversight authority over the MOH's budget execution (especially for legislators in the health committee) to implement steps to improve technical efficiency, i.e., using the available resources to achieve the maximum possible improvement in outputs:
 - Use the forthcoming HP+ [family planning technical efficiency tool](#) to identify potential inefficiencies in the family planning program. Steps to improve efficiency in service delivery may include integration with the HIV program, inclusion of adolescent-friendly services, ensuring availability of commodities, and conducting in-service training for providers. Additional measures to improve efficiency may involve improving program management and increasing demand for services—for example, through health insurance or voucher programs, media campaigns, and social marketing.
- Work with the MOH to develop vouchers or other subsidies that may increase the demand for family planning services among target population groups.
- Work with the MOH and MOF to identify and evaluate opportunities for [blended finance](#), strategically using public and philanthropic resources to incentivize private funding for family planning programs.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, work with the MOH, MOF, and the parliamentary budget committee to make the case for tax exemption of family planning commodities.
- Additionally, work with these stakeholders to identify ways and means to motivate domestic production of family planning commodities.

If limited domestic resources for health require considering innovative financing mechanisms:

- In collaboration with the MOH, consider strategic purchasing mechanisms like results- or [performance-based financing](#) to incentivize high-quality service delivery.

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Guidance for Private Sector Actors

Author: Stephanie Gallagher



Introduction

The private sector plays an important role in the delivery of family planning, especially for short-acting methods (Campbell et al., 2015). Increasingly it must play an important role in its financing as well, due in part to decreasing donor funding and limited domestic resources. Financing from the private sector takes the form of payments from private insurance providers, corporate social responsibility grants, and employer workplace programs, which offer family planning or private capital through [blended finance](#) opportunities. Private sector financing may also support emerging capabilities to manufacture family planning commodities, which may lower costs when compared to importing commodities.

To fully maximize the potential of the private sector to deliver and finance family planning, a range of private sector actors should be engaged (see Table 1). Once engaged they should:

- Collectively organize and consolidate their voice and contributions through professional associations and relevant business/chambers of commerce groups.
- Actively seek out and engage in the coordination of family planning financing led by the Ministry of Health (MOH) and Ministry of Finance (MOF) through attendance in technical working groups and other relevant forums.
- Share challenges and concerns to help create a policy and regulatory environment that is conducive to grow and finance the family planning commodity and service delivery market.

- Invest in and support demand creation as well as foster and share innovations in contraceptive technology and supply chain solutions.

The purpose of this brief is to provide practical action steps that private sector actors can take to improve the sustainability of family planning financing. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To stimulate private sector investment and financing of family planning, private sector actors need to understand the country context as well as the opportunities to build upon existing and emerging financing mechanisms. The [Family Planning Financing Roadmap](#) may serve as a starting point to identify approaches that include the private sector. In addition, private sector actors can review the [Guide for Identifying Catalytic Investments to Raise Domestic Resources for Family Planning](#). This guide focuses on catalytic investments for targeted advocacy, capacity development, improved policies and regulations, and market solutions that facilitate private sector participation in the family planning market. These investments can potentially address four programmatic areas: increasing demand generation, improving service delivery, improving supply chain infrastructure, and prioritizing procurement of a wide range of family planning commodities.

Other resources that private sector and market actors may consult to better understand the family planning program in their context include:

Table 1. Family Planning Private Sector Actors

Key Stakeholder	Responsibility	Contribution to Family Planning Programming
Private service delivery providers	Provide the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increase access to and uptake of family planning among women of reproductive age, contributing to a country's modern contraceptive prevalence rate.
Professional associations	Bring together private health providers to ensure awareness of standards and guidelines for high-quality care; coordinate continuing medical education opportunities; and represent private healthcare providers, bringing concerns to the government.	Advocate for engaging private providers in the provision of family planning services including opportunities for social contracting of service delivery directly with the government and empanelment with health insurance agencies and payers. May also advocate to receive free or subsidized family planning commodities if they are serving vulnerable and hard-to-reach populations.
Corporate partners	Provide a range of benefits to their employees and engage in a variety of partnerships with external organizations and governments for mutual benefit.	Advocate for inclusion of family planning in health workforce initiatives for employees. Contribute to mutually beneficial public-private partnerships, blended-finance initiatives, and corporate social responsibility initiatives to support family planning programming.
Commercial supply chain, retail, and other market actors	Import and supply family planning commodities to health facilities, pharmacies, drug shops, and other retail outlets.	Share challenges and concerns to help create a conducive policy and regulatory environment to grow and finance the family planning commodity and service delivery market. Also, invest in and support demand creation as well as foster and share innovations in contraceptive technology and supply chain solutions.

- [The Reproductive Health Supplies Coalition Market Development Approaches Working Group](#)
- [SEMA Reproductive Health](#)
- [Family Planning 2030 Engagement with Private Sector Actors](#)
- [Demographic and Health Surveys \(DHS\) and Performance Monitoring for Action \(PMA\)](#) (for data on where women seek family planning—public versus private sector)

Engaging the Right Stakeholders

With a comprehensive understanding of the context, private sector actors can next identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda

(see Table 2). Because there is frequent turnover in key staff positions, particularly in the government, the actors will need to re-engage with the new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, private sector family planning actors, in collaboration with other stakeholders mentioned in Table 1, need to identify what financing solutions are the most feasible. The following are action items for different financing mechanisms—some or all of which may be appropriate depending on the country context.

Table 2. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at the regional/district/county level, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
Health insurance agencies	Determines services that are covered in benefits packages and determines providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.

If family planning services are not adequately covered in the national health insurance scheme benefits package:

- Partner with donors and civil society organizations (CSOs) to plan and conduct advocacy for inclusion of family planning in the benefits package. This may require increasing awareness among key decisionmakers (health insurance agencies, the MOF, and parliamentarians), and/or building public pressure through media campaigns.
- Encourage the MOH family planning technical working group to reach out to cross-government counterparts (like in the MOF) to advocate for the inclusion of family planning services in the national health insurance scheme.

If no mechanism exists for the government to contract with private providers and/or for national health insurance schemes to pay private providers:

- Meet with family planning advocates, particularly CSOs, to develop an advocacy plan based on the SMART approach.
- Develop advocacy messages targeted at different key decisionmakers like local government health officers and MOF budgeting staff.
- Compile evidence, including the total resource needs, value for money, and implementation plans, to support key messages.
- Meet with key decisionmakers (such as those within the MOH and MOF) and present evidence.

- Partner with local CSOs and advocate to local government officials.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, work with key stakeholders including the MOH family planning technical working group, the MOF, and development partners who finance commodities to make the case for tax exemption of family planning commodities. For example, develop an advocacy plan and targeted messaging for legislators and the MOF to emphasize the health and economic benefits from increased numbers of family planning users.

If the country is facing transition in donor financial support:

- Engage relevant government stakeholders on market segmentation strategies in support of work being done by the MOH and MOF on costing, fiscal space, and financing gap analyses (if not already done by the donor). Strategies should ensure that free public sector contraceptives are available for those who most need them and do not depress commercial markets by supplying free commodities to family planning users who can afford to pay out of pocket or through private insurance.
- Make the case for developing and implementing a [Total Market Approach](#). Use the [Total Market Approach Projection Tool](#) and conduct a market segmentation analysis to understand the potential for private sector participation in the family planning market. The results of the analysis will help stakeholders better understand the potential opportunities

to expand the private sector market for family planning commodities and services. The analysis will project the cost and financing available for family planning commodities and services by user segments and provider type. It will also help stakeholders identify market distortions and gaps to inform the development of a total market approach to financing family planning.

- As national manufacturing capacity increases, engage the MOH and relevant planning and procurement departments and regulatory agencies so that commercial market actors can supply both the public and private sectors, contributing to economic growth of the country and ideally more affordable commodity pricing.

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Guidance for Civil Society Organizations

Authors: Erin DeGraw and Tiff Jiang



Introduction

Civil society organizations (CSOs)—such as local nongovernmental organizations, community-based organizations, faith-based organizations, and youth-led organizations—play a critical role in ensuring that family planning programs are adequately financed. They also help ensure that budgets are responsibly executed and implemented to progress toward achieving family planning goals. The role of CSOs is especially critical in the context of limited domestic funding and continued scale-back by external donors. Meaningful engagement of youth, especially in the poorest countries where their population is expected to grow from 207 million in 2019 to 336 million in 2050, is the only way to ensure that development solutions are truly sustainable. To support financing for family planning, CSOs should:

- Support the Ministry of Health (MOH) and policymakers to collect and analyze evidence from community members and peer organizations to understand attitudes, usage, and unmet needs regarding family planning to ensure accurate forecasting, as well as to showcase the cost of not addressing unmet needs
- Collaborate with government stakeholders to support processes and mechanisms to review how funding is spent periodically to ensure accountability
- Advocate to government and donors, where needed, for additional family planning funding as well as sustainable financing mechanisms that could be developed

- Participate actively in the development of family planning financing policies/strategies
- Participate in important multisectoral coordination mechanisms, such as technical working groups
- Mentor nascent youth-led organizations and community groups at all levels (national, subnational, and community) to engage in financing mechanisms and budget processes

The purpose of this guide is to provide practical action steps that CSOs can take to improve the sustainability of family planning financing in their country. Actions offered vary based on the country context and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

Before taking action, it is important for CSOs to consider the country and/or local context and the opportunities that exist to build upon existing financing structures at the national, subnational (district), and community levels. To understand the context of a family planning program, CSOs should review the landscape analysis in the national or subnational family planning costed implementation plan, which provides a thorough review of the different aspects, priorities, and gaps in the family planning program. The [Family Planning Financing Roadmap](#) website and interactive tool can serve as an additional resource. CSOs can use the website to review [health financing concepts](#) and fill-in [country-specific](#) data to receive a recommendation for family planning financing solutions appropriate to the context. The following steps outline actions

for further investigation for CSOs working at both the national and subnational level:

1. Understand the health financing mechanisms—health insurance, earmarked taxes, government subsidies, etc.—that exist or are under consideration in the country for family planning
2. Determine what kind of financial projections or indicators to look at to inform discussions with other stakeholders
3. Gather any additional evidence needed to inform those discussions

4. Identify key stakeholders and decisionmakers in the family planning financing space and understand their role and positions

Engaging the Right Stakeholders

With this comprehensive understanding, CSOs can identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, CSOs will need

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
Ministry of Finance budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and can advocate for the health budget, including allocation to family planning (particularly the budget line for contraceptives) and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at the regional/district/county level, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
International nongovernmental organizations and implementing partners	Analyzes family planning financing data to generate evidence and strengthens capacity of local actors to hold governments accountable.	Provides evidence for advocacy to support budget lines and execution; promotes financial sustainability by ensuring local actors can continue these efforts.

to re-engage with new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, CSOs should identify the advocacy activities that could be the most impactful. The following are potential actions for different contexts and financing mechanisms.

If government budget line allocations to family planning are non-existent or insufficient (national and local):

- Collaborate with key stakeholders such as representatives from the MOH, national or subnational legislators, international nongovernmental organizations, and other CSOs working in the reproductive health and family planning sector to develop an advocacy action plan using the SMART approach to advocate for either the establishment of a line-item allocation for family planning commodities and service provision or for higher allocations for family planning in national and/or local health budgets. Each year as the new budget is drafted, CSOs must activate and engage their network within and outside of government to ensure funds are allocated to family planning-related line items. CSOs can use the examples from Malawi and Tanzania to better understand key budget advocacy concepts, approaches, and considerations. To engage in budget advocacy CSOs should:
 - Compile evidence to support key messages, including evidence on total resource needs and implementation plans. For example, CSOs may participate in conducting a budget gap analysis to compare allocated resources and the country's actual family planning funding needs (national or subnational).
 - Use the evidence generated to develop advocacy messages targeted at different key decisionmakers such as local government health officers and Ministry of Finance (MOF) budgeting staff.
 - Meet with key decisionmakers (within the MOH and MOF) and present evidence.
 - Partner with other CSOs working in the reproductive health and family planning sector and advocate to government officials, for example, by initiating discussions on family planning at community town hall meetings.
 - Monitor budgets to hold governments accountable for increasing family planning investments and ensure that committed funds are allocated, released, and spent on time and appropriately.

If limitations of the health budget or poor financial management require the family planning program to be more efficient (i.e., producing better outcomes given resources):

- Build a basic understanding of the budget process and the key actions needed to influence funding allocations and monitor budget releases and expenditures.
- Assess the budget process and identify opportunities for providing inputs and being engaged.
- Collect context-specific data on community priorities for family planning. Invite youth and other groups to participate and highlight their family planning needs.
- Collaborate with health sector stakeholders, such as international nongovernmental organizations, national or subnational legislators, and government leaders, to analyze the proposed government budget to identify and understand inefficiencies in different aspects of the family planning program and highlight its implications for various issues, programs, or stakeholders. For example, explore the implications of inefficiencies on the community priorities gathered.
- Meet with key decisionmakers within the MOH and MOF to present evidence, represent the community's perspective, propose

alternative budget priorities—such as reducing spending in one area and increasing spending in another—and project the potential economic and/or social impact of doing so.

- Support decisionmakers within the MOH and MOF to develop an action plan to address inefficiencies.
- Monitor budgets to hold governments accountable, ensuring that funding commitments are adjusted to reduce or eliminate inefficiencies and appropriately spent to meet community priorities and program objectives.

If the country is facing transition in donor financial support:

- Support and/or participate actively in a national- or subnational-level family planning technical working group that can bring together donor, government, private sector, and civil society stakeholders to support the implementation of a transition plan and ensure long-term sustainability.
- Advocate for the integration of family planning into subnational/local development plans and implementation plans to ensure local ownership for financing family planning programs (using the same advocacy steps described previously). The following resource provides an example: *[Integrating Family Planning Interventions into District Implementation Plans in Malawi](#)*.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, CSOs should advocate to key stakeholders, including the MOH and MOF, family planning technical working groups, and development partners who finance commodities, for tax exemption of family planning commodities. For example, CSOs can develop an advocacy plan and targeted messaging for legislators and MOF staff to emphasize the health and economic benefits from increased numbers of family planning users. The *[Legacy Impact:](#)*

[Madagascar](#) resource provides an example of how tax exemptions were achieved in the country.

If there is a lack of awareness and understanding of family planning health financing issues among public policymakers and/or community members:

- Support efforts to educate the public to increase the support base for sustainable financing strategies, including engaging the media to cover family planning issues to promote transparency and accountability.
- Track commitments, allocations, and disbursements of the family planning/health budget to ensure that budget allocations are being used as intended.
- Use evidence from tracking efforts to generate awareness and educate government officials on family planning issues and support them to become family planning champions.
 - Consider utilizing the civil society-led *[Motion Tracker approach](#)*, which aims to hold governments accountable and promote actions toward country commitments. The Motion Tracker process provides stakeholders with the opportunity to present data and facilitate agreement at multi-stakeholder forums attended by decisionmakers, implementing partners, CSOs, and the media.
- Promote *[joint accountability](#)*, a shared process that strengthens linkages between multisectoral actors to build consensus and ability to act on solutions.
 - Joint accountability can be achieved by identifying, mapping, and examining relationships and rallying them around a priority. For additional details on this process, consider the Health Policy Plus *[Fostering Joint Accountability Within Health Systems](#)* training curriculum.
 - Support formal mechanisms such as task forces or partnerships in which stakeholders from different sectors (e.g., civil society, government, private, and donors) hold one another accountable.

If health financing policies do not meet the population's family planning needs:

- Meet with community stakeholders to gather evidence on their priorities, including, for example, age- and gender-specific needs, the resource and training needs of healthcare providers, and family planning utilization data.
- Participate in important multisectoral coordination mechanisms, such as technical working groups to support the development of family planning financing policies/ strategies.
 - Utilize the information gathered with the community to inform policy recommendations, giving policymakers insight into what happens on the ground.
 - Support policymakers to identify the strategies and interventions needed to achieve national goals, the resources needed to achieve those goals, the resources already available, and the financing gaps.



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Guidance for National Public Health Insurance Agencies

Authors: Diana Gonzalez Garcia and Ayan Jha



Introduction

Family planning is one of the most cost-effective development programs. Avoiding unintended pregnancies and lowering population fertility rates can not only help reduce maternal and childhood illnesses and deaths but also improve a country's economic productivity (FP2020, p. 2). Family planning aligns with the World Health Organization's criteria for an "essential" health service with its proven interventions and demonstrated positive health outcomes that can address the needs of the poorer sections of the population. Societal benefits are cascaded across health and economic sectors (WHO, 2001).

Public health insurance programs funded by the federal government can potentially play a critical role in expanding the coverage of family planning goods and services while completely protecting the poorer sections from any out-of-pocket expenditures while availing these essential services. Since availability, accessibility, and affordability are major barriers to meeting the unmet need for contraception, incorporating family planning offerings in the national public health insurance program can lead to universalization of family planning. For every dollar spent on providing modern contraceptives, \$1.40 can be saved by avoiding the downstream effects of unwanted pregnancies on maternal and newborn health and wellbeing (Naik et al., 2014; Singh et al., 2009).

To increase demand and uptake of family planning services while simultaneously ensuring financial risk protection of clients, staff working at national public health insurance agencies should:

- Include family planning services when submitting the national public health insurance scheme benefits package to the Ministry of Health (MOH) and the Ministry of Finance (MOF), along with evidence on the benefits of including family planning in the insurance program.
- Collaborate with governmental and nongovernmental agencies to gather evidence on selecting family planning commodities and services to be included in the benefits package based on considerations of demand, equity, and cost-effectiveness.
- Work with the MOH and MOF to increase population coverage of family planning services included in the benefits package as well as generate population demand for such services.
- Coordinate with the MOH and MOF to ensure accurate costing of the family planning benefits included in the benefits package using unsubsidized costs to guarantee its long-term financial sustainability (Rigsby et al., 2019).
- Ensure that all providers offering family planning services under the benefits package are accredited to ensure the highest quality standards.

The purpose of this guide is to provide practical action steps that public health insurance agency staff can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Varying actions are provided based on the country context and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To make the case for the inclusion of family planning benefits, public health insurance agency staff need to understand the country context in which the family planning program operates, as well as the opportunities to build upon existing and emerging financing mechanisms.

USAID's [Family Planning Financing Roadmap](#) interactive tool can serve as a starting point for examining the country context. Staff can use the tool to review [health financing concepts](#) related to family planning and work with MOH staff to update [country-specific data](#) and review the recommendations for family planning financing solutions. Through this step, staff should try to understand current public health financing mechanisms for the family planning program and the percentage of the population covered through public, social, private, or community-based health insurance schemes. They should also try to identify the challenges to incorporating family planning services in the current or potentially expanded public health insurance scheme benefits package to ensure sustainable domestic financing.

Engaging the Right Stakeholders

With a comprehensive understanding of the context, public health insurance agency staff will then need to identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, staff will need to re-engage with the new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

In collaboration with other stakeholders mentioned in Table 1, public health insurance agency staff should identify the most appropriate financing solutions. The following sections

provide action items for different financing mechanisms, some or all of which may be appropriate depending on the country context:

If family planning services are not adequately covered in the national public health insurance scheme benefits package:

- Collaborate with the MOH family planning department, donors, and civil society organizations to gather evidence on the demand for family planning services and the cost-effectiveness of including family planning goods and services in the national public health insurance scheme. Costs may increase in the short-run, especially if long-acting reversible contraceptives and permanent methods are included in the benefits package, but there will be long-term gains from the reduced number of unwanted pregnancies. Low-cost family planning options may also be included, especially in the initial benefits package.
- Advocate with the MOH finance department and the MOF regarding the health and economic benefits of offering family planning services in the national public health insurance scheme benefits package: present evidence on cost-effectiveness and how inclusion of family planning can address equity concerns and national health priorities.
- Collaborate with civil society organizations to petition legislators, especially those on parliamentary health or social committees, to garner support for inclusion of family planning goods and services in the national public health insurance scheme with allocation of necessary budget. If necessary, such advocacy may include supporting creation of regulatory frameworks for inclusion of family planning services in the benefits scheme.

If the limited fiscal space for health necessitates a more efficient family planning program:

- Collaborate with the MOH and MOF to strategize steps to identify and address potential inefficiencies within the family planning program. Health Policy Plus's forthcoming [family planning technical](#)

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.
Private service delivery providers	Provides the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increases access to and uptake of family planning among women of reproductive age, which contributes to the country's modern contraceptive prevalence rate.

efficiency tool can be used to identify such potential inefficiencies. Increasing demand for family planning services by including them in the national public health insurance scheme benefits package, which requires engaging the target population through mass media communication and social marketing, can be a key step to improve efficiency. Increasing demand for and the use of family planning services not only makes the program more cost-effective but also fulfills the government's obligation to meeting the unmet need for contraception. Additional measures may include combining

family planning offerings with other covered health services (if applicable) like HIV care and treatment programs, adolescent-friendly services, etc.

- In collaboration with the MOH and MOF, consider strategic purchasing mechanisms like results- or performance-based financing to incentivize high-quality service delivery.

If no mechanism exists for national public health insurance schemes to pay private providers:

- Meet with private health sector players and civil society organizations to develop

an advocacy plan based on the [SMART](#) approach. As part of this process, encourage them to gather evidence on potential benefits of including private service providers, like the consequent expansion of coverage for family planning services, increased demand generation, and the value for money.

- Facilitate advocacy with national-level decisionmakers like the MOH, MOF, and legislators.

If family planning commodities are not exempt from import taxes:

- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, provide support to key stakeholders like the MOH family planning technical working group, development partners who finance commodities, and civil society organizations to help build the case for tax exemption of family planning commodities.

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Guidance for Staff Working in Health Departments at the Subnational Level



Author: Mustafa Babak

Introduction

Securing sustainable domestic funding for family planning programming and commodities is essential for long-term program viability, especially as countries deal with the risks from donor funding transitions. While national-level stakeholders such as the Ministry of Health (MOH) and Ministry of Finance (MOF) play a key leadership role in ensuring that sustainable financing is available and that there are clear commitments and guidelines for the family planning program, health officers working in local health departments are tasked with ensuring implementation and delivering family planning services to the population. In a devolved health system, district, municipality, and other local health officers are responsible for planning and budgeting for the family planning program for their jurisdictions, and thereby contribute to the MOH's national-level needs assessment as part of a bottom-up planning process. To support sustainable domestic financing for family planning, health officers working at local health departments should:

- Inform planning and budgeting needs of the program by providing reliable, current, and timely data to the health department and local treasury (if applicable) to support budgetary negotiations and resource mobilization.
- Advocate the need for sufficient and sustainable resource allocation to family planning program commodities and supplies, including consumables, which often does not get the attention it deserves and makes

up a considerable share of family planning expenditure that is passed on to clients.

- Identify family planning service gaps and commodity stockouts by participating in and informing national family planning commodity quantification exercises. Ensure that the quantification data is accurate, reliable, and timely and it reflects the needs of health facilities and family planning service providers.
- Assess and track expenditure of budgeted funds on a regular basis. Analyze alignment between budget expenditures, possible bottlenecks, and the program goals and performance.
- Explore ways to increase efficiency of resource use in collaboration with local health department finance and administrative staff.

The purpose of this brief is to provide practical action steps that health officers working in local health departments can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To identify appropriate family planning financing mechanisms, health officers working in local health departments need to understand the country and local context in which the program operates, as well as the opportunities to build upon existing financing structures at the national and subnational levels. To understand the context of a family planning program, health officers

should review the landscape analysis in the national or subnational family planning costed implementation plan, which provides a thorough review of the different aspects, priorities, and gaps in the family planning program. Health officers should also review country Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and Reproductive Health Surveys (RHS) that characterize the current levels and trends of family planning indicators both at national and subnational levels. USAID's [Family Planning Financing Roadmap](#) website and interactive tool can serve as a resource for health officers to review [health financing concepts](#) and fill-in [country-specific data](#) to receive a recommendation for family planning financing solutions appropriate to the context.

Through this step, the health officers should try to understand current public health financing mechanisms for the family planning program and determine what kind of financial projections or indicators to look at to inform discussions with other stakeholders. They should also gather any additional evidence needed to inform those discussions.

Engaging the Right Stakeholders

With a comprehensive understanding of the family planning context, health officers working at local health departments can identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
Local MOF/ treasury budget department	Sets and maintains the health sector budget at the district/county level, especially in decentralized contexts.	Approves and disburses health budget including allocation to family planning budget line, if already instituted.
MOH family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates national family planning budget needs to departments and ministries within the government as well as to development partners.
Local assemblies	Drafts and passes local legislations that support increased domestic resource allocation and create an enabling environment for health and family planning programs.	Advocates to the local treasury and county leadership on the health and economic benefits associated with family planning programs.
Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.
National medical procurement agency	Procures, warehouses, and distributes drugs and medical supplies.	Assesses, quantifies, and distributes family planning commodities, as well as collects information and provides regular reports to national and county governments on the status and cost-effectiveness of procurement, distribution, and value of medical supplies.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.

turnover in key staff positions, particularly in the government, staff will need to re-engage with new decisionmakers and stakeholders as necessary, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, health officers working in local health departments, in collaboration with other stakeholders mentioned in Table 1, need to identify the financing solutions that are the most feasible. The following are action items for different financing mechanisms—some or all of which may be appropriate depending on the country and local context.

If government budget line allocations to family planning are non-existent or insufficient (national and local):

- Work with the MOH family planning department and support them to build an advocacy campaign targeting the national and local treasury departments and key members of parliament and local assemblies by providing evidence on the health and economic benefits of family planning to the local population served.
- Collaborate with local government leadership, civil society actors, and partners to integrate family planning into subnational/ local development and implementation plans to ensure local ownership for financing family planning programs. The following resource provides an example: [Integrating Family Planning Interventions into District Implementation Plans in Malawi](#).
- When building national and local advocacy coalitions, make the case for:
 - Establishing a national and/or local budget line item for the family planning program and/or family planning commodities, if not already instituted.
 - Increasing budget allocation for the family planning program and commodities in national and/or local health budgets

during annual or multi-year planning and budgeting exercises.

If there is a limited health budget necessitating a more efficient family planning program:

- Explore steps to improve technical efficiency, i.e., using the available resources to achieve the maximum possible improvement in outputs:
 - Work together with the national family planning program leadership and use the forthcoming Health Policy Plus [family planning technical efficiency tool](#) to identify potential inefficiencies in the family planning program. Steps to improve efficiency in service delivery may include integration with the HIV program, inclusion of adolescent-friendly services, ensuring availability of commodities, and conducting in-service training for providers. Additional measures to improve efficiency may involve improving program management and increasing demand for services—for example, through health insurance or voucher programs, media campaigns, and community-level social marketing.
- In collaboration with the finance and administration officers in the local health department and with the budget officer from the local treasury, assess, identify, and address public financial management bottlenecks at the local level that impede efficient and full budget execution of health and family planning budgets (if a specific family planning program budget exists at the subnational level), including release of funds, fund flow, and cash planning and management.

If quantification of family planning commodities does not accurately represent stock levels at the subnational level:

- Work with the central procurement agency to periodically coordinate assessment of family planning commodity stock levels and of consumption projection needs as well as build local supply chain and stock management capacity.

- Collaborate with the subnational branch of the central procurement agency to build the capacity of facility staff in collecting, processing, and analyzing accurate and timely data on commodity stock levels.
- Advocate for the establishment of an integrated procurement and commodity security system that allows for real-time monitoring of commodity consumption and stock levels and provides insights on future needs.

If the evidence for advocacy and financing of family planning programs are not being generated and/or consistently used:

- Meet with local and national family planning advocates, particularly civil society organizations, to develop an advocacy plan based on the [SMART](#) approach to strengthen accountability and transparency around existing national and local government commitments on funding and sustaining family planning and reproductive health programs. For example, the Nigerian government recently launched guidelines to strengthen the country's Family Planning 2030 commitment by mobilizing additional domestic resources for family planning through specific budgetary commitments at both national and subnational levels (Adebowale, 2022). Regular advocacy and tracking such commitments strengthens accountability and transparency and supports sustainable financing of the family programs.
- Support civil society organizations to compile evidence on commitments, allocation and

expenditure trends, budget gaps, total resource needs, implementation plans, and the return on investment. For example, if consumables make up a considerable share of family planning expenditure but are not reflected in budget allocations, tracking expenditure trends can build a case for higher budget allocation for consumables.

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An Introduction to the Strategic Guidance for Key Stakeholders

Authors: Ayan Jha and Jay Gribble



Introduction

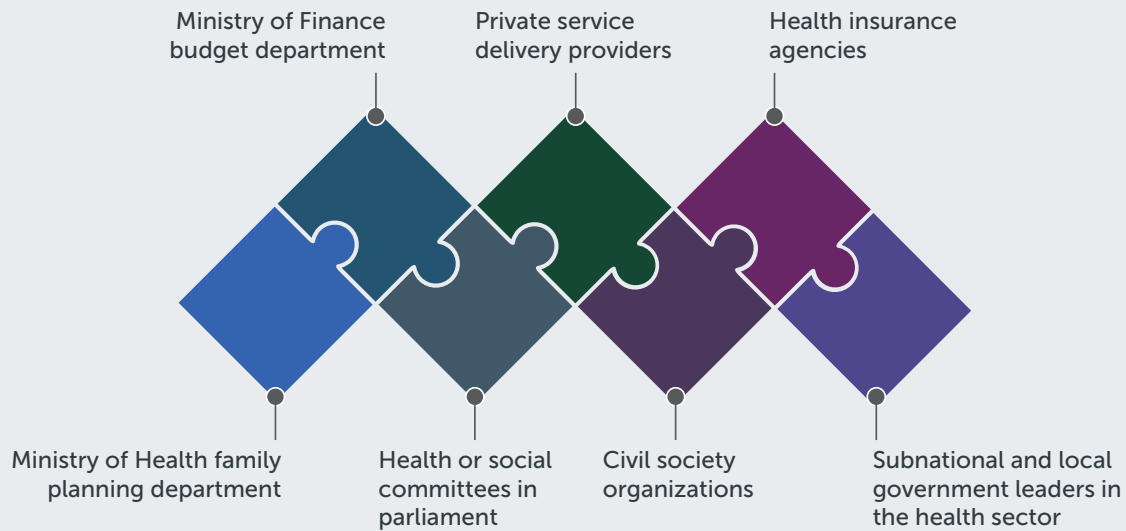
While family planning is one of the most cost-effective development investments, nearly half of its funding in 69 priority countries of the Family Planning 2020 initiative came from development partners. Total external funding for family planning has plateaued over recent years and is expected to decline in the near term (FP2020, n.d., 2021). In order to develop sustainable financing solutions for their family planning programs, countries need to increasingly mobilize domestic resources (Starbird, 2021). Over the last seven years, the U.S. Agency for International Development-funded Health Policy Plus (HP+) project has developed tools, frameworks, and case studies to support evidence-based decision making for family planning financing. Examples include the [Family Planning Financing Roadmap](#); the [Total Market Approach Projection Tool](#); and guides for evaluating the [legal and regulatory environment for inclusion of family planning in universal health coverage](#), [catalytic funding](#), and [blended finance](#). Although countries have used these and other resources to increase funding for family planning, there has been less progress on linking these approaches and integrating them within an overall perspective of sustainable financing for family planning. For countries to move from identifying problems and potential solutions in financing family planning to implementing activities (e.g., evidence generation, capacity development, and enacting family planning financing reforms), they need to use an integrated approach that focuses on “who does what” rather than “what gets done.”

The HP+ Approach

First, HP+ mapped the different key stakeholders involved in carrying out financing of family planning activities and programs in low- and lower-middle-income countries. Subsequently, through a process of stakeholder interviews and consultations, HP+ developed strategic guidance for seven key stakeholder groups (see Figure 1) who can significantly contribute to advocating for, developing, and/or implementing family planning financing strategies in their countries. Depending on the context and financing approach, other stakeholder groups to consider might include the following:

- Ministry of Health planning department, finance and administration department, and department in charge of universal health coverage or health financing initiatives
- National medical procurement agency
- Local division of the treasury department
- Local assembly
- Professional associations that bring together private healthcare providers
- Corporate partners that engage in a variety of partnerships with external organizations and governments for mutual benefit
- Commercial supply chain, retail, and other market actors that import and supply family planning commodities to health facilities, pharmacies, drug shops, and other retail outlets
- International nongovernmental organizations and implementing partners working in the domestic family planning space

Figure 1. Key Stakeholders and Their Contributions to Family Planning Financing



	Key Stakeholder	Responsibility	Contribution to Family Planning Financing
1	Ministry of Health family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
2	Ministry of Finance budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
3	Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and can advocate for the health budget, including allocation to family planning (particularly the budget line for contraceptives) and health financing reforms that could include family planning.
4	Private service delivery providers	Provides the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increases access to and uptake of family planning among women of reproductive age, which contribute to a country's modern contraceptive prevalence rate.
5	Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.
6	Health insurance agencies	Determines services that are covered in benefits packages and determines providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.
7	Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at regional/district/county levels, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.

Purpose of the Strategic Guidance

The overarching purpose of these stakeholder-specific strategic guidelines is to provide practical, actionable steps that the respective stakeholders can take to improve sustainability of family planning financing by strengthening domestic financing mechanisms. Actions to take may vary based on the country context and the financing mechanisms used. The guidelines do not focus on any specific financing mechanism but rather adopt a more generalized approach to help stakeholders understand their roles and contributions regardless of the financing mechanisms used.

While consulting their specific strategic guidance, stakeholders should recognize that the recommended steps are not mutually exclusive and require collaborative actions with other stakeholders. Box 1 provides an example of such collaboration from Guatemala. Furthermore, the following are illustrative examples of potential collaborative efforts among stakeholder groups to improve sustainable domestic financing of family planning programs:

- The Ministry of Health family planning department, as the lead agency, should work in collaboration with donors and civil society organizations to gather and analyze evidence

on the health and economic benefits of adequately covering family planning services in a national essential health services benefits package, and strongly advocate for it.

- The Ministry of Finance and Ministry of Health need to collectively work with legislators in parliamentary health or social committees (with budget oversight authority) to achieve allocative and technical efficiency gains that may partially offset the limitations of a narrow fiscal space for health. They should also work together to address issues like exempting family planning commodities from import taxes.
- Private sector actors should engage government stakeholders (in the ministries of health and finance) on market segmentation strategies to ensure that free public-sector contraceptives go to the neediest segments of the population and do not displace commercial markets for users who can afford to pay.

While some of the guideline steps may be complex and benefit from outside technical assistance, these strategic guidelines are designed to guide key stakeholder groups in taking collaborative actions to strengthen

Box 1. Collaborative Advocacy and Action in Guatemala to Ensure Family Planning Financing

An example from Guatemala shows how collaborative advocacy and action between stakeholders can not only secure domestic financing for family planning but also ensure its sustainability in the face of legal and political challenges. An [HP+ policy brief](#) (Carr et al., 2017) recounts how civil society groups worked with family planning advocates in Guatemala's Ministry of Health to defend a 2005 law that created a budget line item to ensure that 15 percent of alcohol tax revenue was allocated to reproductive health, family planning, and alcoholism programs. They mounted a pressure campaign through media, recruited allies in the Congress, and launched a legal effort that finally ensured judicial authorization of the law in 2009.

A similar coalition came together again in 2016 to defend the continuation of this funding when a bill was introduced in congress to divert it, citing under-utilization. The collaborative effort succeeded in convincing senior policymakers, including members of congress, of the importance of securing domestic financing for family planning, leading to the bill being rescinded.

sustainable domestic financing mechanisms for family planning activities and programs in their countries.

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