

Family Planning Expenditures in Low- and Middle-Income Countries in 2018: Report of the Expert Meeting August 5-6, 2020

1. Introduction

The Track20 project, in partnership with the FP2020 Secretariat and other partners, has been working to track expenditures on family planning since 2012. The sources of funds include bi-lateral donors, foundations, national governments in the 69 FP2020 priority countries and out-of-pocket payments by consumers. Several organizations collect information and make estimates of one or more of these components. Once a year Track20 convenes a meeting to review the latest data and estimates and discuss how to use the information to prepare final estimates. This report describes the 2020 meeting which was held virtually on August 5th and 6th. The agendas of the meeting and a list of participants are included at the end of the report.

2. Expenditures by Domestic Governments

WHO/SHA

The World Health Organization (WHO) works with member countries to prepare national health accounts annually. This effort includes training for national economists and technical assistance and quality review from WHO. Information on family planning expenditures is available for 36 countries on WHO's Global Health Expenditure Database (www.who.int/ghed). Total expenditures by domestic governments in reporting countries in the most recent year available totaled \$205 million.

UNFPA/NIDI

The Netherland Interdisciplinary Demographic Institute (NIDI) works with UNFPA to implement a survey of family planning expenditures in 45 UNFPA Supply countries and 69 FP2020 priority countries. The survey is developed by NIDI and implemented by national consultants for the national UNFPA offices. Results are aggregated and analyzed by NIDI. Fifty countries participated in the last year's survey which collected expenditure information for 2018. The result show total expenditures by domestic governments and non-profit institutions of \$1.8 billion with \$687 million coming from domestic governments.

Track20

The Track20 project developed the Family Planning Spending Assessment to collect family planning specific expenditures in key countries. It uses a health accounts approach derived from the National AIDS Spending Assessment (NASA) methods and applies it to family planning. Studies have been completed in 9 countries (Bangladesh, Cameroon, Indonesia, Kenya, Myanmar, Mozambique, Philippines, Senegal and Zimbabwe) with three more countries underway. To these results we also add

India which self-reports family planning expenditure to the FP2020 Secretariat. These assessments have recorded total expenditures of \$1.19 billion.

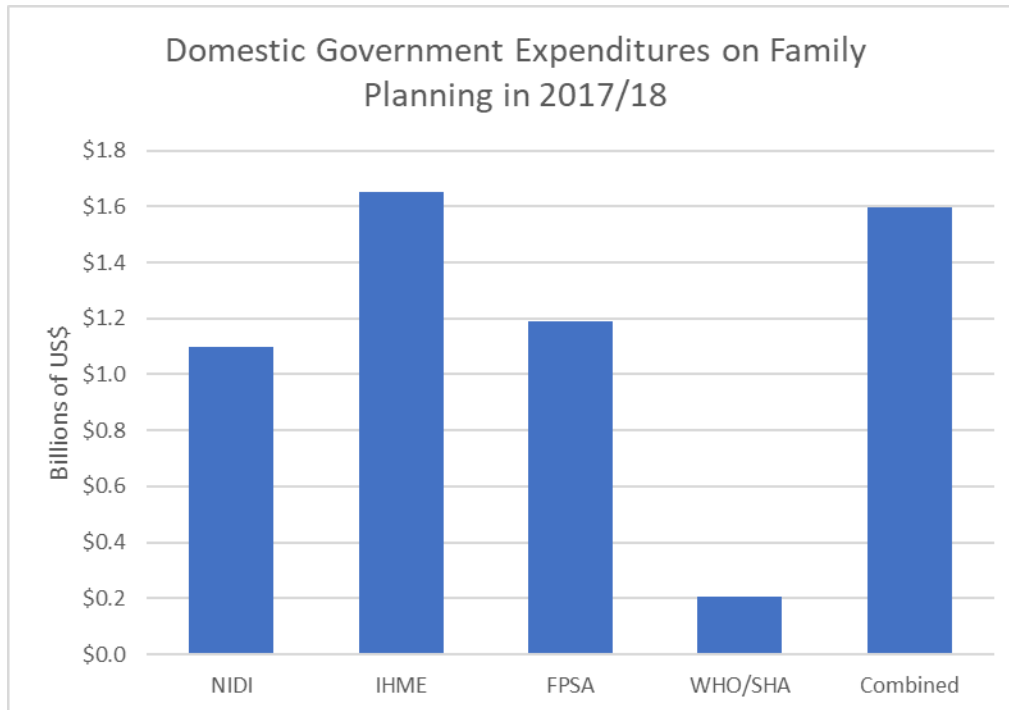
IHME

IHME uses the data from WHO/SHA, UNFPA/NIDI and Track20 along with other information to fit regression models that estimate expenditures over time for each country, including those without independent estimates. This method is applied to 120 low- and middle-income countries. They estimate total government expenditures at \$1.65 (\$1.45 - \$1.80) billion in 2017.

Combined

Figure 1 compares the estimates from these four organizations. Also included is a 'Combined' estimate which uses the 'best' estimate for each country with data from at least one of the four approaches. 'Best' is subjective but relies on the FPSA, if available, since it is detailed and reviewed by country experts, followed by WHO/SHA since it is also detailed and formally approved by the country, followed by NIDI when the estimate was approved and IHME. Note that the WHO/SHA estimate is low since it does not include some of the countries with the largest expenditures such as India and Indonesia. The Combined estimate is similar to IHME since they cover the most countries and IHME uses the other estimates as inputs.

Figure 1. Domestic Government Expenditures on Family Planning in 2018/18



The top five countries (India, Bangladesh, Indonesia, Philippines and Pakistan) account for 80% of the total and the top 10 countries (with Ethiopia, Côte d'Ivoire, Cameroon, Tanzania and Sri Lanka) account for 90% of the total.

There are some differences in the country-specific estimates between the different approaches. We are working to review these estimates and understand the reasons for the differences.

Although here we present estimates for all countries, only estimates that have been reviewed and approved by country officials are included in the FP2020 Annual Report.

3. International Donor Disbursements

Kaiser Family Foundation

KFF estimates disbursements for family planning by the major bi-lateral donors by interviewing each of the top 10 donor countries and using the OECD CRS database for all others. They have produced estimates for each year from 2012 to 2018. For 2018 they report donor funding of \$1.5 billion, the highest amount for any year in that period.

IHME

IHME collects data from a number of sources including the OECD-DAC CRS, World Bank, regional development banks, USAID financed NGOs and UN agencies. They use key word searches of project descriptions to distinguish family planning funding from other types of Donor Assistance for Health (DAH). Results include funding from bi-lateral donors as well as foundations and NGOs. They estimate donor disbursements at \$1.1 billion in 2018.

UNFPA/NIDI

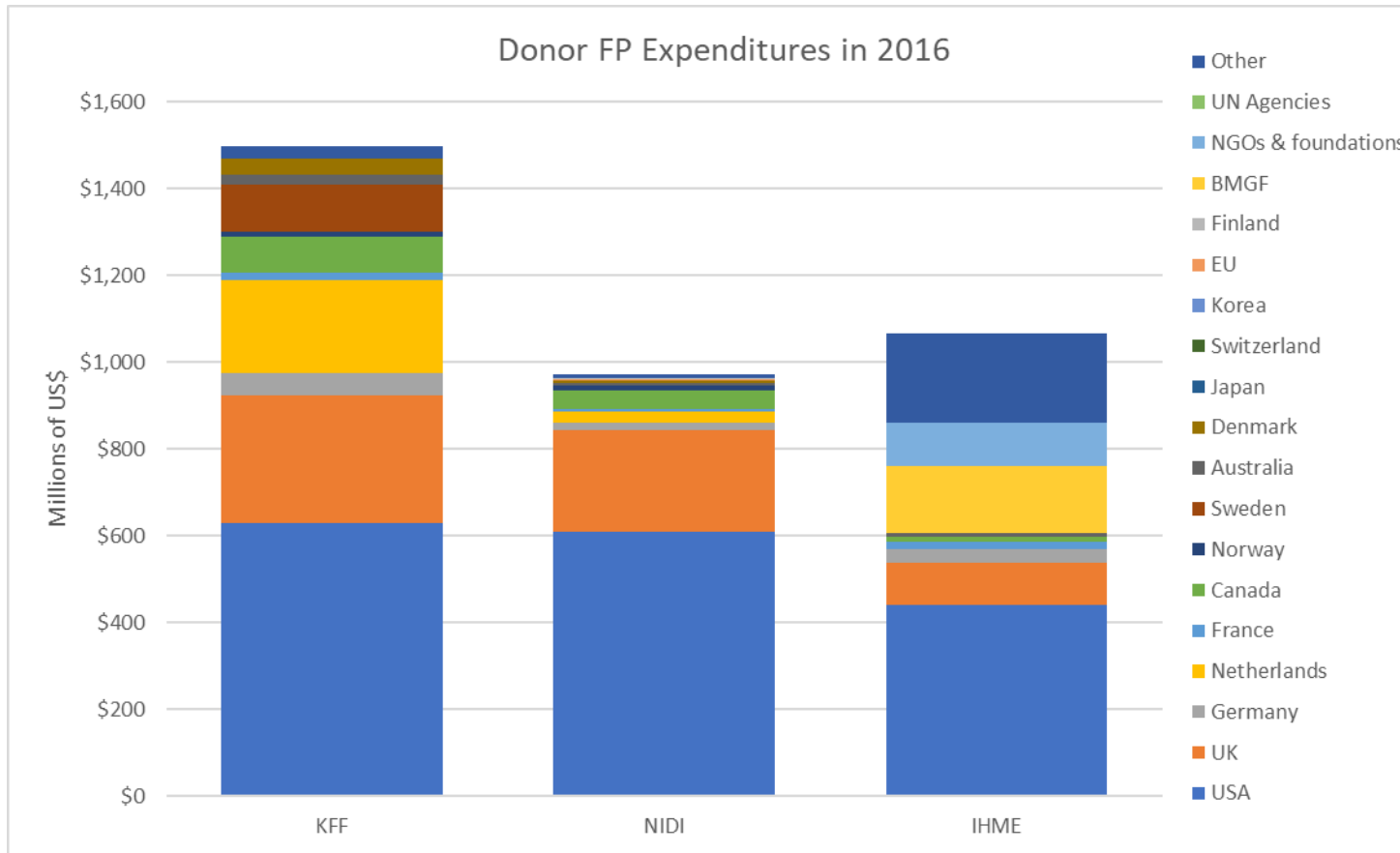
NIDI collects information on disbursements for 30 DAC countries using the OECD/DAC CRS data base. Project reports are analyzed to determine dedicated family planning expenditures and the family planning component of combination projects is initially determined by applying standard ratios of FP components to different categories of development assistance. Follow-up conversations are held with selected donors to agree on the allocation to family planning. NIDI estimates total disbursements at \$972 million in 2018.

Combined

Figure 2 compares the estimates from these three organizations. There are three important differences to note.

1. The IHME estimate for the United States is lower than the estimates from KFF and NIDI.
2. The NIDI estimate for the Netherlands is considerably less than from KFF and IHME. This is probably due to decisions about how much of RMNCH expenditures are allocated to family planning.
3. Only IHME includes foundations and other non-profit organizations.

Figure 2. Donor Disbursements for Family Planning in 2018



Clearly, it will be useful for the three organizations to compare results for the US and Netherlands to understand better the reasons for the differences.

It was also noted that family planning by the Global Financing Facility may not be captured fully. The GFF offered to discuss how we could cooperate to integrate their efforts.

If we combine the KFF estimate of \$1.5 billion for bi-lateral donors with the IHME estimate of \$250 million for foundations and NGOs and \$200 million for other organizations, the total disbursements for family planning come to almost \$2 billion.

Out-of-Pocket Expenditures

RHSC

Avenir Health and the Reproductive Supplies Coalition prepared an estimate of out-of-pocket (OOP) expenditures on family planning as part of their Commodity Gap Analysis in 2019.¹ Estimates are prepared separately for married and unmarried contraceptive users. Information on the number of modern method users (from Track20 and UN Population Division) is combined with method mix and the percentage of users getting their services from the private sector (from DHS, MICS and other national surveys) and estimates of the amount paid by each user to estimate out-of-pocket payments. They estimated OOP at \$727 million in the 69 FP2020 countries and \$2.8 billion in 135 low- and middle-income countries.

IHME

IHME used estimates of prices from the RHSC Commodity Gap Analysis mentioned above and used regression analysis to estimate missing data points. This was combined with estimates of the number of women accessing contraceptives in the private sector, by method, to estimate OOP for 120 low- and middle-income countries. They estimate OOP in 2017 at \$2.17 billion (\$2.0 - \$2.3).

NIDI

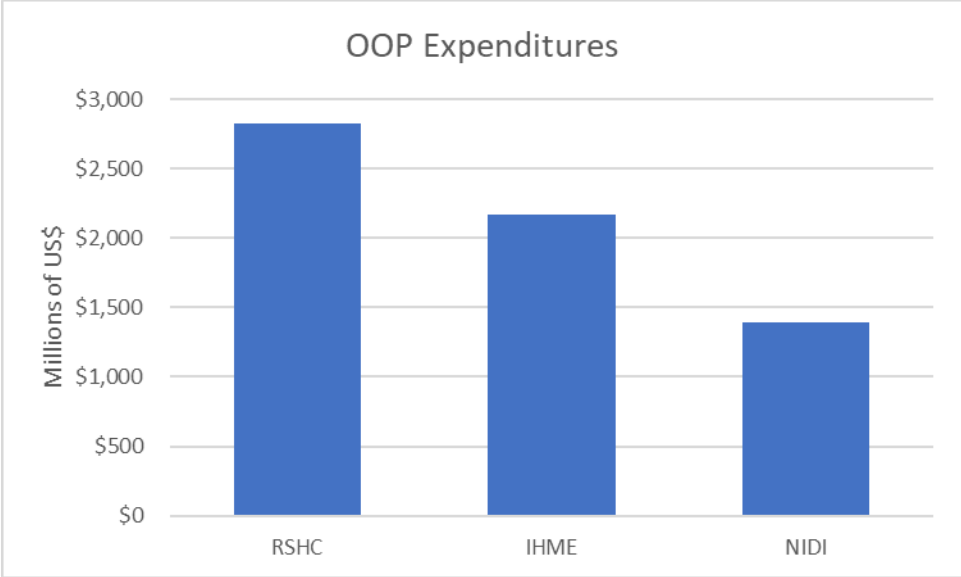
A third estimate of OOP expenditures was made by NIDI using similar methods as RHSC and IHME but using their country survey to collect information on prices paid by private sector users. This produced an estimate of \$1.4 billion in OOP expenditures in 64 countries.

Combined

Figure 3 compares the three estimates of OOP for family planning. Discussion are currently underway between the three organizations to understand the reasons for the differences. The NIDI estimate includes fewer countries so will need to be compared with similar countries from the other two estimates.

Figure 3. Out-of-pocket expenditures for family planning

¹ <https://www.rhsupplies.org/activities-resources/webinars/commodity-gap-analysis-2019-cga2019-what-is-the-cga2019-and-how-it-can-help-me-136/>



Countdown 2030 Europe

Countdown 2030 Europe tracks funding for Sexual and Reproductive Health and Rights from European donors. Results are available from their dashboard at: <https://www.countdown2030europe.org/analysis>. Their next report with results for 2018 disbursements will be release in October 2020. It will have estimates for family planning derived from the SRHR disbursements using the Muskoka approach for determining the family planning share.

Post-2020 Financial Commitments and Expenditure Tracking

Martyn Smith and Jason Bremner from the FP2020 Secretariat provided an update on the Post-2020 Family Planning initiatives. This will entail a new round of country commitments next year and a revised measurement framework. They asked for input from the participants to help formulate FP2020 lessons learned on family planning expenditure tracking and the new measurement approach regarding expenditures.

Family Planning Expenditures Expert Advisory Group Meeting

Agenda

Wednesday, August 5

9:00 Introduction (Stover)

Domestic expenditures

9:05 WHO (Hapsa Toure)

9:20 NIDI/UNFPA (Michael Dhatemwa)

9:35 Track20/FPISA (Rudolph Chandler)

9:50 IHME (Angela Micah)

10:05 Discussion

International Disbursements

10:20 Kaiser Family Foundation (Adam Wexler)

10:35 IHME (Angela Micah)

10:50 NIDI/UNFPA (Karin Vrijburg)

11:05 Discussion

11:30 End

Thursday, August 6

9:00 Introduction (Stover)

Out-of-pocket expenditures

9:10 RHSC/Avenir (Michelle Weinberger)

9:25 NIDI/UNFPA (Patricia Hernandez)

9:40 IHME (Angela Micah)

9:55 Discussion

10:10 Donors Delivering (Sarah Bedson, EPF)

10:20 Measurement framework (Martyn Smith, Jason Bremner FP2020)

10:45 Summary and Way Forward (John Stover)

11:00 End

First Name	Last Name	Organization	Email
Ayman	Abdelmohsen	UNFPA	abdelmohsen@unfpa.org
Emily	Adams		
Yacine	Bai	FP2020	ybai@familyplanning2020.org
Sarah	Bedson	EPF	sarah@epfweb.org
Matt	Boxshall	Thinkwell	mboxshall@thinkwell.global
Jason	Bremner	Family Planning 2020	jbremner@familyplanning2020.org
Logan	Brenzel	Bill & Melinda Gates Foundation	Logan.Brenzel@gatesfoundation.org
Win	Brown	Bill & Melinda Gates Foundation	win.brown@gatesfoundation.org
Rudolph	Chandler	Avenir Health	RChandler@avenirhealth.org
Michael	Cohen	Chemonics	mcohen@chemonics.com
Jacqui	Darroch	Guttmacher Institute Netherlands Interdisciplinary	JDarroch@guttmacher.org
Michael	Dhatemwa	Demographic Institute	Dhatemwa@nidi.nl
Shiza	Farid	FP2020	sfarid@familyplanning2020.org
Duff	Gillespie	JHU	dgilles6@jhu.edu
Claire	Giry	SDFID USAID Global Health Supply Chain	
Suzanne	Gold	Program	sgold@ghsc-psm.org
Saskia	Guerrier	Population Action International	sguerrier@pai.org
Denise	Harrison	USAID	deharrison@usaid.gov
Vibhuti	Hate	GFF Secretariat	vhate@worldbank.org
Rob	Hecht	Pharos	rob@pharosglobalhealth.com
Patricia	Hernandez	NIDI	Hernandez@nidi.nl
Zina	Jarrah	Financing Alliance for Health	
Jennifer	Kates	Kaiser Family Foundation Centre for Economic and Social	JenniferK@kff.org
Julius	Korir	Research	jkorir1@gmail.com
Naomi	Lince-Deroche	Guttmacher Institute	nlincederocche@guttmacher.org
Angela	Micah	IHME	amicah@uw.edu
Gabi	Murillo	NIDI	murillo@nidi.nl
Wezi	Mutali	USAID USAID Global Health Supply Chain	wmutali@usaid.org
Thidiane	Ndoye	Program	tndoye@ghsc-psm.org
Martyn	Smith	Family Planning 2020	msmith@familyplanning2020.org
Robyn	Sneeringer	Bill & Melinda Gates Foundation	Robyn.Sneeringer@gatesfoundation.org
John	Stover	Avenir Health	JStover@avenirhealth.org
Elizabeth	Sully	Guttmacher Institute	Esully@guttmacher.org
Katherine	Tan	Bill & Melinda Gates Foundation	Katherine.Tan@gatesfoundation.org
Michel	Tchuenche	Avenir Health	JMTchuenche@avenirhealth.org
Hapsatou	Toure	WHO	toureh@who.int
Isadora	Vigier de Latour	GHSC-PSM Netherlands Interdisciplinary	ivigier@ghsc-psm.org
Karin	Vrijburg	Demographic Institute	vrijburg@nidi.nl
Michelle	Weinberger	Avenir Health	mweinberger@avenirhealth.org
Adam	Wexler	Kaiser Family Foundation	AdamW@kff.org
Claire	Young	Pharos	claire@pharosglobalhealth.com
Linnea	Zimmerman	PMA	lzimmerman@jhu.edu