Setting Goals

- Most countries have FP goals in their strategies, CIPs, commitments, etc.

- Usually set for a 5-year period, but there is some variation

- Countries may set multiple goals to guide progress
  - Common indicators: mCPR, Unmet Need, Demand Satisfied
  - Domains: Equity, Access to Services, Method Availability, Financing
  - National and sub-national indicators

- We will be talking specifically about mCPR goals, but many of the concepts can be applied to other goals as well

- Can be set for married or all women, mCPR or CPR
  - Documentation of choices is important, it is not always clear!

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Setting goals is an important part of strategy development. FP specific goals may be included in broader RMNCAH strategies and documents as well as FP specific strategies, Costed Implementation Plans (CIPs), commitments to global initiatives such as FP2030, etc.

The period of time covered by goals differs, but the most common length is 5 years.

Documents may include multiple goals to guide progress, the most common FP indicators used are Contraceptive Prevalence Rates (CPR), unmet need, and demand satisfied. Additionally, goals can cover different domains, such as equity, access to services, method availability, and financing. There can be goals for both national and sub-national levels.

For this presentation we will be talking about Modern Contraceptive Prevalence (mCPR) goals, but many of the concepts and tools that are discussed can be applied to other goals as well.

Goals can be set for married or all women mCPR or CPR. The important part is to document the assumptions about the goals. It is not always clear.

Importance of Goals

- Goals are the first part of accountability

- This is diminished if goals are:
  - Too ambitious and therefore not achievable
  - Not ambitious enough and therefore achievable without any additional effort

- A right-sized goal generates political will and provides a framework for annual monitoring

- It is important to match ambition to effort. If you set an ambitious goal, you need to be prepared to increase your level of effort

Setting goals is also an important part of the accountability process. When governments set goals, an important part of measuring if they are meeting their own expectations is to monitor progress towards these goals.

The ability to do this is diminished if goals are not properly set. If a goal is too ambitious, and therefore not achievable, then it is not possible to hold governments accountable. On the other hand, if a goal is not ambitious enough, and therefore achievable without any additional effort, monitoring does not provide helpful information and governments are not improving and growing programs.

A right-sized goal generates political will and provides a framework for annual monitoring. Goals that are ambitious, but achievable, creates an environment where governments can push themselves to improve programs and coverage and accountability networks can push governments to deliver on their promises.

Taking the time to set a good goal also allows for conversations about matching ambition to effort. If a country sets an ambitious goal, then their strategy must include activities and interventions that match that level of ambition. If you want your current trend to change, then you have to do something different.
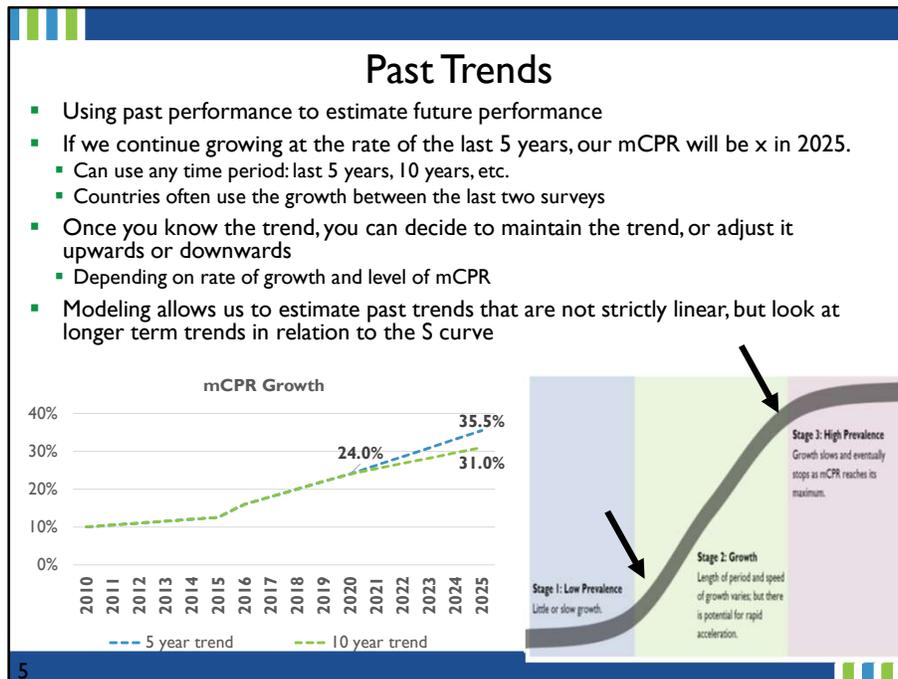
Approaches

- Past Trend

- Benchmarking

- Country Groupings

- Opportunities

- Impact Modeling

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These are the 5 most common ways that family planning goals are set. Let's first review Past Trend.

A Past Trend approach is when you look at the growth that has occurred in the past and look at what that means if growth continues the same moving forward.

Past trend analysis is the fastest and easiest way to set a goal. When using this approach, you need to decide the timeframe you will use to calculate past performance. The years used to create the trend vary, but oftentimes the trend between the last two national surveys is used.

This graphic on the bottom left looks at using both 5 and 10 years. In 2020 the mCPR is 24%. If you use the past trend for 5 years (growth between 2015 and 2020) then your 2025 goal will be 35.5%. If you use growth during the last 10 years (growth between 2010 and 2020) then your 2025 goal will be 31%.

Once you know the trend, the target may be to maintain the trend as projected or adjust the trend upwards or downwards. This may depend on the current levels of mCPR, or where you sit on the S curve (graphic bottom right). Historical data shows us that mCPR grows in an S-shaped pattern. This is characterized by slow growth and little annual change when mCPR is low (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2) and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary. This is important to consider when setting goals - If a country has recently had fast growth in mCPR and they are approaching high levels of prevalence, then maintaining that high growth may be difficult and the decision

may be made to adjust the trend downward.

If it also possible to have a slightly more complicated approach to this method and use modeling to create a trend that is not linear, but instead draws from longer term growth.

Benchmarking

Aligning progress with agreed upon global standards

- Choosing a growth rate that has wide consensus
  - 2 points growth in mCPR is widely considered fast growth

- Aligning with international goals
  - 75% demand satisfied (informal SDG goal)
  - In some cases may not be feasible for a short-term goal, but can provide a longer-term framework

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Benchmarking sets a goal that aligns with something that is agreed as a broad consensus.

For example, it is commonly believed that a growth rate of 2 percentage points a year in CPR is fast growth.

Another example would be for a country to double their current growth rate. For example, if they are growing .5 points per year, their goal could be to grow at 1 point per year.

There is also the possibility to align with international goals. For example, although not a formal SDG goal, there is an informal goal of achieving 75% demand satisfied. For many countries this would be an unachievable goal in the specified timeframe, so context is important.

Country Grouping

- Using growth rates from regions, levels of mCPR, or comparable countries to set goal
- Example using levels of mCPR
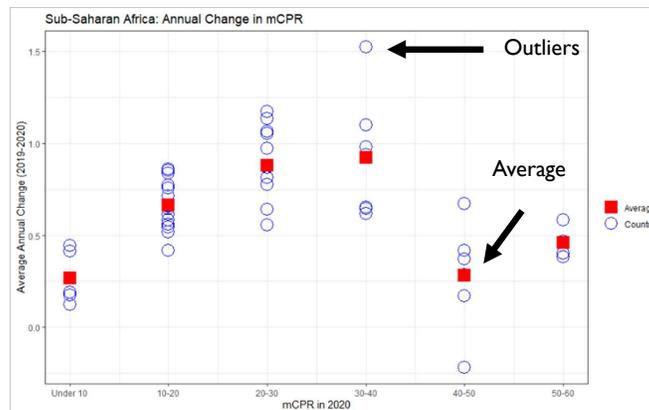
A goal may also be set based on the performance of similar countries.

For example, this graph shows how a goal could be set using levels of mCPR (across the bottom of the graph) and average annual change in mCPR in the previous year using countries in Sub-Saharan Africa.

The red squares represent the average annual growth in mCPR for the different levels of mCPR. Each blue circle represents a country. For countries that are growing slower than the average in their group (those below the red square), they could decide to set a goal of increasing to the average. For countries that are growing at the average rate or above, they could set a goal of increasing to the maximum growth in their category.

Another option for goal setting is to estimate the increase in mCPR that would be achieved if specific opportunities were met. This process starts by using data to identify large numbers of women of reproductive age with a need for family planning. This approach is often used when priorities have already been set or data analysis shows that focus on a specific intervention or sub-set of women presents an opportunity for substantial growth in mCPR.

For example, in a country with high Total Fertility Rate (TFR), you would look at the percent of post-partum women that are using family planning. If there is a large percentage that are not using family planning, a goal can be set that meets a segment of this population.

You can also use data to identify specific barriers to uptake of family planning. For example, if current levels of stockouts are inhibiting access to family planning, you can set a goal of reducing stockouts by a certain percentage.

In many countries youth are already identified as a prioritized sub-group. You can use this approach to estimate the number of youth with an unmet need and then set a goal of reducing this unmet need by a specific amount. The impact of prioritizing these opportunities are estimated to establish an mCPR goal. These are just examples, there are other opportunities that can be quantified using this approach.

Impact Modeling (FP Goals)

- Uses all available evidence to estimate the impact of various FP interventions on mCPR
  - Heavily aligns with High Impact Practices

- Allows you to build different scenarios, either focusing on different interventions or different levels of scale up
  - For example: we will get a bigger impact on mCPR if we focus on PPFP or CBD?

- Uses country data to contextual results, including information about the health system and current distribution patterns of FP
  - Can be applied at the sub-national level, allowing for differences in impact to be identified

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The last approach, using impact modeling, is the most complex. This uses the FP Goals model to estimate the impact of various family planning interventions on mCPR. The interventions that are included align with the established High Impact Practices and are based on a review of the family planning literature.

This approach allows you to build different scenarios, either focusing on different interventions or different levels of scale up. For example, will a country get a larger impact on mCPR if PPFP or community-based distribution (CBD) is prioritized? These changes are then translated into an estimated change in mCPR. In addition to setting an mCPR goal, the model also sets corresponding coverage goals for each selected intervention.

The model uses country specific data so the results will differ based on the current family planning situation and the structure of how family planning services are currently provided.

Choosing Between Approaches

- What are your current growth rates?

- What are you setting the goal for? Strategy? Commitment?

- What is the likelihood that you are able to change your program?
  Either in terms of interventions or coverage of existing interventions?

- Is growth in mCPR your main goal? May not be the best option for
  higher/high prevalence countries

- Balance between short-term versus long-term goals
  - Lack of available demand will limit growth in the short-term
  - Some investments in youth are realized beyond a 5-year strategy

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Choosing between these different approaches can be based on many different things. One basic factor could be timing. Some of the approaches take more time than others, so if a fast turnaround is expected, some of these options may not be feasible.

Additionally, the decision could be based on current growth rates. If family planning is not a priority and will not become a priority in the next few years, then there may be little expectation about changing the current growth rates.

The level of effort that is put into a goal is often aligned with the reason the goal is being set. If it is part of a family planning strategy, then there is likely a larger process happening that includes various data analyses. This process probably has an extended timeline and an approach that takes longer may be feasible. However, if the FP goal is part of a larger RH strategy and there will not be a detailed FP component, then an approach that takes less time or uses less data may be the better option.

It was mentioned at the beginning of the presentation that a right-sized goal is important. So, the question of whether or not there is the possibility of making changes to the current FP program is important. If it is unlikely that things will change, then it is not advisable to set a goal that would require a change in level of effort.

For countries with high contraceptive prevalence, setting a goal for mCPR may not be the best option. In this case, it is not expected that mCPR will continue to grow significantly, so setting a goal that focuses on equity or quality may be a better option. Monitoring for a goal that is based on an indicator that is not expected to change does not provide helpful information.

In some cases, you need to think about short term versus long terms goals. In some cases, there may be limitations to growth in the short term, for example when there is little existing demand for family planning. In the short term, growing demand may need to be prioritized, which means growth in mCPR may be slow.

Also, some investments, such as for youth, may be longer than 5 years. In this case, the expected contribution to growth in mCPR in the short term should be realistic and the goal should take that into account.
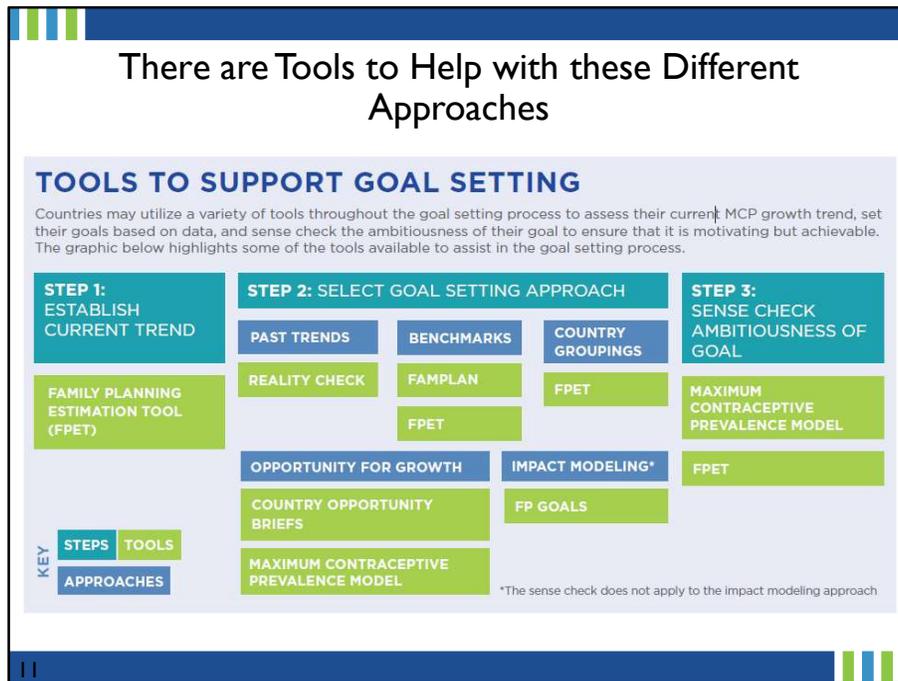
There are many existing tools that can support using the various approached. This table shows those tools, where they fit into the goals setting process, and which approach they support.

The first step is to establish the current trend in mCPR. A tool that does this, which has not been discussed, is the Family Planning Estimation Tool (FPET). This is a free online tool that can estimate mCPR (and unmet need and demand satisfied) annually.

The second step is to decide and use one of the presented approaches. You can see in the table that there is at least one tool for each approach.

The third step is to do a sense check on the level of ambitiousness in the goal. To do this, there are two tools. The Maximum Contraceptive Prevalence Model estimates the highest level of mCPR that can be achieved in a country given its current situation in relation to fertility preferences and risk of pregnancy. The second tool, FPET is the same that is in Step 1. In addition to estimating annual mCPR, FPET also calculates the probability of reaching different levels of mCPR. This can be used to determine if you are being too ambitious or not ambitious enough.

All of these tools provide support for implementing the various approaches.