

COMPARATIVE ANALYSIS OF FAMILY PLANNING FUNDING IN AFRICA

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Abbreviation

CFA	West African CFA franc
CIP	Costed implementation Plan
FP	Family planning
Tsh	Tanzania Shilling
UNFPA	United Nations Population Fund



Executive Summary

This brief focuses on a comparative analysis of family planning in Africa. With a selected African country in the East, West, and South. It was observed that although Africa countries made commitment to increase their annual budgetary allocation to family planning during the 2017 London Family Planning Summit, not all fulfill this promise, given poor and decline budgetary allocation annually. Their inability to increase their annual FP allocation might not be unconnected to the economic difficulty bewildering their respective country. It was ascertained among the selected West African countries that the FP costed implementation plan does not often align with the annual FP allocation. While some spent, others spent less than the expected estimated cost. This indeed makes it very difficult to implement programs and activities relating to FP annually. The brief, however, recommended, that there is a need to strengthen the private sector engagement in family planning services and commodities, and enhancing collaboration between the public and private sectors. A total market approach can help countries target their resources better and grow the total number of family planning users.

Background

In July 2012 and subsequently 2017, a global community of FP stakeholders came together for the London Summit on Family Planning in pursuit of an ambitious yet essential goal; ensuring 120 million additional women and girls in the world's 69 poorest countries have access to effective family planning information and services by the year 2020. Achieving this goal would prevent 100 million unintended pregnancies, 50 million abortions, 200 thousand pregnancy/child birth-related maternal deaths and 3 million infant deaths. At the summit, national governments, donors, civil society, the private sector and other interested party committed to tackle the numerous policies, financing, delivery and sociocultural barriers that prevent many women from using contraceptives. As an outcome of this commitment, a global partnership 'Family Planning 2020' (FP2020) was formed to support the rights of women and girls to decide freely, whether, when, and how many children they want to have. In essence, countries across the continent's world including Africa committed to ensuring sustainable financing for the national family planning program by increasing its annual allocation for the FP.

Objective

The technical brief is crafted with the following objectives:

- Examines the African funding commitment to family planning in the annual budget.
- Review the Selected West African countries Family Planning CIP implementation level.
- Compare the FP budget allocation trend among selected African Countries.

Methodology

The technical brief is based on the review of the literature, policy document, data, and statistics from selected African countries as well as the international agencies. The government Family Planning Costed implementation plan was used to compare how each of the selected West African countries Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania Niger fund their FP programs to the optimal level. The brief, rely on the annual FP allocation as a basis for comparison among the selected African countries.

Target Indicator

The target indicator is the annual expenditure on family planning from government's domestic budget, although there was a donor contribution in the Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania Niger and Togo total budgetary allocation used to compare the allocated fund against the estimated cost of the FP Costed Implementation Plan (CIP).

Domestic Funding for FP in Selected African Countries

Giving the series of commitments made by many Africa countries, many of whom translated the commitment into reality with dedicated budget lines in their various annual fiscal documents. Among West African countries, the government of **Mauritania** in 2014, created a budget line amounting to \$54,000 US dollars from the 2014 investment budget for the purchase of RH/FP products.¹ This was part of the means to reposition FP through health policy and strategies and to ensure that about 120 million women and young girls have access to modern contraceptive methods by 2020. The allocation was increased by 33% in 2015 (\$67,830).² Also, the **Benin** Ministry of Health allocated 200 million \$466,000 for contraceptives in the 2015 budget, quadrupling the 2014 allocation.

In 2017, the government of **Cote d'Ivoire's** allocated 400 million CFA Francs (approximately US \$744,006) in 2017. By 2018, the Government of Côte d'Ivoire increased its FP allocation to 500 million (25% increase) West African francs (approximately US \$930,000) toward purchasing contraceptives in its 2018 budget. This was part of the government commitment made increase FP allocation by 10% each year.

In 2021, about CFA 500 million (US\$926,000) was budgeted by **Senegal's** Ministry of Health and Social Action for FP in alignment with the country's FP2020 commitment. This reverses the trend of decline in this allocation between 2016 (CFA 300 million) and 2019 and 2020 (CFA 117 million). It was part of the means to support the annual contraceptive needs of approximately 160,000 family planning users.

In **Nigeria** the situation is not different, in 2014, the sum of N1,856 billion (about \$11 million) was allocated for related FP activities, this was reduced to N1.2 billion (about \$4 million) in

¹ <http://pai.org/wp-content/uploads/2015/12/Budget-Increase-for-Family-Planning.pdf>

² https://pdf.usaid.gov/pdf_docs/PA00HSVZ.pdf

2020 and subsequently reduced to N809 million (about \$2 million) in the 2021 Fiscal year. The total amount allocated in 2020 has been released. The \$4 million 2020 allocation is a fulfillment of the government commitment in 2017, although, the 2019 allocation had a shortfall of 75%.

Among the East African countries, the Government of **Kenya** implemented a dedicated budget line for family planning, in 2015/16 fiscal year, the sum of \$42,908,650 was allocated. Within this budget line, the contraceptive supply plan was US\$10,307,079, and as expected to be increased annually. In **Tanzania**, about two billion shillings (Tsh) - \$1.15 million was allocated to family planning for the 2014-2015 fiscal year, the largest allocation since the budget line for family planning was created in 2010 and a 100% increase from the 2013-2014 budget. By 2017/2018 fiscal year, the sum of TSh 14 billion (about USD 6.1 million) was allocated to the FP. This was an increase of 321%, although only TSh 2 billion (about USD 900,000) of the allocated fund was disbursed³. The TSh 14 billion allocation was part of the government commitment to increase its national allocation for family planning commodities and expected to increase to TSh 17 billion (about USD 7.4 million) in 2020 (FP2020, 2017).⁴

In Southern Africa, the **Malawi** government in 2015/2016 fiscal year allocated US\$80,000 to the family planning budget line and donors committed US\$21.7 million to family planning. Together, these allocations covered Malawi's projected contraceptive prevalence rate (CPR) increase of 60%. However, supply chain inefficiencies illustrate that financial commitments are not enough to ensure contraceptive security. Contrarily, in **Zimbabwe**, due to the economic crisis in the country, the government is faced huge challenges in fulfilling its financial commitment of increasing the national budget allocation of FP from 1.7% to 3%⁵. The allocation for family planning remains stagnant at 1.7% of the health budget.⁶

FP CIP Funding Gap in West Africa

The family planning Costed Implementation Plan (CIP) is a multi-year actionable roadmap designed to help governments achieve their family planning goals. There is widespread

³ http://www.healthpolicyplus.com/ns/pubs/11305-11562_TZFPLandscapeBrief.pdf

⁴ http://www.healthpolicyplus.com/ns/pubs/11305-11562_TZFPLandscapeBrief.pdf

⁵ https://www.familyplanning2020.org/sites/default/files/Zimbabwe_2018-2019_Actions_for_Acceleration.pdf

⁶ https://www.ippf.org/sites/default/files/spotlight_zimbabwe_v301_web.pdf

assumption that when FP set goals are achieved, millions of lives will be saved and there would be an improvement in the health and wellbeing of women, families and communities⁷. Therefore, CIPs are a critical tool in transforming ambitious family planning commitments such as those made through FP 2020 into concrete programs and policies. Indeed, the document contains programs and activities as well as the estimated funding for its achievement. It is, however, expected of a country that they align the FP budgetary allocation with the items and programs in the CIP in line with various thematic areas, namely, demand generation, service delivery, policy advocacy, procurement and supply chain management, and supervision, monitoring and coordination. The table below shows the extent to which the selected African countries have been able to mobilize resources for its achievement.

Table 1: FP CIP Funding US\$ in Million

Countries	Target year	Total CIP Cost (US\$)	Total Allocation (US\$)	Gap (US\$)	Percent age Gap
Burkina Faso	2013-2015	24,597	41,122	(16,524)	-67%
Cameroon	2015-2020	62,536	52,755	9,780	16%
Côte d'Ivoire	2015-2020	56,441	47,446	8,994	16%
Mauritania	2014-2018	10,774	8,281	2,492	23%
Niger	2014-2020	92,085	76,384	15,701	17%
Nigeria⁸	2014-2020	695,910	33,958	661,952	95%
Togo	2013-2017	14,755	24,053	(8,998,561)	-63%

Source: Health Policy Project 2015 & FP Policy Blueprint 2020.⁹

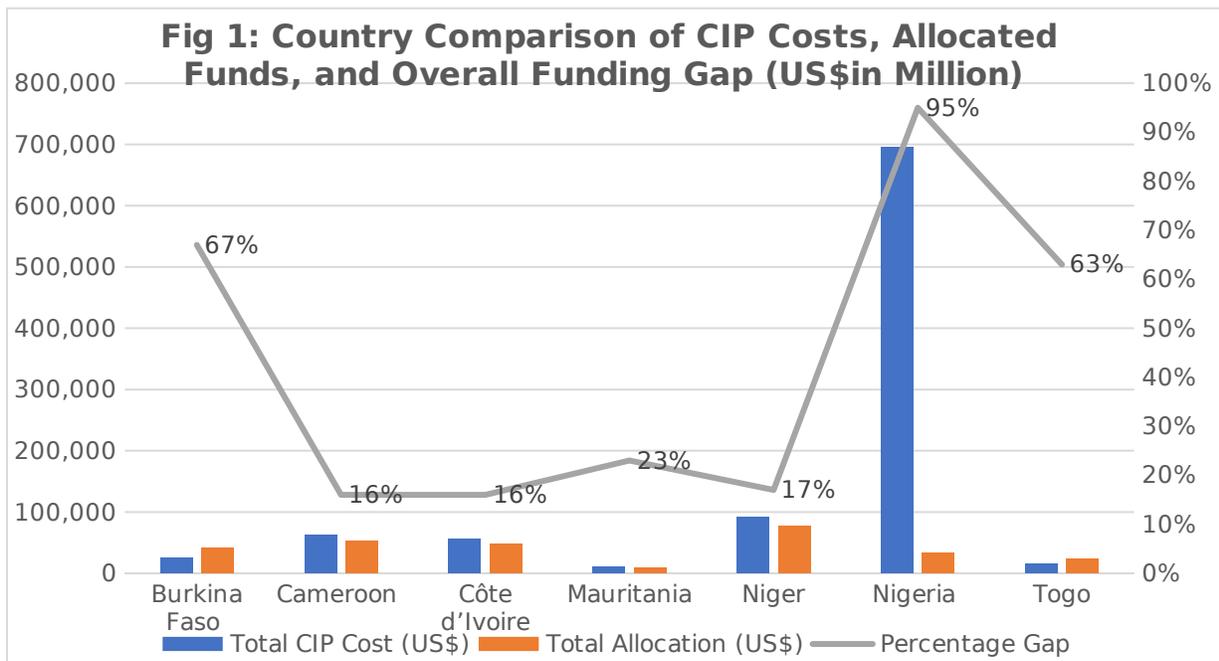
It could be seen from the table above that Burkina Faso and Togo have sufficient funds available to implement their respective three (3) and five (5) years CIPs implementation. This is due to

⁷ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj1hcCJsMLvAhWoxYUKHXdzAvUQFjAEegQICxAD&url=http%3A%2F%2Flibrary.health.go.ug%2Fdownload%2Ffile%2Ffid%2F2598&usg=AOvVaw3LHYUxk3s_t6Kko2hDcnCA

⁸ The amount quoted for Nigeria is actual allocation for FP between 2014 and 2020.

⁹ https://www.healthpolicyproject.com/pubs/705_FINALWACIPGapAnalysisReport.pdf, <https://health.gov.ng/doc/Final-2020-Blueprint.pdf>

continued and increased commitments from donors in almost all the thematic areas as well as partner knowledge of current and past spending. Overall, the government and partners contributed an estimated US\$41.1 million to family planning compared to the US\$24.5 million budget detailed in the CIP in Burkina Faso and \$24 million to FP compared to the US\$14.7 million budget detailed in the Togo FP CIP. These are \$16 million (67%) and \$8 million (63%) more than the expected cost in the FP CIP in both countries.



In Cameroon, Côte d'Ivoire, Mauritania, and Niger, there was evidence of a funding gap from the expected government and donor contribution to the FP CIP implementation in the region. There was a funding gap of 16% in both Cameroon and Côte d'Ivoire, 23% in Mauritania, and 17% in Niger compared to the estimated total CIP cost for their respective implementation period. The situation in Nigeria is different because apart from having the highest CIP estimated cost, total allocation in the table is mainly government contribution unlike other countries, it was also the actual government allocation between the six (6) years period. Out of the estimated \$695 million, only \$33 million was allocated, thereby created a funding gap of about 95%.

Policy Issues

- Decrease in FP budgetary Allocation: - While countries like Senegal and Tanzania are increasing their annual FP spending, Nigeria is reducing its FP annual budgetary allocation despite its estimated 206 population, as well maternal and child-related mortality.
- Nonalignment of the FP funding to CIP: - A lack of collaboration and coordination among stakeholders can also be seen when the CIP budget does not align with the funding priorities. This creates set back to FP CIP full implementation.
- Funding gaps: - Cameroon, Côte d'Ivoire, Mauritania, Niger, and Nigeria shown an overall funding gap in their FP CIPs. This mainly due to poor allocation.
- Unpredictable disbursement/releases: - Despite sustained government financial commitment, low allocation and unpredictable disbursement levels are likely to continue due to competing priorities and limited fiscal space for health. Due to these factors, significant supplementary funding is needed from external sources in the short and long term.

Challenges of FP Funding

- Most challenges of FP funding are mainly due to the supply and demand of FP services, the enabling environment, and monitoring and coordination of interventions.
- There is also the difficulty of securing budget allocations for family planning in a world of highly constrained resources and competing fiscal priorities.
- Lack of coordination among stakeholders.

Conclusion

Costed implementation plans are crucial for determining the financing gap and mobilizing resources. They are important for the governments to determine the internal resources that have to be mobilized to fill the gap. Therefore, African countries need to increase domestic resource mobilization for family planning from both the government, private sector and the public. Domestic government funding that is predictable, reliable and especially critical for sustainability and is aligned with the costed implementation plan.

Recommendations

- There is a need for increase domestic resource mobilization for family planning from the government, the private sector, and the public. Domestic government funding that is predictable and reliable is especially critical for sustainability.
- There is a need to strengthen the private sector engagement in family planning services and commodities, and enhancing collaboration between the public and private sectors. Private sector providers play a critical role in service delivery, commodity sourcing, and outreach campaigns. A total market approach can help countries target their resources better and grow the total number of family planning users.
- Every government must incorporate family planning into their national health insurance schemes, and a few have already started the process; their experiences to date highlight some of the areas that require particular focus.
- Improve budgetary allocation to FP and realignment of FP CIP and total budgetary allocation is very important to correct the funding gap.

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