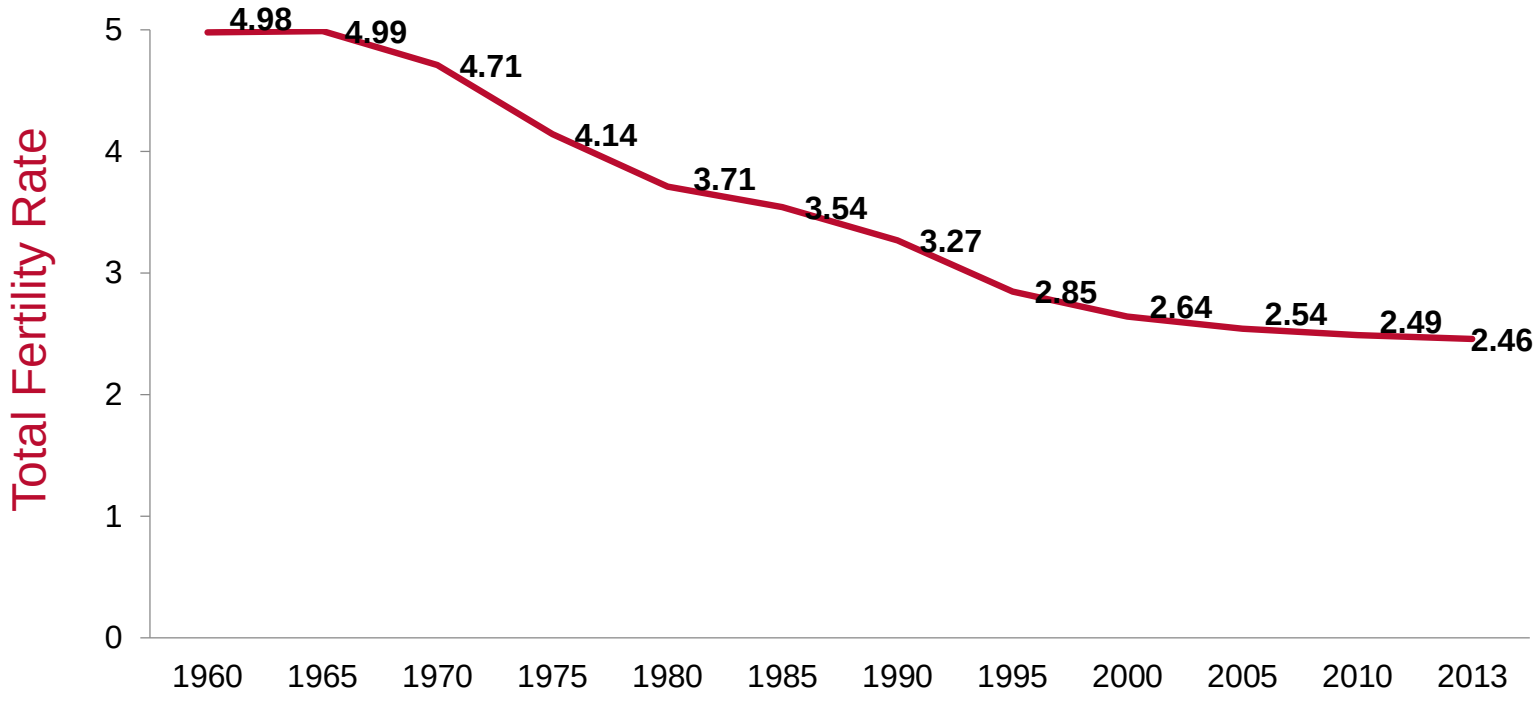
Palladium
MAKE IT POSSIBLE

Is International Family Planning Assistance Needed in the 21st Century?

Ed Abel
Suneeta Sharma
November 9, 2015

Success of Family Planning Programs

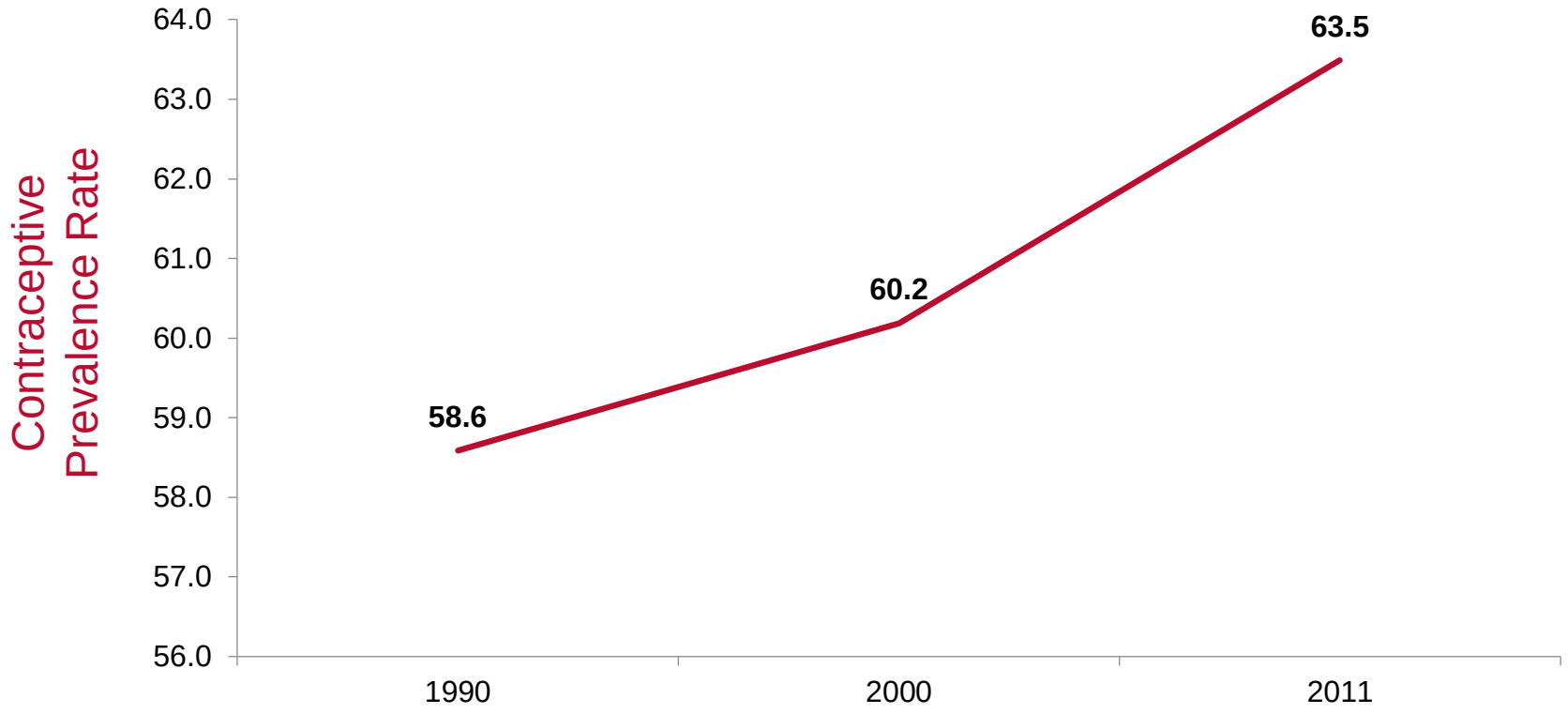
Global total fertility has been cut in half since 1960



Source: World Bank

Success of Family Planning Programs

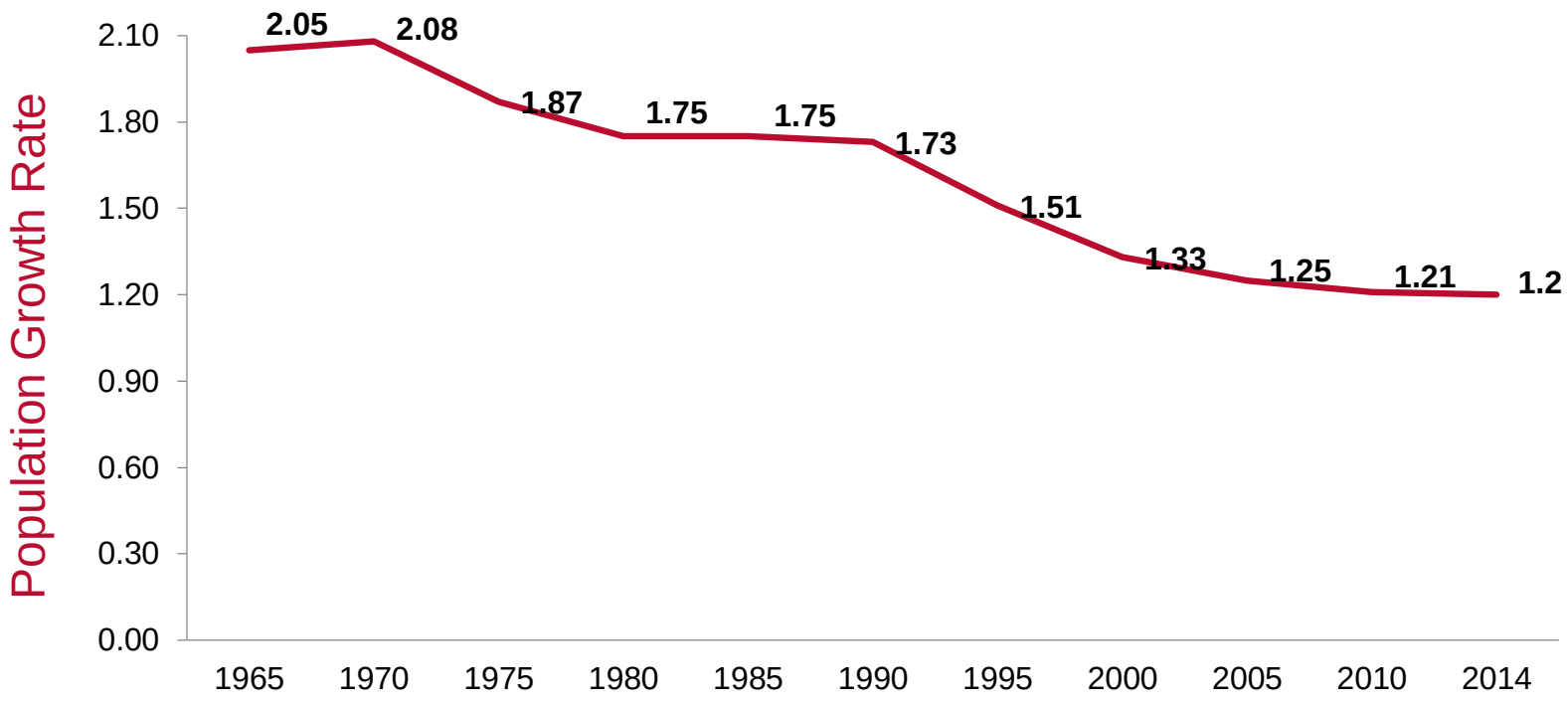
Contraceptive prevalence among married women of reproductive age increased by nearly 5% between 1990 and 2011



Source: World Bank

Population Growth Rate Has Declined

The annual growth rate has declined by 40%

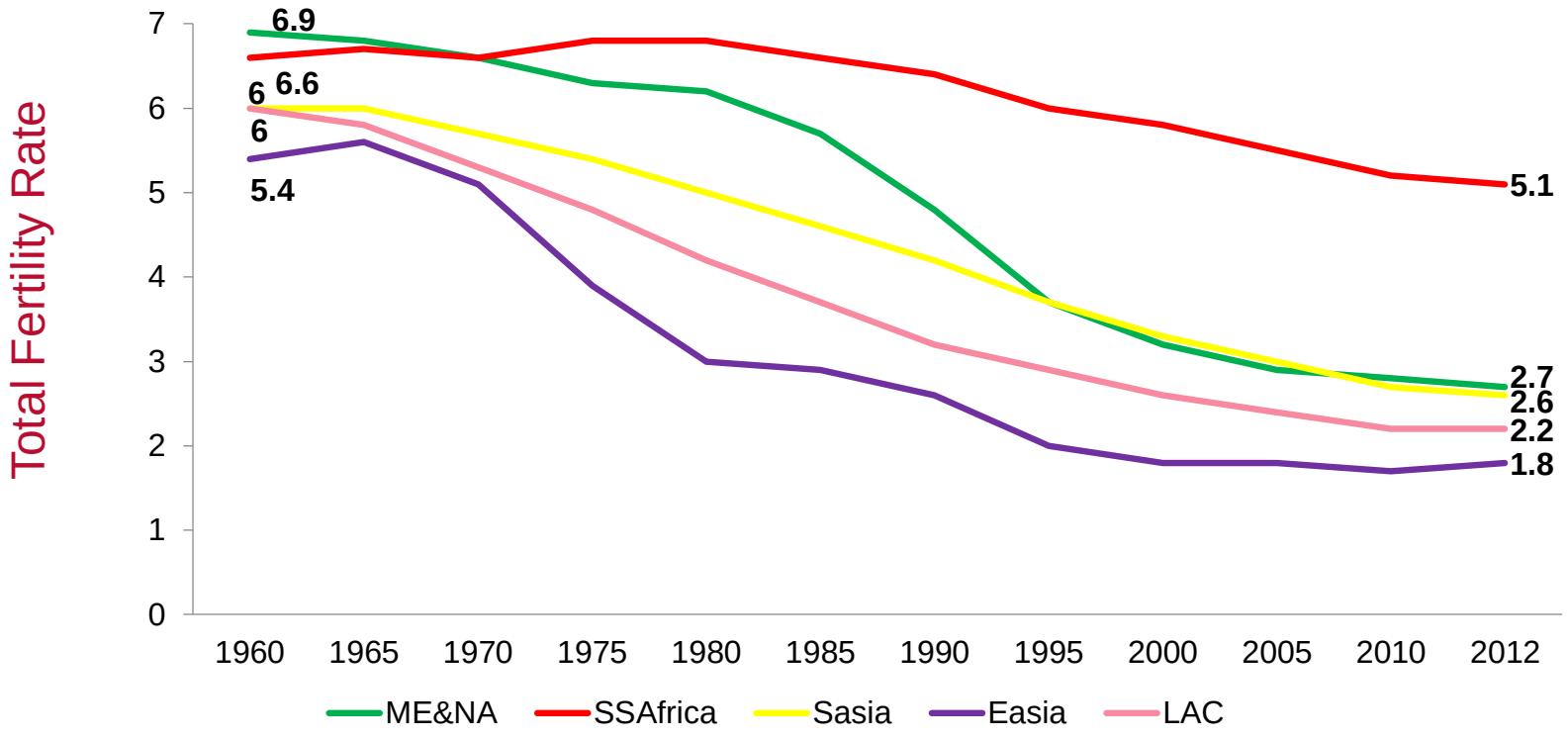


Doubling time has increased from 34 years to 58 years

Source: World Bank

Regional Fertility Trends

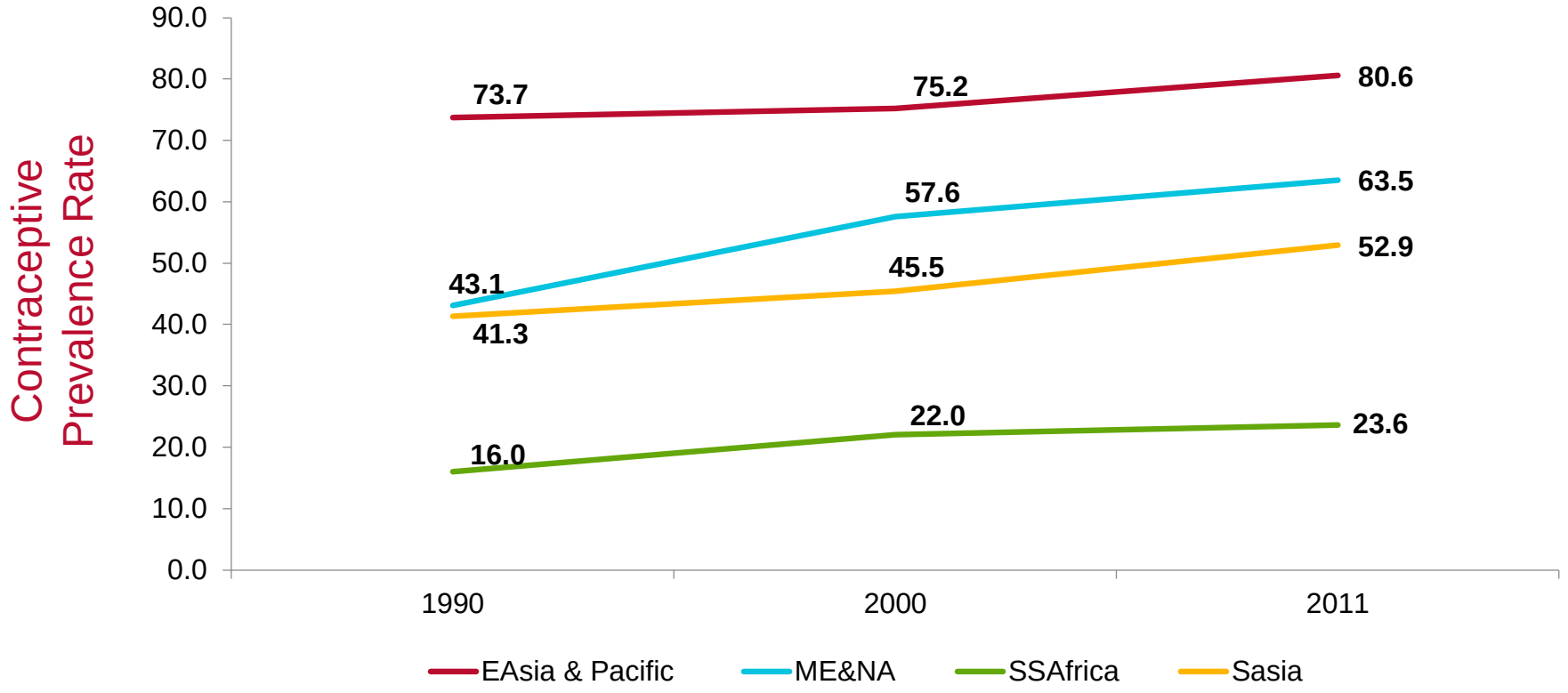
Total fertility rate (TFR) varies significantly by region



Source: World Bank

Regional CPR Trends

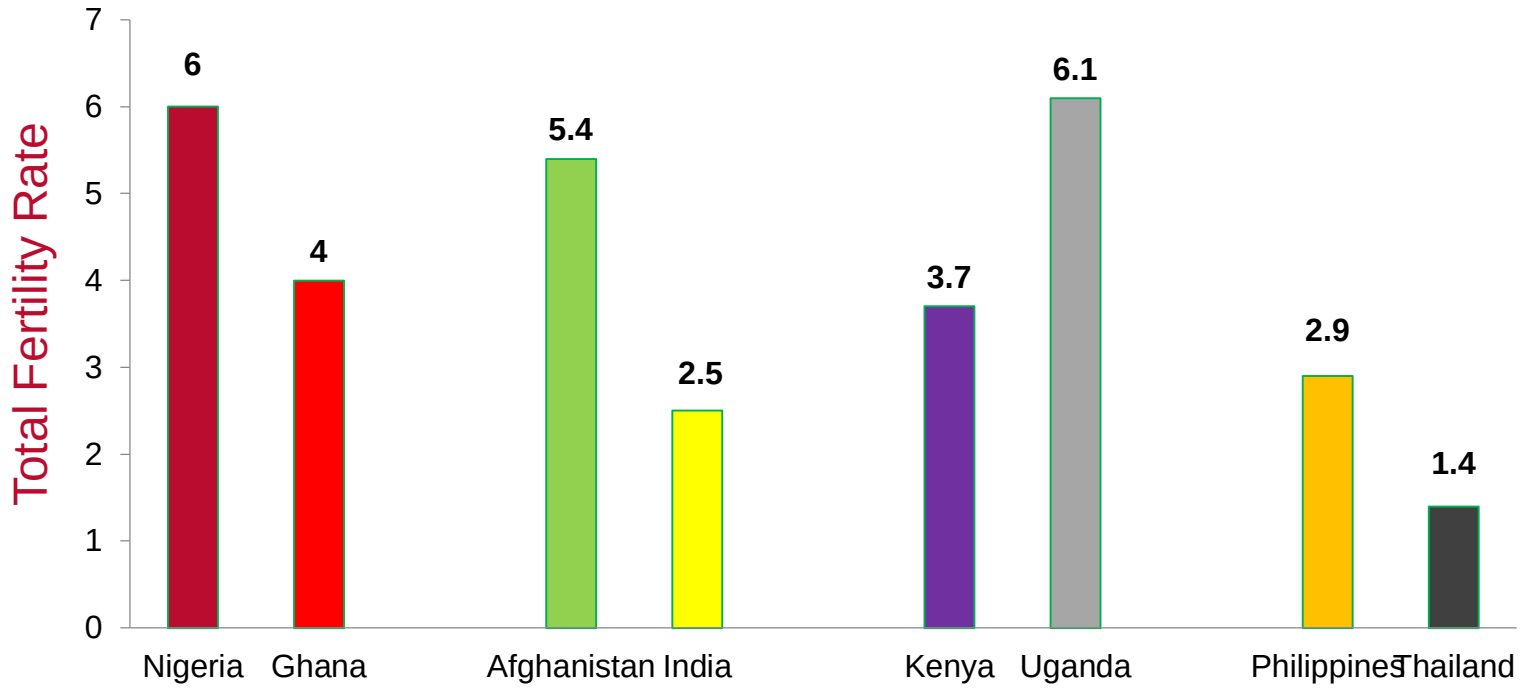
Across the globe, the contraceptive prevalence rate (CPR) has been rising, but the rate of change varies by region



Source: World Bank

Fertility Varies within Regions

TFR varies within regions



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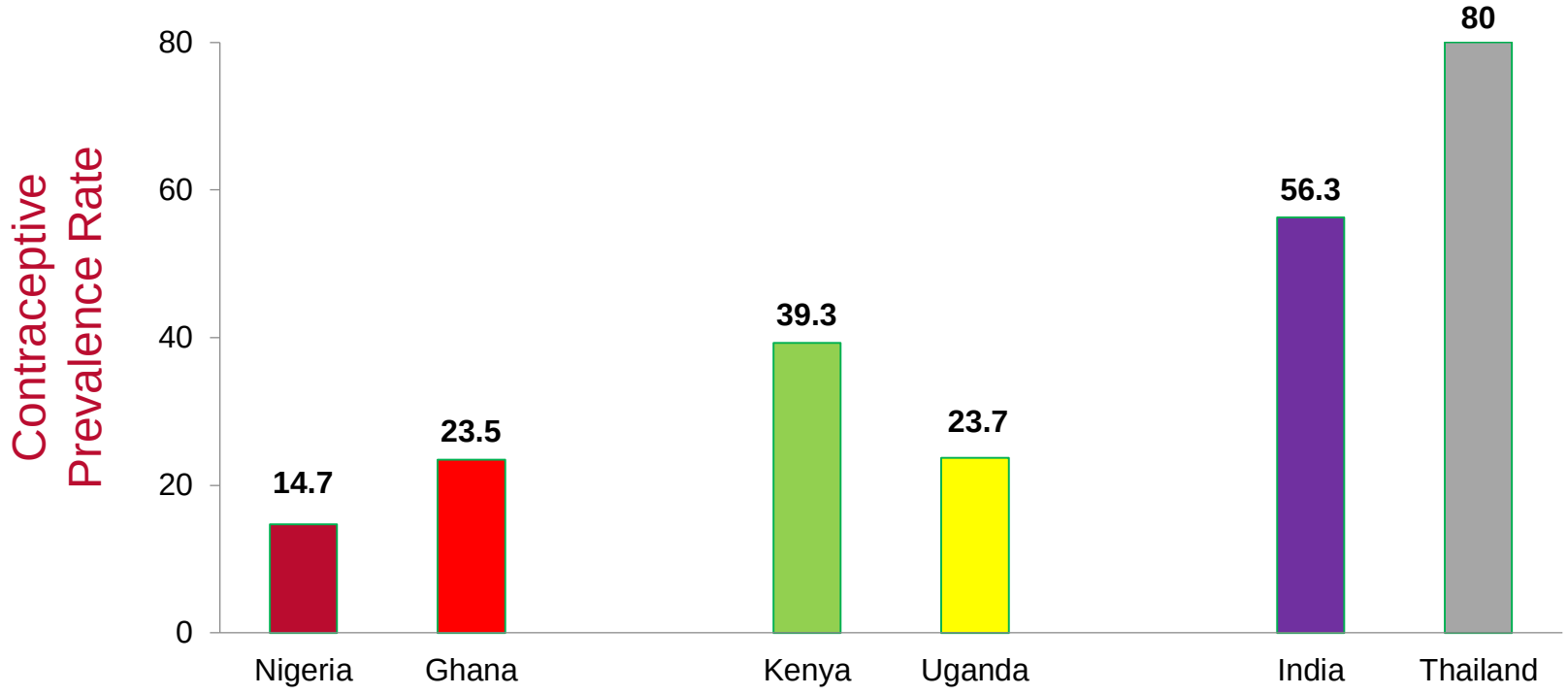
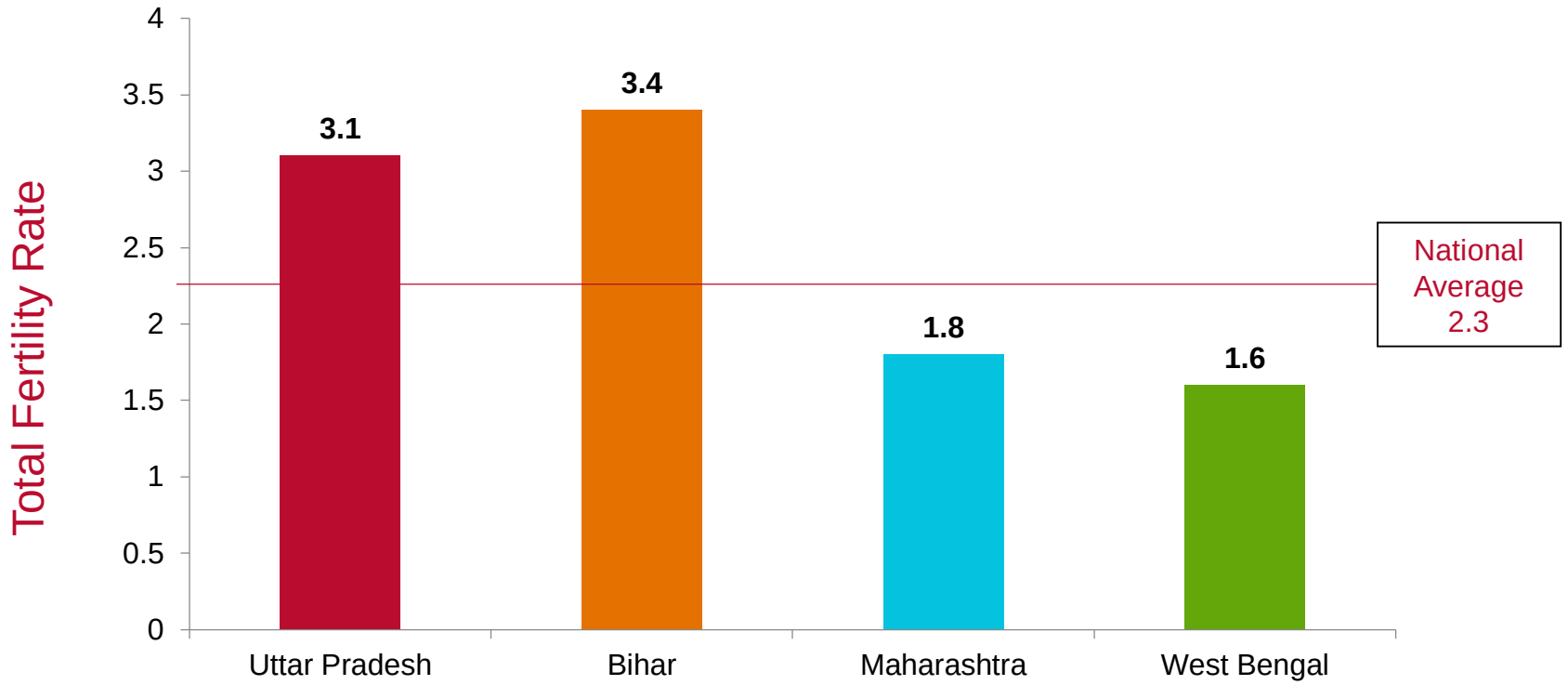


Source: World Bank

Total Fertility Rates Vary within a Country

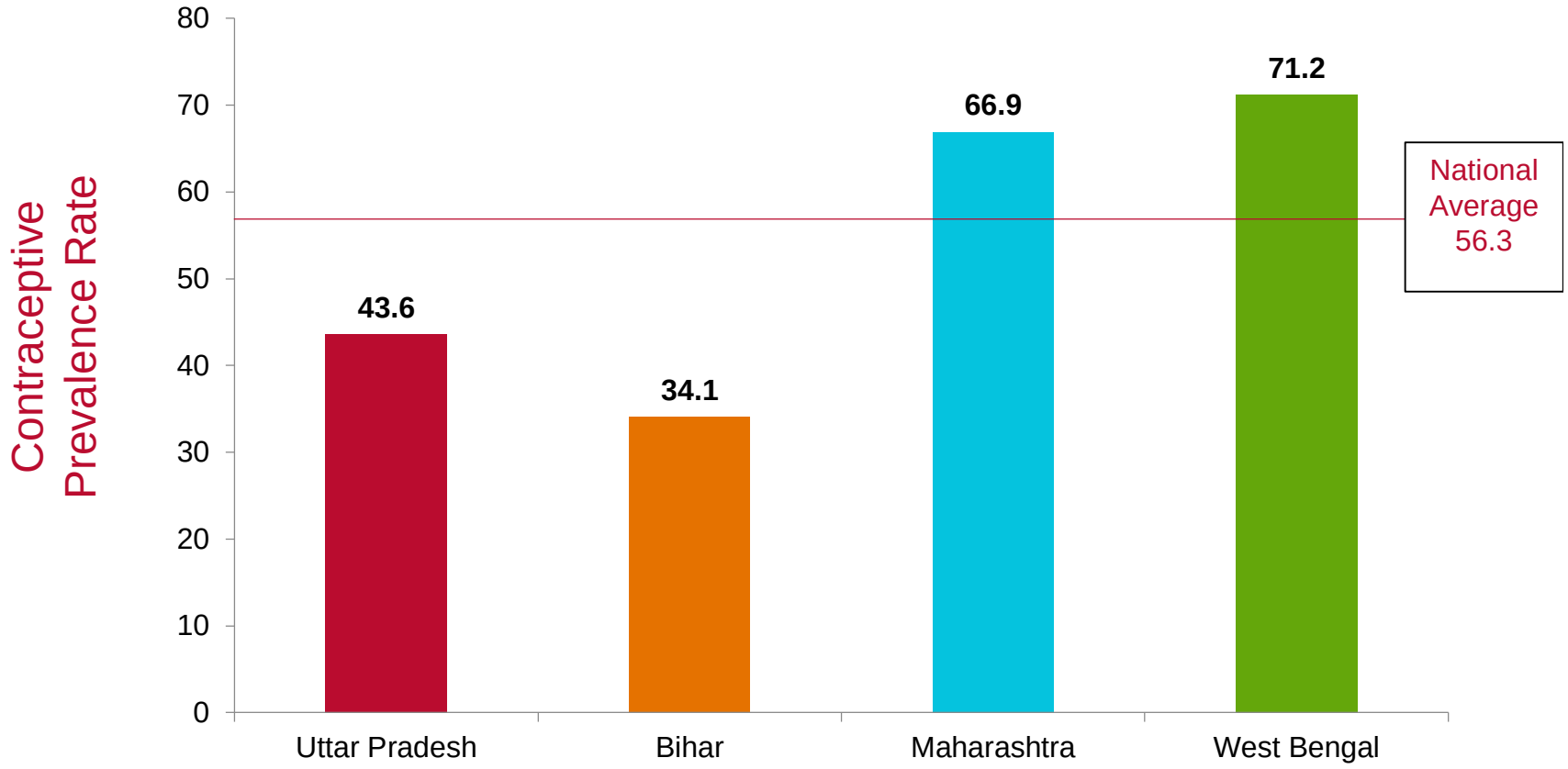
TFR varies within Indian states



Source: Government of India, Ministry of Home Affairs: SRS Statistical Report 2013

Contraceptive Prevalence Rates Vary within a Country

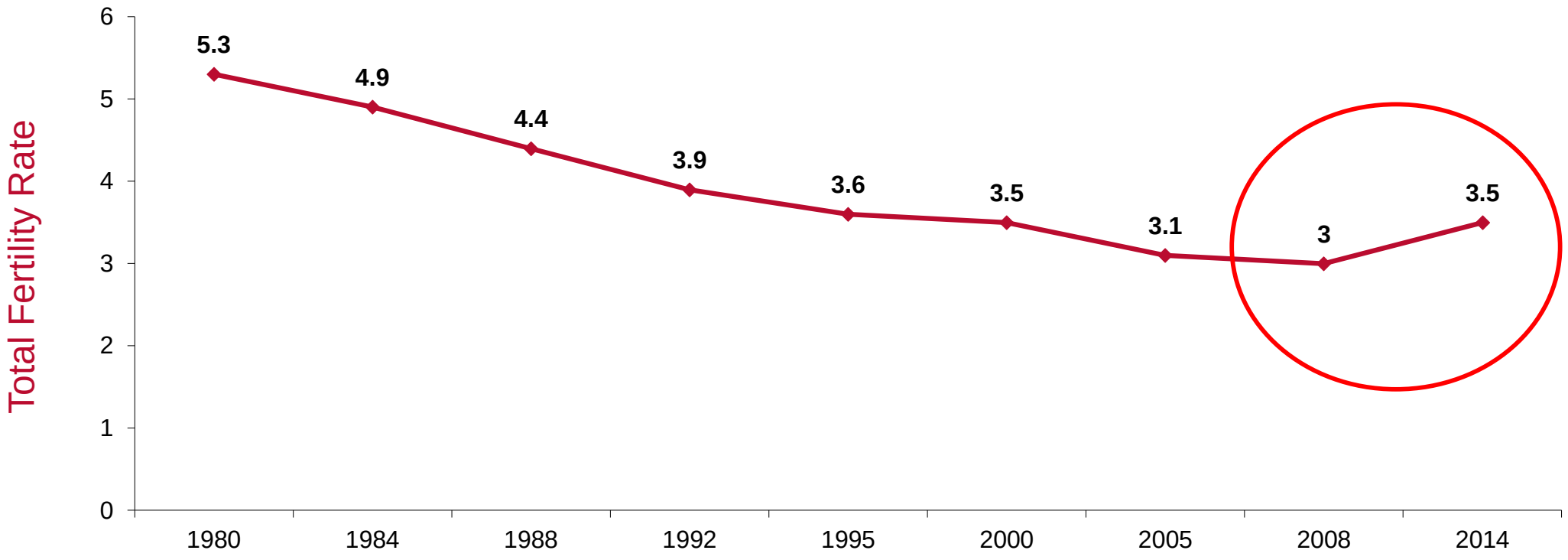
CPR varies within Indian states



Source: International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005–06: India: Volume I*.

Egypt: Total Fertility Rate

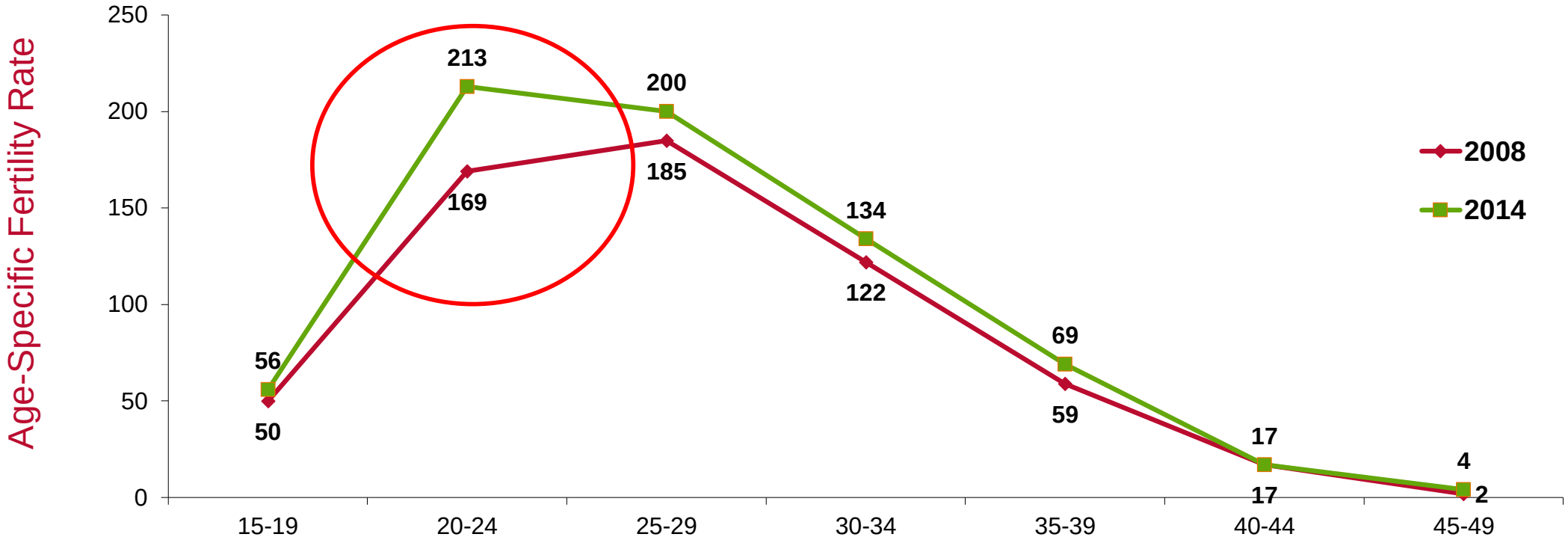
Increase in recent years



Source: Egypt 2014 Demographic and Health Survey

Egypt: Age-specific Fertility Rate

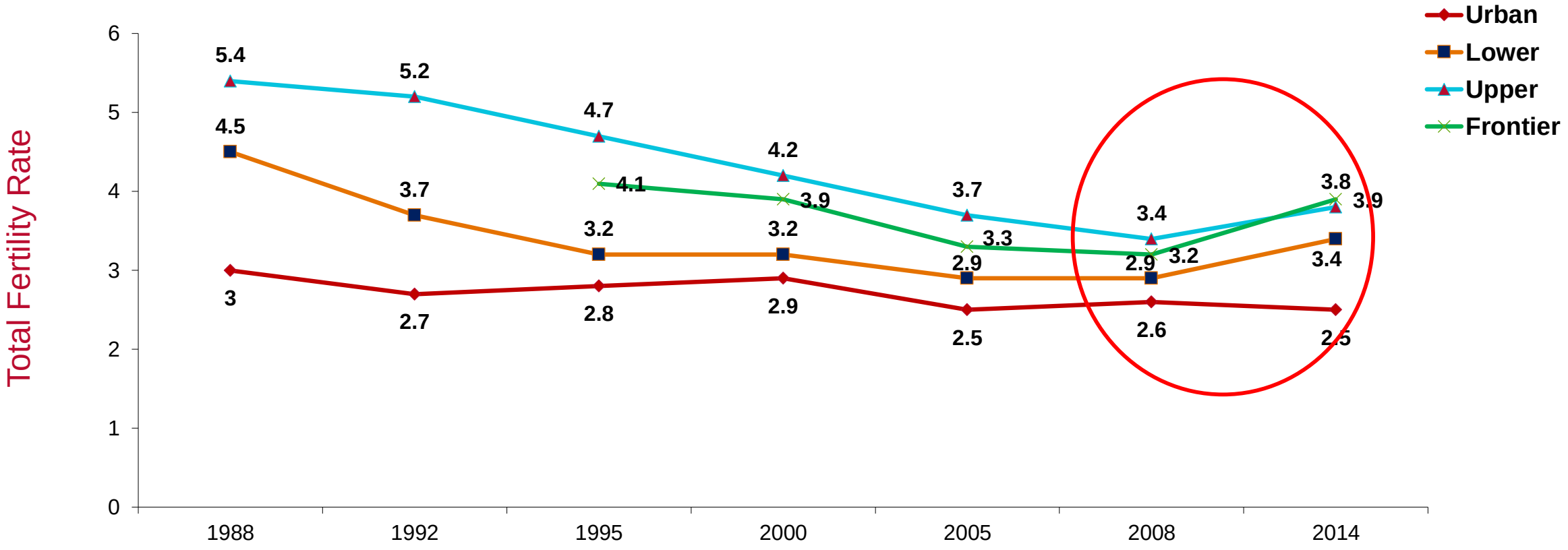
20–24-year-old fertility has increased significantly



Source: Egypt 2014 Demographic and Health Survey

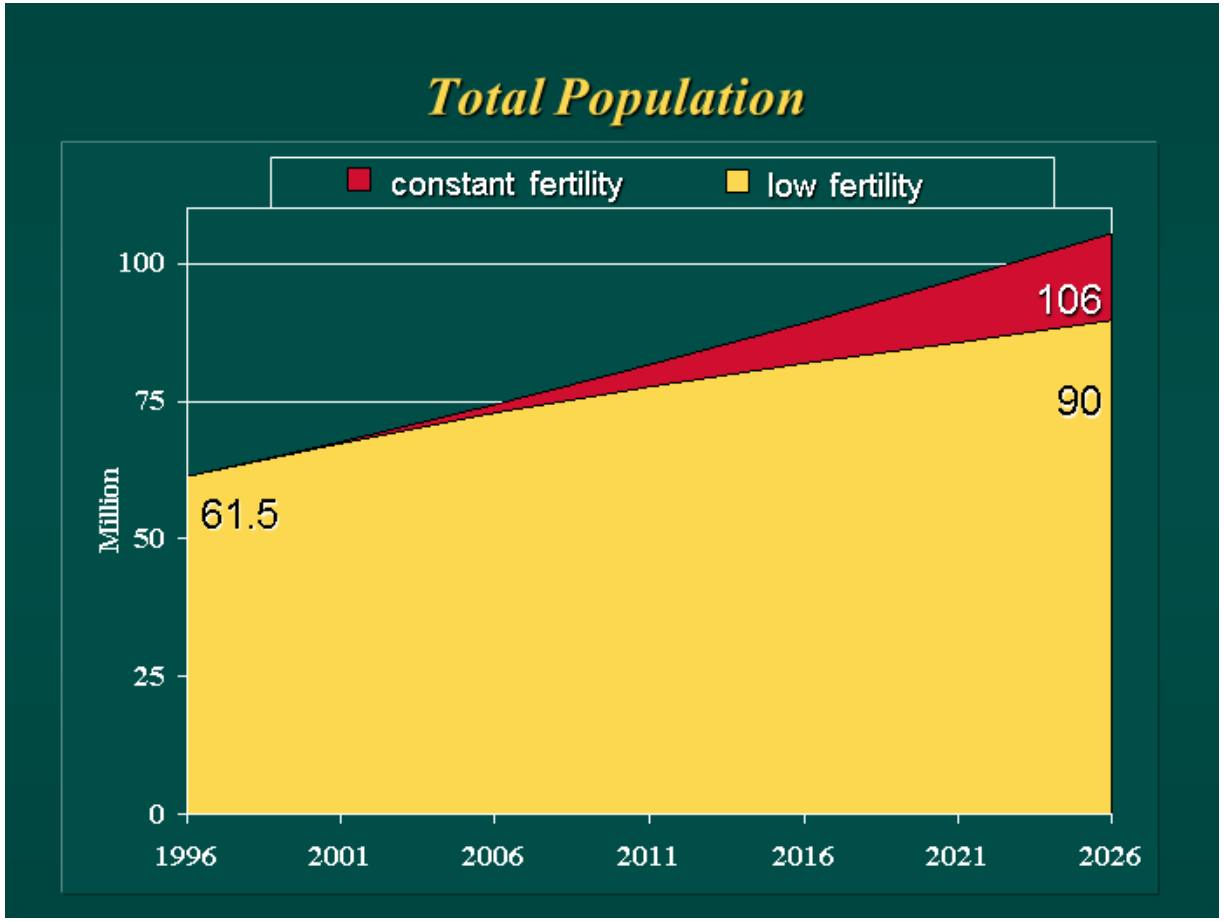
Egypt: TFR by Regions

Significant increase in TFR between 2008–2014



Source: Egypt 2014 Demographic and Health Survey

Modeling has been an effective way to project population growth in Egypt

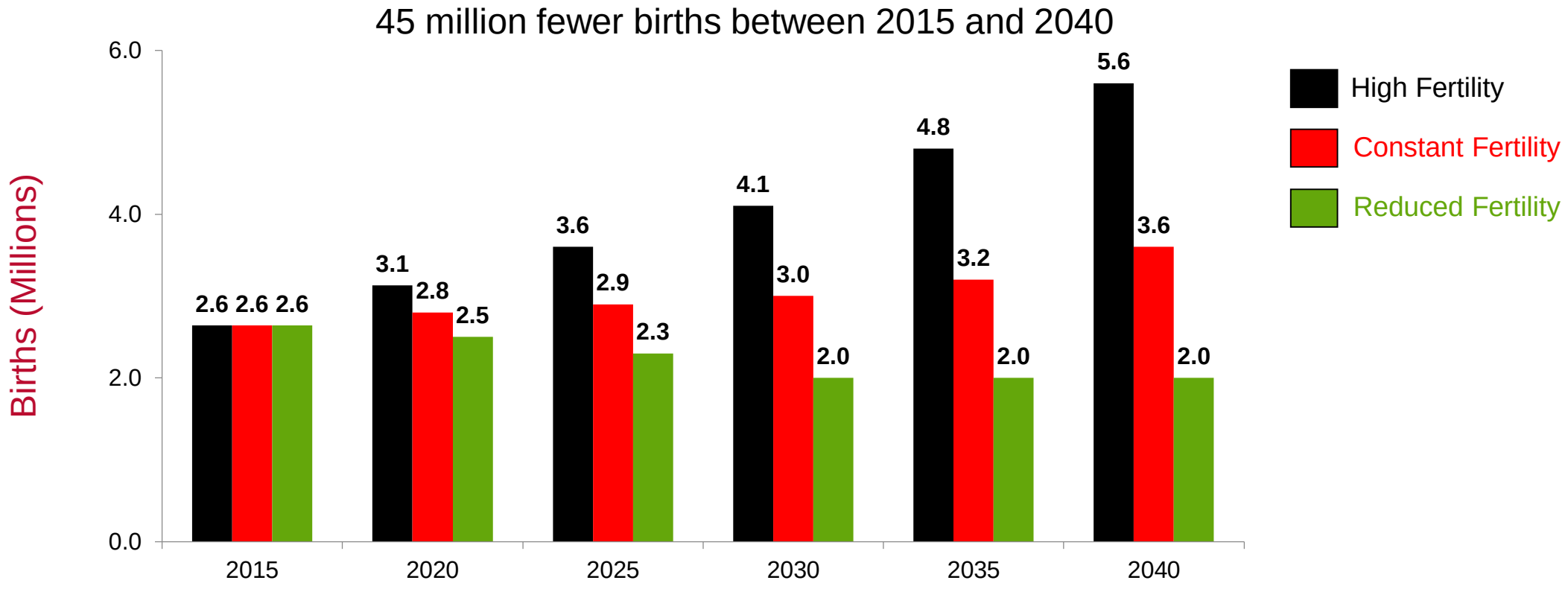


Fertility Change Scenarios

- Scenario 1: High fertility—recent fertility trend continued
  - TFR increases similar to 2008–2014 trend, reaching a maximum TFR of 5.3 by 2035
- Scenario 2: Constant fertility—fertility continues at current rate
  - TFR remains constant at 3.5
- Scenario 3: Low fertility—national fertility goals achieved
  - TFR decreases to 2.4 by 2030 and to 2.1 by 2037

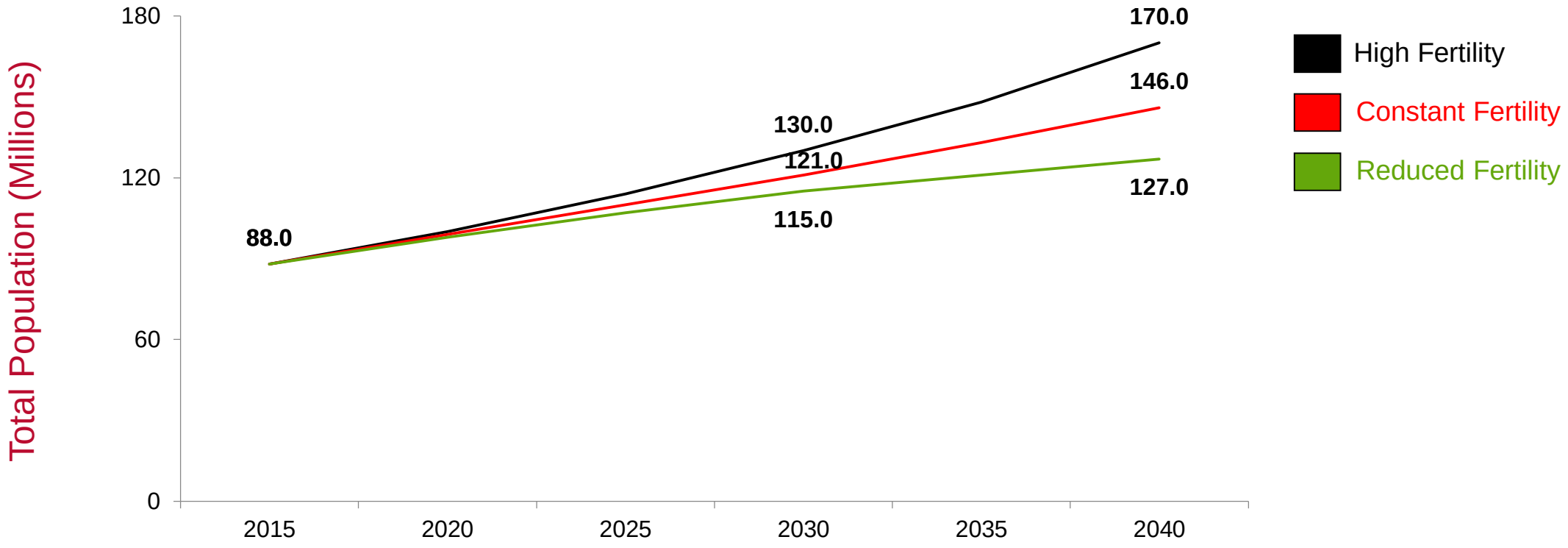
Egypt: Annual Births

Fewer births with lower fertility



Egypt: Population Size

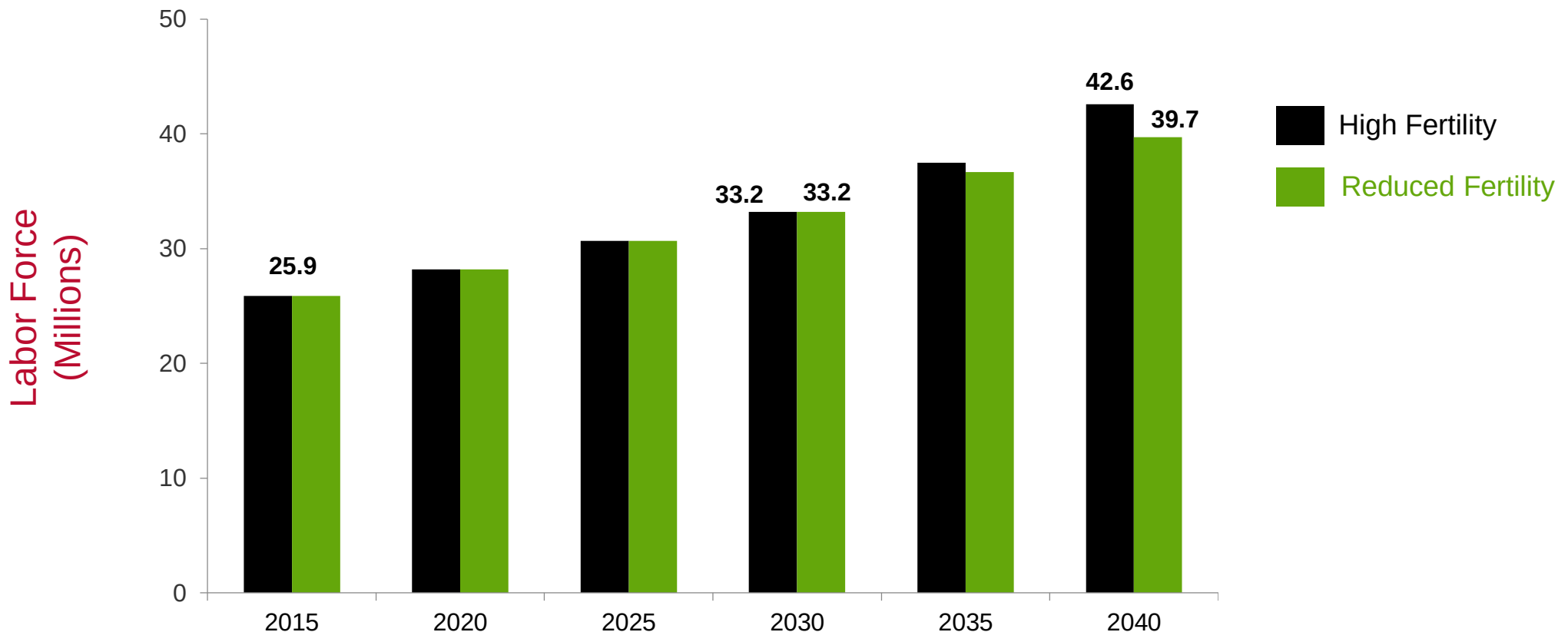
Smaller population with lower fertility



Economy

Egypt: Labor Force Size

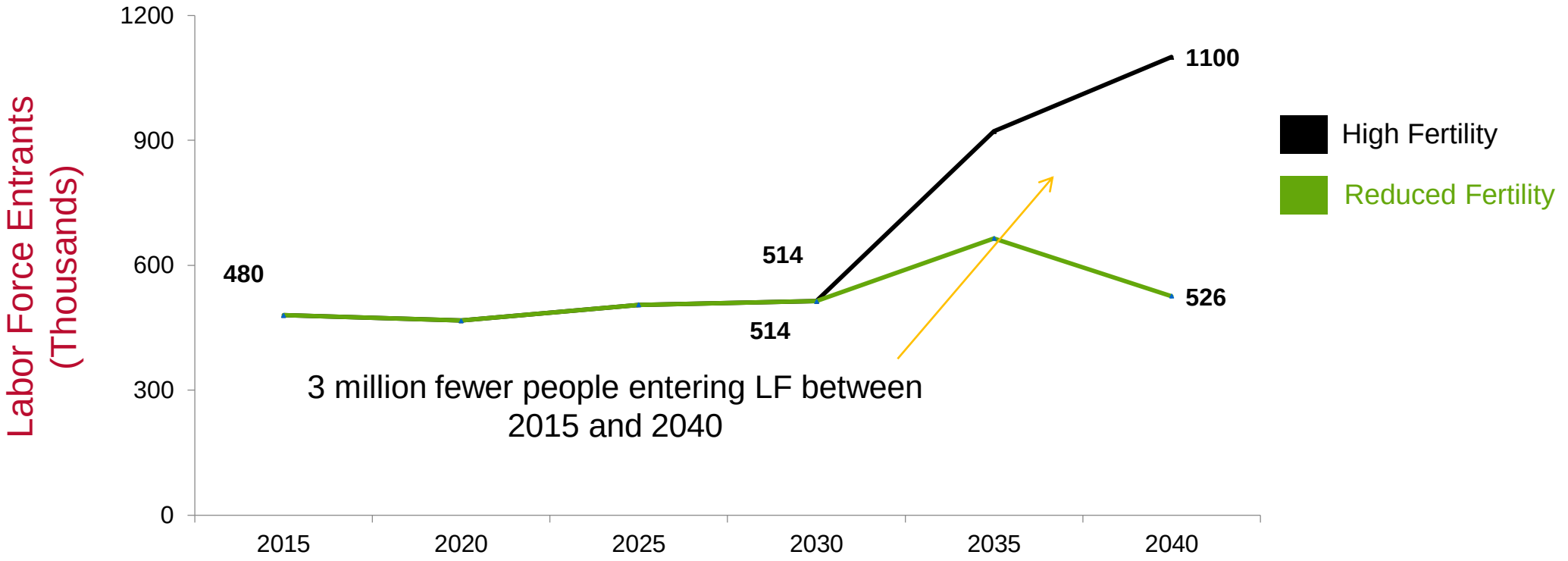
Similar size until 2030



* Assumes LF participation rate remains at 45.7%

Egypt: New Jobs Required

Fewer jobs needed



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The models also highlight the need for economic opportunity for a growing population

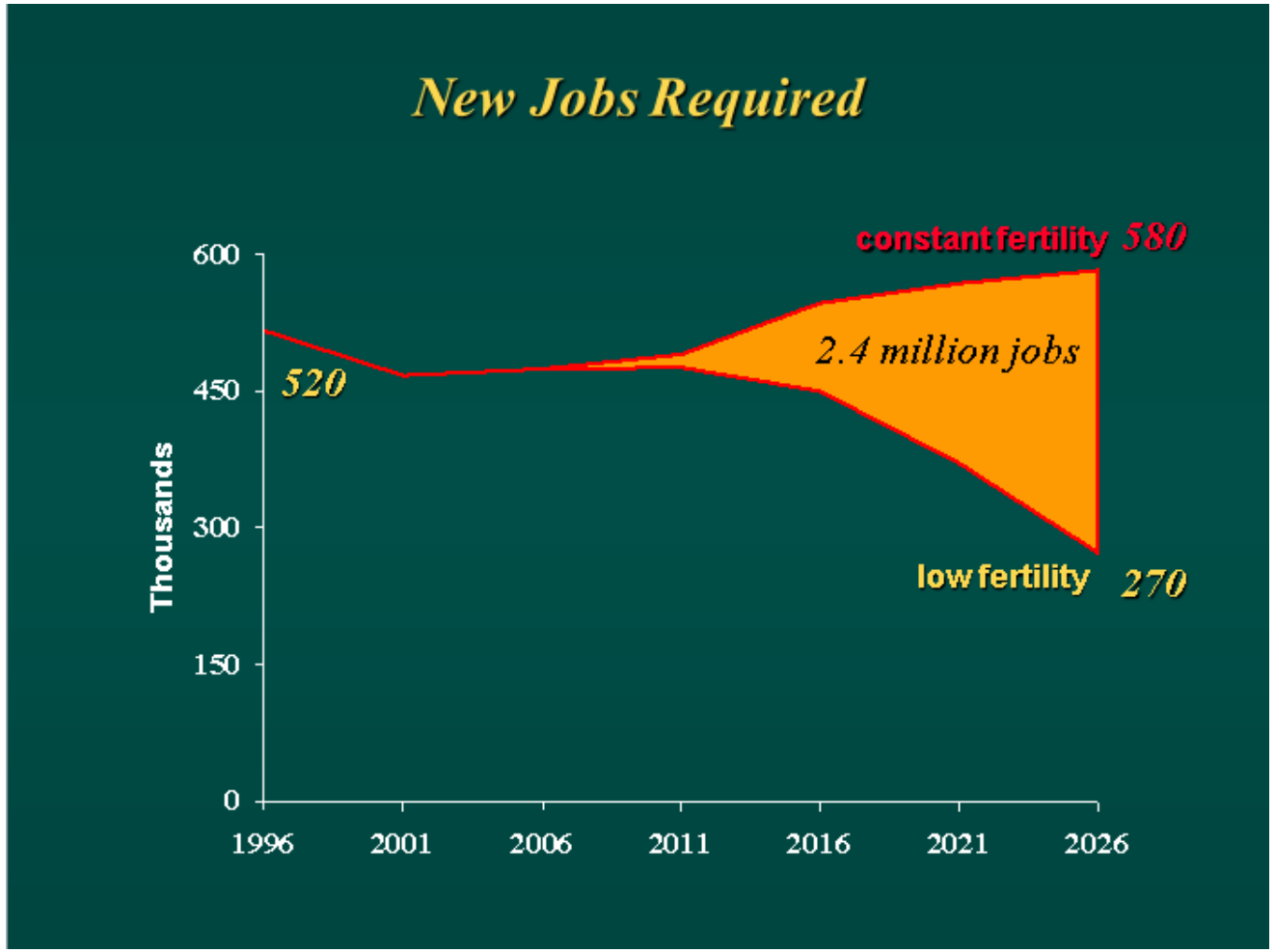


Photo by: Humphleah's International Limited

Themes in the Current Use of Models

As modelling has evolved, the focus is changing: models are increasingly used to support the implementation of policy commitments.

1. Connecting population and demography to other development sectors (e.g., RAPID, RAPID/*Women*, Demographic Dividend, pop/food/climate)

2. Costing and economic models (e.g., ImpactNow, OneHealth)

3. Building capacity of local partners to lead dissemination and advocacy using model results, and to apply and update the models over time

First Lady of Tanzania Mama Kikwete presents RAPID*Women* in Swahili to a national audience in August 2012.
Photo by Humphleah's International Limited

Three Representative Models

- Demographic Dividend (Dem/Div)—2014
- ImpactNow
- OneHealth

Photo by: Health Policy Project/Christine Kim

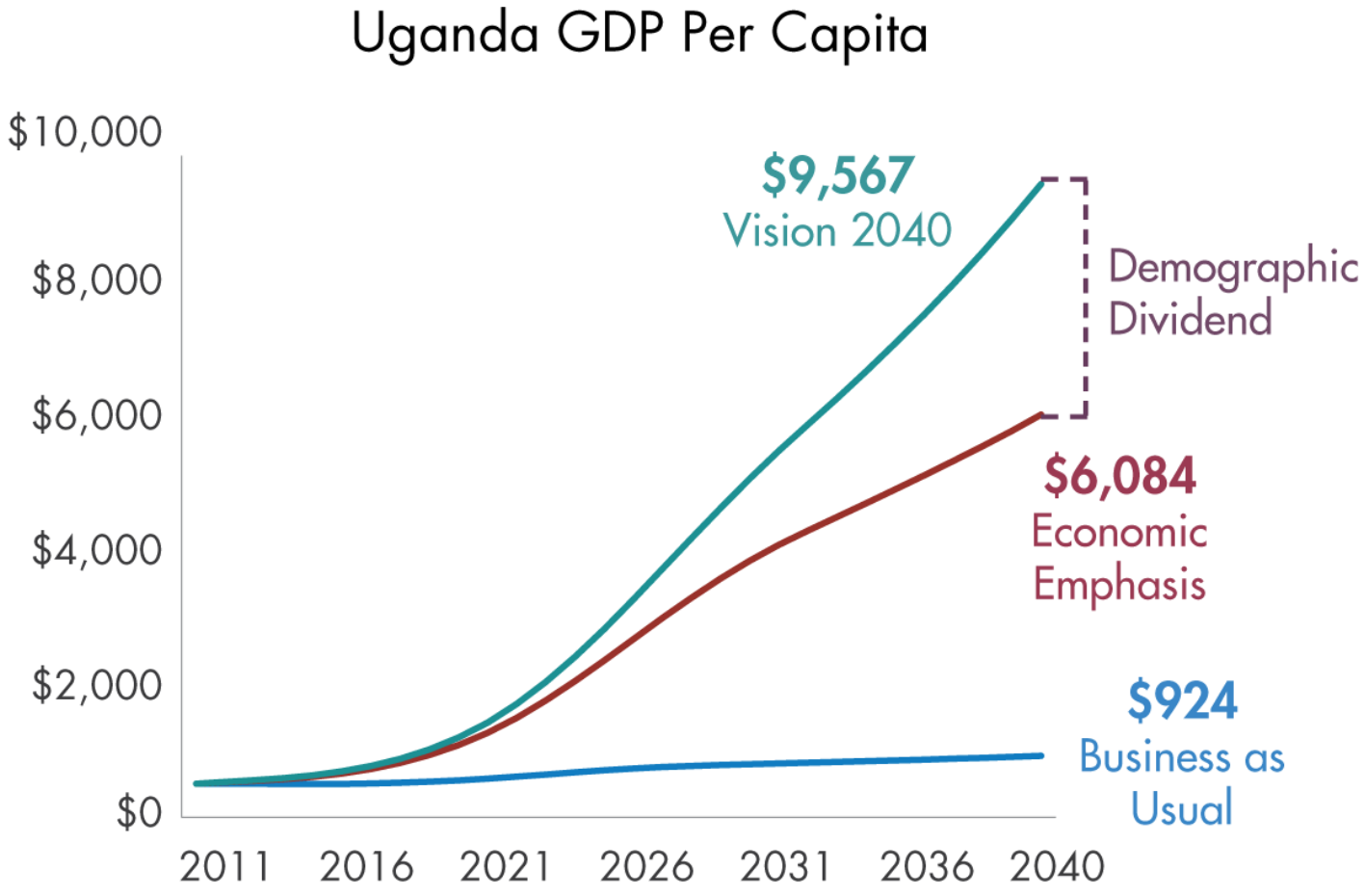
Demographic Dividend Model

- Developed in 2014 to project the potential economic benefits of age structure change—the demographic dividend
- Projects a range of potential economic benefits from a change in population age structure combined with improved human capital and macroeconomic environment (a “demographic dividend”)
- Structure and operation are similar to RAPID*Women*, but with newly estimated statistical equations
- Three intervention strategies
  - Education
  - Family planning
  - Economic (Global Competitiveness Index)
- GDP = investment + employment + productivity

What types of questions can DemDiv answer?

- What will GDP per capita be in 20–40 years if the country invests strongly in family planning, education, and the economic environment?
- What will GDP per capita be in 20–40 years if the country makes no changes to current policies and programs?
- How will employment change over time under various scenarios?
- How do social-sector investments increase the effect of an economic-only focus?

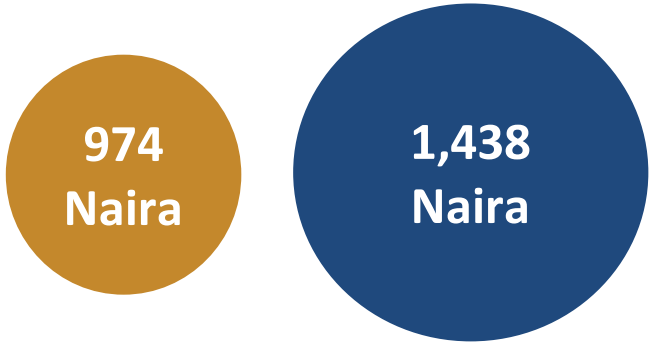
Modeling the Demographic Dividend



Source: DemDiv Model, 2014

Impact Now—Making the Case for Investment in Family Planning

Healthcare Savings per 200 Naira Spent on Family Planning in Lagos, Nigeria



Current Savings (2015)

Savings if FP Barriers are Addressed (2019)

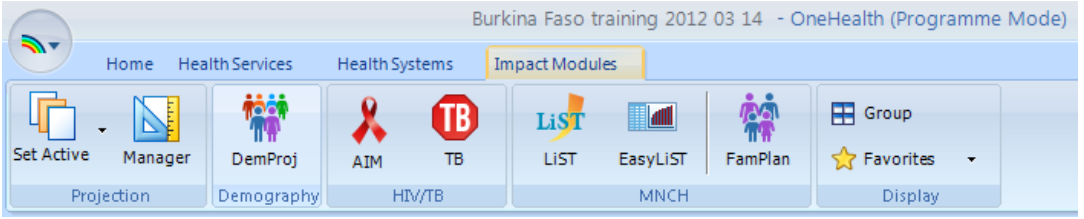
- Excel-based model projects the near-term health and economic benefits of FP investments over 2–7 years
- Relates healthcare costs, access, contraceptive use and method mix, and maternal and newborn health status
- User sets a policy goal for CPR, unmet need, or FP budget
- User designs two scenarios for the future, plus a base scenario

What types of questions can ImpactNow answer?

- How much money do various FP investments save in direct maternal and infant healthcare costs?
- How do FP goals differ in their health outcomes and program costs? Which one is most cost-effective?
- What are the benefits of expanding method mix to include more long-acting and reversible methods?
- How many mothers' and children's lives are saved by investing in family planning? How does this vary by FP policy goal?

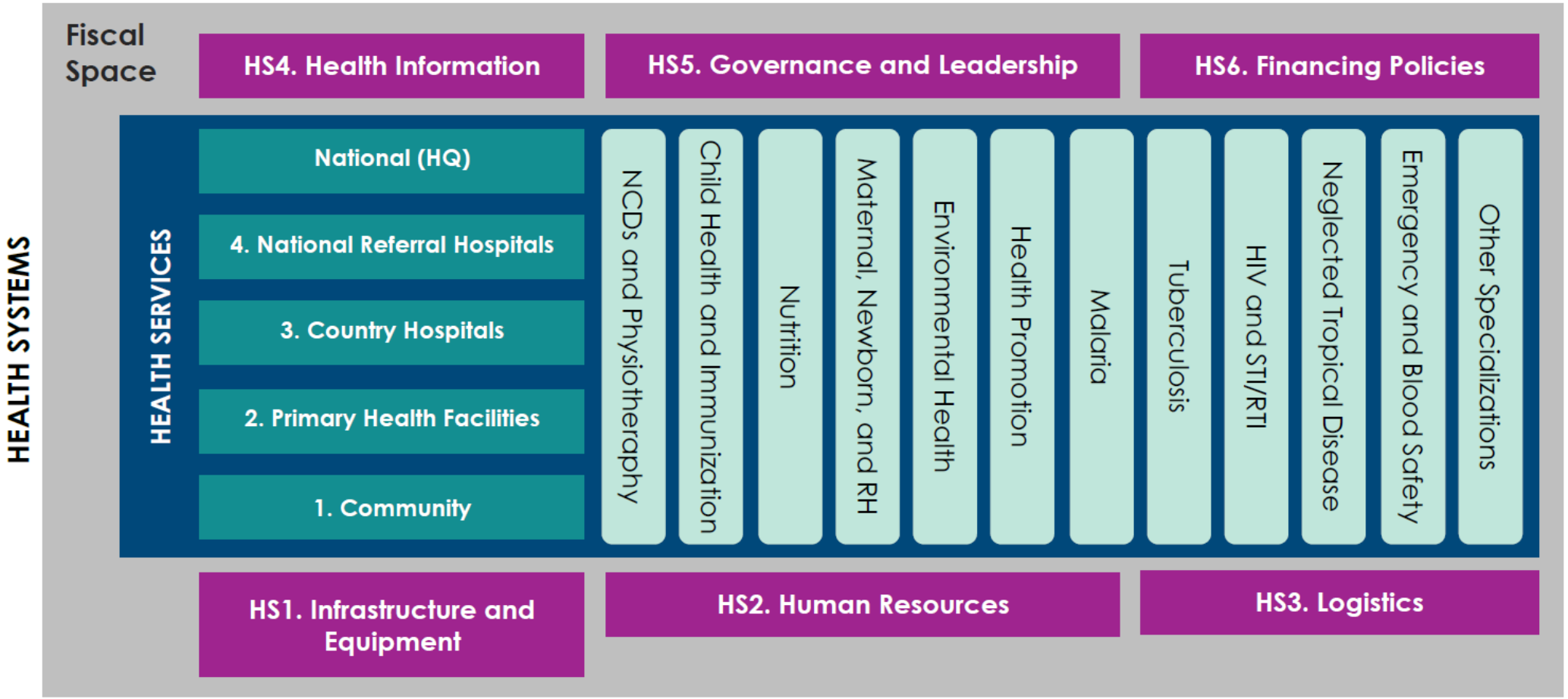
OneHealth

- Mid-term (3–10 years) strategic planning tool used for whole health sector planning
  - Can also be applied to single sector such as HIV/AIDS or RMNCAH
- Unified tool for costing, budgeting, impact analysis, and financial space analysis
- Includes Spectrum Modules



- Also includes additional health services and systems modules

OneHealth Building Blocks



Source: Adapted from Stenberg, 2011

What types of questions can OneHealth answer?

- What health system resources would be needed to implement the strategic health plan (e.g., number of nurses and doctors required over the next 5–10 years)?
- How much would the strategic plan cost, by year and by input?
- What is the estimated health impact?
- How do costs compare with estimated available financing?

Using Models—Turning Commitments into Concrete Actions

- Costed Implementation Plans (CIPs)
- Subnational planning
- Resource mobilization
- Engaging stakeholders

Photo by: Health Policy Project

Costed Implementation Plans for Family Planning (CIPs)

- Concrete, specific plans for achieving the **goals** of a national family planning program over a set number of years
- Detail the **program activities** necessary to meet national goals
- Detail the **costs** associated with the activities, providing clear program-level information on the resources a country must raise domestically and from partners

Results in Countries with CIPs

- Burkina Faso
  - Reduced price for contraceptives in the public sector
  - Increased the budget line for FP commodities (to CFA 500 million; $955 thousand)
- Niger
  - Instituted budget line for FP commodities (CFA 200 million; $383 thousand)
  - Introduced task shifting to allow community health workers to administer injectable contraceptives
- Mauritania
  - Instituted budget line for FP commodities (15 million ougiyas; $51 thousand)
  - Private sector support for plan
- Zambia
  - Developed sex education curricula and timeline for introduction in public schools
  - Hired additional staff to support the FP program (including one to monitor the implementation of the CIP)
  - Doubled budget for reproductive health supplies ($9.3 million)

THANK YOU