



Contraceptive Security Brief

Follow the Money: Tracking Contraceptive Finances



Contraceptive Security Indicators data are a key resource to help stakeholders monitor and advocate for financing contraceptives at the country level.

JANUARY 2013

This publication was produced for review by the U.S. Agency for International Development. It was prepared by the USAID | DELIVER PROJECT, Task Order 4.

Financing is essential to ensuring contraceptive security (CS)—where every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for preventing sexually transmitted infections.

Increasingly, national governments are recognizing the importance of contraceptive financing; they are taking responsibility for determining financial requirements, mobilizing resources for supplies, and monitoring financial commitments to ensure they translate into contraceptives. To do this effectively, stakeholders, including the Ministry of Health reproductive health program managers, CS committee members, and advocates need to know how public-sector contraceptives are currently being financed in their respective countries.

To help in-country stakeholders monitor CS, the USAID | DELIVER PROJECT has conducted an annual *Contraceptive Security Indicators* survey in 35–45 countries since 2009¹. The survey includes key public sector financing indicators that provide stakeholders with the information needed to help—

- understand current sources of contraceptive financing
- recognize and respond to changes in funding to avoid possible funding gaps
- improve program planning and ensure sustainable contraceptive financing
- compare financing, over time, so stakeholders understand the funding variability or reliability.

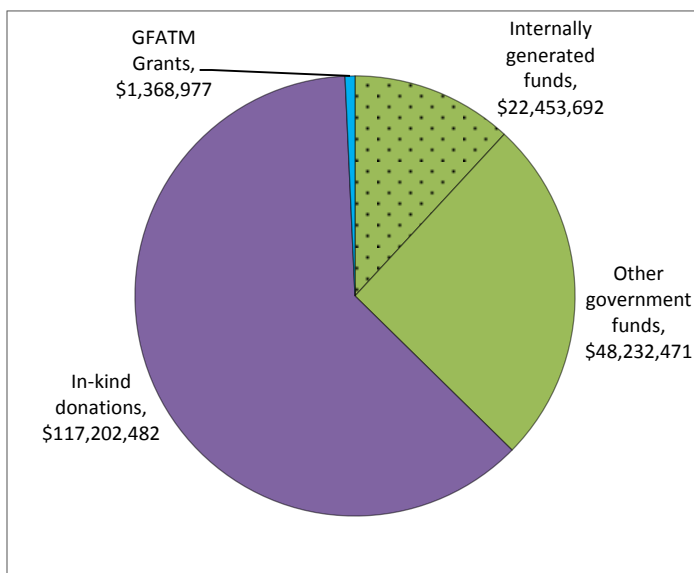
¹ Countries included in the survey are a subset of low/middle income countries, and are not intended to represent a sample for all countries. The data are contingent on the respondents' knowledge and the accuracy of the data sources.

Understanding Contraceptive Funding Sources

Countries use a variety of funding sources when they procure contraceptives. While the makeup of each country's finances for contraceptives varies, the most common support for contraceptives come from four sources:

- government funds: internally generated (i.e., taxes)
- government funds: other funds provided by donors to governments for their use, including but not limited to, basket funds and World Bank grants
- in-kind donations
- Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) grants.

Figure 1. Global Breakdown of Public-Sector Funding for Contraceptives, by Source (n=36)



To respond effectively to changing funding climates, it is important that stakeholders are knowledgeable about the resources their countries are currently using and that they know about other resources that may be available but are not currently used. The *CS Indicators* survey captures financial information annually, by funding source. The finance information generally reflects the country's most recent complete fiscal year. For the finance information collected in the *CS Indicators*, fiscal year 2010–2011 was usually the source.

Contraceptive Security Indicators Financing Indicators

Collected information includes—

- existence of a government budget line item for contraceptives
- amount the government has allocated for contraceptives
- value and sources of government expenditures for contraceptive procurement
- value and sources of in-kind contraceptive donations and GFATM grants used for contraceptives in the public sector.

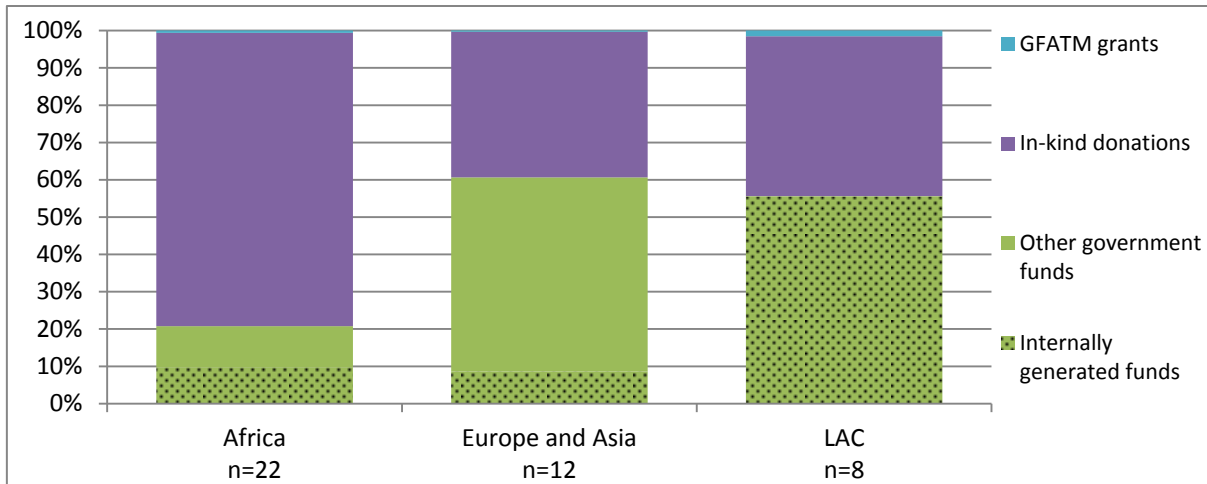
Calculated information includes—

- funding gap
- government share of contraceptive procurement financing for the public sector.

As seen in figure 1, most (57 percent) of the contraceptive financing in the countries surveyed comes from in-kind donations of commodities. The next largest source is other government funds. As explained above, this term covers a variety of funding sources, which originate with donors but are used by the government.

Figure 2 shows that contraceptive financing sources vary by region. Africa predominantly uses in-kind donations of contraceptives, while Europe and Asia, and Latin America and the Caribbean (LAC) use government funds from various sources. For more details, see annex A, which shows the categories of funding sources utilized by each surveyed country, as well as the government's share of the total spending on contraceptive procurement for the public sector.

Figure 2. Percentage of Public Sector Contraceptive Procurement by Funding Source



Government Funds for Contraceptives

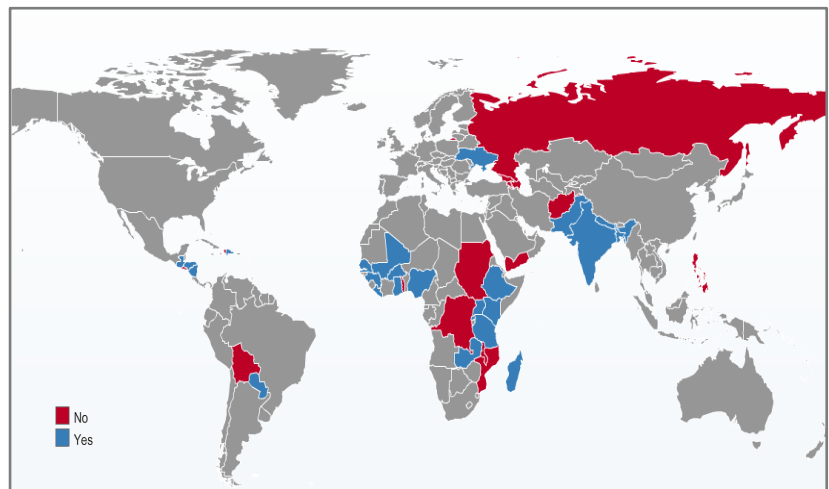
Finance-related indicators in the survey identify when governments include a budget line item for contraceptives, allocate (i.e., pledge or commit) government funds for contraceptive procurement, and use government funds for contraceptive procurement. These indicators demonstrate internal commitment to family planning, which may help ensure the financial sustainability of family planning programs.

According to the 2012 *CS Indicators* survey—

- Most of the surveyed countries (24/40) included a budget line item for contraceptive procurement (see figure 3).
- Sixty-three percent (24/38) used government funds for contraceptive procurement.
- At least 20 of these countries used internally generated funds, in addition to basket funds or other government funds.

This is a promising sign of government commitment and ownership of family planning programs.

Figure 3. Government Budget Line Item for Contraceptives



In-Kind Donations

Historically, many countries relied exclusively on donated contraceptives. While today, it is only one of several sources of contraceptives, in-kind donations are still a significant percentage of public-sector contraceptives; 79 percent (33/42) of the *CS Indicators* respondent countries received in-kind donations of contraceptives. However, the changing donor climate may lead to variability in funding, which may cause gaps in meeting family planning needs. Being mindful of the changing donor trends, and knowing where funds are generated, can help advocates keep contraceptive financing on the agenda during national budget discussions.

GFATM

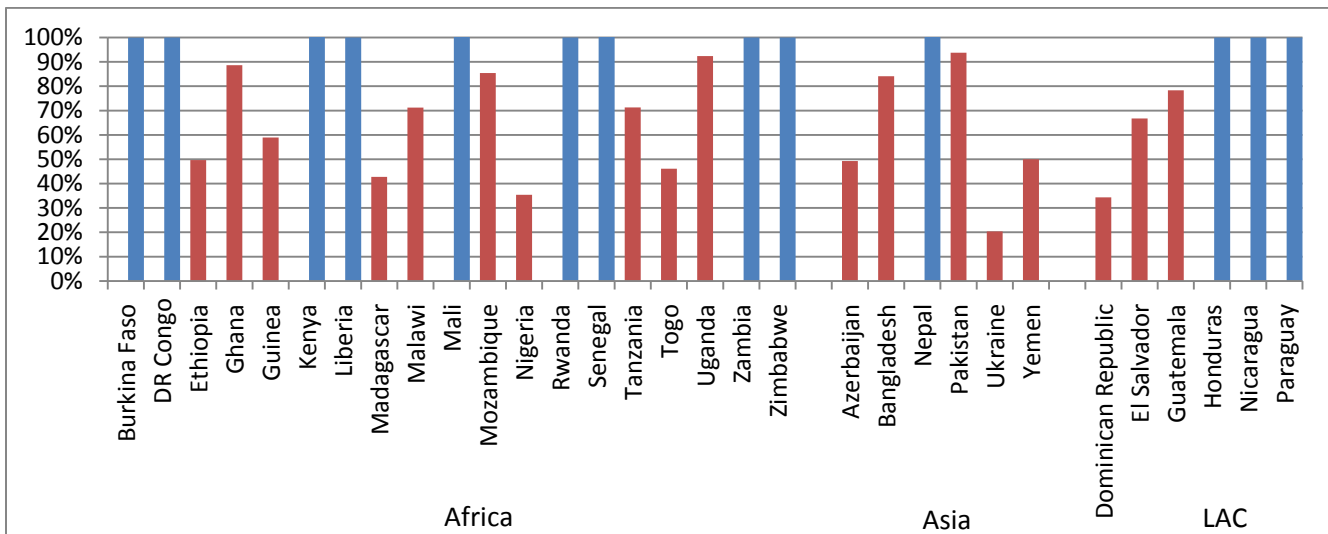
Another funding source for condoms and other contraceptives is grants from the GFATM grants. While these grants have traditionally funded condoms, advocates have recently encouraged countries to use GFATM grants for other uses, especially as an HIV prevention strategy; increasing the availability of contraceptives can help decrease the incidence of HIV being transmitted through unintended pregnancies. Despite this push, in the 2012 survey, only Rwanda reported having used GFATM funds for non-condom contraceptive procurement.

Identifying Funding Gaps

While government funding for contraceptives has increased in many countries, the total funding available from all sources still falls short of expected need. Furthermore, contraceptive funding needs are projected to rise as the number of women of reproductive age increases and as a larger percentage of these women use family planning. To help identify shortfalls in financing for contraceptives, stakeholders can use the *CS Indicators* to compare a country's total financing for contraceptives to the value of the quantified need for procurement² during the year.

In 2012, 54 percent of respondent countries' surveys (19/35) indicated that funding was insufficient for contraceptive procurement, while 46 percent (16/35) noted sufficient funding. Figure 4 displays this analysis for 31 countries that had the data to determine the gap between quantified need and expenditures on contraceptives. In figure 4, the countries indicated in red expended less than the amount quantified. In reviewing this data, it is important to note that many factors can influence the difference between what countries report for the quantification and the expenditures: for example, differences in reporting periods for the quantification and spending information, changes in exchange rates and costs of contraceptives, and the quality of the quantification. In addition, a gap or surplus in funding in a country can also be attributed to changes from the unexpected introduction of new methods or from filling the supply chain.

Figure 4. Percentage of Quantified Need Covered during the Year



Note: In figure 4, the percentage of quantified need for Kenya (212 percent), Mali (147 percent), and Senegal (370 percent) exceeds the limit of this graph.

² This information is typically based on a quantification exercise, including forecasting and supply planning.

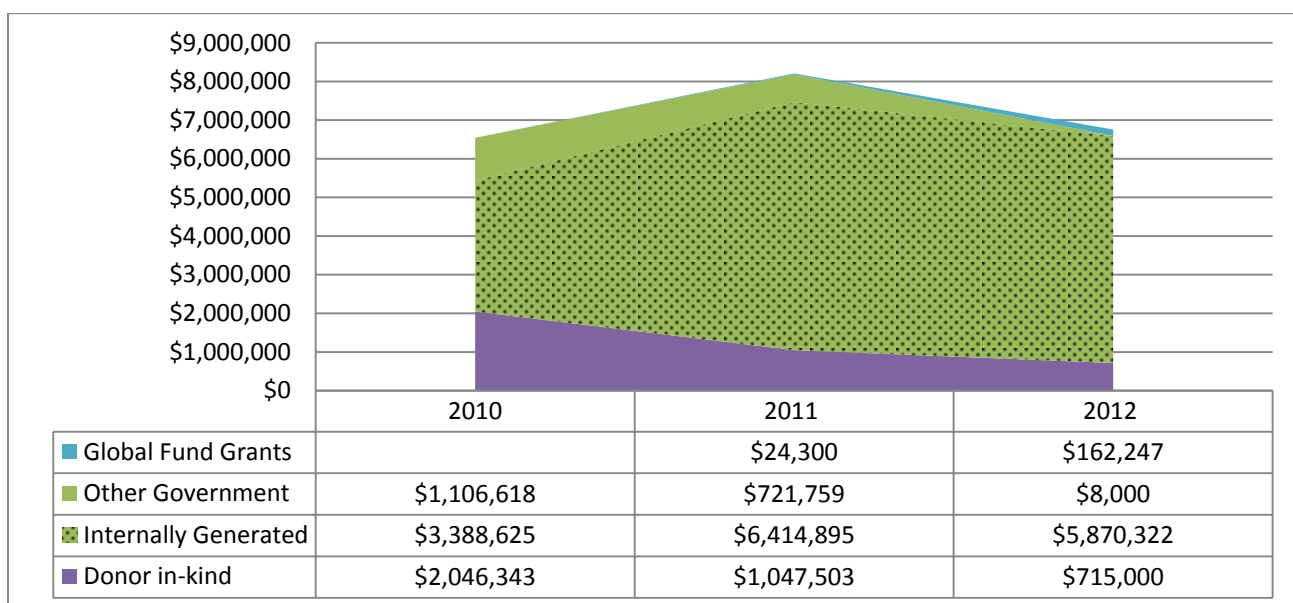
Improving Program Planning and Advocacy

Contraceptive financing data can help program managers strengthen their programs and plan effectively going forward. This information also aids advocates in identifying specific financing targets where they can direct their efforts.

As mentioned earlier, the financing information collected in the *CS Indicators* can demonstrate government commitment, including whether or not funds are budgeted, allocated, and spent. Having this information helps advocates hold governments accountable and enables them to focus their advocacy and monitoring efforts on specific outcomes.

For example, in LAC, where countries have already graduated from USAID family planning assistance, or are moving toward graduation, internally generated government funds have increased and donations in-kind have declined. This aligns with the USAID guidance for near-term graduation (3–6) years that no more than 30% of family planning products, services, or programs in the public and private sectors are subsidized by USAID.

Figure 5. Contraceptive Financing in Latin America and the Caribbean, 2010–2012



Note: In figure 5, the countries represented are Bolivia, Dominican Republic, Haiti, Honduras, Nicaragua, and Paraguay; the GFATM fund information was not collected for the 2010 survey.

Trends in Financing for Contraceptives

The *CS Indicators* offer multiple years of contraceptive financing data, providing in-country stakeholders information about the financing trends in their countries. These trends can help stakeholders proactively identify areas for intervention, addressing likely impending funding issues.

A comparison of spending on contraceptives across the four survey years (2009–2012) shows a substantial variability over time, indicating that financing for contraceptives can be unpredictable and unreliable. Some variability is to be expected; it can usually be attributed to changes when new methods or supply chain filling are introduced. However, major swings in financing are of more concern, because they are likely to impact program stability and the ability to consistently respond to client demand.

Figure 6. Range of Financing for Contraceptives, 2009-2012, All Funding Sources (U.S.\$)

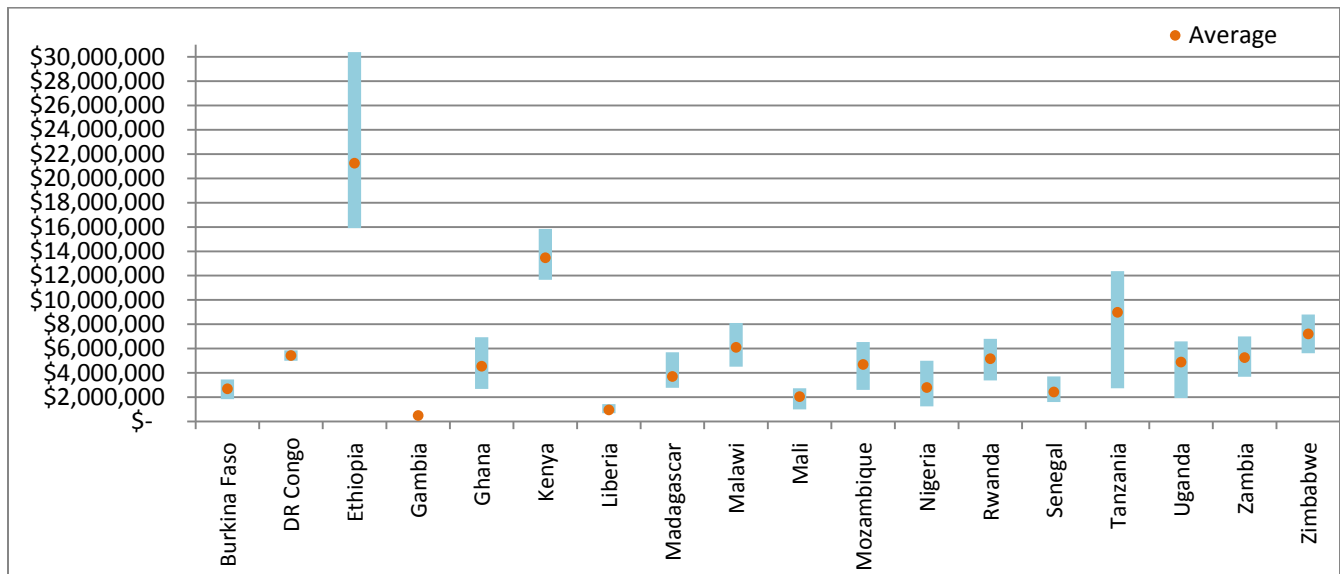


Figure 6 shows how funding from all sources varied across African countries during the four years covered by the survey.³ This type of funding variability means that tracking the funding is increasingly important, as family planning demands rarely see these types of large changes; being able to respond quickly to address funding decreases can help ensure that product supply is not interrupted.

Conclusions

Contraceptive financing is critical to ensuring commodity security. As government ownership of contraceptive financing increases, having data to monitor and make financial decisions becomes increasingly important. The *CS Indicators* provide country-specific data and it enables stakeholders to track information that includes a government budget line item, the quantity of funds allocated and spent, the relationship between government and donor financing amounts, and whether the total resources spent on contraceptives met the expected need. Because the indicators are collected annually, a picture of funding, over time, can be created.

In-country stakeholders will find *CS Indicators* data to be an important resource. Familiarity with the financing data can empower CS committees and other stakeholders to take ownership of tracking contraceptive financing and advocating for sufficient funding to help ensure contraceptive availability. Closely monitoring the contraceptive financing situation in-country will enable the Ministry of Health, advocates, and CS committees to respond quickly to changes, as they arise.

Additional Resources

To learn more about the recent financing of contraceptives in a specific country, refer to the country-specific data found in *Contraceptive Security Indicators Data 2012*. (Currently, this information is also available for 2009, 2010, and 2011.)

In addition to finance information, the *CS Indicators* data includes information for contraceptive methods offered, policies, supply chain, and coordination and leadership. To monitor and encourage progress toward CS, the data can be used by country governments, CS committees, and advocates.

³ Data includes survey responses from each of the survey years available. In some cases, this does not reflect all four years, but still shows how financing varies from year to year.

To learn more about the indicators and recent findings, please refer to *Measuring Contraceptive Security Indicators in 2011*. Papers from previous years are also available.

For a short brief about *CS Indicators*, see *How Contraceptive Security Indicators Can Be Used to Improve Family Planning Programs*.

Interactive maps of some of the *CS Indicators* findings can be found on the USAID | DELIVER PROJECT website (deliver.jsi.com), as can a global dashboard of select 2012 findings.

Annex A: Funding Sources by Category and Country

Region/Country	Internally generated funds	Other government funds	In-kind donations	Global Fund grants		Government share of spending on contraceptive procurement for the public sector
				Condoms	Contraceptives	
Africa						
Burkina Faso	X		X			29%
Burundi			X			Unknown
Democratic Republic of Congo			X	X		0%
Ethiopia			X			0%
Gambia			X	X		0%
Ghana		X	X	X		2%
Guinea			X			0%
Kenya	X	X	X			71%
Liberia			X			0%
Madagascar	X		X			2%
Malawi			X			0%
Mali	X		X			8%
Mozambique			X			0%
Nigeria		X				100%
Rwanda	X		X		X	5%
Senegal	X		X			6%
South Sudan			X	X		Unknown
Tanzania	X	X	X	X		40%
Togo			X			0%
Uganda	X		X			24%
Zambia		X	X			2%
Zimbabwe			X			Unknown
Europe and Asia						
Afghanistan			X			Unknown
Armenia			X	X		0%
Azerbaijan				X		0%
Bangladesh		X	X			90%
Georgia			X	X		0%
India	X					100%
Nepal	X	X	X	X		65%
Pakistan	X		X			16%
Philippines	X		X			Unknown
Russia						Unknown
Ukraine	X		X			35%
Yemen			X			0%
Latin America & Caribbean						
Bolivia	X		X			Unknown
Dominican Republic	X	X		X		63%
El Salvador	X					100%
Guatemala	X					100%
Haiti			X	X		0%
Honduras	X					100%
Nicaragua	X		X			74%
Paraguay	X					100%

References and Resources

Population Institute. *USAID Graduation from Family Planning Assistance: Implications for Latin America*. Washington, DC. http://www.populationinstitute.org/external/files/reports/FINAL_LAC_Report.pdf

In the future, look for these resources on the Commodity Security pages in the What We Do section of deliver.jsi.com:

USAID | DELIVER PROJECT, Task Order 1. 2010. *Contraceptive Security Indicators Data 2010*. Available at http://deliver.jsi.com/dlvr_content/resources/allpubs/factsheets/CS_Indicators_Data_2010.xls.

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