



ISSUES IN THE FINANCING OF FAMILY PLANNING SERVICES IN SUB-SAHARAN AFRICA: POLICY ACTION CHECKLIST

S U S T A I N A B L E P O L I C Y A C T I O N S

Unmet need for family planning services in sub-Saharan Africa is large and growing. Donor and African government funds may grow but are limited, and other sources of revenue, as well as ways of providing quality services at lower cost, must be identified.

This checklist summarizes policy options and actions that can help increase the availability of resources and contribute to better family planning services, an essential part of overall reproductive health services.

■ Donors and governments need to do more.

The resources needed to implement the broad ICPD Programme of Action are not available. Donors and governments must prioritize among the various elements of the Programme. Care must be taken to ensure that family planning, a central element of the Programme, is not diminished as implementation of other parts of the agenda move forward.

The sub-Saharan region has high levels of unmet need for family planning services, as well as a large gap between need and both actual and potential resources. As a result, in the short and medium term, this region should continue to receive a disproportionate share of donor resources.

In the longer term, in order to prevent dependence and to minimize host-country displacement of resources, donors need to work with governments to develop their own plans for domestic resource mobilization and for sustainability.

■ Programs need to charge some level of fee for services.

Without some level of cost recovery, programs will be unable to expand services to meet high and growing levels of demand for services, make urgently needed quality improvements, or expand their services to include elements of the ICPD Programme of Action.

Government and NGO programs should consider introducing limited fees for family planning services. However, information about the impact of price increases on revenue generation and on contraceptive use is limited. When programs consider raising prices, they should determine first what prices to set and the impact of these prices on revenues and service use, especially among the poor.

Programs need to seek ways to protect the poor and vulnerable groups, but means testing has not proven effective. Other approaches need to be sought. Exemption criteria based on age, gender and region may be less likely to affect the access of the poor to services and are less costly to administer than means testing.

At least some fee revenues should be retained by the service delivery outlets that collect them and, to the extent possible, be used to improve service quality. This will enhance revenue collection and may mitigate the demand-dampening effects of fees.



■ Governments and donors should promote the development of the commercial sector.

Many clients who use free or low-cost public services can afford to pay (or pay more) for services. Mechanisms should be developed to encourage such individuals to shift to commercial sector sources. Governments should develop explicit policy statements describing their target clientele.

Urban markets are likely to offer the greatest potential for commercial sector growth. Governments should create incentives for commercial sector growth, particularly in urban areas, e.g., by reducing associated taxes, liberalizing regulations, and reducing or eliminating other barriers to market entry.

Employers and third-party payers have limited financial incentives to provide family planning services. Further investment in employer-based approaches should be undertaken cautiously; it is likely that the limited resources available for commercial sector promotion could be used to greater effect in other ways.

Greater support for social marketing programs may be one of the best ways to promote the development of commercial market sales, even though these are subsidized. Analysis of the impact of social marketing programs on lowering total costs and on reducing dependence on donors should be undertaken and, if results are positive, used to plan for additional investment.

■ Programs need to be more efficient.

Efforts should be made to mobilize underused capacity in family planning services in the region, and the success of these efforts should be documented. Excess capacity is substantial, and could be used both to expand services and improve their quality, without substantial new resources.

A major effort should be made to develop and promote standards and guidelines for family planning service provision, with an emphasis on eliminating unnecessary or outdated tests, procedures and practices. These include the elimination of laboratory tests for hormonal methods, reducing too frequent follow-up visits for re-supply methods, and allowing nurses to insert IUDs.

In light of the potentially high costs but low effectiveness of treating female family planning clients for cervical infections based on risk assessment or the syndromic approach, these approaches should be reconsidered and phased out in most settings. Priority should be given to the promotion of behavior change and condom distribution.

While individuals should be given a choice of contraceptive methods, it may not be wise for programs to offer some methods because of high costs.

About This Policy Action Checklist

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It is intended to accompany a series of policy briefs on key issues in the financing of family planning in the region. For more in-depth information, please request a set of Policy Briefs or a copy of the 80-page report, *Issues in the Financing of Family Planning Services in Sub-Saharan Africa*, from: Publications Coordinator, Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709 USA. These materials are also available in full text on FHI's Web site at <http://www.fhi.org>.