

Summary Guide for Identifying Catalytic Investments to Raise Domestic Resources for Family Planning

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Introduction

This brief is a summary of [Health Policy Plus's detailed guide](#) to understand catalytic investments in the context of family planning. The guide outlines a framework that considers the unique characteristics of family planning programs compared to other vertically funded programs that depend on external support. This framework provides a structure for stakeholders to leverage existing and additional resources to unlock significantly more domestic financing for family planning.

Understanding Catalytic Investments in the Context of Family Planning

On average, countries in sub-Saharan Africa have the lowest contraceptive prevalence rate (32 percent) and highest unmet need for family planning (23 percent) globally. This suggests that significant investments are needed to improve access to and utilization of family planning (KFF, 2019). However, 45 percent of family planning funding comes from development partners (FP2020, 2019). Family planning is often perceived as an externally driven priority and underprioritized by country governments. Given the instability

Catalytic Investments for Domestic Resource Mobilization

Refers to an activity, program, or mechanism that leverages existing political, social, and financial opportunities to increase the likelihood that decisionmakers will raise allocation of domestic resources or improve execution for domestic resources.

of donor funding, catalytic investments are needed to increase domestic resource allocation to family planning programs or increase the execution of already allocated resources.

Generating political will for allocating health sector budgets to family planning requires advocates to understand trends in external support and needs across all aspects of the program. Family planning programs can usually be categorized into four areas when discussing domestic funding:

1. **Demand generation** refers to increasing clients' desire to use family planning by changing their attitudes or perceptions about family planning or increasing their awareness or knowledge about family planning methods, which is needed when the modern contraceptive prevalence rate (mCPR) is low.

2. **Service delivery** refers to the provision of family planning services and methods, which needs to be prioritized as mCPR reaches an accelerated growth phase.
3. **Supply chain** refers to the storage and distribution of family planning commodities, which needs an existing infrastructure in the early stages of mCPR growth and needs to be reinforced as growth increases.
4. **Family planning commodities** refers to the procurement of contraceptives and commodities, which requires prioritizing the procurement of a wider range of methods as mCPR increases.

Each of these family planning program areas faces three categories of barriers which inhibit domestic funding: cultural and social, socioeconomic and technocratic, and health system financing and functioning.

To identify and prioritize whether a specific catalytic investment can be impactful, stakeholders should begin with understanding where the country fits within archetypes based on the health financing system's maturity and recent growth in mCPR. Health financing maturity is based on fiscal space for health, dependency on external financing, and level of health insurance coverage. Patterns for mCPR growth in a country are represented by the "[S-curve](#)," which characterizes slow growth and little annual change when mCPR is low (stage 1), an opportunity for rapid growth during the transition from low to high mCPR (stage 2), and slowing growth as mCPR reaches its maximum (stage 3) (Track20, 2017). Where a country lies along the S-curve is important to determine investments that are needed across the four main components of the family planning program.

HP+ has defined four types of catalytic investments (see Box 1) but the mix that will

Box 1. Four Types of Catalytic Investments

1. Conduct targeted **advocacy** aimed at those responsible for or having influence over the budget
2. Infuse specific **capacity development** activities into a domestic resource mobilization decision-making process
3. Draft, revise, or implement a key **rule, law, regulation, or policy** that may promote domestic resource mobilization
4. Reduce the risk of investing in the **family planning market**

Crosscutting: Evidence generation

have the greatest impact in a country for raising domestic funding for family planning will depend on the country context. In addition to the four types of investments, evidence generation is a key cross-cutting component required for all catalytic investments to ensure evidence-based decision making.

How to Prioritize and Implement Catalytic Investments

Both **programmatic family planning barriers** and the level of **health financing maturity** influence which catalytic investments would be most appropriate and have the highest impact on family planning in a given country. Figure 1 provides examples of different types of barriers that may exist for increasing funding for family planning, especially domestic sources. Table 1 describes options for catalytic investments for countries at different levels on the health financing maturity scale.

Figure 1. Examples of Potential Barriers to Financing Each Family Planning Program Area

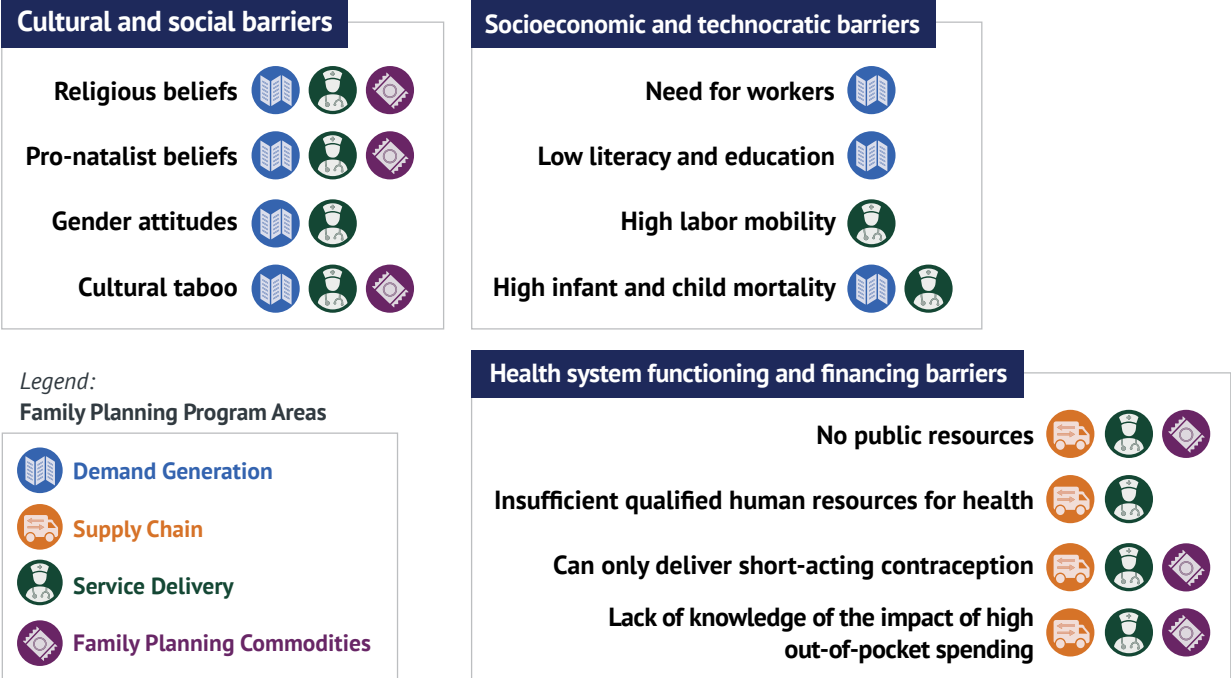


Table 1. Catalytic Investments for the Five Types of Health Financing Environments

Health Financing Maturity	Financing Environment Characteristics	Areas for Domestic Resource Mobilization	Barriers to Domestic Resource Mobilization	Recommended Type of Catalytic Action	Example of Catalytic Actions
Higher	<ul style="list-style-type: none"> Engaged commercial sector 	<ul style="list-style-type: none"> Explore innovative financing 	<ul style="list-style-type: none"> Lack of supporting information/data Lack of capacity 	<ul style="list-style-type: none"> Advocacy Capacity development Market solutions 	<ul style="list-style-type: none"> Build understanding of family planning and benefits Advocate to develop partnerships
	<ul style="list-style-type: none"> Significant private sector contribution 	<ul style="list-style-type: none"> Strengthen the private sector 	<ul style="list-style-type: none"> Restrictive policy, law, or regulation Lack of capacity Lack of coordination 	<ul style="list-style-type: none"> Policy Capacity development Market solutions 	<ul style="list-style-type: none"> Enable access to loans Train private sector providers Develop public/private procurement policy
Emergent	<ul style="list-style-type: none"> Existing health insurance schemes 	<ul style="list-style-type: none"> Integrate family planning into a benefits package 	<ul style="list-style-type: none"> Restrictive policy, law, or regulation Lack of supporting information/data 	<ul style="list-style-type: none"> Advocacy Policy 	<ul style="list-style-type: none"> Conduct financial analysis and advocacy to support policy to include family planning in a universal health coverage benefits package
	<ul style="list-style-type: none"> Low efficiency 	<ul style="list-style-type: none"> Improve efficiency 	<ul style="list-style-type: none"> Restrictive policy, law, or regulation Lack of supporting information/data 	<ul style="list-style-type: none"> Policy 	<ul style="list-style-type: none"> Conduct cost-efficiency or bottleneck analysis to inform policy to integrate family planning into other health program areas
Lower	<ul style="list-style-type: none"> Low government contribution to family planning; high donor dependence 	<ul style="list-style-type: none"> Increase national and subnational government contribution 	<ul style="list-style-type: none"> Unsupportive socio-cultural beliefs Restrictive policy, law, or regulation Lack of supporting information/data 	<ul style="list-style-type: none"> Advocacy Policy Capacity development 	<ul style="list-style-type: none"> Create advocacy plan for implementation Conduct analysis of potential mechanisms for domestic resource mobilization Develop civil society capacity Enable co-financing arrangements

Process for Identifying the Right Investments

Identifying appropriate investments for the country context should be an inclusive and participatory process. Family planning stakeholders should form a working group to review existing documents to understand the barriers and enablers to investing in and mobilizing domestic resources for family planning. Stakeholders can use USAID's [Family Planning Financing Roadmap](#) to identify the country's S-curve and health financing maturity categorization, which will provide insight into potential domestic resource mobilization opportunities in the public and private sector. Stakeholders should then conduct key informant interviews to better understand the enabling environment for family planning financing and public and private sector domestic resource mobilization opportunities. Afterwards, stakeholders can evaluate the potential catalytic investment options considering their (1) feasibility, (2) acceptability, (3) alignment with family planning needs, (4) financial impact, and (5) health impact. The technical working group should review and prioritize opportunities, developing a roadmap that outlines responsibilities and a timeline to execute it.

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