

Guidance for Ministry of Health Family Planning Department Staff

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Introduction

Securing sustainable funding sources for family planning programming and commodities is essential for long-term success, especially as countries deal with the risks from donor funding transitions. All aspects of a country's family planning program—service delivery, demand creation, supply chain, commodities, monitoring and evaluation, program management, and supervision—need sustainable financing solutions. Staff who work in Ministry of Health family planning departments play an important leadership role in ensuring that sustainable financing for a family planning program is available. As such, the responsibilities of these staff should include:

1. Articulating budget needs to the Ministry of Health (MOH) planning department and the Ministry of Finance (MOF).
2. Assessing the extent to which the current budgeted funds are used to achieve program goals, in collaboration with the MOH finance and administration departments.
3. Coordinating with other governmental, nongovernmental, and development partners on the financing, implementation, and accountability of activities that collectively contribute to achieving country family planning goals and objectives.
4. Supporting coordination with development partners to ensure minimal financing gaps.
5. Advocating for consideration and inclusion of family planning in broader health financing initiatives (such as the [Global Financing](#)

[Facility](#)), arrangements (such as social insurance), and reforms.

The purpose of this brief is to provide practical action steps that MOH family planning program staff can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Actions offered are provided for varying country contexts and the financing mechanisms used.

Understanding the Context in Which the Family Planning Program Operates

To identify appropriate family planning financing mechanisms, MOH family planning program staff need to understand the country context in which the program operates, as well as the opportunities to build upon existing and emerging financing mechanisms. The following steps will help staff gain this understanding.

Program context: To understand the context of a family planning program, MOH family planning program staff should review the different landscapes, overviews, and analyses available on the program. In particular, the landscape analysis in the country's family planning costing implementation plan provides a thorough review of the different aspects, priorities, and gaps in the family planning program. In reviewing these documents, staff should try to understand the dimensions related to policy, governance, accountability, services and quality assurance, and contraceptive security.

Legal and regulatory environment for universal health coverage: To understand the family planning program context, staff should also understand the legal, regulatory, and policy environment—often reflected in a landscape analysis. With this understanding they can use the Health Policy Plus project’s [Guide for Examining the Legal, Regulatory, and Policy Environment for Family Planning Inclusion in Universal Health Coverage Schemes](#) to identify the enablers and barriers that exist to investing in family planning as part of universal health coverage initiatives. Doing so will help gauge the enabling environment for family planning financing and determine which mechanisms and strategies may have a higher likelihood for success. Understanding the actions needed to change an existing law or regulation, for example, one connected to social health insurance, will require engaging the MOH’s family planning technical working group.

Current financing context: To understand the current health financing context, staff should review USAID’s [Family Planning Financing Roadmap](#) website and interactive tool, which can serve as a launching pad for considering relevant financing options for family planning. The site provides a review of [health financing concepts](#) and pre-filled [country-specific data](#) that can be modified to offer stakeholders a set of recommendations for family planning financing solutions appropriate to the context. Through this step, staff should try to understand the current level of public expenditure on health and opportunities to increase this financing (such as through domestic resource mobilization), the proportion of the health budget dedicated to family planning, and the coverage and benefits provided under the country’s national health insurance program/benefits package.

Future financing options: MOH family planning program staff should assess the opportunities and barriers to increasing and sustaining domestic financing of family planning programs in the country. Opportunities can include participation in the [Global Financing Facility](#), advocating for inclusion of family planning in the

national insurance program/benefits package, identifying ways to better utilize current funding to meet national family planning goals (such as through improving efficiency), and improving demand for family planning services through vouchers and conditional cash transfers.

Catalytic investment options: The Health Policy Plus project’s [Guide for Identifying Catalytic Investments to Raise Domestic Resources for Family Planning](#) can help staff identify and prioritize actions to spur domestic resource mobilization for family planning. This guide will help build on results from the [Family Planning Financing Roadmap](#) and focus in on four types of catalytic investment activities—targeted advocacy, capacity development, improved policies and regulations, and market solutions that facilitate private sector participation in the family planning market. Investments can potentially address four programmatic areas: increasing demand generation, improving service delivery, improving supply chain infrastructure, and prioritizing procurement of a wide range of family planning commodities.

Engaging the Right Stakeholders

With a comprehensive understanding of the family planning context, MOH family planning program staff can identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, staff will need to re-engage with new decisionmakers and stakeholders as necessary, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

Taking Action to Advance Family Planning Financing Strategies

After examining the country context, MOH family planning program staff, in collaboration with other stakeholders mentioned in Table 1, need to identify the financing solutions that are the most feasible. The following are action items for different financing mechanisms—some or all of

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH planning department	Develops and monitors the national health sector strategic plan, its objectives, and the budget.	Advocates for appropriate inclusion of family planning in the health budget.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at the regional/district/county level, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.
Health insurance agencies	Determines services that are covered in benefits packages and determines providers that can offer them.	Considers integration of family planning services and commodities in benefits packages and contracts diverse cadres of providers in the public and private sectors for service delivery, thereby increasing access and financial risk protection.

which may be appropriate depending on the country context.

If the country is a Global Financing Facility country:

- Participate as a member of the technical working group preparing the reproductive, maternal, neonatal, child, adolescent health, and nutrition (RMNCAH-N) investment case.
- Gather and present evidence on the high impact of family planning, the unmet family

planning needs of the population (including data disaggregated by region), and unfunded priorities in the country's costed implementation plan for family planning. [Advocate for the inclusion of priority family planning interventions.](#)

- Contribute to the development and monitoring of family planning indicators included in the investment case.

If family planning services are not adequately covered in the national health insurance scheme benefits package:

- Assess current population coverage of the national health insurance scheme (i.e., who is covered).
- Speak with national health insurance agency officials to understand the inclusion criteria for the benefits package and reasons for exclusion of some or all family planning services.
- Gather and present evidence demonstrating that family planning meets the inclusion criteria. For example, demonstrate the cost-effectiveness of family planning and how it influences disease burden, equity concerns, and national priorities.
- Project the financial impact on the insurance scheme of including family planning. Costs may increase in the short-run, especially if long-acting reversible contraceptives and permanent methods are included in the benefits package, but there will be long-term gains from the reduced number of unwanted pregnancies. Low-cost family planning options may also be included, especially in the initial benefits package.
- Partner with donors and civil society organizations to plan and conduct advocacy for inclusion of family planning in the benefits package. This may require increasing awareness among key decisionmakers (such as health insurance agencies, the MOF, and parliamentarians) and/or building public pressure through media campaigns.
- Encourage the MOH family planning technical working group to reach out to cross-government counterparts (such as those in the MOF) to advocate for inclusion of family planning services in the national health insurance scheme.

If government budget line allocations to family planning are non-existent or insufficient (national and local):

- Meet with family planning advocates, particularly civil society organizations, to develop an advocacy plan based on the [SMART](#) approach.
- Develop advocacy messages targeted at different key decisionmakers, such as local government health officers and MOF budgeting staff.
- Compile evidence—including on total resource needs, value for money, and implementation plans—to support key messages.
- Meet with key decisionmakers (within the MOH and MOF) and present evidence.
- Partner with local civil society organizations and advocate to local government officials, for example, by initiating discussions on family planning at community town halls.

If there is a limited health budget necessitating a more efficient family planning program:

- Consider steps to improve technical efficiency, i.e., using the available resources to achieve the maximum possible improvement in outputs:
 - Use the forthcoming HP+ [family planning technical efficiency tool](#) to identify potential inefficiencies in the family planning program. Steps to improve efficiency in service delivery may include integration with the HIV program, inclusion of adolescent-friendly services, ensuring availability of commodities, and conducting in-service training for providers. Additional measures to improve efficiency may involve improving program management and increasing demand for services—for example, through health insurance or voucher programs, media campaigns, and social marketing.

- Focus on implementing task-sharing policies for contraceptive methods that will help improve access to long-acting reversible contraceptives and permanent methods, based on [World Health Organization guidelines](#).
- Consider steps to improve allocative efficiency, i.e., the best way to allocate limited funds so that maximum population health gains are achieved. One way to do this is through strengthening the government financial management system:
 - Meet with finance and administration departments of the MOH to review the budget.
 - Identify bottlenecks in the flow of funds through the system—Are funds being allocated to and arriving at community and facility levels? Are funds being released from the treasury and are they being fully utilized?
 - Work in collaboration with finance and administration departments of the MOH and budget department of the MOF to address priority bottlenecks.

If family planning commodities are not exempt from import taxes:


- If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, work with key stakeholders, including the MOH family planning technical working group, MOF, and development partners who finance commodities, to make the case for tax exemption of family planning commodities. For example, develop an advocacy plan and targeted messaging for legislators and MOF

staff to emphasize the health and economic benefits from increased numbers of family planning users.

If the country is facing transition in donor financial support:

- Conduct costing, fiscal space, and financing gap analyses (if not already done by the donor) in collaboration with the MOH finance department and the MOF.
- Build on experiences and lessons learned from other country transitions.
- Broker communication between donor, MOH, and MOF leadership on transition timelines and expectations.
- Lead development of a formal transition plan, ensuring high-level buy-in within the government.
- Leverage multisectoral platforms for discussion and opportunities to involve other sectors in the transition plan.

Read the Series

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