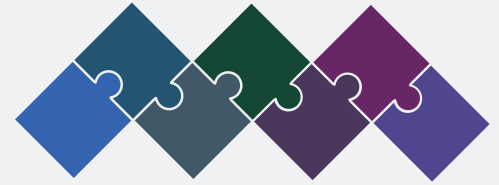


An Introduction to the Strategic Guidance for Key Stakeholders

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Introduction

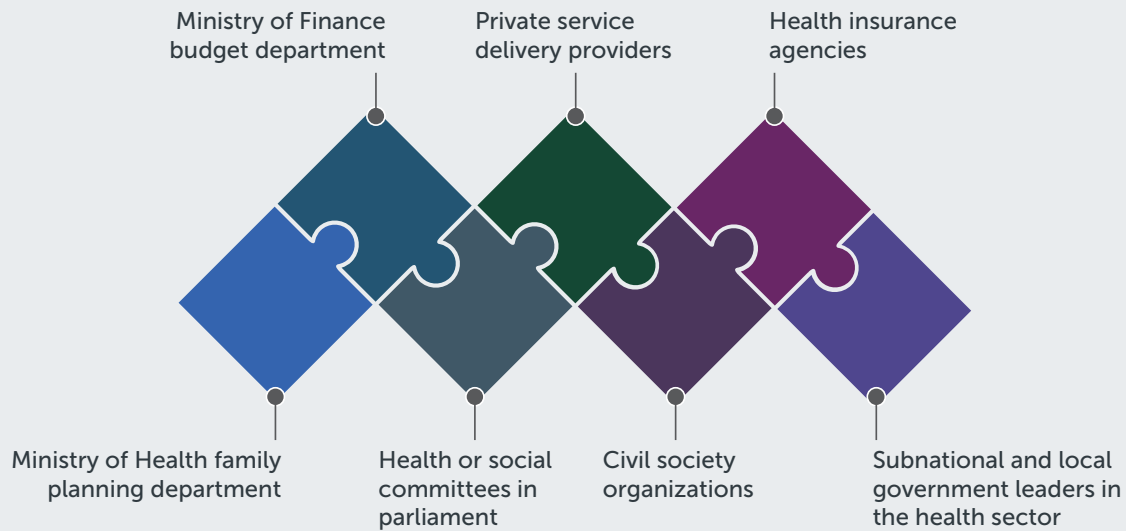
While family planning is one of the most cost-effective development investments, nearly half of its funding in 69 priority countries of the Family Planning 2020 initiative came from development partners. Total external funding for family planning has plateaued over recent years and is expected to decline in the near term (FP2020, n.d., 2021). In order to develop sustainable financing solutions for their family planning programs, countries need to increasingly mobilize domestic resources (Starbird, 2021). Over the last seven years, the U.S. Agency for International Development-funded Health Policy Plus (HP+) project has developed tools, frameworks, and case studies to support evidence-based decision making for family planning financing. Examples include the [Family Planning Financing Roadmap](#); the [Total Market Approach Projection Tool](#); and guides for evaluating the [legal and regulatory environment for inclusion of family planning in universal health coverage](#), [catalytic funding](#), and [blended finance](#). Although countries have used these and other resources to increase funding for family planning, there has been less progress on linking these approaches and integrating them within an overall perspective of sustainable financing for family planning. For countries to move from identifying problems and potential solutions in financing family planning to implementing activities (e.g., evidence generation, capacity development, and enacting family planning financing reforms), they need to use an integrated approach that focuses on “who does what” rather than “what gets done.”

The HP+ Approach

First, HP+ mapped the different key stakeholders involved in carrying out financing of family planning activities and programs in low- and lower-middle-income countries. Subsequently, through a process of stakeholder interviews and consultations, HP+ developed strategic guidance for seven key stakeholder groups (see Figure 1) who can significantly contribute to advocating for, developing, and/or implementing family planning financing strategies in their countries. Depending on the context and financing approach, other stakeholder groups to consider might include the following:

- Ministry of Health planning department, finance and administration department, and department in charge of universal health coverage or health financing initiatives
- National medical procurement agency
- Local division of the treasury department
- Local assembly
- Professional associations that bring together private healthcare providers
- Corporate partners that engage in a variety of partnerships with external organizations and governments for mutual benefit
- Commercial supply chain, retail, and other market actors that import and supply family planning commodities to health facilities, pharmacies, drug shops, and other retail outlets
- International nongovernmental organizations and implementing partners working in the domestic family planning space

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



	Key Stakeholder	Responsibility	Contribution to Family Planning Financing
1	Ministry of Health family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
2	Ministry of Finance 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.
3	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 can advocate for the health budget, including allocation to family planning (particularly the budget line for contraceptives) and health financing reforms that could include family planning.
4	Private service delivery providers	Provides the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increases access to and uptake of family planning among women of reproductive age, which contribute to a country's modern contraceptive prevalence rate.
5	Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.
6	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.
7	Subnational and local government leaders in the health sector	Develops and allocates the health sector budget at regional/district/county levels, especially in decentralized contexts.	Allocates the health budget across health programs, including family planning.

Purpose of the Strategic Guidance

The overarching purpose of these stakeholder-specific strategic guidelines is to provide practical, actionable steps that the respective stakeholders can take to improve sustainability of family planning financing by strengthening domestic financing mechanisms. Actions to take may vary based on the country context and the financing mechanisms used. The guidelines do not focus on any specific financing mechanism but rather adopt a more generalized approach to help stakeholders understand their roles and contributions regardless of the financing mechanisms used.

While consulting their specific strategic guidance, stakeholders should recognize that the recommended steps are not mutually exclusive and require collaborative actions with other stakeholders. Box 1 provides an example of such collaboration from Guatemala. Furthermore, the following are illustrative examples of potential collaborative efforts among stakeholder groups to improve sustainable domestic financing of family planning programs:

- The Ministry of Health family planning department, as the lead agency, should work in collaboration with donors and civil society organizations to gather and analyze evidence

on the health and economic benefits of adequately covering family planning services in a national essential health services benefits package, and strongly advocate for it.

- The Ministry of Finance and Ministry of Health need to collectively work with legislators in parliamentary health or social committees (with budget oversight authority) to achieve allocative and technical efficiency gains that may partially offset the limitations of a narrow fiscal space for health. They should also work together to address issues like exempting family planning commodities from import taxes.
- Private sector actors should engage government stakeholders (in the ministries of health and finance) on market segmentation strategies to ensure that free public-sector contraceptives go to the neediest segments of the population and do not displace commercial markets for users who can afford to pay.

While some of the guideline steps may be complex and benefit from outside technical assistance, these strategic guidelines are designed to guide key stakeholder groups in taking collaborative actions to strengthen

Box 1. Collaborative Advocacy and Action in Guatemala to Ensure Family Planning Financing

An example from Guatemala shows how collaborative advocacy and action between stakeholders can not only secure domestic financing for family planning but also ensure its sustainability in the face of legal and political challenges. An [HP+ policy brief](#) (Carr et al., 2017) recounts how civil society groups worked with family planning advocates in Guatemala's Ministry of Health to defend a 2005 law that created a budget line item to ensure that 15 percent of alcohol tax revenue was allocated to reproductive health, family planning, and alcoholism programs. They mounted a pressure campaign through media, recruited allies in the Congress, and launched a legal effort that finally ensured judicial authorization of the law in 2009.

A similar coalition came together again in 2016 to defend the continuation of this funding when a bill was introduced in congress to divert it, citing under-utilization. The collaborative effort succeeded in convincing senior policymakers, including members of congress, of the importance of securing domestic financing for family planning, leading to the bill being rescinded.

sustainable domestic financing mechanisms for family planning activities and programs in their countries.

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Read the Series

-  Introduction
-  1 Guidance for Ministry of Health Family Planning Department Staff
-  2 Guidance for Ministry of Finance Staff
-  3 Guidance for Legislators in Health or Social Sector Committees in Parliament
-  4 Guidance for Private Sector Actors
-  5 Guidance for Civil Society Organizations
-  6 Guidance for National Public Health Insurance Agencies
-  7 Guidance for Staff Working in Health Departments at the Subnational Level

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