Family planning in the context of the changing aid and development environment

- What is the changing aid and development environment?

- What are the consequences for Sexual and Reproductive Health in general and more specifically for Family Planning?
PARIS DECLARATION: NEW AID ENVIRONMENT

- MDGs as the overarching framework for national policy setting
- One national development plan (PRS or equivalent)
- Strong national ownership, through national capacity
- Increased use of budget support
- Use of national systems (procurement, audit, reporting)
- Greater predictability of aid flows
- Performance-based/results-oriented
- Mutual accountability
VARIATIONS IN SECTOR AID ARRANGEMENTS

Sector reform program

- Project type aid
- Earmarked funds
- Pooled funds

Stand alone projects

Budget support
Funding modalities

- Project funding: off budget – on budget
- Pooling of funds
- Sector budget support
- General budget support
Family planning is part of Sexual and Reproductive Health (SRH)
SRH is part of the Health Sector Strategic Plan at country level
SRH should be included in all plans and all budgets
Reproductive Health Commodities in the new aid environment

Key question:

Is adequate attention paid to Family Planning, Reproductive Health Commodities (and broader SRH) in the national planning and budgeting processes?

Or:

Have the Family Planning partners sufficiently been involved in government led processes re. national development planning?
Support to countries: inefficient
Responsibilities for Budget Planning and Preparation

Ministry of Finance (MoF) and Cabinet:

provision of resource envelopes to line ministries and spending agencies
formulating comprehensive budget

Line ministries and spending agencies:

Formulate draft budgets within resource envelope provided by Ministry of Finance

Cabinet and Parliament

Endorsement in Cabinet and authorisation by Parliament
Contraceptive Funding by Source

Years

Product Cost in $ (Millions)


- UNFPA
- USAID
- DFID
- KfW
- GOT/BASKET

Tanzania
Does investing in SWAp health sector planning / policy dialogue work?

Example of Malawi:

**Government Expenditure on RH**

<table>
<thead>
<tr>
<th>Year</th>
<th>SRH government spending per capita (2004 USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>1.95</td>
</tr>
<tr>
<td>2005</td>
<td>2.17</td>
</tr>
<tr>
<td>2006</td>
<td>2.10</td>
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<tr>
<td>2007</td>
<td>2.32</td>
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</tbody>
</table>
Reproductive health funding, by source, Rwanda, 2002

RH care is primarily funded by donors

(Source: Dmytraczenko, 2005)
Donor expenditures on ICPD ‘costed package’
Donor funds 1992-2003 (in millions of current US$)

Source: UNFPA/UNAIDS/NIDI RF project
Donor expenditures on ICPD ‘costed package’
Donor funds 2000–2008 (in billions of current US$)

Key questions

- How much is spent on sexual and reproductive health care? What is its share of total health expenditures?
- What is the share of the public sector and that of the private sector?
- What is the reliance on donors for sexual and reproductive health services and commodities?
- What share of donor health funds are targeted for sexual reproductive health?
- What types of services are financed by sexual and reproductive health funds?
- What are the implications of different health-financing policy options on the mobilisation and allocation of resources for sexual and reproductive health?