Creating a Near-Term Advocacy Platform for Family Planning with Economic Modeling

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Overview

- **Objectives:**
  - Create a user-friendly tool to analyze the costs and impacts of scaling up FP in the next 2–5 years; and
  - Develop an advocacy platform incorporating the results of these analyses

- **Process:**
  - Form Technical Advisory Group (TAG)
  - Review existing models
  - Analysis of FP advocacy messages
  - Modify or create tool
  - Conduct pilot testing
What We Know

- Evidence is being generated for FP advocacy through a range of tools and studies

- FP often turns out to be a cost-effective approach in the long run and has the potential to produce cost savings in multiple sectors, including health

- The future course of international donor funding for FP is quite uncertain

- FP services, use, and demand are increasing in sub-Saharan Africa, albeit slowly
What We Need

- Advocacy efforts that highlight more immediate near-term economic evidence and health impacts (2–5 year time horizon) may be particularly pertinent in environments with dramatic competing economic needs and limited financial resources.

- A near-term economic advocacy approach can compliment existing long-term development approaches by generating evidence of costs and benefits of FP in the short run.
Existing Advocacy Tools & Approaches

**Estimate resource requirements only:**

- CastCost
- GAP
- Global Campaign for the Health MDGs
- ICPD Costing
- Make Every Mother and Child Count
- Marginal Budgeting for Bottlenecks
- One Health
- Partnership for Maternal, Newborn and Child Health
- Taskforce on Innovative International Financing for Health Systems Normative Approach

**Analyze impacts and/or costs:**

- Allocate
- FamPlan
- LiST
- Reality √
- Adding It Up
- Global Maternal Health Policy Model
- ENGAGE
- MDG Analyses
- RAPID

...and more?
# Family Planning Tools “Crosswalk”

<table>
<thead>
<tr>
<th>Technical Aspects</th>
<th>RAPID</th>
<th>FamPlan</th>
<th>GAP Tool</th>
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</thead>
<tbody>
<tr>
<td>Overview</td>
<td>Projects the consequences of high fertility and rapid population growth</td>
<td>Projects family planning requirements needed to reach national goals</td>
<td>Projects funding gaps for national FP programs and FP commodities</td>
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<tr>
<td>Intended Use</td>
<td>Stimulate policy dialogue about the importance of population factors</td>
<td>Estimate service and resource requirements, informed goal-setting, feasibility analyses, demographic implications of FP</td>
<td>Help policymakers and advocates understand and plan for costs of FP</td>
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<tr>
<td>Outcomes/outputs</td>
<td>Resource requirements in various sectors: Economy, education, health, urbanization, agriculture</td>
<td>TFR, CPR, costs, births, abortions, pregnancies, users/acceptors</td>
<td>Costs by component and sector, FP funding gap for programs and commodities</td>
</tr>
<tr>
<td>Data Requirements</td>
<td>Medium (multiple sectors, but not detailed)</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Timeframe</td>
<td>20+ years</td>
<td>variable</td>
<td>1–5 years</td>
</tr>
<tr>
<td>“Off the Shelf”?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Suitability for Advocacy</td>
<td>High—part of an advocacy approach</td>
<td>Medium—materials using outputs would have to be developed</td>
<td>Medium—shows funding gap information</td>
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Modeling Considerations

Inputs

- Effectiveness and side-effects of contraception by method
- Rates of adverse health events
- Effect of age, nutrition, socio-economic status
- Costs of family planning
- Maternal, infant, and child healthcare costs

Intermediate/Final Outputs

- Maternal, infant, and child mortality and morbidity
- Unintended pregnancies, births, and abortions averted
- Total cost based on cost-headings
- Aggregated outcomes
- Cost effectiveness and/or benefit-cost ratio
This suggests that the enhanced program (New Contraceptive Program or NCP) is cost-effective, generating an ICER of US$88 per DALY compared to the current program (CCP), when viewed from the societal perspective.

Cost-Benefit example: Guatemala

Guatemala, 2002-2007

FP prevalence

Healthcare costs related to those births – averted

Total averted costs of prenatal, postpartum care, vaccinations, delivery costs, costs of complications = 956.8 million quetzals

FP costs occurred

Total cost of delivering FP services = 66.7 million quetzals

Benefit-cost ratio: 14.35

Source: Valladeres, R., Jaramillo, L. “Costo beneficio de la planificación familia en Guatemala” (USAID Calidad en Salud, 2008)
A decision tree approach incorporates a formal procedure for articulating, comparing, and choosing among a set of alternatives available.

When a series of decisions is specified, each one leading to a new set of alternatives, then each decision can be represented as a node along a decision tree.

 Probabilities are assigned to each alternative at a particular node, conditional on the prior history of decisions leading to that node.
A Markov model specifies a set of mutually exclusive states that an individual can be in during a time interval.

In FP terms, for a cohort of women of reproductive age, these states could be simplistically stated to be pregnant, not pregnant—sexually active, and not pregnant—not sexually active.

A value is associated to time spent in a particular state.
Key Desired Model Attributes

- Allows country specific analysis
- Relevant to local advocacy needs
- Realistic data demands
- Results easy to interpret: charts & tables
- Can be used by in-country personnel
- Balance of rigor, flexibility, and ‘user-friendly’
A Long-term Vision for a Near-term Advocacy Modeling Approach

- Full documentation, including training modules, manual
- Capacity building including training and dissemination events beyond the pilot
- Online and published data for most inputs
- Full "ready-to-customize" advocacy kit (e.g. PPT outlines)

Stable model available and used
Thank You!

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