policy

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GAP

RESOURCE REQUIREMENTS FOR FAMILY PLANNING IN GHANA

Brief

Status of Family Planning

Population pressures constitute important constraints on future economic growth and the ability of a country to provide for the welfare of its citizens and achieve its national development objectives. From 2000–2010, the population of Ghana increased by 30 percent—from 18.9 million in 2000 to 24.6 million in 2010.[1] Recognising the link between rapid population growth and social and economic development, the government has worked to build a positive policy environment for family planning (FP). The *National Population Policy (Revised Edition, 1994)* sets clear targets regarding fertility and contraceptive use. These are to

- Reduce the total fertility rate (TFR) from 5.5. to 5.0 by 2000 and then to 3.0 by 2020;
- Achieve a contraceptive prevalence rate (CPR) of 15 percent for modern FP methods by 2000 and 50 percent by 2020; and
- Reduce the current annual population growth rate of about 3 percent to 1.5 percent by 2020.

Subsequent national policy documents also address FP issues. For example, *A Road Map for Repositioning Family Planning in Ghana (2006–2010)* calls for an increase in (1) political commitment, (2) public awareness and acceptance of family planning as important to national health and socio-economic development, and (3) funding for FP commodities and services.[2]

These policies are further supported by the current national blueprint for development, *Ghana Shared Growth and Development Agenda (2010–2013)*, which recognises family planning as a top priority for inclusion in national development plans and activities at all levels.

As a result of this positive policy environment, Ghana has made some progress toward achieving its *National Population Policy* targets. The latest census indicates that the annual population growth rate has dropped to 2.5 percent.[3] In addition, according to the 2008 Demographic and Health Survey (DHS), the country's total fertility rate lowered to an average of 4 children

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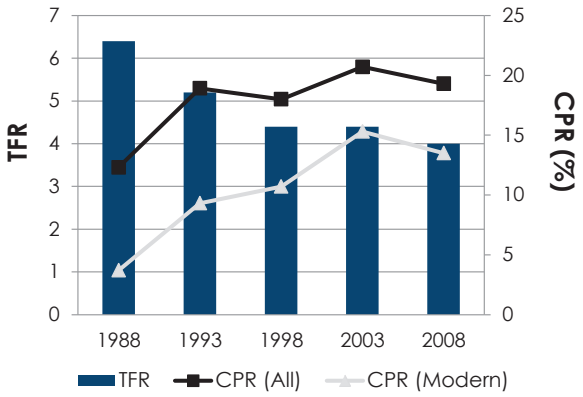
Figure 1: Historical Trends in Fertility and Contraceptive Use



per woman and use of modern family planning methods among married women ages 15–49 increased to 17 percent.[4] It is interesting to note, however, that historical trends in fertility and contraceptive use reveal a mismatch (see Figure 1); while the TFR has been steadily declining, there has not always been a corresponding increase in CPR. Furthermore, fertility rates continue to vary widely in the country, rising from 2.5 children per woman in the Greater Accra region to 6.8 children in the Northern Region. Moreover, 35 percent of married women either want to space their births or do not want any more children but are not using contraception (defined as unmet need). Thus, accelerated progress is necessary to achieve the population policy's ambitious targets, as well as the related goal of contraceptive security—which exists when people are able to choose, obtain, and use high-quality contraceptives whenever they want them.

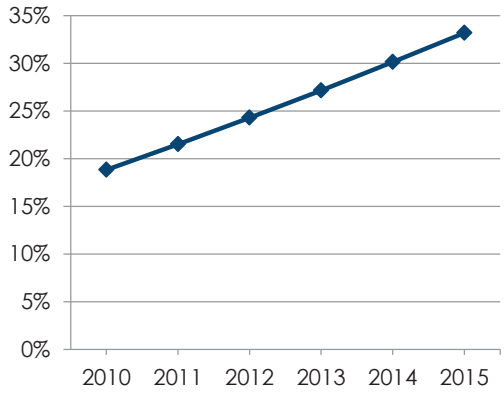
The *Reproductive Health Commodity Security Strategy (2012–2016)*[5] identifies several major challenges to achieving the set targets and ensuring the sustainability of the FP programme, including (1) inadequate public funding for FP and reproductive health commodities and (2) a high dependence on donors for commodity procurement. Greater investment by government and development partners is necessary to address these challenges and accelerate progress.

Estimated Resources Required

To fully appreciate the investment needed to attain the targets, the National Population Council and its partners—in collaboration with the USAID-funded Health Policy Project—reviewed data on demographic patterns, family planning costs, and projected funding for 2010–2015 and conducted an application of the GAP (Gather, Analyze, and Plan) Tool. The tool is designed to project the contraceptive, service provision, and program support funding gaps in a country to ultimately help policymakers, decisionmakers, and development partners understand the costs involved in reaching national family planning goals and addressing challenges to progress.

Meeting the unmet need for family planning (35%) will enable Ghana to reach the target CPR of 50 percent for modern FP methods by 2020. Based on the projected increase in contraceptive prevalence (see Figure 2), the total number of users will increase from 1.6 million women in 2010 to more than 2.8 million women in 2015 and almost 4.3 million women in 2020.

Figure 2: Projected CPR



Premised on a general understanding among partners, it is anticipated that there will be an increase in the use of all methods, with greater emphasis on long-acting methods (non-permanent and permanent). A review of data from multiple DHS reports shows that as contraceptive prevalence increases, the proportion of long-acting methods also increases as a share of the method mix in the country.

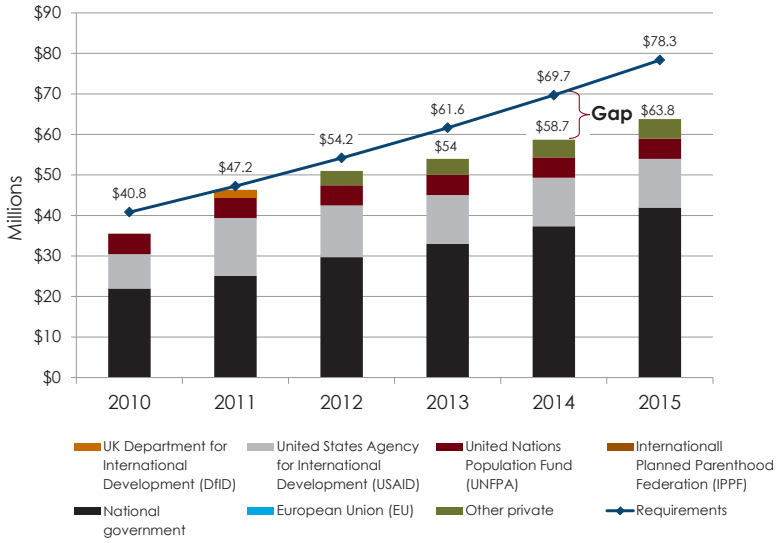
The Ghana GAP application projects increases in the share of pills, implants, injectables, and intrauterine devices (IUDs) between 2010 and 2020. These increases will occur primarily at the expense of traditional methods and condoms (although the share of condoms will remain relatively high).

The private sector is already highly active in the distribution of "supply" methods of contraception: condoms and pills. Although there may be a movement towards the private sector for long-acting methods, for the purposes of this analysis, we assumed that clients continued to receive their contraceptives from the same source.

Results

The total cost of delivering family planning in Ghana (commodities plus programme costs) is estimated to be about US$41 million in 2010. To reach the *National Population Policy* goal by 2020, CPR in 2015 will need to be about 33 percent, which will require resources to almost double to US$78 million. The total funding gap is projected to be almost US$15 million by 2015 (see Figure 3). However, this funding gap may be understated due to several reasons: (1) a large portion of the programme costs, especially commodities, are currently covered by development partners whose

Figure 3: Resource Needs and Commitments (US$)



Increased investment in family planning will also help to promote gender equality, achieve universal access to reproductive health, and reduce maternal and child mortality (Millennium Development Goals 3, 4, and 5)

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projected funding may or may not be fulfilled; and (2) there are difficulties in separating donor support for family planning from overall reproductive and maternal health support. In addition, although the commodity costs were based on Ghanaian data, costs for service delivery, programme support, and overhead were based on default global values. Inadequate Ghana-specific cost data is a significant hindrance to fully understanding resource needs for family planning in the country.

Furthermore, to provide more preferred, long-acting methods (injectables and implants) to hard-to-reach communities, the Ghana Health Service will have to explore and invest in task shifting and cover the related training, logistics, and supervision costs associated with the new cadre of service providers.

Although donor contributions have been crucial to "closing" the gap in the past, the Government of Ghana must increase its support of FP commodities to ensure contraceptive security. Without new sources of commodities, stockouts may continue to affect the availability and quality of FP service delivery. More importantly, all donor projections need to be viewed in the context of the overall economic crisis, which may in turn affect the realisation of these projections.

Recommendations

Based on the results, if Ghana is to achieve its family planning targets and thereby realise its national development goals, the government and development partners should take action to increase investments for family planning.

Government should

- Increase budget and expenditure for family planning commodities
- Strengthen coordination for the family planning programme
- Review policies, standards, and procedures to increase and expand the cadre of FP service providers, thus enabling lower level health workers to provide clinical methods of family planning
- Make family planning free and accessible to all

Development partners should

- Support the training, logistics, and supervision costs associated with FP delivery
- Support the implementation of the Reproductive Health Commodities Strategy
- Contribute to the procurement of FP commodities

References

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Contact Us

Health Policy Project
One Thomas Circle NW, Suite 200
Washington, DC 20005
www.healthpolicyproject.com
policyinfo@futuresgroup.com

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