



**HEALTH  
POLICY  
PROJECT**

# The GAP Tool

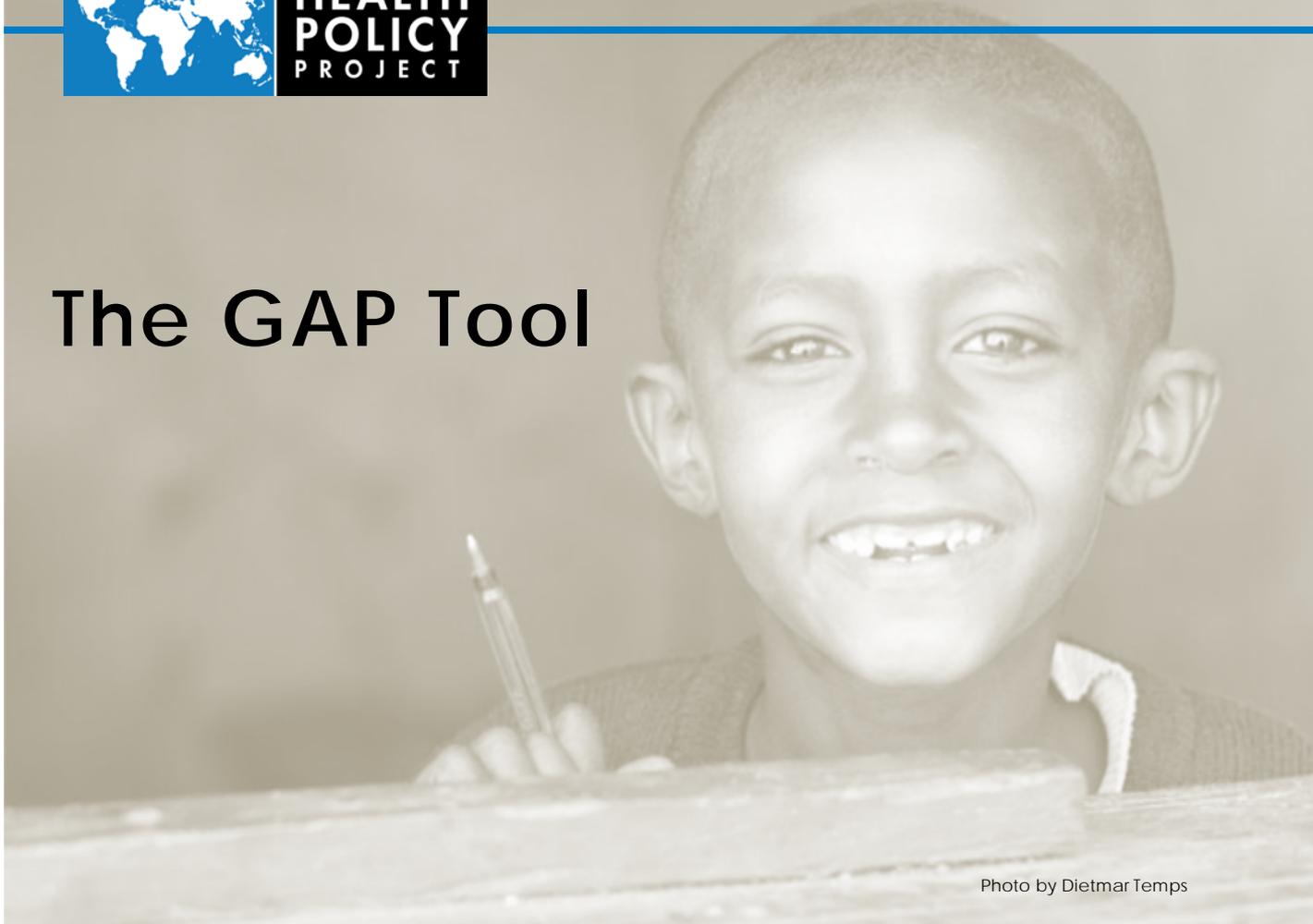


Photo by Dietmar Temps

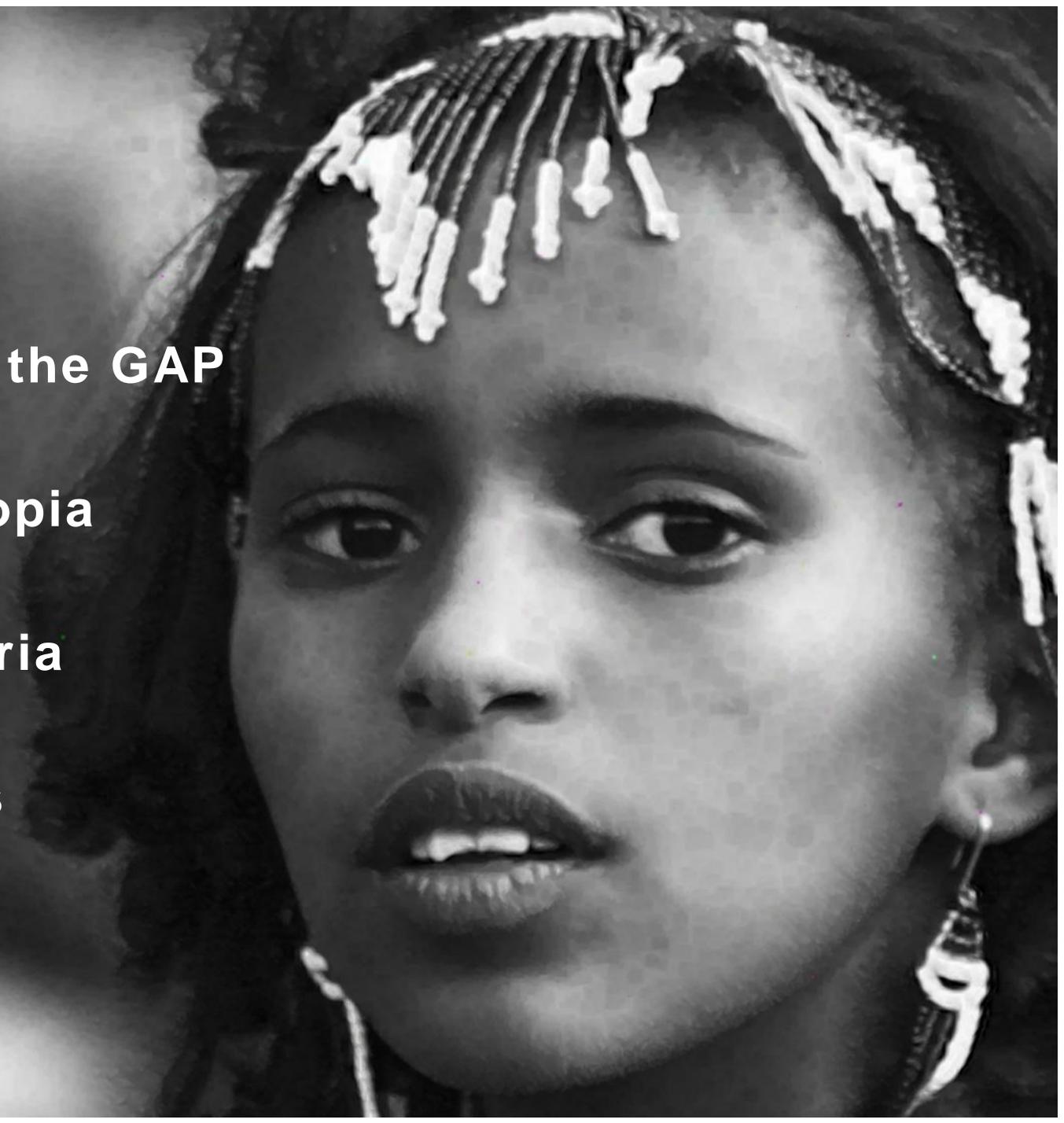
Priya Emmart and Senait Tibebe  
June 24, 2011



**USAID**  
FROM THE AMERICAN PEOPLE

# Outline

- Overview of the GAP
- GAP in Ethiopia
- GAP in Nigeria
- Conclusions



# Overview of the GAP

Why  
What  
How  
Results

# Why the Funding GAP Tool?

- Istanbul 2001 meeting: Global Donor Gap Analysis (updated 2009)
- Call for one agreed-on number at the country level
- Provide in-country stakeholders with timely, relevant data
- Apply a simple, user-friendly tool; minimal training

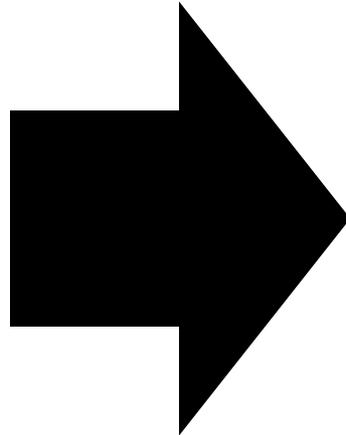


# What Is It?

➤ **G**ather

➤ **A**nalyze

➤ **P**lan



FP Program  
\$\$ Gap

Contraceptive  
\$\$ Gap

# Gather Data

- Distribution of FP methods by method and source
- Commodity costs by method
- Labor costs of service delivery
- Overhead costs
- Program support costs
- Current and projected funding for FP by source



# Analyze Results

- Projected funding gap for FP
- Projected funding gap for contraceptives
- Source mix changes
- Shift in method mix
- Expected changes in funding source for FP



# Plan Collectively

- Build consensus on assumptions and other data inputs
- Use to promote dialogue on resources required
- Reach agreement on results to inform policy and financial planning



# It Is Simple—Many Inputs Are Pre-Loaded

## INPUTS FOR FAMILY PLANNING COST PROJECTIONS

Enter data in yellow cells

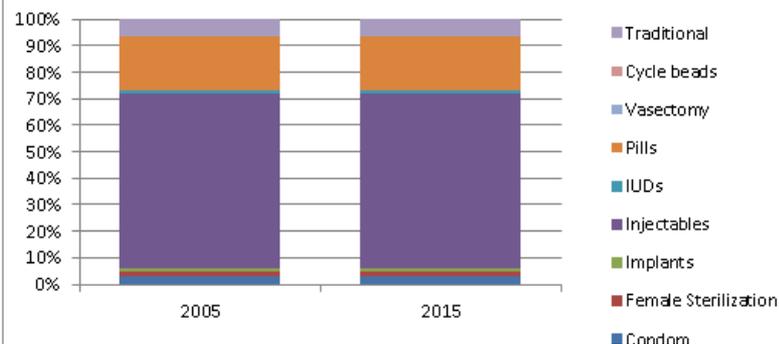
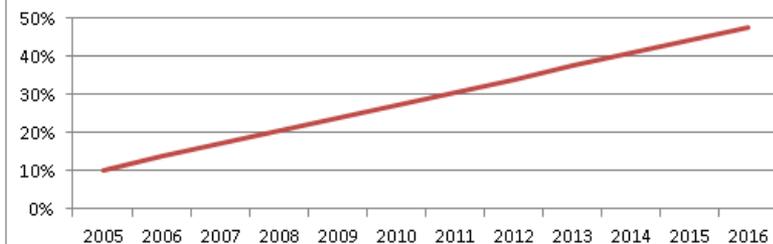
Review data in blue cells and change if necessary

|  |            |            |
|--|------------|------------|
| Country name                                     | Ethiopia   |            |
| Year of latest CPR estimate (usually latest DHS) | 2005       | DHS        |
| Contraceptive prevalence among all women 15-49   | 10.3%      | DHS        |
| Unmet need for FP 2005                           | 33.8%      | DHS        |
| CPR goal   | 44.1%      |            |
| <hr/>  |            |            |
| Target year to meet unmet need                   | 2015       |            |
| <hr/>  |            |            |
| Number of women of reproductive age in 2006      | 19,954,636 | UN Pop Div |
| Annual growth rate in number of WRA              | 2.9%       | UN Pop Div |

### Distribution of FP users by method

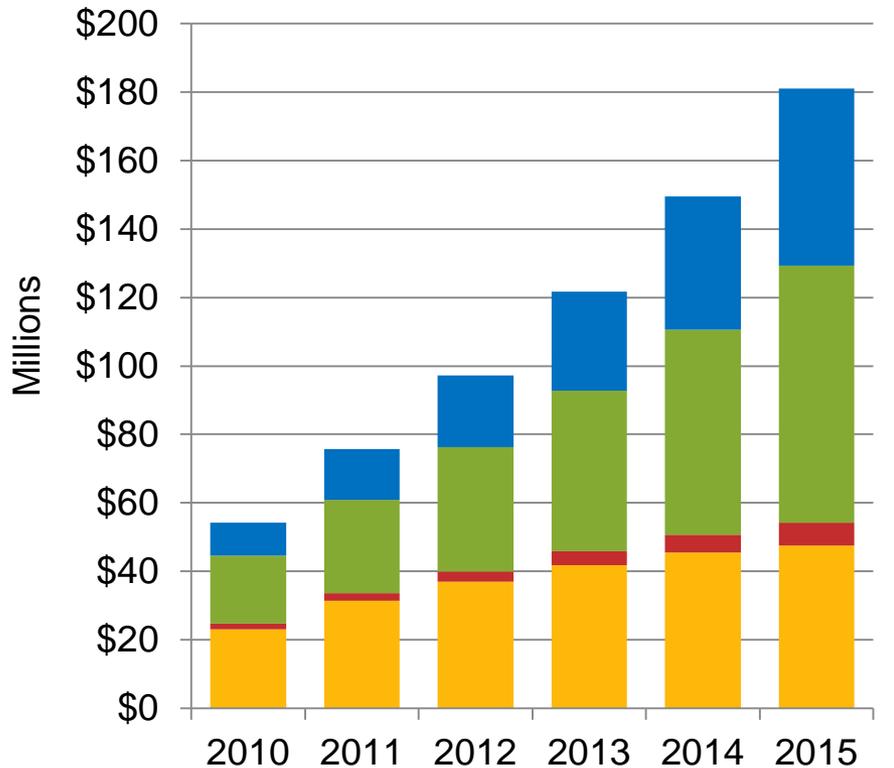
|                      | 2005   | 2015   |
|----------------------|--------|--------|
| Condom               | 2.9%   | 2.9%   |
| Female Sterilization | 1.9%   | 1.9%   |
| Implants             | 1.0%   | 1.0%   |
| Injectables          | 66.0%  | 66.0%  |
| IUDs                 | 1.0%   | 1.0%   |
| Pills                | 20.4%  | 20.4%  |
| Vasectomy            | 0.0%   | 0.0%   |
| Cycle beads          | 0.0%   | 0.0%   |
| Traditional          | 6.8%   | 6.8%   |
| Total                | 100.0% | 100.0% |

### Contraceptive Prevalence

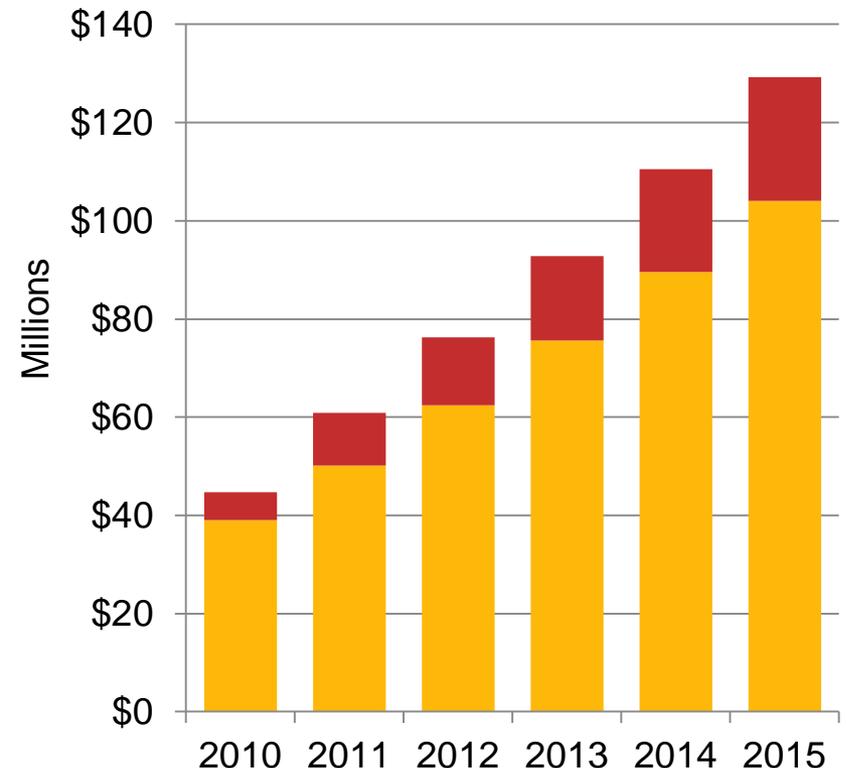


# Outputs on Costs and by Sector

## Total Costs by Component (2009 US\$)



## Total Costs by Sector (2009 US\$)

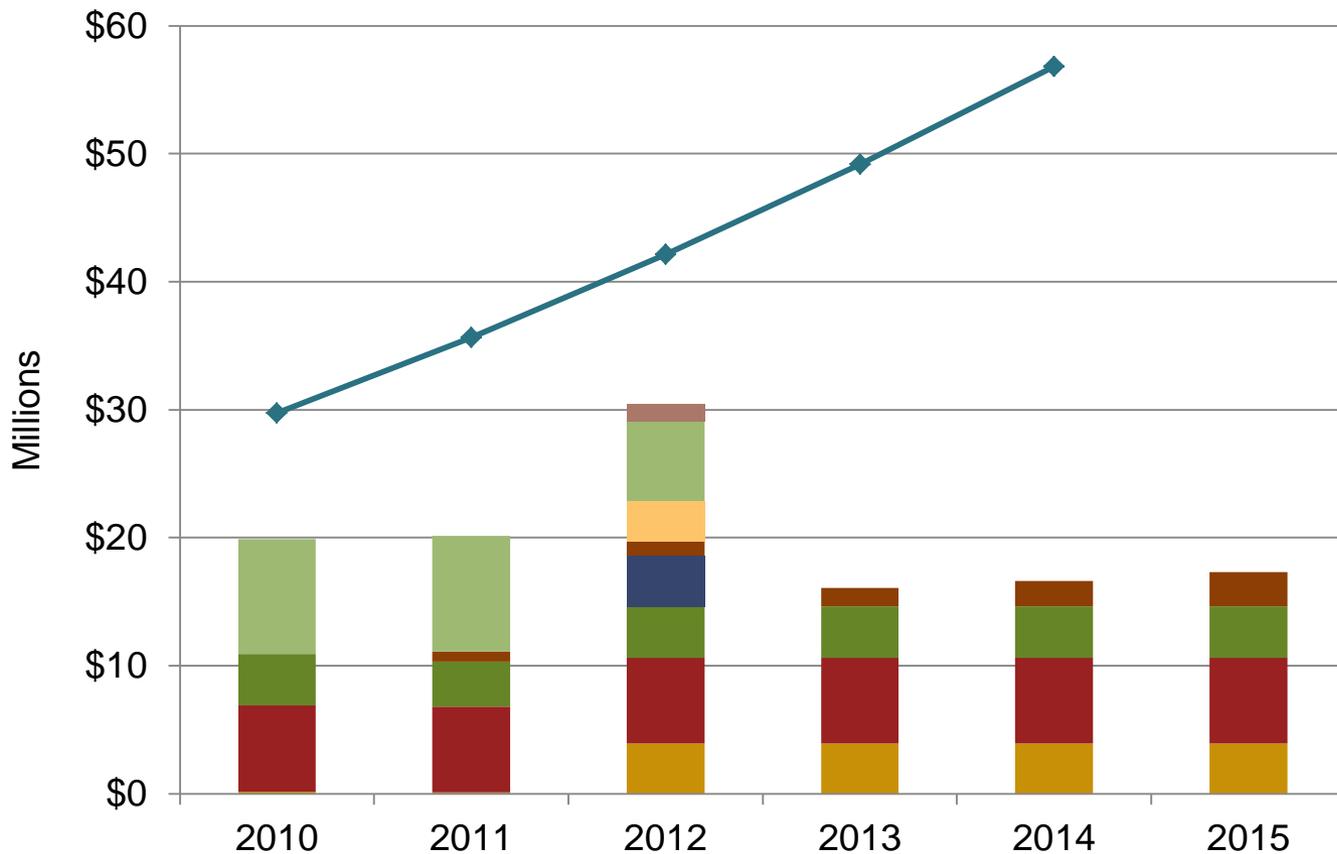


Commodities Personnel Overhead Support

Public NGO

# The FP Gap... from Program

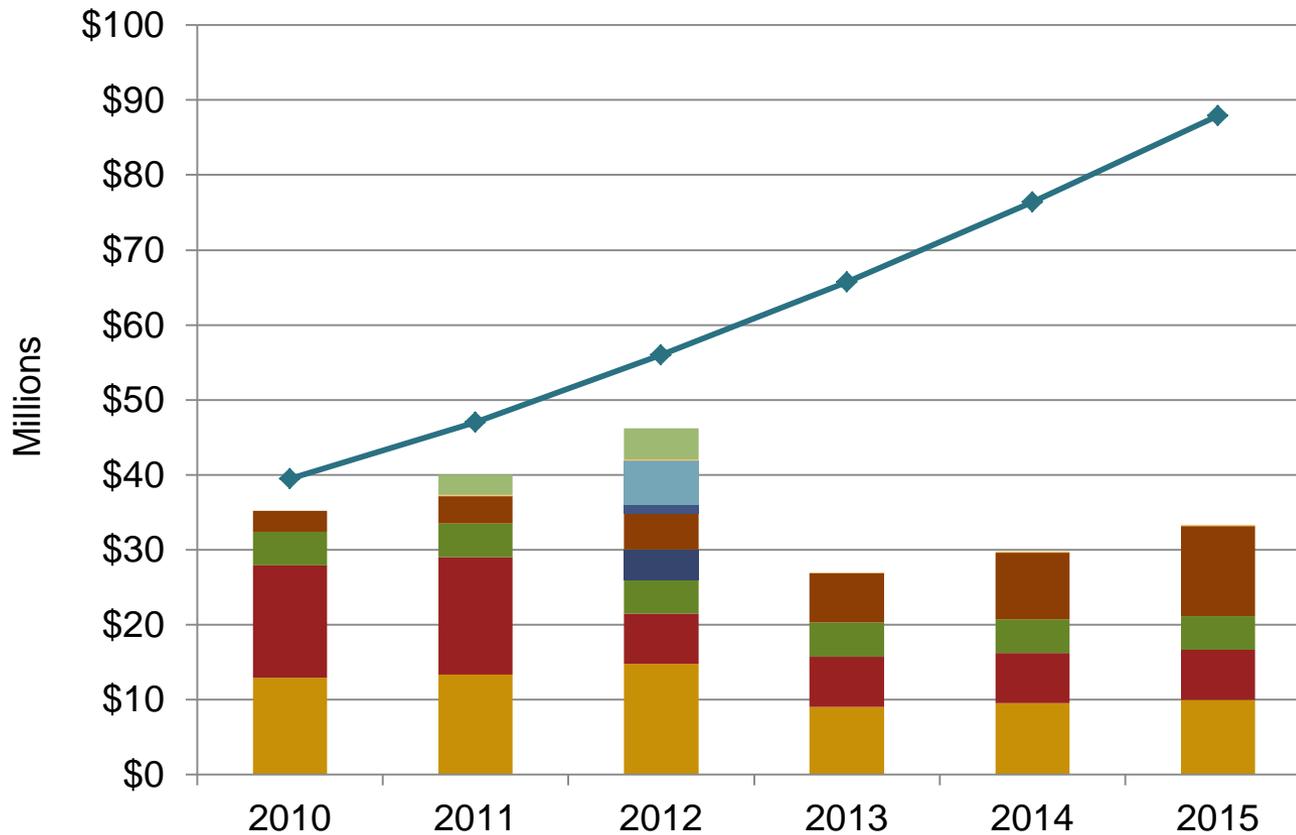
## FP Resource Requirements and Funding (2011 US\$)



Source: GAP Tool.

# ... to Product

## Commodity Requirements and Funding (2011 US\$)



Source: GAP Tool.

# GAP in Ethiopia

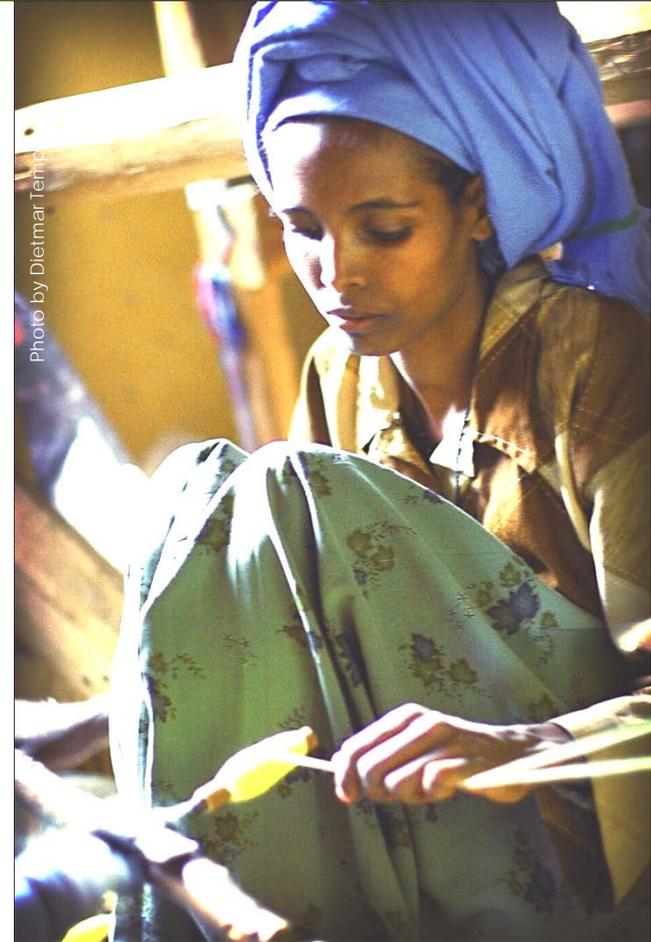
Dr. Neghist Tesfaye



FEDERAL MINISTRY  
OF HEALTH

# Access to All—Ethiopia

- Policies and Plans
  - Population, Health, Reproductive Health, Adolescents, Growth and Transformation Plan
- Providers
  - 34,000 rural and 3,000 urban health extension workers
  - Health centre expansion and other providers
- Products
  - Short and long acting
- People
  - Rural households
  - Urban households
  - Adolescents



# Inputs

## ■ Targets

- *Health Sector Development Plan (HSDP) IV (2010–2015)*
- Current and future method mix plans

## ■ Performance

- Last *10 K Study* (John Snow, Inc.), 2010
- Census, *Ethiopia Demographic and Health Survey (EDHS) 2005, 2007*

## ■ Costs

- Labor—FP costing study, *The Cost of Family Planning in Ethiopia* (USAID | Health Policy Initiative, Task Order 1), 2010
- Commodities, program support, and overhead—global default

# Rapid Increase in CPR

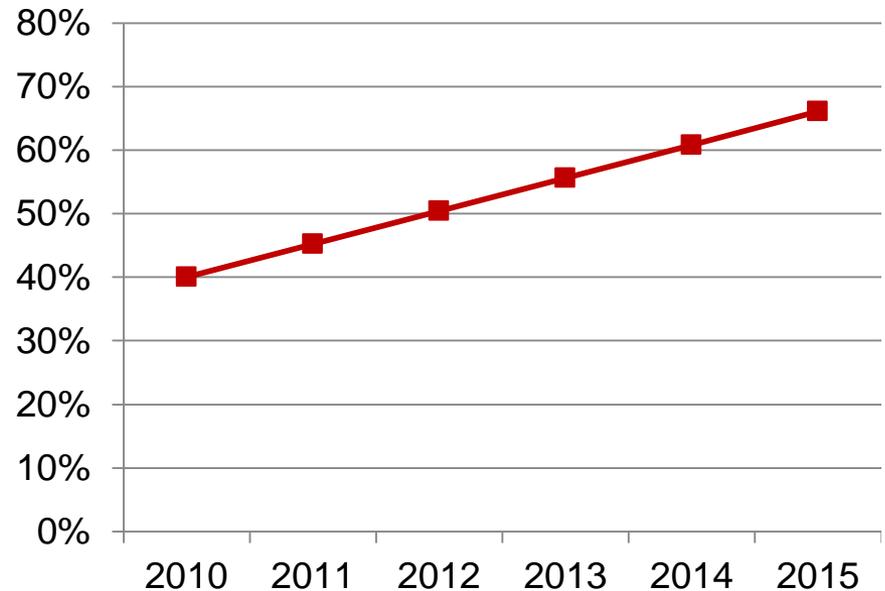
## ■ CPR

- From 40% to 66% in 5 years
- Percentage point increase 5.2% annual

## ■ Users (women in union)

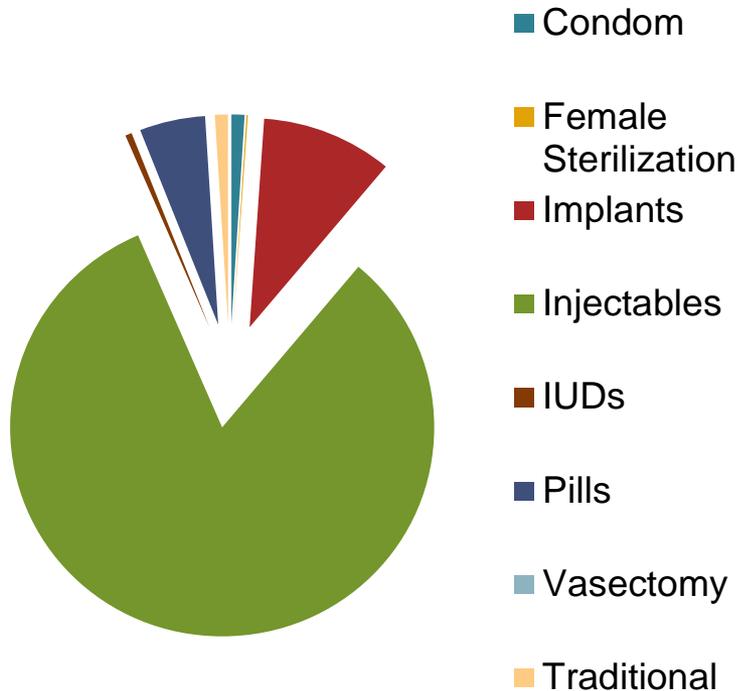
- 5.1 million women in 2010 to 9.5 million by 2015

**Contraceptive Prevalence Rate, Women in Union**



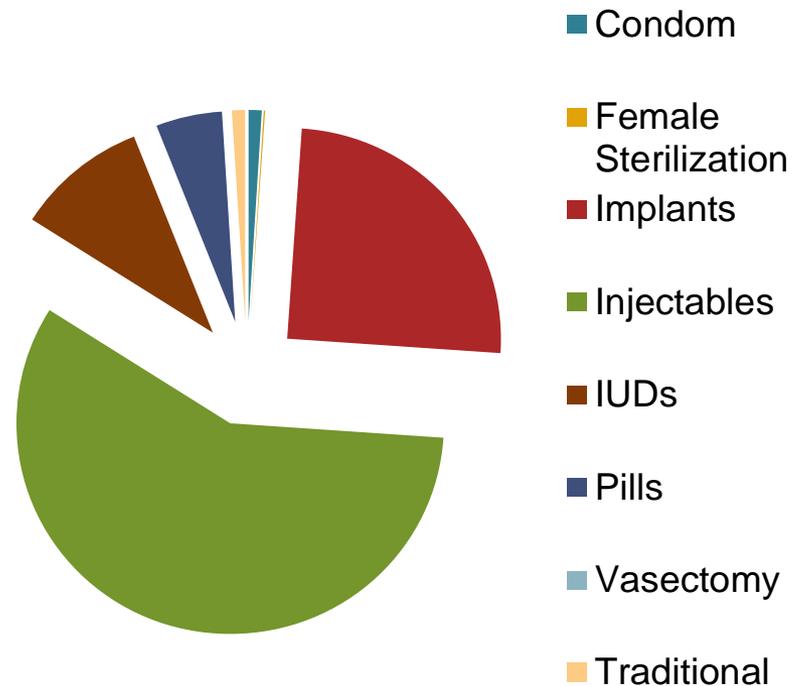
# Methods... A More Robust Mix

2010



Source: L10K, Gates/JSI

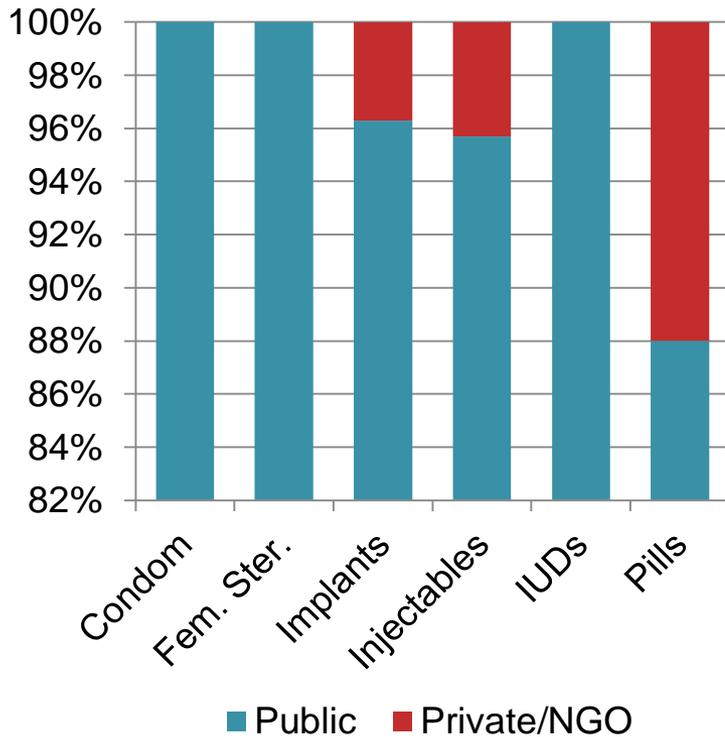
2015



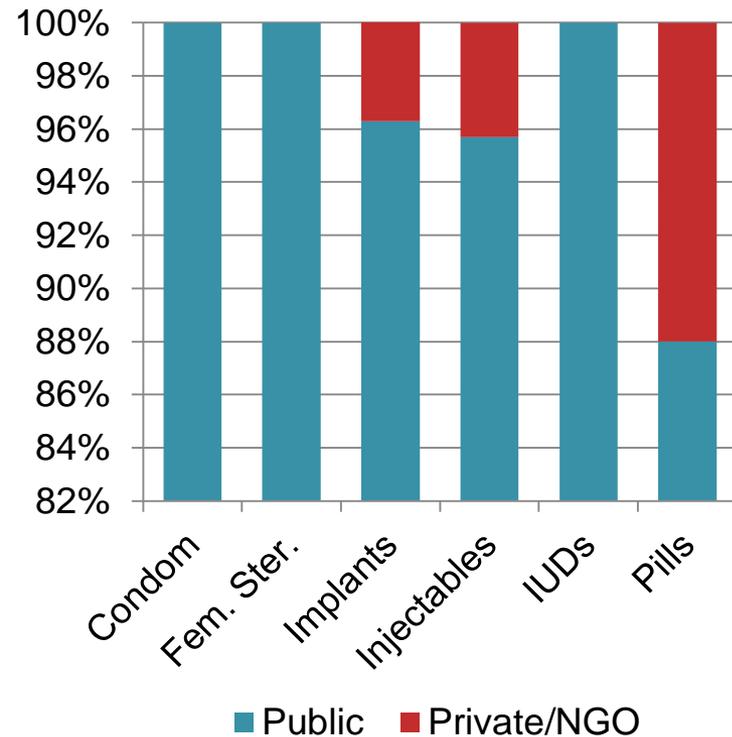
Source: HSDP IV , L10K

# Public Sector Dominates FP Market

## Source of Services, 2010



## Source of Services, 2015

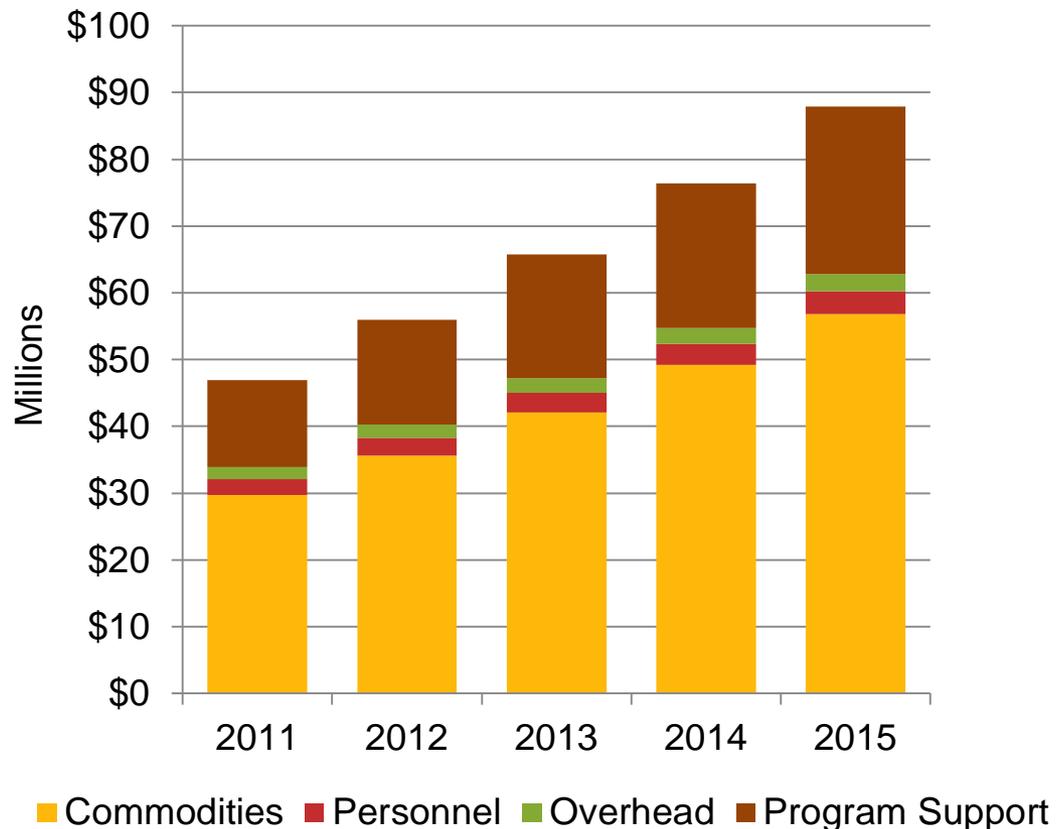


# Costs

## Reaching a CPR of 66% by 2015

- High total costs
- Government share
  - Labor, commodity, and overhead
  - Does not include capital investments and investment in education
- Donor share
  - Program support and commodity costs

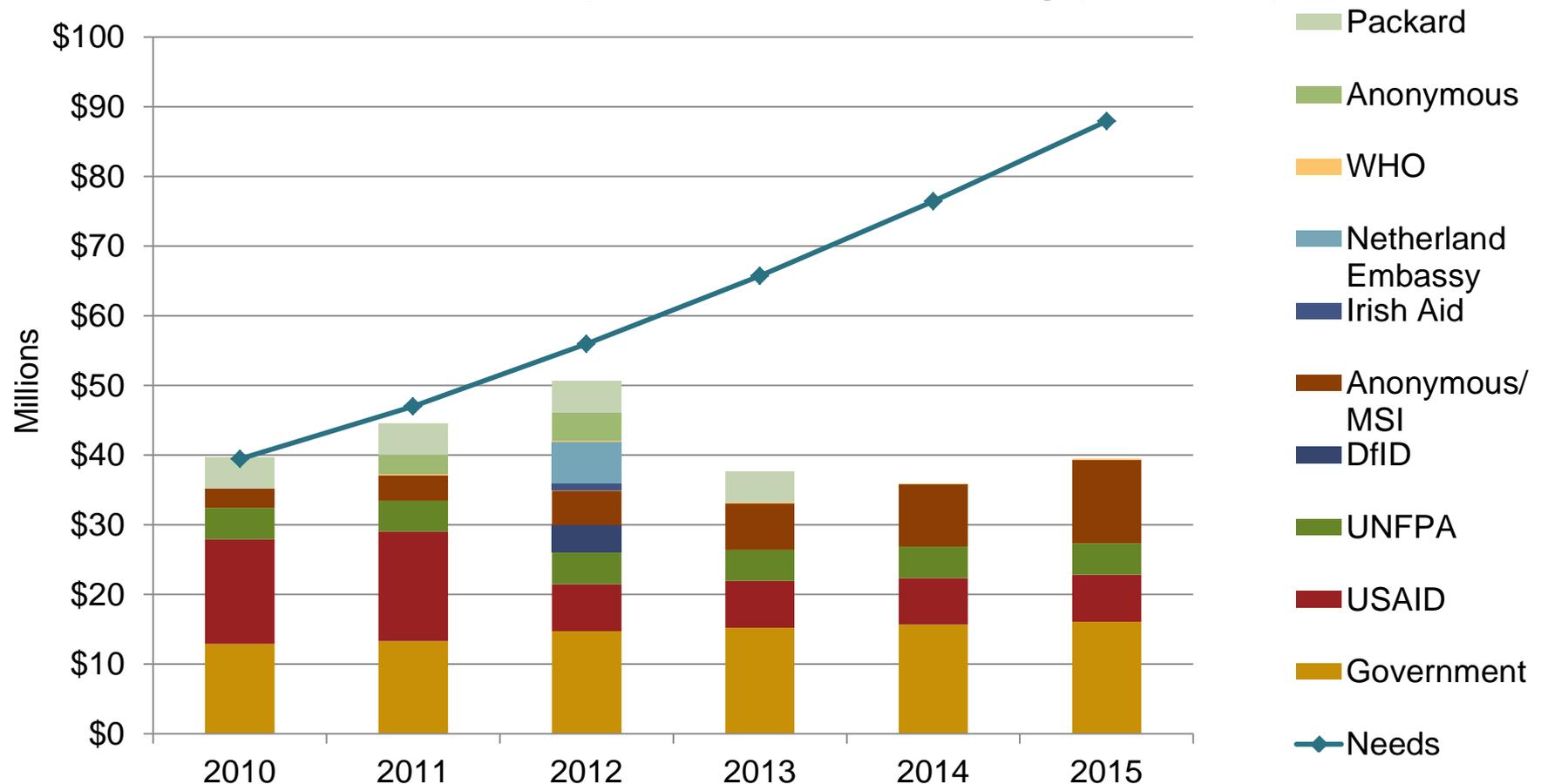
**Total Costs by Component (2011 US\$)**



Source: GAP Tool.

# What Is the FP Funding Gap?

## FP Resource Requirements and Funding (2011 US\$)

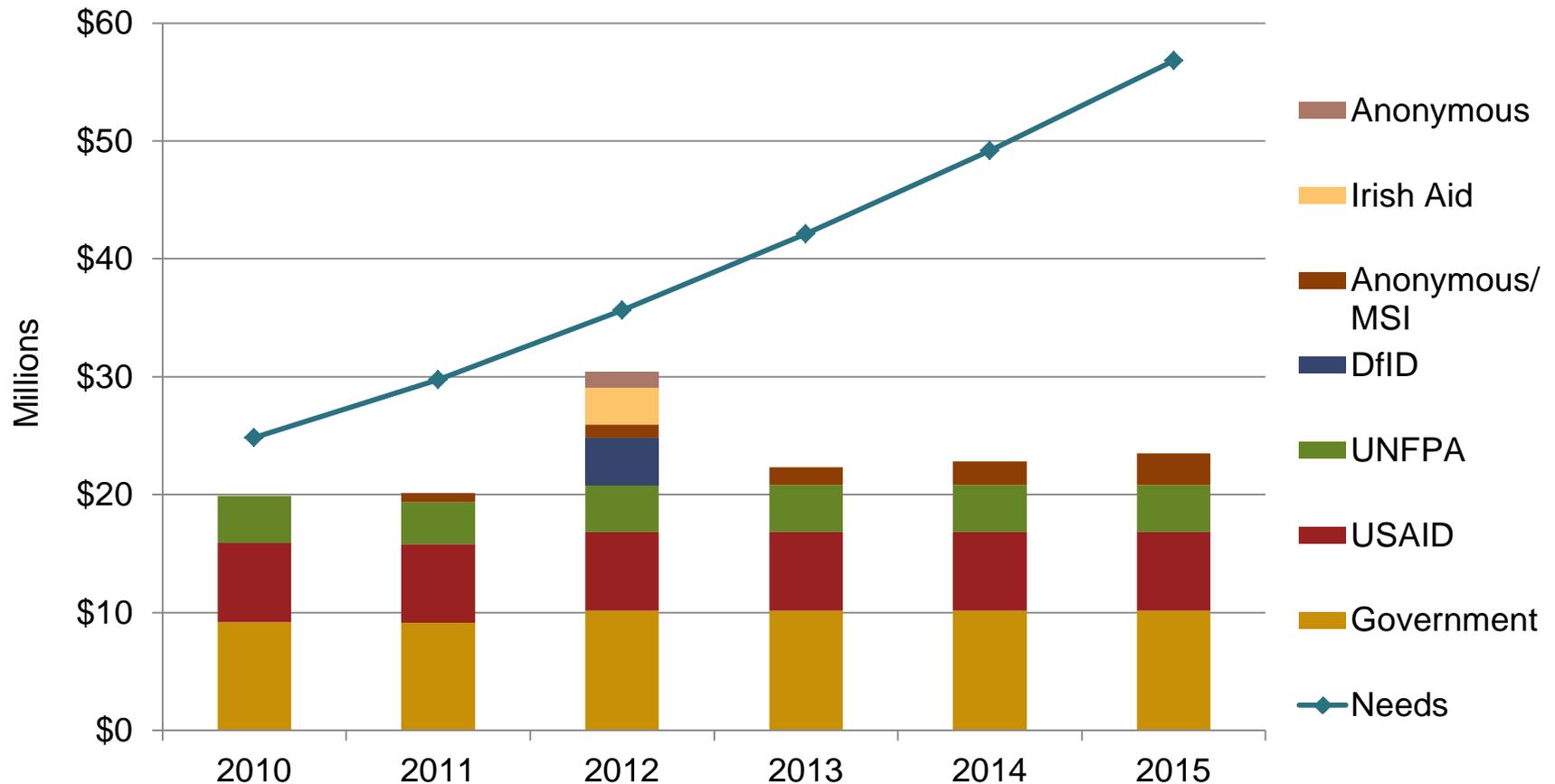


Source: GAP Tool.

WHO = World Health Organization; MSI = Marie Stopes International; DfID = United Kingdom Department for International Development; UNFPA = United Nations Population Fund

# What Is the Contraceptive Funding Gap?

## Commodity Resource Needs and Commitments (2011 US\$)



Source: GAP Tool.

MSI = Marie Stopes International; DfID = United Kingdom Department for International Development; UNFPA = United Nations Population Fund

# Summary

- Reaching MDGs by 2015 requires significant funds
- Commitments from donors are short term
- Changing method mix has high program costs
- Most of FP expansion will occur in the public sector



# GAP in Nigeria

Aliyu Aminu Ahmed  
Advocacy Nigeria

# Inputs

## ■ Targets

- *National Population Policy*: “Increase modern contraceptive prevalence rate (MCPR) 2 percentage points each year”

## ■ Performance

- *Nigeria Demographic and Health Survey (NDHS) 2008*

## ■ Costs

- Labor and overhead—we used default values
- Commodities and program support—we collected data and estimates

# Rapid Increase in CPR

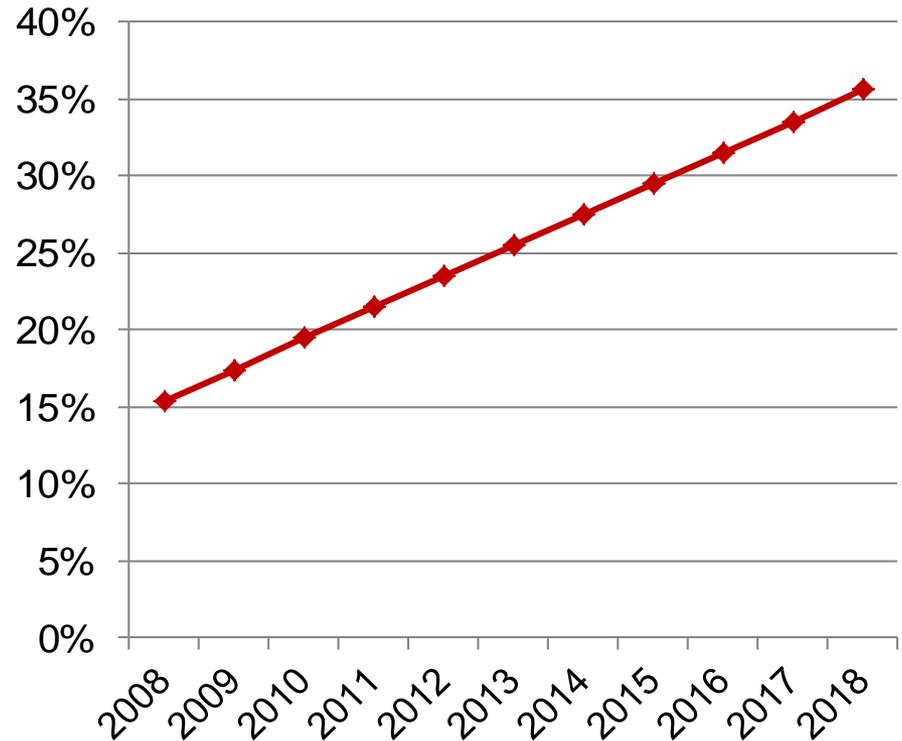
## ■ CPR

- From 15% to 36% in 10 years
- 2 percentage points increase each year

## ■ Users

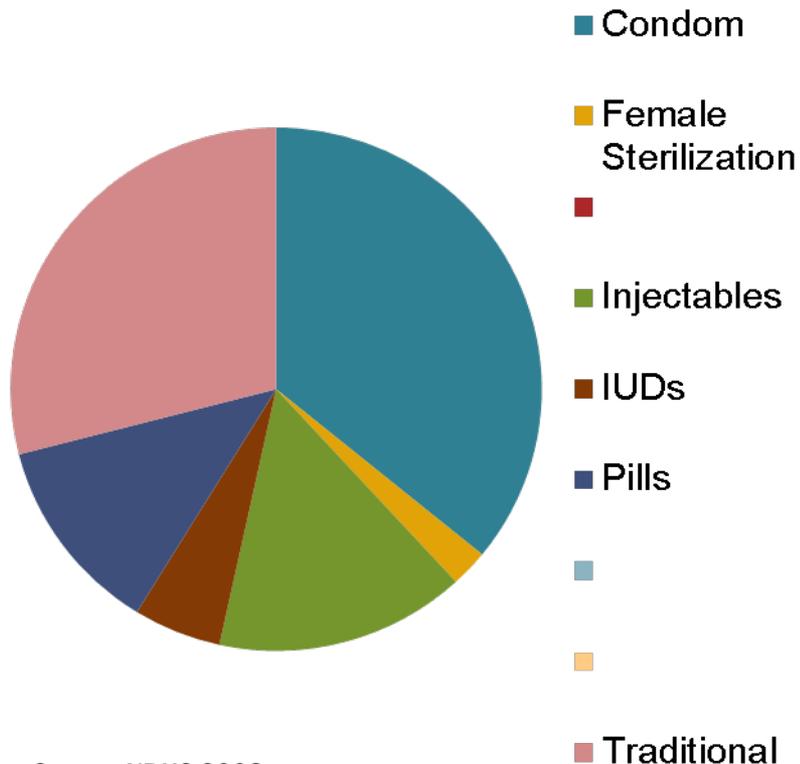
- 5.8 million women in 2008 to 17 million by 2018

**Contraceptive Prevalence,  
Percent of Married Women  
of Reproductive Age**



# Methods... A More Robust Mix

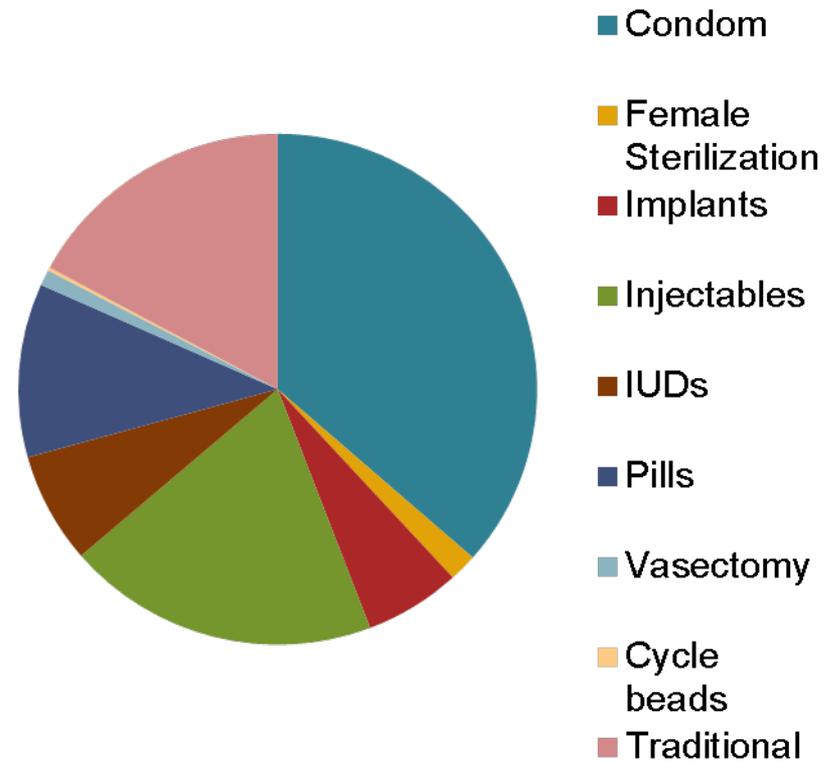
2008



Source: NDHS 2008

Legend indicates implants, vasectomy, and cycle beads are not part of method mix in 2008 (zero).

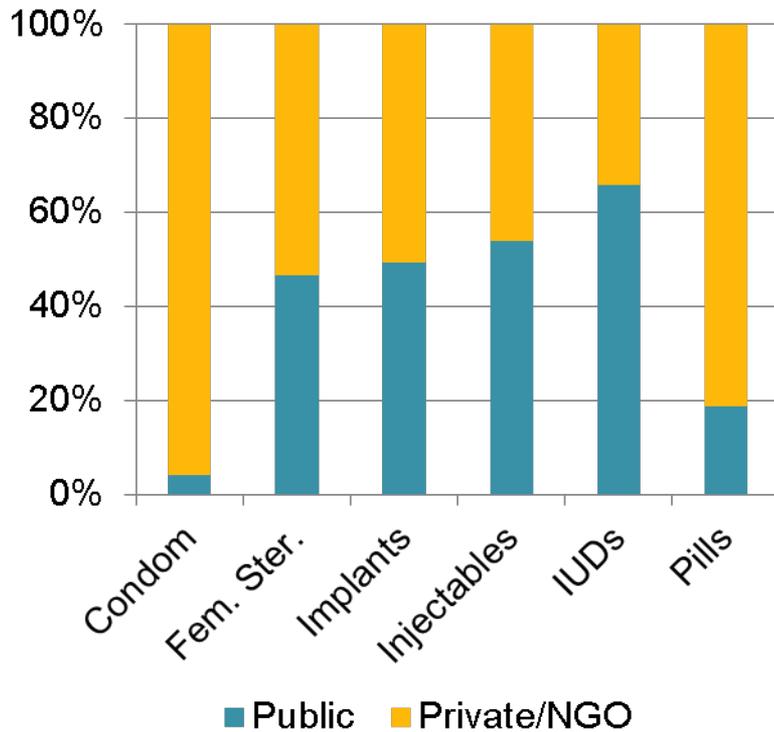
2018



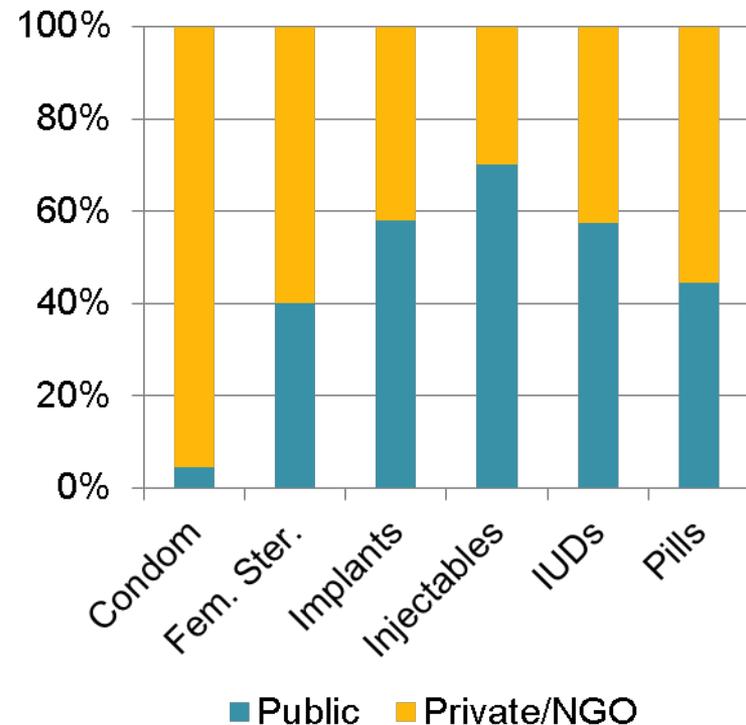
Assumptions: Increases in implant, IUD, injectable, and condom shares at the expense of sterilization, pill, and traditional method shares.

# Sectoral Shares of FP Market

2008



2018

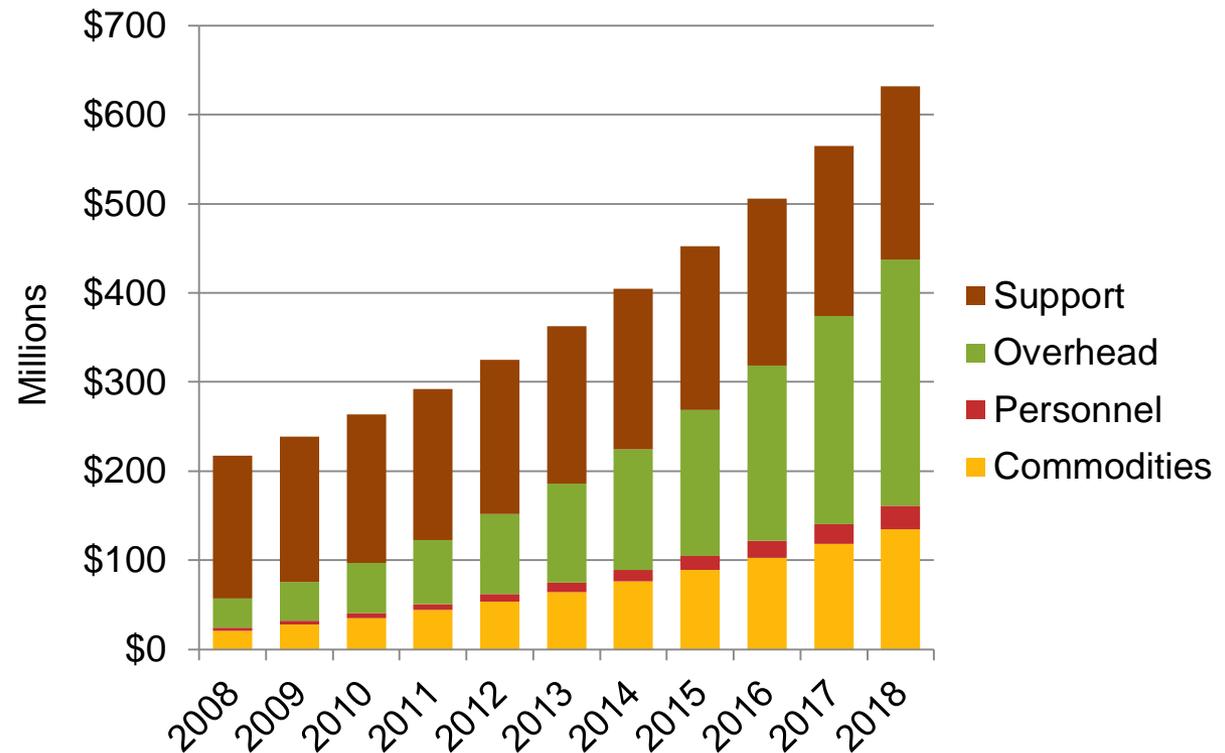


# Costs

## Reaching a CPR of 36%

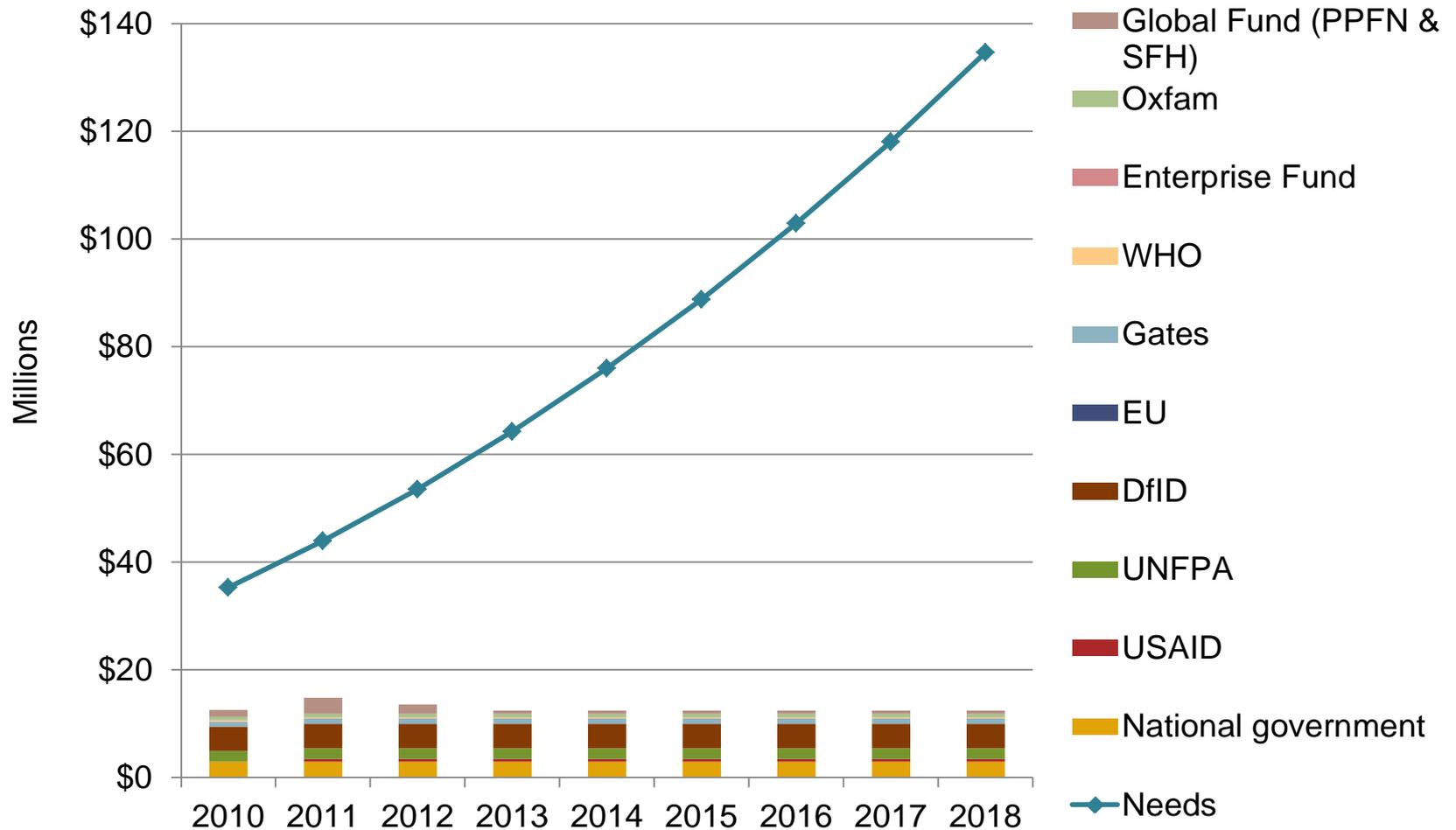
- High total costs
- Government share
  - Labor, overhead, and some commodities
- Donor share
  - Program support and commodities

**Total Public Sector Costs by Component (2009 \$US)**



# What Is the Commodity Funding Gap?

## Commodity Resource Needs and Availability (2011 \$US)





# Summary

- Challenges with data exist at the country level
- Meeting current unmet need by 2018 has high costs
- Commitments from government and donors fail to meet needs
- To reach targets, need to focus on both supply and demand creation

# Conclusions

# Conclusions

- Urgent need for data on family planning costs beyond commodities at the country level
- Commitments need to be linked to country-specific strategic goals
- Public sector dominance in family planning
- Poor predictability of funding
- Expanding long-acting method mix requires commitments for program support (training; logistics; information, education, and communication)



# Acknowledgments

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- Ethiopian Federal Ministry of Health
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- Family Planning Action Group (FPAG)
- Nigerian Federal Ministry of Health
- Society for Family Health
- USAID/Nigeria
- USAID/Washington
- USAID | DELIVER
- Health Policy Project



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# Thank You!

[www.healthpolicyproject.com](http://www.healthpolicyproject.com)

Photo by Dietmar Temps

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