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Additional Funding for Family Planning

International Evidence on Financing of Family Planning

Among the 1.9 billion women of reproductive age (15-49 years) living globally in 2019, 1.1 billion need family planning (FP). Of these, 842 million are already using modern methods of contraception but the remaining 270 million have unmet need: they want to avoid a pregnancy but are not using a modern contraceptive method.

Most of these women—218 million—reside in low- and middle-income countries (LMICs) where about half (49%) of the pregnancies that occur every year, i.e., 111 million, are unintended.[1-3] And yet the LMICs in particular have huge financing gaps in family planning provision.

Benefits of Investments

Globally, investments in contraceptive and pregnancy-related care averted at least 387,000 maternal deaths in LMICs in 2019. Fully meeting the needs for contraceptive and pregnancy-related care would avert an additional 186,000 maternal deaths annually and would result in 76 million fewer unintended pregnancies, 25 million fewer unsafe abortions, and 21 million fewer unplanned births in LMICs.[3]

The Case for Greater Investment in Family Planning in Pakistan

There is a universal realization that while there may be serious gaps in funding for all areas of reproductive health, family planning is particularly neglected.

There is no systematic way to extract family planning spending from national accounting systems or budgets in Pakistan. Annual levels of spending on family planning have largely been based on guesstimates as there is no direct budget line in public accounts reporting (through the Project to Improve Financial Reporting and Auditing [PIFRA]) that allows us to track expenditures by the government on FP supplies and services.

The Population Council and Guttmacher Institute carried out a study in 2018[4] to estimate the volume and nature of spending on family planning and funding gaps in Pakistan. The data (Table 1) shows costs associated with Maternal & Newborn Healthcare (MNH) are indeed more extensive than FP, particularly for deliveries. Data also shows a large proportion of current MNH costs are due to unwanted pregnancies. The government and public are thus paying a heavy price for failure to ensure universal access to modern contraceptive services, which are much cheaper.

Table 1: Estimated costs of current level of family planning and maternal and neonatal health services in Pakistan, by province / region, 2017 ($)

	Annual cost of FP services (millions)	Annual cost of MNH services (millions)	Annual cost of FP+MNH services (millions)	Per capita cost of FP services	Per capita cost of MNH services	Per capta cost of FP+MNH services
Punjab	42.0	752.3	794.2	0.38	6.84	7.22
Sindh	17.7	282.7	300.4	0.37	5.90	6.27
KPK	13.8	111.9	125.8	0.45	3.67	4.12
Balochistan	3.1	21.6	24.7	0.25	1.75	2.00
Gilgit-Baltistan	0.7	5.6	6.3	0.44	3.73	4.17
ICT	1.1	13.3	14.4	0.54	6.63	7.18
FATA	1.4	12.2	13.6	0.29	2.44	2.72
AJK	1.2	18.4	19.5	0.29	4.54	4.83
Pakistan	**80.9**	**1,217.9**	**1,298.9**	**0.38**	**5.71**	6.09

AJK=Azad Jammu and Kashmir, FATA=Federally Administered Tribal Areas, FP= family planning, ICT=Islamabad Capital Territory, KP=Khyber Pakhtunkhwa, MNH=maternal and newborn health care.

NOTES: *Maternal and newborn health care includes interventions related to antenatal care; labor, delivery, and postpartum care; newborn care; and post-abortion care. Numbers may not add to totals (here or in the text) because of rounding.*

Gaps in Funding for Full FP and MNH Services

When the estimated actual costs (Table 1) are compared with estimates of required levels of funding, the spending gap for FP is revealed to be $93 million or $0.43 per capita, which is slightly over double the current expenditure. The gap in MNH spending is over four times larger, at $421 million or $2.0 per capita. In both absolute and per capita terms, the MCH investment gap eclipses the additional funding requirement for FP, which is much more affordable. (Figure 1).

Rationale for Additional Spending on Family Planning

Filling in the FP funding gap to ensure that all need for family planning is met with modern contraceptive services would result in at least three million fewer pregnancies in Pakistan every year.[5] This would lead to huge savings on associated MNH costs, specifically antenatal and postpartum care; the delivery and neonatal costs of unwanted births; and the numbers of abortions and related abortion and post-abortion care. Investments in FP comprise an especially important contribution towards meeting many of the SDGs, but particularly reducing maternal mortality, in Pakistan.

Recommendations for Better Financing and More Effective Spending

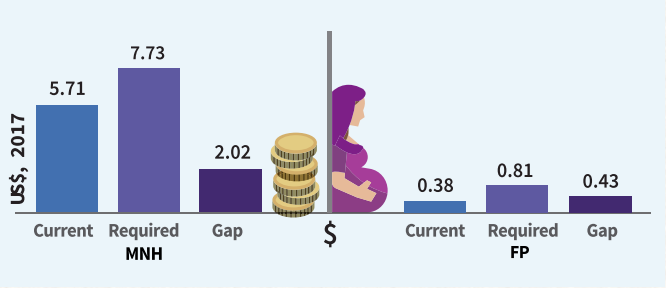
1. Fund the Public Health Sector for Family Planning

Alongside additional funding, spending must be made more effective by strengthening the Departments of Health (DOH) to mainstream family planning services since it is vastly underperforming despite its vast network of clinics and Lady Health Workers (LHWs). Its relevance and mandate for providing family planning services to the poorest families and those living in remote areas is critical. At the very least, Rs. 10 billion ($67 million) Population Fund stipulated by the Council of Common Interest (CCI) decissions should be entirely allocated for this purpose.

2. Channel additional spending to the most under-resourced regions

The second set of priorities comprises the regions that have much smaller budgets and therefore face greater difficulty in filling funding gaps for FP, particularly FATA, GB and Balochistan. Some, like AJK, are performing better with their outlay despite smaller budgets. This funding should again go for LHWs, staff of static clinics, and contraceptives for the health sector. The approximate shortfall for these areas is $11.7 million.

Figure 1: Per capita current spending, required spending, and the gap in funding for full family planning and maternal and newborn health care in Pakistan, 2017



Source: Sundaram, A., Hussain, R., Sathar, Z., Hussain, S., Pliskin, E., & Weissman, E. (2019). Adding It Up: Costs and Benefits of Meeting the Contraceptive and Maternal and Newborn Health Needs of Women in Pakistan, New York: Guttmacher Institute.

Note: FP= Family Planning, MNH= Maternal and Newborn Health Care.

Additional financing for family planning is strongly justified, not only to increase contraceptive prevalence, reduce unmet need for family planning, and avert millions of unwanted pregnancies, but also to reduce maternal mortality and effect improvements in other spheres of development.

As a safeguard against unintended fertility, family planning can contribute to national savings in multiple ways. The total additional ask per year is $93 million or 40 cents per capita—a meagre investment that promises huge dividends.

3. Provide vouchers for travel and out-of-pocket expenses to the poorest women

The third priority is to focus on the poorest women across Pakistan whose unmet need for family planning is the highest. We estimate that the approximately 1.6 million poorest women could be provided subsidies of about Rs. 2,000 for travel and other out-of-pocket expenses incurred in reaching FP services. The total amount would be $19.2 million.

References

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4. *Darroch, J. E., 2018. Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017 Estimation Methodology. New York: Guttmacher Institute.*
5. *Sundaram, A., Hussain, R., Sathar, Z., Hussain, S., Pliskin, E., & Weissman, E. (2019). Adding It Up: Costs and Benefits of Meeting the Contraceptive and Maternal And Newborn Health Needs of Women in Pakistan, New York: Guttmacher Institute.*

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