The GAP Tool
Outline

- Overview of the GAP
- GAP in Ethiopia
- Conclusions

Photo by Jarek Jarosz
Overview of the GAP
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?

- Gather
- Analyze
- Plan

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
- 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**

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Latest CPR Estimate (usually latest DHS)</td>
<td>2005 DHS</td>
</tr>
<tr>
<td>Contraceptive Prevalence among all women 15-49</td>
<td>10.3% DHS</td>
</tr>
<tr>
<td>Unmet Need for FP 2005</td>
<td>33.6% DHS</td>
</tr>
<tr>
<td>CPR Goal</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

Target Year to Meet Unmet Need | 2015

Number of Women of Reproductive Age in 2006 | 19,554,636 (UN Pop Div)
Annual Growth Rate in Number of WRA | 2.5% (UN Pop Div)

**Distribution of FP Users by Method**

<table>
<thead>
<tr>
<th>Method</th>
<th>2005</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Implants</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Injectablees</td>
<td>66.0%</td>
<td>66.0%</td>
</tr>
<tr>
<td>IUDs</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Pills</td>
<td>20.4%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cycle beads</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Traditional</td>
<td>6.6%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

**Contraceptive Prevalence**

- **Graph** showing the increase in contraceptive prevalence from 2005 to 2016.
The FP Gap... from Program

FP Resource Requirements and Funding (2011 US$)

Millions

Source: GAP Tool.
... to Product

Commodity Requirements and Funding (2011 US$)

Millions

Source: GAP Tool.
GAP in Ethiopia
Access to All—Ethiopia

- **Policies and Plans**
  - Population, Health, Reproductive Health, Adolescents, Growth and Transformation Plan

- **Providers**
  - 35,000 Rural & 4,000 Urban HEWs
  - HC expansion & other providers

- **Product**
  - 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, 2007 Ethiopia Demographic and Health Survey (EDHS) 2005

- **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

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**Contraceptive Prevalence Rate, Women in Union**

![Chart showing contraceptive prevalence rate from 2010 to 2015]
Methods... A More Robust Mix

Source: L10K, Gates/JSI

2010
- Condom
- Female Sterilization
- Implants
- Injectable
- IUDs
- Pills
- Vasectomy
- Traditional

Source: HSDP IV, L10K

2015
- Condom
- Female Sterilization
- Implants
- Injectable
- IUDs
- Pills
- Vasectomy
- Traditional
Public Sector Dominates FP Market

Source of Services, 2010

Source of Services, 2015

Source:L10K
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$)**

- Commodities
- Personnel
- Overhead
- Program Support
What Is the FP Funding Gap?

FP Resource Requirements and Funding (2011 US$)

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$)

- Anonymous
- Irish Aid
- Anonymous/MSI
- DFID
- UNFPA
- USAID
- Government
- Needs

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

Photo by Dietmar Temps
Early Adopters

- UNFPA in Kazakhstan, Uzbekistan and Tajikistan
- Asia Pacific Alliance
- Bolivia
- Ethiopia
- Indonesia
- Nigeria
- Uganda, Tanzania
- Malawi
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
- Poor predictability of funding
- Expanding long-acting method mix requires commitments for program support (training; logistics; information, education, and communication)
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- USAID/Washington
- USAID | DELIVER

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Photo by Dietmar Temps

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