



Equity and Financing for Sexual and Reproductive Health Service Delivery

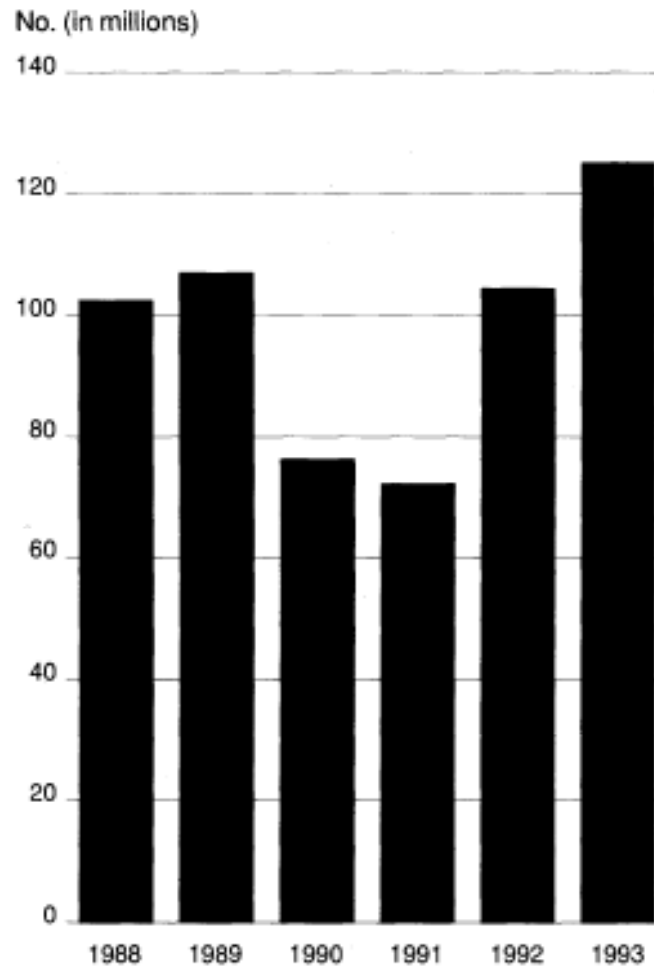
Current Innovations

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Demand for many SRH services is elastic

Figure 1. Annual sales of Raja condoms, social marketing project, Bangladesh, 1988–1993



Source: Population Services International, annual sales reports.



Current Innovations in SRH Financing

1. Targeting
2. Expansion of Government Services
3. Subsidy Delivery
4. Sustainability

Innovations in Targeting

Janani Franchise of India
RedPlan Salud of Peru



A Rural Medical Practitioner (RMP) serving women of the community in a Titli Centre, India. Photo Source: www.janani.org



Innovations in Financing of Government Provided Care

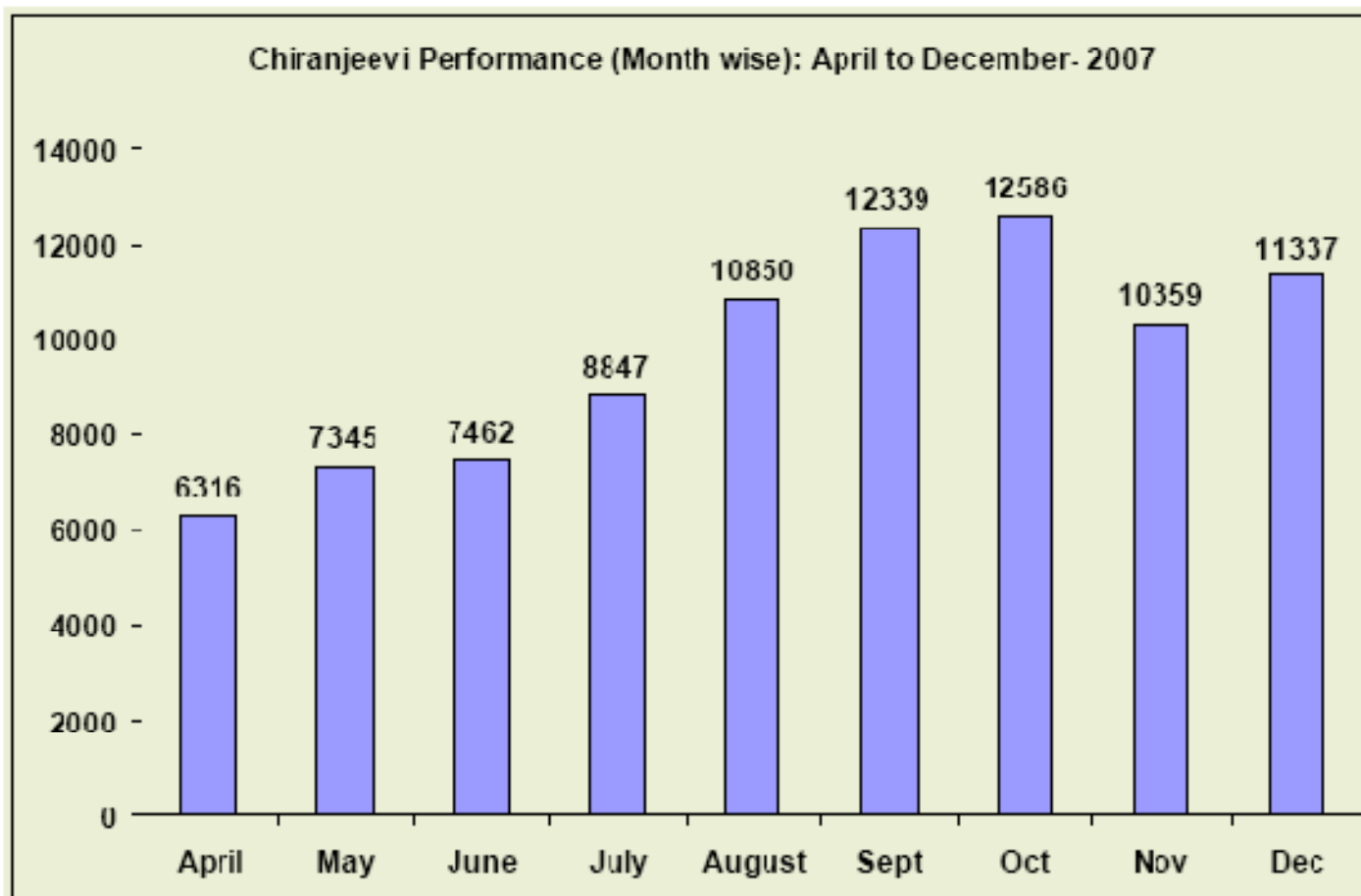
Social Health Insurance

National Health Insurance Scheme of Nigeria

Contracting

Chiranjeevi Yojana program in Gujarat, India

Increase in institutional deliveries in Gujarat April–December, 2007

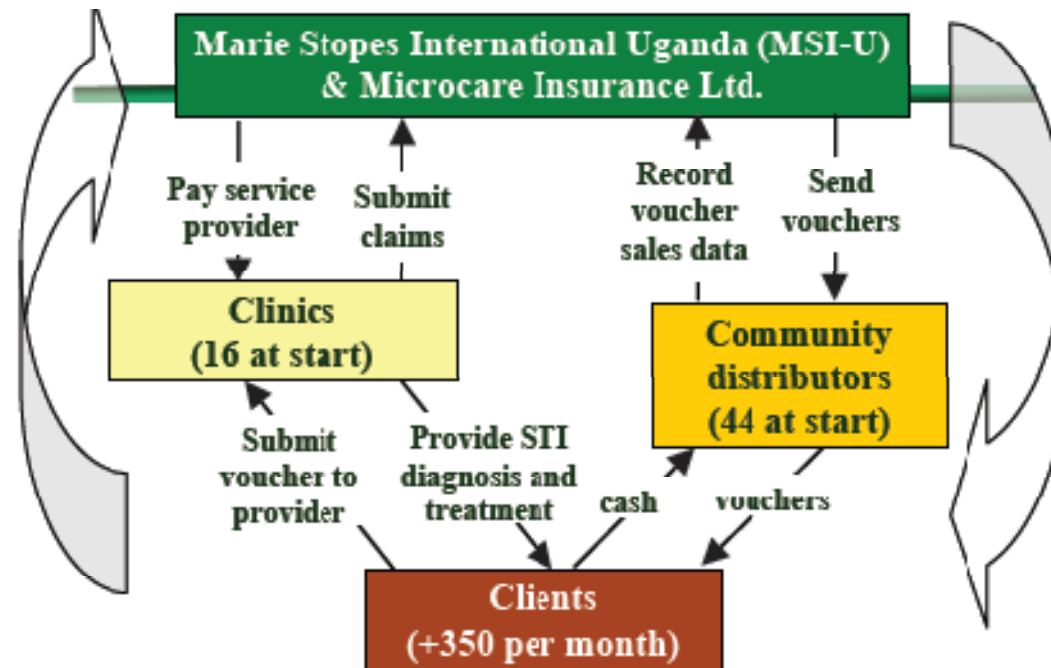


Source: Singh A et al. *Human Resources for comprehensive EmOC: an Innovative partnership with the private sector to provide delivery care to the Poor.* December 2007.

Innovations in Subsidy Delivery

Demand-side financing

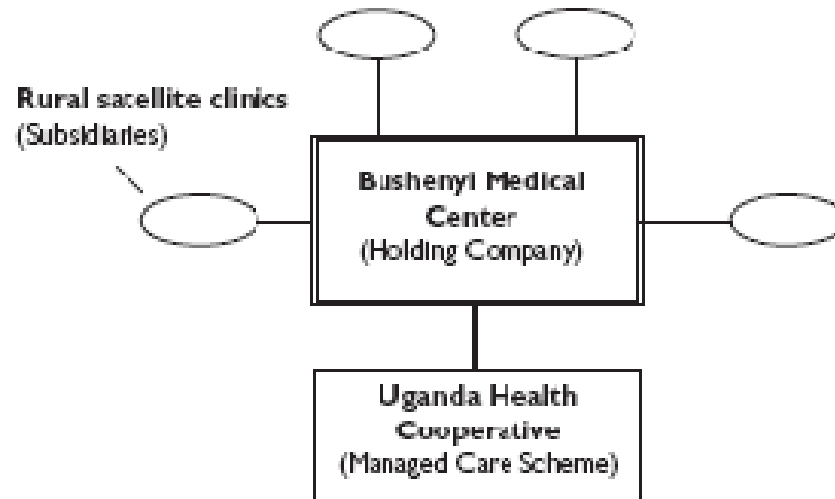
MSI Voucher Program in Uganda



Source: Bellows B. *Evaluating a Voucher Program for Treatment of Sexually Transmitted Infections (STIs) in Uganda. A presentation for Vouchers for Health: Increasing Access, Equity, and Quality.* Gurgaon, India. April 12-13, 2007.

Innovations in Sustainability

Clinix Health Group of South Africa Bushenyi Medical Centre in Uganda



Chandani T, Sulzbach S. Private Provider Networks: The Role of Viability in Expanding the Supply of Reproductive Health and Family Planning Services. Bethesda, MD: Private Sector Partnerships-One Project, Abt Associates Inc. April 2006.



Conclusions

No one-size-fits all solution exists, but there are numerous examples of successful innovations.

These innovations provide encouragement and a strong foundation for advances in the field.

How SRH services are financed is central to assuring equity and access and must be the starting point for design and assessment of new and existing programs.



Question for the experts

What is the potential for targeting, expanding government payment mechanisms, subsidy delivery and sustainability of HIV/AIDS programs?

Is there opportunity for financing innovation and learning that will come from joint HIV/AIDS and FP programs?



Thank you



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