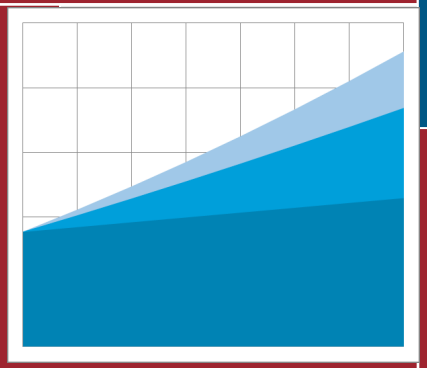
policy



How to Use ImpactNow

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HEALTH POLICY PROJECT

Session outline

- Context and overview of the ImpactNow model
- Uses of Impact Now
- ImpactNow Lagos results Discussion and questions
- Interactive exercise: Using ImpactNow results for advocacy and AFP SMART integration

Context and overview of the ImpactNow model

Why use a model for advocacy?

- Decisionmakers are often faced with limited resources and often turn to data and evidence to assess which policy changes to prioritize
- Models inform decisionmakers about future scenarios for their country and areas of interest
- Models use projections and simulations to demonstrate interactions between multiple sectors
- A model's inputs, outputs, and assumptions provide policy-relevant evidence grounded in empirical research

What is ImpactNow?

- A new advocacy model that estimates the near-term health and economic impacts of FP
- Excel-based, user-friendly, open access
- Adaptable to each country's context
- Current and completed applications in Ethiopia (Amhara Region), Kenya (national and two counties), Nigeria (Lagos), Nepal, Zimbabwe
    - AFP is supporting applications at subnational level in Kenya and Nigeria

Purpose of ImpactNow

- Many models and tools demonstrate the benefits of population change and increased use of family planning. Most focus on the **long term,** e.g.:
  - Reduced demand for public services
  - Fewer new jobs needed
  - Reduced pressures on environment/natural resources
- The problem:
  - Decisionmakers want to see impacts on a shorter time horizon
  - Curative public health issues may be prioritized over preventative ones like FP, if near-term benefits aren't clear

What questions can ImpactNow answer?

- What direct healthcare costs will be saved over the next several years due to increased investment in FP?
- How much will our country's FP funding have to increase to meet our FP2020 CPR goal?
- How do two FP policy goals differ in health outcomes and program costs? Which one gives more "bang for the buck?"
- How will variations in the contraceptive method mix affect health and economic outcomes?

ImpactNow results are designed to be used in FP advocacy.

- Creating policies or operational plans (e.g., Costed Implementation Plans)
- Implementing existing plans
- Achieving existing national or international goals or commitments (e.g., FP2020)
- Increasing funding for FP
- Increasing political will to support FP

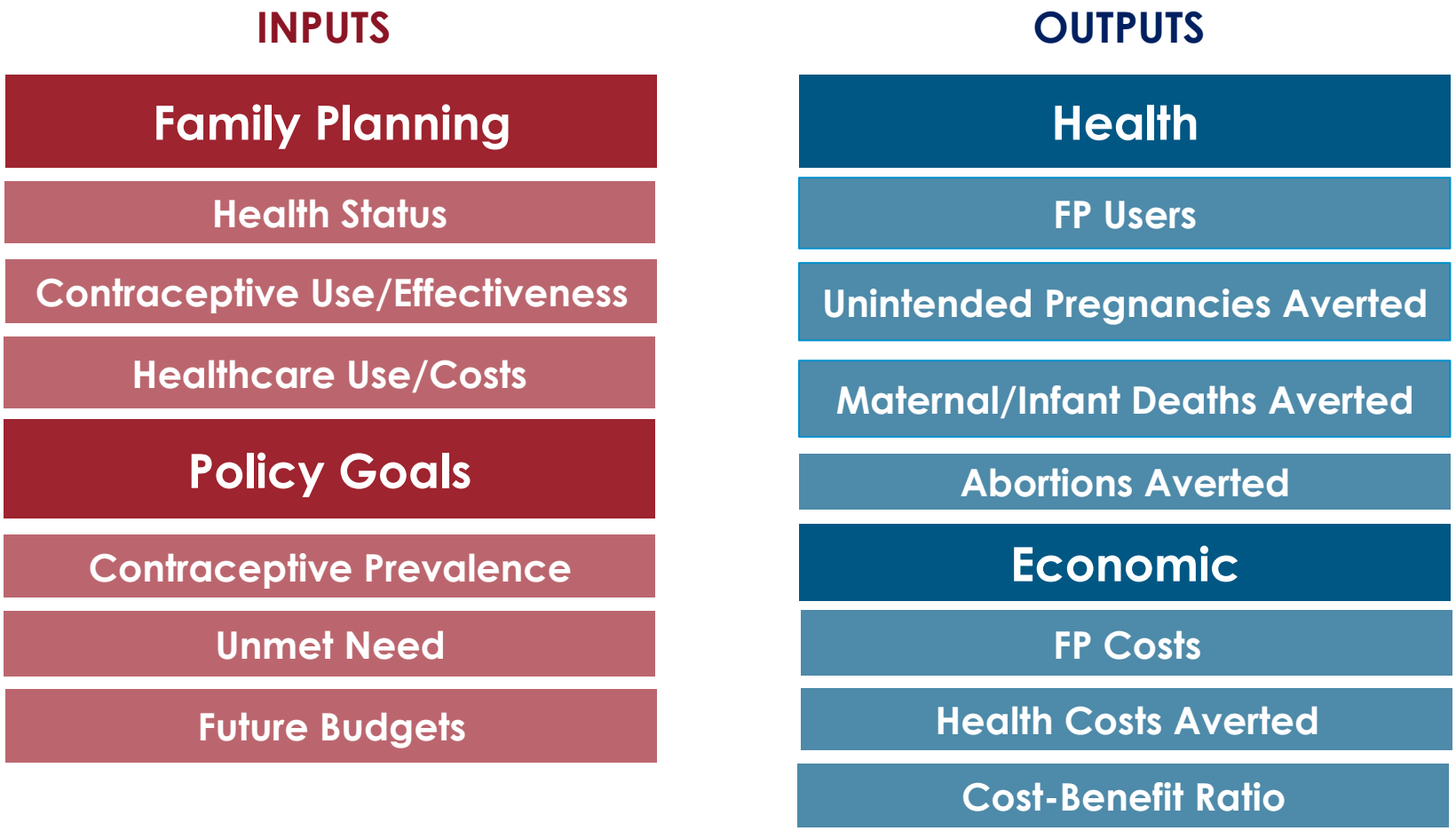
ImpactNow basics

- Model relates healthcare costs and access, use and effectiveness of contraception, and health status
- Makes near-term projections for three policy scenarios
- Statistically rigorous and evidence-based
- Adaptable to each country's context: can be applied at national or subnational level (state, county, district…)
- Accessible to diverse audiences
- Data available from public sources and pre-loaded

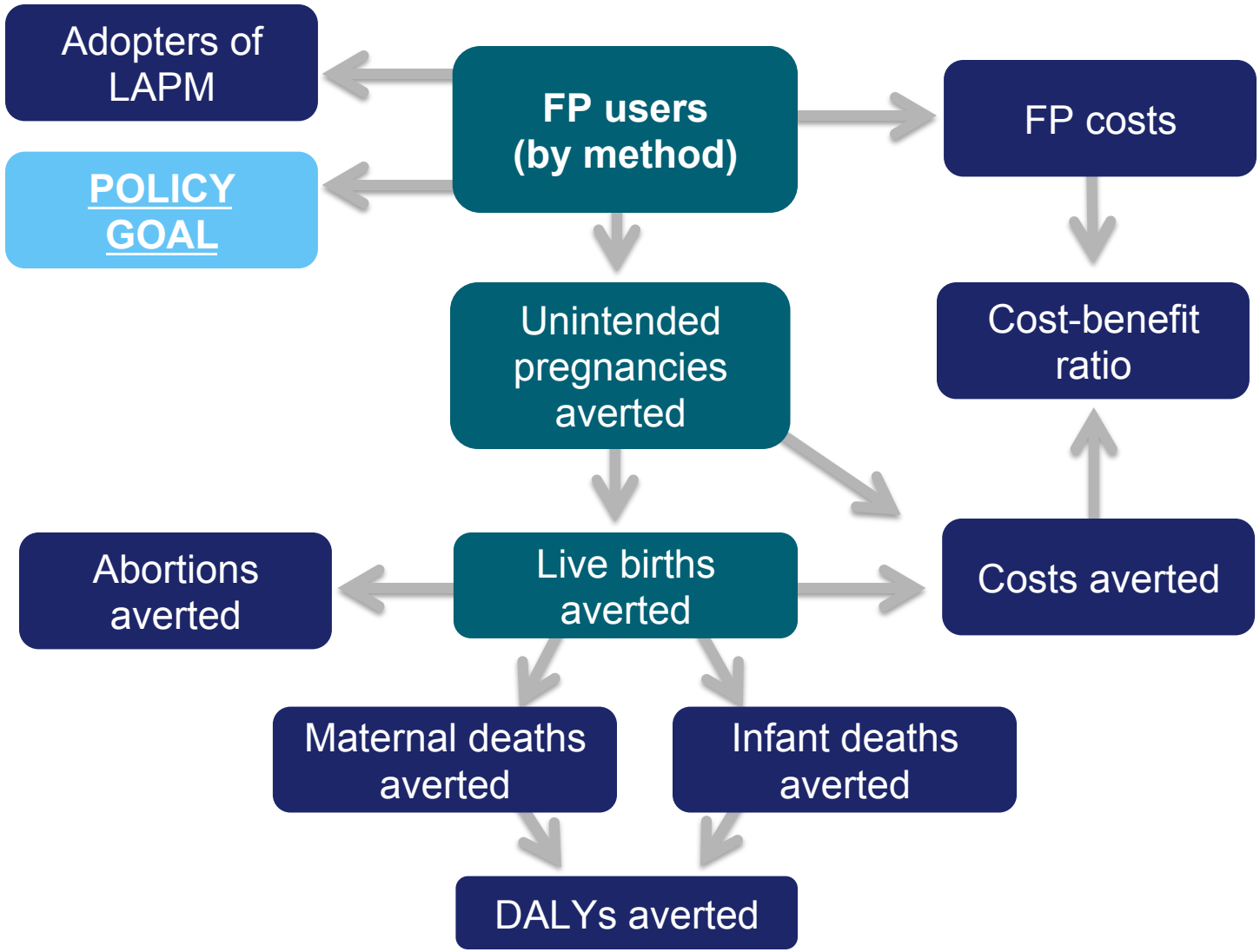
Model structure

- Set a goal for CPR, unmet need for FP, or overall FP budget
- User designs two policy scenarios for the future, plus a base/"business as usual" scenario
- Standard projection period is 2 to 7 years
- All outputs are calculated for each year of the analysis: projected number of users, method mix, and FP costs

ImpactNow integrates key policy inputs needed to achieve benefits of FP investments.



ImpactNow methodological model



How to choose a policy goal

- ImpactNow is calibrated using one of three policy goals:
  - Increase the contraceptive prevalence rate (CPR)
  - Decrease unmet need for FP
  - Increase FP budgets
- To select the best goal for your context, consider:
  - What are the key features of FP in your geography?
  - What underlying barriers to use/access are shaping your FP landscape?

How to create scenarios

SCENARIO 1

Assumes little or no change in the policy goal in the future

SCENARIO 2

Represents moderate improvement OR policy goal achieved with same method mix

SCENARIO 3

Represents the most ambitious goal OR alternate method mix

Sample policy scenarios, 2015-2020

Scenario	Key Characteristics
Scenario 1: Base Case	▪ No change in any variable between 2015-2020
Scenario 2: Policy Goal	▪ Improvements in prevalence of modern contraceptive method use to 67% goal
Scenario 3: Policy Goal Plus	▪ Improvements in prevalence of modern contraceptive method use to 67% goal ▪ Improvements in access to long acting and reversible contraceptive (LARC) methods (IUD and implants)

Sample method mix under three scenarios

	Baseline 2015	Scenario 1: Base Case 2020	Scenario 2: Policy Goal 2020	Scenario 3: Policy Goal+ 2020
Modern CPR	43.2%	43.2%	**67.0%**	**67.0%**
Method Mix (percent of users)				
Condom	9.3	9.3	9.3	↓ **3.6**
Injectable	20.1	20.1	20.1	↓ **9.0**
Pill	10.8	10.8	10.8	↓ **5.3**
Male Sterilization	21.2	21.2	21.2	21.2
Female Sterilization	30.9	30.9	30.9	30.9
IUD	4.2	4.2	4.2	↑ **15.0**
Implant	3.6	3.6	3.6	↑ **15.0**
Total	100	100	100	100

How to use ImpactNow: Demonstration

Uses of ImpactNow

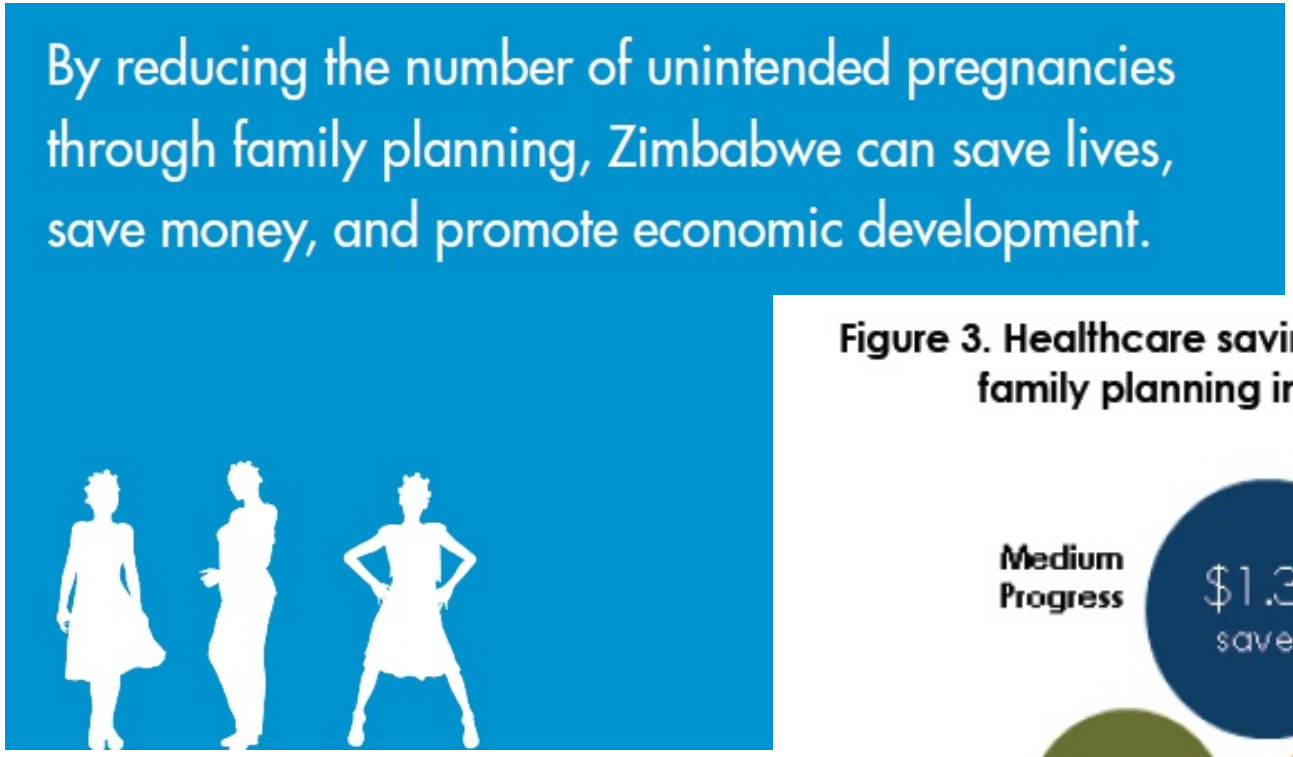
How is ImpactNow applied in a country?

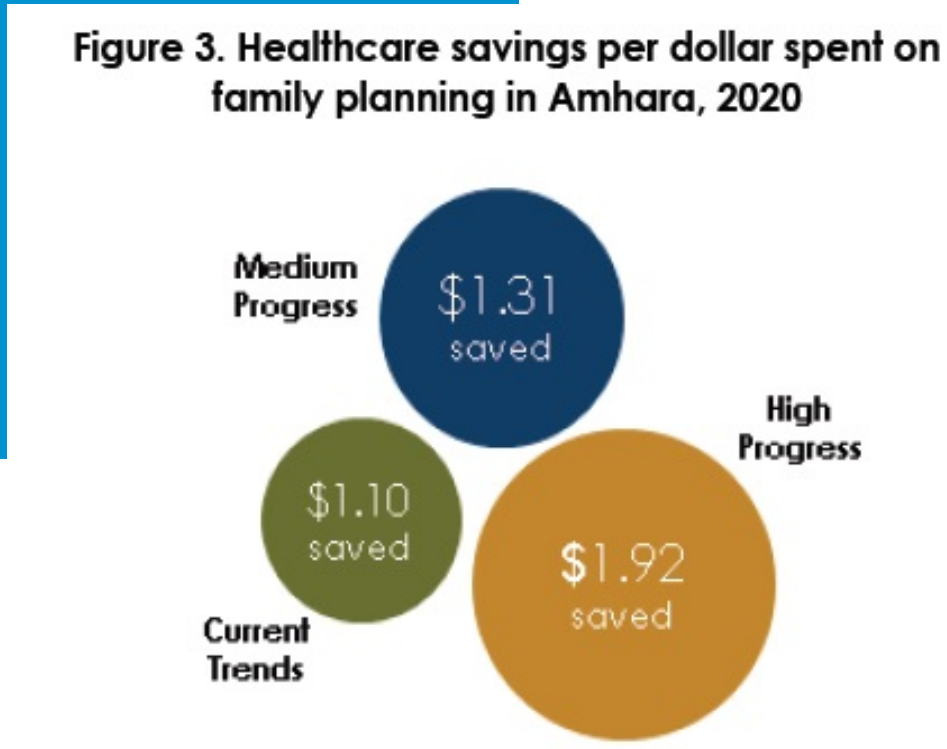
1. Determine a target audience
2. Identify a partnership team
3. Form a technical advisory group
4. Select data sources and collect data
5. Set parameters for projection scenarios and assumptions
6. Apply the model and refine it based on stakeholder input
7. Develop policy recommendations
8. Prepare dissemination materials
9. Launch and disseminate

Photo by: Health Policy Project

Professor A. O. Ladipo, chairman of the Family Planning Action Group, concluding his presentation of the Nigeria RAPID at the 2nd National Family Planning Conference in Nigeria in November 2012.

Country applications of ImpactNow have been used for advocacy.





ImpactNow also contributes to Costed Implementation Plans, as in Uganda.

Figure 41: Annual Impacts of the FP-CIP

	2015	2016	2017	2018	2019	2020	Total
Demographic impacts							
Unintended pregnancies averted	503,981	571,828	640,983	711,443	783,211	856,285	4,067,731
Abortions averted	71,805	81,471	91,324	101,363	111,588	121,999	579,550
Health impacts							
Maternal deaths averted	868	938	999	1,051	1,092	1,124	6,072
Child deaths averted	14,707	16,686	18,704	20,761	22,855	24,987	118,700
Unsafe abortions averted	68,760	78,017	87,452	97,065	106,857	116,826	554,977
Economic impacts							
Maternal and infant health care costs saved (USD)	15,693,104	17,805,757	19,959,098	22,153,126	24,387,841	26,663,244	126,662,170

Messages for policymakers

- Policies aimed at increasing use of modern family planning methods can improve the health and economic status of women and children.
- Increasing the uptake of long acting reversible contraceptive methods, such as IUDs and implants, can increase the benefits of family planning.
- Investment in family planning now can see immediate impact within five years.

ImpactNow Lagos

Discussion and questions

Interactive exercise

Thank You!

www.healthpolicyproject.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is implemented by Futures Group, in collaboration with CEDPA (part of Plan International USA), Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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Statistical Equations

Statistical equations

- Number of FP users by method is the core calculation
  - CPR or unmet need goal: FP users by method calculated as function of CPR, method mix, and women at risk for unintended pregnancy
  - FP budget goal: FP users by method calculated as function of average cost per user, method mix
- Health outputs calculated as function of FP users by method
- Economic outputs calculated as function of FP users by method and cost per method/treatment

Methodology summary

- **Child lives saved methodology**
  - Births averted * previous birth interval coefficient (effect of birth spacing on IMR)
- **Maternal lives saved methodology**
  - Births averted * MMR
- **FP costing methodology**
  - Annual cost per user & method, *Adding It Up*
  - Costs of LAPMs are annualized over life of method
  - Direct, indirect & program

Family planning outputs

Policy Goal	Contraceptive prevalence rate
CPR	Linear interpolation between base-year and end-year CPR
Unmet Need	(1) Linear interpolation between base-year and end-year unmet need (2) Percentage increase CPR follows equivalent percentage decrease in unmet need
FP Budget	CPR = total FP users/women at risk of unintended pregnancy
Policy Goal	**Users of family planning**
CPR or Unmet Need	$Users_{Method\ X}$ = women at risk for unintended pregnancy • CPR • method $mix_{Method\ X}$
FP Budget	(1) Average cost-per-user = Sum of: Cost per user (by method mix) • percentage using method (2) Total FP users = total Future Budget/average cost-per-user (3) $Users_{Method\ X}$ = total FP users • method $mix_{Method\ X}$
Policy Goal	**Number of Acceptors**
All	Acceptors= number of users-number of continuers

Health Outputs

Output	Equation
Unintended pregnancies Averted (by method)	Users by method • (pregnancy rate of women with unmet need-failure rate of method)
Live births averted	Unintended pregnancies averted • prégnances-to-live-births converter
Abortions averted	Abortion rate • (live births averted/100)
Unsafe abortions averted	Unsafe abortion rate • (live births averted/100)
Maternal deaths averted due to FP	(Mortality ratio safe abortions • safe abortions + mortality ratio unsafe abortions • unsafe abortions + mortality ratio miscarriages • miscarriages + mortality ratio live births • live births)/100,000
Child deaths averted	Child deaths averted= live births averted • PBI coefficient for Nepal
DALYs averted total	Maternal DALYs averted + child DALYs averted
DALYs Averted (Maternal Health)	(Maternal deaths averted • YLL per maternal death averted) + (maternal deaths averted • YLL per maternal death averted) • DALY ratio (YLD/YLL) all maternal conditions
DALYs Averted (Child Health)	Child deaths averted • YLL per child death averted

Economic equations

Output	Equation
Total FP Costs	Sum of: Users per method • Annual cost per user of method
Total healthcare costs averted	Unintended pregnancies averted • average cost per pregnancy + live births averted • average cost per birth
Cost-benefit ratio	Total healthcare costs averted/total FP costs
ICER (per outcome X)	(FP costs in policy scenario – FP costs in base scenario) / (outcome X in policy scenario – outcome X in base scenario)