

»» Materials on Development Finance

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Reproductive health – a key sector for social and economic development

The term “sexual and reproductive health and rights” (SRHR) was coined in 1994 during the International Conference on Population and Development in Cairo. It refers to the human right to autonomy in sexuality and reproduction. At its centre is the right of every individual to decide when they will give birth and the number of children they will have, free from pressure, discrimination and violence. Access to contraceptives, sex education and healthcare during pregnancy and childbirth is a cornerstone of reproductive health. In addition, this area also includes the prevention of and response to gender-based violence (including LGBTI*), HIV/AIDS and other sexually transmitted diseases.

Despite considerable progress, there are still significant failings when it comes to the right to control one’s own sexuality and reproduction. In developing countries, every fourth woman who does not want to fall pregnant has no access to contraception. That can have serious

consequences for both individuals and the economy. Indicators include a high rate of teenage pregnancies, which generally put an abrupt end to the young mothers’ prospects for personal development, or an alarmingly large number of abortions. These are often performed in unsanitary conditions, not infrequently with fatal consequences. Nearly half of all pregnancies in developing countries are unplanned.

Especially in poorer countries with more sluggish economies, high population growth rates can further exacerbate poverty. In the five years preceding the coronavirus crisis, population growth in Sub-Saharan Africa was already consistently higher than actual economic growth, meaning that the average per capita income continuously decreased year on year.

Due to its direct link with demographic change, reproductive health is a key sector for development policy.

Successes in this area not only have a positive impact on the health of mothers and their children, but also on all of the other Sustainable Development Goals such as “no poverty”, “climate action”, conserving resources and biodiversity as part of “responsible consumption and production”, “zero hunger”, “gender equality”, “decent work and economic growth” and “peace, justice and strong institutions”. Preventing unwanted pregnancies also reduces demand for infrastructure for schools, health stations and transport services, among other things. This would leave the government with more money available for socio-economic improvements and greater investment in education, social protection, production and new jobs.

Based on scientific modelling, box 1 summarises a few of the positive effects that could be achieved by enabling free access to contraception and professional healthcare during pregnancy and childbirth.

What if...

...all women had free access to modern contraception and all women and infants received the level of care recommended by the WHO?

	Number of instances prevented annually with need-based care	Equivalent to % reduction
Unwanted pregnancies	76 million	-68%
Unplanned births	21 million	-71%
Unsafe abortions	26 million	-72%
Deaths during pregnancy/childbirth	186,000	-62%
Deaths of children	1.7 million	-69%
HIV infections in babies	96,000	-88%

Source: Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute 2020

Financial cooperation promotional approaches for maternal and child health, family planning, education and youth services

KfW has already been actively involved with reproductive health for more than 25 years. In this time it has developed a wide range of promotional approaches that enable it to offer tried-and-tested solutions to a huge variety of problems while also being tailored to individual needs. All reproductive health projects supported through German development cooperation are based on the principles of self-determination, gender equality and choice.

At the end of 2020, KfW’s current portfolio in the field of reproductive

health comprised 88 projects with a total promotional volume of EUR 746 million. The new projects committed to in 2019–2020 alone gave 8.9 million people access to new or improved sexual and reproductive health services. The regional focus of commitments is on Sub-Saharan Africa; more than two thirds of the funds that KfW deploys on SRHR go to this area, which also has the highest maternal mortality rate and the greatest unmet need for family planning. The funds come almost exclusively from the budget of the Federal Ministry for Economic Cooperation and Development (BMZ).

The following sets out KfW's main promotional approaches in more detail. These include:

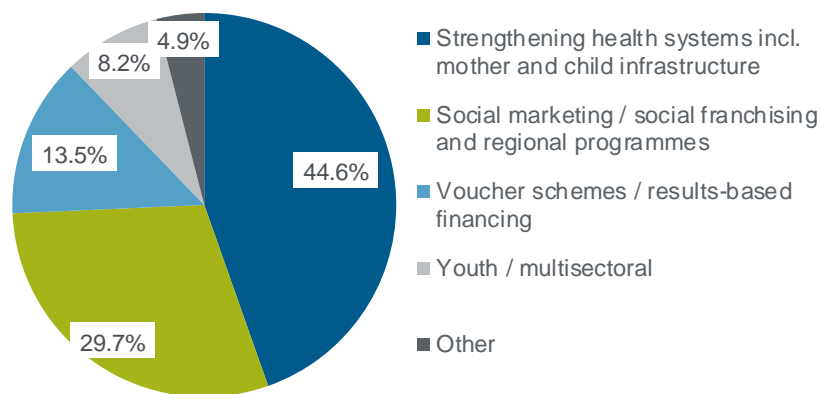
- expanding mother and child clinics in order to strengthen the system (45% of commitments)
- family planning: social marketing and franchising (30% of commitments)
- voucher schemes and other results-based projects for SRHR services (14% of commitments)
- special SRHR programmes for young people (8% of commitments)

The remaining 4% is allocated to miscellaneous projects (e.g. HIV/FGM impact mitigation, market launch of new mother and child products, UN crisis programmes etc.).

System-boosting expansion of mother and child clinics

Around 800 women worldwide die each day of causes that are closely linked to pregnancy and childbirth. One of the most effective ways to reduce maternal mortality is to provide specialist medical care for the expectant mother before, during and after the birth. This is easiest to guarantee in a clinic or a hospital, but midwives and trained doulas can also cover some aspects. In order to provide the necessary infrastructure, KfW invests in renovating existing and building new mother and child clinics, and increasing the number of maternity wards in healthcare facilities. The financing usually includes the installation of medical equipment that can be maintained locally. The construction measures are frequently enhanced through environmentally friendly waste disposal solutions that conserve resources, sustainable maintenance

Total volume by FC approach



concepts, advanced training for healthcare professionals, quality incentive schemes and telemedicine components. Furthermore, mother and child infrastructure is often embedded in basket or sectoral budget financing.

Family planning: social marketing and franchising

One key focus of SRHR is improved provision of contraception via “social marketing” or “social franchising” approaches. The key aim of these is to prevent unwanted pregnancies and they therefore have a direct impact on population growth.

If women had better access to contraception, this would also help to reduce medical care shortages during delivery and many complications and

deaths would be avoided. With modern contraceptives provided through current KfW projects, over 32 million couples have been able to protect against unwanted pregnancies for one year since 2011.

There are a wide range of reasons why women do not use contraception even though they do not want to fall pregnant. These range from a lack of education, knowledge gaps around safe methods of contraception and side effects, to socio-cultural factors or lack of physical access to or ability to afford contraceptives.

The specific causes of a high rate of unplanned pregnancies must be taken into account when preparing a new measure, to ensure that levers are applied in the right places. Different promotional approaches are used depending on the current situation.

Maternal and paediatric healthcare in Tajikistan

In order to combat the significantly higher maternal and child mortality rates in the region, KfW is using BMZ funds to finance the modernisation of perinatal centres in ten hospitals in the poorest region, Khatlon, which sees around 76,000 births each year. The Research Institute for Obstetrics, Gynaecology and Perinatology in the capital Dushanbe is also being renovated and modernised. It represents the gold standard for emergency care. Modern treatments, training and continuing professional development programmes and rationalisation measures help to significantly improve the efficiency and quality of the services, such that help can be provided quickly in case of complications. The project, which is accompanied by comprehensive healthcare reforms, is seen as an example for all regions in Tajikistan to follow.

Social Marketing

Social marketing is a discipline developed in the USA which uses commercial marketing techniques to achieve social objectives and positive behavioural changes (e.g. use of condoms and contraception, uptake of healthcare measures, healthy eating, rejection of harmful traditional practices). KfW supports this approach in numerous countries and, in doing so, has repeatedly initiated innovative processes like the development of local social marketing organisations, adaptation to fragile contexts or regional financing mechanisms.

Social marketing operates on the basis that people who would benefit from positive behavioural change should be approached as customers. Accordingly, the approach avoids instructions and rules, and instead focuses on incentives

Modern contraception and education in Côte d'Ivoire

Although the country has one of the strongest economies in West Africa, rates of HIV/AIDS and maternal and child mortality remain high. 30% of teenagers fall pregnant and one third of women cannot use contraception, even though they want to. To improve this situation, German FC is supporting the local social marketing organisation AIMAS; this has enabled it to continuously expand the range of modern family planning methods and to significantly improve understanding and acceptance of modern family planning. According to one study, AIMAS's market coverage in 2017 was 86% for the pill, 20% for the three-month injection and 48% for condoms. The organisation produces films and radio adverts in its own media centre and quickly adapts these to suit the changing needs of the target groups. The radio programmes are broadcast nationwide by the national station and 15 local stations. In 2018 alone, awareness-raising measures in secondary schools reached around 70,000 young people, with 86,000 reached through the Campagne Jeune Facebook page. These are accompanied by digital educational games that give young people the confidence to take more responsibility for protecting

that appeal to people's interests. In doing so, social marketing builds on lessons from behavioural economics, which skilfully combines findings from the fields of economics and psychology.

In family planning, the social marketing organisation that has been tasked with implementing the project starts by holding several group discussions and one-to-one conversations with men and women who live in the project region. Misconceptions about the risks associated with the use of contraceptives are often prevalent among the project's customers. Sometimes, particular methods such as implants or IUDs are as yet unknown in the project region. The project team responds to these barriers with neutral information that is appropriate to the target groups. During this process, it is important that communications come from people whom the customers trust. To ensure that this is the case, social marketing

projects often work very closely with people and institutions that enjoy particular respect and positions of authority in local communities (e.g. village elders, representatives from faith communities, etc.). The project team often trains the staff in local clinics at the same time, so that they can offer well-informed and insightful advice, and people are able to obtain contraceptives discreetly on request.

Frequently, social norms prevent the use of contraception. Women are still often required to go along with their husband's desire for children, even if they personally would prefer to avoid a pregnancy. In many rural cultures, young women are expected to marry as teenagers and fall pregnant soon after. Unmarried women are frequently stigmatised if they enquire about contraception. This is the case even though pre-marital relationships are common, particularly in Africa and Latin America.

In order to counter these norms, the project teams talk to representatives of the community about the risks associated with early and frequent pregnancies. As the desire for a healthy family is also a priority in traditional societies, there is generally a fundamental interest in family planning. As such, it has been possible in many areas to gradually change social norms, even in rural areas.

Social marketing has also proven effective in preventing HIV/AIDS and sexually transmitted diseases. A key aspect of this is focusing the marketing of condoms on the different demographic

groups: people at particularly high risk, such as migrant workers and young people who are not in long-term relationships, are at the heart of these projects. To this end, the social marketing organisations develop condom brands that are lifestyle products to which the risk groups will respond well. This means that those involved behave responsibly, without feeling that their freedom to act is being restricted. This approach effectively complements the distribution of generic condoms, which the health authorities generally provide for free.

The sale of branded products enables the social marketing organisation to generate income and thus reduce their financial dependence on donations. Some programmes in middle-income countries like Indonesia and the Philippines have already managed to finance the subsidisation of condoms in the lower price segment through profitable premium brands, and have thus managed to entirely end their reliance on external grants. It is important to always keep an eye on the market as a whole. The motto is: maximum market coverage and as few subsidies as possible.

Social franchising

The aim of social franchising is to improve access to quality-assured SRHR services through partnerships with healthcare facilities. To enable this, the project team provides advanced training on reproductive health to doctors and medical staff. In return, the clinics undertake to uphold medical standards, to use quality-assured materials and to



At mobile consulting stations, HIV tests are offered alongside other services.

Social franchising in Cameroon

Cameroon is one of the countries with the world's highest rates of maternal and child mortality, due to factors including a lack of clinics with qualified staff. KfW is therefore supporting the existing clinics to provide basic and advanced training for nursing staff and to provide quality-assured contraception. If the applicable standards are met, the clinics are permitted to display a seal of quality that represents competence and a customer-centric approach, and helps to build trust. It has been possible to reliably offer a comprehensive range of modern contraceptives, accompanied by an information campaign. Because the programme uses existing facilities it is easily scaleable and, with around 400 clinics involved, its impact is widespread. To date, more than 1,500 specialists have received training in family planning. The proportion of women and men using modern FP methods has trebled.

treat customers of any age with respect. Clinics that meet the quality standards are permitted to use a brand name that is advertised in local media and represents high-quality healthcare services.

The added value of this approach lies in the fact that it gets private providers involved instead of competing with them. This makes it possible to extend social franchise programmes to cover larger regions efficiently and complement

existing public sector services in a logical manner. Social franchising can also be combined with voucher schemes, as described in more detail below, to make it easier to reach poorer groups within society.

Education through digital media

Services relating to sexuality and health must offer a high level of discretion. This requirement is met by non-governmental organisations that have set up telephone services in many countries. Callers seeking advice can use these to obtain confidential information about topics such as contraception, pregnancy, abortions and HIV. The services are primarily used by young people. They are complemented by social networks, which can reach thousands of followers. Social media is also increasingly used to seek customer reviews and suggestions from users, which can then be taken into account in project implementation going forward.

Even though digital services are not available across the board, their importance is growing fast. KfW is supporting the introduction of these types of services, primarily with a view to offering young women advice on issues relating to sexuality and pregnancy.

Special SRHR programmes for young people

Children and young people often make up a large proportion of the population in fast-growing societies. Girls are frequently exposed to particular risks in these contexts, through teenage pregnancy and sexual violence. With

Multi-sectoral HIV prevention in South Africa

In Buffalo City, a project to reduce the high rates of HIV infections among young women is combining medical, social and economic approaches. Measures to combat gender-based violence are enhanced by youth-friendly healthcare and economic support to help girls and young women to choose their own path. Through their courageous decisions, they help to create positive change in their communities. The activities are now being expanded to cover girls and boys aged 9–14, to encourage shared reflection on gender norms and act as a positive influence. The network includes 40,500 women, of whom 24,000 are part of a leadership network. All 79 health stations in the metropolitan area have integrated dedicated youth services, including information on and access to contraceptives.

youth programmes that are tailored to the specific needs of this target group, KfW takes preventive action to support the mitigation of risk factors through information, education and the promotion of personal development opportunities. At the same time, affected groups are provided with protective measures, advice and care services.

These usefully complement the social marketing approaches described above, as such approaches pursue some similar objectives but tend to use mass media to address a broader target group as part of their mission to educate across the board. Youth programmes bundle various services that are available locally and provide them to particularly high-risk groups in a targeted manner (e.g. to girls in especially vulnerable settings, to young people of various sexual orientations, such as LGBTI*, to people who are HIV positive and individuals affected by violence). These people can thus gain access to healthcare services that meet their particular needs without prejudice. This might include prompt access to the “morning after pill”, pregnancy tests, STI tests and psychosocial support following sexual and domestic violence. Support is also given to build the self-esteem of those involved by giving them adequate training and supporting them to undertake vocational training and start a career.



Through targeted activities such as here in South Africa, young people can be reached in the places where they socialise.

Vouchers for safe childbirth and social marketing in Yemen

Due to the civil war that has been ongoing since 2014, less than half of Yemeni healthcare facilities are functional. To ensure that women nonetheless receive specialist medical care in childbirth, the local Yamaan Foundation, with financial support from KfW, hands out vouchers that pregnant women can use to access qualified midwives. This prevents home births without medical support and the significant risks that these carry for mother and baby. Being reimbursed for the services that they provide gives the midwives and participating healthcare facilities a reliable income that they can use to continue their work. The Yamaan Foundation also provides information about the risks associated in particular with early pregnancy and multiple pregnancies in quick succession, and helps to enable access to modern contraceptives. Well over 100,000 women have already benefited from its services.

Voucher schemes and other results-based measures for SRHR services

Appropriate infrastructure for high-quality mother and baby care is important for improving reproductive health. One problem is often the long-term financing of operating costs – even though this is a key prerequisite for the long-term success of the project. In countries where state structures are weak, patients must cover the majority of these costs

themselves. Very poor people are often unable to afford this, meaning that they are frequently de facto excluded from services in the formal health sector. Improving the access of particularly poor population groups to these (public or private) mother and child healthcare services is an important reason why KfW supports the development of “voucher schemes”. Through the vouchers, the beneficiaries can claim treatment for free or at a heavily reduced price. Simultaneously, voucher schemes can act as a catalyst for developing or expanding long-term health sector financing strategies, such as health insurance. Key elements such as quality assurance, service provider accreditation, compensation schemes and claims settlement can be trialled and established. Furthermore, acquiring vouchers familiarises users with the concept of insurance as a way of protecting themselves against potential risks and future complications. If insurance schemes exist, the services provided via vouchers can be expanded to cover under-served target groups or additional services. Moreover, as well as the actual medical services, it is possible to address barriers to access, such as transport to facilities that are often a long way away.

Reforms to increase sustainability

In industrialised countries with a well developed private sector, reproductive health services can be provided privately to a considerable extent. To ensure that lower-income service recipients have access to these services, however, the lower market segments need to receive support from the state or receive

From a voucher scheme to healthcare financing for the poor in Cambodia

The programme “Social security in the event of illness” is improving access, particularly for poor women and women in need, to essential reproductive health services. The range of services includes pre and post-natal care, safe childbirth (with caesarian section, if needed), long-term family planning methods such as implants, safe abortions for married women and cervical cancer screening and treatment. By strengthening demand, providing performance-related financing and introducing elements of competition, a voucher scheme helped to create a system of incentives to offer patient-oriented, quality-assured and efficient services. Other important components include promotional and informational activities to raise awareness of patient rights and strengthen demand. To this end, trained voucher promoters have visited around 78,000 clients and provided in-person advice. The scheme has enabled a total of 84,000 treatments. The other aim of the current promotional phase is to ensure that the improvements in mother and child health that have been successfully trialled through the project are integrated as fully as possible into the Cambodian healthcare system.

financial support via an insurance system.

However, low-income countries have much larger unmet financing needs in the short to medium term. From the current position, it is unrealistic to expect these countries to close the existing financing gap with their own funds. External financing of reproductive health services is justified here, primarily because these measures are among the most economically efficient donor interventions (avoiding enormous subsequent costs to society for relatively low expenditure). Overseas donors with drawing prematurely would lead to the exclusion from reproductive healthcare services of precisely those individuals who need them most.

It is only possible to achieve a sustainable impact if the policy framework is right. This is why, in many areas, KfW combines individual



In Yemen it was possible to significantly improve mother and child care using voucher schemes.

measures with support for healthcare sector reform programmes, which are often undertaken with other donors and aim to increase the range of the system, improve the quality of healthcare services and build the financial sustainability of the system.

Outlook

Since the Cairo conference in 1994, significant progress has been achieved in the promotion of reproductive health services. Maternal mortality worldwide decreased by 38% between 2001 and 2017. The proportion of married women who use contraception has consistently risen over recent decades in Africa, Asia and Latin America. While forty years ago less than one in ten married women in Africa used contraception, now the figure is one in three. The number of people dying annually from AIDS peaked in 2004 at 1.7 million, but it has continuously decreased since then, with 690,000 deaths in 2019.

However, the continuation of this trend is by no means certain. In relation to family planning in particular, some donors have been very reticent about making new commitments in recent years. In the area of family planning alone, the existing annual shortfall is currently estimated to be around USD 400 million.

These challenges are being further exacerbated at present by the consequences of the COVID-19 pandemic (more difficulty accessing family planning services due to limits on freedom of movement, disruption to contraceptive supply chains, staff shortages due to illness, etc.). German development cooperation has many years of wide-ranging experience in the field of reproductive health. There are tried-and-tested promotional approaches that can be rolled out quickly and at scale as required. Improving sexual and reproductive health and rights, and above all, expanding to offer comprehensive access to family planning services, would be the most effective and most efficient contributions that Germany could make towards achieving the SDGs.

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