


## Investments in Family Planning will Stimulate Socio-Economic Development in Africa

 **We believe that it will be difficult for us to make sustained progress on MDGs without making methods of family planning universally accessible to all women who want to use them.**

*Pierre Damien Habumuremyi (Prime Minister of Rwanda) & Meles Zenawi (Prime Minister of Ethiopia)  
(Lancet Commentary, July 2012)*



**D**uring the last decade or so research evidence has emerged to demonstrate the invaluable role that family planning (FP) plays in enhancing maternal and child health, improving environmental preservation, reducing poverty, and enhancing broad socio-economic development. Bearing in mind these benefits, there has been a push for increased global and national political commitment and resources to support FP programs in regions and countries with low contraceptive use.

These efforts culminated in the July 2012 London Family Planning Summit that was convened by the UK Government, the Bill and Melinda Gates Foundation, and UNFPA. The Summit was convened in order to galvanize global and national resources for ensuring access to voluntary contraceptive services for 120 million additional women and girls in the world's poorest countries by 2020.


Sub-Saharan Africa (SSA), which lags behind the World's major regions in contraceptive use, is one of the primary targets of the FP2020 programme that resulted from the summit. Progress in contraceptive use in SSA is very varied; while some countries such as Ethiopia, Rwanda and Malawi have made significant progress in the recent past, others (mostly in Western and Central Africa) are lagging far behind.

This policy brief summarizes recently published evidence on the development benefits of FP that could be used to advocate for stronger political commitment and financial investments for FP programmes in the region. The evidence is mostly drawn from the Lancet's July 2012 special issue on FP, the Guttmacher Institute and UNFPA's 2012 Adding it Up report, and recent research conducted by AFIDEP.


### Key Messages:

The evidence shows that **FP has far-reaching health and development benefits**, particularly in countries with low contraceptive use. **Investing in FP:**

- **Saves lives of women:** In 2008, an estimated 88,227 lives of mothers in SSA were saved from pregnancy-related deaths as a result of contraceptive use.
- **Saves lives of children:** If all births were spaced at least two years apart, the number of deaths among children younger than five would decline by 13%.
- **Saves on health care costs:** In SSA each dollar spent to meet all contraceptive needs would save USD 1.30 in costs incurred to provide maternal and newborn health care.
- **Enhances economic growth:** Meeting the contraceptive needs of couples will result in a reduction in fertility and youth dependency ratio and increase in the labour surplus which, if skilled and gainfully employed, can propel rapid economic growth through the demographic dividend
- **Enhances environmental preservation:** Reducing unplanned pregnancies can reduce fertility and slow population growth and enhance environmental preservation and reduce vulnerability to climate change effects

 *To ensure sustainable family planning programmes, we call upon other African leaders to increase funding for family planning commodities and related services from national budgets*

- Rwanda and Ethiopia Prime Ministers, Pierre Damien Habumuremyi & Meles Zenawi, The Lancet Series on Family Planning, July 2012.



## I. Family planning saves lives of women

In 2012, an estimated 19 million unintended pregnancies occurred in SSA; approximately 6 million were terminated through induced abortions. Use of contraceptives averts unintended pregnancies by helping women delay births, lengthen birth intervals, and enable women who want to stop childbearing do so. By preventing unintended pregnancy, FP averts maternal deaths by reducing the occurrence of high-risk pregnancy (among very young and old women, women with many children, women who have births too close together) and unintended pregnancy among women who will seek an abortion.

2008 estimates show that contraceptive use resulted in an estimated 32% reduction in maternal deaths in SSA, translating to an estimated 88,227 lives of mothers saved. An estimated 53 million women in SSA have an unmet need for FP i.e. they would like to delay or stop child-bearing altogether but are not using contraceptives. Further, if unmet need for FP in SSA is satisfied, an additional 29% of maternal deaths would be averted. In regions with high contraceptive use, a larger share of maternal deaths was prevented. For instance, Table 1 below shows that in Kenya and South Africa where contraceptive use is estimated at 44% and 62%, respectively, more than half of maternal deaths, which could have occurred without contraceptive use, were prevented. On the other hand, in Ghana and Niger where contraceptive use is estimated at 22% and 12%, respectively, only an estimated 36% and 22%, respectively, were prevented.

*A well-organized voluntary FP program can contribute to a substantial reduction in fertility. In Matlab, Bangladesh, fertility reduced by about 1.5 children per woman in areas with a FP program.*

**Table 1. Maternal deaths averted in 2008 by contraceptive use**

	Contraceptive prevalence rate (%)	Maternal deaths averted by contraceptive use	Proportion of Maternal deaths averted by contraceptive use (%)
<b>Region</b>			
World	64.2	272040	44.3
Developing	62.9	270461	44.2
Sub-Saharan Africa	22.1	88227	31.9
<b>Country</b>			
South Africa	62.1	3402	58.5
Kenya	44.4	6172	52.2
Malawi	39.3	3467	49.4
Rwanda	28.2	933	41.2
Ghana	22.3	1554	35.5
Niger	11.7	1707	21.9
Nigeria	14.6	17227	26.1

Source: Ahmed, S., Li, Q., Liu, L., & Tsui, A. O. (2012). Maternal deaths averted by contraceptive use: an analysis of 172 countries. *Lancet*, 380(9837), 111-125.

## II. Family planning saves lives of children



By enabling women lengthen intervals between successive pregnancies FP improves child health and survival. The risk of prematurity and low birth weight doubles when conception occurs within 6 months of the previous birth. FP can reduce deaths among children younger than 5 years **by 13% if births are spaced two years apart. Deaths would decline by an estimated 25% if there were a three-year gap between births.** Likewise, deaths among children aged less than 1 month old would decline by an estimated 10% and deaths among children aged 1–4 years would fall by an estimated 21%. By preventing unplanned pregnancies, FP also prevents mother-to-child transmission of HIV.

A significant portion of women in SSA still have closely spaced births, which is a major contributor to the region's relatively high infant and child mortality rates. Meeting the unmet need for FP would significantly improve child health and survival in SSA and globally.

## III. Investing in family planning contributes to savings in maternal and child health care costs

**Family planning is an investment - contraceptive use helps reduce the broader costs of health care since fewer mothers will seek care for pregnancy complications, unsafe abortion and delivery.** It is estimated that, currently, it costs approximately US\$ 576 million to **provide contraceptive services to current users of modern contraceptive methods in Africa. Further, it is estimated that it would cost US\$ 2.9 billion (an addition US\$ 2.4 billion)**

to meet all contraceptive needs in Africa **including current users and women with unmet need for contraceptives**. Each dollar spent to meet all contraceptive needs in SSA would save US\$ 1.30 in the costs that would have been incurred to provide maternal and newborn health care.

### IV. Family planning helps enhance environmental preservation and reduce global warming

Population size and growth is one of the most important determinants of environmental degradation and depletion of natural resources. Although the high levels of material consumption in developed countries is the primary driver of the increase in carbon dioxide emissions that cause global warming, population growth in developing countries is bound to have a significant role in increasing aggregate carbon emissions in future, as living standards improve. While **SSA contributes very little of the carbon emissions that are causing global warming, it is the least resilient region to its effects**.

Climate change has wide-ranging effects on the environment, and on socio-economic and related sectors, including water resources, agriculture and food security, human health, terrestrial ecosystems, and coastal zones. **The combined effects of climate change and rapid population growth are escalating food insecurity, environmental degradation, and poverty levels in many countries in SSA**. By helping reduce fertility and slow population growth, FP would help mitigate global warming, enhance environmental preservation, and resilience to the effects of climate change in SSA.

### V. Family planning accelerates economic growth

By helping women prevent unplanned pregnancies, FP can lead to rapid fertility decline in countries with high fertility. With fewer children, couples are able to save and make more investments per child resulting in better education and health outcomes and quality of life. Further, women have more time to get education and contribute productively to the economy. The rapid fall in birth

rates results in a reduction in the child dependency ratio and an increase in the labour surplus. The emergent labour surplus can propel national economic growth and development if the working-age population are skilled, healthy, and gainfully employed through the demographic dividend. These effects work very well when accompanied by good economic policies and governance, which are critical for attracting savings and direct foreign investment,

The demographic dividend is estimated to have accounted for about a quarter to a third of the economic growth that the Asian Tigers (Hong Kong, Singapore, South Korea and Taiwan) experienced between 1970 and 2000. These countries implemented well-organized voluntary FP programs alongside effective education, health and economic policies



*By empowering women to freely decide how many children they want and when to have them, FP enhances women's autonomy, socio-economic status, and participation in economic activities*



### VI. Family planning and MDGs

Ensuring universal access to FP would have invaluable benefits to improve health outcomes, preserve the global and local natural environment, and enhance prospects for sustainable economic development in sub-Saharan Africa. FP is a WIN-WIN strategy which has far-reaching benefits for achieving the whole range of MDGs namely addressing poverty, hunger and food insecurity; enhancing gender inequality; improving education outcomes (especially among girls); improving child survival; reducing maternal mortality; preventing transmission of HIV/AIDS; and environmental preservation.



# Home grown Lessons for Improving Contraceptive Use in Sub-Saharan Africa

**D**espite the evidence about the role of FP in development, progress towards increasing contraceptive use in SSA has been slow and as a result, the region continues to harbour the highest levels of fertility and population growth, high maternal and child health, and rapid environmental degradation.

Recent experiences of countries like Ethiopia and Rwanda demonstrate that African countries can achieve rapid increase in contraceptive use if there is strong political commitments to family planning, which creates the enabling environment for increasing local and external financial resources and technical assistance for building effective FP programmes. Between 2000 and 2010, use of modern FP by married women increased from 4.3% to 45.1% in Rwanda, and from 6.3% to 27.3% in Ethiopia.

Adoption of strategies that have enabled countries like Ethiopia and Rwanda break the policy and programme barriers to contraceptive use across the continent would be a good starting point for countries that have not made much progress. According to the Lancet Commentary by Prime Ministers of Ethiopia and Rwanda, this progress was made possible through five main factors:

1. Open multi-sectoral discourse that enabled political leaders, policy makers and other stakeholders prioritize FP in development planning by putting in place appropriate policies and programs to facilitate the delivery of contraceptives to people who need them, irrespective of their capacity to pay for the services;

2. Strengthening the health system to address key service level barriers to contraceptive uptake and continuity. For example, by reinforcing local planning and evaluation capacity, enhancing stock-management systems, and improving training of health workers and enabling lower level health workers to assume more responsibility in the provision of previous methods;

3. Strong community-based and community-led strategies that have enabled the countries to overcome geographical and financial barriers that many women encounter as well as to directly involve men and other family members in FP programs. This has significantly extended FP provision to communities;

4. Strong partnerships with the non-public sector that have promoted and facilitated the involvement of social marketing and a wide range of private health providers in the provision of FP. Also, strong partnerships with religious and traditional leaders, whose support and buy-in are valuable for successful FP programs;

5. Increased funding through support from development partners and government resources that has ensured a steady flow and supply of contraceptives to all parts of our countries

**Other countries in Northern Africa (Algeria, Egypt, Morocco, and Tunisia) and in Southern Africa (Botswana, Lesotho, Namibia, South Africa, and Swaziland) and in East Africa (Kenya and Malawi) have also made impeccable progress in increasing contraceptive use through similar strategies.**