GLOBAL LEADERS COUNCIL
FOR REPRODUCTIVE HEALTH
ASPEN GLOBAL HEALTH AND DEVELOPMENT
AT THE ASPEN INSTITUTE

Family Planning is the Missing Investment

Investments in family planning yield demonstrated social and economic returns in all sectors—food, water, health, economic development—yet are one of the least well-funded areas in global health. More than 215 million women want the ability to choose when and how many children to have yet do not have access to voluntary family planning services.

- Family planning aid trails behind other health funding. As a proportion of total health overseas development assistance to all developing countries, funding for family planning has steadily decreased over the last decade—from 8.2% in 2000 to 2.6 % in 2009.[1]
- Family planning aid to 68 priority countries for maternal and child health fell from $723 million in 1995 to $404 million in 2008.[2]

Every dollar spent on family planning results in reductions in child and maternal deaths, returns in savings in other development areas and environmental benefits.

- Studies in Zambia have shown that one dollar invested in family planning saves four dollars in other health and development areas, including maternal health, immunization, malaria, education, water and sanitation.[3]
- Investments in reproductive health reduce newborn deaths by 44%.[4]
- For every percentage point of fertility reduction, per capita GDP growth will likely increase by .25%.[5]
- Each $7 spent on basic family planning over the next four decades would reduce global CO2 emissions by more than a ton.[6]
- Investments in reproductive health and decreases in fertility will help to reduce pressure on already-scarce food and water resources.[7]

The evidence is clear. Investments in family planning and reproductive health are the smart thing to do and the right thing to do.

Family planning saves lives. Pregnancy and childbirth complications are the leading cause of death among reproductive-aged women in developing countries, resulting in more than 350,000 maternal deaths each year.[8] Providing universal access to family planning could prevent as many as one in three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they reach their desired family size. Meeting unmet need for family planning, maternal and newborn health services could reduce the number of unsafe abortions by up to73% and avoid 44% of newborn deaths.[9]

Family planning and reproductive health services are cost effective. Meeting existing demand for family planning is within reach of existing overseas development assistance funding and in-country health spending. Satisfying global unmet need for family planning services would cost just $3.6 billion annually, and would reduce maternal healthcare costs by $5.1 billion, thus saving $1.5 billion.[10] Depending on the services offered, each dollar spent on voluntary family planning can save governments up to $31USD in health care, water, education, housing and sanitation,[11]In Ghana, a study showed that every $1 spent meeting family planning needs could generate $2.25USD in savings toward meeting the cost of other Millennium Development Goal (MDG) targets, such as immunizing children and ensuring access to clean water.[12]

Family planning improves access to education. Girls who have access to family planning stay in school longer and have fewer and healthier children. Each extra year of education increases a young woman's wages and opens the door to a more productive future. But the benefits are broader than that. When countries invest in family planning and help girls stay in school, they benefit from a more educated work force and decreased pressure on the education system. With current fertility rates, governments of countries with rapidly growing populations will have to double the number of teachers, equipment, and classrooms every 20–25 years.[13] In Nigeria alone, the education sector would save $140 million USD by 2015 if unmet need in family planning were satisfied.[14]

Family planning investments increase long-term economic output for families. Women with access to family planning services are more likely to be educated, marry later, be healthier and have healthier families, and have better access to economic opportunities.[15]A study in Bangladesh found that households with increased access to reproductive health services had on average up to 43% more family assets. In these families, girls were better educated and women were more likely to be in the labor force.[16]

Family planning promotes the demographic dividend. The "demographic dividend" occurs during a window of opportunity when countries experience a falling birth rate yet maintain a large share of working-age adults in the population due to previous generations of high fertility. During this window, there are more income-generating adults relative to the number of children and young people who depend on them for support. This relative increase in the size of the labor force leads to a potentially more productive economy and greater resources for governments to invest in education, health care and social services. By making access to family planning widespread and implementing the right policies for educating and employing workers, countries can harness the potential of the demographic dividend and accelerate economic development, as seen with the "Asian Tiger" countries.[17]

Investing in family planning means current and future generations will have the natural resources they need to be healthy and thrive. The climate is changing and the impacts are increasingly severe: wide-spread crop failures and drought, more violent storms, and the spread of deadly diseases. Rapid population growth makes it difficult for poor countries – many already dealing with water scarcity and hunger – to cope with these challenges. Population growth is also associated with a proportionate increase in CO_2 emissions.[18]Increasing access to family planning can help slow population growth, reduce greenhouse gas emissions and build resilience to a changing climate. In fact, just meeting unmet need for contraception can provide 16-19% of the emissions reductions needed by 2050 to avoid dangerous climate change.[19]

Gains Made on the Ground

Bold Moves in Ethiopia

Ethiopia has made bold moves to improve the health of its citizens –improving access to, and participation in, family planning and reproductive health programs. From 2005-2011, Ethiopia has seen a 96% increase in contraceptive use.[20] Through community based health services and a nationwide network of health extension workers, Ethiopia is improving the nation's health with measurable results: from 2005 to 2011, infant mortality decreased by 23%, while under-five mortality decreased by 28%.[21] Ethiopia's success in expanding health service delivery, particularly in remote rural areas where health services were not available, is a significant step towards achieving the MDGs.

Community Based Insurance and Commitment to Universal Access in Rwanda

Rwanda demonstrates that when governments invest in the health of their citizens, the benefit is clear. Although the health sector is still largely dependent on external financing, as many developing countries are, Rwanda increased its health spending by innovating in its internal financing system. Rwanda increased its domestic health spending by improving its national financing system which includes a model national community based health insurance system, promotion of the private health sector, and community participation. With government commitment to family planning, Rwanda's modern contraceptive prevalence rate has more than quadrupled from 10% to 45% in 2010. The total fertility rate decreased from 6.1% in 2005 to 4.6% in 2010. Rwanda's infant mortality rate has decreased from 86 per 1000 live births in 2005 to 50 per 1000 live births in 2010 and the under-five mortality ratio declined from 152 to 76 per 1000 live births over the same period.[22]

Notes

[1]Schrade, C et al., *Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health: Options for Action*, SEEK Development for the Partnership for Maternal, Newborn and Child Health, 2011.

[2]*Ibid.*

[3]USAID, *7 Billion and the Importance of Family Planning*, USAID Deliver Project, 2011.<http://deliver.jsi.com/dhome/newsdetail?p_item_id=26503933&p_token=0A33560013246484094FD1901D0BDC16&p_item_title=7%20Billion%20and%20the%20Importance%20of%20Family%20Planning>

[4] The Guttmacher Institute, *International Women's Day:The Enormous Benefits of Investing in Family Planning and Pregnancy Related Care*, Media Center: News in Context, 2010. <http://www.guttmacher.org/media/inthenews/2010/03/05/index.html>

[5] Department for International Development (DFID), *Improving Reproductive, Maternal, and Newborn Health: Reducing Unintended Pregnancies, Evidence Overview, Working Paper* (Version 1.0), 2010. <http://www.dfid.gov.uk/Documents/prd/RMNH%20Evidence%20Overview%20-%20Reducing%20Unintended%20Pregnancies.pdf>

[6] Wire, Thomas. *Few Emitters, Lower Emissions, Less Cost.*Optimum Population Trust, 2009.<http://populationmatters.org/documents/reducing_emissions.pdf>

[7] United Nations Population Fund, *Family Planning and Poverty Reduction: Benefits for Families and Nations*, UNFPA Fact Sheet. <http://www.unfpa.org/rh/planning/mediakit/docs/new_docs/sheet4-english.pdf>

[8] The Partnership for Maternal, Newborn and Child Health, *PMNCH Fact Sheet: Maternal Mortality, Millennium Development Goal (MDG) 5*. PMNCH News and Media Centre, 2011.<http://www.who.int/pmnch/media/press_materials/fs/fs_mdg5_maternalmortality/en/index.html>

[9] The Guttmacher Institute, *Guttmacher Institute: Annual Report 2009.*<http://www.guttmacher.org/about/2009AnnualReport.pdf>

[10] United Nations Population Fund, *Reproductive Health and Rights: The Facts of Life*. 7 Billion Actions, 2011. <http://www.7billionactions.org/uploads/browser/files/7b_factsheets_reproductive_health_v5.pdf>

[11]*Family Planning and Poverty Reduction: Benefits for Families and Nations*, op. cit.

[12] USAID, *Achieving the MDGs: The Contribution of Family Planning, Ghana*, USAID Health Policy Initiative, 2009. <http://www.usaid.gov/our_work/global_health/pop/techareas/repositioning/mdg_pdf/ghana.pdf>

[13] Cleland, J et al. *Family planning: The Unfinished Agenda.*The Lancet Sexual and Reproductive Health Series, 2006.<http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf>

[14] USAID, *Achieving the MDGs: The Contribution of Family Planning, Nigeria*. USAID Health Policy Initiative, 2009.<http://www.usaid.gov/our_work/global_health/pop/techareas/repositioning/mdg_pdf/nigeria.pdf>

[15] UNFPA, *Promoting Gender Equality: Empowering Women Through Education*, <http://www.unfpa.org/gender/empowerment2.htm>

[16] Gribble, J. and Voss, M., *Family Planning and the Economic Well-being: New evidence from Bangladesh*, Population Reference Bureau, 2009. <http://www.prb.org/pdf09/fp-econ-bangladesh.pdf>

[17] Aspen Global Health and Development, *Family Planning Promotes the Demographic Dividend*, Policy Brief 1, 2011.

[18] Dietz, T. and Rosa, E.A., *Effects of population and affluence on CO2 emissions*, Proceedings of the National Academy of Sciences94, 1997.; Shi, A., *The Impact of Population Pressure on Global Carbon Dioxide Emissions, 1975-1996: Evidence from Pooled Cross-Country Data*, Ecological Economics 44, 2003.; Cole, M.A. and Neumayer, E., *Examining the Impact of Demographic Factors on Air Pollution*, Population & Environment 26(1), 2004.

[19]O'Neill, B et al., *Global Demographic Trends and Future Carbon Emissions*, Proceedings of the National Academy of Sciences, 107 (41), 2010.

[20] Federal Ministry of Health for Ethiopia, *Expanding Service Delivery*, Global Leaders Council for Reproductive Health Resolve Award Nomination, 2012.

[21] Population Institute, *Ethiopia: Expanding Participation in Family Planning and Reproductive Health Services*, Global Leaders Council for Reproductive Health Resolve Award Nomination, 2012.

[22] National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning, *Rwanda Demographic and Health Survey 2010: Preliminary Report*, Ministry of Health of Rwanda, 2010. <http://www.measuredhs.com/pubs/pdf/PR7/PR7.pdf>