

# Adding It Up:

## The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health

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# Objectives

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- Estimate the costs and benefits of ensuring access to family planning and maternal and newborn health care around the world
- Provide data to help decision makers focus resources on healthcare interventions with the greatest returns for individuals and societies

# Key Findings

- Simultaneously meeting the need for family planning and maternal and newborn health in the developing world would:
  - Reduce maternal deaths by 70%
  - Reduce newborn deaths by nearly 50%
  - Generate a range of other benefits, including poverty reduction and increased ability to achieve economic development goals

# Primary data sources

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- DHS and other country surveys
- *Abortion Worldwide: A Decade of Uneven Progress*
- UNFPA Reproductive Health Costing Tool
- WHO and Global Burden of Disease estimates

# Estimates in three steps

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- Meeting 100% of unmet need for modern family planning services
- Meeting 100% of need for maternal & newborn care
- Meeting 100% of need for both of these service components, simultaneously



# Global Context

# Global challenges to improving reproductive health remain a reality

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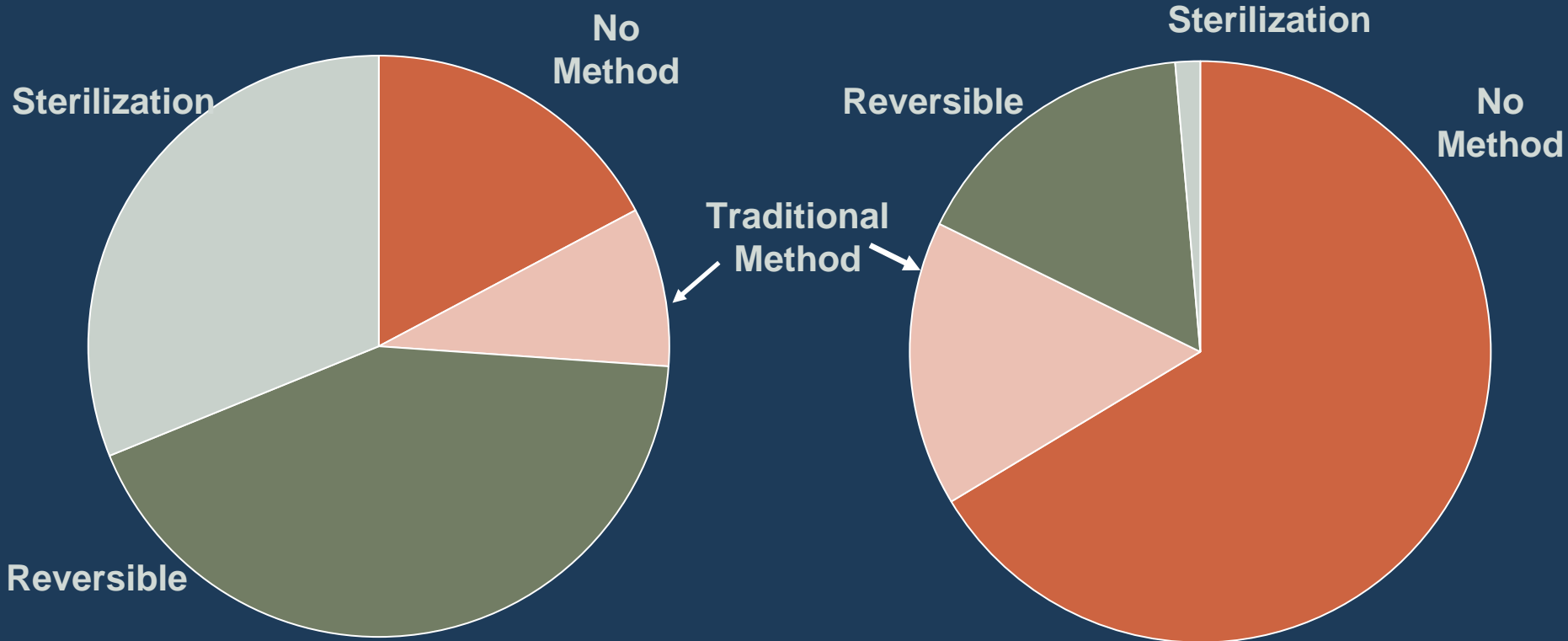
- Some progress, but large gaps remain
  - Unmet need for contraception
  - Unintended pregnancies
  - Infant deaths (first year after birth)
- Less progress and even larger gaps
  - Maternal deaths
  - Newborn deaths (first 28 days after birth)
  - Unsafe abortions

# Meeting needs for modern family planning services yields large benefits

- 603 million people use modern family planning methods, avoiding:
  - 188 million unintended pregnancies
  - 1.2 million newborn and 230,000 maternal deaths
- 215 million women have unmet need
- 26% of the 818 million women who want to prevent pregnancy have unmet need
- If all women with unmet need used modern contraceptives
  - unintended pregnancies drop from 75 to 22 million
  - 790,000 fewer deaths of women and newborns



# Women not using modern contraception account for most unintended pregnancies



Women at risk for unintended pregnancy (818 million)

Unintended pregnancies (75 million)

# In developing countries pregnancy and delivery care is often lacking

- Of the 123 million women giving birth each year
  - Half lack adequate services
  - 60 million make too few or no antenatal visits
  - 55 million do not deliver in a health facility
  - 22 million have untreated obstetric complications
- 20 million women have unsafe abortions each year
  - 3 million have untreated postabortion complications
- Current levels of pregnancy and delivery care prevent 170,000 maternal and 550,000 newborn deaths annually



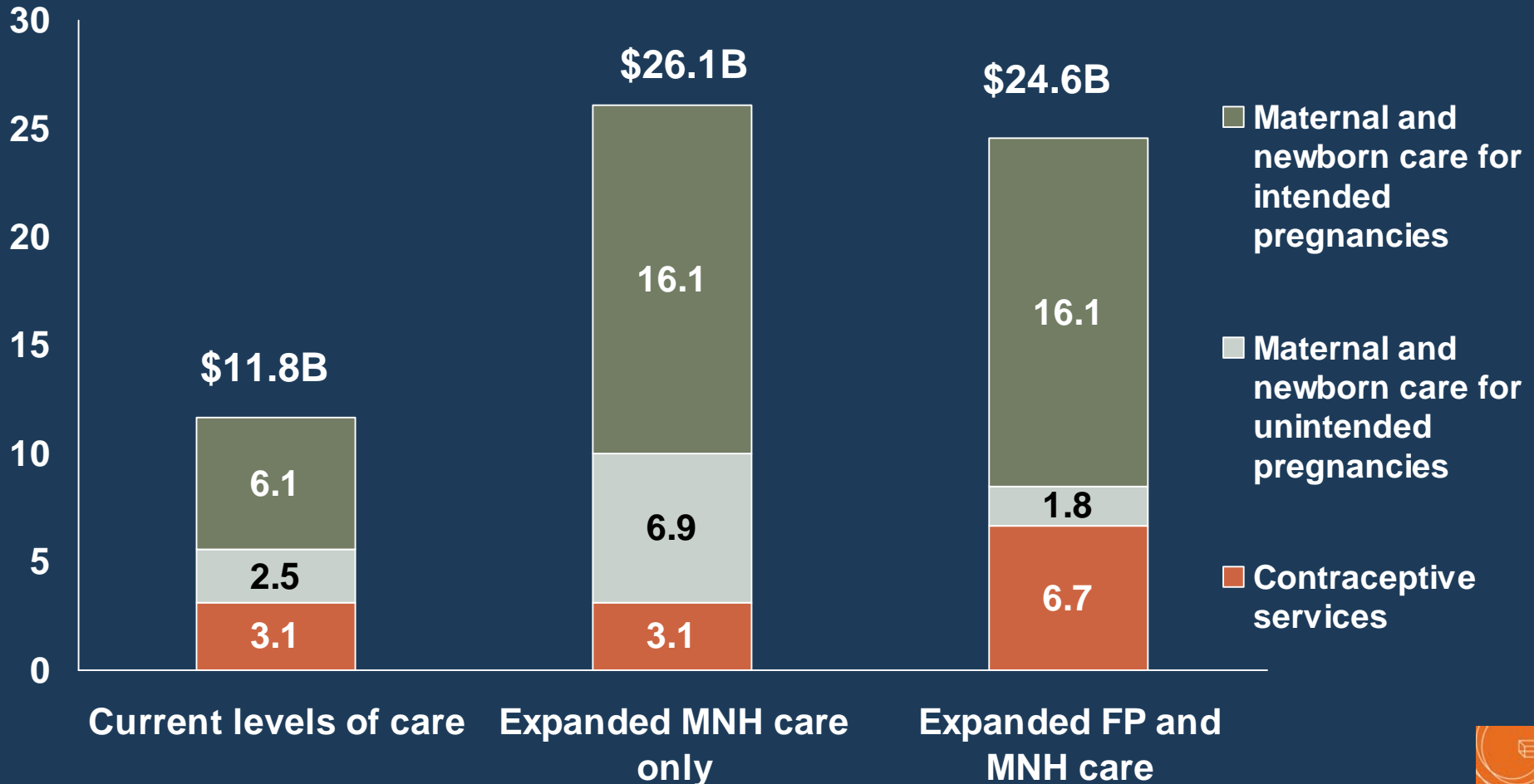
**Dual investment magnifies results  
in terms of dollars and lives**

# Investing simultaneously in both types of care would bring large benefits

- Meeting family planning *and* maternal and newborn health care needs would prevent:
  - 53 million unintended pregnancies, that would have resulted in 22 million unplanned births, 25 million abortions and 7 million miscarriages
  - 390,000 maternal deaths
  - 1.6 million newborn deaths
  - The loss of 146 million disability-life-adjusted years (DALYs) for mothers and newborns

# Family planning investments offset the cost of maternal and newborn health care

2008 US\$ (in billions)

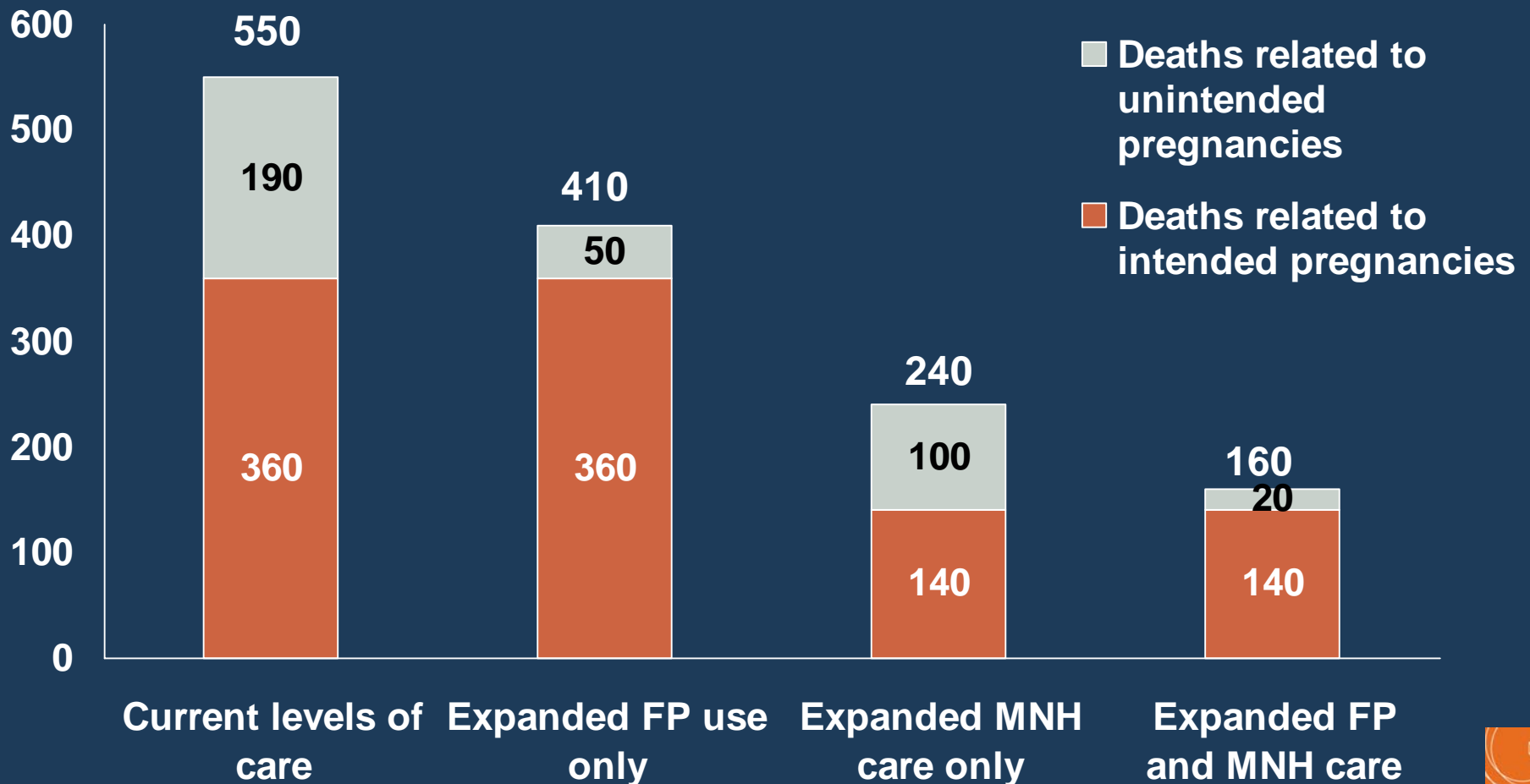


# Meeting these needs simultaneously is cost-effective

- \$1 spent on contraception = \$1.40 saved in maternal and newborn health care costs
- The average cost of saving one DALY is \$96
- The total cost of providing both services is \$24.6 billion – which is \$1.5 billion *less* than providing maternal and newborn care alone
- Strengthening health care systems makes up the bulk of the costs

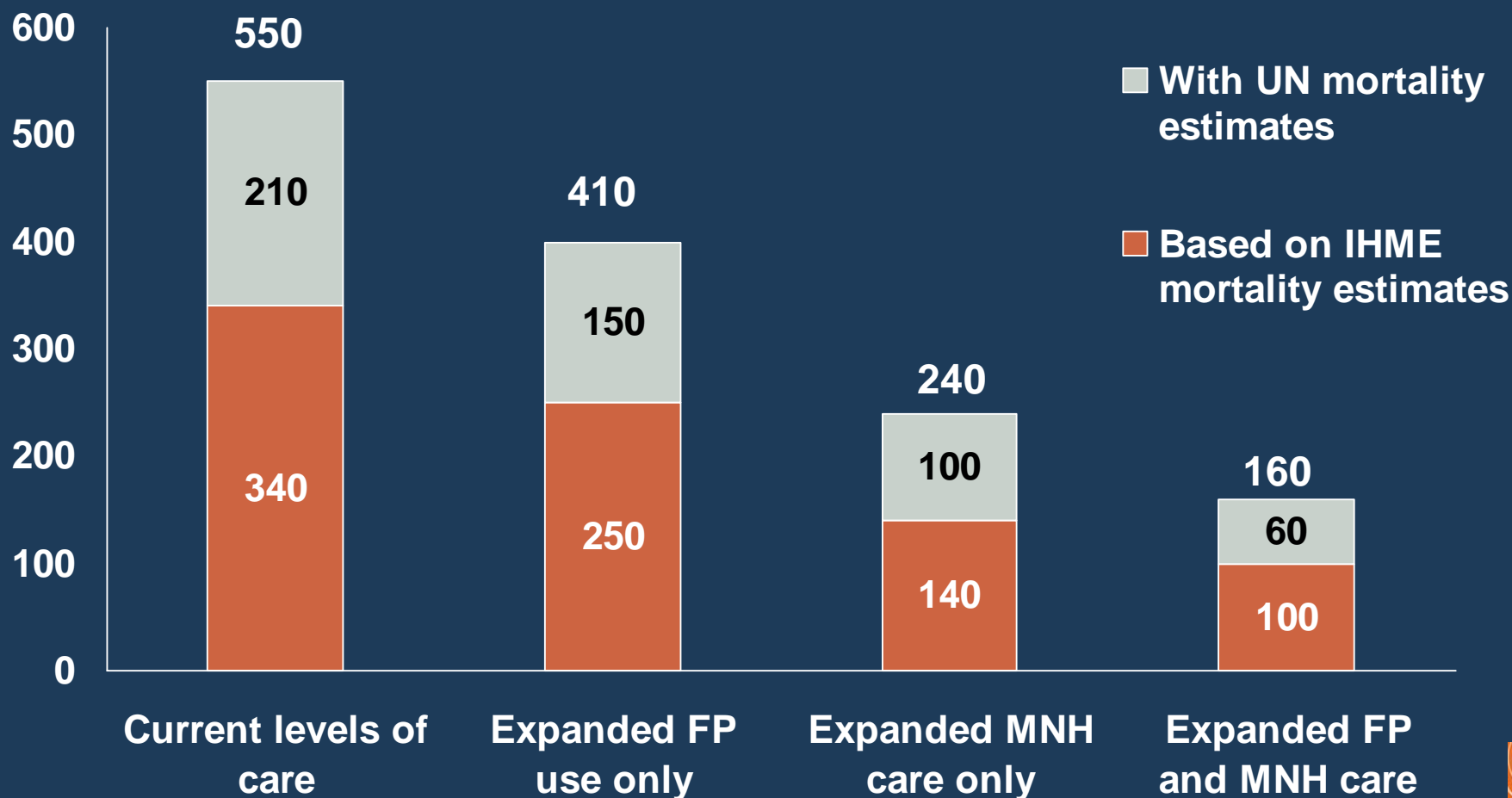
# Maternal deaths would decline by 70%

Maternal deaths (in 000s), 2008



# Even with lower estimates for current levels of maternal mortality

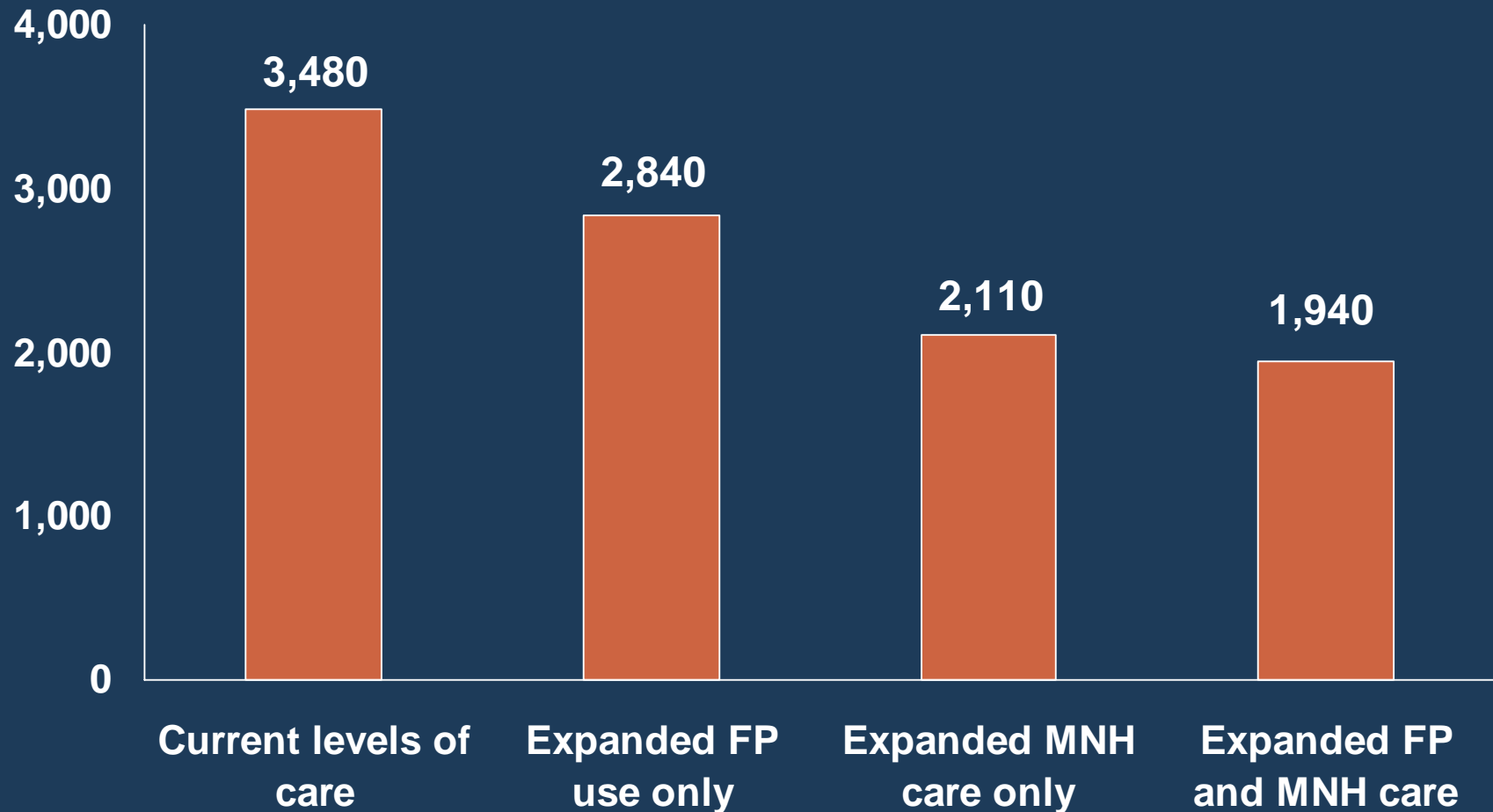
Maternal deaths (in 000s), 2008





# Newborn deaths would decline by 44%

Newborn deaths (in 000s), 2008



# Linkages compound benefits

- By promoting condom use, family planning services reduce the risk of STIs/HIV and improve health outcomes
- Linkage with HIV-related programs improves uptake of HIV services and increases efficiency of scarce resources
- Family planning and antenatal care links women to the health care system, increasing access to other care
- Postpartum counseling can increase uptake of well-baby care and nonmedical care, e.g. for domestic abuse

# Meeting the need for family planning and maternal health services has wide-ranging benefits

- Benefits for women and families
  - Improved education and status for women
  - Improved well-being of family with mother's survival
  - Reduced suffering & stigma from fistula, infertility & other health problems
- Benefits for society
  - Reduced public sector spending on education, health, other sectors
  - Increased productivity, savings, investment & economic growth
  - Reduced population pressure on scarce natural resources
  - Greater equity between men and women
  - Less discrimination against girl children

# Conclusions

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- Fully meeting the need for these services would yield large reductions in maternal and newborn deaths, and large improvements in the health of women and infants
- These investments would be relatively simple and are highly cost-effective
- The poorest countries and most vulnerable groups of women have the most to gain
- Synergies compound the benefits of investing in these services

# Implications

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- Significant investments are needed now, especially in poor countries
- Social and economic changes are likely to further increase the demand for services
- Funding is a key constraint
- Greater political and financial commitment is required at national, regional and international levels

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