Modern contraceptive services and maternal and newborn health care are essential for promoting the well-being of women, their families and communities. Contraceptive use enables couples to plan the number and timing of their children, while maternal and newborn care—along with contraceptive use—greatly improves women’s chances of having a healthy pregnancy and delivering a healthy newborn.

Providing a comprehensive package of maternal and newborn care that includes antenatal, delivery, postpartum and postabortion services is costly and can pose a challenge for low- and middle-income countries. One way to manage such costs is to reduce the number of unintended pregnancies—i.e., pregnancies that occur among women who want to postpone pregnancy or stop childbearing altogether.

Need for modern contraception

Based on 2017 data, there are an estimated 10.1 million pregnancies in Pakistan each year, 3.8 million (37%) of which are unintended. Twenty percent of these unintended pregnancies end in unplanned births and 69% end in induced abortion (and the remainder end in miscarriage).

Nationally, 52% of married women aged 15–49 who want to avoid a pregnancy have an unmet need for modern contraception, which means they are not using contraceptives at all or are using a traditional method. Most unintended pregnancies result from unmet need for modern contraception.

Unmet need for modern contraception is substantial in every province and region of Pakistan. It is highest in Balochistan and Federally Administered Tribal Areas (FATA), where about two-thirds of married women wanting to avoid a pregnancy have an unmet need, and lowest in Islamabad Capital Territory, where the proportion is nearly half.

Need for maternal and newborn health care

Maternal mortality in Pakistan is estimated at 178 maternal deaths per 100,000 live births in 2015—approximately equivalent to the average for the Southern Asia region as a whole (176). This mortality ratio translates to the death of an estimated 10,000 women in 2017. The country’s neonatal mortality rate of 42 deaths in the first 28 days of life per 1,000 live births is well above the median rate for Southern Asia (28).

Millions of women in Pakistan do not receive the maternal and newborn care they need to prevent and manage health complications that may arise during pregnancy, delivery and the postpartum period.

According to recent national data, half of pregnant women obtain the recommended minimum of four antenatal care visits with a health care professional, and about two-thirds (69%) of births take place in a health facility. While these maternal health care indicators have improved significantly in recent years, large disparities persist in Pakistan by region.

Benefits of meeting reproductive health needs

If all unmet need for modern contraception among married women in the country were met, overall unintended pregnancies would be reduced by an estimated 82%, or 3.1 million annually. Unplanned births, abortions and miscarriages would decline by the same proportion.

Fully meeting married women’s need for contraception would lead to an estimated reduction of nearly 1,000 maternal deaths annually. Even more lives would be saved if all women’s need for maternal and newborn health care were fully met simultaneously.

Cost of meeting reproductive health needs

Satisfying the unmet need for modern contraception among married women would increase the annual cost of services (based on public-sector costs) from an estimated $81 million (in 2017 U.S. dollars) to $173 million. The total cost would cover contraceptive commodities, staff salaries, health infrastructure upgrades, contraceptive counseling, outreach activities, and improvements to programs and systems.

If contraceptive services were to stay at current levels, providing all pregnant women each year with a comprehensive package of maternal and newborn health care would cost $1.89 billion.

Because the cost of preventing an unintended pregnancy through the use of modern contraceptives is far lower than the cost of providing care for an unintended pregnancy, expanding modern contraceptive services and maternal and newborn care simultaneously would result in cost savings compared with expanding maternal and newborn services alone.
Therefore, if all contraceptive needs for married women were met, the cost of providing comprehensive maternal and newborn health services would decrease by $244 million to $1.65 billion.

The joint package of fully funded modern contraceptive services for married women and the recommended maternal and newborn health care services for all women who need them would cost $1.82 billion, equivalent to an average cost of $8.55 per capita.

In terms of total costs, addressing both categories of need simultaneously would cost about $152 million less than expanding maternal and newborn health care but leaving contraceptive services at current levels.

These cost savings occur because contraception averts unintended pregnancies and the service costs associated with them. For every additional dollar spent on expanding modern contraceptive use, the country would save more than $2.50 on maternal and newborn health care.

All but one of Pakistan’s eight regions would see cost savings associated with providing the full package of care, rather than expanding maternal and newborn health care alone. With the exception of FATA, where there would be a slight cost increase, annual cost savings would range from $1.5 million in Islamabad Capital Territory to $105 million in Punjab.

Moving forward

An effective strategy for managing the full cost of maternal and newborn health care, while also reducing injury and death among women and infants, is to expand modern contraceptive services and thus empower women and couples to plan the size of their families.

Urgent action is needed to implement the 2018 Council of Common Interests recommendations on specific actions to improve contraceptive service provision, reduce unintended pregnancies, and decrease maternal and infant death and disability. This is essential for closing the gap in need for modern contraception and maternal and newborn health services.

Improving publicly funded contraceptive and maternal and newborn health services is especially important for reaching economically disadvantaged populations. Investments that focus on the quality of services and address specific barriers to use would improve the health of women and infants and also have wider social and economic benefits, such as reduced poverty and hunger and gains in women’s empowerment and education.

Provincial governments, the federal government, the private sector and international development partners share responsibility for meeting the demand for modern contraceptives.

MEETING WOMEN'S NEEDS

Investments in modern contraceptive services would help reduce the cost of meeting the need for maternal and newborn health (MNH) care in Pakistan.

Annual cost in millions of U.S. dollars, 2017

<table>
<thead>
<tr>
<th></th>
<th>MNH care for intended pregnancies</th>
<th>MNH care for unintended pregnancies</th>
<th>Modern contraceptive care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current levels of contraceptive and MNH care</td>
<td>1,047</td>
<td>171</td>
<td>81</td>
</tr>
<tr>
<td>Current level of contraceptive care + 100% coverage of MNH care</td>
<td>1,596</td>
<td>298</td>
<td>81</td>
</tr>
<tr>
<td>100% coverage of contraceptive and MNH care</td>
<td>1,596</td>
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<td>81</td>
</tr>
</tbody>
</table>

NOTE: Numbers may not add to totals because of rounding.