

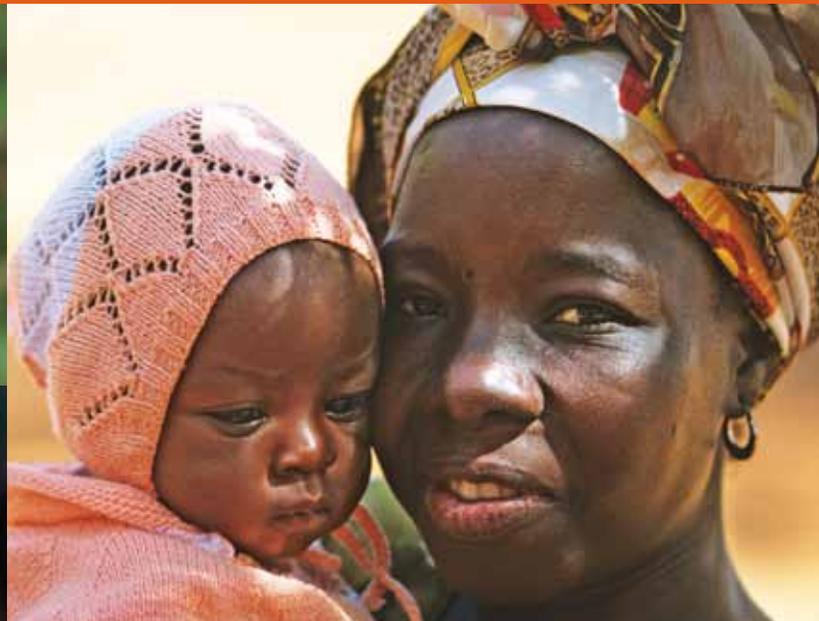


The findings in this report have changed as a result of new data on unmet need for family planning and the costs and benefits of meeting that need. For details see Guttmacher's new [report](#) and [fact sheet](#).

Executive Summary

Adding It Up

THE COSTS AND BENEFITS OF INVESTING IN FAMILY PLANNING AND MATERNAL AND NEWBORN HEALTH



Executive Summary

In the developing world, deaths and poor health among women and newborns have remained too high for too long, despite decades of international agreements declaring the need for urgent action to improve well-being among these groups. More effective action is needed now, especially given the strong evidence of the benefits of investing in the health of women and their newborns: fewer unintended pregnancies; fewer maternal and newborn deaths; healthier mothers and children; greater family savings and productivity; and better prospects for educating children, strengthening economies and reducing the pressure on natural resources in developing countries.

Because of these far-reaching benefits, increased investment in family planning and maternal and newborn health services could accelerate progress toward achieving the Millennium Development Goals (MDGs), which were set in 2000 with targets for 2015. These services for women and infants are highly cost-effective, and they are complementary because the health of mothers and of their babies is intertwined. A continuum of care is needed to help individuals and couples plan their pregnancies and to provide timely antenatal, delivery and postpartum services, including urgent care for complications that arise among women and newborns.

Caring for the health of women and their babies is essential, yet family planning and maternal and newborn services fall well short of needs in developing countries. Using new estimates for 2008, this report shows that

- an estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception, despite increases in use in recent years;
- only about one-half of the 123 million women who give birth each year receive antenatal, delivery and newborn

care (including routine care and care for complications), and many who get care do not receive all the components of care they need; and

- about 20 million women have unsafe abortions each year, and three million of the estimated 8.5 million who need care for subsequent health complications do not receive it.

New analyses also show that the direct health benefits of meeting the need for both family planning and maternal and newborn health services would be dramatic.

- Unintended pregnancies would drop by more than two-thirds, from 75 million in 2008 to 22 million per year.
- Seventy percent of maternal deaths would be averted—a decline from 550,000 to 160,000.
- Forty-four percent of newborn deaths would be averted—a decline from 3.5 million to 1.9 million.
- Unsafe abortions would decline by 73%, from 20 million to 5.5 million (assuming no change in abortion laws), and the number of women needing medical care for complications of unsafe procedures would decline from 8.5 million to two million.
- The healthy years of life lost due to disability and premature death among women and their newborns would be reduced by more than 60%. (This is measured in disability-adjusted life years, or DALYs, an internationally used standard for comparing the cost-effectiveness of health services.) More women would survive hemorrhage and infection, and fewer would endure needless suffering from fistula, infertility and other health problems related to pregnancy or childbirth. Newborns

would have improved chances of surviving asphyxia, low birth weight and infection.

Other benefits for the health sector and for societies as a whole, though less quantifiable, are also profound. The following are just a few.

- The improvements in health systems that would provide lifesaving care to women and their newborns would strengthen health systems' responses to other urgent medical needs.
- Greater use of condoms for contraception would reduce the transmission of HIV and other sexually transmitted infections, thereby helping to curb the AIDS pandemic.
- Reducing unplanned births and family size would save on public-sector spending for health, water, sanitation and social services and reduce pressure on scarce natural resources, making social and economic development goals easier to achieve.
- Reducing unintended pregnancies, particularly among adolescents, would improve educational and employment opportunities for women, which would in turn contribute to improving the status of women, increasing family savings, reducing poverty and spurring economic growth.

How much will it cost to meet the needs for family planning and maternal and newborn services in developing countries?

- Fulfilling unmet need for modern family planning methods would cost \$3.6 billion (in 2008 U.S. dollars), in addition to the \$3.1 billion spent serving current users of modern methods—for a total of \$6.7 billion annually.
- Providing all pregnant women and their newborns with the recommended standards of maternal and newborn care would increase current spending from \$8.7 billion to \$17.9 billion, assuming that unmet need for effective contraceptives is met. Reducing unintended pregnancies by meeting the need for family planning would save \$5.1 billion that would otherwise be required in order to provide the recommended care to pregnant women and newborns.
- The total cost of investing simultaneously in modern family planning and maternal and newborn health services to meet existing needs would be \$24.6 billion, an increase of \$12.8 billion annually. While this is a little more than double current spending on these services in the developing world, the total represents only \$4.50 per capita.

As with current spending for health care, the additional funds needed for these services would come from a combination of domestic and international resources. Decision makers must keep in mind that the people most in need of services are among those least able to pay. Although governments worldwide have committed to making these

services available to all, funding from governments and donor agencies has fallen far short of the amounts pledged for reproductive health. In fact, donor assistance dedicated specifically to family planning has dropped dramatically in absolute dollar amounts since the mid-1990s.

As it stands now, the health-related MDGs will not be met by 2015. Progress on reducing maternal and newborn deaths has been extremely slow, particularly in the two poorest regions, South Asia and Sub-Saharan Africa. These regions—and the poorest people in other regions—stand to gain the most from additional investments because they suffer disproportionately from poor health related to pregnancy and childbirth.

Many implementation challenges must be overcome as policymakers and program planners work to strengthen health systems and make services accessible to everyone. Still, funding shortfalls remain a major constraint to meeting health-related goals. Thus, in full partnership, governments and the international community need to increase funding immediately and target those resources toward the poorest populations to end preventable suffering, as well as the drag that poor health places on economies.

Is it too much for developing countries and the international community to contribute \$12.8 billion more to improving the health of women and newborns? Hardly. Saving one DALY through family planning and maternal and newborn care costs less than \$100, which compares favorably with other cost-effective health investments, such as antiretroviral therapy, childhood vaccination for tuberculosis and oral rehydration therapy.

Given the millions of lives that would be affected and multiple generations that would benefit, the better question to ask is: What has taken so long?

Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health may be purchased for \$20 in the United States and other developed countries and \$10 in developing countries; postage and handling are additional. Volume discounts are available upon request. To purchase online, visit www.guttmacher.org

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