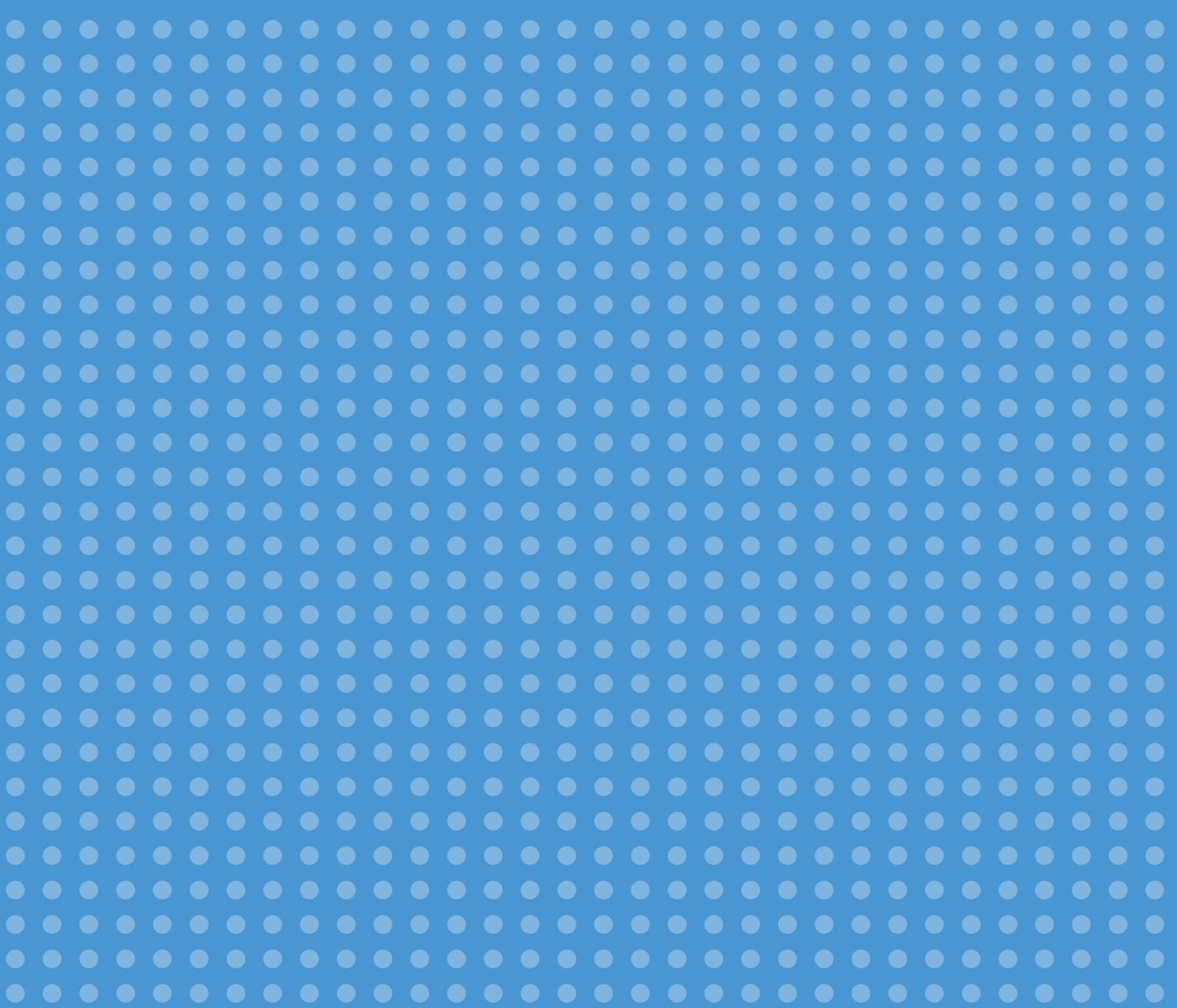


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There are 232 million women in developing countries who want to prevent their pregnancies but are not using modern contraceptives.



TRANSFORMATIVE RESULT: ENDING THE UNMET NEED FOR FAMILY PLANNING

CHAPTER 2

COST OF ENDING UNMET NEED FOR FAMILY PLANNING

SUMMARY

Substantial progress has been achieved in making voluntary family planning available to women globally over the past 25 years. Women have experienced a 25 per cent increase in global modern contraceptive prevalence since 1994, which has led to a decline in unintended pregnancies and contributed to a decline in maternal death. Ending unmet need for modern methods of family planning is a cornerstone of the ICPD Programme of Action and an important indicator in the Sustainable Development Goals .

Avenir Health has developed a model to determine the global cost of ending unmet need for modern family planning in 120 low- and middle-income countries. The study assumes that a country's unmet need will be satisfied when the projected modern contraceptive prevalence rate (mCPR) meets the current level of unmet need for any contraception plus the current rate of traditional family planning use and modern contraception use, accounting for population change over the 10-year period. The costs of providing a range of modern methods of contraception to all women is calculated on a country-by-country basis factoring in cost differentials based on each country's specific situation, including commodities, service delivery and programmatic costs.

THE PRINCIPAL FINDINGS

- **The cost from 2020 to 2030 of ending the unmet need of modern family planning is \$68.5 billion in 120 priority countries.**
- **The amount in development assistance that will be spent in 120 priority countries from 2020 to 2030 is \$8.6 billion. Ending the unmet need for modern family planning by 2030 in 120 priority countries requires investments totalling of \$59.9 billion.**

2.1 OVERVIEW (INCLUDING NEED)

Global consensus exists on the importance of making voluntary family planning available to all women. Advancing universal access to family planning is a cornerstone of the ICPD Programme of Action and is an important indicator of both Sustainable Development Goal 3.7 and Goal 5.7.

Progress has been made in the last 25 years. The number of women using modern methods of contraception has almost doubled from 470 million in 1990 to 840 million in 2018.

Universal access to family planning is a human right and will save lives and have the effect of promoting healthier populations, more efficient health systems and stronger economies. Voluntary access to modern methods of contraception and related services prevents unintended pregnancies and births, lowers the number of abortions and reduces maternal death and illness related to complications of pregnancy and childbirth. If all women in developing countries with an unmet need for family planning had access to modern methods of contraception, maternal deaths would fall by about 76,000.

Despite consensus on this simple goal, in 120 low- and middle-income countries an estimated 232 million women are not using contraception despite wanting to avoid pregnancy. This gap in access to safe and effective modern family planning methods threatens women's health and undermines women's ability to build a better future for themselves, their families and their communities.

Making modern methods of family planning accessible to all women is a proven and cost-effective intervention.

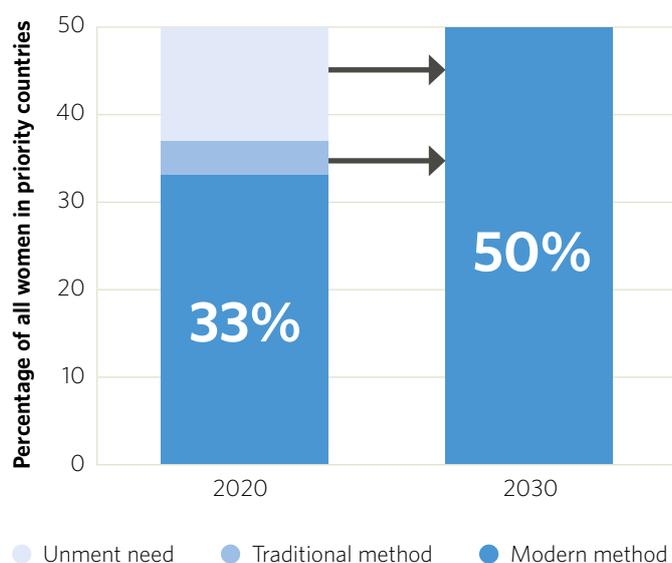
2.2 OPERATIONALIZING ENDING UNMET NEED FOR FAMILY PLANNING

UNFPA's goal of eliminating unmet need by 2030 has been operationalized for the purposes of this costing exercise as increasing the use of modern contraception to the level of current unmet need plus current use of all methods. This means that by 2030 the modern contraceptive prevalence rate would rise in each country by the amount of current unmet need and current use of traditional (vis-a-vis modern) methods of family planning. A small number of countries that currently have low contraceptive use and low unmet need would remain low, but by eliminating unmet need most countries would have a much higher modern contraceptive prevalence rate in excess of 45 per cent by 2030.

2.3 SCOPE

This analysis addresses 120 low- and middle-income countries that are home to a majority of the unmet need for family planning globally. Achieving the goal of ending unmet

Figure 4. Operationalizing "ending unmet need" for family planning



need will require a 40 per cent increase in users of modern methods. One quarter of that increase is due to population growth and three quarters is due to the increase in the modern contraceptive prevalence rate. The study has costed on a country-by-country basis a variety of programmatic interventions including access to a steady, reliable supply of quality modern contraceptive commodities, service delivery, programme management, research, training, data systems, NGO strengthening and other components. The study has also accounted for other causes of unmet need including access barriers, concerns about side effects and demand creation.

2.4 METHODOLOGY

The use of modern methods of contraception (see table 5) by all women of reproductive age (15-49) varies from a low of about 4 per cent to a high of 68.5 per cent in low- and middle-income countries. Unmet need for family planning refers to the percentage of women of reproductive age who want to avoid or space pregnancy within the next two years, but are not using any method of family planning. Unmet need varies from a low of 3 per cent to a high of 27 per cent in LMICs.

The costs of family planning programmes include the costs of commodities but also service delivery, programme management, research, training, data systems and other components. Rather than estimate the cost of each component, this study estimates of the total expenditure on family planning programmes by country published by FP2020.⁴ These estimates are based on work by the Track20 project, Kaiser Family Foundation, Netherlands Interdisciplinary Demographic Institute, UNFPA and the World Health Organization to estimate expenditures on

Table 5. Interventions needed to end the unmet need for modern methods of family planning by 2030

Ensure that these interventions are universally available...	A steady, reliable supply of quality modern contraceptives (pills, implants, injectable methods, IUDs, male and female condoms, male and female sterilization, lactational amenorrhea, emergency contraception and Standard Days Method®) Service delivery, programme management, research, training, data systems and other components
In these 120 countries...	Afghanistan, Albania, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bangladesh, Barbados, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, Colombia, Comoros, Congo, Costa Rica, Côte d'Ivoire, Cuba, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Jamaica, Jordan, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mexico, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Occupied Palestinian Territory, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Rwanda, Saint Lucia, Samoa, São Tomé and Príncipe, Senegal, Serbia, Sierra Leone, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Thailand, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia, Zimbabwe
End the unmet need for family planning by...	Ensuring that all women in the 120 target countries have ready access to a mix of modern contraceptive methods and appropriate programmes to support universal access
Which results in...	No unmet need for family planning

family planning by country from international donors, domestic governments and consumers. From this work we can estimate the expenditure per modern method user for 120 countries. For countries without data this study uses the regional average expenditure per modern method user as an input for scaling up national-level cost projections.

Projections of the number of women of reproductive age in target countries are available from the United Nations Population Division.⁵ This study estimates the number of women using modern methods of contraception by multiplying the annual number of women of reproductive age by the per cent projected to use modern contraception. The calculation indicates that the number of modern method users would increase from about 685 million in all low- and middle-income countries in 2019 to about 970 million by 2030 if the goal is met.

From this work the study estimates the expenditure per modern method user for 120 countries. The average cost is about \$12. For some countries with incomplete data the study has assigned regional average costs per user. There is a wide range from less than \$5 per user to as much as nearly \$40. Countries with higher rates of contraceptive use have less variation in unit costs. By 2030, countries with low unit costs may be expected to experience higher costs as they improve quality and those with high unit costs will experience reductions as they become more efficient. Therefore, the study assumes that by 2030 all countries will have unit costs in the range of \$10 to \$20. For countries already in that range the study assumes constant unit costs. For countries outside that range the study assumes that costs will gradually increase or decrease to be within the range by 2030.

2.5 RESULTS AND FINDINGS

All that stands in the way of ending unmet need for modern methods of family planning is a commitment to provide the resources to implement the known interventions.

The causes of unmet need for family planning are well known. The solutions to ending unmet need for family planning are equally well known. Now, for the first time, the total resources needed to end the unmet need for family planning are known.

- The total investment needed to end the unmet need for family planning is approximately \$68.5 billion between 2020 and 2030.
- Donors are currently projected to provide \$8.6 billion of this need between 2020 and 2030 leaving the new investment required \$59.9 billion.
- Total resources from all sources will have to increase from about \$6.3 billion annually in 2020 to about \$10.8 billion annually by 2030.
- The global price tag for ending unmet need is 0.20 cents per person on earth per day between 2020 and 2030.

While the expenditures required to scale up family planning to end the unmet need are large, net savings are likely to be realized. With reduced requirements for maternal health care and delivery, child health care, education and other services, **the savings will be many times larger than the expenditure** on family planning.⁶

5 United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019*, Online Edition.

6 www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017

The largest amount of funding will be required in Asia and the Pacific (63 per cent), followed by Latin America and the Caribbean (16 per cent), East and Southern Africa (8 per cent), West and Central Africa (6 per cent), North Africa and the Middle East (5 per cent) and Eastern Europe and Central Asia (1 per cent).

The largest amount of resources is needed for upper-middle-income countries (47 per cent), followed by lower-middle-income countries (43 per cent) and low-income countries (9 per cent)

(Note: Sums may not total 100 per cent due to rounding).

Figure 5. Resources required for family planning in low- and middle-income countries, by region (in US dollars)

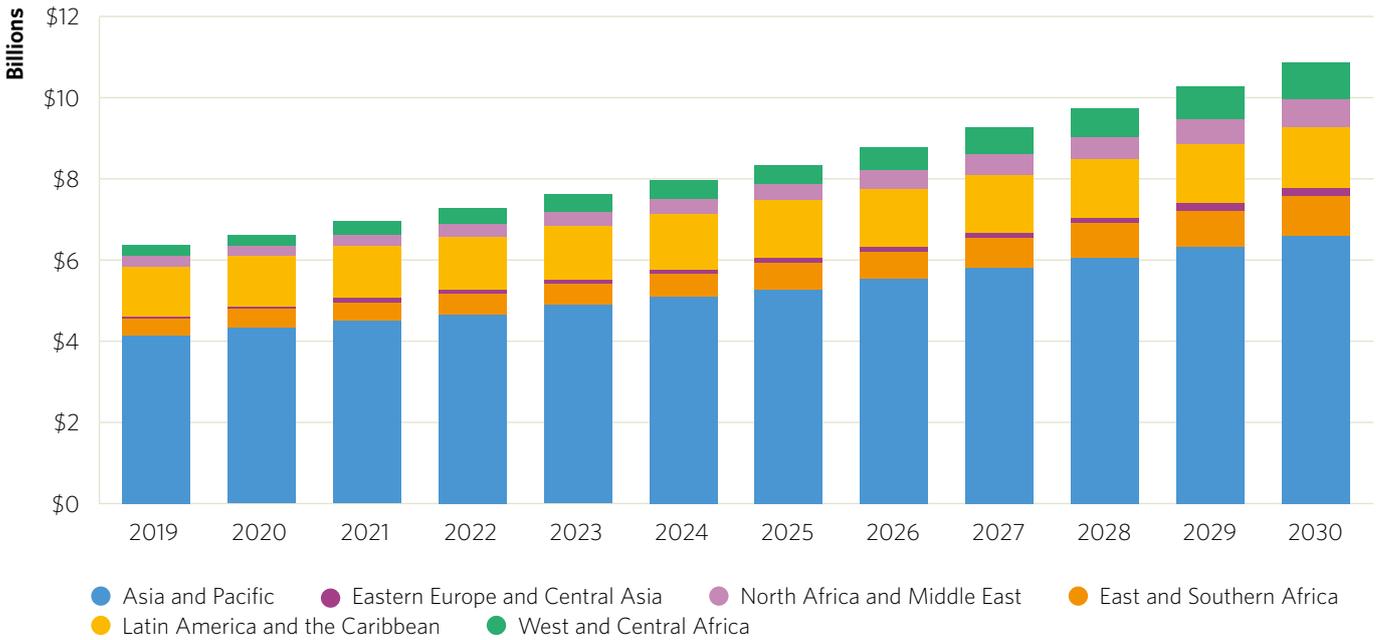
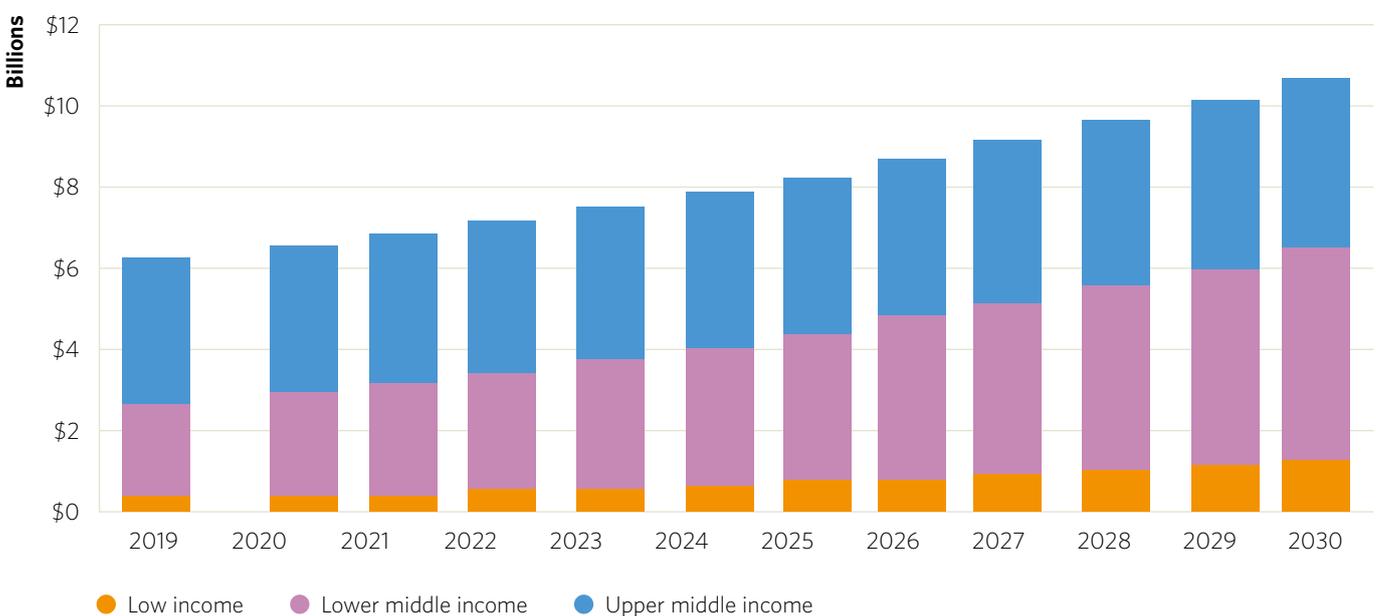


Figure 6. Resources required for family planning in low- and middle-income countries, by income category (in US dollars)





An overall investment of \$68.5 billion would end the unmet need for family planning in 120 priority countries.