



Investment in voluntary family planning programmes: Benefits and cost-saving effects

This document provides an overview, with the use of key statistics, of the need for increased investment in voluntary family planning programmes that respect and protect rights, which would have wide-ranging benefits and are a highly cost-effective way of achieving progress towards many development priorities.

1. The unmet need for family planning

Worldwide there is a vast unmet need for modern contraceptives. While having the ability to plan and space pregnancy is a recognised human right:

- **There are an estimated 225 million women in developing countries with an unmet need for modern contraception.**^{1,2}
- Worldwide only 63.2% of women aged 15-49 who are married or in a union are using modern contraception, and this figure falls to only 35.9% in the least developed countries.³

Access to modern contraceptives is unequal, with the highest unmet need in the poorest regions and among the poorest social groups:²

- Sub-Saharan Africa and Southern Asia have the highest rates of unmet need.
- Unmet need is highest among young unmarried women, poorer and less educated women, and rural women.

The significant unmet need that exists worldwide for family planning violates women's rights and contributes significantly to rapid population growth in many areas of the global South, undermining poverty alleviation and heightening other pressing development issues.

2. Links between high rates of population growth and lack of access to family planning

The rapid growth of the world's population that has taken place over recent decades is unprecedented and is receiving increasing recognition by the development agenda:⁴

- In 1950 the global population was 2 billion and in October 2011 it reached 7 billion.
- According to the latest UN population projections, the world's population is now expected to reach 9.6 billion in 2050, and to exceed 10.9 billion by the end of the century.

The majority of future world population increase is projected to take place in the world's poorest countries, particularly in Sub-Saharan Africa and parts of Asia:⁴

- The population of developing countries is projected to increase from 5.9 billion in 2013 to 8.2 billion in 2050.
- Much of the population increase between now and 2050 is projected to take place in high-fertility countries, mainly in Africa, as well as countries with large populations such as India, Indonesia, Pakistan, the Philippines and the United States.
- Growth is expected to be most rapid in the 49 least developed countries, which are projected to double in size from around 900 million inhabitants in 2013 to 1.8 billion in 2050.

¹ Women with an unmet need for modern contraception are defined as women of reproductive age (15-49) who are sexually active and wish to avoid pregnancy but are not currently using a modern contraceptive method, as set out in reference 2.

² Singh, S., Darroch, J.E., and Ashford, L.S. (2014) [Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health](#) 2014. New York: Guttmacher Institute and United Nations Population Fund.

³ UN Population Division (2013) *World Contraceptive Use 2013*. New York: UN.

⁴ UN Population Division (2013) *World Population Prospects: The 2012 Revision*. New York: UN.



- The population of Africa is expected to more than double by mid-century, increasing from today's 1.1 billion and potentially reaching 4.2 billion by 2100.

Unmet need for modern contraception contributes significantly to high rates of population growth at national levels and to overall world population growth:

- Countries with high unmet need for modern contraception tend to have high fertility rates.
- Niger for example, which has one of the highest population growth rate in the world (currently 4.0% a year) and the highest fertility rate in the world (with an average of 7.8 babies born to every woman between 2010 and 2015)⁴ also has one of the lowest rates of modern contraceptive use (only 8.3% among women of reproductive age who are married or in a union).³
- **74 million unintended pregnancies occur every year in developing countries, with women with an unmet need for modern contraception accounting for 70% of these unintended pregnancies.**²
- Worldwide an estimated 40% of pregnancies are unintended.⁵

3. Health benefits of fulfilling the unmet need for family planning

According to the latest estimates by the Guttmacher Institute, **fulfilling the unmet need for modern contraception in developing countries would each year:**²

- **Save the lives of 70,000 women from pregnancy-related deaths** (in addition to the 100,000 maternal deaths averted by current modern contraceptive use)
- **Save the lives of 500,000 newborns** (in addition to the 1.8 million newborn deaths averted by current use)
- **Avert 52 million unintended pregnancies** (which would represent a decline by two-thirds and is in addition to the 231 million averted currently)
- **Avert 24 million abortions, including 16 million fewer unsafe procedures** (in addition to the 144 million abortions currently averted, 38 million of them unsafe)
- **Avert 6 million miscarriages** (in addition to the 25 million averted currently)
- **Avert 21 million unplanned births** (in addition to the 61 million averted currently).

4. Wider benefits of investment in family planning and cost-saving effects

Achieving universal access to contraception is critical for women's health and human rights, and family planning has many wide-ranging benefits and cost-saving effects:

- Provision of family planning enables women to exercise choice and control over their fertility, while facilitating reductions in fertility levels and population growth.^{6,7}
- Increasing access to family planning can contribute to significant improvements in sexual and reproductive health, including reductions in maternal and child mortality and morbidity (see section 3).^{2,8}
- Ensuring women have the ability to plan and space their pregnancies is critical for advancing gender equality, and increases women's opportunities for education, employment and full participation in society.⁶
- Countries with rapid population growth rates tend to have the highest levels of poverty. Rapid population growth in countries with low levels of economic development places great strain on public services and dramatically reduces the capacity of governments to meet citizen's basic needs.^{9,8}
- Reducing fertility rates in these countries, by averting unintended pregnancies, would reduce the costs of public service delivery and permit greater investment in education, health and skills for employment, contributing to development and poverty alleviation.^{9,8}

⁵ Sedgh, G., Singh, S., and Hussain, R (2014) [Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends](#). *Studies in Family Planning*. 2014; 45[3]: 301–314

⁶ Cleland, J., et al. (2006) Family planning: the unfinished agenda. *The Lancet*, 368, 18, 1810-1827.

⁷ Ezeh, E. C., et al. (2012) Global population trends and policy options. *The Lancet*, 380, 14, 142-148.

⁸ Cleland, J., et al. (2012) Contraception and health. *The Lancet*, 380, 149-156.

⁹ Canning, D., and Schultz, T. P. (2012) The economic consequences of reproductive health and family planning. *The Lancet*, 380, 165-171.



- High rates of population growth and density can exacerbate environmental problems and pressures on resources such as land and water, and heighten vulnerability to climate change.^{6,10}
- Addressing current unmet need for modern contraception would slow population growth and reduce global average fertility to 1.65 children per woman (below replacement level) by 2050, and achieve between 8 and 15% of the reduction in global carbon emissions necessary to avoid dangerous global warming of more than 2°C by 2050.¹¹
- High rates of population growth can contribute to the potential for civil conflict and political instability, where there is pressure on limited resources, such as land or water, mass migration and high rates of youth employment.¹²

In these ways, **reducing population growth by preventing unintended pregnancies would decrease the costs of meeting the Sustainable Development Goals and supports progress towards other key development priorities**, including; maternal and newborn health, gender equality, elimination of poverty and hunger, education, HIV/AIDS, environmental sustainability, climate change and political instability.^{6, 9,13}

Achieving universal access to sexual and reproductive health (SRH) services by 2030, and eliminating unmet need for modern contraception by 2040 would deliver \$120 of social and economic benefits for every \$1 invested, including by positively influencing population dynamics.^{14 i}

5. Inadequacy of current funding for family planning

Despite the far-reaching impacts and cost-saving effects of family planning, there is insufficient international investment to meet the need worldwide for voluntary family planning programmes, which should be delivered as part of comprehensive sexual and reproductive health programmes that protect and respect rights:

- **Since the mid-to-late 1990s, donor assistance dedicated specifically to family planning has decreased dramatically in absolute terms.**¹⁵
- Many countries of the world where women have a high-unmet need for contraception experienced per capita declines in assistance for family planning by more than 50% between 1996 and 2006, while experiencing increased demand.¹⁶
- In recent years, although insufficient, there has been some increase in donor support from family planning, from US\$501 million in 2005 to US\$882 million in 2010.¹⁷

The fall in donor assistance for family planning in absolute terms is taking place at the same time as demand is increasing:

- The number of women wanting to avoid a pregnancy, and therefore needing modern contraceptives, has increased substantially in the developing world over the last decade, from 720 million in 2003 to 877 million in

¹⁰ Stephenson, J., Newman, K and Mayhew, S (2010) "Population dynamics and climate change: what are the links?" *Journal of Public Health*, 32, 2, pp. 150-156.

¹¹ The Aspen Institute (2010) *What's Good for Women in Good for the Planet*, citing O'Neill et al (2010) and Futures Group (2010).

¹² Population and Sustainability Network (2012) *Population Dynamics and Fragile States: A PSN Briefing Paper*. Available at: <http://www.populationandsustainability.org/293/articles-and-reports/articles-and-reports.html>

¹³ Moreland, S. and Talbird, S (2006). *Achieving the Millennium Development Goals: The contribution of fulfilling the unmet need for family planning*. Washington D. C: USAID.

¹⁴ Copenhagen Consensus Center (2014) *Benefits and Costs of the Population and Demography Targets for the Post-2015 Development Agenda*.

¹⁵ Guttmacher Institute (2010) *Facts on Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and United Nations Population Fund.

¹⁶ Presentation by Ms Hania Zlotnik, UN Population Division Director, at UCL and Leverhulme Trust Population Footprints Symposium, 25 May 2011, London.

¹⁷ Singh, S. and Darroch, J. E (2012) *Adding It Up: Costs and Benefits of Contraceptive Services – Estimates for 2012*. New York: Guttmacher Institute and United Nations Population Fund.



2014. Three-fourths of the increase is due to population growth and the remainder is due to increases in women's desire to avoid pregnancy.¹⁸

- Due to population growth, the number of women of reproductive age (15-49) will increase by 10% between 2007 and 2015 and by another 8%. Between now and 2025 it is projected to increase by another 8%.¹⁹

According to the Guttmacher Institute, fulfilling unmet need for modern contraception in developing countries would require an estimated doubling of current global investments:²

- Increasing investments in contraceptive care from the current US\$ 4.1 billion to US\$9.4 billion annually.
- This means an additional US\$5.3 billion investment annually, which should be shared among national governments, donor agencies and households.

The US\$9.4 billion annual investment needed in contraceptive services in developing countries would not only cover current costs and the costs of addressing unmet need but also cover the costs of improving contraceptive service provision for women currently using modern contraceptive methods, for example by increasing the choice of methods used and improving the accessibility of services.²

The additional investment of US\$5.3 for modern contraceptive services would make improvements in maternal and newborn care more affordable.²

If all women who want to avoid a pregnancy used modern contraceptives and all pregnant women received the recommended levels of maternal and newborn care, the total cost of these services would be \$37.5 billion annually for developing regions as a whole.²

Kofi Annan, Former UN Secretary General, December 2003:

"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."

6. Further information

For further resources and information from PSN about the multiple benefits of investing in family planning and the links between population dynamics and a range of development priorities including, poverty alleviation, climate change, biodiversity protection and fragile states see: <http://www.populationandsustainability.org>

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ⁱ This was the finding of an analysis of potential targets to achieve the Post-2015 international development agenda which identified these targets as particularly cost-effective.

¹⁸ Darroch JE and Singh S, Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012: an analysis of national surveys, *Lancet*, 2013, 381(9879):1756– 1762

¹⁹ Singh, S. and Darroch, J. E (2012) *Adding It Up: Costs and Benefits of Contraceptive Services – Estimates for 2012*. New York: Guttmacher Institute and United Nations Population Fund.

