Achieving the MDGs
The contribution of family planning

Reducing MDG Costs

High rates of population growth are largely the result of frequent childbearing or high fertility—often corresponding with a large unmet need for family planning (FP). In Ghana, women still have, on average, about 4 children each, and surveys show that the unmet need for FP services is high (34 percent of married women of reproductive age want to space or limit births but are not currently using any method of family planning). If access to family planning services was increased, this unmet need could be met, therefore slowing population growth and reducing the costs of meeting the MDGs.

Meeting unmet need for family planning not only allows families to space and limit their births when desired; it can also reduce the costs of meeting the MDGs and directly contribute to the reduction of maternal and child mortality.

The study estimated the extent of the cost savings for five of the eight MDGs. Costs were calculated under two scenarios: when unmet need for family planning remains constant and when all unmet need is gradually met by 2015. Although it may take Ghana longer than 10 years to satisfy all unmet need—and this question is addressed in the larger study—what is clear is that reducing the unmet need for FP services can help Ghana significantly reduce the costs of meeting the five selected MDGs, including:

- Achieve universal primary education
- Reduce child mortality
- Improve maternal health
- Ensure environmental sustainability
- Combat HIV/AIDS, malaria, and other diseases

For example, the cost of achieving the MDG for universal primary education is influenced by the number of children
needing education. Fulfilling unmet need for family planning would result in fewer children requiring education, and as a result, there would be lower costs for universal primary education. Figure 1 shows the cumulative cost savings to the education sector from satisfying unmet need—$35.9 million would be saved by 2015. Because the effects of family planning are not immediate, long-term benefits would be even larger if the timeline were extended past 2015. Similar methodology was applied to other sectors working to meet the MDGs, revealing cost savings in meeting the immunization, water and sanitation, maternal health, and malaria targets (see Figure 2).

Improving Maternal and Child Health

In addition to the cost savings incurred by addressing unmet need, greater use of FP services can contribute directly to the MDG goals to reduce child mortality and improve maternal health; family planning helps reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death. The study shows that addressing unmet need in Ghana could be expected to avert 3,962 maternal deaths and 199,952 child deaths by the target date of 2015.

Conclusion

Increasing access to and use of family planning is not one of the MDGs; however, as analysis has shown, it can make valuable contributions to achieving many of the goals. Increased contraceptive use can significantly reduce the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality. The cost savings in meeting the five MDGs by satisfying unmet need outweigh the additional costs of family planning by a factor of 2 to 1.

July 2009, based on the 2003 Ghana DHS