FP2020

FAMILY PLANNING'S RETURN ON INVESTMENT: WHAT DO ALL THE NUMBERS MEAN?

FAMILY PLANNING 2020™

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OVERVIEW OF DIFFERENT APPROACHES

ROI COMMUNICATIONS

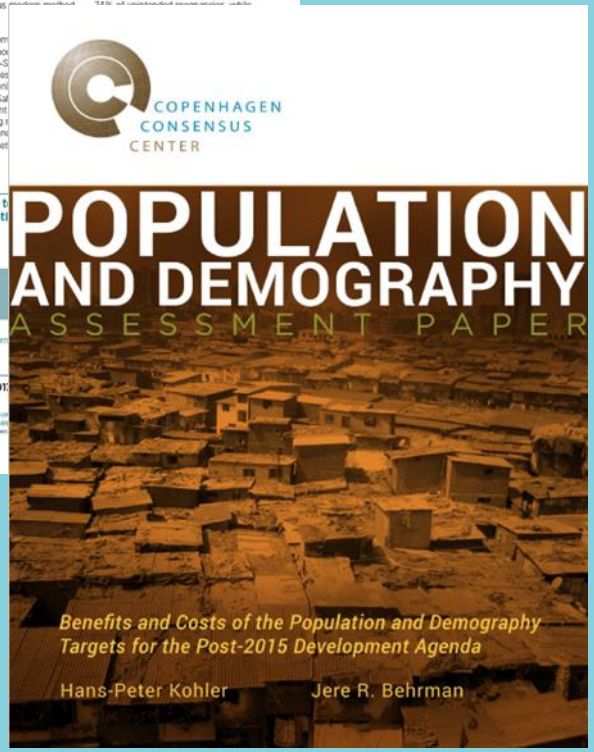
"Every dollar spent on contraceptive services in developing regions saves $2.20 in maternal and newborn healthcare."- *Guttmacher Institute*

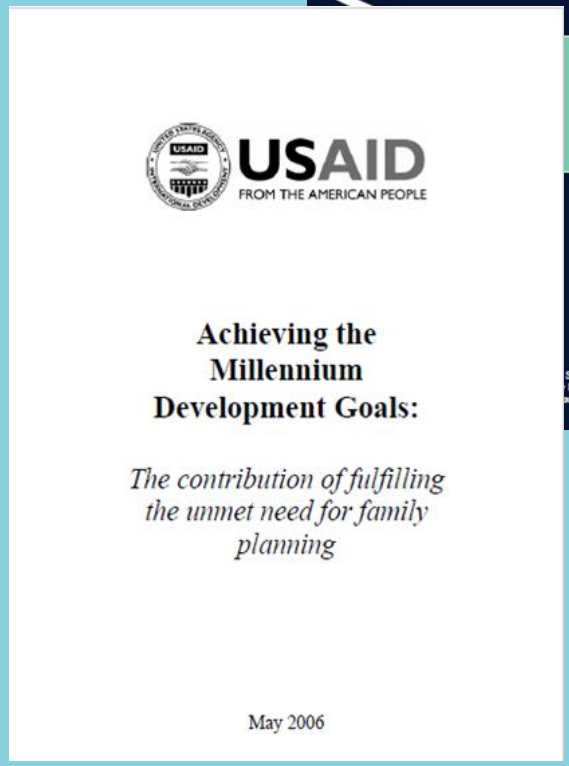
"For every $1 invested in family planning, the analysis says, society reaps $120 in lifetime benefits, such as reduced maternal and child deaths and increased per capita income."- *Global Health Now*

"Providing contraception and other reproductive-health services to all who want them would cost $3.6 billion a year, according to Mr. Lomborg's researchers, yet generate annual benefits of $432 billion, $120 per dollar spent."- *The Economist*

"For every U.S. dollar invested in family planning, up to $6 can be saved in interventions aimed at achieving other development goals."- *NewsDeeply*

APPROACHES TO ROI





APPROACHES TO ROI – Adding It Up- Guttmacher Institute

FACT SHEET

ADDING IT UP:
Investing in Contraception and Maternal and Newborn Health, 2017

GUTTMACHER INSTITUTE

Corrected December 6, 2017. See note, page 4.

This fact sheet presents estimates for 2017 of the contraceptive, maternal and newborn health care needs of women in developing regions, critical gaps in service coverage, and the costs and benefits of fully meeting these needs.

- As of 2017, 1.6 billion women of reproductive age (15–49) live in developing regions. About half of them (885 million women) want to avoid a pregnancy; of this subset of women, about three-quarters (671 million) are using modern contraceptives (Figure 1).
- Yet 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. This includes 155 million who use no method of contraception and 59 million who rely on traditional methods. These women are considered to have an unmet need for modern contraception. Their number has decreased from 225 million in 2014, as modern method use has increased.
- The proportion of women who have an unmet need for modern contraception is highest in Sub-Saharan Africa (21%), while the largest absolute number (70 million women) live in Southern Asia. Together, Sub-Saharan Africa and Southern Asia account for 39% of all women in developing regions who want to avoid pregnancy and 57% of women with an unmet need for modern contraception.

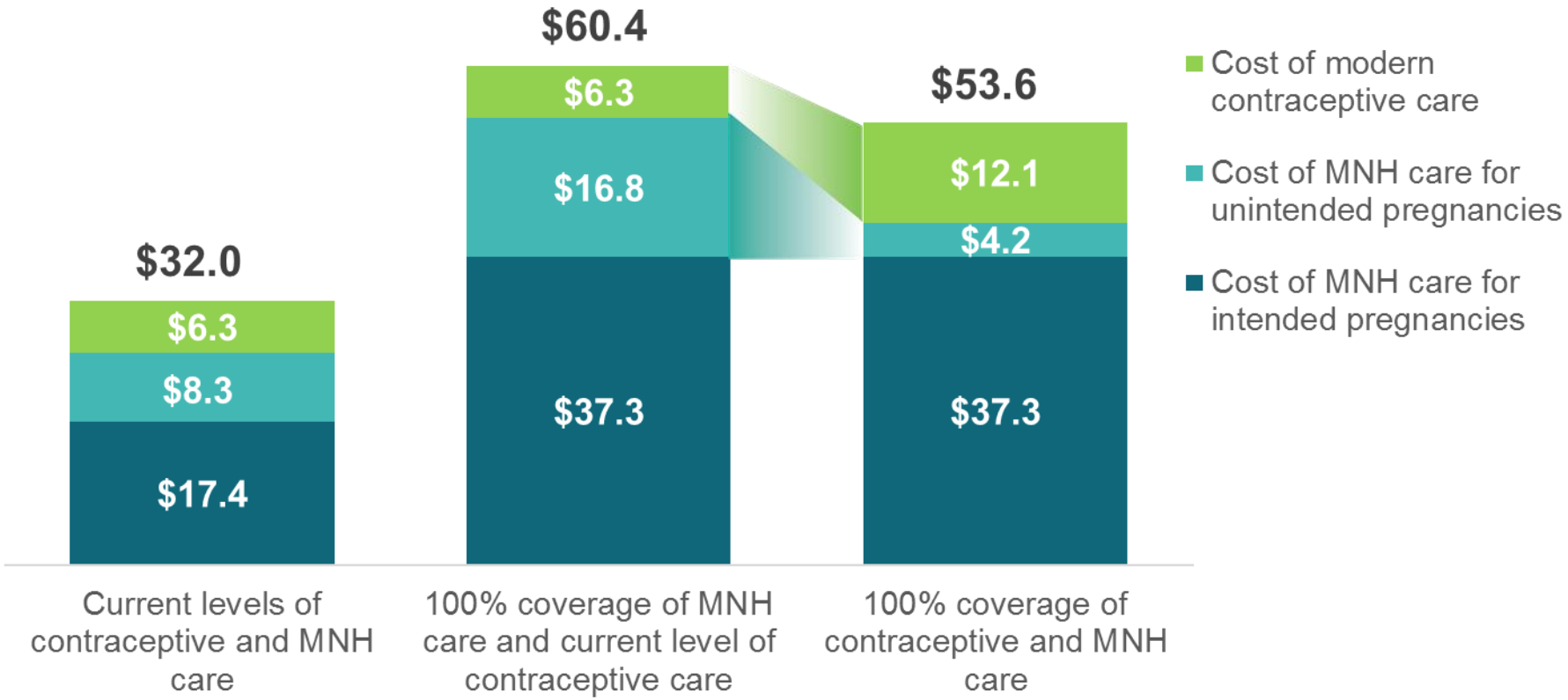
FIGURE 1: CONTRACEPTIVE NEED AND USE

In developing regions, 214 million women want to prevent pregnancy but are not using modern contraception.

*Modern methods include female and male sterilization, hormonal methods, IUDs, male and female condoms, modern fertility awareness–based methods, lactational amenorrhea method, emergency contraception and other supply methods.
†Includes women who are unmarried and not sexually active, are infecund, want a child in the next two years, or are pregnant/postpartum with an intended pregnancy.

- Of the estimated 206 million pregnancies in 2017 in developing regions, 43% are unintended (that is, they occur too soon or are not wanted at all).
- Women with an unmet need for modern contraception account for 84% of all unintended pregnancies in developing regions (Figure 2). Women using no method of contraception account for 74% of unintended pregnancies, while women using a traditional method account for 10%.
- Of the 127 million women who give birth each year in developing regions, many do not receive essential maternal and newborn health care. Overall, just 63% receive a minimum of four antenatal care visits, and 72% give birth in a health facility (Figure 3).
- There are wide disparities in maternal and newborn health care across regions. For instance, only 56% of women giving birth in Africa deliver in a health facility, compared with 91% in Latin America and the Caribbean.
- Disparities among countries in contraceptive and maternal and newborn health care follow economic lines. The proportion of women aged 15–49 whose need for family planning is satisfied with modern contraception is lowest (49%) in low-income countries, compared with 69% in lower-middle-income countries and 86% in upper-middle-income countries. Likewise, the proportion of women delivering in a health facility is lowest (55%) in low-income countries and highest (94%) in upper-middle-income countries.
- Among women who experience medical complications during pregnancy or delivery, only one in three (35%)

ADDING IT UP, 2017



ADDING IT UP, 2017

APPROACHES TO ROI – Health Policy Project

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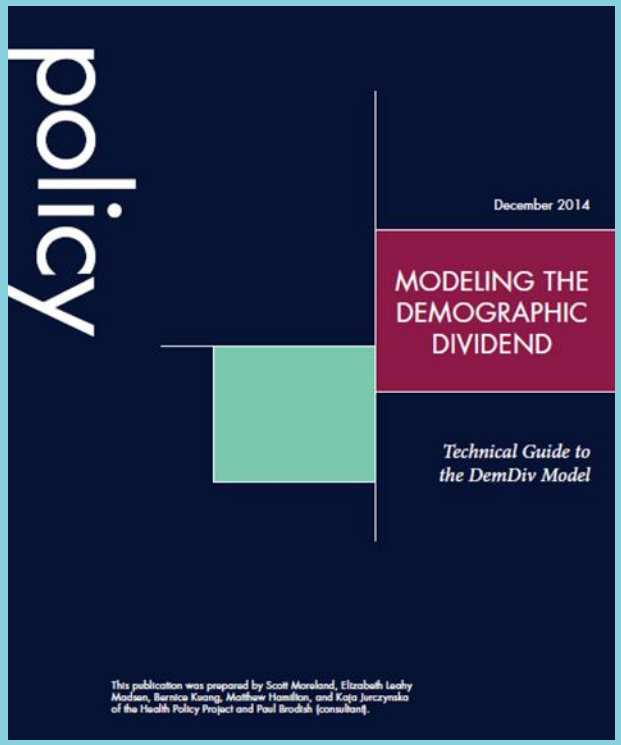


policy

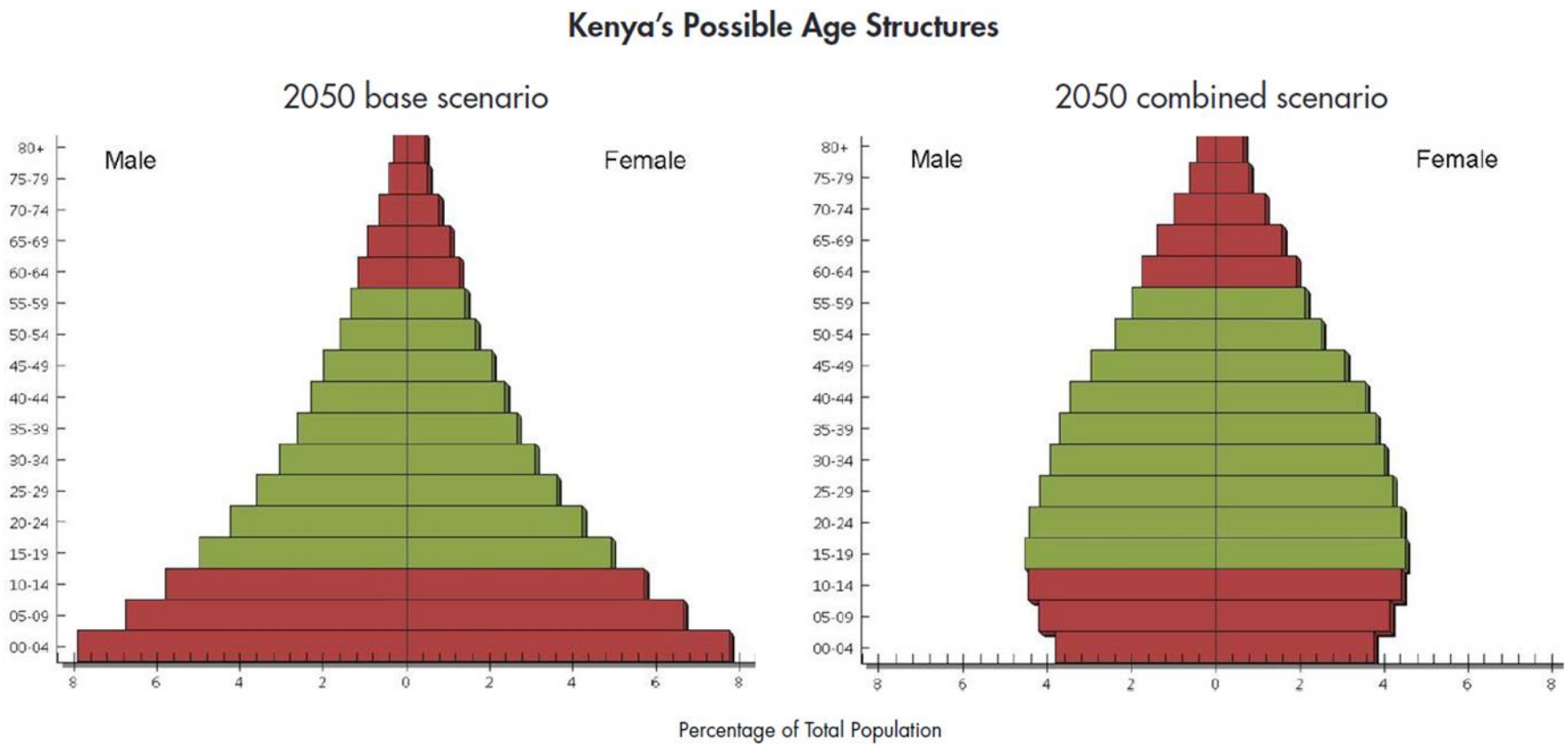
December 2014

MODELING THE DEMOGRAPHIC DIVIDEND

Technical Guide to the DemDiv Model

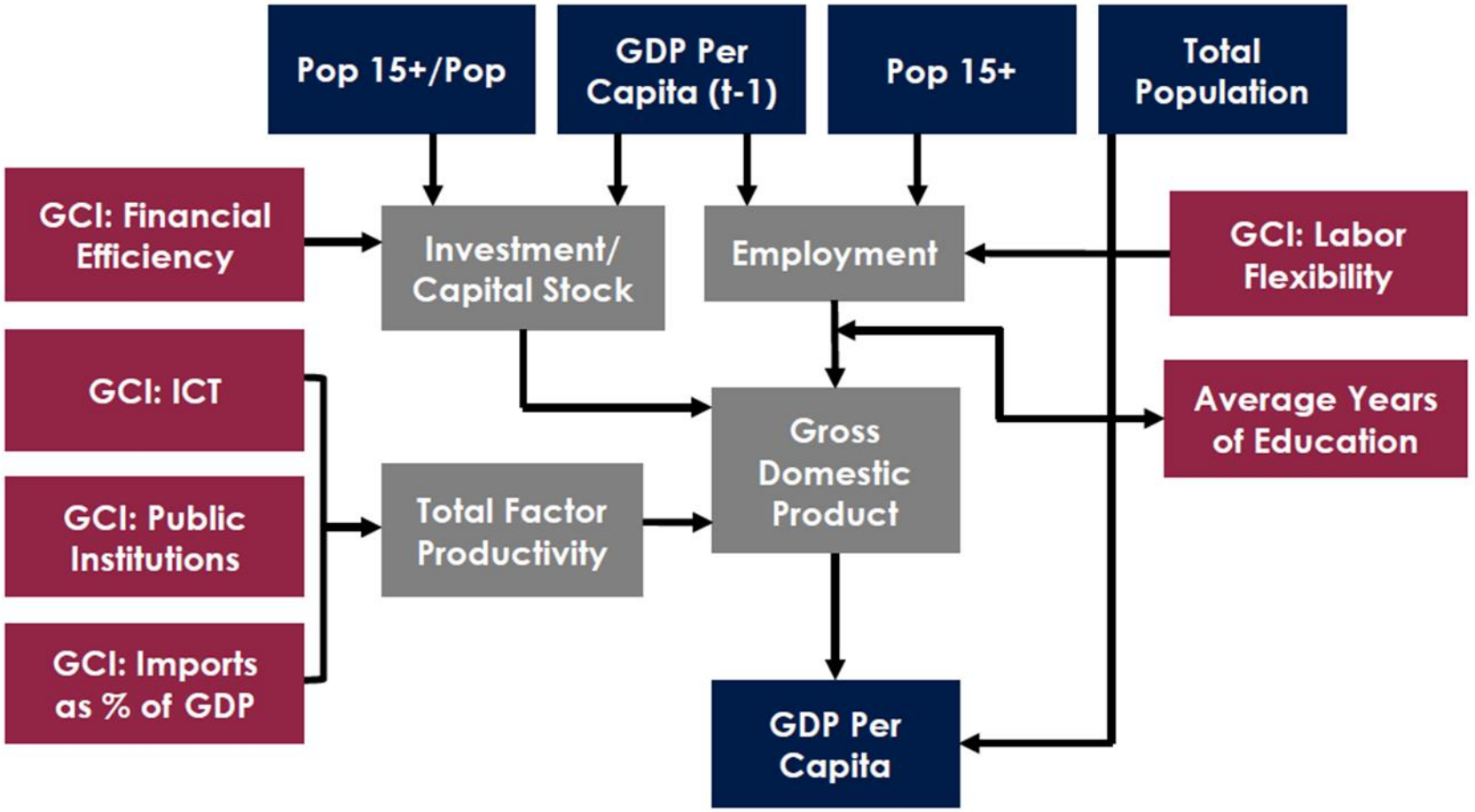
This publication was prepared by Scott Moreland, Elizabeth Leahy Madsen, Bernice Kuang, Matthew Hamilton, and Kaja Jurczynska of the Health Policy Project and Paul Brodish (consultant).

DEMDIV MODEL, 2014



DEMDIV MODEL, 2014

Figure 2: Economic Model



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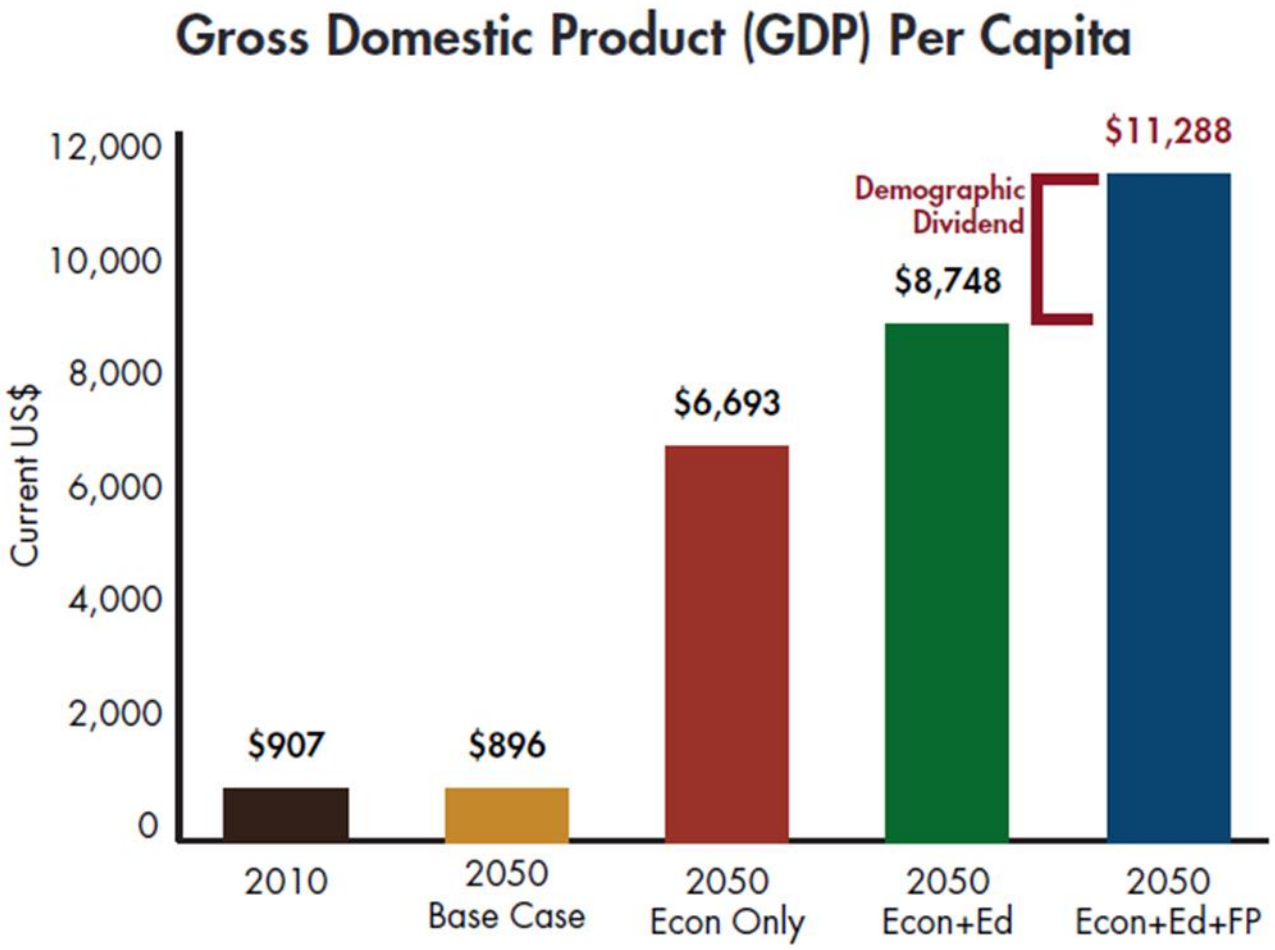

APPROACHES TO ROI - MDGs

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1,600 million women of reproductive age, 2017

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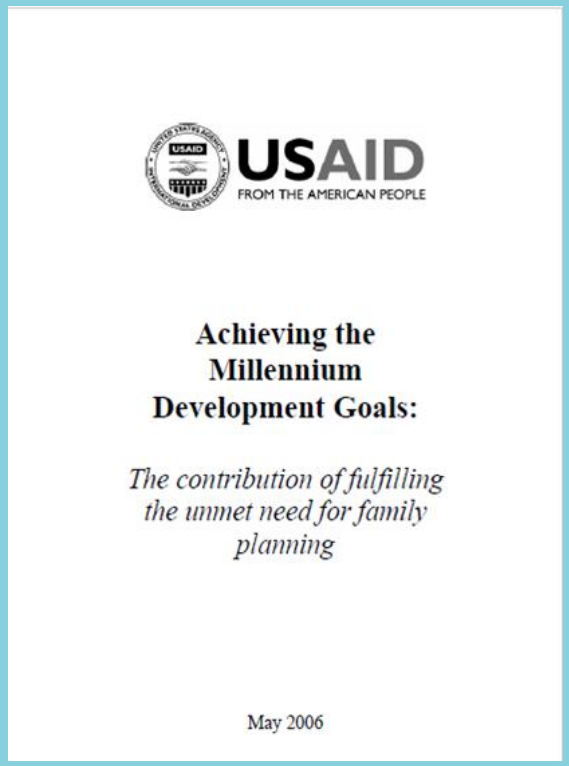
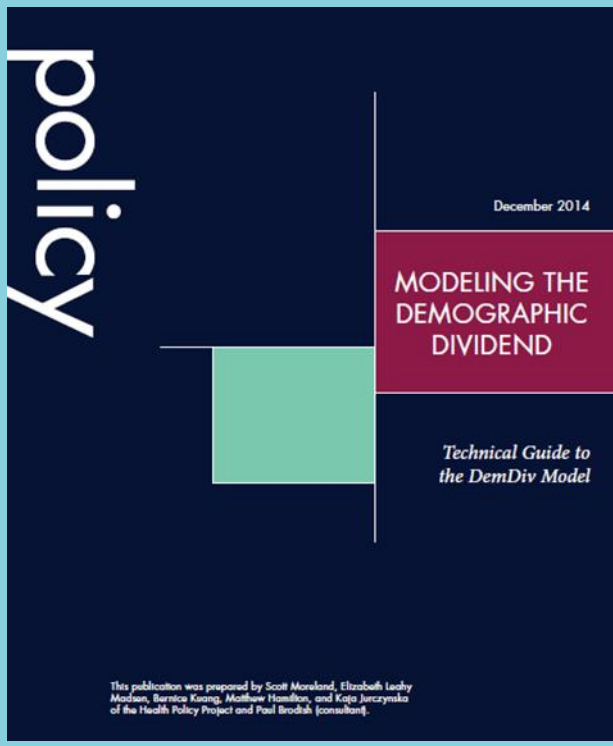


USAID
FROM THE AMERICAN PEOPLE

Achieving the Millennium Development Goals:

The contribution of fulfilling the unmet need for family planning

May 2006



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ACHIEVING MDGs, 2006

Table IX.1: Cost of family planning, cost savings for achieving the MDGs' targets, and benefit-cost ratios by MDG sector

Country	Cost and B/C Ratio	Family Planning*	Education	Immunization	Water and Sanitation	Maternal Health	Malaria	Total
Burkina Faso	Cost	$27.5	$21.6	$17.8	$11.4	$27.2	$2.9	$80.9
	B/C ratio		0.79	0.65	0.41	0.99	0.11	2.95
Cameroon	Cost	$14.7	$29.6	$4.6	$6.0	$13.3	$1.4	$54.9
	B/C ratio		2.01	0.31	0.41	0.90	0.09	3.72
Chad	Cost	$4.7	$9.9	$2.9	$3.4	$8.1	$0.8	$25.0
	B/C ratio		2.10	0.61	0.71	1.70	0.16	5.29
Ethiopia	Cost	$102.8	$23.1	$44.0	$26.3	$105.3	$9.9	$208.5
	B/C ratio		0.22	0.43	0.26	1.02	0.10	2.03
Ghana	Cost	$54.0	$35.9	$19.8	$21.7	$39.0	$4.3	$120.6
	B/C ratio		0.66	0.37	0.40	0.72	0.08	2.23
Guinea	Cost	$20.8	$44.3	$7.1	$8.6	$18.3	$1.8	$80.0
	B/C ratio		2.13	0.34	0.41	0.88	0.09	3.85
Kenya	Cost	$71.4	$114.7	$37.1	$35.9	$74.9	$8.0	$270.6
	B/C ratio		1.61	0.52	0.50	1.05	0.11	3.79
Madagascar	Cost	$25.5	$20.1	$13.2	$11.5	$28.8	$3.0	$76.4
	B/C ratio		0.79	0.52	0.45	1.13	0.12	3.00
Mali	Cost	$35.8	$37.9	$18.5	$13.2	$33.5	$3.2	$106.4
	B/C ratio		1.06	0.52	0.37	0.94	0.09	2.97
Niger	Cost	$28.6	$35.6	$10.5	$12.5	$30.6	$2.8	$91.9
	B/C ratio		1.25	0.37	0.44	1.07	0.10	3.22
Nigeria	Cost	$139.5	$140.1	$52.1	$54.7	$127.0	$12.7	$386.6
	B/C ratio		1.00	0.37	0.39	0.91	0.09	2.77
Rwanda	Cost	$6.1	$8.3	$4.1	$5.0	$9.8	$1.0	$28.2
	B/C ratio		1.36	0.66	0.81	1.60	0.10.160	4.59
Senegal	Cost	$42.7	$180.7	$11.7	$26.0	$42.8	$4.4	$265.6
	B/C ratio		4.23	0.27	0.61	1.00	0.10	6.22
Tanzania	Cost	$71.6	$116.5	$35.1	$46.8	$84.6	$8.3	$291.3
	B/C ratio		1.63	0.49	0.65	1.18	0.12	4.07
Uganda	Cost	$97.4	$157.8	$52.4	$58.8	$126.4	$12.5	$407.9
	B/C ratio		1.62	0.54	0.60	1.30	0.13	4.19
Zambia	Cost	$27.2	$37.5	$16.8	$16.6	$36.7	$3.8	$111.3
	B/C ratio		1.38	0.62	0.61	1.35	0.14	4.09

*FP costs based on the regional average of $11.2 per CYP for comparison purposes. FP costs per FP user available by country.

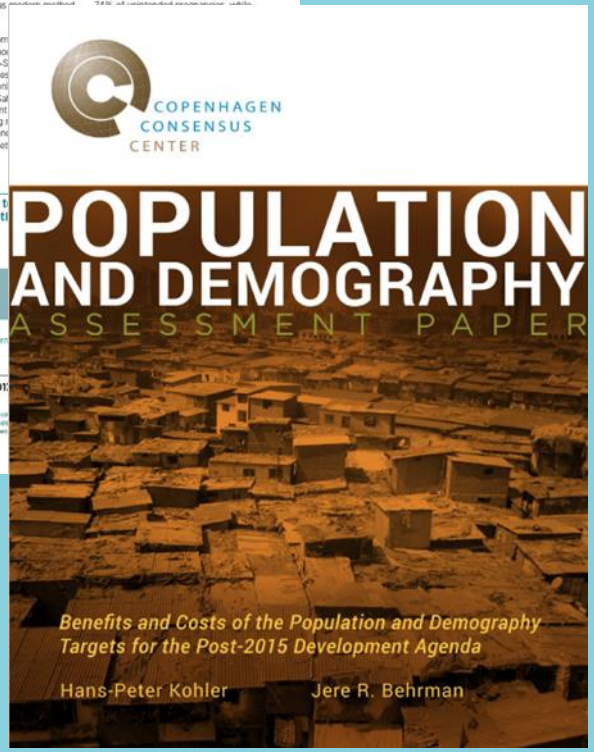
ACHIEVING MDGs, 2006

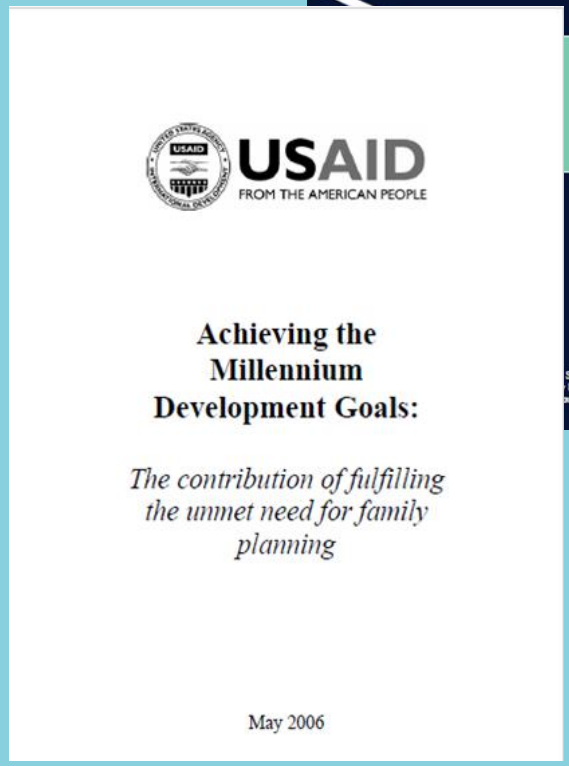
Table IX.2: Comparison of benefit-cost ratios by country

Country	B/C Ratio	Rank
Burkina Faso	2.95	13
Cameroon	3.72	9
Chad	5.29	2
Ethiopia	2.03	16
Ghana	2.23	15
Guinea	3.85	7
Kenya	3.79	8
Madagascar	3.00	11
Mali	2.97	12
Niger	3.22	10
Nigeria	2.77	14
Rwanda	4.59	3
Senegal	6.22	1
Tanzania	4.07	6
Uganda	4.19	4
Zambia	4.09	5

*FP costs based on regional average of $11.20 per CYP for comparison purposes. Costs per FP user available by country.

APPROACHES TO ROI





COPENHAGEN CONSENSUS, 2014

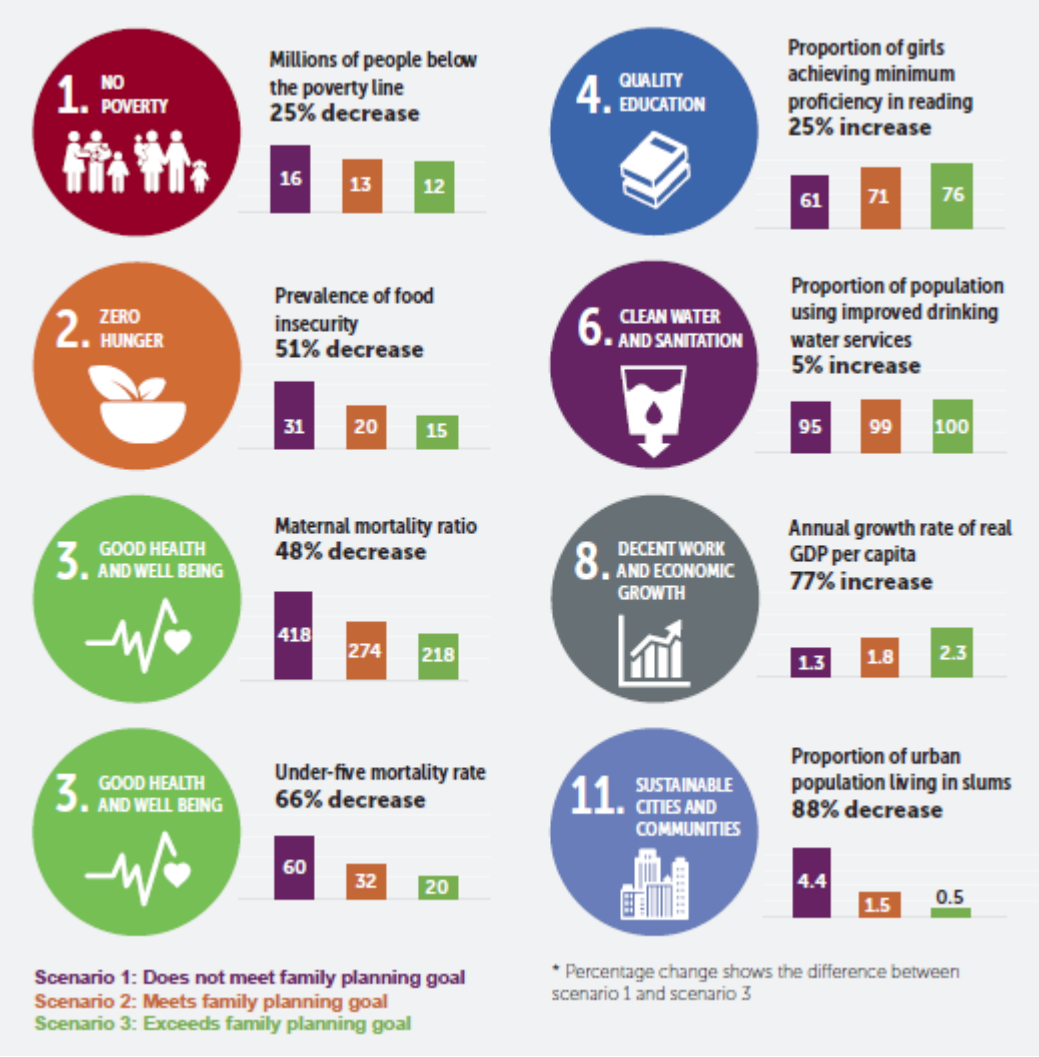
Table 1: *Summary of costs, benefits and benefit-cost ratios for voluntary family planning programs*

Annual Net Benefits and Costs (3 per cent discount rate)		**Annual benefits**	**Annual costs of satisfying unmet need in developing countries**	**BCR**
Benefit Component:	**Assumptions**	**Billion USD**	**Billion USD**	
Reduced Infant and Maternal Mortality	Low (DALY = 1K)	110	3.6	30
	High (DALY = 5K)	180		50
Income Growth (including life cycle, distributional and intergenerational benefits)	Low	216	3.6	60
	High	360		100
Total, Family Planning programs (sum)	***Low***	***326***	***3.6***	***90***
	High	***470***		***150***

See Appendix and Kohler (2013) for details of the benefit-cost calculations

Other Approaches

FP-SDGs HP+ Policy Brief, 2017



DIVERSE APPROACHES RESULT IN DIFFERENT OUTPUTS

Adding it up:		$1=$2.20
Copenhagen Consensus:	$1=$120	
MDG Report:		$1=$2.03-$6.22, varies by country
DemDiv Model:		Varies by country
FP-SDGs Brief:		Improvements in 13 SDG indicators

FP2020

FAMILY PLANNING'S RETURN ON INVESTMENT

Resources for development are limited, and advocates often characterize family planning as a "best buy" creating ripple effects across many development sectors.

Courtesy of Prashant Panjiar/Bill & Melinda Gates Foundation

Growing number of women of reproductive age want to avoid pregnancy, and advocates must work to secure the financial resources needed to ensure that women and girls are able to decide for themselves whether and when to use modern contraception. A variety of studies make a strong economic case for family planning's return on investment (ROI), but the wide-ranging estimates also create confusion. To address this confusion, and to support this year's International Conference on Family Planning theme, "Family Planning, Investing for a Lifetime of Returns", FP2020 convened a group of experts and advocates who measure and communicate family planning's ROI to take action and help advocates continue to tout family planning as a best buy.

COMPARING DIFFERENT APPROACHES TO MEASURING FAMILY PLANNING'S RETURN ON INVESTMENT

For several decades, economists and demographers have made an economic case for family planning by attempting to estimate and monetize impacts. These estimates have used various approaches to assess the costs and benefits of providing family planning: different scales (a single country vs. all developing countries), different ways of estimating the costs of contraception, different timescales for measuring the benefits (short vs. long term), different types of outcomes (health vs. education and others), and different ways of measuring benefits (USD dollars saved vs. economic

WHAT IS FP2020?

Family Planning 2020 is a global community of partners working together to advance rights-based family planning. The FP2020 partnership was launched at the 2012 London Summit on Family Planning, with the goal of enabling 120 million additional women and girls in 69 of the world's poorest countries to use voluntary modern contraception by 2020.

FOR FURTHER INFORMATION:

familyplanning2020.org/measurement-hub/roi

For the Family Planning's Return on Investment: What Do All the Numbers Mean

- All of these approaches make a strong investment case for FP
- Communicating results clearly and correctly will help reduce confusion.
- Continued opportunity for improvement and expansion of these efforts to capture the full range of FP benefits

MODEL	OUTCOMES		
	SHORT-TERM	INTERMEDIATE	LONG-TERM
ADDING IT UP **PURPOSE:** To inform policymakers, advocates and funders of the benefits and costs of contraception and maternal and newborn health care **KEY TAKEAWAY:** Meeting the unmet need for contraception reduces the cost of maternal and newborn health services, by reducing the number of unintended pregnancies	Every additional **$1** above the current level invested in meeting the unmet need for contraceptives saves **$2.20** in **pregnancy-related care**	*Not analyzed in this model*	*Not analyzed in this model*
MILLENNIUM DEVELOPMENT GOALS **PURPOSE:** To advocate for family planning in a multi-sectoral environment **KEY TAKEAWAY:** The cross-sector benefits (measured by savings in meeting MDG targets) resulting from meeting unmet need for family planning exceed the costs	Across 16 countries for which the model was run, every **$1** invested in meeting the unmet need for contraceptives saved anywhere from **$2-$6 in costs to achieve MDG targets**		*Not analyzed in this model*
COPENHAGEN CONSENSUS **PURPOSE:** To advocate for universal family planning **KEY TAKEAWAY:** Meeting the unmet need for family planning results in health care cost savings, improved health outcomes and long-term economic gains	Every **$1** invested in meeting the unmet need for contraceptives yields an estimated **$120** in annual benefits: • **$30-50** in benefits from reduced infant and maternal mortality • **$60-100** in long-term benefits from economic growth		
FAMILY PLANNING-SUSTAINABLE DEVELOPMENT GOALS **PURPOSE:** To advocate for investing in family planning to help achieve the Sustainable Development Goals **KEY TAKEAWAY:** Countries will be in better position to meet the Sustainable Development Goals if family planning is prioritized in domestic policies, programs and budgets	*Not analyzed in this model*	Applications of this model show that improvements in **socioeconomic** status along with **investments in family planning** maximize progress towards the Sustainable Development Goals, including reducing poverty and food insecurity, and increasing income growth	
DEMOGRAPHIC DIVIDEND **PURPOSE:** To generate support for family planning and reproductive health investments among high-level policymakers outside the health sector **KEY TAKEAWAY:** Investments in family planning, education and the economy increase per capita GDP	*Not analyzed in this model*	Reduced fertility leads to **reduced maternal and child mortality** and **improved maternal and child health outcomes**; increased labor market productivity results in **increased GDP per capita**	

QUESTIONS?