

Facts on Investing in Family Planning and Maternal and Newborn Health

Updated November 2010 using new maternal and neonatal mortality data

- Estimates released by the World Health Organization in September 2010 show that the annual number of women who died from complications during pregnancy and childbirth declined by one-third between 1990 and 2008. Even so, about 356,000 deaths from pregnancy-related causes occur each year.¹

- Likewise, the Institute for Health Metrics and Evaluation released estimates in May 2010 showing that newborn deaths declined from 3.5 million to 3.2 million annually over the same period.²

- These new maternal and neonatal mortality estimates change a few of the key findings from the 2009 Guttmacher-UNFPA report *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. Specifically, the revised estimates reduce the numbers of maternal and neonatal deaths that would be averted if the recommendations in *Adding It Up* were implemented. However, the proportional impact of implementing those recommendations would be essentially unchanged, as would all *Adding It Up* findings that do not pertain to mortality levels.

- Despite these updated findings, the basic conclusions of *Adding It Up* also are unchanged—maternal and newborn deaths remain unacceptably high; further steep declines in such deaths are well within reach; and these declines would be most efficiently achieved, and at a lower total cost, by simultaneously investing in family planning and maternal and newborn care.

KEY FINDINGS

- The benefits of fully meeting the need for both family planning and maternal and newborn health services in developing countries would be dramatic. Roughly doubling the current global investments in family planning and pregnancy-related care, from \$11.8 billion to \$24.6 billion, would reduce

- maternal deaths by more than two-thirds, from 356,000 to 105,000;
- newborn deaths by more than half, from 3.2 million to 1.5 million;
- unintended pregnancies by more than two-thirds, from 75 million to 22 million;
- unsafe abortions by almost three-quarters, from 20 million to 5.5 million; and
- deaths from unsafe abortion by more than four-fifths, from 46,000 to 8,000.

- Regionally, the impact of fully meeting the need for both family planning and maternal and newborn health services would be equally significant:

- In Sub-Saharan Africa, maternal deaths would drop by 69%, from 200,000 to 60,000; newborn deaths by 57%, from 1.08 million to 460,000; and unintended pregnancies by 76%, from 17 million to four million.
- In South Central and Southeast Asia, maternal deaths would drop by 75%, from 130,000 to 30,000; newborn deaths by 52%, from 1.63 million to 780,000; and unintended pregnancies

by 74%, from 32.2 million to 8.5 million.

- In Latin America and the Caribbean, maternal deaths would drop by 62%, from 9,000 to 4,000; newborn deaths by 55%, from 110,000 to 49,000; and unintended pregnancies by 67%, from 10 million to 3.3 million.

- In the Arab countries, maternal deaths would drop by 66%, from 21,000 to 7,000; newborn deaths by 51%, from 169,000 to 82,000; and unintended pregnancies by 67%, from 5.4 million to 1.57 million.

- A dual investment strategy that includes fully meeting needs for both family planning and maternal and newborn health services would save more lives and cost \$1.5 billion less than investing in maternal and newborn health services alone.

- A host of other benefits would follow, including reduced poverty and increased economic development, making it easier for poor countries to achieve social and economic development goals.

UNMET NEED FOR SERVICES

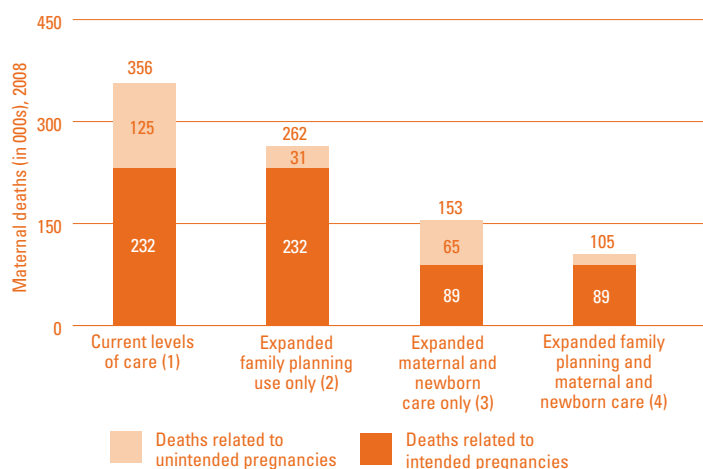
- An estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception, despite increases in use in recent years. These women are using either a traditional method or no method at all.

- Four in 10 of the 186 million pregnancies that occur in developing countries each year are unintended, meaning that

Figure 1

Benefits of Dual Investments

Fulfilling unmet need for family planning and maternal health care would save women's lives.



Notes: Estimates are for 2008 for all developing countries. Components may not add up to totals because of rounding. 1. No change in contraceptive use or maternal and newborn care. 2. 100% use of modern contraceptive methods and no change in maternal and newborn care. 3. 100% coverage with recommended maternal and newborn care and no change in contraceptive use. 4. 100% use of modern methods and 100% coverage with recommended maternal and newborn care.

they were unwanted or were not wanted at the time. Women who had an unmet need for effective contraception account for 82% all unintended pregnancies.

- Only about one-half of the 123 million women who give birth each year receive antenatal, delivery and newborn care. But, even many of those who get care do not receive all the components of care they need (including routine care and care for complications).

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

COST BENEFITS

- If contraceptive use were to remain at current levels, the cost of providing all pregnant women and their newborns with the recommended standards of maternal and newborn care would total \$23 billion (in 2008 U.S. dollars).

- Fulfilling the unmet need for modern family planning methods would increase costs by \$3.6 billion, but it would lower the cost of providing maternal and newborn health services by \$5.1 billion, because roughly 50 million fewer women would become pregnant unintentionally. Thus, it would result in net total savings of \$1.5 billion.

- In short, a simultaneous investment in modern family planning and maternal and newborn health services would save more lives, and would cost less, than investing in maternal and newborn health services alone.

- The total cost of this combined investment would be \$24.6 billion annually (\$6.7 billion for family planning and \$17.9 billion for maternal and newborn health services)—a little more than double current spending on these services (\$3.1 billion and \$8.7 billion, respectively).

HEALTH BENEFITS

- The lives of 251,000 women (including 38,000 women who would have died from complications of unsafe abortion) and of 1.7 million newborns would be saved. Some 53 million fewer unintended pregnancies and 14.5 million fewer unsafe abortions would occur.

- More women would survive hemorrhage and infection, and fewer would suffer from other complications related to pregnancy or childbirth. Newborns would have improved chances of surviving such complications as asphyxia, low birth weight and infection.

- Other benefits would be profound as well. For example, health systems would be strengthened, greater use of condoms for contraception would reduce HIV transmission, educational and employment opportunities for women would improve, and social and economic development goals would be easier to achieve.

CONCLUSION

- Funding from governments and donor agencies has fallen short of the amounts pledged for reproductive health.

- The additional funds needed to fully meet the need for family planning and maternal and newborn health services would have to come from multiple sources, including developing country governments and households, which provide about 85% of the current \$11.8 billion in spending. Low-income countries—especially in South Asia and Sub-Saharan Africa—would require the greatest assistance from the international community.

- In addition, many implementation challenges must be

overcome as policymakers and program planners work to strengthen health systems and make services accessible to all.

- Ultimately, the scientific evidence detailed in *Adding It Up* and summarized here strongly makes the case for providing the world's women with the contraceptive services and pregnancy-related care they need to achieve their childbearing goals in good health. Investing in women's reproductive health and autonomy always yields dividends that accrue for individuals, families and society. And the investment is modest in relation to the dramatic returns it guarantees.

The information reported in this fact sheet comes from analyses of data presented in Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009, updated using new mortality estimates.

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2. Rajaratnam JK et al., Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4, *Lancet*, 2010, 375(9730):1988–2008.



125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org