

Sub-Saharan Africa—Updated November 2010

Facts on Investing in Family Planning and Maternal and Newborn Health

- In Sub-Saharan Africa, only 17% married women of reproductive age use a modern contraceptive, even though a far higher proportion want to avoid becoming pregnant soon or ever. Thirty-nine percent of pregnancies in the region are unintended, ranging from 30% in Western Africa to 59% in Southern Africa.*

- Deaths and poor health among women and newborns are unacceptably high. For every 100,000 births, 640 women die of complications related to pregnancy and childbirth. The newborn death rate is 34 per 1,000 live births.

- Disparities among and within countries are pronounced. Women who are young or poor, have little education or live in rural areas find it especially difficult to obtain the services they need to have planned and healthy pregnancies and deliveries.

- Significant investments will be required to strengthen health systems in Sub-Saharan Africa in order to meet the need for modern family planning and maternal and newborn health services.

- The benefits of meeting women's family planning and maternal and newborn health care needs would be dramatic and would include saving as many as 760,000 lives annually.

UNMET NEED FOR SERVICES

- Modern family planning services include counseling, provision of contraceptives and follow-up. Standards of maternal and newborn health care recommended by the World Health Organization consist of at least four antenatal visits, delivery at a facility, and postpartum care for mothers and newborns, including routine care and care for obstetric, postabortion and newborn complications.

- In 2008, about 60% of women (47 million) in the region who wanted to avoid a pregnancy either were not using family planning or were using a traditional method. These women accounted for 91% of unintended pregnancies (see figure).

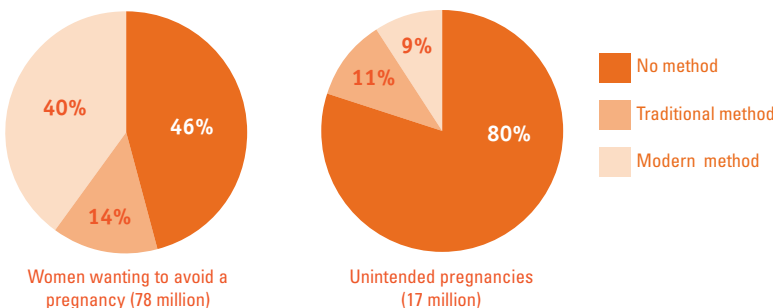
- More than one-half of women who give birth each year do not make the recommended four antenatal visits and do not deliver in a health facility, increasing the risk to their health and that of their newborns. Some 55% of pregnant women who are living with HIV do not receive antiretrovirals to prevent mother-to-child transmission (not included in estimates presented here).

- Almost 80% of women who need care each year for complications of pregnancy and delivery do not receive it.

- Within countries, women in the wealthiest fifth of households are far more likely to deliver in a health facility than those in the poorest fifth—81% vs. 26%. The range among countries is also very wide—from 85% in South Africa to less than 20% in Chad, Ethiopia and Niger.

Family Planning Use and Unintended Pregnancies

The 60% of women who used a traditional method or no method accounted for 91% of unintended pregnancies in Sub-Saharan Africa in 2008.



Notes: Modern methods include sterilization (4% of use among women wanting to avoid pregnancy) and reversible methods, such as pills, injectables, IUDs or condoms (36% of use). Traditional methods consist mainly of periodic abstinence and withdrawal.

*This fact sheet uses the United Nations Statistics Division's regional definition, in which Sub-Saharan Africa includes Eastern Africa (Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mayotte, Mozambique, Réunion, Rwanda, Seychelles, Somalia, Tanzania, Uganda, Zambia and Zimbabwe), Middle Africa (Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, and São Tomé and Príncipe), Southern Africa (Botswana, Lesotho, Namibia, South Africa and Swaziland), Western Africa (Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Saint Helena, Senegal, Sierra Leone and Togo) and Sudan in Northern Africa.

Cost and Benefits of Services

Cost of services, pregnancy outcomes and deaths, according to use of family planning and maternal and newborn health services, Sub-Saharan Africa, 2008

	Current levels of service use	100% of needs met for services
Cost of services (2008 US\$; in millions)		
Family planning services	\$290	\$2,380
Maternal and newborn care*	\$1,460	\$8,100
Total	\$1,750	\$10,480
Pregnancy outcomes (in 000s)		
Intended		
Births and miscarriages	26,950	26,950
Unintended		
Births and miscarriages	11,730	2,750
Induced abortions	5,310	1,240
Total	43,990	30,940
Deaths		
Maternal	200,000	60,000
Newborn	1,080,000	460,000
Total	1,280,000	520,000

*Without simultaneous investment in family planning services, improved maternal and newborn health care would cost \$10.8 billion.

COST OF SERVICES

• In Sub-Saharan Africa, the cost of providing family planning services to women who currently use modern methods is US\$290 million. The cost of providing current levels of maternal and newborn care is \$1.5 billion (see table). Current levels of care, however, fall well short of recommended standards.

• Providing modern contraceptives to all women who need them would increase the cost of family planning services to nearly \$2.4 billion annually. But it would substantially reduce the number of unintended pregnancies, thereby making improvements in maternal and newborn care more affordable.

• Providing all pregnant women with the recommended standards of maternal and newborn care would cost \$8.1 billion if investments were made simultaneously in modern family planning—\$2.7 billion less than such care would cost without improvements in family planning.

• Thus, the total for both sets of services would be \$10.5 billion—a five-fold increase over current spending that reflects the urgent need to increase the availability and quality of services.

DIRECT HEALTH BENEFITS

• Meeting women's needs for modern family planning and the recommended standards of maternal and newborn care would result in major immediate health benefits.

• Unintended pregnancies would drop by 77%, from 17 million to four million annually.

• Unsafe abortions would decline from 5.2 million to 1.2 million (assuming no change in abortion laws; data not shown), and the number of women needing medical care for complications of these unsafe procedures would decline from 2.2 million to 500,000.

• Roughly 760,000 lives would be saved annually—140,000 among women (a 69% decline in maternal mortality) and 620,000

among newborns (a 57% decline in newborn deaths).

• The number of healthy years of life lost because of disability and premature death among women and their newborns would decline by nearly two-thirds, from 61 million to 22 million disability-adjusted life years (DALYs) lost.

VALUE FOR MONEY

• Providing these services as part of an integrated package is easier for users and is generally more cost-effective than stand-alone approaches.

• Providing modern contraceptives to all women who need them more than pays for itself, saving \$1.30 in the cost of maternal and newborn care for each dollar invested.

• The average cost to save a healthy year of life, or DALY, would be \$149, which compares favorably with interventions to prevent or treat cholera, HIV/AIDs and tuberculosis.

ADDITIONAL BENEFITS

• Greater use of condoms for contraception would reduce the transmission of HIV and other sexually transmitted infections, thereby helping to curb the AIDS pandemic. Greater integration of HIV prevention, family planning and maternal health services would be even more cost-effective, for example, by helping HIV-infected women avoid unintended pregnancies and helping pregnant women living with HIV protect their babies' health.

• Reducing unplanned births would save on public-sector spending for education, health, water, sanitation and other services and would reduce pressure on scarce natural

resources, making social and economic development goals easier to achieve.

• Reducing unintended pregnancies, particularly among adolescents, would improve educational and employment opportunities for women, which, in turn, would contribute to gains in gender equity, women's status, productivity, family savings, poverty reduction and economic growth.

The information reported in this fact sheet is for 2008 and is based on special tabulations of data from 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. Mortality estimates from Singh et al. have been revised using new maternal mortality estimates released by the World Health Organization in September 2010 and new neonatal mortality estimates released in May 2010 by the Institute for Health Metrics and Evaluation.



220 East 42nd Street
New York, NY 10017 USA
Tel: 212.297.5000
hq@unfpa.org

www.unfpa.org



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

www.guttmacher.org