

Arab Countries—Updated November 2010

Facts on Investing in Family Planning and Maternal and Newborn Health

- Arab countries* are socially and economically diverse. On average, women have 3.3 children during their lifetime—fewer children than they had in the past. National averages range from less than 1.9 in Lebanon, Tunisia and United Arab Emirates to 6.4 in Somalia.

- Forty-five percent of married women use modern contraceptives, even though a higher proportion want to avoid becoming pregnant soon or ever.

- Forty-one percent of pregnancies in the region are unintended, and one in six pregnancies end in abortions, which are most often illegal and unsafe.

- Deaths and poor health among women and newborns are unacceptably high; most could be prevented with adequate health care. For every 100,000 births, 234 women die of complications related to

pregnancy and childbirth. The newborn death rate is 19 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.

- Providing modern family planning and maternal and newborn health services for all women who need them would bring immediate health benefits: Maternal deaths would drop by two-thirds, and newborn deaths would decline by half. Broader benefits would include increased productivity and status among women, better prospects for economic growth and reduced pressure on scarce natural resources, such as water.

UNMET NEED FOR SERVICES

- Modern family planning services include counseling, provision of contraceptives and follow-up. The standards of maternal and newborn health 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, 36% of women 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 82% of unintended pregnancies (see figure).

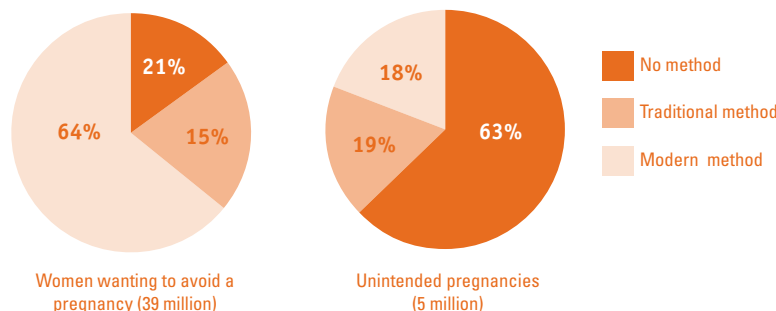
- More than one-half of women who give birth each year do not make the recommended four antenatal visits, and more than one-third do not deliver in a health facility, increasing the risk to their health and that of their newborns.

- Each year, two in three women who need care for complications of pregnancy and delivery do not receive it.

- Use of services varies greatly across the region: In many wealthy states in the Gulf region, at least 98% of women deliver in a health facility, while only 24% do so in Yemen, where access to quality health services is an enormous challenge.

Family Planning Use and Unintended Pregnancies

The 36% of women who used a traditional method or no method accounted for the vast majority of unintended pregnancies in Arab countries 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 (60% of use). Traditional methods consist mainly of periodic abstinence and withdrawal.

*Countries include Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

Cost and Benefits of Services

Cost of services, pregnancy outcomes and deaths, according to use of family planning and maternal and newborn health services, Arab countries, 2008

	Current levels of service use	100% of needs met for services
Cost of services (US\$ 2008; in millions)		
Family planning services	\$240	\$530
Maternal and newborn care*	\$1,010	\$2,040
Total	\$1,250	\$2,570
Pregnancy outcomes (in 000s)		
Intended		
Births and miscarriages	7,700	7,700
Unintended		
Births and miscarriages	3,280	920
Induced abortions	2,150	650
Total	13,130	9,270
Deaths		
Maternal	21,000	7,000
Newborn	169,000	82,000
Total	190,000	89,000

*Without simultaneous investment in family planning services, improved maternal and newborn health care would cost \$2.6 billion.

COST OF SERVICES

• In 2008, the cost of providing family planning services to women using modern methods was US\$240 million. The cost of providing current levels of maternal and newborn care was about \$1 billion (see table). Current levels of care, however, fall short of recommended standards.

• Providing modern contraceptives to all women who need them would increase the cost of family planning services to \$530 million 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 \$2 billion if investments were made simultaneously in modern family planning—\$600 million less than such care would cost without improvements in family planning.

• Thus, the total for meeting all need for both sets of services would be about \$2.6 billion—slightly more than double current spending.

DIRECT HEALTH BENEFITS

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

• Unintended pregnancies would drop by 71%, from 5.4 million to 1.6 million annually.

• Unsafe abortions would decline from 1.6 million to 530,000 (assuming no change in abortion laws; data not shown), and the number of women needing medical care for complications of unsafe abortion would decline from 680,000 to 220,000.

• About 100,000 lives would be saved annually—14,000 among women (a 66% decline in maternal mortality) and 87,000 among newborns (a 51% decline in newborn deaths).

• More than 60% fewer healthy years of life would be lost to disability and premature death among women and their newborns, a decline from 10 million to four 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 \$2 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 \$160, which compares favorably with interventions to prevent or treat cholera, HIV/AIDS and tuberculosis.

ADDITIONAL BENEFITS

• Greater condom use for contraception would help prevent the spread of HIV/AIDS and other sexually transmitted infections.

• Reducing unplanned births would save on public-sector spending for health, education, water, sanitation and other services and would reduce the pressure on scarce natural resources, making social and economic development goals easier to achieve.

• Reducing unintended pregnancies 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.



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