The Government of Pakistan has set a national goal of reaching 50 percent contraceptive prevalence by 2025. Achieving this goal could avert almost US $1.1 billion in direct health care costs and potentially save the lives of over 200,000 mothers and children. In this brief we illustrate how meeting the unmet need for family planning in Punjab province can contribute towards the national goal.

Family planning saves lives and is a development "best buy". Promoting voluntary family planning services can have powerful impacts on the development of a country, kick-starting the shifts and changes needed to reap the benefits of the demographic dividend and improving considerably the health of women and their children. By reducing the number of unintended and unplanned pregnancies, voluntary family planning not only decreases the number of ante-natal, peri-natal and post-natal health services required for each pregnancy, but also lowers the risks of maternal and neonatal morbidities. This reduces greatly the healthcare costs associated with the provision of such services. In addition, a reduction in unintended pregnancies also translates into a decrease in maternal and child mortality, and can potentially save thousands of lives.

In order to achieve the increases in modern contraceptive prevalence which are at the basis of these processes, it is essential that enough financial resources are committed to the provision of family planning services and commodities. Adequate financial resources must be in place to ensure that family planning programmes can be not only sustained to meet current demand, but also gradually expanded to satisfy the increased need for family planning services and commodities and thus promote an increase in modern contraceptive prevalence rates (mCPR).

In this policy brief, we provide estimates to guide the Provincial Government of Punjab on the investments in family planning commodities and services needed to eliminate unmet need for family planning, and we estimate the health and economic returns that such investments would yield for the period 2019-2025 in terms of averted healthcare costs and net savings for the authorities in the province.

* Family planning is the second-best "buy" for global development after liberalizing trade, a conclusion endorsed by Nobel laureates and other leading economists after their assessment of development priorities related to the Sustainable Development Goals. Achieving universal access to contraception could result in long-term health and economic benefits worth $120 for each dollar spent on family planning 1.
Voluntary family planning brings transformational benefits to women, families, communities, and the nation. Investing in voluntary family planning services and commodities is a well-recognised cost-effective intervention: increased access to contraceptives has positive consequences on women’s health and on their ability to pursue their education and employment opportunities. This, in turn, will have positive effects for society as a whole – improving the economy of a country, as well as the health of children and families in general. While beneficial in itself, investing in voluntary family planning services also provides governments with economic benefits: the investments in contraceptive services and products will in fact return savings for the public health sector – by reducing the need for certain health services over time.

In Punjab, more than half (54%) of the married women of reproductive age (15-49 year old) want to space or limit the number of children they have, yet only 38.3% are currently using a contraceptive method. Out of these, only 27.2% use modern methods of contraception*. The low use of modern family planning methods has an impact on the Total Fertility Rate (TFR) of the province, estimated at 3.4 children per woman on average2. The high number of pregnancies and births has considerable effects on the health of women and children, as well as on the health sector expenditures needed to pay for the required healthcare services.

By improving the provision of family planning services and commodities over time, Punjab has the potential to meet the current demand for family planning of 54% by 2025. In this analysis, we kept the share of traditional methods of family planning constant at 2017-2018 levels (11% out of total current CPR of 38.3%) and we assumed that all increases in prevalence needed to reach 54% by 2025 would be covered through modern methods of contraception: that is, we estimated an increase of 15.8 percentage points in modern contraceptive prevalence rate (mCPR) between 2019 and 2025.

These increases in family planning provision could generate very positive results: since the cost of providing modern contraceptive care is cheaper than necessary care for unintended pregnancies, gradual yearly investments in family planning services and commodities would be offset by the direct healthcare costs saved through the lower number of health services required.

This means that in the period 2019-2025 more than US $685 million in direct healthcare costs could be averted. Thanks to the increased investments in contraceptive services, the Government of Punjab could save as much as US $573 million (net) over the next seven years.

For each US $1 dollar invested in family planning services, around US $5 could be saved in net direct healthcare costs. In addition, the effects on the health of women and children would be impressive, with a great reduction in unintended pregnancies, live births, and maternal and child deaths over 2019-2025.

It should be noted here that for the purposes of this policy paper we only looked at the cost of contraceptive commodities and staff time to provide family planning services (e.g. time to conduct counselling, screen, insert/distribute the method). We did not include related supplies/equipment costs, other human resource costs (training, supervision, administration), logistics (costs for storage and transportation), infrastructure/facility operating costs, the cost of communication campaigns on family planning uptake or the cost of operating health management and information systems.

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*Modern methods include female and male sterilisation, implants, IUCDs, injectables, pills and condoms.
In order to sustain the baseline of family planning users and increase their numbers to around 9.4 million users by 2025, gradual but increasing financial investments in contraceptive commodities and services will be required each year. Details of the investments required, cost-benefits and return on investment are illustrated below.

### IF CPR INCREASED TO 54% BY 2025....


A total investment of around US $112 million in contraceptive commodities and services over the period of 2019-2025 would therefore return a total net saving of around US $573 million by 2025 for the Provincial Government of Punjab.

For every US $1 dollar invested in contraceptive commodities and services, the Government would save US $5 dollars on average over 2019-2025 in direct healthcare costs.
Effects of family planning services on maternal and child health

In addition to these impressive economic returns, the increases in family planning provision would have a remarkable effect on the health of women and children. Contraceptives are to maternal mortality what vaccinations are to infant mortality. When women are in control of their reproductive health, unintended pregnancies and unsafe abortions will decrease.

This analysis estimates that the unintended pregnancies which could be averted in the province of Punjab would increase from around 1.7 million in 2019 to almost 3 million in 2025, with similar reductions in abortions averted (from 1 million in 2019 to nearly 1.8 million in 2025).

The ability of mothers to take care of their reproductive health will result in decreasing neonatal and infant mortality and morbidity. Children will grow into healthy, productive adults, contributing to national development. All told, maternal and child mortality would also decrease: around 11,300 maternal deaths and almost 115,000 child deaths could be avoided between 2019 and 2025.

Overall, addressing unmet need and meeting the demand for family planning in Punjab by 2025 will significantly contribute to Pakistan achieving its national goal of 50% contraceptive prevalence in 2025.

Conclusion

Investments to Reach the Goal:
54% CPR by 2025

Direct Healthcare Costs averted:
less need for antenatal, delivery and post abortion care.

Invest more productively
Savings can be invested in education and health. Women will be able to continue their education, enter the labour market and contribute more to society.

The demographic dividend
Changing age structures and focused investments on young people will increase the number of healthier, better educated adults in society, boosting economic growth.

METHODOLOGY TEXTBOX

We have conducted this costing analysis using the Impact 2 Model (version 5, March 2019) developed by Marie Stopes International. Results are approximations based on modelling and need to be intended as estimates. The baseline year chosen for the analysis was 2018, and we used data from the Pakistan DHS 2017-18 for current contraceptive prevalence in the country and for estimated contraceptive method mix. For the costing section, data on health services costs and costs of FP commodities was provided by the UNFPA Country Office for Pakistan.

References and Acknowledgements


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RESULTS AT A GLANCE - 2019 to 2025

$5 : $1 Return on Investment
- 11,300 maternal deaths averted
- 115,000 child deaths averted
Total 9.7 million abortions averted
Total 16 million unintended pregnancies averted

INVEST IN FAMILY PLANNING
SAVE LIVES, SAVE MONEY
EMPOWER SOCIETY