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The case for investing in family planning in Vanuatu

Estimated costs and benefits of reducing unmet need

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BACKGROUND

The ability to decide freely the number and timing of children is a fundamental human right. Ensuring that adolescent girls and women can plan their pregnancies is also one of the most cost-effective investments a country can make towards sustainable development. Meeting the global demand for family planning would reduce maternal deaths by 30% and child deaths by 20%, and contribute to the empowerment of women and girls, universal education and poverty reduction.¹⁻³

Despite these imperatives, progress to ensure universal access to family planning in the Pacific has been inadequate and inequitable. While use of family planning has increased in the region, in many countries the prevalence of modern methods of contraception is still well below the average of 55% for less developed regions and unmet need is among the highest in the world.³ Lack of prioritisation and insufficient investment in family planning have contributed to slow progress. This has been due in part to the lack of regional analysis of the resources required to meet the demand for family planning, and the potential benefits of doing so, to inform policy and planning.

METHODS

To identify the costs and health, demographic and economic impacts of reducing unmet need for family planning, population models were generated using the demographic modelling software program Spectrum 4.391 (Futures Institute, Glastonbury, CT, USA). Three models were created based on three family planning scenarios:

1. Constant unmet need for family planning (30%)
2. All family planning needs met by 2050
3. All family planning needs met by 2020

Data regarding population and demography, family planning use and costs, proximate determinants of fertility, maternal and child health, education, health and economy were sought from a range of sources including the 2007 Multiple Indicator Cluster Survey, 2009 National Population and Housing Census, UNFPA, WHO and World Bank and directly from the Ministry of Health and IPPF. The direct costs of family planning included in the model were estimates of: commodity, supplies and equipment procurement; shipping, storage and distribution; and staff costs. Data were provided by the Ministry of Health, UNFPA and IPPF.

In Vanuatu, only 37% of women who are married or in union are using a modern method of contraception, with a further 2% using traditional methods.⁴ Thirty per cent have an unmet need, meaning that they want to avoid pregnancy but are not using any method of family planning.⁵ Subsequently an estimated 60% of pregnancies are unintended.⁶ Adolescent fertility rates are high (66 births per 1000 girls aged 15-19) and 1 in 8 births each year is to an adolescents girl, with significant health and socio-economic consequences for themselves and their families.⁷ The country's total fertility rate of 4.1 is one of the highest in the region and has seen little decline in the last decade.⁸ While there has been considerable progress towards improving maternal and child health, substantial efforts are required if Vanuatu is to achieve universal access to reproductive health.

Almost 1 in 3 women who are married or in union in the Vanuatu want to avoid pregnancy but are not using any method of family planning. This analysis, conducted by the Burnet Institute and Family Planning International, explores the costs and benefits of meeting this need by 2020.

For each model for the period 2010-2025, the program projected:

- Contraceptive prevalence and number of users
- Family planning costs and commodities required
- Health outcomes for women and children (unintended pregnancies, births, induced abortions, births with any risk, and maternal and infant deaths)
- Total fertility rate and population growth
- Health and education expenditure and required resources (infrastructure and human resources)
- Dependency ratio and GDP per capita

Projected data were analysed in Excel to compare the costs and impacts of reducing unmet need by 2020 and 2050 with no change in unmet need. Costs and health outcomes were discounted by 3% per year. All costs are reported in US dollars.

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FINDINGS

Compared with no progress to reduce unmet need, meeting all the need for family planning by 2020 would have substantial benefits for the health of women and children:

- The use of modern methods of contraception would almost double from 36.8% to 65.5%. By 2025, 16,000 more women and couples would be using an effective method of contraception. Of those using a method of family planning a third would be using a long-acting or permanent method.
- The number of unintended pregnancies would fall by 69%, reducing the unintended pregnancy rate from 76 unintended pregnancies per 1000 women aged 15-49 to 12 unintended pregnancies. There would be 3,120 fewer unintended pregnancies on average each year between 2010-2025. This would mean 68% fewer induced abortions each year and less demand on post-abortion care and maternal and newborn health services associated with unintended pregnancies.
- The number of high risk births (births to mother less than 19 or over 34 years, births spaced less than 18 months, or birth order 4 or more) would decrease by 52%. Adolescent fertility rates would fall from 59 births per 1000 girls aged 15-19 to 32 births.
- By reducing unintended pregnancies and high risk births, over 1,300 deaths of mothers and babies would be averted over the next 16 years. The average number of maternal deaths each year would fall by 39% and infant deaths by 54%.

In addition, preventing unintended pregnancies would:

- Reduce the total fertility rate from 4.1 to 2.2 by 2025 and slow population growth from 2.5% to 1.4%, placing less demand on scarce resources.
- Reduce the youth dependency ratio from 67 dependents (aged 0-14) per 100 people of working age to 39, contributing to increased household wealth. Reducing youth dependency would provide an opportunity to capitalise on the large population of young people, which has been shown to contribute to rapid economic growth

Meeting the demand for family planning also has additional benefits that are not captured by this analysis. Enabling women and adolescent girls to plan their pregnancies contributes to higher educational attainment and economic participation for girls and women, with substantial economic benefits for households and countries, and is critical for women's empowerment and progress towards gender equality.

A substantial increase in funding is needed to achieve these outcomes. Over the next 16 years, at least \$5.2 million will be required to meet all family planning needs, \$2.1 million more than if unmet need remained unchanged.

However, such an investment would have considerable economic benefits, resulting in \$82 million saved in public sector spending on health and education. For every \$1 spent on family planning \$16 would be saved. In addition, the demand on scarce health and education infrastructure and human resources would fall by up to a third.

At an average cost of \$324,000 per year, meeting the need for family planning would make Vanuatu's health and development goals more achievable, more affordable and more sustainable.

RECOMMENDATIONS

- Increased and long term financial commitment to family planning from government and donors is required to meet the needs of women and couples in Vanuatu. Based on this analysis at least \$1.5 million is required over the next 5 years (2010-2014) and \$5.2 million over the next 16 to meet these needs by 2020.
- Recognising the human rights, health and development imperatives, reducing unmet need for family planning should be prioritised in reproductive health, maternal and child health and population policies and programs.
- Clear and realistic targets for reducing unmet need for family planning should be developed based on current and projected needs and adequate budget provided to enable these to be achieved.
- Health information systems should be strengthened to better capture data about family planning needs, contraceptive users, acceptors, discontinuation and costs related to public, non-government and private providers to facilitate planning and to monitor progress. Consideration should also be given to a national reproductive health survey to provide recent data about unmet need for family planning and to identify needs among adolescent, unmarried, rural and poor women.

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