



THE NEAR-TERM HEALTH AND ECONOMIC BENEFITS OF FAMILY PLANNING IN THE AMHARA REGION, ETHIOPIA

Brief

Photo by Health Policy Project, Ethiopia

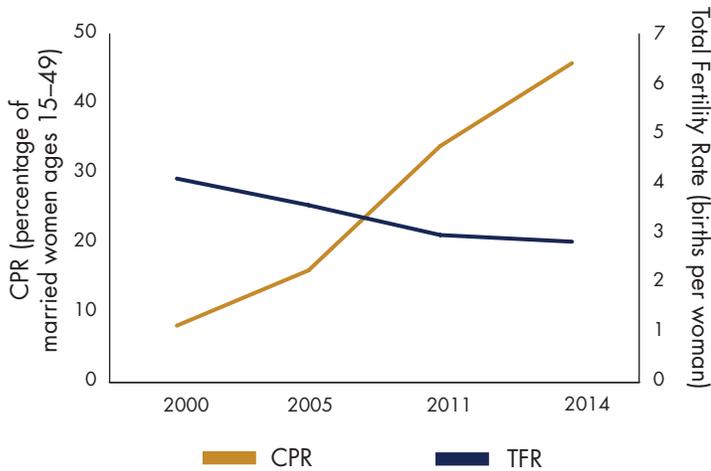
Background

Ethiopia has made phenomenal progress in increasing the percentage of women of reproductive age who use family planning (FP)—also known as the contraceptive prevalence rate (CPR). Between 2005 and 2014, CPR increased by an average of three percentage points per year, a rate of improvement that ranks among the highest in the world (Leahy Madsen, 2012). According to the 2014 mini Demographic and Health Survey (DHS), CPR among married women in Ethiopia is 42 percent, up from 15 percent in 2005 (CSA and ORC Macro, 2006; CSA, 2014). Recognizing that there is still room for improvement and that family planning is a key intervention for improving safe motherhood, the government of Ethiopia has made bold commitments to continue improving the status of reproductive health and family planning in the country.

At the 2012 London Summit on Family Planning, the government announced its Five Point Plan, making a commitment to

- Position family planning as a cross-sectoral development issue by securing FP commitments across all stakeholders and all leadership levels
- Mobilize more domestic funding for family planning
- Focus more efforts on adolescent girls by expanding youth-friendly services
- Scale up delivery of services to hard-to-reach groups
- Monitor the availability of contraceptives by using innovative approaches

Figure 1. Trends in Total Fertility and Contraceptive Prevalence in the Amhara Region of Ethiopia



Source: Ethiopia Demographic and Health Surveys

The Amhara Region is the second largest region in Ethiopia (by population), and its continued progress in expanding access to FP services will be essential to achieving these national goals. From 2005 to 2014, the region sustained an average CPR increase of 3.3 percentage points per year, achieving a CPR of 46 percent, which was higher than the national average (CSA and ORC Macro, 2006; CSA 2014). Most of these gains are attributable to the sharp increase in the use of injectables from 12 percent of married women in 2005 to 35 percent in 2014.

Demand for FP services in the Amhara Region is likely to continue increasing in the near term as more men and women reach reproductive age and advances in education lead to smaller desired family sizes. This growth will require continual analysis of the impacts of existing policies and investments in family planning and projections of new services required to meet changing demands. Ethiopia’s actions to sustain gains in CPR and ensure equitable access to high-quality FP services offer significant social, health, and economic benefits.

ImpactNow, a new model developed by the USAID-funded Health Policy Project (HPP), estimates the near-term (2–7 years) health and economic benefits of investments in family planning and the resources needed to achieve FP goals. This brief uses findings from ImpactNow to present key benefits associated with realizing FP goals in the Amhara Region.

Health Benefits of Family Planning

Achieving the national FP goals in the region would have significant health and social benefits. Family planning helps women and couples achieve their desired family size, while also reducing the number of high-risk pregnancies that contribute to maternal and child mortality. By extending the interval between and reducing the number of pregnancies a woman experiences over her lifetime, family planning helps women avoid health complications. Likewise, when a woman and her partner can choose the amount of time between a birth and a subsequent pregnancy (“spacing”), they are better able to care for their newborn and any other children.

Table 1. What Scenarios Were Analyzed?

	2014 Baseline	2020 Current Trends	2020 Rapid Uptake
CPR*	46	66 ▲	73 ▲
Method Mix**			
Implants	18	18	33 ▲
IUDs	<1	<1	30 ▲
Female Sterilization	0	0	1.5 ▲
Injectables	76	76	30 ▼
Other Methods	6	6	6

* Percentage of married women ages 15–49
 ** Percentage of married FP users

HPP used the ImpactNow model to estimate the near-term benefits of increasing contraceptive prevalence in the Amhara Region. Based on consultations with the Amhara Regional Health Bureau, HPP created a scenario for increasing CPR at a faster rate while also increasing uptake of long-acting and permanent methods (LAPMs). This Rapid Uptake scenario assumed that 73 percent of married women will use contraception by 2020 and

that a greater proportion will use implants, intrauterine contraceptive devices, and female sterilization (see Table 1). This was compared to a Current Trends scenario, which assumed an increase in CPR in line with recent trends and maintenance of current method mix.

Increasing the CPR and expanding contraceptive choices would avoid unintended pregnancies and save the lives of women and children. The ImpactNow analysis shows that under the Current Trends scenario, scale-up of contraceptive use with the current method mix is projected to save the lives of 11,700 mothers and 101,000 children from 2014 to 2020 (see Table 2). However, further increasing use of contraception while expanding the method mix and use of LAPMs, as illustrated by the Rapid Uptake scenario, could increase these gains to save 13,000 mothers' and 112,000 children's lives.

Table 2. Maternal and Child Deaths Averted 2014–2020 (cumulative)

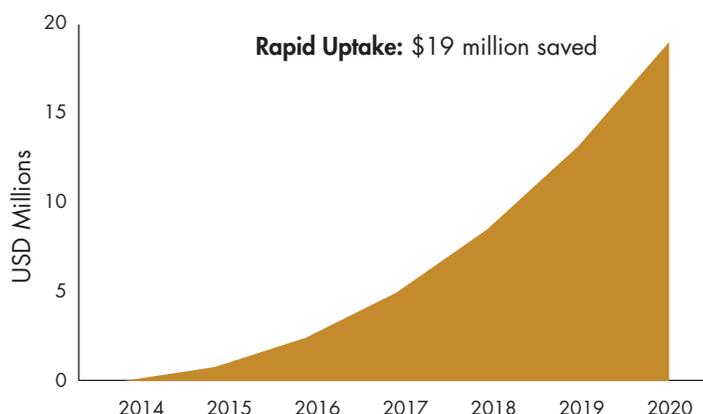
	Users of LAPMs in 2020	Unintended Pregnancies Averted	Mothers' Lives Saved	Children's Lives Saved
Current Trends	430,000	3.8 million	11,700	101,000
Rapid Uptake	1.7 million	4.3 million	13,000	112,000

Economic Benefits of Family Planning

Increasing FP use, and thereby reducing unintended pregnancies, can also result in significant near-term cost savings in the health system. Expanding the method mix to cheaper, more effective LAPMs can result in even greater savings.

The ImpactNow analysis estimates that in 2014, \$12.7 million is required to fund current contraceptive use for one year, including both commodity and programmatic costs. To maintain current trends of scale-up and current method mix, annual funds for family planning must increase to \$20.3 million by 2020 (2014 USD). While the Rapid Uptake scenario projects a greater number of FP users, it will require less total FP spending in 2020—\$15.3 million—than if current trends continue, because a greater proportion of users will employ cost-

Figure 2. Additional Maternal and Child Healthcare Savings, 2014–2020 (cumulative)



effective LAPMs. Comparing the Rapid Uptake scenario to current trends, the Amhara Region could cumulatively save \$14.3 million in FP program costs from 2014 to 2020. This is in addition to saving money in maternal and child healthcare costs.

Compared to current trends, achieving more rapid uptake of family planning and a more robust shift toward a comprehensive method mix could save the region an additional \$19 million in maternal and child healthcare costs by 2020 (see Figure 2, Rapid Uptake scenario). This result demonstrates that investment in LAPMs helps women meet their reproductive health intentions in a highly cost-efficient manner. Currently, the region saves \$1.48 in near-term maternal and child healthcare costs for every \$1.00 spent on family planning. However, with the greater uptake of LAPMs in the Rapid Uptake scenario, this ratio could be increased to \$2.35 in savings for every \$1.00 spent in 2020 (see Figure 3).

Figure 3. Cost of Family Planning Compared to Near-Term Savings in Maternal and Child Healthcare, 2020



Recommendations

This ImpactNow analysis shows that further investments in family planning in the Amhara Region can help women and families meet their reproductive desires while offering significant health and economic benefits in the near term. To enhance these gains, the Amhara Regional Health Bureau and development partners must continue their efforts to ensure increased and sustained investment in family planning, expand appropriate method choice, and improve the quality of FP services.

Based on this analysis and consultations with the Regional Health Bureau, the following recommendations are offered to support the region's efforts to achieve its FP program targets. These recommendations are in line with Ethiopia's national commitments from the 2012 London Summit.

- Develop a costed program implementation plan that operationalizes national and regional FP commitments and strategically guides program scale-up.
- Establish and implement quality standards for FP services to maximize client satisfaction and reduce FP discontinuation.
- Ensure that FP education and promotion initiatives are rights-based, client-centered, and promote access to all FP methods.
- Strengthen regional supply chains to ensure an uninterrupted supply of FP commodities.
- Integrate the delivery of FP, HIV, and maternal health services to minimize missed opportunities and promote efficiency.
- Advocate for additional domestic funding for family planning by demonstrating the benefits of FP to the Ministry of Finance and Economic Development and other non-health sectors.
- Promote equitable access to FP services, including by under-served socioeconomic groups such as adolescents.

- Strengthen multisectoral support and advocacy, including building the capacity of local civil society groups, opinion makers, and religious and local leaders.

References

- Central Statistical Agency (CSA). 2014. *Ethiopia Mini Demographic and Health Survey 2014*. Addis Ababa, Ethiopia: CSA.
- CSA and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.
- CSA and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.
- CSA and ORC Macro. 2001. *Ethiopia Demographic and Health Survey 2000*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Authority and ORC Macro.
- Leahy Madsen, Elizabeth. 2012. "New Surveys Generate Mixed Demographic Signals for East and Southern Africa." Available at: <http://www.newsecuritybeat.org/2012/05/new-surveys-generate-mixed-demographic-signals-for-east-and-southern-africa/>.

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.