Achieving the MDGs

The contribution of family planning

Francophone West Africa

The Millennium Development Goals (MDGs) are eight timebound global development goals agreed to by member states of the United Nations and international development institutions. For the nine francophone countries in West Africa (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo), achieving the MDGs by 2015 is a major challenge. A key factor contributing to the challenge is continued rapid population growth. Ever-increasing numbers of people will need health, education, and other services, requiring more funds, personnel, and systems to meet the MDGs. Thus, development efforts in support of achieving the MDGs should not overlook the importance and benefits of slowing population growth.

Reducing MDG Costs

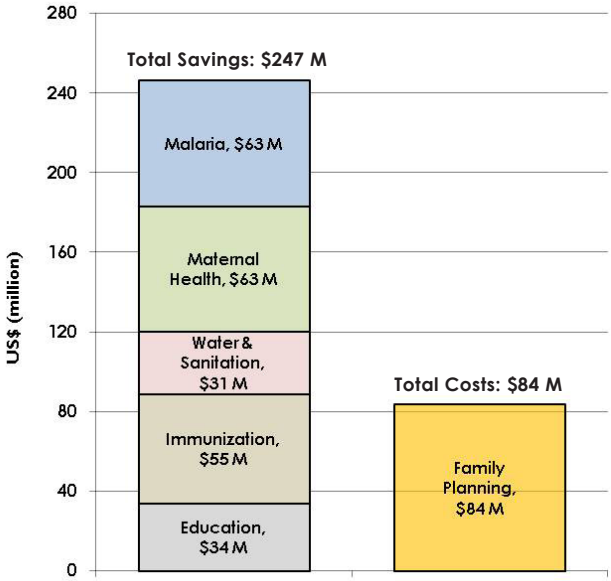
Large family size—coupled with more children surviving into adulthood—are the major factors driving population growth. Yet, in every country, a sizeable proportion of women express an unmet need for family planning (FP). In the nine francophone countries in West Africa, women have an average of 5.3 children each, and more than one in four (27%) married women ages 15–49 want to space or limit births but are not currently using any method of family planning. If these women had greater access to family planning services, their unmet need for FP could be met, resulting in fewer births and thus slowing population growth and reducing the costs of meeting the MDGs.

This analysis estimated the extent of the cost savings for programs addressing five of the eight MDGs:

- Achieve universal primary education
- Reduce child mortality
- Improve maternal health
- Ensure environmental sustainability
- Combat HIV/AIDS, malaria, and other diseases

Costs were calculated under two scenarios: (1) when unmet need for FP remains constant; and (2) when all unmet need is gradually met by 2030. Based on this analysis, West Africa could achieve considerable cost savings in meeting the five MDGs. **By satisfying the unmet need for FP, the savings in reduced funding to meet the five MDGs would outweigh the additional costs of family planning by a factor of 3 to 1** (see Figure 1).

Figure 1. Social sector savings are three times the costs of meeting unmet need for family planning in francophone West Africa, 2010–2020



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Savings in Maternal and Child Health

Maternal health programs, as well as those that address immunization, malaria, and water and sanitation, affect the four MDGs for maternal and child health. Family planning reduces the demand for health services and also helps reduce the number of unintended and high-risk pregnancies that result in high levels of maternal and child illness and death. The analysis shows that addressing unmet need for FP in West Africa could be expected to save US$182 million in maternal and child health costs over the next decade (see Figure 2). Furthermore, this investment in family planning would avert an estimated 7,389 maternal deaths and 557,627 child deaths between 2010 and 2020.

Savings in Education

The cost of achieving the MDG for universal primary education is influenced by the number of children of school age. Satisfying unmet need for family planning would result in fewer children requiring education, and as a result, the costs for universal primary education would be lower. The cumulative cost savings to the education sector from satisfying unmet need amount to US$34 million between 2010 and 2020.

Providing family planning services to families wishing to space and limit their births can reduce the costs of meeting the MDGs and directly contribute to fewer maternal and child deaths.

Figure 2. Maternal and child health cost savings add up to $182 million for francophone West Africa, 2010–2020

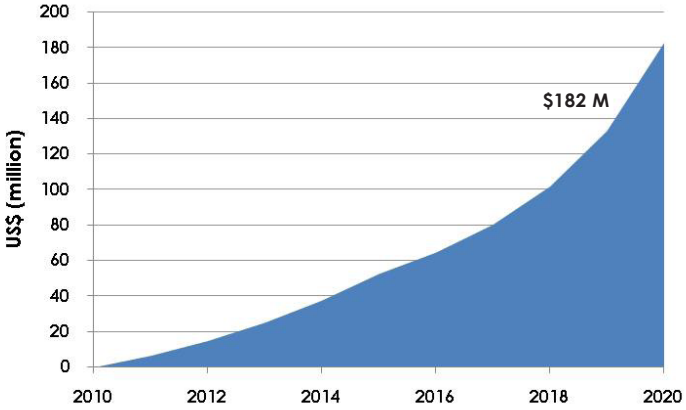

Photo credits: Dietmar Temps.

Data sources: Projections from the Spectrum System of Policy Models, based on the most recent national survey data available.

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