



ACHIEVING THE MDGs IN ZIMBABWE

THE CONTRIBUTION OF FAMILY PLANNING

Brief

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The Millennium Development Goals (MDGs)—a set of eight important, time-bound goals ranging from reducing poverty by half to providing universal primary education—represent a blueprint for global development agreed to by member states of the United Nations and international development institutions. Together with the United Nations Population Fund and the Zimbabwe National Family Planning Council, the USAID-funded Health Policy Project analyzed how investment in family planning (FP) can contribute to the achievement of the MDGs in Zimbabwe.

Although Zimbabwe is close to achieving goals such as universal primary education and universal measles immunization for children, other areas such as sanitation, infant mortality, and maternal mortality have seen less consistent improvement. In Zimbabwe and other African countries, one major challenge to

development is the growing size of the population. The number of people in need of health, education, economic, and other services is large and increasing, which means that the amount of resources, personnel, and infrastructure required to meet the MDGs is also increasing. Rapid population growth can also impact environmental degradation and sustainable development efforts. Thus, development efforts in support of the MDGs should acknowledge the importance and benefits of reducing unintended pregnancies.

This brief demonstrates how one strategy—**expanding access to family planning in line with Family Planning 2020 (FP2020) goals**—can make achieving and sustaining the MDGs more affordable in Zimbabwe, in addition to contributing directly to the goals of reducing child mortality and improving maternal health.



Millennium Development Goals

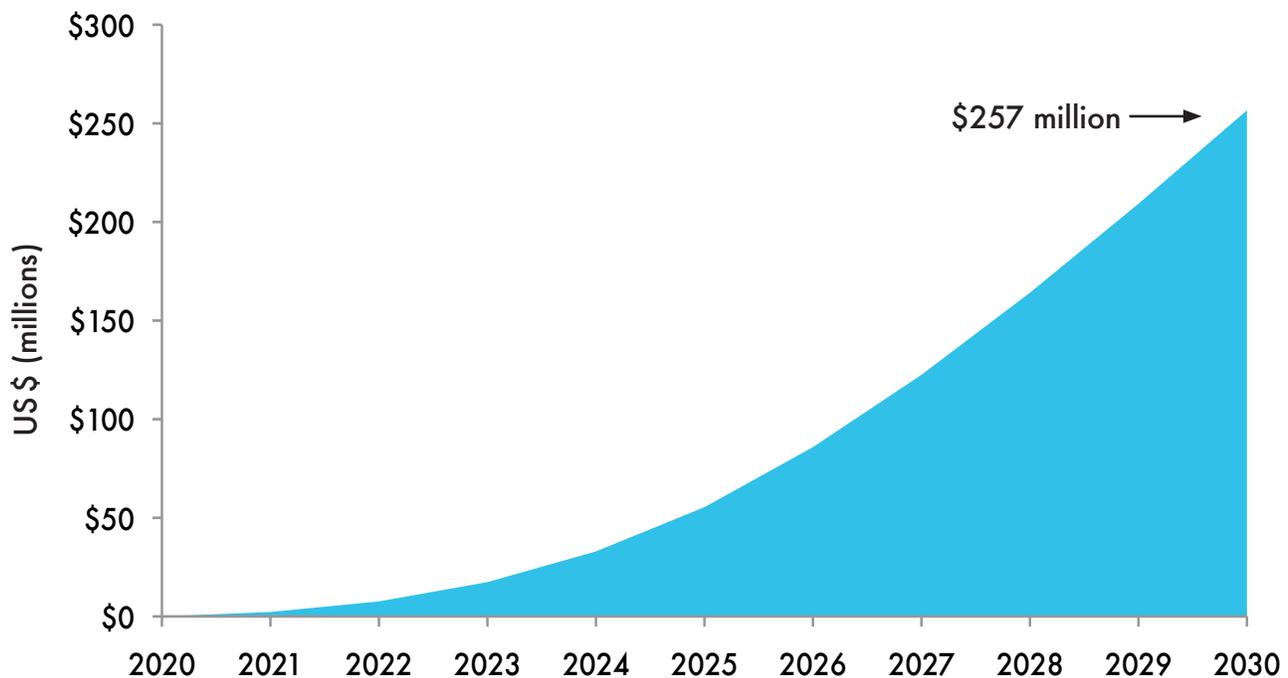
1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Reducing MDG Costs

High rates of population growth often correspond to a large unmet need¹ for family planning. Women in Zimbabwe have, on average, more than four children each, and surveys show that the unmet need for family planning services is particularly high among adolescents. Furthermore, the current method mix indicates that contraceptive options available to women are limited, with short-term methods dominating. If access to a comprehensive range of FP services were increased, the large unmet need could be addressed. The method mix could also be expanded to offer a wider variety of FP choices, enabling women to select their preferred method and to better plan and space their births. The resulting decrease in unintended fertility would empower women and families to achieve better health outcomes; reduce maternal, child, and infant mortality; and decrease the costs of achieving and sustaining the MDGs.

Using a quantitative model, the Family Planning Cost-benefit Calculator, the HPP team estimated the cost savings to achieve five of the eight MDGs.

Figure 1. Cumulative Savings to Meet the MDG Goal for Education, 2020–2030



Cost savings were calculated under two scenarios:²

Base scenario: Use of family planning and method mix remain unchanged from 2014 to 2030

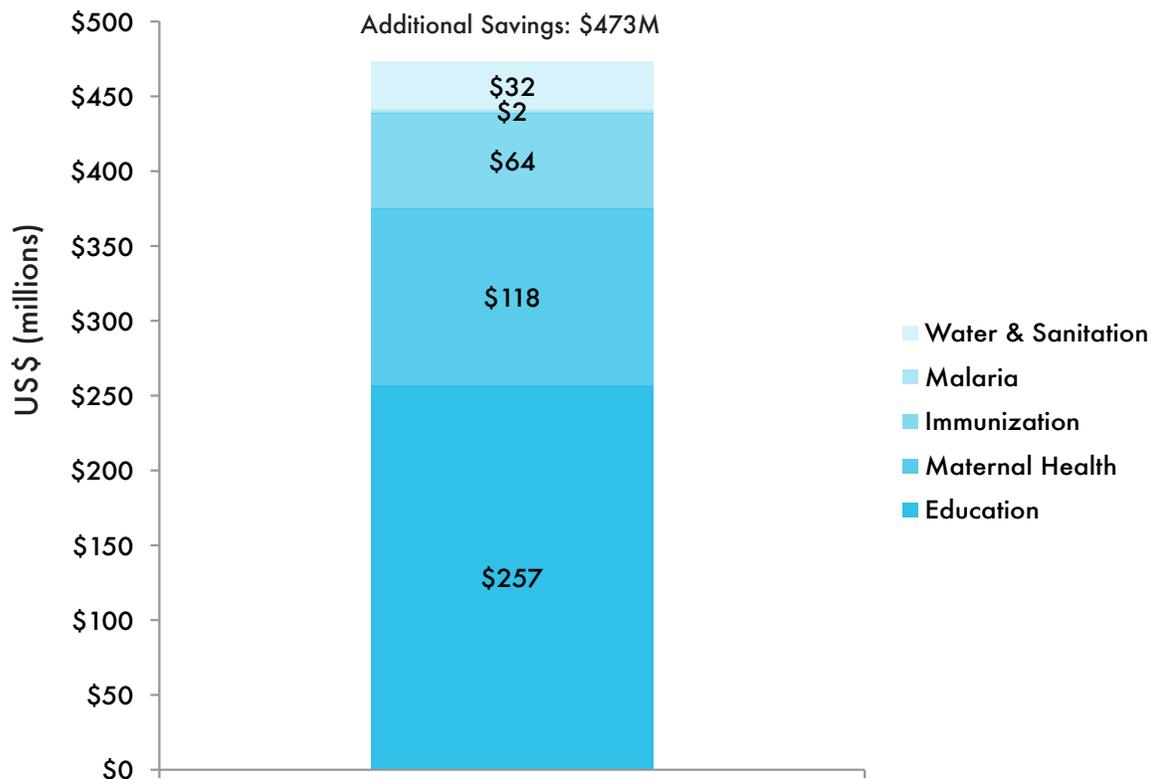
Policy scenario: Use of family planning increases in line with Zimbabwe’s FP2020 goals. Method mix shifts due to greater uptake of implants and intrauterine contraceptive devices (IUCDs)

In addition to directly promoting gender equality³ and empowering women in the spirit of MDG 3, increasing access to FP services will significantly reduce the costs of meeting five MDGs in Zimbabwe:

- MDG 2—Achieve universal primary education
- MDG 4—Reduce child mortality
- MDG 5—Improve maternal health
- MDG 6—Combat HIV/AIDS, malaria, and other diseases
- MDG 7—Ensure environmental sustainability

For example, the cost of achieving the MDG for universal primary education is influenced by the number of children needing education each year. Investing in FP provision and reducing unmet need would help Zimbabwean women and couples meet their reproductive intentions and reduce unintended fertility. As a result, annual costs for reaching universal primary education goals would be lower. Figure 1 shows the cumulative cost savings in education from reducing unmet need and improving method mix according to FP2020 goals—US\$257 million would be saved by 2030. This represents the difference in savings between the base scenario and the policy scenario. Because many of the effects of family planning are cumulative, long-term benefits would be even greater if the timeline were extended past the projection period. Similar methodology was applied to other sectors working to meet the MDGs, revealing cost savings in education, water and sanitation, maternal health, immunization, and malaria targets (see Figure 2).

Figure 2. Social Sector Cost Savings in Zimbabwe, 2014–2030



Improving Maternal and Child Health

In addition to the cost savings incurred by addressing unmet need, greater use of FP services can contribute directly to the MDGs for reducing child mortality (MDG 4) and improving maternal health (MDG 5). Currently, the maternal mortality ratio in Zimbabwe is 960 maternal deaths per 100,000 live births and the under-five mortality rate is 77 child deaths per 1,000 births. Family planning for both spacing and limiting births helps reduce the number of high-risk pregnancies that result in these high levels of maternal and child illness and death.

Conclusion

The cost savings in meeting the selected MDGs by increasing uptake of family planning greatly outweigh the additional costs of the FP program. Over the period 2014 to 2030, achieving Zimbabwe's FP2020 goals is estimated to save an additional US\$473 million in development costs when compared to current trends in FP use. Likewise, investing in family planning not only supports the reproductive rights and health of Zimbabweans but also yields cost savings in health, education, and other social services. These savings can be reinvested into other areas of development, such as improving maternal and child health services, so government budget allocations to family planning will have multisectoral benefits for Zimbabwe.

Reference

Zimbabwe National Statistics Agency (ZNSA) and ICF International, Inc. (ICF). 2011. Zimbabwe Demographic and Health Survey 2010–2011. Harare and Calverton, MD: ZNSA and ICF.

Endnotes

¹ Unmet need is defined as the percentage of married women who want to postpone their next birth by two or more years or stop childbearing but are not using contraception.

² Base scenario: Constant contraceptive prevalence rate (CPR) of 59 percent and constant method mix from 2014 until 2030, as reported in the Zimbabwe Demographic and Health Survey, 2010–11. Policy scenario: Increase in CPR from 59 percent in 2014 to 68 percent in 2020 and constant until 2030. Concurrent increase in the proportion of women using implants (27% of users in 2020, constant thereafter) and intrauterine contraceptive devices (IUCDs) (7% of users in 2020, constant thereafter).

³ “Gender equality requires equal enjoyment by women and men of socially-valued goods, opportunities, resources, and rewards. Where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision making and access to economic and social resources” (www.unfpa.org/gender/resources_faq.htm).

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