

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

The Millennium Development Goals (MDGs)—a set of eight, time-bound goals ranging from reducing poverty to providing universal primary education—represent a blueprint for global development agreed to by 189 countries. Since adopting the MDGs in 2000, Malawi has made notable strides toward reaching several of the goals, including those related to child mortality, malaria, and sanitation. However, progress toward others, such as those for maternal mortality, immunization coverage, and education, has been largely inconsistent.

If the rate of progress remains the same, it is unlikely that Malawi will reach and sustain all of its MDG targets by 2015. One major challenge is the current and growing size of the population. The number of people in need of employment, as well as health, education, and other social services, is large and increasing. This means that the need for resources, personnel, and infrastructure required to meet the MDGs is also growing. As such, development efforts to support the MDGs should account for the importance and benefits of reducing mistimed and unwanted pregnancies.

This brief describes how one strategy—reducing the unmet need for family planning in line with Malawi’s FP2020¹ goals—can make achieving and sustaining the MDGs more affordable in Malawi, in addition to directly contributing to the goals of reducing child mortality and improving maternal health.

Reducing MDG Costs

Countries that have a large unmet need for family planning (FP) also tend to experience rapid population growth. On average, women in Malawi still have more than five children each; and surveys show that the unmet need for FP services is high (about 26% of married women of reproductive age want to space or limit births but are not currently using any modern method of family planning). If more women could access FP services, unmet need would decrease, resulting in fewer births, a smaller school-age population (under age 15), and reduced costs in achieving and sustaining the MDGs.

The USAID-funded Health Policy Project conducted an analysis to estimate the cost savings for five of the eight MDGs. Costs were calculated under two scenarios: (a) when unmet need for family planning remains constant; and (b) when unmet need is gradually reduced to 12 percent by 2020.

Reducing the unmet need for FP services as outlined by FP2020 can help Malawi significantly reduce the costs of meeting the five selected MDGs:

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

Figure 1. Cumulative Immunization Cost Savings 2014–2025

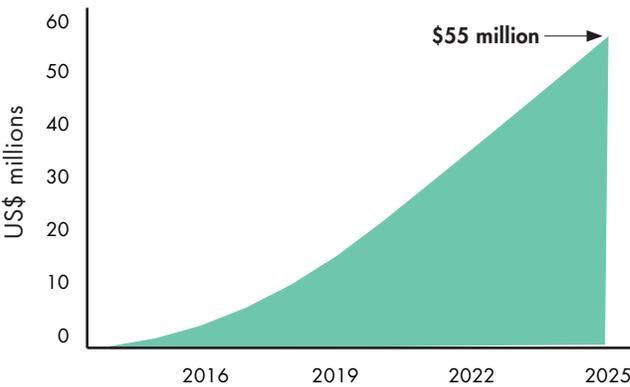
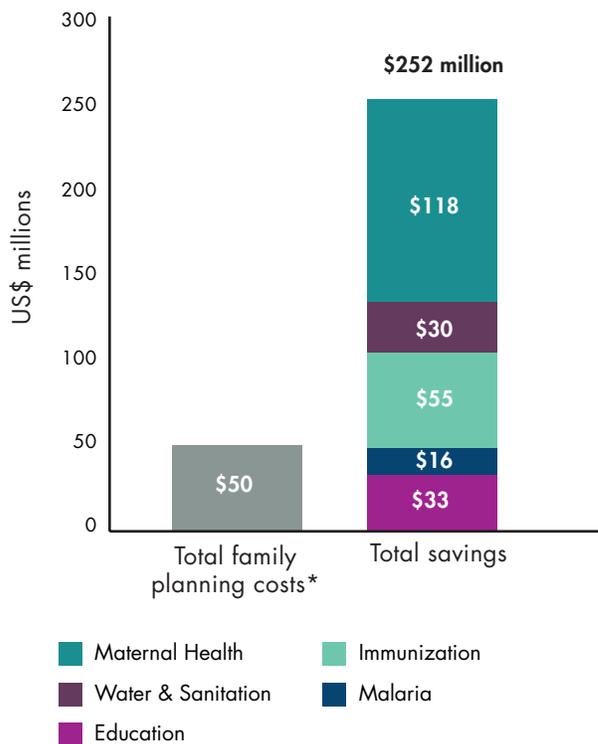


Figure 2. Social Sector Cost Savings and Family Planning Costs in Malawi, 2014–2025



*Total family planning cost refers to the estimated cumulative marginal cost above current spending over 2014–2025 of reducing unmet need as projected by FP2020.

For example, the cost of achieving MDG 2 for universal primary education is influenced by the number of children who need to be educated. Similarly, MDG 4 aims to reduce child mortality through interventions such as measles immunizations, and the cost of immunizing infants is directly related to the number of babies born each year.

Addressing unmet need for family planning would help Malawians meet their reproductive intentions and result in fewer children requiring immunizations or attending school. Therefore the costs for reaching universal primary education or achieving a 100 percent immunization coverage rate would be lower. Figure 1 shows the cumulative cost savings for immunization alone as a result of reducing unmet need according to FP2020 goals. Because the effects of family planning are not immediate, long-term benefits would be even greater if the timeline were extended past 2025. Similar analyses were applied to examine the savings in other sectors, revealing cost savings in meeting the MDGs' education, water and sanitation, maternal health, and malaria targets (see Figure 2).

Improving Maternal and Child Health

Greater use of FP services also contributes to reducing child mortality (MDG 4) and improving maternal health (MDG 5). The use of family planning for spacing or limiting births helps reduce the number of high-risk pregnancies that contribute to high levels of maternal and child illness and death. Decreasing unmet need to meet FP2020 goals in Malawi could avert more than 7,400 maternal deaths and nearly 400,000 child deaths by 2025.

Conclusion

Increased contraceptive use can significantly decrease the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality. Investing in family planning not only supports the reproductive rights and health of Malawians, but also yields costs savings in several areas of health, education, and other social services. The cost savings in meeting the five MDGs by satisfying unmet need outweigh the additional costs of family planning by a factor of nearly 5 to 1.

June 2014, based on the 2010 Malawi Demographic and Health Survey

Note

¹ In July 2012, at the London Summit on Family Planning, Malawi committed to developing a comprehensive sexual and reproductive health program for young people, strengthening policy leadership on family planning, and increasing the country's CPR to 60 percent. See www.familyplanning2020.org for more information.

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