

GHANA FAMILY PLANNING COSTED IMPLEMENTATION PLAN 2016–2020

Brief

The Government of Ghana (GoG) has committed to increasing the modern contraceptive prevalence rate (CPR) to 30 per cent amongst married and 40 per cent amongst unmarried, sexually active women by 2020. Full implementation of the Ghana Family Planning Costed Implementation Plan, 2016–2020 (GFPCIP) by the GoG and partners will enable Ghana to reach its ambitious but realistic goals.

Comprehensive sexual and reproductive health and rights care, including family planning, is not only a health and rights issue. It is a developmental necessity, as it also improves livelihoods and promotes economic growth. Therefore, providing high-quality reproductive health services to women, men, and adolescents and ensuring consistent CPR growth is a priority for the GoG. Improving CPR and increasing the uptake of long-term family planning will provide multiple benefits to Ghana by accelerating development and reducing pressure on the nation's resources.

Ghana can realise a boost in economic growth and productivity that can raise incomes and allow families and governments to improve the well-being of future generations. Ghana's population dynamics can be turned into a valuable demographic dividend only if investments are made in FP and reproductive health



(RH) programmes to promote population change through a lower fertility rate and more balanced age structure, as well as in multisectoral social and development programs that enable economic growth and quality-of-life improvements. Voluntary FP programmes play an important role in enabling couples to realise their reproductive preferences, thereby shaping a country's demographic path while

simultaneously improving health and increasing savings across development sectors.¹ However, the demographic dividend is only possible when fertility rates decline sharply and significantly, leading to a lower dependency ratio.²

Therefore, to improve the ability of women, men, and young people to fulfil their fertility intentions, leading to improved health and increased wealth at the individual, community, and national levels, the GFPCIP analyses key issues and barriers to family planning and provides a technical strategy to guide investments over the next five years. The GFPCIP is structured around six main thematic areas:

1. Demand creation
2. Service delivery
3. Contraceptive security
4. Policy and enabling environment
5. Financing
6. Stewardship, management, and accountability

Each theme is further separated into strategic outcomes and specific activities that have been identified as necessary to achieve those outcomes. The GFPCIP includes an activity matrix that

CIP Operational Objectives

- Increase the modern contraceptive prevalence rate³ amongst currently married women from 22.2 per cent⁴ in 2014 to 29.7 per cent by 2020 (33% all methods CPR in 2020).
- Increase the modern CPR amongst unmarried sexually active women from 31.7 per cent⁴ in 2014 to 40 per cent by 2020 (50% all methods CPR in 2020).

illustrates the relationship between the strategic outcomes and the activities planned to achieve them. It further articulates the inputs required to fully implement each activity and the public sector cost of those inputs.

Full implementation of the GFPCIP will increase the number of women in Ghana currently using modern contraception from approximately 1.46 million users in 2015 (baseline) to 1.93 million in 2020 (see Figure 1). To reach this pace, nearly 500,000 users must be added between 2016 and 2020; this is almost 200,000 more

Figure 1: Total FP Users, Married and Unmarried, 2015 Baseline, Projected, 2016–2020

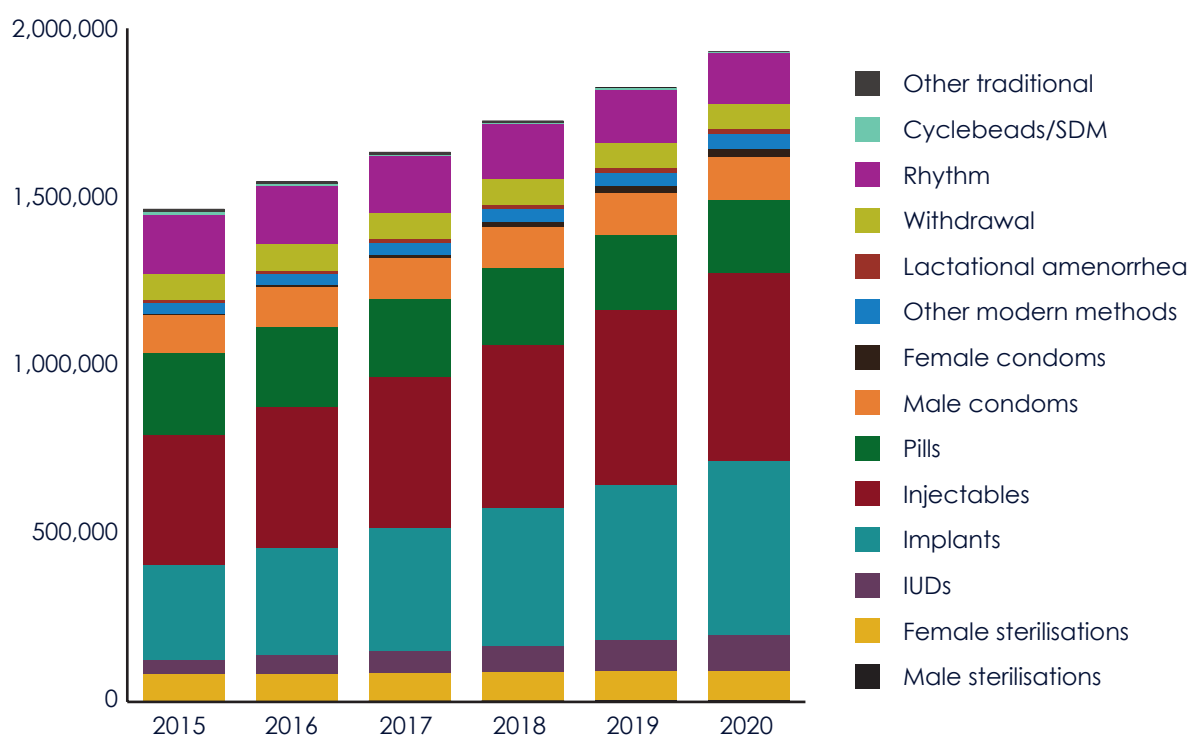
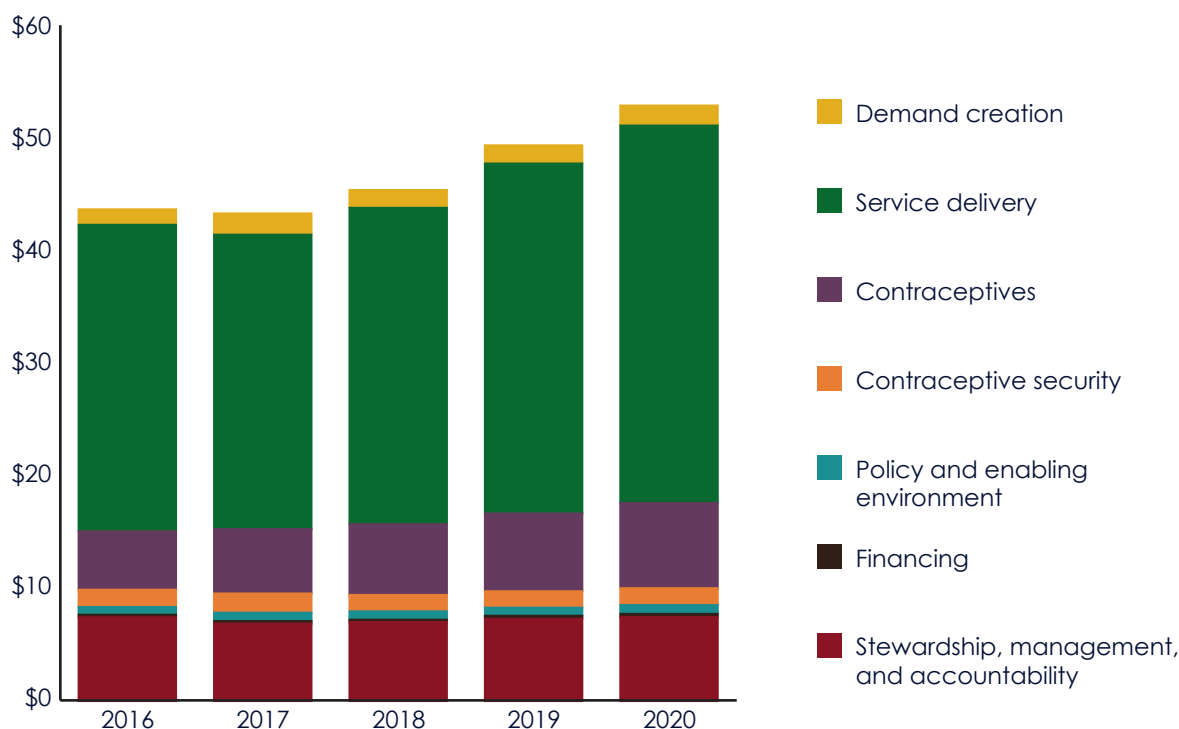


Figure 2: Costs by Thematic Areas and Contraceptive Costs, in millions USD



than would be needed if the CPR growth rate seen between 2008 and 2014 continues at the same pace.

For Ghana to increase its modern CPR from 22.2 per cent among married women in 2014 to 29.7 per cent in 2020, modern CPR must grow at 1.3 per cent a year, on average, and total CPR must grow at 1.1 per cent annually. The overall annual growth rate needed for the country to increase its modern CPR from 31.7 per cent among unmarried sexually active women in 2014 to 40 per cent in 2020 is (on average) 1.4 per cent for modern CPR and 1.1 per cent for total CPR.

Figure 2 shows the annual costs of fully implementing the GFPCIP, including both activity and contraceptive commodity and consumable costs. The total costs of the plan from 2016–2020 are \$235 million USD (906 million Ghanaian cedis). Between 2016 and 2020, the annual cost of the plan will average about \$47 million USD. This amounts to a cost of about \$40.5 million USD per year in activity costs, or \$5.52 USD per woman of reproductive age per year, and \$6.5 million USD per year in contraceptives and direct consumables, or \$3.74 USD per FP user per year. A total of \$32.5 million USD, or 14 per cent of the overall costs, are in commodities, including contraceptives and consumables. Another 3 per

cent of the costs are in demand creation; 62 per cent in service delivery; 3 per cent in programming for contraceptive security; 1.6 per cent in policy and enabling environment; less than 1 per cent in financing; and 15 per cent in stewardship, management, and accountability.

Making these investments in family planning in Ghana and achieving the desired CPR goals will avert more than 2.3 million unintended pregnancies, more than 800,000 abortions, almost 30,000 child deaths, and more than 5,000 maternal deaths between 2016 and 2020. Additionally, the intervention will avert expenditures of almost \$115 million USD on maternal and infant healthcare costs alone during the five-year plan period.⁵ In addition, other sectors, including public health, education, and infrastructure, will also experience significant cost savings due to increased FP use.

Ghana's FP goals and the activities and results detailed to achieve them in the GFPCIP are ambitious and must therefore be matched with commensurate support in the areas of human resources, financing, and political commitment from national to regional to district to community levels throughout the country.

Table: Annual and Total Impacts of the GFPCIP

	2016	2017	2018	2019	2020	Total
<i>Demographic impacts</i>						
Unintended pregnancies averted	399,266	429,265	460,598	493,417	527,706	2,310,252
Abortions averted	143,736	154,535	165,815	177,630	189,974	831,690
<i>Health impacts</i>						
Maternal deaths averted	920	967	1,014	1,061	1,108	5,070
Child deaths averted	5,142	5,529	5,932	6,355	6,797	29,755
Unsafe abortions averted	64,681	69,541	74,617	79,934	85,488	374,261
Disability-adjusted life years (DALYs) ⁶ averted	490,958	526,514	563,515	602,136	642,341	2,825,464
<i>Economic impacts</i>						
Maternal and infant healthcare costs averted (USD)	19,831,396	21,321,423	22,877,727	24,507,861	26,210,973	114,749,380

Notes

¹ Bloom, David E., David Canning and Jaypee Sevilla. 2003. *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*. Santa Monica, CA: RAND; and Population Reference Bureau. 2013. *Harnessing the Demographic Dividend*. Available at <http://www.prb.org/Multimedia/Video/2013/demographic-dividend-engage.aspx>. Retrieved 5 May 2015.

² Ghana National Population Council. 2013. *RAPID—The Change We Seek: Population and Development*. Accra: Republic of Ghana. Available at http://www.healthpolicyproject.com/pubs/154_GHANARAPIDBookletFINAL.pdf. Retrieved 11 August 2015

³ The focus on modern contraceptives reflects the prioritisation of more effective methods to lead to fewer unintended pregnancies, and thus an achievement of individuals' and couples' reproductive intentions.

⁴ Ghana Statistical Service, Ghana Health Service, and the DHS Program. 2015. *Ghana Demographic and Health Survey Key Indicators 2014*. Accra, Ghana: Ghana Statistical Service; Ghana Health Service; The DHS Programme, ICF International.

⁵ Health Policy Project, United States Agency for International Development (USAID), and Marie Stopes International. April 2015. *ImpactNow: Estimating the Health and Economic Impacts of Family Planning Use*. Washington, DC: Futures Group, Health Policy Project.

⁶ DALYs = Disability Adjusted Life Years. "DALYs are the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability." DALYs definition. Available at http://www.who.int/mental_health/management/depression/daly/en/.

For More Information

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