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THE NEAR-TERM HEALTH AND ECONOMIC BENEFITS OF FAMILY PLANNING IN ZIMBABWE

Brief

Photo credit: Federica Olivieri

Although Zimbabwe's contraceptive prevalence rate (CPR) is one of the highest in sub-Saharan Africa, economic challenges in the last decade have led to a downward trend in some health indicators, including family planning (FP) use. Recognizing the right to high-quality reproductive healthcare and the links between population growth, health, and economic development, the Government of Zimbabwe made the following commitments (known as the FP2020 goals) at the 2012 London Summit on Family Planning:

- Increase the CPR from 59 percent to 68 percent by 2020
- Reduce unmet need[1] for family planning from 13 percent to 6.5 percent by 2020
- Increase access to a comprehensive range of FP methods, including long-acting and permanent methods (LAPMs)

By providing equitable, high-quality FP services, greater access to FP information, and voluntary access to a broader choice of FP methods and services, Zimbabwe could enable women and men to meet all their reproductive health needs and further improve their health and well-being. On a population level, these investments in family planning offer significant social, health, and economic benefits, even in the near term. ImpactNow—a new model developed by the USAID-funded Health Policy Project (HPP)[2]—estimates the near-term benefits of investments in family planning, as well as the resources needed to achieve FP-related commitments. This brief presents some key benefits associated with realizing Zimbabwe's FP2020 goals.

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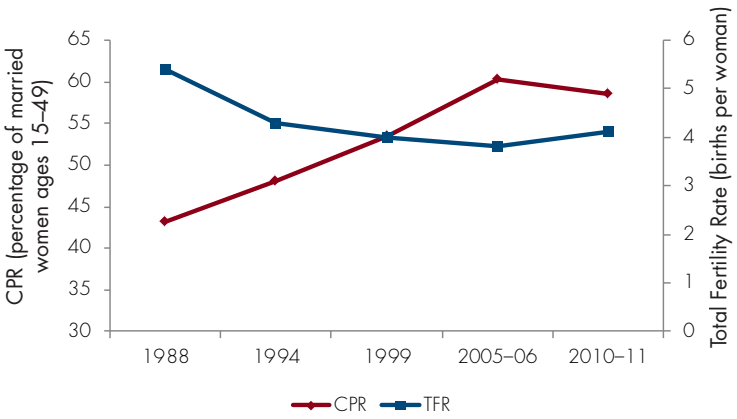
Figure 1. Trends in Zimbabwe's Fertility and Contraceptive Prevalence Rate



Source: Zimbabwe Demographic and Health Surveys

Status of Family Planning

The growing need for FP services has outpaced the growth of FP use in Zimbabwe, and consequently, the basic health needs of women and families are not being fully met. Contraceptive prevalence rose steadily in the post-independence era, but progress has stagnated in recent years. According to the 2010–2011 Demographic and Health Survey, 59 percent of currently married women use a contraceptive method, virtually unchanged from 60 percent in 2005–2006 (see Figure 1). The ongoing economic crisis since 2000 could lead to a more significant decline in the CPR, jeopardizing the progress made over the last two decades. Although unmet need in Zimbabwe is the lowest in southern Africa, it is as high as 19 percent among youth and 26 percent in some subnational populations. The stalled progress in FP uptake and the high level of unmet need likely contributed to the increase in the total fertility rate from 3.8 in 2005–2006 to 4.1 in 2010–2011.

FP programs must also offer a wider choice of contraceptive methods to better support the various needs and preferences of women and couples. Currently, short-term methods dominate the method mix in Zimbabwe; 71 percent of married users use the pill, while only 7 percent use LAPMs. The pill has a high discontinuation rate: nearly one in five new pill users discontinue use within the first year—which impacts its effectiveness in preventing unintended pregnancies. Of married FP users, one in four does not want another child; LAPMs may be especially relevant for this group of women.

Health Benefits of Family Planning

Meeting the FP2020 targets would have significant social and health benefits. Family planning helps women and couples achieve their desired family sizes, 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 and births a woman experiences over her lifetime, family planning helps women avoid health complications. Likewise, when a woman and her partner can control the amount of time between a birth and a subsequent pregnancy ("spacing"), they are better able to care for their newborn child.

HPP used the ImpactNow model to estimate the near-term benefits of achieving the FP2020 goals in Zimbabwe. Two possible scenarios for realizing a 68 percent CPR were examined, with different implications for future changes in method mix (see Table 1). The analysis assumed that all increases in voluntary FP use come from the group of women who have an unmet need for family planning, thus enabling women to achieve their own stated fertility intentions.

Table 1. What scenarios were analyzed?

ImpactNow models the near-term (2–7 years) health benefits and financial savings attributed to investments in family planning.

	2014 Baseline	2020 Base case	2020 Scenario 1: Modest progress	2020 Scenario 2: Rapid progress
CPR*	59	59	68	68
Method Mix**				
Implants	5	5	19 ▲	27 ▲
IUCDs	<1	<1	3 ▲	7 ▲
Pills	71	71	54 ▼	41 ▼
Other Methods	24	24	24	24

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

Increasing the CPR from 59 to 68 percent and expanding contraceptive choices would avoid unintended pregnancies and save the lives of women and children. The analysis shows meeting FP2020 goals under the "Modest progress" scenario would save the lives of 14,700 mothers and 37,800 children from 2014 to 2020 (see Table 2). Further expanding the method mix and use of LAPMs, as illustrated by our "Rapid progress" scenario, could increase these gains to 15,100 mothers and 38,700 children saved.

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
Modest Progress	420,000	2.7 million	14,700	37,800
Rapid Progress	650,000	2.8 million	15,100	38,700

Economic Benefits of Family Planning

Increasing FP use, and thereby reducing unintended pregnancies and the unmet need for maternal and child healthcare services, can also result in significant cost savings in the health system in the near term. Furthermore, expanding the method mix can result in even greater savings. If the target CPR were met and method mix shifted somewhat toward LAPMs (Modest progress scenario), an additional US$14 million in near-term healthcare costs could be saved between 2014 and 2020, when compared to current trends of FP use. With a more robust shift toward a more comprehensive method mix (Rapid progress scenario), additional savings could be as high as US$17 million (see Figure 2).[3]

According to a recent analysis of the gap between the resources available and those required to attain a CPR of 68 percent, by 2020, annual funds for family planning must increase by an estimated 25 percent from 2014 levels (HPP, 2014; Rapid progress scenario). Over that time span, Zimbabwe will need to spend an additional US$4.4 million to support the increased number of users and their preferred methods. However,

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

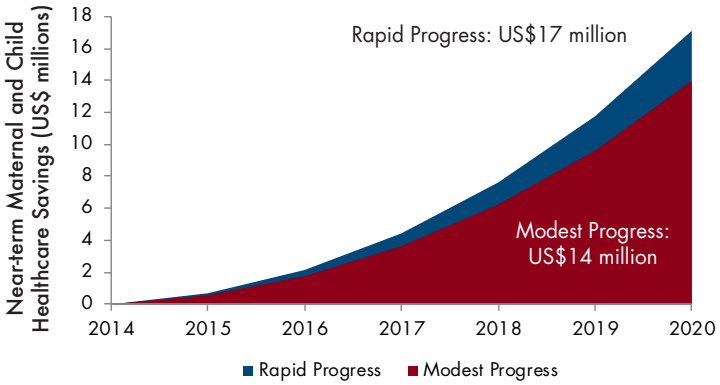


Figure 3: Cost of Family Planning Compared to Near-term Savings in Maternal and Child Healthcare, 2020

the near-term maternal and child healthcare savings of this FP investment are estimated at US$17 million, showing that investment in family planning helps women meet their reproductive health intentions in a highly cost-efficient manner. By 2020, US$1.75 would be saved in near-term maternal and child healthcare costs for every US$1 spent on family planning in the Modest progress scenario. However, with the greater uptake of LAPMs in the Rapid progress scenario, this ratio could be increased to US$1.85 in savings for every US$1 spent in 2020 (see Figure 3).

Recommendations

This ImpactNow analysis shows that family planning can help Zimbabwean women and families meet their reproductive desires, while offering significant health and

economic benefits in the near term. To realize these gains, the Government of Zimbabwe and development partners should take action to increase investments for family planning, expand method choice, and improve the quality of FP services. In particular, the Ministry of Health and Child Care must develop both a national FP strategy and a costed implementation plan that incorporate the country's commitments from the 2012 London Summit:

- Commit resources and increase funding for family planning from 1.7 percent to at least 3 percent of the health budget
- Eliminate user fees for FP services
- Increase access to a full range of FP methods, including LAPMs
- Strengthen public-private partnerships in the provision of community-based and outreach services
- Strengthen the integration of family planning with reproductive health, maternal health, and HIV services
- Develop innovative service delivery models to meet the needs and rights of adolescent girls, with the goal of reducing their unmet need from 16.9 percent to 8.5 percent

Drawing on the successes of other countries in task sharing and increasing use of LAPMs, Zimbabwe should scale up training for health workers to insert and remove intrauterine contraceptive devices (IUCDs) and implants. These trainings should target health workers at all levels of the health system, including rural health centers.

In support of the government's efforts, development partners should

- Continue to procure FP commodities, particularly for LAPMs
- Support the training, logistics, and supervision costs associated with the delivery of high-quality, integrated FP services
- Explore the use of innovative private sector-based service delivery models, such as social franchising approaches
- Work with local leaders to address any cultural, traditional, or religious barriers to contraceptive use, including gender inequality or misconceptions about contraception
- Design social and behavior change communication strategies to address the high wanted fertility and adolescent fertility
- Continue to conduct in-depth research to generate evidence for programming

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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] For more information, see the brief titled "ImpactNow Demonstrates the Short-term Benefits of Investing in Family Planning," available at www.healthpolicyproject.com. The model is forthcoming on the Health Policy Project website.

[3] The analysis was done using the Gather, Analyze, and Plan (GAP) Tool, which estimates the resources needed to meet a country's FP goals. The tool's main outputs are the funding gaps for a national FP program and for FP commodities alone. It is available at www.healthpolicyproject.com.

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