

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) represent a blueprint for global development agreed to by member states of the United Nations and international development institutions.

Uganda has made significant progress in reducing maternal and child mortality, but areas such as sanitation coverage, malaria, and universal primary education have seen less improvement. Sustaining further development efforts will be a challenge for Uganda and other countries that are not “on track” to meet all the MDGs by the target date of 2015. One major factor contributing to this challenge is the current and growing size of the population: on average, women in Uganda have more than six children each. The number of people in need of healthcare, education, employment, and social services is large and increasing, which means that increased resources and infrastructure are required. To address the high rates of fertility and population growth, efforts to support the MDGs should take into account the importance and benefits of averting unintended pregnancies.

This analysis shows how one strategy—reducing the unmet need for family planning (FP) in line with Family Planning 2020 (FP2020) goals—can make achieving and sustaining the MDGs more affordable in Uganda and directly contribute to further reducing maternal and child mortality.

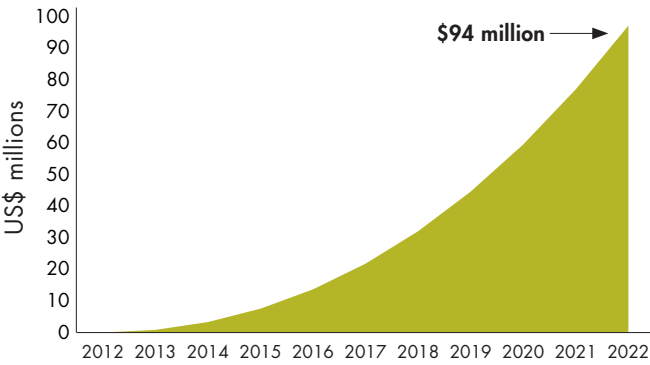
Reducing MDG Costs

Countries that have a large unmet need for family planning (FP) also tend to experience rapid population growth. Demographic and Health Surveys show that the unmet need for FP services in Uganda is high: more than 1 in 3 married women of reproductive age want to space or limit their births but are not currently using any modern method of contraception. If more women were able to access FP services, unmet need would decrease, allowing families to meet their stated fertility preferences. This would decrease unintended fertility and reduce both the size of the dependent population and the costs of achieving and sustaining the MDGs.

This analysis conducted by the USAID-funded Health Policy Project estimated the cost savings for five of the eight MDGs. Costs¹ were calculated under two scenarios: (a) when unmet need for family planning remains constant; and (b) when unmet need is gradually reduced to 10 percent by 2020. Reducing unmet need can help the country 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

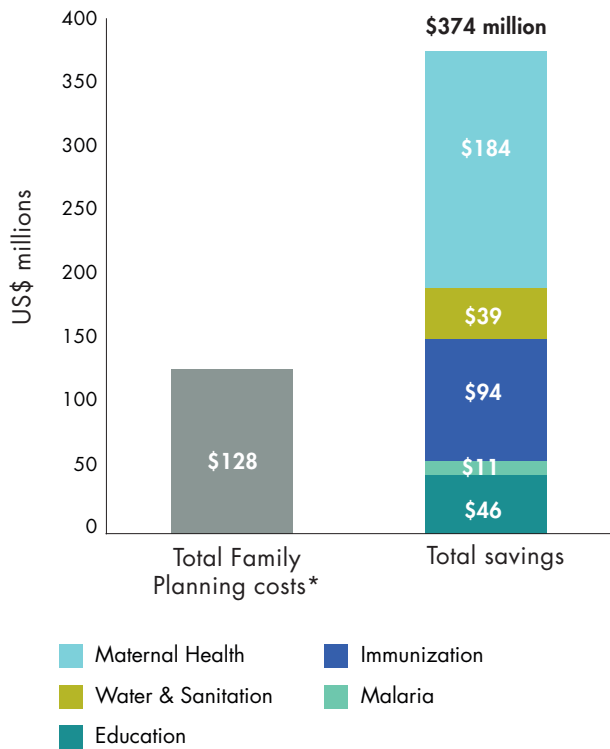
Figure 1. Cumulative Immunization Cost Savings 2012–2022



For example, the cost of achieving MDG 2 for universal primary education is directly influenced by the number of children who need education. The costs of meeting MDGs 4 and 6, reducing child mortality and combatting disease, are directly related to the number of babies born each year who require immunizations and other basic health services.

Meeting unmet need for family planning would help Ugandans fulfill their reproductive intentions, thereby decreasing the number of children attending school or requiring immunizations by hundreds of thousands each year. As a result, annual costs for reaching universal primary education and providing immunizations would be much lower. Figure 1 shows how meeting Uganda’s FP2020 goal of reducing unmet need leads to substantial cost savings in immunization—US\$94 million between 2012 and 2022. The effects of family planning are not immediate, so long-term benefits would be even greater if the timeline were extended past 2022. Similar analyses were applied to examine the savings in other sectors working to meet the MDGs, revealing cost savings in education, water and sanitation, maternal health, and malaria targets (see Figure 2).

Figure 2. Social Sector Cost Savings and Family Planning Costs in Uganda, 2012–2022



Improving Maternal and Child Health

In addition to cost savings, greater use of FP services can also contribute directly to MDGs 4 and 5, reducing child mortality and improving maternal health. Using family planning to space or limit pregnancies helps reduce the number of high-risk pregnancies that contribute to high levels of maternal and child illness and death. Meeting the FP2020 goal of decreasing unmet need could avert more than 11,000 maternal deaths and nearly 400,000 child deaths by 2022.

Conclusion

Increased use of family planning 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 Ugandans, but also yields costs savings in health, education, and other social services. Therefore, government budget allocations to family planning will have multisectoral benefits for the country that will affect all Ugandans. For every additional US\$1 invested in family planning to meet FP2020 commitments, US\$3 can be saved in MDG development costs, contributing to the current and future health and well-being of families and the country.

Source

Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda and Calverton, Maryland: UBOS and ICF International Inc.

Note

*Costs for each sector were calculated based on the per capita cost of the relevant service and the projected population under each FP scenario.

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