



Estimating the Investments for Family Planning Provision and its Economic Returns in Afghanistan

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Promoting voluntary family planning services can have powerful impacts on the development of Afghanistan, kick-starting the shifts and changes needed to reap the benefits of the demographic dividend and considerably improving the health of women and their children throughout the country.

By reducing the number of unintended pregnancies, voluntary family planning not only decreases the number of ante-natal, perinatal and post-natal health services required for each pregnancy, but also lowers the risks of maternal and neonatal morbidities which require more or less specialised healthcare treatments. This greatly reduces the healthcare costs associated with the provision of such services for the public health sector. In addition, a reduction in unintended pregnancies is also associated with a decrease in maternal and neonatal mortality, and can potentially save thousands of lives.

However, in order to achieve the increase in modern contraceptive prevalence rate (mCPR) which is fundamental for these processes, it is also essential that enough financial resources are committed to the provision of family planning services and commodities. Adequate financial resources must be in place to ensure that family planning programmes at national level can be not only sustained to continue meeting current needs, but also gradually expanded to satisfy the increased demand for family planning services and commodities and thus promote an increase in modern contraceptive prevalence rates across the country.

How much would the Government of Afghanistan need to invest in family planning services and commodities to achieve a targeted mCPR value of 25% by 2030? And how much more should be allocated to achieve a mCPR of 30% by 2030 instead? Lastly, what would the returns of such investments be in terms of reducing healthcare costs for the Government of Afghanistan?

In this policy brief, we provide estimates to guide the Government of Afghanistan on the investments in family planning commodities and services needed to achieve those higher rates of contraceptive prevalence by 2030. In addition, we estimate the social and economic returns that such investments would yield for the period 2019-2030 in terms of averted healthcare costs and net savings for the national authorities in Afghanistan.

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Data and information used in this publication are those available at the time of print.

Cost-benefits of investing in family planning services and commodities

Investing in voluntary family planning services and commodities is a well-recognised cost-effective intervention: increased access to contraceptives has positive consequences on women's health and on their ability to pursue their education and employment opportunities. This, in turn, will have positive effects for society as a whole – improving the economy of a country, as well as the health of children and families in general.

While beneficial in itself, investing in voluntary family planning services also provides governments with economic benefits for the country: the investments in contraceptive services and products will in fact return savings

for the public health sector - by reducing the need for certain health services over time.

In Afghanistan, gradual yearly investments in family planning services and commodities over time could generate very positive results: once those investments are compared with the returns for the public health sector in terms of direct healthcare costs saved, **in the period 2019-2030 almost US \$240 million in direct healthcare costs could be averted, which means that the Government of Afghanistan could save around US \$183 million in the next 12 years.**

For each US \$1 dollar invested in family planning services, up to

US \$3.6 could be saved in direct healthcare costs. In the tables and graphs below we detail the investments and cost-benefits for the period 2019-2030, for FP Scenario 1 (mCPR increase to 25% by 2030) and FP Scenario 2 (mCPR increase to 30% by 2030).

For the purposes of this policy paper we kept the contraceptive method mix unchanged for the whole period under analysis, but it is important to note that changes in the method mix (for example, promotion of long-acting instead of short-acting methods of contraception) would have an effect on both the costs of service provision and on the return-on-investment.

BASELINE IN 2015	IF mCPR INCREASED TO 25% BY 2030...	IF mCPR INCREASED TO 30% BY 2030...
In 2015, there were an estimated 1 million users of modern family planning methods (total users of all modern methods, including condoms)	By increasing mCPR to 25%, by 2030 there would be an estimated 2 million users of modern family planning methods in the country (total users of all modern methods, including condoms)	By increasing mCPR to 30%, by 2030 there would be an estimated 2.4 million users of modern family planning methods in the country (total users of all modern methods, including condoms)
This number represents the baseline of modern family planning users which will need to be sustained over time.	This means that by 2030 there would be an additional 1 million users of modern family planning methods , in addition to the baseline of modern family planning users.	This means that by 2030 there would be an additional 1.4 million users of modern family planning methods , in addition to the baseline of modern family planning users.
In 2015, the estimated method mix was composed as per graph below:	Keeping the estimated method mix constant, by 2030 the additional number of modern family planning users could increase as per graph below:	Keeping the estimated method mix constant, by 2030 the additional number of modern family planning users could increase as per graph below:

Estimated method mix in 2015 (including condoms)

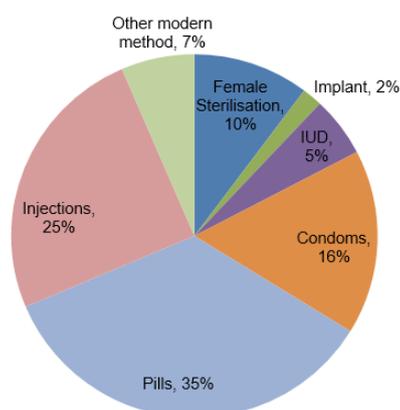
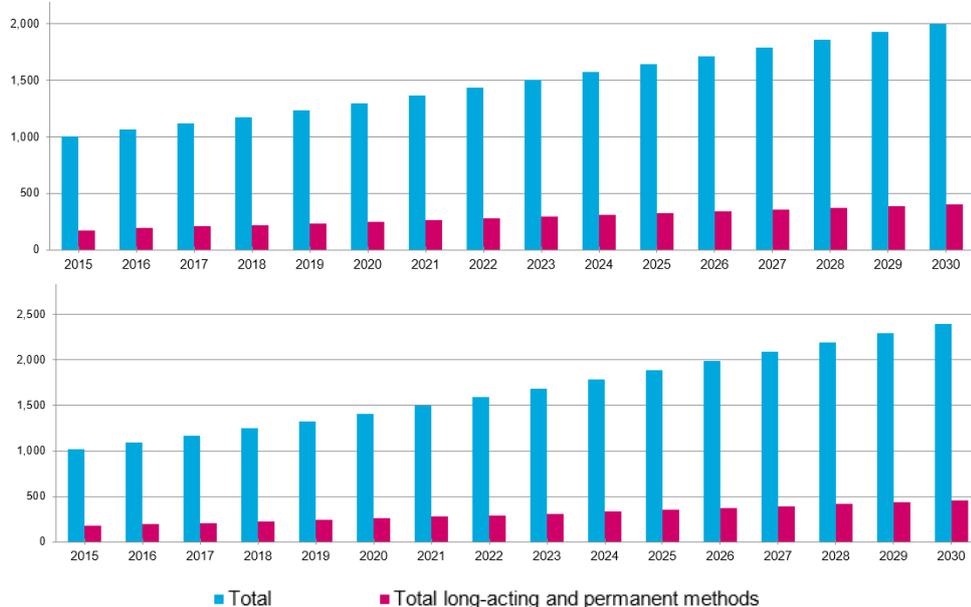


Figure 1: Modelled FP users ('000) by 2030, with mCPR at 25% or 30% by 2030.



In order to sustain the baseline of family planning users and increase their numbers to either 2 million or 2.4 million users by 2030,

gradual but increasing financial investments in contraceptive commodities and services will be required each year. Details of the

investments required, cost-benefits and return-on investment are illustrated below.

IF mCPR INCREASED TO 25% BY 2030....

Starting with an investment of almost US 3 million in 2019 and increasing gradually to an investment of 4.6 million by 2030, the Government of Afghanistan could avert almost US 209 million in direct health care costs over 2019-2030.

A total investment of around US 45 million in contraceptive commodities and services over the period of 2019-2030 would return a total net saving of more than US 160 million by 2030 for the Government of Afghanistan.

For every US \$1 invested in contraceptive commodities and services, the Government would have a return-on-investment of US \$3.6 on average over the period 2019-2030.

IF mCPR INCREASED TO 30% BY 2030....

Starting with an investment of almost US 3.2 million in 2019 and increasing gradually to an investment of 5.6 million by 2030, the Government of Afghanistan could avert almost US 240 million in direct health care costs over 2019-2030.

A total investment of around US 52 million in contraceptive commodities and services over the period of 2019-2030 would return a total net saving of around US 186 million by 2030 for the Government of Afghanistan.

For every US \$1 invested in contraceptive commodities and services, the Government would have a return-on-investment of US \$3.5 on average over the period 2019-2030.

Figure 2: Investments needed, direct healthcare costs averted and net savings by reaching mCPR at 25% by 2030

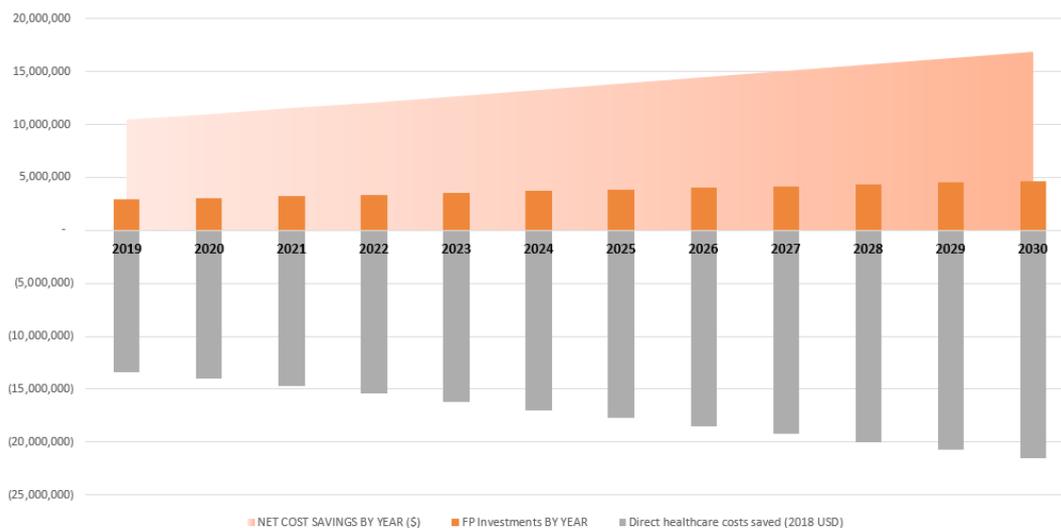
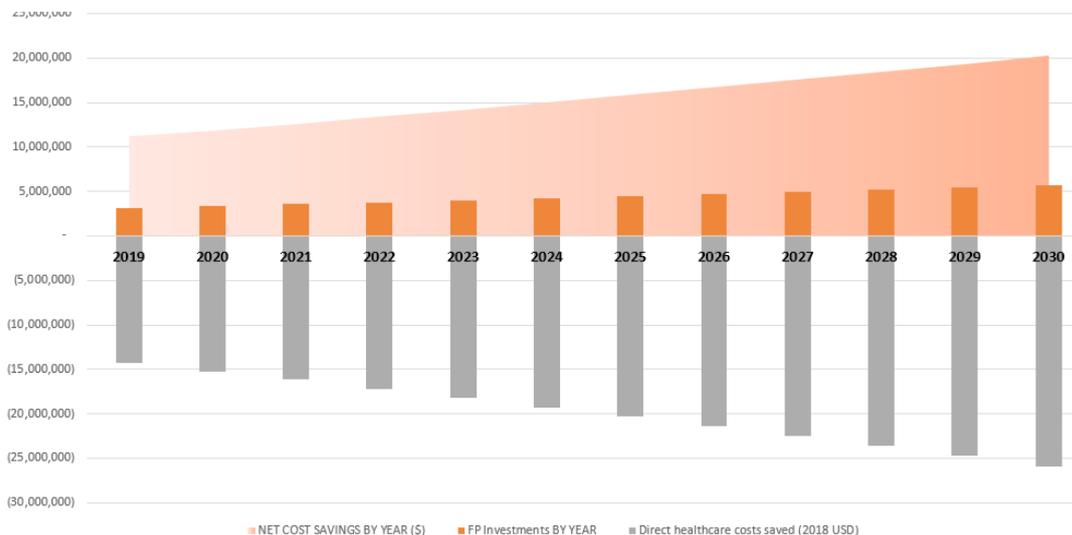


Figure 3: Investments needed, direct healthcare costs averted and net savings by reaching mCPR at 30% by 2030



METHODOLOGY TEXTBOX

We have conducted this costing analysis using the Impact 2 Model (version 5, July 2018) developed by Marie Stopes International. Results are approximations based on modelling and need to be viewed as estimates. The baseline year chosen for the analysis was 2015, and we used data from the Afghanistan DHS 2015 for current contraceptive prevalence in the country and for estimated contraceptive method mix. For the costing section, data on health services costs and costs of FP commodities was provided by the Ministry of Public Health in collaboration with UNFPA country office for Afghanistan.



Conclusion

Investing in family planning services can save lives as well as money, and it is a highly cost-effective policy decision in the context of Afghanistan.

If higher modern contraceptive prevalence rates were achieved by 2030 (either mCPR 25% or mCPR 30%), results in terms of healthcare costs saved and net savings would be impressive:

- By gradually increasing investments in family planning each year (from US \$3 to US \$5.6 million each year), the Government of Afghanistan could avert **up to US \$240 million** in direct healthcare costs in 2019-2030*;
- This reduction would mean that **up to US \$186 million could be saved** by the Government of Afghanistan over the next 12 years, resulting in a **return-on-investment of \$1 to \$3.60 US dollars***;
- Increasing investments in voluntary family planning services would also mean that up to 2.4 million users could be reached by 2030 – **an increase of 1.4 million new users** of modern family planning methods compared to the starting point baseline of users in 2015.*

**(for the mCPR at 30% by 2030 Scenario)*

References

1. Marie Stopes International (MSI). Impact 2 (v5), Marie Stopes International, 2018.