



**WHY INVEST IN
INTERNATIONAL
FAMILY PLANNING?
A LOOK AT THE EVIDENCE**

FOR GREATEST ROI ON FOREIGN ASSISTANCE, INVEST IN INTERNATIONAL FAMILY PLANNING

Earlier this year, President Donald J. Trump proposed the complete elimination of U.S. funding for global family planning assistance. The United States is the world's largest donor to family planning (Kaiser Family Foundation, 2016), and the consequences of implementing this proposal would be devastating—and deadly.

If implemented, a loss of funding of this magnitude would disrupt access to services and global supply chains that ensure that women have healthy pregnancies and newborns. As many as 25 million fewer women would receive contraceptives, almost 200,000 additional people would become infected with HIV, and 31,300 new mothers, newborns or children would die unnecessarily (Kaiser Family Foundation, 2017).

While it is unlikely that Congress will implement the president's proposal, the recommendation itself sends a strong message about the Administration's priorities and breaks with a 50-year bipartisan history of supporting women and families through family planning and reproductive-health. Foreign assistance accounts for less than one percent of the federal budget—and family planning is only one percent of foreign assistance. Yet family planning punches above its weight in terms of return on investment. It is, dollar-for-dollar, among the top most effective and efficient efforts on the development assistance menu: one analysis shows that for each additional dollar spent on contraceptive services, the cost of pregnancy-related care would drop by \$2.20 (Guttmacher Institute, 2017).

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THE ECONOMIC IMPACT OF CHILD MARRIAGE AND EARLY CHILDBIRTH

Efforts to reduce child marriage and early childbirth have traditionally come out of the U.S. family planning budget.¹ ICRW research has found that, of all factors related to child marriage, the increase in lifetime fertility of women who begin having children at younger ages has some of the largest economic impacts on countries. According to this analysis of Demographic and Health Survey (DHS) data from 15 countries, women who marry at age 13 have between 12 percent and 37 percent more births than women who marry at age 18 or older (Wodon, Onagoruwa, Yedan, & Edmeades, 2017). This equates to at least one additional child per woman in 12 of the 15 countries studied, two in Niger and the Democratic Republic of the Congo. The analysis also found that even women who marry at age 17 have between 10 and 26 percent more births than those who marry at age 18 or older (Wodon, Onagoruwa, Yedan, & Edmeades, 2017), equating to at least one additional child per woman, in six of the 15 countries studied.

Savings from eliminating early marriage and early childbirth would be over \$25 billion in the first year and increase to over \$700 billion per year by 2030, resulting in a cumulative savings of over \$5 trillion.

Using data from 106 countries, analysts found that the potential economic impact of the decrease in fertility that could be achieved through the elimination of child marriage and early childbirth was significantly greater than the cost. The cost savings was calculated first by estimating the reduction in population growth that could be achieved if child marriage and early childbirth were eliminated completely in 2015 and then by calculating the increase in gross domestic product (GDP) per capita that would be expected as a result of that reduction in population growth. Ultimately, the analysis estimated that the savings from eliminating early marriage and early childbirth would be over \$25 billion in the first

¹ Initial investments in research and programs to end child marriage were funded out of USAID's Population and Reproductive Health Office in the Global Health Bureau.

year and increase to over \$700 billion per year by 2030, resulting in a cumulative savings of over \$5 trillion (Wodon, Onagoruwa, Yedan, & Edmeades, 2017) — more than the maximum estimated investment (\$4.5 trillion) required to fund all key sectors of the Sustainable Development Goals for all developing countries for a year (United Nations Conference on Trade and Development (UNCTAD), 2014).

ICRW's research shows that women's inability to control their own fertility — and in particular, the onset of childbearing during adolescence — costs countries billions of dollars each year (Wodon, Onagoruwa, Yedan, & Edmeades, 2017).

So, what are the most cost-effective ways to capitalize on these potential savings?

COMPREHENSIVE SEXUALITY EDUCATION

The Lancet Commission on adolescent health and well-being recommends comprehensive sex education as part of a broader effort to “ensure that all adolescents and young adults’ rights to essential health information are met” (Patton, et al., 2016). Furthermore, an increasing body of evidence has shown that high-quality comprehensive sexuality education (CSE) is one of the most effective ways to reduce unintended pregnancies among adolescents (Presler-Marshall & Jones, 2017; United Nations Educational, Scientific and Cultural Organization (UNESCO), 2015). When implemented effectively, CSE delays sexual debut, decreases the incidence of sexually-transmitted infections including HIV and reduces unintended pregnancy (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2015).

How cost effective is CSE? The Lancet Commission found some evidence of cost-effectiveness in Western settings such as the United States and Europe, but more work needs to be done to provide better cost estimates in developing country contexts (Patton, et al., 2016). In general, some limited studies have shown that CSE has the potential to be cost-effective and even cost-saving and is most cost-effective when mandated as part of the

formal curriculum in nationwide, school-based programs (United Nations Educational, Scientific, and Cultural Organization (UNESCO) and Radboud University Nijmegen Medical Center, 2011). Additionally, by delaying sexual debut and reducing a woman's fertile years, there are huge potential economic savings — on the magnitude of tens to hundreds of billions of dollars annually — given the findings described in the previous section.

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CONTRACEPTION AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR YOUTH

According to a costing study of all of the population and demography targets being considered for inclusion in the Sustainable Development Goals (SDGs), “Achieving universal access to sexual and reproductive health (SRH) services by 2030 and eliminating unmet need for modern contraception by 2040” was determined to have one of the top two highest benefit-cost ratios (Kohler & Behrman, 2014). Unfortunately, youth face some of the largest barriers to accessing contraception and SRH services, including parental consent requirements, a lack of confidentiality when accessing services and even judgement from providers. In part due to these barriers, adolescents in developing countries experience a higher burden of unmet need for contraception and unwanted pregnancy than any other age group. Currently, adolescent girls ages 15-19 experience over 10 million unintended pregnancies annually, of which 5.6 million are ended through induced abortion. Of those abortions, an estimated 3.9 million are unsafe, placing adolescents at greater risk of death and disability (Darroch, Woog, Bankole, & Ashford, 2016).

One of the best ways to avert these outcomes is to ensure youth have access to modern contraception.

Currently, providing contraception to the estimated 15 million active adolescent users costs \$222 million, or about \$15 per user, in direct and indirect costs each year. It would cost \$770 million annually (\$21 per user) to fill all unmet need for contraception among adolescents by serving both the 15 million current users as well as the 23 million with unmet need. Furthermore, meeting all unmet need would result in 3.2 million (57 percent) fewer abortions, 2.4 million (62 percent) fewer unsafe abortions and 5,600 (71 percent) fewer maternal deaths among adolescent girls annually (Darroch, Woog, Bankole, & Ashford, 2016).

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RECOMMENDATIONS FOR U.S. FOREIGN POLICY

The evidence clearly shows that if the goal and objective is to place “America first by returning more American dollars home and ensuring foreign aid supports American interests and values” (Office of Management and Budget, 2017) now is the time to increase investments in international family planning, not eliminate them. Specifically, we recommend:

- ◆ Reinstatement of full funding for U.S. family planning assistance, including funding to end child marriage at the Congressional Budget Office’s recommended \$24 million (Congressional Budget Office, 2012).
- ◆ Full funding for UNFPA, which, among other services, is a technical leader in the U.N. system in responding to child marriage and providing family planning information and services.

- ◆ Increasing investments in comprehensive sexual and reproductive health care for adolescents, including CSE and contraception.

In recent years, the United States has allocated up to \$607.5 million a year for international family planning programs (Kaiser Family Foundation, 2017). The Senate’s current State Department and Foreign Operations Bill (SFOPs) comes close to maintaining this funding level at \$585 million and includes funding for UNFPA that was eliminated in the president’s budget request. The House appropriations bill for FY18 also maintains family planning funding in its spending bill, although at a significantly lower level than the Senate - \$461 million - and also upholds the President’s request of eliminating funding for UNFPA.

In addition, there are policy and program interventions that are ongoing, and continuing to invest in these will ensure that U.S. financial investments are spent wisely. These include investing in full implementation of the groundbreaking U.S. Global Strategy to Empower Adolescent Girls, which includes specific agency guidance on child marriage and programs like PEPFAR’s DREAMS, as well as positive youth development, a multi-sectoral approach to ensure that young people have opportunities to develop their skills, foster positive relationships and gather the support needed to successfully transition to adulthood.

Decades of evidence has shown that the U.S. international family planning investment has positive ripple effects much greater than what we put into it. If the U.S. government is truly committed to spending on programs that demonstrate a strong return on investment, the numbers speak for themselves.



REFERENCES

- Aizenman, N. (2017, May 25). *Trump's Proposed Budget Would Cut \$2.2 Billion From Global Health Spending*. Retrieved from NPR: <http://www.npr.org/sections/goatsandsoda/2017/05/25/529873431/trumps-proposed-budget-would-cut-2-2-billion-from-global-health-spending>
- Congressional Budget Office (2012, May 14). *CBO Cost Estimate on S.414, International Protecting Girls by Preventing Child Marriage Act of 2011*. Washington DC: CBO. Retrieved December 13, 2017, from <https://www.cbo.gov/sites/default/files/112th-congress-2011-2012/costestimate/s4141.pdf>
- Darroch, J. E., Woog, V., Bankole, A., & Ashford, L. S. (2016). *Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents*. New York: Guttmacher Institute.
- Darroch, J.E., Audam, S., Biddlecom, A., Kopplin, G., Riley, T., Singh, S., & Sully, E. (2017). *Adding It Up: Investing in Contraception and Maternal and Newborn Health*, 2017. New York: Guttmacher Institute.
- Haberland, N. A. (2015). The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies. *International Perspectives on Sexual and Reproductive Health*, 31-42.
- Kaiser Family Foundation. (2016, April 25). *U.S. Funding for International Family Planning & Reproductive Health*. Retrieved from Kaiser Family Foundation: <https://www.kff.org/global-health-policy/issue-brief/u-s-funding-for-international-family-planning-reproductive-health/view/footnotes/#footnote-186438-1>
- Kaiser Family Foundation. (2017, June 14). *Modeling the Impact of Global Health Budget Cuts on HIV, TB, Family Planning, and Maternal, Newborn, and Child Health*. Retrieved from Kaiser Family Foundation: <http://www.kff.org/global-health-policy/press-release/modeling-the-impact-of-global-health-budget-cuts-on-hiv-tb-family-planning-and-maternal-newborn-and-child-health/>
- Kaiser Family Foundation. (2017, July 10). *The U.S. Government and International Family Planning & Reproductive Health Efforts*. Retrieved from Kaiser Family Foundation: <http://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-efforts/>
- Kohler, H.-P., & Behrman, J. R. (2014). *Benefits and Costs of the Population and Demography Targets for the Post-2015 Development Agenda*. Copenhagen Consensus Center Population and Demography Assessment Paper.
- Office of Management and Budget. (2017). *A Budget of the US Government: A New Foundation For American Greatness Fiscal Year 2108*. Washington, DC: OMB. Retrieved November 22, 2017, from <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/budget/fy2018/budget.pdf>
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., . . . Viner, R. M. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 2423-2478.
- Presler-Marshall, E., & Jones, N. (2017). *Family planning: The adolescent imperative*. London: Overseas Development Institute.
- Q. Wodon, A. O. (2017). *Economic Impacts of Child Marriage: Fertility and Population Growth Brief*. Washington, DC: World Bank. Retrieved November 15, 2017, from <http://www.costsofchildmarriage.org/publication/economic-impacts-child-marriage-fertility-and-population-growth-brief>: <http://www.costsofchildmarriage.org/publication/economic-impacts-child-marriage-fertility-and-population-growth-brief>
- United Nations Conference on Trade and Development (UNCTAD). (2014). *World Investment Report 2014: Investing in the SDGs: An Action Plan*. Geneva: United Nations Publication.
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2015). *Emerging Evidence, Lessons, and Practice in Comprehensive Sexuality Education: A Global Review*. Paris: UNESCO.
- United Nations Educational, Scientific, and Cultural Organization (UNESCO) and Radboud University Nijmegen Medical Center. (2011). *Cost and Cost-Effectiveness Analysis of School-Based Sexuality Education Programmes in Six Countries*. Paris, France: United Nations Educational, Scientific, and Cultural Organization.
- Wodon, Q., Onagoruwa, N., Yedan, A., & Edmeades, J. (2017). *Economic Impacts of Child Marriage: Fertility and Population Growth*. Washington, DC: The World Bank and the International Center for Research on Women.



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