

by the number of children needing education. Fulfilling unmet need for family planning would result in fewer children requiring education, and as a result, there would be lower costs for universal primary education. Figure 1 shows the cumulative cost savings to the education sector from satisfying unmet need—\$116.5 million would be saved by 2015. Because the effects of family planning are not immediate, long-term benefits would be even larger if the timeline were extended past 2015. Similar methodology was applied to other sectors working to meet the MDGs, revealing cost savings in meeting the immunization, water and sanitation, maternal health, and malaria targets (see Figure 2).

Improving Maternal and Child Health

In addition to the cost savings incurred by addressing unmet need, greater use of FP services can contribute directly to the MDG goals to reduce child mortality and improve maternal health; family planning helps reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death. The study shows that addressing unmet need in Tanzania could be expected to avert 18,688 maternal deaths and 495,786 child deaths by the target date of 2015.

Conclusion

Increasing access to and use of family planning is not one of the MDGs; however, as analysis has shown, it can make valuable contributions to achieving many of the goals. Increased contraceptive use can significantly reduce the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality. *The cost savings in meeting the five MDGs by satisfying unmet need outweigh the additional costs of family planning by a factor of 4 to 1.*

Figure 1. Cumulative primary education cost savings, 2005–2015 (in millions)

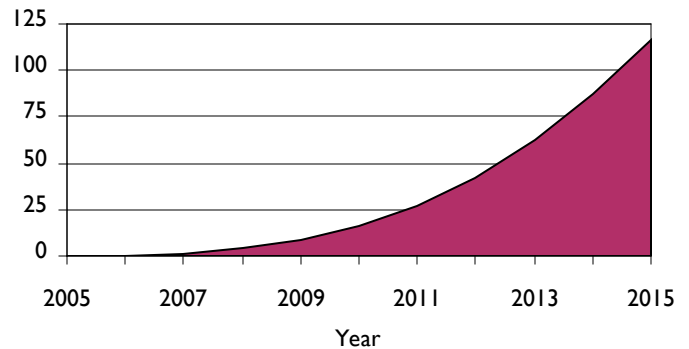


Figure 2. Social sector cost savings and family planning costs in Tanzania

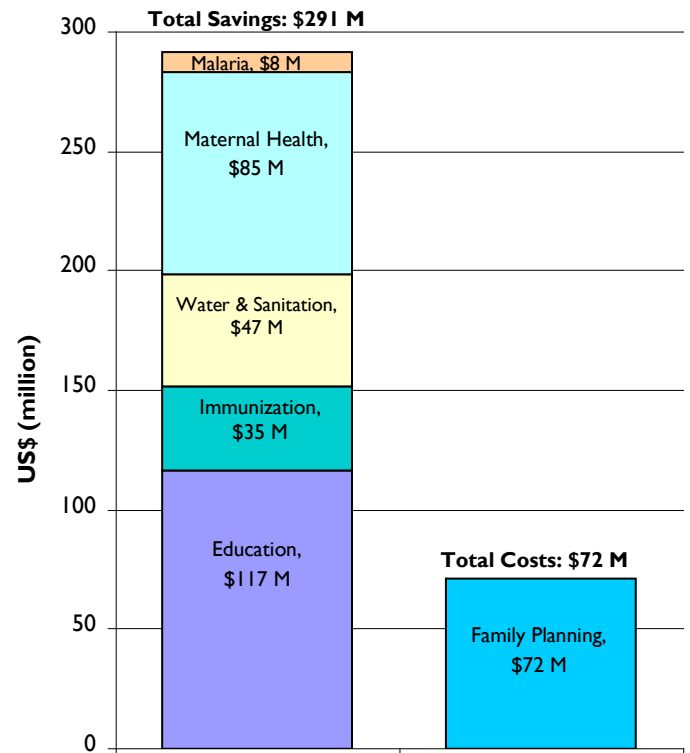


Photo credits (in order): (1) High school students attend a DramAidE forum theater performance at a high school in Kwazulu Natal, a province in South Africa with the highest HIV/AIDS prevalence. © 2000 Patrick Coleman/CCP, Courtesy of Photoshare. (2) Women and their infants in Nigeria. © 2000 Liz Gilbert/David and Lucile Packard Foundation, Courtesy of Photoshare. (3) Children sift powdered cassava in Nyegina Village, Tanzania. © 2001 Njamburi/Cabak ELS, Courtesy of Photoshare.

For more information, please contact:

USAID | Health Policy Initiative, Task Order 1
Constella Futures
One Thomas Circle, NW, Suite 200
Washington, DC 20005

<http://www.healthpolicyinitiative.com>; <http://ghiqc.usaid.gov>

USAID provided funding to the POLICY Project for the multi-country study under Contract No. HRN-C-00-00-00006-00. Task Order 1 of the USAID | Health Policy Initiative supported production of the country briefs under Contract No. GPO-I-01-05-00040-00. Task Order 1 is implemented by Constella Futures in collaboration with the Center for Development and Population Activities, the White Ribbon Alliance, and the World Conference of Religions for Peace.