USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

Achieving the MDGs

The contribution of family planning *Kenya*

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)—a set of eight important, time-bound goals ranging from reducing poverty by half to providing universal primary education—represent a blueprint for global development agreed to by member states of the United Nations and international development institutions. However, achieving them will be a major challenge for Kenya and many other developing countries that are not "on track" to meet the goals by the target date of 2015. As stated by United Nations Secretary-General Kofi Annan, it will take time and commitment to mobilize the necessary resources, train the required personnel, and establish the needed infrastructure to meet the MDGs.

In Kenya and other African countries, one major factor contributing to the challenge is the continued rapid growth of the population. The number of people in need of health, education, economic, and other services is large and increasing, which, in turn, means that the amount of resources, personnel, and infrastructure required to meet the MDGs is also increasing. In light of this fact, development efforts in support of the MDGs should not overlook the importance and benefits of slowing population growth.

This brief, based on a multi-country study titled "Achieving the Millennium Development Goals: The Contribution of Family Planning," looks at how one strategy—***meeting the need for family planning***—can reduce population growth and make achieving the MDGs more affordable in Kenya, in addition to directly contributing to the goals of reducing child mortality and improving maternal health.

Reducing MDG Costs

High rates of population growth are largely the result of frequent childbearing or high fertility—often corresponding with a large unmet need for family planning (FP). In Kenya, women still have, on average, about 5 children each, and surveys show that the unmet need for FP services is high (about 25 percent of married women of reproductive age want to space or limit births but are not currently using any method of family planning). If access to family planning services was increased, this unmet need could be met, therefore slowing population growth and reducing the costs of meeting the MDGs.

> Meeting unmet need for family planning not only allows families to space and limit their births when desired; it can also reduce the costs of meeting the MDGs and directly contribute to the reduction of maternal and child mortality.

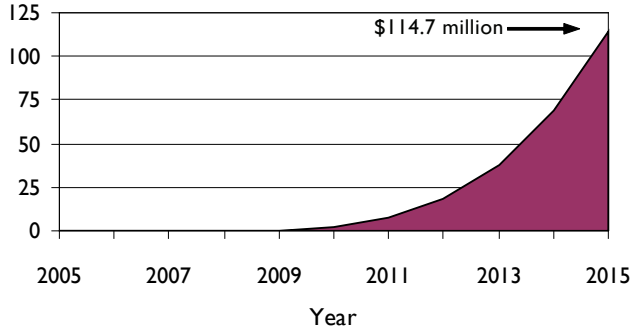
The study estimated the extent of the cost savings for five of the eight MDGs. Costs were calculated under two scenarios: when unmet need for family planning remains constant and when all unmet need is gradually met by 2015. Although it may take Kenya longer than 10 years to satisfy all unmet need—and this question is addressed in the larger study—what is clear is that reducing the unmet need for FP services can help Kenya significantly reduce the costs of meeting the five selected MDGs, including:

- Achieve universal primary education
- Reduce child mortality
- Improve maternal health
- Ensure environmental sustainability
- Combat HIV/AIDS, malaria, and other diseases

For example, the cost of achieving the MDG for universal primary education is influenced

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—$114.7 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).

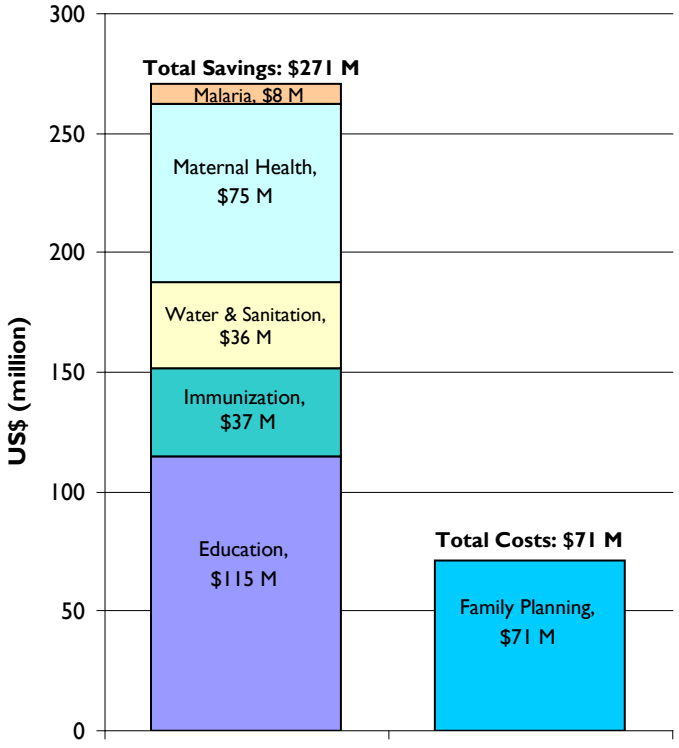
Figure 1. Cumulative primary education cost savings, 2005–2015 (in millions)



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 Kenya could be expected to avert a total of 3.9 million unintended pregnancies, more than 14,000 maternal deaths, and almost 434,000 child deaths by the target date of 2015.

Figure 2. Social sector cost savings and family planning costs in Kenya, 2005-2015



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 almost 4 to 1.***

Kenya

Updated July 2009, based on the 2003 Kenya DHS

For more information, please contact:

USAID | Health Policy Initiative, Task Order 1
Futures Group International
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 Futures Group International in collaboration with the Centre for Development and Population Activities, the White Ribbon Alliance, and Futures Institute.