

Investing in family planning

— *A priority for Ghana*

By Dr Sharon S. Camp & Dr Jotham Musinguzi

FACING severe budget shortfalls at home, many donor countries are considering—or are already implementing—cutbacks in their foreign aid programmes. This includes support for crucial international family planning programmes. For example, the United States, the global leader in supporting contraceptive services in the world's poorest countries, reduced its 2011 international family planning and reproductive health assistance by US\$33 million.

In the face of this reality, Ghana must step up its own funding for family planning—not just because the donor community is stepping back, but because it is in Ghana's interest to do so. The time to act is now.

As Ghana looks for ways to continue to reduce poverty and become a more equitable society, it is important to remember that social and economic progress is linked to improved access to quality family planning services. Such services save women's lives, save the country money and create a healthier, more productive society. Failure to support these services now will only end up costing more down the line.

In Ghana, low levels of contraceptive use are already taking a toll. More than one-third of women who want to avoid pregnancy are not using an effective contraceptive method. That number has barely changed since 1997. As a result, about 40 per cent of pregnancies are unintended.

In rural areas, where family planning services are scarce, women have more children than they want. For poor urban women, the cost of family planning services often makes them inaccessible. Additional births increase economic hardship among the most vulnerable families,

leaving them with fewer resources to invest in educating their children, and meeting their health care and other basic needs. Unplanned births also limit women's ability to work, making the cycle of poverty even harder to break.

Unintended pregnancy is also a serious threat to the health and survival of women and new-borns. It often results in a high-risk birth, for instance, one that occurs too soon after a previous delivery or when a woman is too young. This reality is starkly reflected in Ghana's high rates of maternal and new-born deaths.

Ghana's maternal mortality ratio is 350 deaths per 100,000 births, and 27 out of every 1,000 infants will

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die before they are a month old. Moreover, maternal mortality is the second most common cause of death among Ghanaian women, and thousands more experience debilitating health problems from high-risk births.

Further, many thousands of women decide they are not in the position to care for a child, or another child, and risk their lives by having an unsafe abortion. Approximately 15 per cent of women aged 15–49 have had an abortion, many going to untrained providers because they are unaware that abortion is legal under fairly broad grounds in Ghana and because they cannot afford the higher fees charged by private practitioners.

Not only do these unsafe and

clandestine procedures endanger women, they also place an economic burden on the families of women who need postabortion care and on the health care system that provides it. This is the reality today in Ghana, but it doesn't have to be.

The payoff of robust and sustained investment in quality family planning programmes would be enormous. If all Ghanaian women needing modern contraception were able to obtain an appropriate method, unplanned births, induced abortions and maternal and infant deaths would all drop dramatically. This would not only improve the health and economic well-being of women and their families but the benefits would extend to the nation as a whole.

This message should resonate not just with public health advocates, but also with those in charge of public finances: Providing modern contraceptives to all women who need them more than pays for itself. Estimates show that if family planning was included in the package of benefits offered by the National Health Insurance Scheme, it would save the National Health Insurance Authority as much as US\$ 17 million per year by 2017.

These savings would mainly arise from reduced costs in maternal and childcare, including deliveries, post natal and infant care. What this makes clear is that funding for family planning programmes is an investment, not a cost.

For Ghana and other countries in the region and around the globe that are looking for ways to enhance their economic growth, expanding the reach and quality of national family planning programmes is one of the most cost-effective and developmentally sound investments they can make.

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