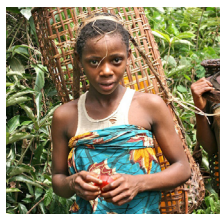




Achieving the MDGs

The contribution of family planning

Democratic Republic of Congo



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 the Democratic Republic of Congo and many other developing countries that are not “on track” to meet the goals by the target date of 2015. As stated by former 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 the Democratic Republic of Congo 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 looks at how one strategy—*meeting the need for family planning*—can reduce population growth and make achieving the MDGs more affordable in the Democratic Republic of Congo, 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 the Democratic Republic of Congo, women still have, on average, 6 children each (an average 7 children per woman in rural areas and 5 in urban areas), and the 2007 preliminary results of the Demographic and Health Survey in the Democratic Republic of Congo show that the unmet need for FP services is high (about 37.4 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 FP services was increased, this unmet need could be met, therefore slowing population growth and reducing the costs of meeting the MDGs.

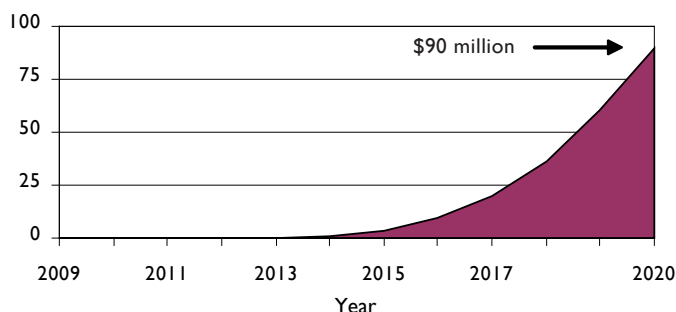
Meeting unmet need for family planning not only allows families to space and limit their births when desired; it can also reduce the costs of meeting the MDGs and directly contribute to the reduction of maternal and child mortality.

This analysis 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 2020. Although it may take the Democratic Republic of Congo longer than 12 years to satisfy all unmet need, what is clear is that reducing the unmet need for FP services can help the Democratic Republic of Congo 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—\$3.7 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. The cost savings through 2020 is equal to \$90 million, with the benefits continuing to increase. Similar methodology was applied to other sectors working to meet 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, 2005–2020 (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 the Democratic Republic of Congo could be expected to avert a cumulative of 18,237 maternal deaths and 868,077 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 nearly 4 to 1.***

Figure 2. Social sector cost savings and family planning costs in the Democratic Republic of Congo

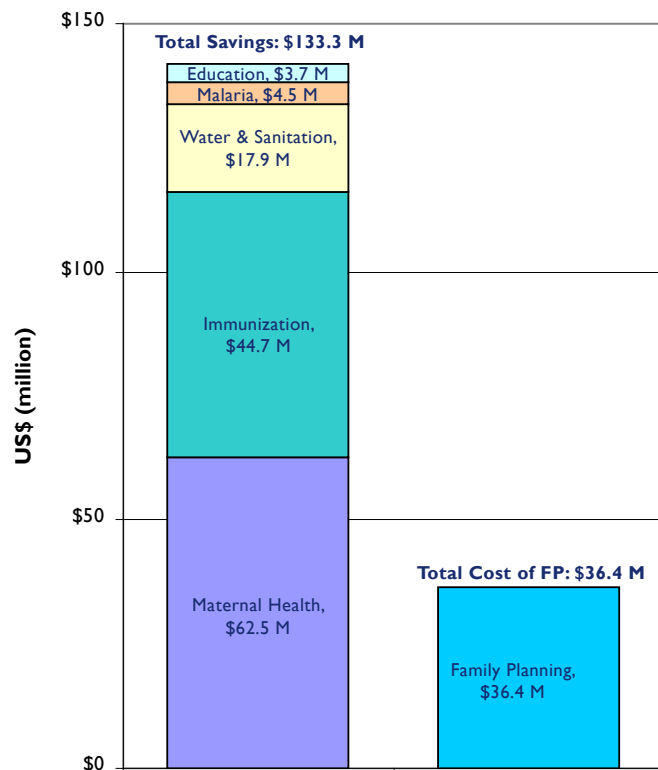


Photo credits (in order): (1) A mother cradles her child in Equateur province (DRC) © Alexia Lewnes (2) A teenage girl collects water in Equateur province (DRC) © Alexia Lewnes (3) A mother carries her child in North Kivu province (DRC) © Alexia Lewnes.

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