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Investment Case Towards Ending Unmet Need For Family Planning Egypt 2023

FORWARD

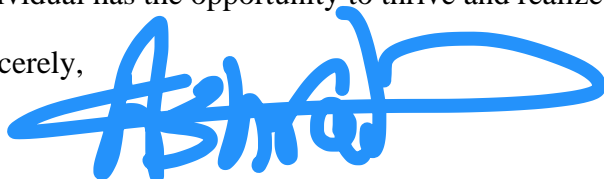
It is with great pleasure that I present this investment case addressing the critical issue of unmet need for family planning in Egypt. As we navigate the complex landscape of reproductive health, this report serves as a comprehensive guide, outlining the challenges, opportunities, and strategies to propel Egypt towards achieving its family planning objectives.

Egypt, like many countries, grapples with the persistent challenge of unmet need for family planning, despite commendable progress in reducing fertility rates. This report delves into the multifaceted factors contributing to this issue, ranging from limited access to information and services to socio-cultural barriers and health financing challenges. It underscores the far-reaching implications of unmet need for family planning on women's health, child welfare, gender equality, and socioeconomic development. Central to this investment case is the recognition of family planning as a catalyst for transformative change. Through rigorous methodology and scenario analysis, this report delineates the potential pathways towards achieving positive socioeconomic and demographic outcomes, offering insights into the cost-effectiveness of various interventions.

Crucially, this investment case emphasizes the imperative of collaborative action. By fostering partnerships between government entities, non-governmental organizations, international stakeholders, and the private sector, Egypt can leverage collective expertise and resources to maximize the impact of family planning interventions. As we embark on this journey towards a future marked by improved health, gender equality, and sustainable development, I urge policymakers, practitioners, and stakeholders to heed the recommendations outlined in this report. By prioritizing strategic implementation, data-driven decision-making, financial commitment, continued research, and collaborative partnerships, Egypt can chart a course towards a brighter tomorrow for all its citizens.

I extend my deepest gratitude to the dedicated report team behind the development of this investment case. Their tireless efforts, expertise, and commitment have been instrumental in bringing this report to fruition. Furthermore, I am deeply appreciative of the collaboration with the United Nations Population Fund (UNFPA), whose invaluable insights and support have enriched the content and scope of this investment case. The partnership with UNFPA underscores our shared commitment to advancing reproductive health and gender equality in Egypt. Additionally, I wish to express my sincere appreciation to the European Union for its generous assistance in producing this report. May this report serve as a roadmap for action, guiding us towards a future where every individual has the opportunity to thrive and realize his/her full potential.

Sincerely,



Prof. Ashraf El-Araby
INP President

REPORT TEAM

Lead author and team leader

Professor Hala Abou-Ali

Team Coordinator

Dr. Shimaa Sayed Azab

Team Members

Dr. Sherine Boshra Ghaly

Dr. Hebatullah Ahmad Mohamed Ezz

Dr. Nihal Abd El-Aty Elghawas

Salema Metwaly Abdo Ali

Samah Abdellatif Eldanasoury

Mai Abdallah Ragab

Administrative Coordinator

Dina Refaat

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LIST OF ACRONYMS

| | |
|--------|---|
| CAPMAS | Central Agency for Public Mobilization and Statistics |
| CHE | Current Health Expenditure |
| CPR | Contraceptive Prevalence Rate |
| EFHS | Egypt Family Health Survey |
| EGP | Egyptian Pound |
| FP | Family Planning |
| GDP | Gross Domestic Product |
| GE | Government Expenditure |
| HA | Health Accounts |
| IUD | Intrauterine Device |
| List | The Lives Saved Tool |
| mCPR | Modern Contraceptive Prevalence Rate |
| MPED | Ministry of Planning and Economic Development |
| MOHP | Ministry of Health and Population |
| NDP | National Development Plan |
| NGOs | Non-Governmental Organizations |
| PHE | Public Health Expenditure |
| SDG | Sustainable Development Goal |
| TFR | Total Fertility Rate |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Background

Egypt faces the persistent challenge of unmet need for family planning (FP) that stands at 13.8%, despite progress in reducing fertility rate that reaches 2.85 in 2021. Gaps between women's fertility preferences and actual contraceptive use exist due to barriers such as limited access to information and resources, inadequate service quality, opposition from partners and families, and cultural views against contraceptives.

Addressing this issue is crucial for women's reproductive and maternal health, child health, gender equality, socioeconomic development, and achieving Egypt's demographic goals. Youth constitute a significant portion of the population, which provides Egypt with an opportunity to harness the potential of the demographic dividend, a boost in economic productivity that occurs when there are growing numbers of people in the workforce relative to the number of dependents. Strategic investments in family planning are essential to foster sustainable development and build a resilient future.

Current Situation

Egypt employs a mixed public-private FP system with the Ministry of Health and Population (MOHP) playing a leading role. Initiatives with non-governmental organizations under the leadership of the Ministry of Social Solidarity and the National Project for the Development of the Egyptian Family support awareness and service provision. Donor assistance also plays a role, providing support to various national entities. Despite these efforts, Egypt faces challenges in health financing. Out-of-pocket (OOP) spending constitutes a large portion of total healthcare expenditure, with only about a third covered by the government. While efforts are underway to increase public health funding and to meet the constitutional obligations of a health budget of 3% of GDP by 2030, the sector currently falls short of the 15% GDP target set by the Abuja Declaration. Challenges also include:

- Sub-national Disparities: Unmet need is higher in rural Upper Egypt.
- Service Quality: Concerns about side effects and discontinuation rates highlight the need for improved counselling and follow-up.
- Socio-Cultural Barriers: Norms and beliefs influence FP decisions.
- Health Financing: Egypt's system relies heavily on OOP spending (60%). There's an ongoing effort to boost public health expenditure to reduce the financial burden on citizens.

Purpose of Investment Case

This investment case serves as an instrumental tool to demonstrate the transformative potential of addressing unmet need for FP through strategic investments. It underscores the economic and social advantages of addressing this issue, informs decision-making and ensures that investments are channeled effectively and efficiently toward achieving lasting positive outcomes. It serves as catalysts for increased public investment and the promotion of private financing partnerships,

fostering a collaborative and comprehensive approach to achieving family planning objectives. Key potential benefits of investing in family planning include:

- **Health Impacts:** Reduced maternal mortality, improved child health, lowered unintended pregnancies, and reduced unsafe abortions.
- **Economic & Social Progress:** Enhanced educational and economic opportunities for women, increased household savings, and a positive influence on GDP growth.
- **Demographic resilience:** Stabilized population growth, easing adaptation of systems and harnessing opportunities.
- **Cost-Effectiveness:** Significant returns on investment realized by decreasing long-term public expenditures associated with unintended pregnancies, healthcare, and social support.

Methodology

1. Collaborative Approach

A reference group of experts from various pertinent government entities, alongside the UNFPA Egypt country office and the UNFPA Headquarters was established. A list of the esteemed members is included in Appendix A of the report. The primary objective of this distinguished group was to ensure the robust validation of the data's integrity and the selected scenarios, underscoring the commitment to the reliability and accuracy of the study's findings.

2. Modelling and Data

- **Tools:** The Impact40 toolkit (UNFPA, Avenir Health, et al.) was used, including the FamPlan module (to calculate contraceptive prevalence rate (CPR), modern contraceptive prevalence rate, mCPR), total fertility rate (TFR), and unmet need for FP) and the Lives Saved Tool (LiST) Costing module to estimate the cost of addressing unmet needs for FP.
- **Data Sources:**
 - Family Planning: Egyptian Family Health Survey 2021 (EFHS)
 - Demographics: Central Agency for Public Mobilization and Statistics 2021-2022
 - Costs: Ministry of Health and Population
 - Regional Estimates were applied when national data gaps exist, the Spectrum tool was used to inform country-level estimates.

3. Scenarios

The analysis focuses on increasing the mCPR to address unmet need for FP. Three scenarios in addition to the status quo were modeled. These scenarios showcase varying the projected CPR and mCPR levels, detailing the resulting health outcomes, reductions in fertility rates, and the necessary resources to raise FP interventions to achieve these diverse levels of success.

- **Baseline/Status quo:** CPR remains constant at 66.4% from 2023 to 2030.

- Scenario 1: CPR increases to 70% by 2030.
- Scenario 2: CPR reaches 75% by 2030 (aligning with SDGs and the National Population and Development Strategy 2023-2030).
- Scenario 3: CPR reaches 80.2% by 2030.

4. Contraceptive Method Mix

The 2021 EFHS was used to provide the baseline data on contraceptive method usage. The Experts Group validated projections that anticipate a shift in family planning preferences towards greater reliance on modern methods over time:

- Modern Methods Increasing: Increased use of implants and IUDs is expected.
- Traditional Methods Declining: Withdrawal, periodic abstinence, and other traditional methods are projected to decrease significantly or disappear by 2030.
- Mixed Trends: Injectable use and pill use are expected to slightly decrease, as well as condom and female sterilization.

5. Definition of Unmet Need

The definition aligns with WHO/EFHS criteria and focuses on women of childbearing age (15-49):

- Spacing: At risk of pregnancy, not using FP, and wanting to delay the next birth or uncertain about timing.
- Limitation: At risk of pregnancy, not using FP, and wanting no more children.

Results and impact of ending unmet need for Family Planning

1. Reduction in Unmet Need

All scenarios project a decrease in unmet need for family planning from 2023-2030 with the anticipated increased contraceptive use:

- Scenario 1: Unmet need declines to 11.6% by 2030
- Scenario 2: Unmet need drops to 8.6% by 2030
- Scenario 3: Unmet need reaches to 5.7% by 2030

2. Impacts on Health Outcomes

Increased modern contraceptive use is projected to reduce the number of unintended pregnancies and unsafe abortions. Between 2023 and 2030, approximately 11.5 million unintended pregnancies and 5.7 million unsafe abortions are estimated in the status quo. Scaling up contraceptive use is expected to avert large numbers of unintended pregnancies and unsafe abortions as per Fig.1.

Projected Number of Averted Unintended pregnancies and Unsafe abortions due to increased CPR 2023–2030

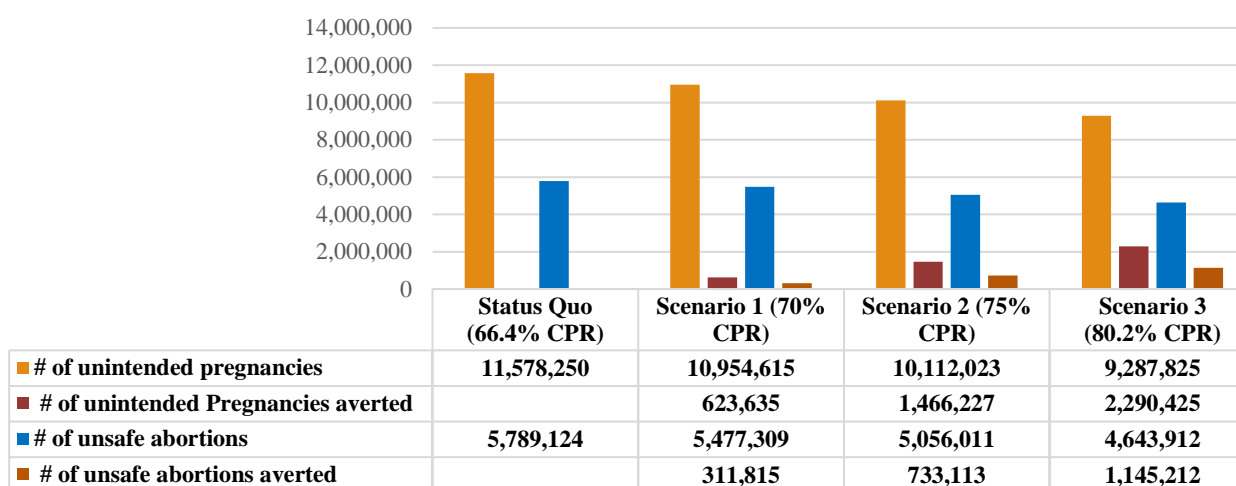


Figure 1

Cost of Ending the Unmet Need for Family Planning

The total FP Intervention Costs include all costs associated with ending unmet need for FP including drugs and supplies, labor, capital and other recurring costs. As per Fig.2, costs increase as contraceptive prevalence targets rise, yet there will be a decreasing long-term public expenditure associated with unintended pregnancies and improved maternal health.

Additional investment needed to reduce unmet need for FP versus status quo in millionEGP (2023-2030)

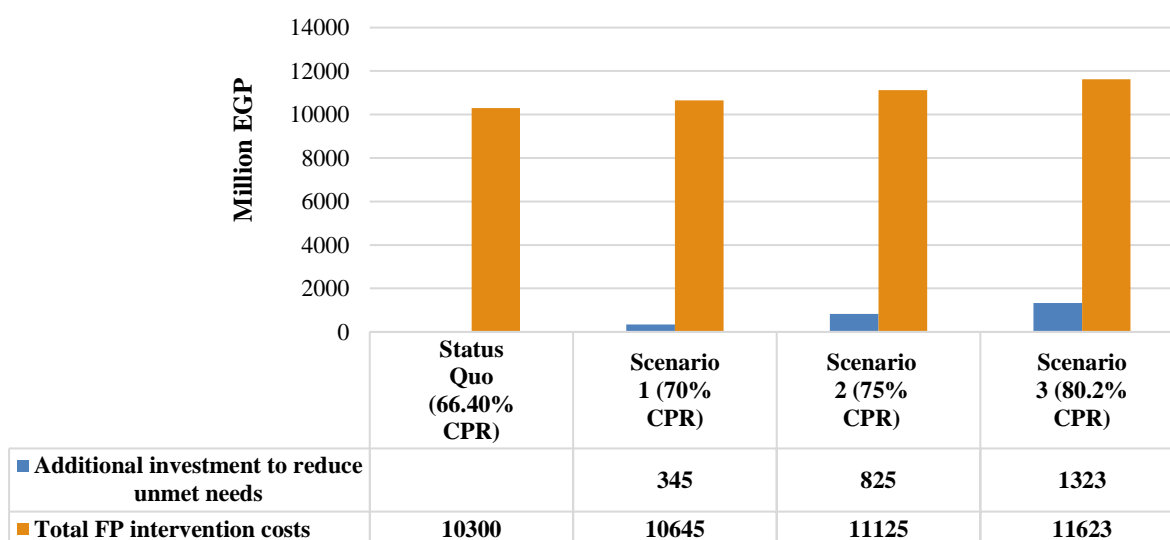


Figure 2

Incremental Costs by Method

- Labor Dominates: Labor costs are the highest for all contraceptive methods across scenarios.
- Pill Costs Significant: Due to frequent use, the total cost of pills remains high, even if usage decline.
- IUD Costs Also Rise: Costs increase significantly as IUD use becomes more prevalent in higher prevalence scenarios.

Investment required and financing gap

The lack of comprehensive national data pertaining to the cost of FP methods and the actual expenditures incurred in FP programs poses a limitation. The investment case relied on unit costs provided by MOHP for selected methods, serving as the basis to assess the funding requirements to achieve each of the projection scenarios. To determine the funding gap to reduce the unmet needs of family planning, the investment case first uses total FP intervention costs. Secondly, the investment case employed the percentage of the family planning budget allocated to programs during the fiscal year 2023/2024, amounting to 0.0076% of the national budget of Egypt. The investment case assumes an increase of the allocated budget assigned by the same percentages, mirroring the annual increase in incremental costs.

Financing gap for family planning to end unmet need, 2023-2030

(in billion EGP)

| | Scenario 1 (2030 Target: 70% CPR) | Scenario 2 (2030 Target: 75% CPR) | Scenario 3 (2030 Target: 80.2% CPR) |
|---|---|--------------------------------------|---|
| Total estimated funding required, for total FP interventions 2023- 2030 (A) | 10.6 | 11.1 | 11.6 |
| Projected public budget allocation for family planning (B) | 3.24 | 3.3 | 3.6 |
| Financing Gap (C) = [(A) – (B)] | 7.36 | 7.8 | 8 |
| Financing Gap = (C)/(A) (%) | 69.43% | 70.27% | 68.96% |

Key Messages

- The investment case advocates for increased investment in family planning in Egypt, emphasizing the ambitious goal of eliminating unmet needs.
- The total cost between 2023 to 2030 of FP related to the status quo amounts to EGP 10.3 billion. **For Egypt to reduce unmet need by 2030, aligning with the SDG target and the updated National Population Strategy (Scenario 2) an additional investment of**