Harnessing the Potential of the Demographic Dividend through increased Family Planning use in Afghanistan

2019 National
Family Planning Conference
Kabul, Afghanistan

Afghanistan has made progress in recent years in key indicators for maternal and reproductive health, thanks to the growth in its rate of skilled birth attendance, the expansion of its cadre of trained midwives and improved access to essential health services, including family planning. However, geographical barriers, political insecurity and the impact of years of conflict pose challenges for comprehensive health improvements across the country. In particular, despite an increase in recent years, modern contraceptive prevalence rates (mCPR) still average at around 20% of married or in-union women, with high rates of unmet need for family planning among this group at around 25% (Afghanistan DHS, 2015).

Low rates of contraceptive prevalence have a considerable impact on several aspects of health, social and economic development. Low use of contraceptives is linked with high rates of maternal mortality, as well as with increased child and infant mortality and lower female life expectancy. In terms of economic development, high rates of fertility tend to substantially limit women's participation in education and in a productive workforce – with a direct impact on a country's economy and social development.

As such, investing in family planning services is one of the smartest decisions that Governments around the world can take. Evidence from several countries show that each dollar invested in family planning services can have considerable returns in terms of economic and social impact, and global estimates have calculated how just $1 dollar invested in voluntary family planning services in developing regions can save up to $2.2 dollars in maternal and newborn healthcare, due to declines in unintended pregnancies (Guttmacher Institute, 2017).

For Afghanistan, then, what could be the economic and social returns if modern contraceptive prevalence increased to 25% by 2030?

And what would those returns be if a higher target of 30% modern contraceptive prevalence was achieved by 2030?

In this Policy Brief, we illustrate the effects that higher modern contraceptive rates would have on the health, population and the economy of Afghanistan, through the realisation of the demographic dividend.

This brief was prepared by Dr Anderson Stanciole and Federica Maurizio, UNFPA Asia Pacific Regional Office.

For more information, please contact Dr Anderson Stanciole, Health Economics Advisor, at stanciole@unfpa.org.

Data and information used in this publication are those available at the time of print.

Family Planning and the realisation of the Demographic Dividend

Access to voluntary family planning services is instrumental to lowering fertility rates, which is a pre-condition to achieve the demographic dividend.

The demographic dividend is a window of opportunity for economic growth which begins with demographic shifts in a population's age structure, mainly when – because of fertility declines – the share of the working-age population (aged 15 to 64) is larger than the non-working-age share of the population (under 15 and 65 and over). These demographic shifts result in lower numbers of dependents (children and older adults), meaning that working adults can be more productive, spearheading economic growth and other social developments.

In Afghanistan the window of the demographic dividend has not opened yet, as total fertility rates are still high at more than 5 children per woman (Afghanistan DHS, 2015). But if mCPR increased to 25% or to 30% by 2030, what would this increase mean for health and economic growth? In both cases, the results of such increases in mCPR would be impressive: **higher mCPR could save the lives of thousands of mothers and children, trigger declines in fertility, and increase GDP per capita and Human Development Index scores.**

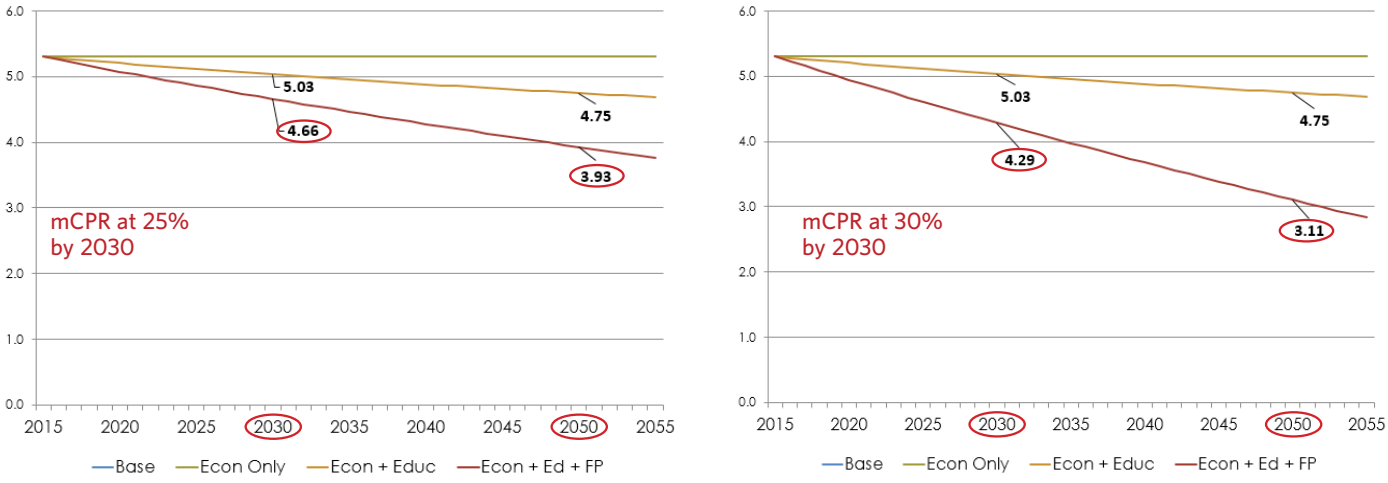
The effects of improving access to family planning services, while substantial by themselves, would also need to be paired with improvements in education and economic policies to reach the full potential for the demographic dividend. Our analysis in this policy brief uses a model which compares four different scenarios: the 'Base' scenario, where there are no improvements from the baseline year in the three policy areas; 'Policy Scenario 1' where improvements happen only in economic policies; 'Policy Scenario 2' where improvements happen only in the fields of education and economy, but not in family planning; and finally 'Policy Scenario 3', where improvements happen in all three areas of education, economy and family planning. The latter represents the ideal policy scenario, as it envisions holistic advancements across all sectors impacting health, economy and social development.

In the tables and sections below, we compare results detailing the improvements between the 'Base' scenario and 'Policy Scenario 3' by 2030, and we also illustrate some longer-term effects on economic growth, population shifts and human development by 2050.

BASELINE IN 2015	WITH mCPR* AT **25%** BY 2030....	WITH mCPR* AT **30%** BY 2030....
Child mortality (under 5): 55 deaths per 1,000 births	**33.8% Child mortality reduction:** ~ **265,000** children's lives saved by 2030	**48% Child mortality reduction:** ~ **401,000** children's lives saved by 2030
Infant mortality: 45 deaths per 1,000 births	**25% Infant mortality reduction:** ~ **168,000** infants' lives saved by 2030	**38.5% Infant mortality reduction:** ~ **260,000** infants' lives saved by 2030
Maternal mortality: 1291 deaths per 100,000 births	**29% Maternal mortality reduction:** ~ **120,000** deaths averted by 2030	**42.7% Maternal mortality reduction:** ~ **145,000** deaths averted by 2030
Total fertility: 5.3 children per woman	**Total fertility decline**: **4.6** children per woman in 2030, and **3.9** children in 2050	**Total fertility decline: 4.2** children per woman in 2030, and **3.1** children in 2050
Female life expectancy: 63 years	**Female life expectancy increase:** **65.3** years by 2030, and **66.4** by 2050	**Female life expectancy increase:** **65.7** years by 2030, and **67.6** by 2050

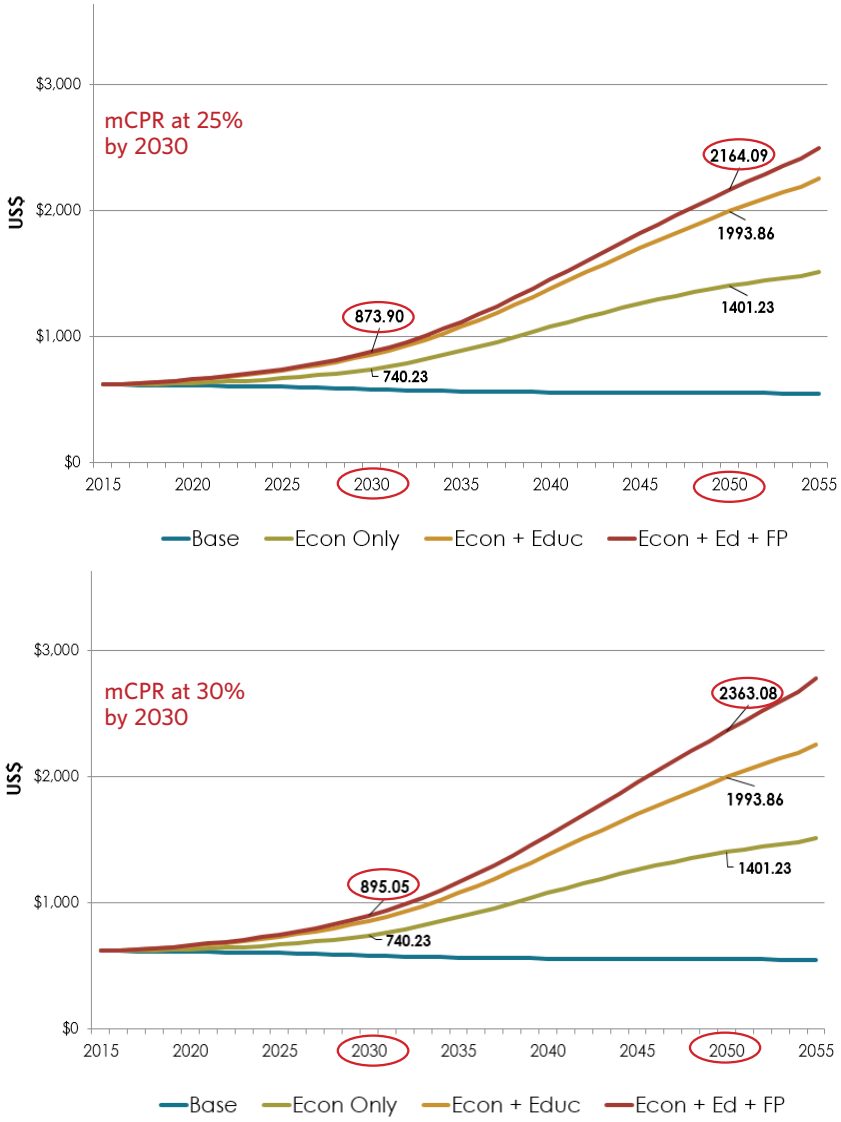
*together with improvements in education and economic policies

Figure 1. The numbers of children per woman would decline by 2030 and 2050.



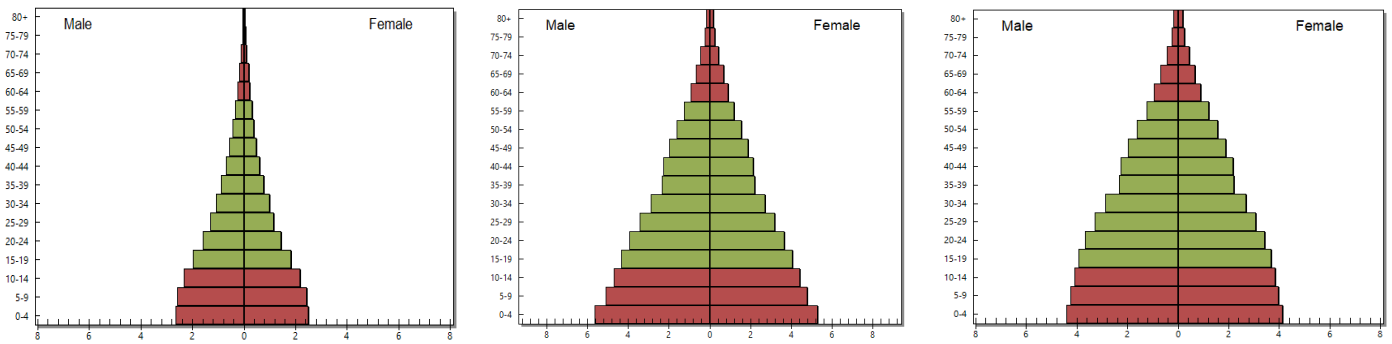
In terms of economic development, increasing mCPR to 25% or to 30% by 2030 would kick off an increase in GDP per capita, thanks to lower fertility rates, a decrease in population size and enhanced participation of women in the formal labour market. While by 2030 the increase in GDP per capita would not be staggering, in the long run the effects on GDP per capita growth would be exponential – increasing the initial GDP per capita of the country almost 4 times by 2050.

Figure 2. Effects of mCPR increases on GDP per capita by 2030 and 2050.



In the long run, population shifts would ensure that the pre-conditions for realising the demographic dividend would be met, with a change from high numbers of dependents to a bulge in working-age adults. In this case, population shifts by 2050 would be more substantial if mCPR increased to 30% by 2030 rather than 25% (although even in this latter case there would be a considerable reduction in numbers of dependents).

Figure 3. Shifts in population groups by 2050 - estimated population projections.



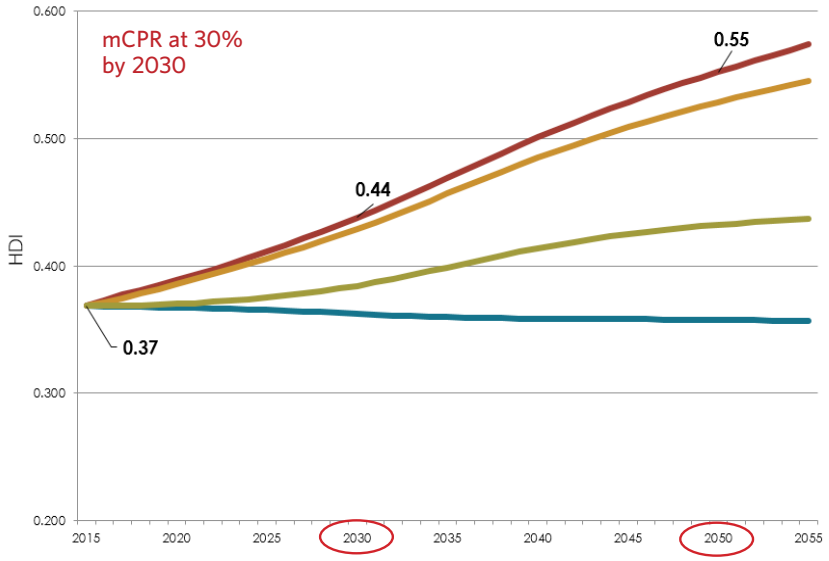
Baseline, 2015.

Projection 2050, with mCPR 25% by 2030.

Projection 2050, with mCPR 30% by 2030.

Lastly, the effects of these improvements in mCPR, education and economic policies would also have a positive impact on the Human Development Index of the country – considerably increasing Afghanistan's scores and values by 2030 and 2050.

Figure 4. Improvements in Human Development Index scores, by 2030 and 2050*.



Results here are presented only for the mCPR at 30% by 2030 Scenario because of limited differences on HDI values among the two scenarios.

METHODOLOGY TEXTBOX

We have conducted this Demographic Dividend analysis using the DemDiv model developed by Health Policy Project (HPP) and USAID. Results are intended as estimates. The baseline year chosen for the analysis was 2015, and we used data from Afghanistan-specific sources for that year (DHS, World Bank Data, Central Statistics Office and other Governmental data). Projections to 2030 and 2050 were made using Government-specific targets for Family Planning (i.e. mCPR at 25% or 30% by 2030), while targets for Education and Economic Policies improvements were taken from average values of Lower Middle Income countries in those fields. Results in these sections are provided for 2030 as well as for 2050 – the end year of this analysis.

Conclusion

Investing in family planning services can save thousands of lives and kick start economic and population shifts in the country, and it is therefore a highly effective policy decision in the context of Afghanistan.

If higher modern contraceptive prevalence rates were achieved by 2030 (either mCPR 25% or mCPR 30%), results in terms of health and economy would be impressive:

- Hundreds of thousands of mothers' and children's lives could be saved by 2030;
- Fertility rates would decline to around 3 children per woman by 2050, from a starting point of more than 5 children per woman in 2015*;
- Female life expectancy and child survival rates would considerably improve;
- GDP per capita could almost quadruplicate by 2050;
- Population changes will reduce number of dependents and increase the numbers of adults.

(for the mCPR at 30% by 2030 Scenario)

References

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3. Health Policy Project and United States Agency for International Development (USAID). 2014. DemDiv Model. Washington, DC: Futures Group, Health Policy Project.