Investing in social and behavior change is cost-effective for increasing modern contraceptive use in Zambia

Breakthrough RESEARCH

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Social and behavior change (SBC) interventions are generally considered an essential part of high-quality health services, yet gaps in information on the cost and impact of SBC means decision-makers have under-appreciated and under-funded SBC. To address this, Breakthrough RESEARCH has taken a new approach to link evidence to potential investment decisions with their recently published Business Case for Investing in Social and Behavior Change for Family Planning that leveraged evidence from 130 studies on SBC impact and 53 studies on SBC cost. Collectively, this evidence showed that:

1. **SBC IS EFFECTIVE IN INCREASING MODERN CONTRACEPTIVE USE.**
   
   Studies show that SBC positively influences intermediate outcomes that impact modern contraceptive use, such as attitudes, partner communication and others. The strength of impact varies depending on the type of intervention and which intermediate outcome is targeted (Figure 1).

2. **RESULTS INDICATE SBC IS A HIGHLY COST-EFFECTIVE INTERVENTION.**
   
   Cost per disability adjusted life year (DALY)\(^1\) averted is a common metric for assessing cost-effectiveness. This analysis found that the cost per DALY averted for family planning SBC was US$468 in Egypt, $591 in the Philippines, $1,051 in Zambia, and $438 in Guinea. These results fall below World Health Organization thresholds for being considered a highly cost-effective intervention.\(^2\)

3. **SBC CAN GENERATE POSITIVE RETURNS ON INVESTMENT.**
   
   The Breakthrough RESEARCH business case modeling in Zambia found that every $1 invested in scaling-up SBC saves between $2.40 and $5.30 when accounting for direct health care costs and productivity losses. In Guinea, $1 invested in SBC generates between $2.30 and $6.10 in savings.

**FIGURE 1: SBC IMPACT PATHWAYS TO INCREASED MODERN CONTRACEPTIVE USE**

Thickness of line indicates relative magnitude of impact.

\(<1\quad 1\quad 1.5\quad 2.8\)

The numbers are the median odds ratios. See the Business Case for more details.

**IMPACT**
Over five years (2019 – 2023), SBC investments in line with national strategies are estimated to contribute:

- 535,900 additional modern contraceptive users by 2023
- 5 percentage point increase in modern contraceptive prevalence rate by 2023
- 578,800 averted unintended pregnancies cumulatively
- 46,400 DALYs saved cumulatively

**FIGURE 2: RELATIVE CONTRIBUTION OF SBC INTERVENTIONS TO INCREASING MODERN CONTRACEPTIVE USE IN ZAMBIA**

**COST**
Achieving these impacts would require a 5-year investment in SBC interventions estimated at $38 million.¹ An additional $10.5m would be needed for direct service delivery costs related to additional users taking up services.

**COST-EFFECTIVENESS**
The SBC intervention scale-up scenario is considered highly cost-effective based on the World Health Organization standard of less than one times gross domestic product per capita:

Cost per DALY Averted

$1,051

Zambia Gross Domestic Product per Capita

$1,535

**RETURN ON INVESTMENT**
Every $1 invested in SBC in Zambia can save $2 to $5 in direct health care costs (related to pregnancy and childbirth) and productivity losses (from reduced maternal mortality and morbidity).²

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¹“One DALY can be thought of as one lost year of ‘healthy’ life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measure of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.” (WHO, https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/, date accessed October 29 2019).

²The World Health Organization’s threshold for a highly cost-effective intervention is a cost per DALY averted lower than one times the gross domestic product per capita. Compared to other health interventions, these results fall within the middle range of cost per DALY averted (WHO Commission on Macroeconomics and Health 2001; Horton et al. 2017).

³Median cost estimate of $38.3 million (range: $28.2m – $58.8m). Cost estimates based on global unit costs and assumed scale-up scenarios; actual costs in Zambia may vary.