



Cost Effectiveness of Reproductive Health Interventions in Uganda: The Case For Family Planning Services

Abstract

Although Uganda has devoted an increasing amount of resources to health interventions, funding for reproductive health services as well as general health sector remains inadequate. As such without improving the efficiency of current reproductive health interventions, Uganda is unlikely to meet some of its Millennium Development Goals relating to maternal health. This study examines the cost effectiveness of four family planning interventions namely: oral contraception, female sterilization, injectables, and condoms. Using the 2006 Uganda Demographic survey, we estimate cost effectiveness ratios in relation to number of births averted for women aged 15-49 years. We find that use of contraceptives still limited with only one out of five women using some form of contraceptive. Worse still, at least a quarter of the women using contraceptives rely on traditional methods that are less effective in preventing child births. We regard to efficiency, we find that injectables are the most cost effective intervention. Nonetheless, we do not recommend solely targeting women in the reproductive age category with this particular method of contraception without due regard to differences in physiology.

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Country where the research takes place

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How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

This study examines the cost effectiveness of four family planning interventions in Uganda namely: oral contraception, female sterilization, injectables, and condoms. Using a nationally representative survey of 8,531 women, we estimate cost effectiveness ratios in relation to number of births averted for women aged 15-49 years. We find that use of contra-

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How will the research addresses a policy need, and what kind of policy lesson is expected?

There seem to be a consensus among the policymakers and politicians that innovative interventions have to be put in place to reduce the population growth rates in Uganda. The population growth rate of 3.2% per annum is extremely high for a low income country. High growth rate is believed to hinder economic growth and development and has serious consequences on the service provision including, education, health, water and housing. Evidence based on the Uganda Demographic and Health Survey (UDHS) data suggest that the total number of birth per woman in Uganda was 7.1 in 2001 and 6.7 in 2006. While family planning programs are not new in Uganda, the pace of fertility reduction has been slow. There seem to be no agreement among the policy circles on fertility reduction. Little research has been conducted to shed light on the relative efficiency and significance of alternative family planning services. Put differently, given the current fiscal constraints and in particular inadequate public spending on health, it is important to understand which family planning services provide the greatest result at the least cost. This paper is an attempt to fill this gap.

Methods used

This paper will use a cost effectiveness analysis (CEA) approach, which in health refers to a broad evaluation of the relative costs and outcomes of two or more interventions. Unlike cost benefit analysis—which appraises the desirability of a particular intervention to determine whether the benefits outweigh the costs, CEA appraises competing interventions. The costs and outcomes and CEA are measured in different units. This is also another advantage of CEA over CBA

in health evaluation in that ethical issues of attaching a monetary value to any one's health are avoided.

Data used

One of the key datasets we use is the 2006 Uganda Demographic and Health Household Surveys (UDHS) conducted by the Uganda Bureau of Statistics and Macro International. The UDHS survey is part of global effort sup-

ported by the United States government, to monitor and evaluate population, health and nutrition programs in developing countries at intervals of five years. The survey is nationally representative covering 9,864 households with 8,531 eligible women (aged 15-49 years). Furthermore, the survey is based on a two-stage cluster sampling design. In the first stage, clusters are the principal sampling unit and at the second stage, 25-30 households are randomly selected from each cluster.