

INVESTING FOR BETTER HEALTH: WHAT ARE THE COSTS AND BENEFITS OF STRENGTHENING CONTRACEPTIVE SERVICES FOR CAMBODIA?

There is unequivocal international evidence that family planning has a significant impact on maternal, newborn and child survival and addresses the main causes of maternal, newborn and child mortality. The health benefits of contraceptive use include, amongst others: fewer unintended pregnancies, fewer abortions, reduced maternal and neonatal mortality and morbidity, reduced rates of miscarriage, still births, and low birth weight and stunting.

The benefits of using contraceptives are also long-term and far-ranging. They include improved access to education for young girls and women, improved child health, greater family savings, and stronger national economies. Without any doubt, increased contraceptive use and tackling the unmet need for contraception are central to achieving Millennium Development Goals (MDGs) 4, 5, & 6 and contribute directly and indirectly to the achievement of all of the MDGs.

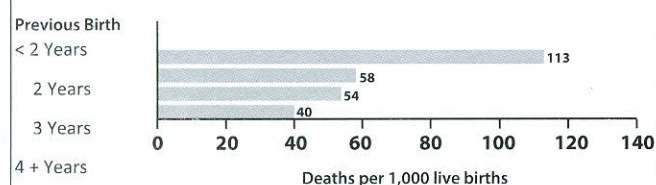
In Cambodia, the case for the health benefits of contraceptive use is strong and evidence in Cambodia shows that there is a direct link between birth spacing and infant deaths. Short birth intervals are one of the risk factors for infant mortality so the greater the time span between consecutive births, the less risk an infant runs to die before it reaches their first birthday.

Key challenges in Cambodia are that there is still a large unmet need for modern contraception. While it has decreased from 32% in 2000 to 17 % in 2010, it is still high and many women and couples in Cambodia are still not using modern contraceptives, or do not have access to them. There is a general trend that middle class and middle income women tend to shy away from modern methods and prefer to use traditional contraceptive techniques. Moreover, women are uncertain about the side effects of hormonal contraceptives and the effect it has on their bodies. Overall, this is due to the lack of sufficient information that women have about the acceptable side effects of modern contraceptives.



Photo: UNFPA Cambodia

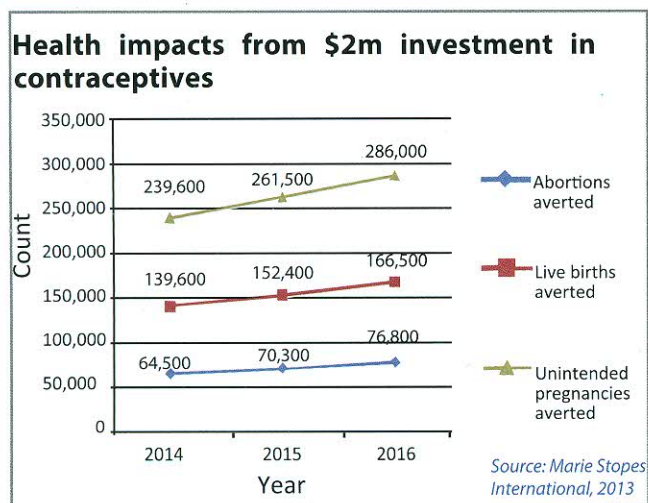
Evidence from Cambodia: Birth spacing and infant deaths



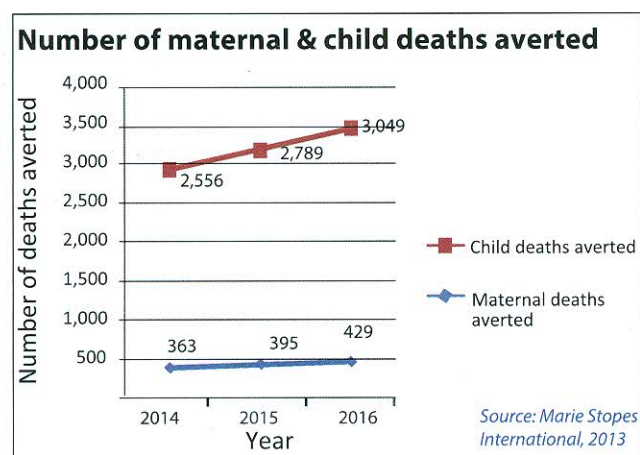
Source: CDHS, 2010

Another key challenge in Cambodia is the lack of funding for contraceptive commodity procurement. While commodity procurement is guaranteed until the end of 2015, development partners will soon end their support after 20 years of continuous contribution. Crucially, establishing and ensuring family planning procurement through the national budget will be a highly valued initiative by development partners and could ensure future support.

Global economic evidence for the cost effectiveness of investments in contraception in terms of savings in maternal and neonatal services is robust. Much research has shown that investment by national governments in social services such as contraceptive services, reap huge economic returns. In Cambodia, if an investment of around two million dollars is made in contraceptives, significant health impacts can be generated.



If by 2016, the Cambodian government makes a stronger commitment to invest in family planning, we may see about 77,000 abortions being averted and about 167,000 births avoided. Moreover, over 420 maternal deaths can be averted and more than 3000 child deaths can be prevented. A two million dollar annual investment in contraceptives will result in an estimated \$14.5 million savings from direct health goals in relation to maternal, newborn and child health.



Since 2012, together with the Australian government and the Ministry of Health of Cambodia, UNFPA has been advocating for the establishment of a specific budget line in the national budget for the procurement of contraceptive commodities. In 2014, the Ministry of Health and UNFPA will sign a Memorandum of Understanding, whereby in the coming two years UNFPA will start procuring contraceptives for the government using the national budget. This national commitment is a very important step forward in closing the upcoming funding gap and is a strong commitment to ensuring the continued access to sexual and reproductive health services and rights for Cambodian women and young people.

As additional resources are made available, it will remain critical to track progress toward meeting women's and young girl's contraceptive needs, and it will be critical to monitor and correct the course of implementation in response to their needs. This is also essential to ensure accountability and monitor how resources are used in the health service delivery sector in Cambodia. Tracking and monitoring of contraceptives, accurate data collection at all levels but above all, quality of health service delivery will become the next components to work on to meet the contraceptive needs in Cambodia.



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