

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



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).

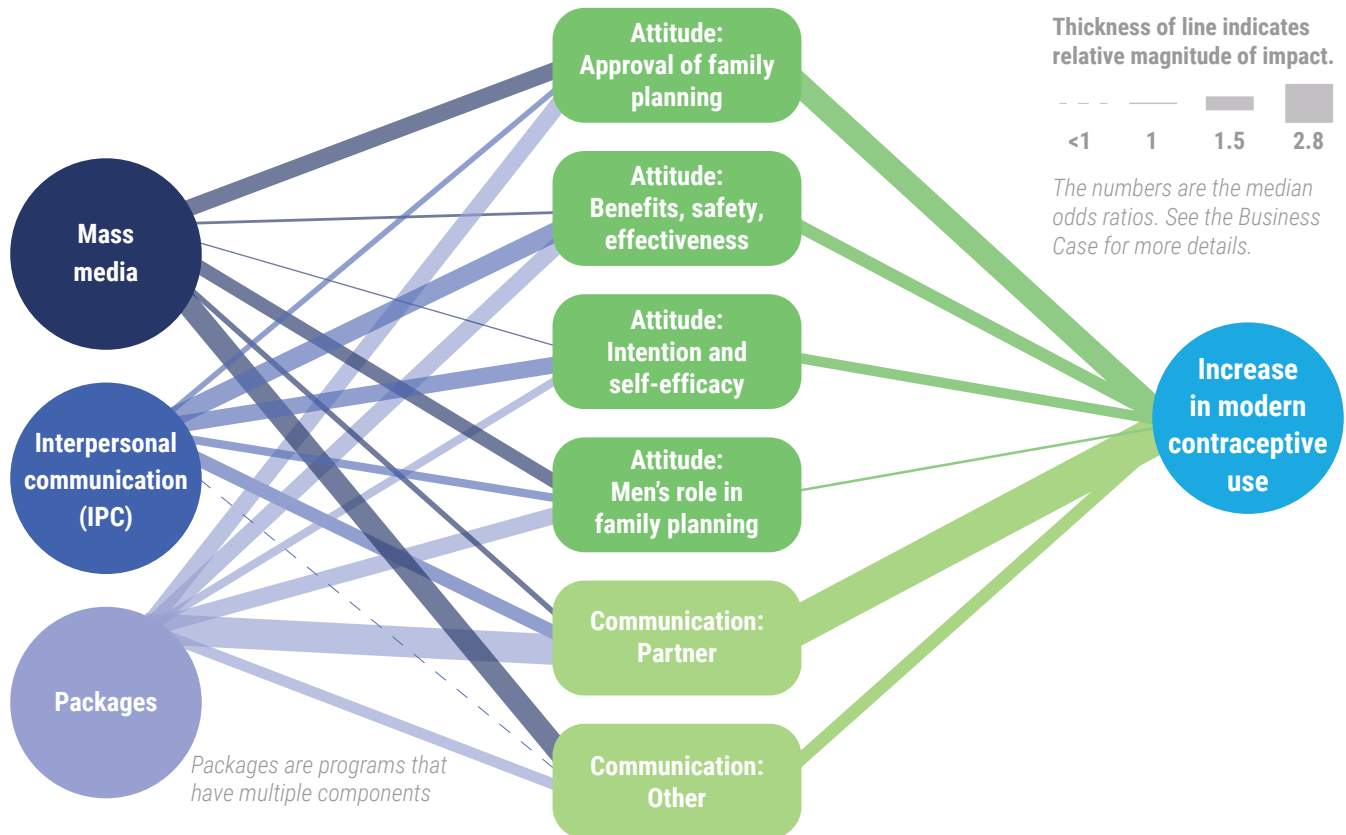
2. RESULTS INDICATE SBC IS A HIGHLY COST-EFFECTIVE INTERVENTION.

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





Investing in SBC in Guinea can help amplify the impact of investments made in family planning service delivery by improving attitudes, beliefs, and communication, thus contributing to increases in modern contraceptive use. These returns, when compared with costs, make SBC interventions a highly cost-effective investment in Guinea.

SBC FOR FAMILY PLANNING: A COST-EFFECTIVE INVESTMENT FOR GUINEA

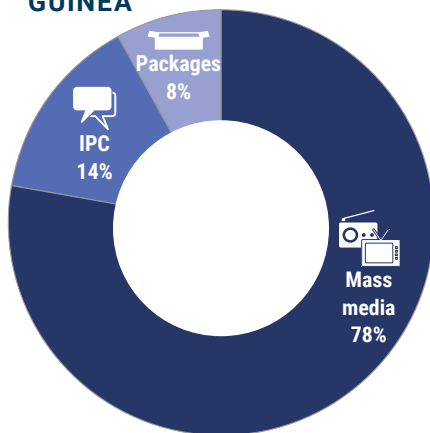
The Breakthrough RESEARCH Business Case modeled SBC cost-effectiveness and return on investment in Guinea, combining the evidence on the cost and effectiveness of SBC with Guinea-specific data on its current context and planned SBC scale-up aligned to the National Budgeted Action Plan for Family Planning (2019–2023).

IMPACT

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

- **166,500 additional modern contraceptive users** by 2023
- **3 percentage point increase in modern contraceptive prevalence rate** by 2023
- **135,700 averted unintended pregnancies** cumulatively
- **34,800 DALYs saved** cumulatively

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



COST

Achieving these impacts would require a 5-year investment in SBC interventions estimated at \$12.2 million.³ An additional \$3m 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:



RETURN ON INVESTMENT

Every \$1 invested in SBC in Guinea can save \$2 to \$6 in direct health care costs (related to pregnancy and childbirth) and productivity losses (from reduced maternal mortality and morbidity).

¹One 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 \$12.2 million (range: \$8.2m–\$21.0m). Cost estimates based on global unit costs and assumed scale-up scenarios; actual costs in Guinea may vary.

Breakthrough RESEARCH

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