



The Role of Family Planning in Meeting MDGs

Pamela Foster, Isaiah Ndong,
Roy Jacobstein, and
Laura Subramanian

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PROJECT

Managing Partner: **EngenderHealth**; Associated Partners: Cicatelli Associates Inc.; Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



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Health: “Family planning saves lives”

Development (“Wealth”)

- High use of FP: a cause, a marker, and an effect of national development (mutually reinforcing)
- Less burden on: education, employment, health system, environment; more political stability
- Higher per capita income
- Educated populace = Productive workforce

Equity & rights

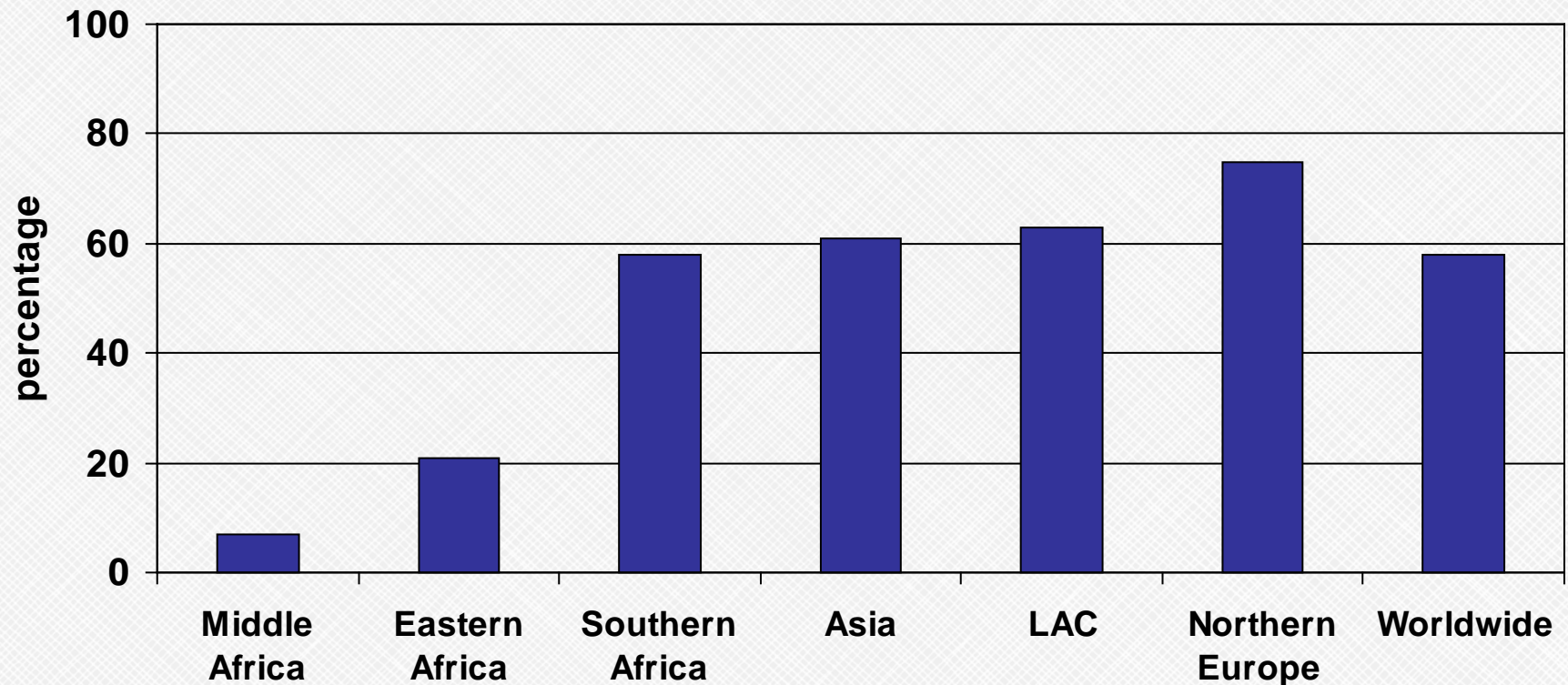


■ MDG 5: Improve maternal health

- **Target 5a: Reduce the maternal mortality ratio by $\frac{3}{4}$ (75%)**
 - > *Indicator 5.1 Maternal mortality ratio (MMR)*
 - > *Indicator 5.2 Proportion of births attended by skilled health personnel*
- **Target 5b: Achieve universal access to reproductive hlth by 2015**
 - > *Indicator 5.3 **Contraceptive prevalence rate (CPR)***
 - > *Indicator 5.4 Adolescent birth rate*
 - > *Indicator 5.5 Antenatal care coverage*
 - > *Indicator 5.6 **Unmet need for family planning***

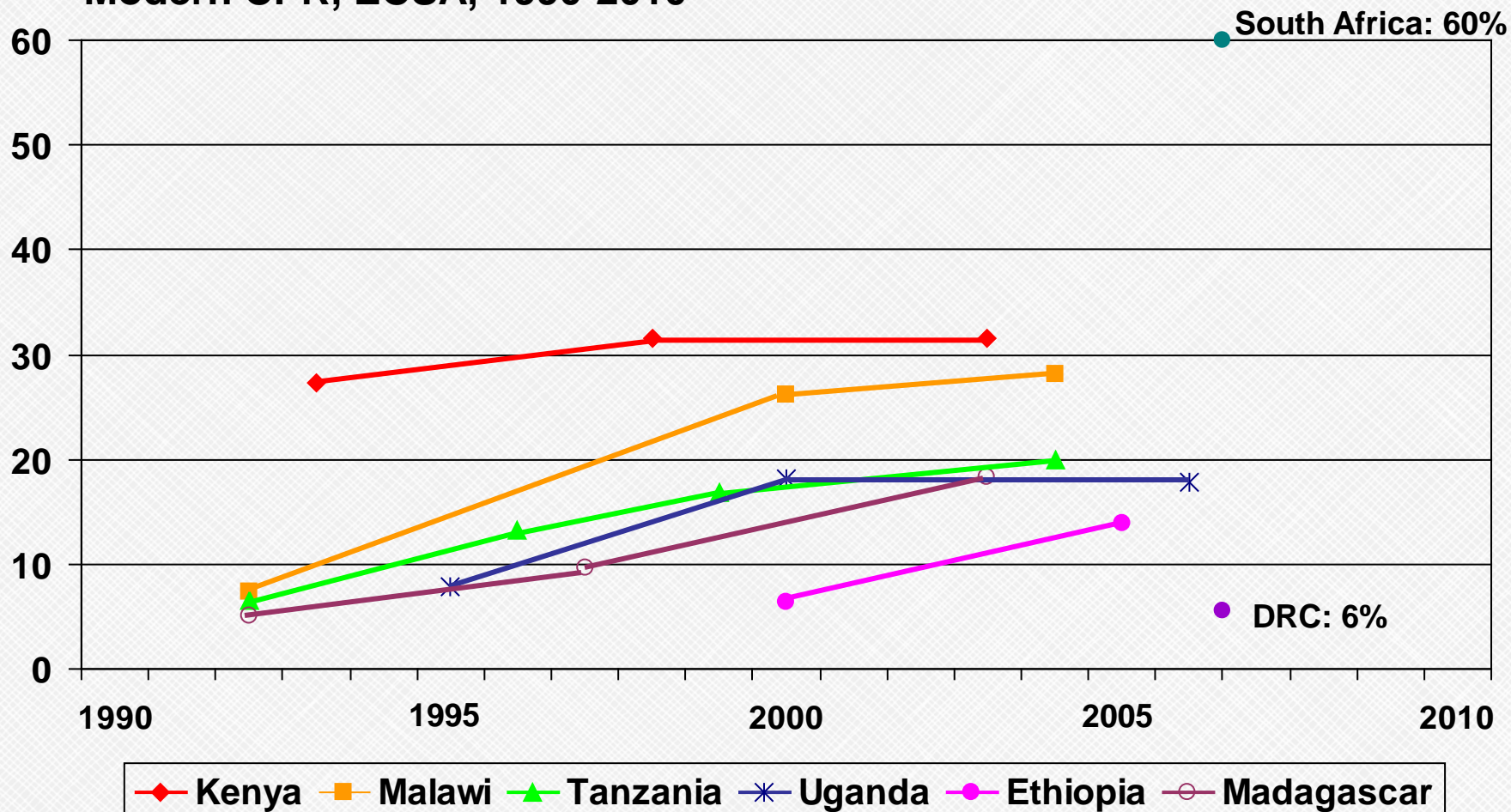


Modern Method CPR





Modern CPR, ECSA, 1990-2010



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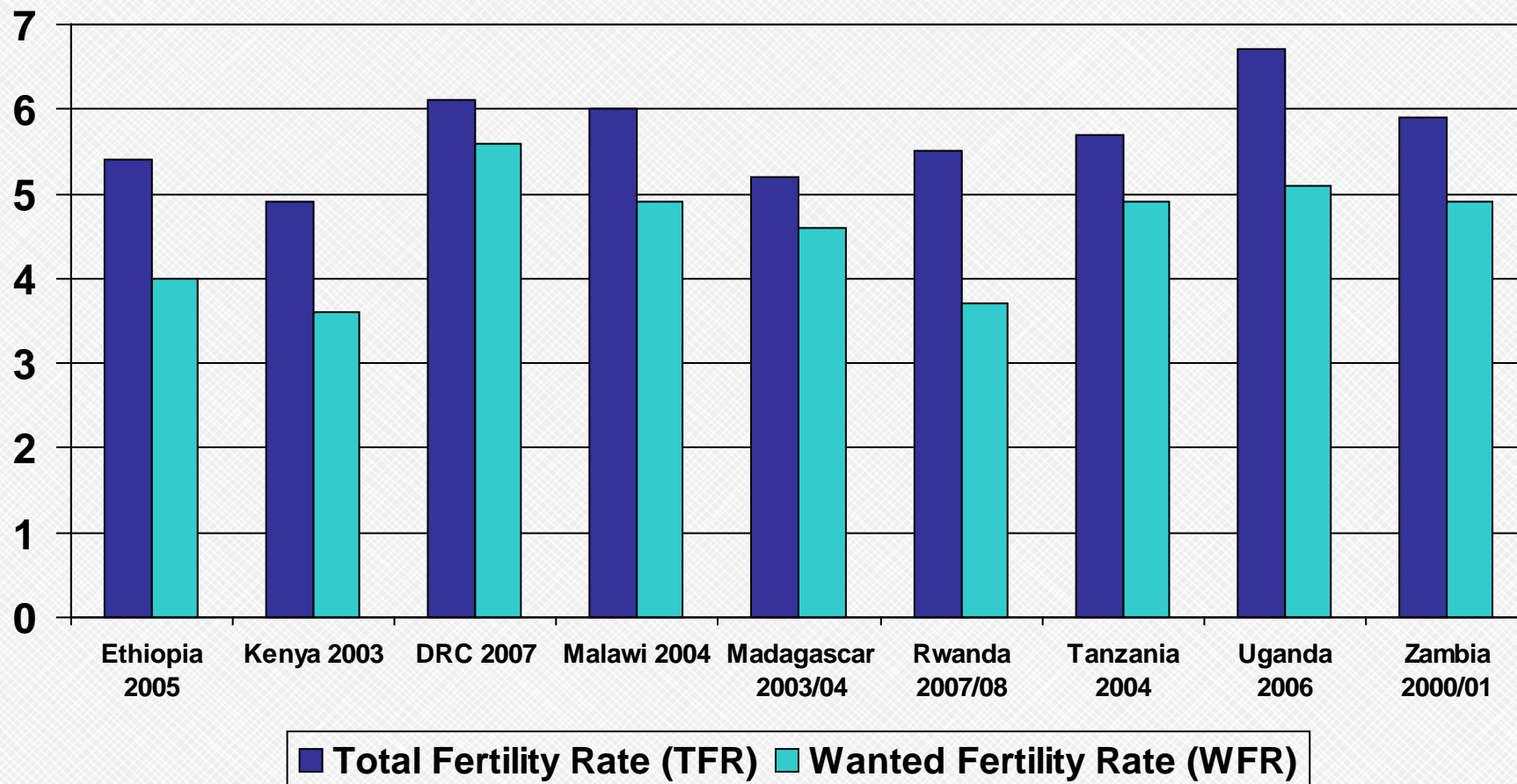
Source: DHS



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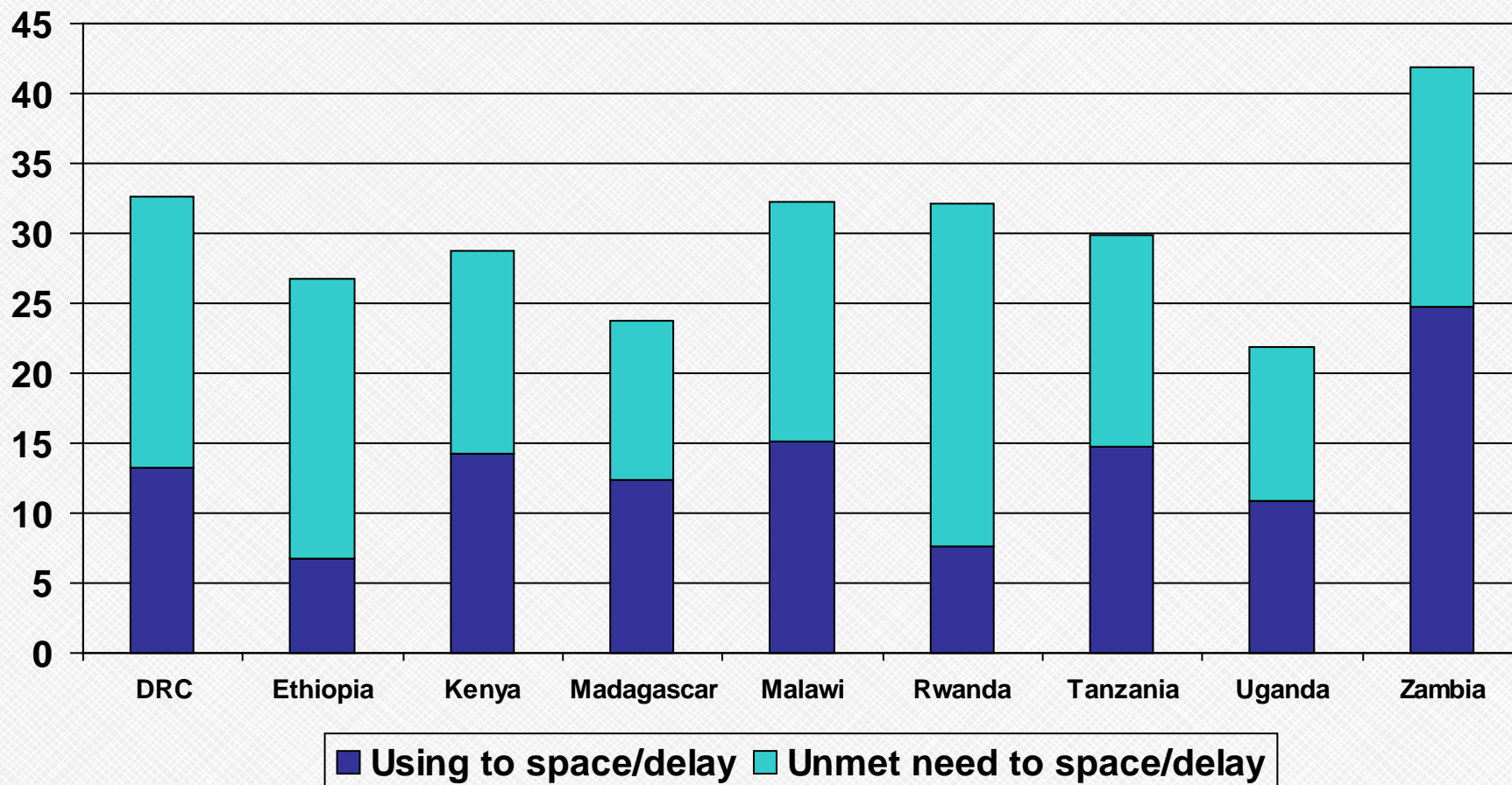


Total fertility higher than wanted fertility in ECSA



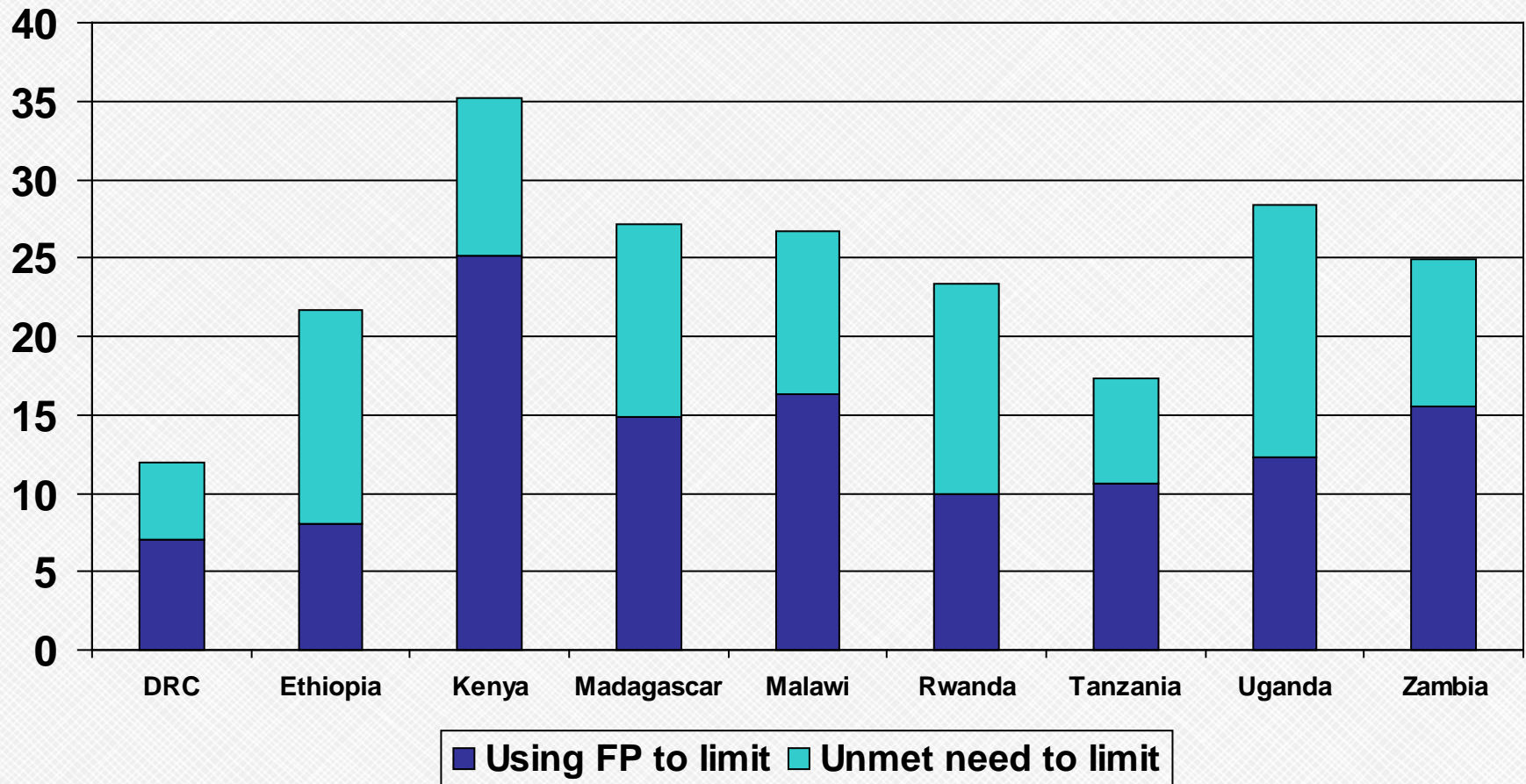


Demand for Spacing and/or Delaying Births in ECSA





Demand for Limiting Births in ECSCA





Not all FP is the same: Relative effectiveness of various FP methods in preventing pregnancy

Method	# of unintended pregnancies among 1,000 women in 1 st year of (typical) use
No method	850
Withdrawal	270
Male condom	150
Pill	80
Injectable	30
IUD	8 to 2
Female sterilization	5
Vasectomy	1.5
Implant	0.5



Kenya FP program focuses on IUDs, in context of full choice, as part of “FP revitalization”



More than 200,000 women use an IUD. Satisfaction is high.

Ethiopia makes greater commitment to FP services



Procurement of implants rises from 31,000 to 830,000 units (2005-2009)

FP access high for all methods in South Africa; modern CPR: 58%



1 of every 4 women in union (14%) relies on sterilization.

Malawi’s clinical officers allowed to perform female sterilization



CPR for female sterilization more than triples to 6%. Rises in all 5 wealth quintiles.



- Growing international consensus that FP is crucial for development (and, of course, the health of women):

“There is a large, well documented unmet need for family planning, especially among the two billion people who live on less than \$2 a day. It is clear that the Millennium Development Goals MDGs are difficult or impossible to achieve without a renewed focus on, and investment in, family planning.”

[UK] All Party Parliamentary Group on Population, Development and Reproductive Health, 2007, *Return of the Population Growth Factor*

- Increased commitment being shown by ECSA countries
- Donor recommitment of more funds for FP in ECSA
- The “market” is strong: people in ECSA want modern FP



- Political will
 - *Need visible, frequent, consistent support from political leaders*
- Support within key government ministries
- Private sector endorsement and support
 - *Community leaders*
 - *Business*
- Resources
 - *Human / Financial*
 - *Appropriate & supportive policies*
 - *Smart programs*
- Need “smart programs” that overcome barriers



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