The Role of Family Planning in Meeting MDGs

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

50th ECSA Health Ministers’ Conference

Kampala, Uganda, 16 February, 2010

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
Rationales for FP: Valid then, valid now

**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 health 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
Contraceptive use in ECSA and elsewhere

Modern Method CPR

Source: DHS
FP Programs in ECSA: Fragile; still urgently needed

Modern CPR, ECSA, 1990-2010

Source: DHS
Total fertility rate higher than wanted fertility rate in ECSA

Source: DHS
High demand and unmet need for FP in ECSA

Demand for Spacing and/or Delaying Births in ECSA

- **Source:** Westoff, 2006, DHS Report 14, *New estimates of unmet need and demand for FP*
... Even for limiting births

Demand for Limiting Births in ECSA

- **DRC**
- **Ethiopia**
- **Kenya**
- **Madagascar**
- **Malawi**
- **Rwanda**
- **Tanzania**
- **Uganda**
- **Zambia**

- **Using FP to limit**
- **Unmet need to limit**

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

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

LA/PMs: When made available, people choose them and like them

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>FP program focuses on IUDs, in context of full choice, as part of “FP revitalization”</td>
<td>More than 200,000 women use an IUD. Satisfaction is high.</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Makes greater commitment to FP services</td>
<td>Procurement of implants rises from 31,000 to 830,000 units (2005-2009)</td>
</tr>
<tr>
<td>South Africa</td>
<td>FP access high for all methods; modern CPR: 58%</td>
<td>1 of every 4 women in union (14%) relies on sterilization.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Clinical officers allowed to perform female sterilization</td>
<td>CPR for female sterilization more than triples to 6%. Rises in all 5 wealth quintiles.</td>
</tr>
</tbody>
</table>

Sources: DHS; Reproductive Health Supplies Coalition
Progress is being made

- 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.”


- 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
Challenges for FP/RH programs

- **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