



# ***Africa Regional Consultation on Achieving MDG 5***

## **Reproductive and Maternal Health in Africa: Challenges and Opportunities**

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# The the MDGs

- In 2000, nations made a promise to free people from extreme poverty and multiple deprivations.
- Pledge framed around 8 MDGs by 2015:
  - Eradicate extreme poverty & hunger
  - Achieve universal primary education
  - Promote gender equality & empower women
  - Reduce child mortality
  - Improve maternal health
  - Combat HIV/AIDS, malaria & other diseases
  - Ensure environmental sustainability
  - Develop a global partnership for development



# Omission of Family Planning?

- Initially, no explicit reference to FP
- In 2007, Target 5b on ***universal access to RH services*** was adopted
- Indicators for Target 5b:
  - Contraceptive prevalence rate
  - Adolescent birth rate
  - ANC coverage
  - Unmet need for FP
- Indicators for Target 5a – reduce MMR by 3/4
  - MMR
  - % Births attended by skilled health personnel

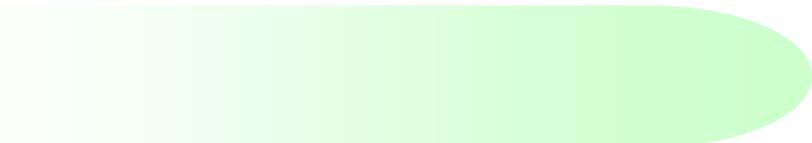


# Outline of the Presentation

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- Contribution on FP to the achievement of MDG 5 and other MDGs
- Africa's progress towards the achievement of MDG 5
  - Indicators for Targets 5b & 5a
  - At the global (regional) level
  - Illustration of disparities at the country level – Success stories
- Opportunities to further progress toward MDG 5





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# **Contribution of Family Planning to the Achievement of MDG 5 and Other MDGs**



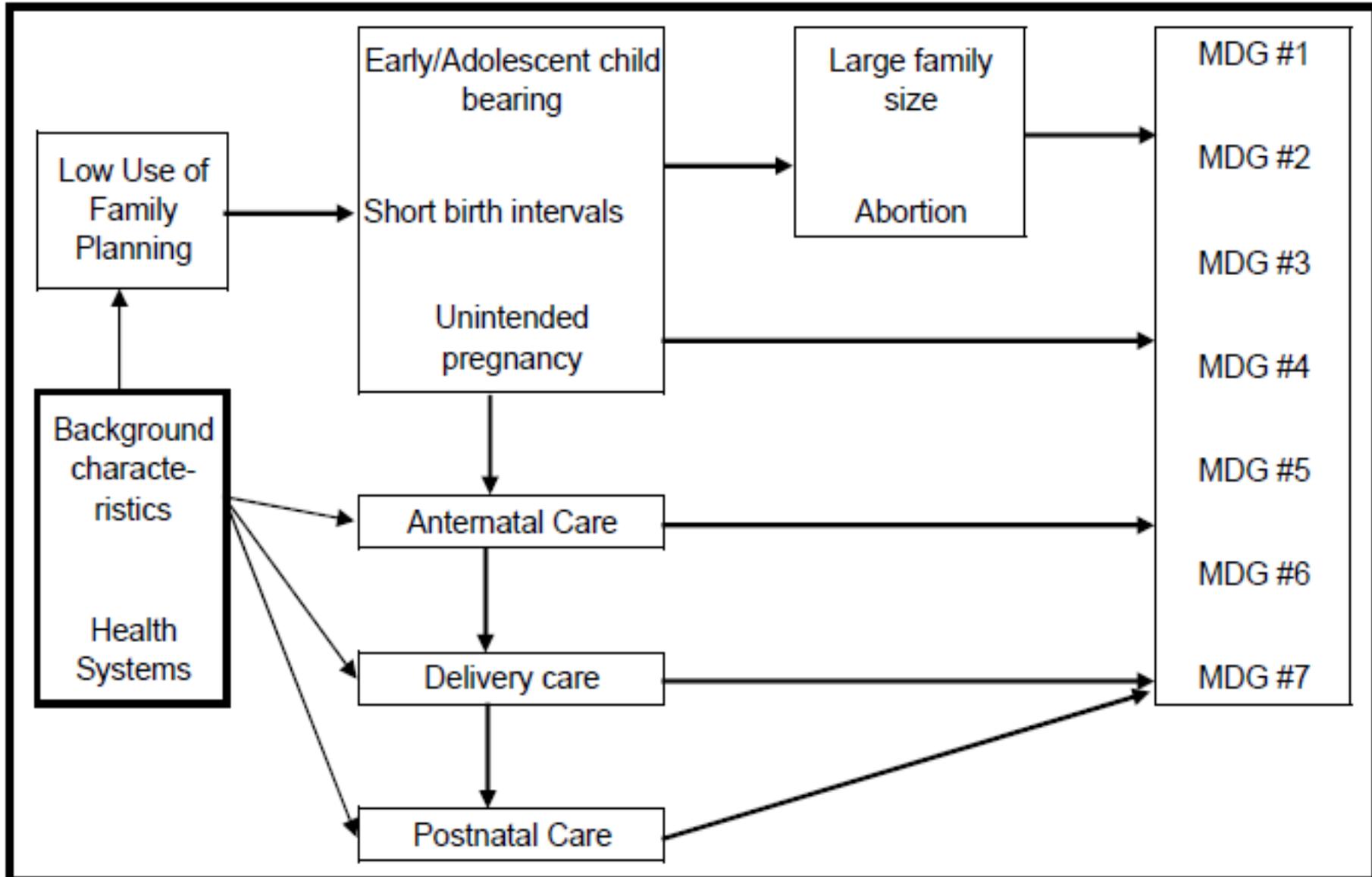
# Concepts

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- Goal of FP Programs: to empower women and men to determine the number and spacing of their births
- Unmet Need for FP: Women of reproductive age who does not want any more children or wants to wait 2+ years before having another child, but is not using any method of contraception
- Unintended Pregnancy: Either mistimed (wanted later - Spacing) or unwanted (not wanted at all – Limiting)



# A Framework on FP & MDGs



# Let's Get it Right on FP

- Achieving MDG 5 is not only important for its own sake, it is also central to the achievement of the other MDGs
- FP is the key ingredient to achieving MDG 5 (other MDGs)
- Increased FP use, based on the latent demand (unmet need) would:
  - Reduce the cost of meeting the MDGs
  - Increased investments in FP may yield savings of about \$2-\$4 for every extra \$ spent on FP (*Health Policy Initiative, USAID*)



# Africa's Progress Towards the Achievement of MDG 5

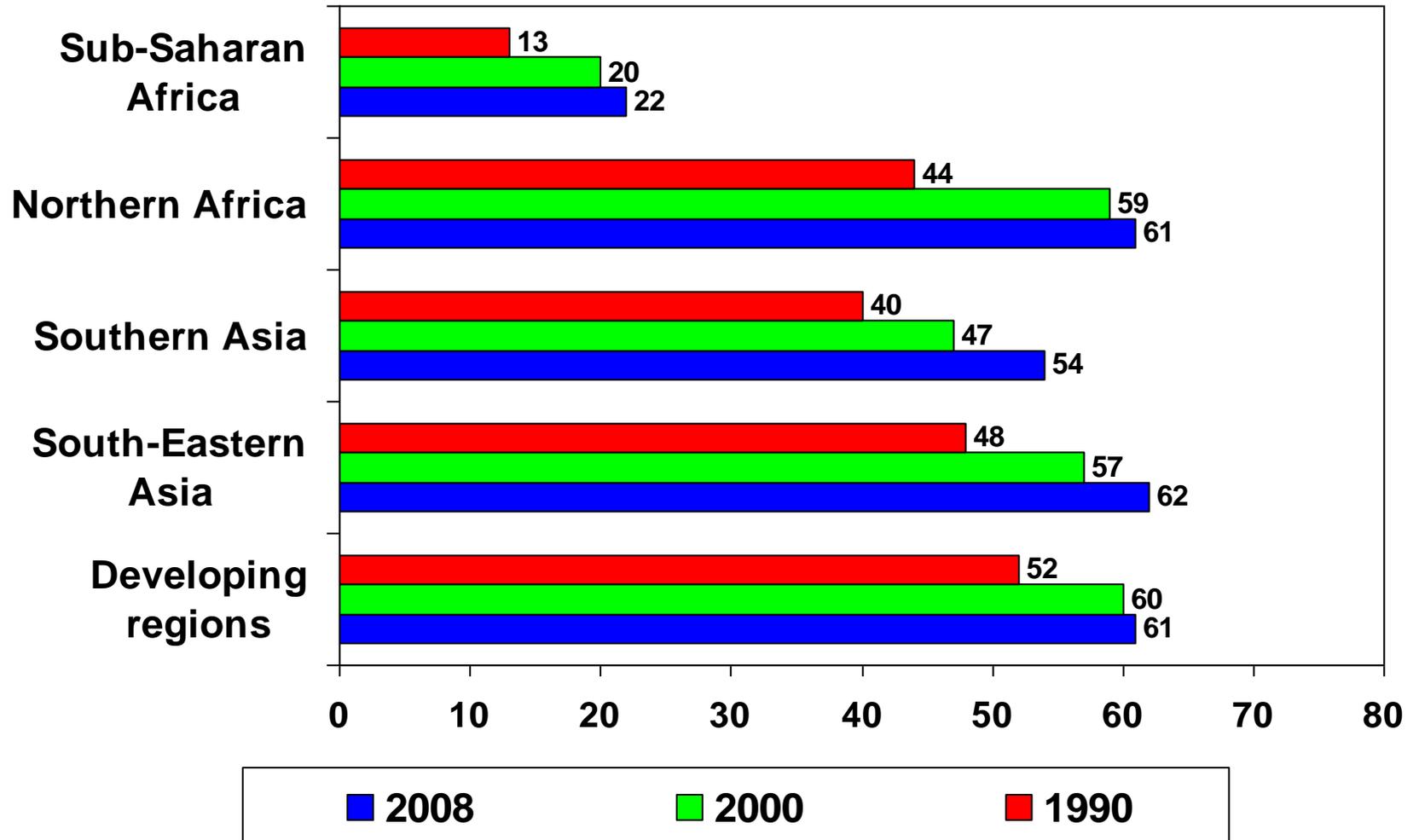
- Six indicators for Targets 5b & 5a
- At the global (regional) level
- Illustration of disparities and success stories at the country level

***Source: MDGs Report 2011 (by region)***

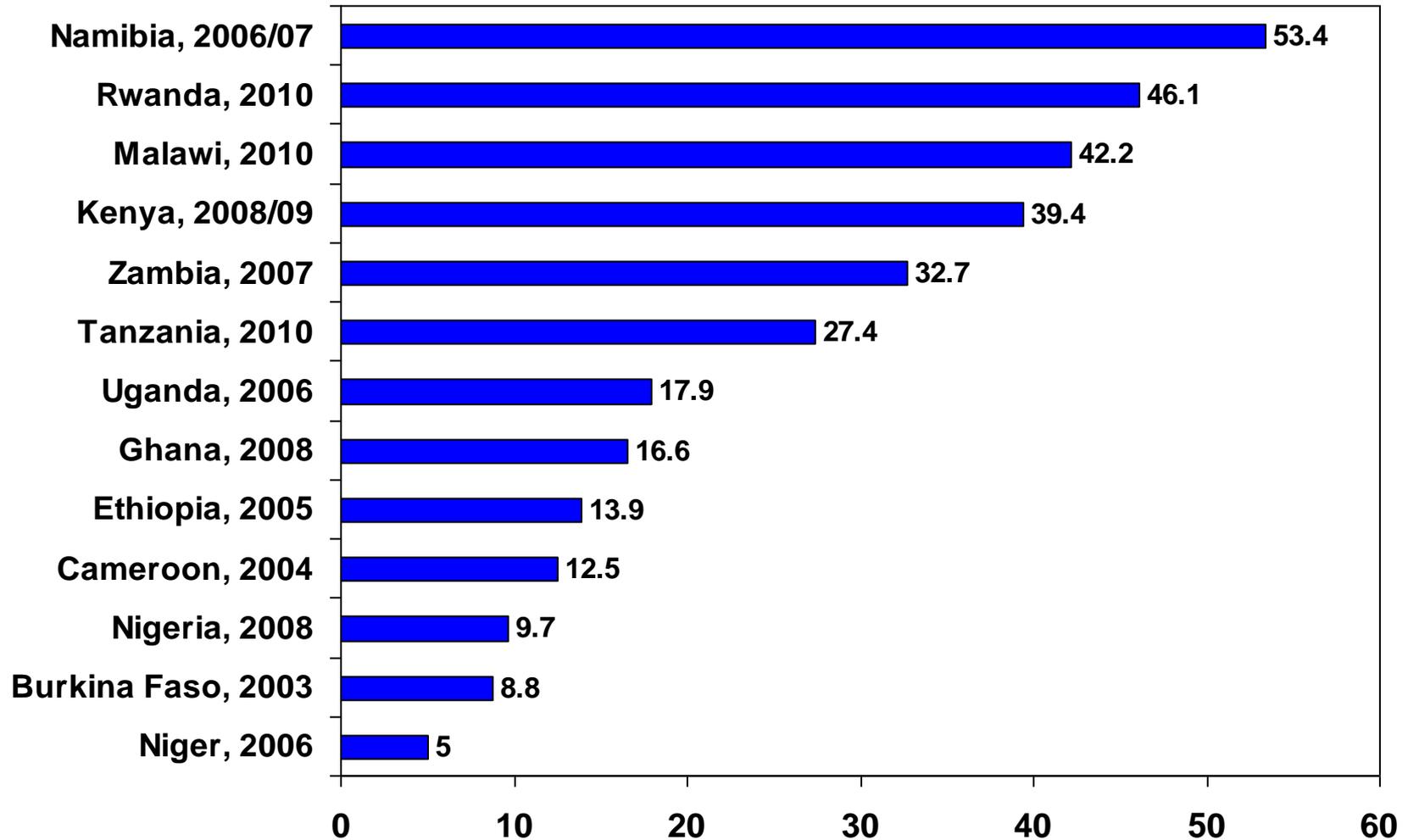
***DHS/STAT Compiler (by country)***



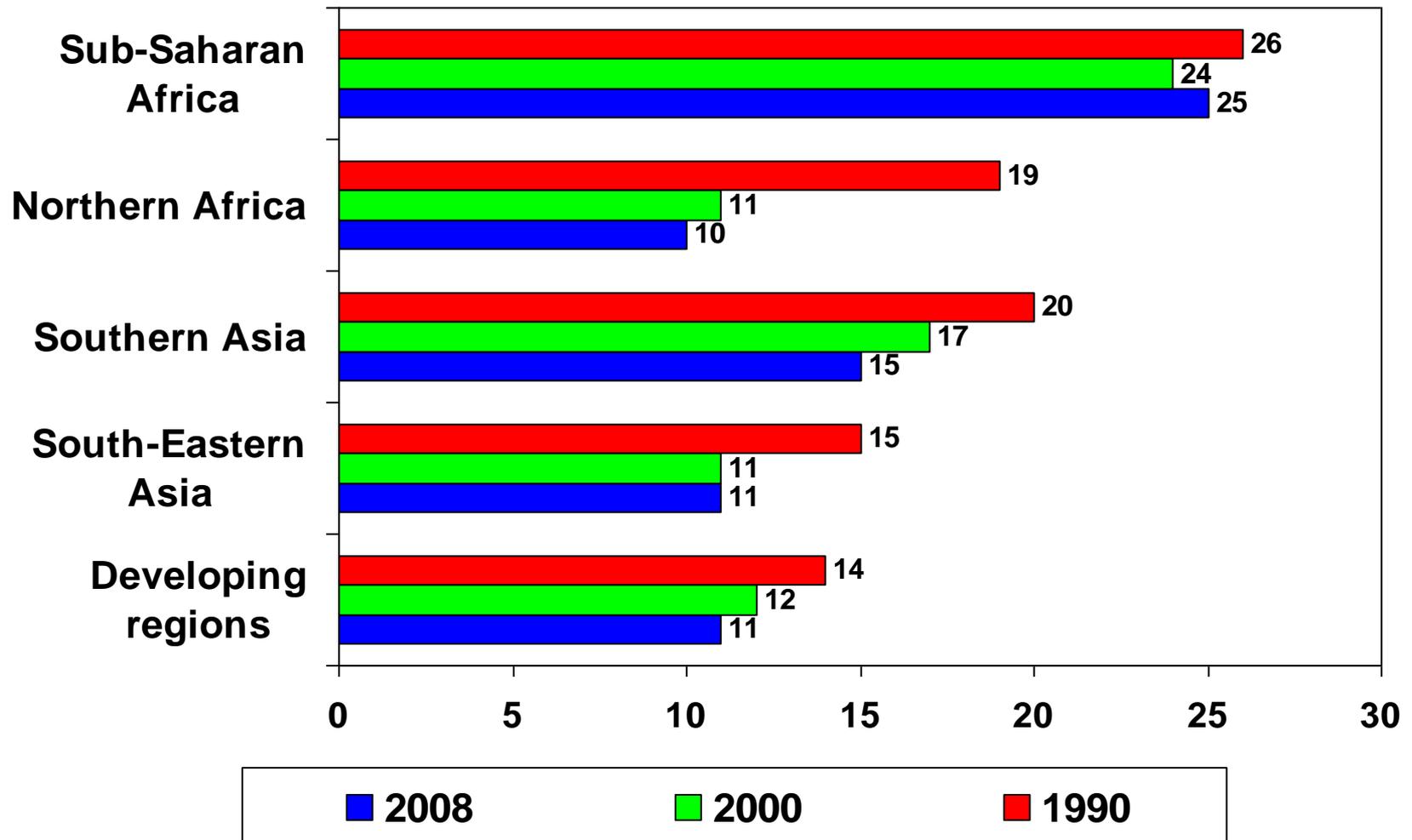
# MDG5b - Contraceptive Use (Any Method)



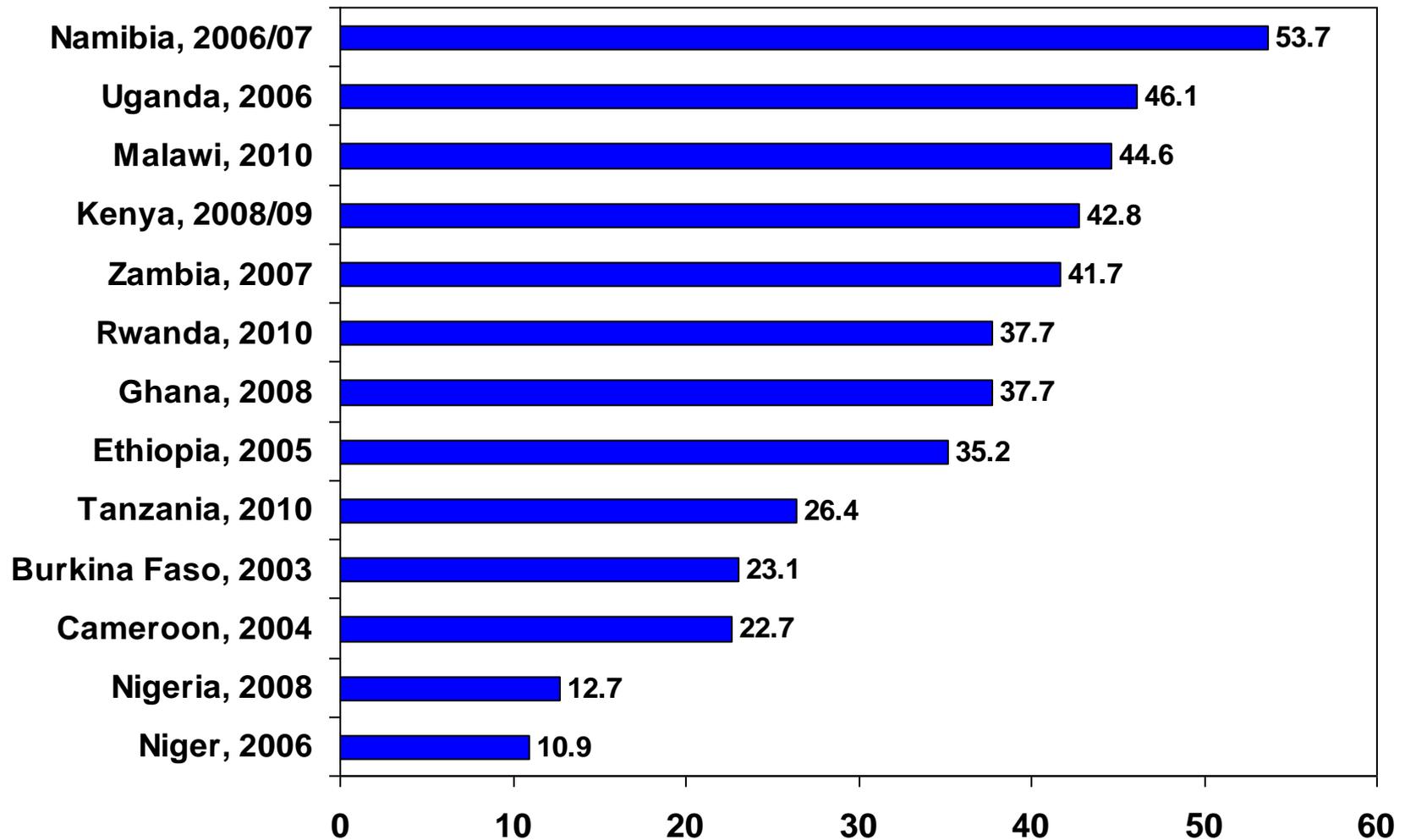
# Use of Modern FP Methods



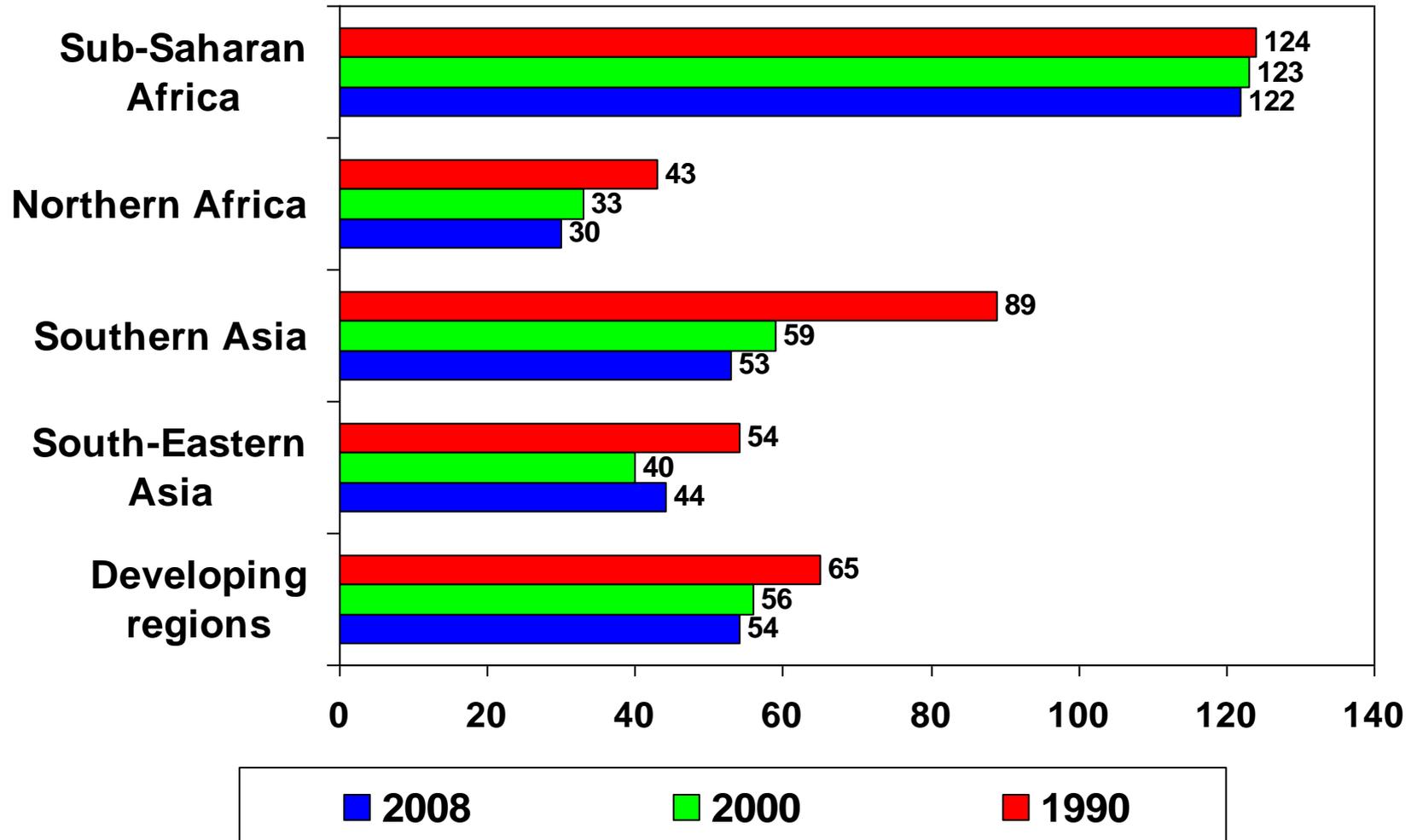
# MDG5b - Unmet Need for FP



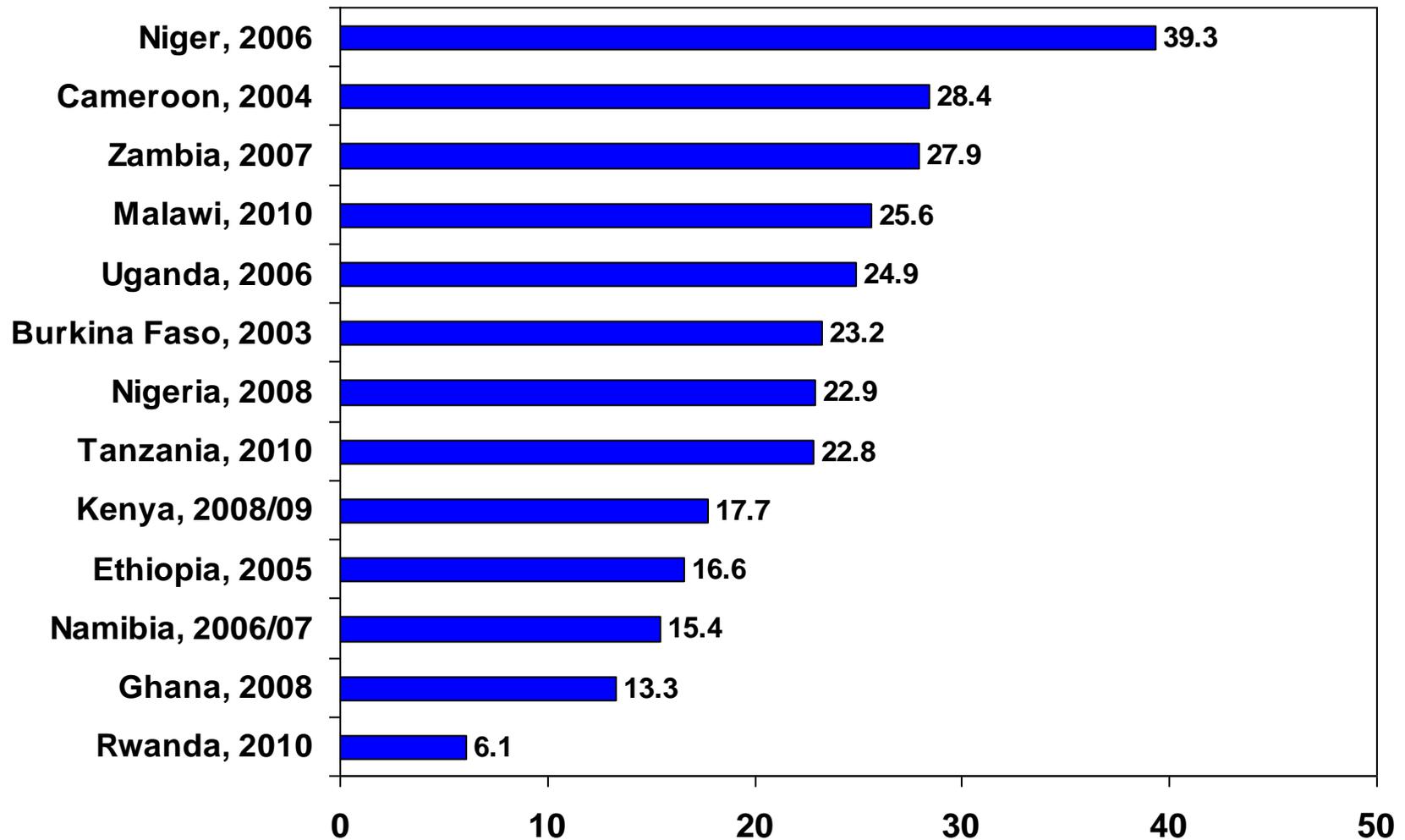
# Unintended Pregnancy



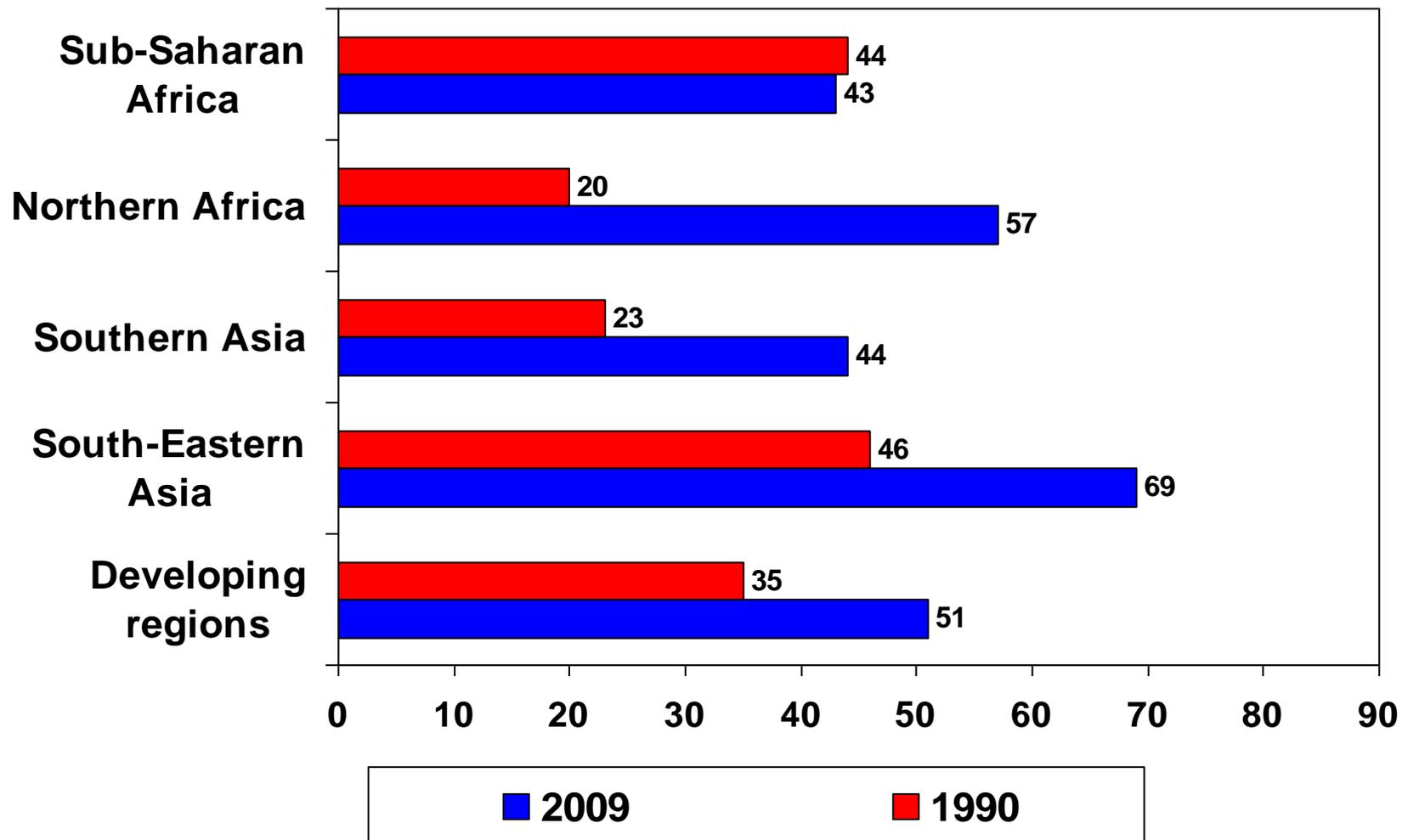
# MDG5b - Adolescent (15-19) Birth Rate



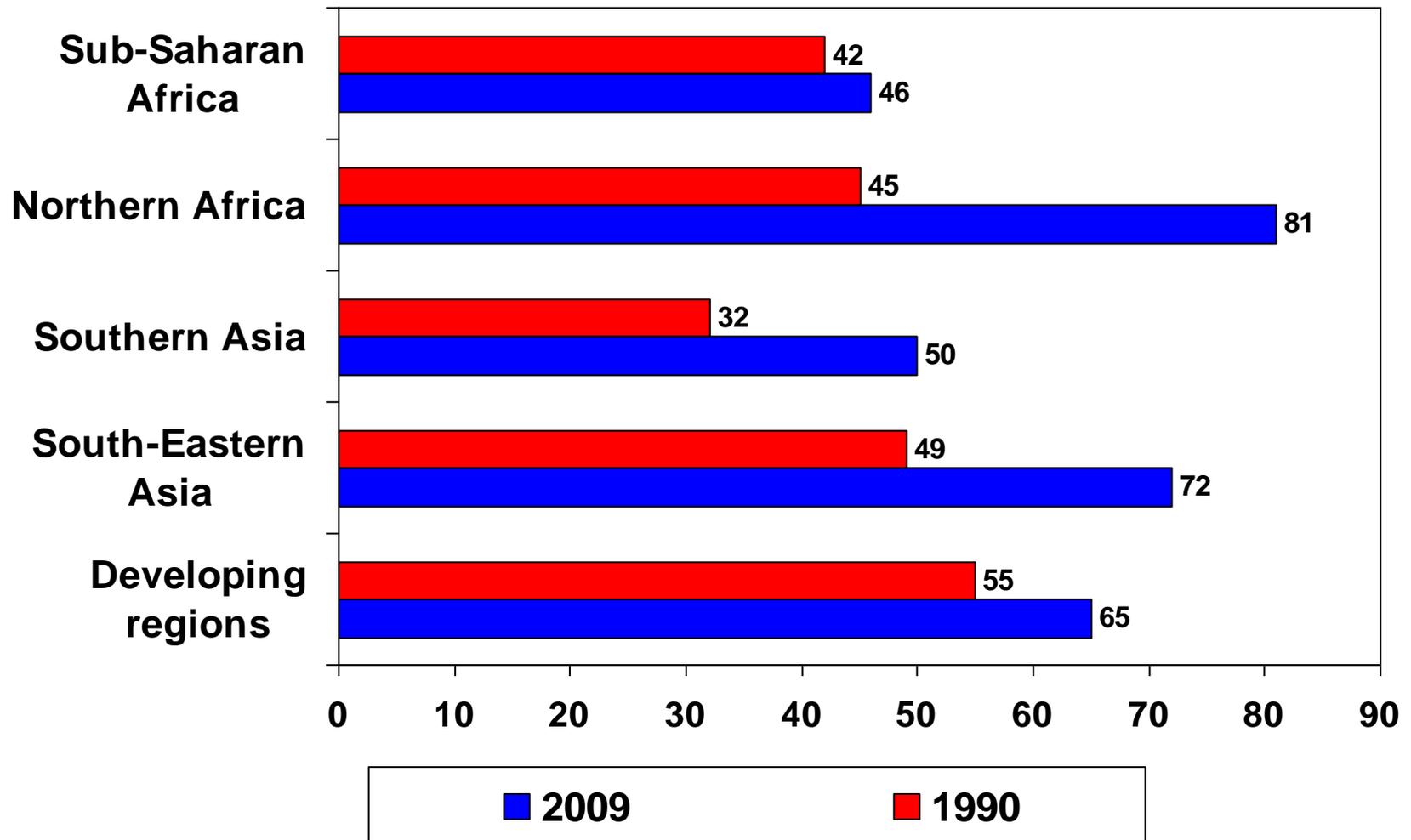
# Teenage (15-19) Motherhood



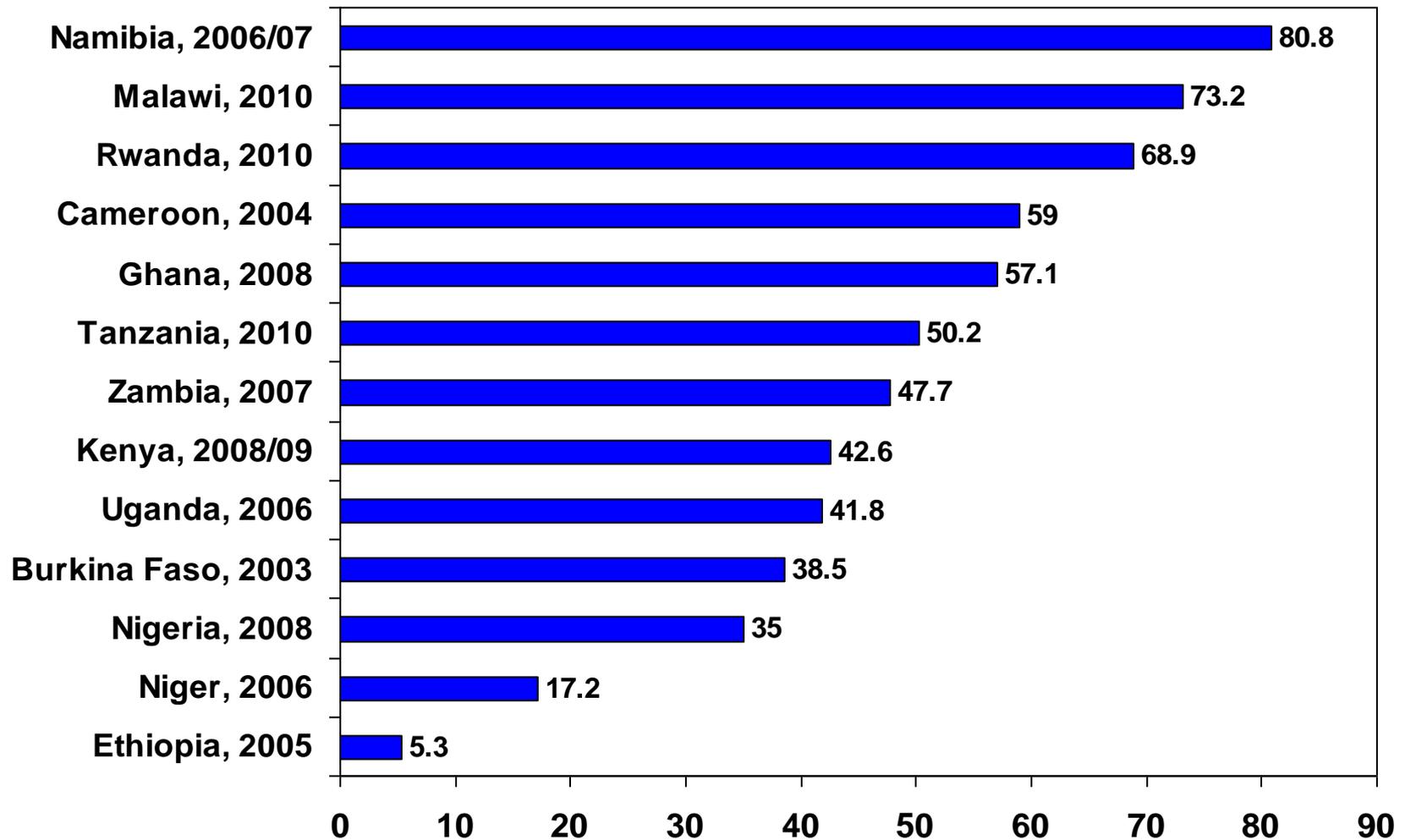
# MDG5b - ANC Attendance (4+ visits)



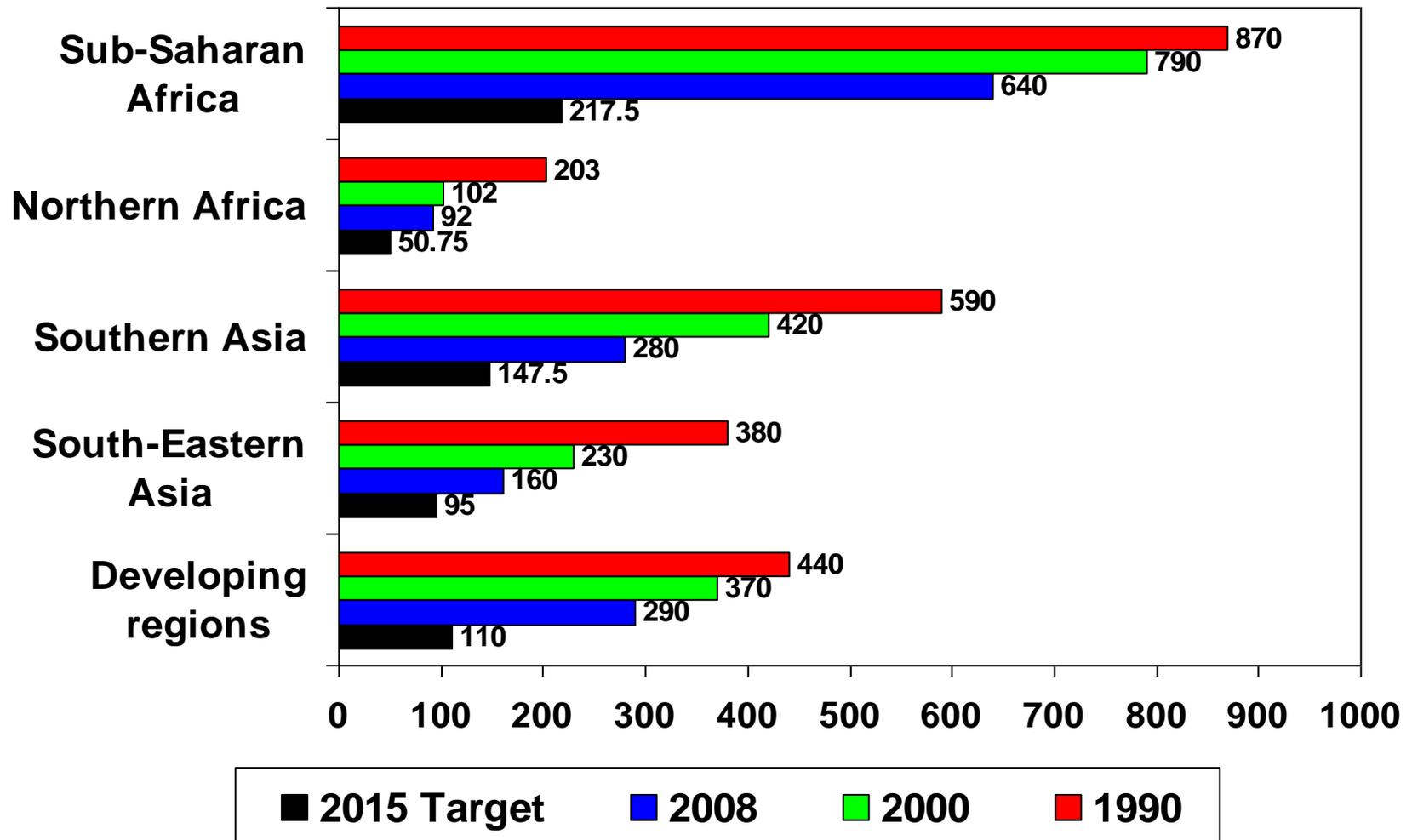
# MDG5a - Skilled Birth Attendance



# Health Facility Delivery



# MDG5a - Maternal Mortality





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# Opportunities to Further Progress toward MDG 5



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***Each year, millions of women and children die from preventable causes. Their suffering is unacceptable in the 21<sup>st</sup> century. We must, therefore, do more ...***

***The answers lie in building our collective resolve to ensure universal access to essential health services and proven, life-saving interventions as we work to strengthen health systems***

**(UN SG, Sept. 2010)**



# Improving Access to Quality Services

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- Before Pregnancy: Fullfilling the unmet need for modern FP methods (counseling/information, services, supplies)
- During pregnancy/childbirth
  - Antenatal care (early initiation, # visits)
  - Skilled attendance at birth, including emergency obstetric care
  - Safe abortion services and post-abortion care
- During the postpartum period
  - Post-natal care
  - FP information & services



# Needed [1]: Strong Health Systems

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- Health sector governance and political will
- Resources for health
  - Human resources for health
  - Infrastructure, equipment, communications/referral
- Innovative delivery mechanisms
  - Public-Private partnership
  - Integrated delivery of services
  - Community-based approaches
- Innovative financing mechanisms
  - Health insurance (public, private, com-based)
  - Cash transfers and voucher schemes
  - User fees



# Needed [2]: Demand, Barriers, M&E

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- Generating demand for services
- Removing demand-side barriers
  - Social & cultural barriers
  - Women empowerment & status
  - Financial barriers
  - Physical access to services
- Improving monitoring & evaluation to ensure accountability
  - Local/district level
  - Provincial & national levels



# Relevant Ongoing Global Initiatives

- Urban Reproductive Health Initiative (URHI) and its Evaluation arm, the Measurement, Learning & Evaluation (MLE), funded by **Bill & Melinda Gates Foundation** (Kenya, Nigeria, Senegal & India-UP) – 2009/2015
- Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP), funded by **DFID, UK** (Kenya, Ghana, Senegal & Bangladesh & India-UP) – 2011/2016
- Evidence to Action for Strengthened FP/RH Services for Women and Girls (E2A), funded by **USAID** (GHI countries) – 2011/2015



**No women should die while giving life!  
– It is possible**

**Thank You**

