



Repositioning FP/RH in Eastern & Southern Africa Region: Lessons Learnt, Challenges and Opportunities

The contribution of Family Planning to the achievement of the ICPD and MDGs

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At the Beginning was ICPD/PoA ...

- Milestone in the history of population and development and women's rights
- Empowerment of women as a step towards eradicating poverty & stabilizing pop growth
- PoA advocates making FP universally available by 2015 or sooner, as part of a broadened approach to RH & RR. Other goals include:
 - Education, especially for girls
 - Infant, child and maternal mortality levels
 - Environment and consumption patterns
 - Family
 - Research & development



... Then the MDGs in 2000

- Critical to ICPD's PoA was national/global commitment for the resources needed to deliver an expanded set of services
- Provision of resources did not follow and ICPD gradually lost momentum
- In 2000, nations made a promise to free people from extreme poverty and multiple deprivations.
- Pledge framed around 8 MDGs by 2015.
- Time-bound, achievable blueprint agreed to by all countries and all leading development institutions



Eight (8) MDGs

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development



Omission of Family Planning?

- No explicit reference to FP
- In 2007, MDG 5B was adopted, aligning the MDGs with ICPD goals/targets (MDG 5 became 5A)
- MDG 5B: ***Achieve universal access to RH services***
- Targets for MDG 5B:
 - Contraceptive prevalence rate
 - Adolescent birth rate
 - ANC
 - Unmet need for FP



Outline of the Presentation

- Updates on Sub-Saharan Africa's Progress Towards the Achievement of the MDGs
- Contribution of Family Planning to the Achievement of the MDGs
- Extent of Cost Savings on MDGs as a Result of Meeting the Unmet Need for FP
- Acknowledgement & References



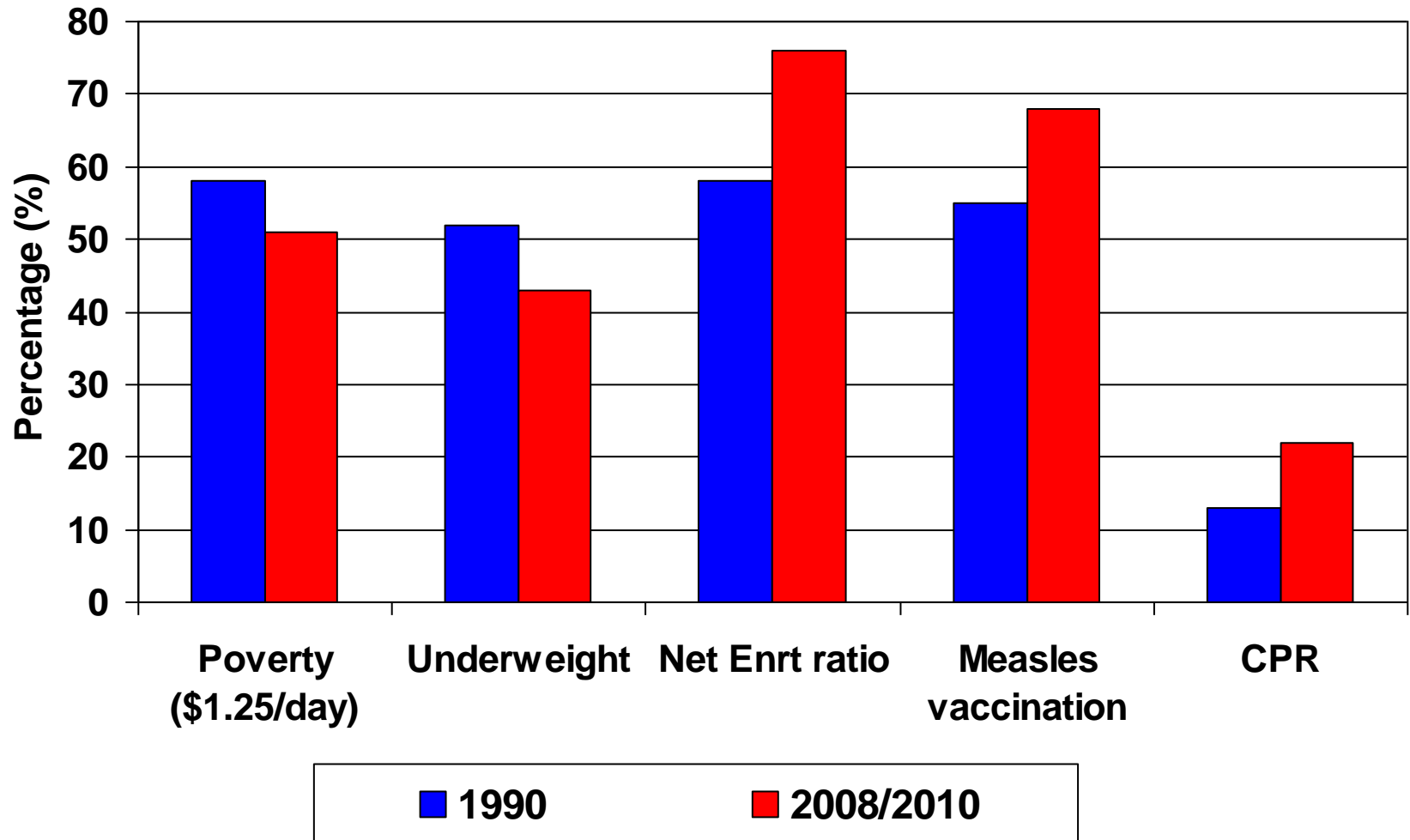


Updates on Sub-Saharan Africa's Progress Towards the Achievement of the MDGs

Source: MDGs Report 2011

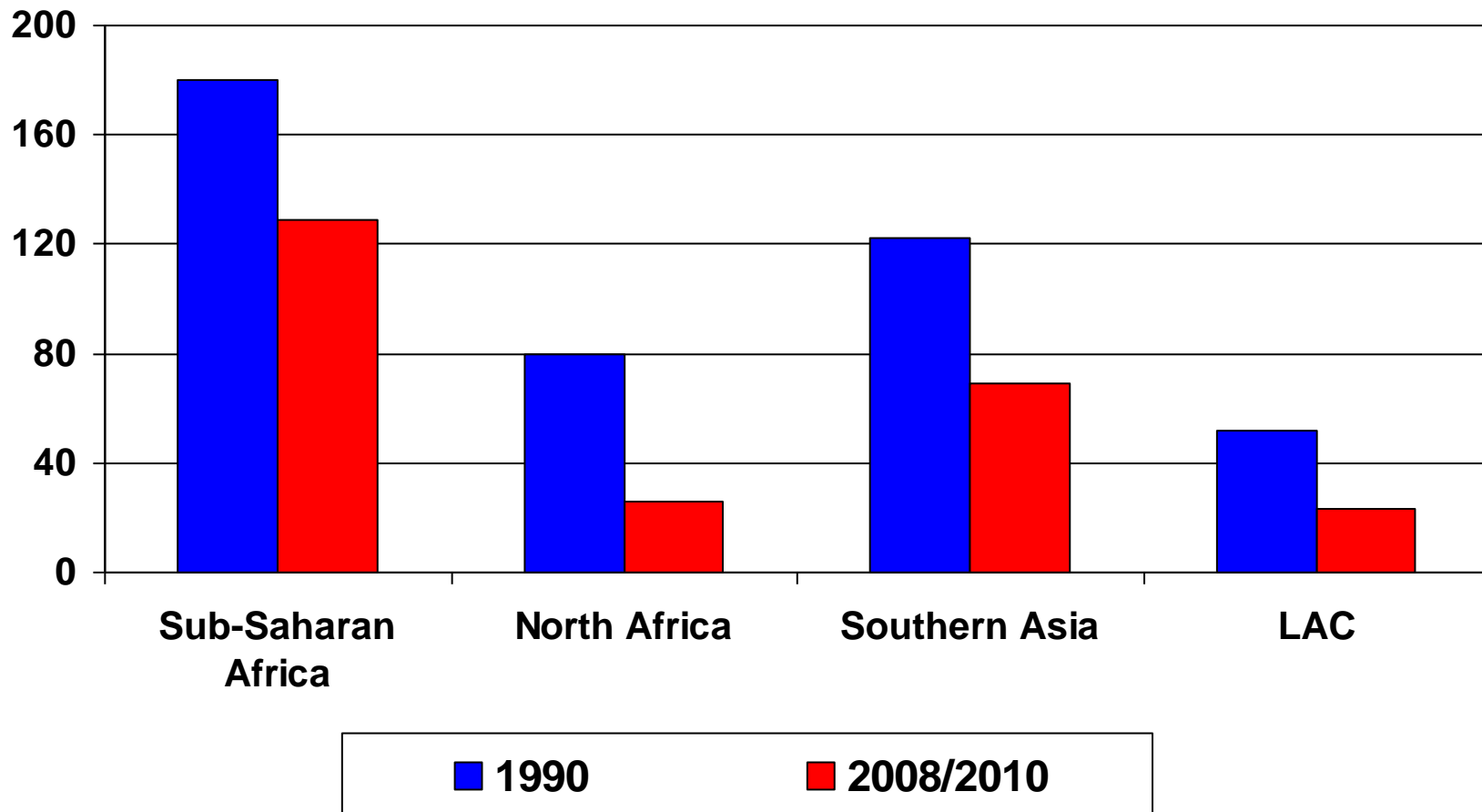


Africa's Progress Towards 2015 [1]



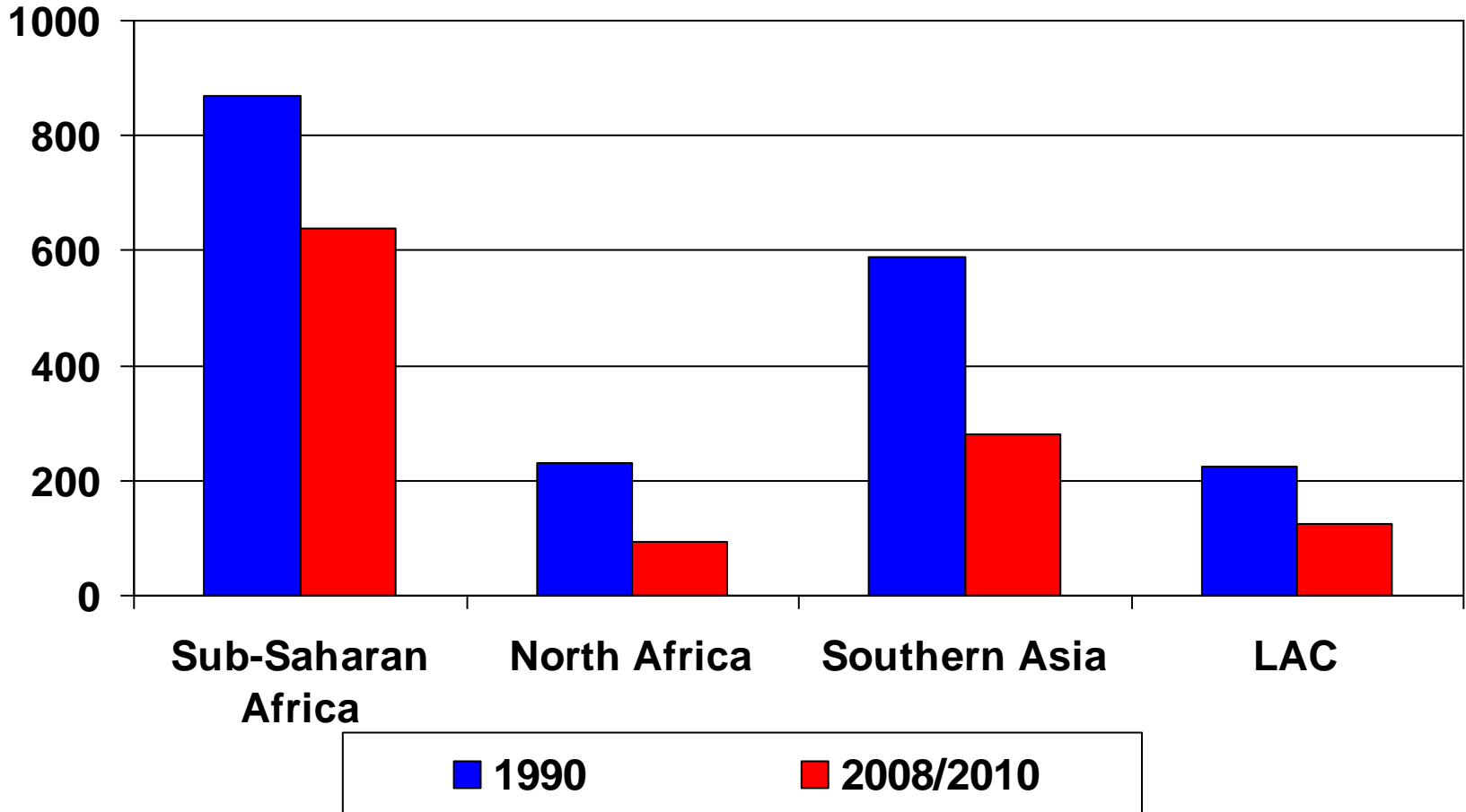
Africa's Progress Towards 2015 [2]

Under-5 mortality rate: Reduction by 2/3



Africa's Progress Towards 2015 [3]

Maternal mortality ratio: Reduction by 3/4





Contribution of Family Planning to the Achievement of the MDGs

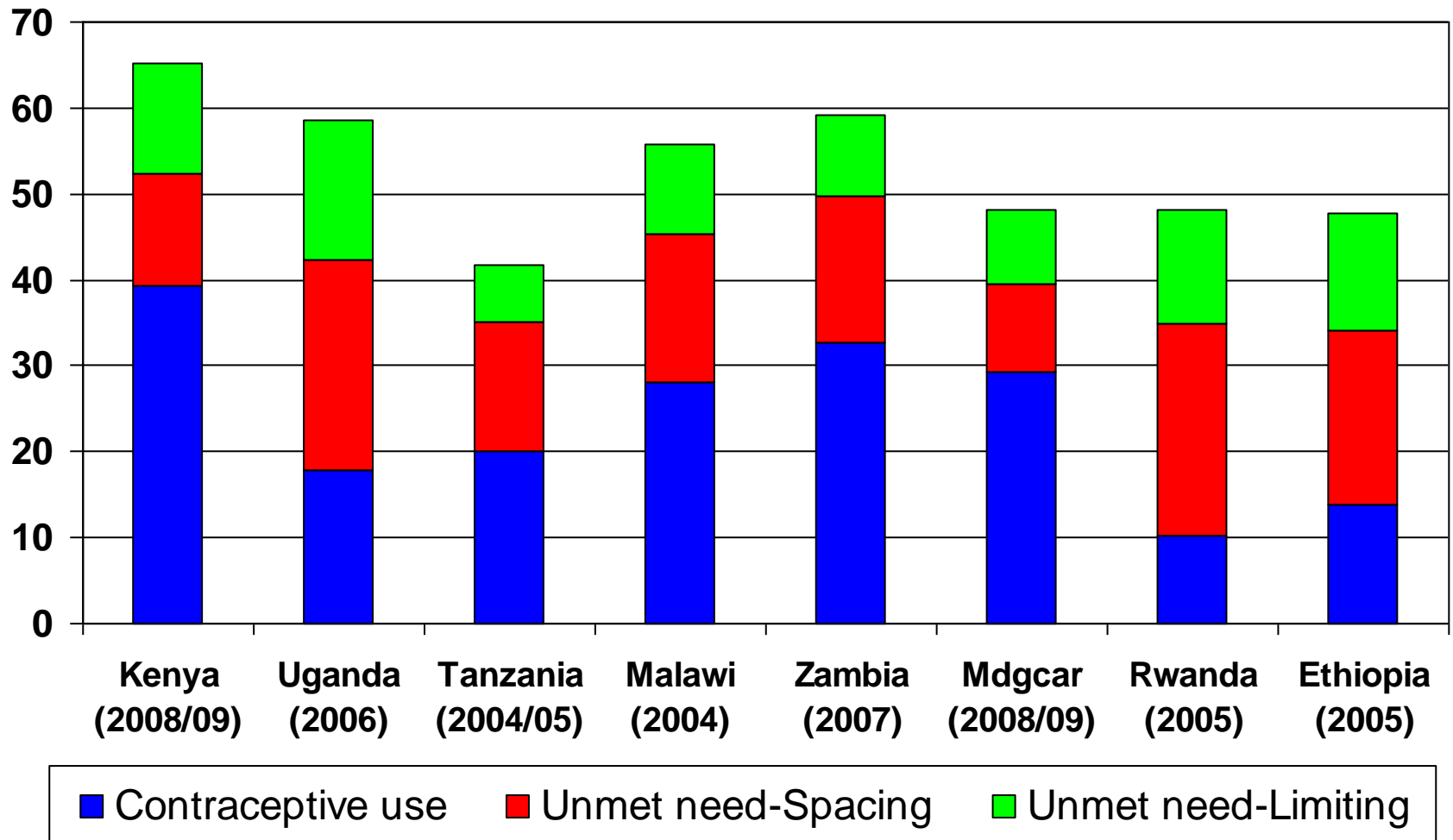


Concepts

- 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 prefer to avoid (limiters) or postpone (spacers) childbearing, but are not using any method of contraception
- Unintended Pregnancy: Either mistimed (wanted later - Spacing) or unwanted (not wanted at all – Limiting)



Met Need & Unmet Need for FP (%)



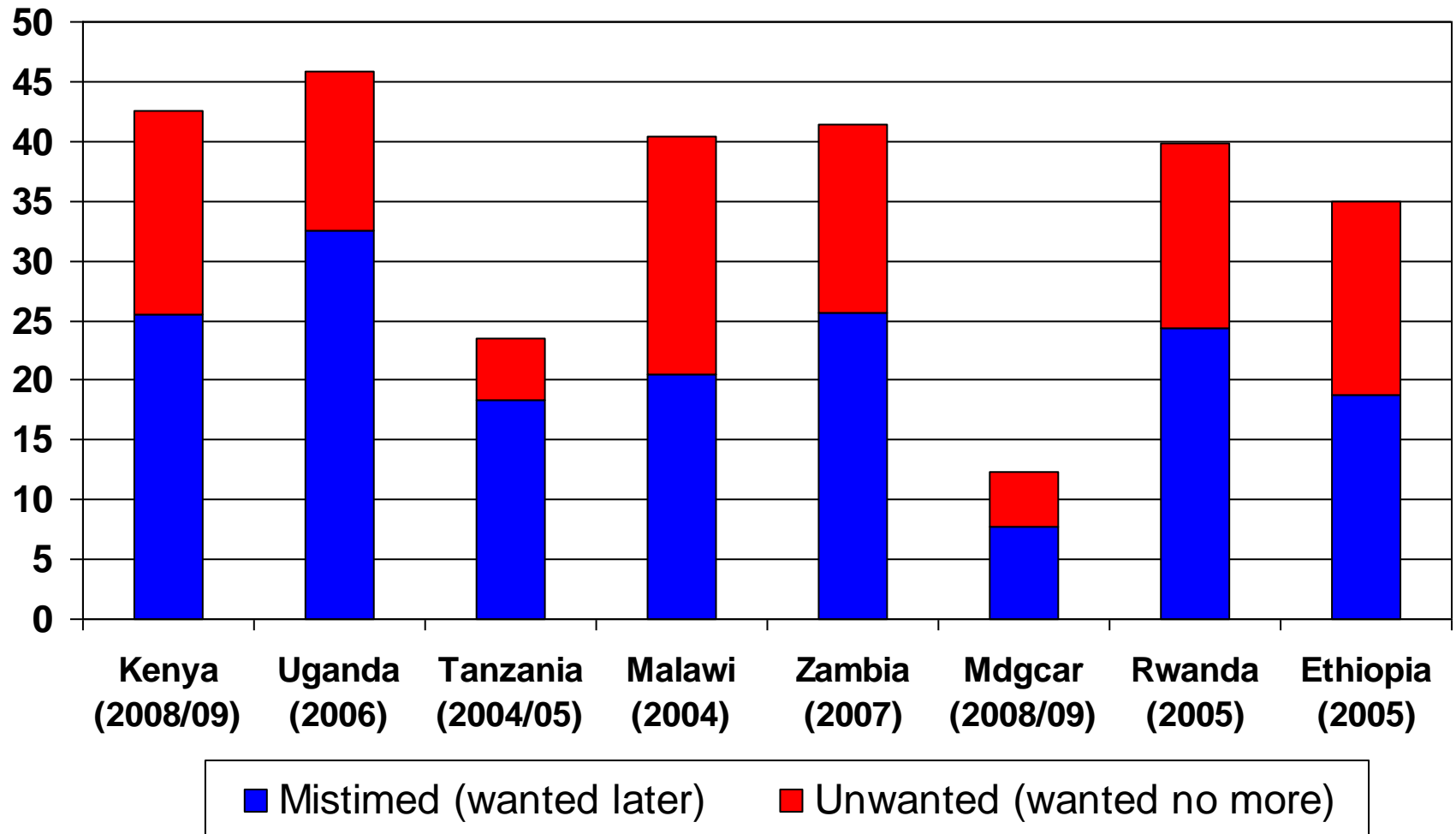
Low Use of, and High Unmet Need for FP

Consequences of low use of contraception and high unmet need for FP

- Unintended pregnancies and births
- Early pregnancies and child bearing
- Large family size



... Unintended Pregnancy (%)



Early/Unintended Preg & Short Birth Int

- Early childbearing likely to entrench women's poverty (MDG 1)
- Pregnant young girls likely to drop out of school (MDG 2)
- UIP less likely to receive good ANC/delivery care (MDG 4)
- Higher mortality risks among children with SBI (MDG 4)
- UIP may lead to (unsafe) abortion with implications on mothers' health (MDG 5)
- Increased risk of death or complications during delivery among women with SBI (MDG 5)



Effects of Large Family Size

- Increased household spending (MDG 1)
- Reduced likelihood of saving and increased vulnerability to income fluctuations (MDG 1)
- Reduced investment in education (MDG 2)
- Girls' education likely to suffer (MDG 2)
- Poor child health outcomes: early weaning due to successive pregnancy, malnutrition (competition), spread of infections (MDG 4)
- Woman's lifetime number of births affects her survival (MDG 5)



Extent of Cost Savings on MDGs as a Result of Meeting the Unmet Need for FP

- **Family Planning Costs**
- **Cost Savings on MDGs #2, #4, #5, #6 & #7**

Source: USAID's HPI (Achieving the MDGs; The contribution of FP)



Scenario Building

- Two Scenarios:
 - Baseline scenario: Unmet need for FP kept constant over the period 2005-2015
 - Met need scenario: Unmet need is fully met by 2015 as a result of gradual increase in CPR
- Population projection under both scenarios
- Cost estimates of meeting MDGs under both scenarios
- Saving cost estimates by calculating the differences
- Comparison of FP costs to these differences
- Benefit/Cost ratio estimates



Scenario Building [2]

- MDG Scenarios
 - MDG #2: Number of children aged 6-11; Net enrolment to reach 100%
 - MDG #4: Measles immunization among children aged <12; Coverage to reach 100% by 2015
 - MDG #5: Maternal deaths; reduced by three-quarters by 2015
 - MDG #6: Malaria (ITNs to under-5); Coverage to reach 60% by 2015
 - MDG #7: Access to water & sanitation; Proportion with no access halved by 2015



FP Costs & Cost Savings in US\$

	Uganda	Kenya
FP Costs	107	71
Social Sector Cost Savings	199	271
Education (MDG 2)	20.4	115
Child immunization (MDG 4)	68.5	37
Maternal health (MDG 5)	73.7	75
Malaria (MDG 6)	7.6	8
Water & Sanitation (MDG 7)	28.5	36
Benefit/Cost Ratio (Return on \$1 investment in FP)	1.9	3.8



FP Costs & Cost Savings in US\$

	Tanzania	Zambia
FP Costs	58	27
Social Sector Cost Savings	128	111
Education (MDG 2)	12	37
Child immunization (MDG 4)	20	17
Maternal health (MDG 5)	52	37
Malaria (MDG 6)	19	4
Water & Sanitation (MDG 7)	25	17
Benefit/Cost Ratio (Return on \$1 investment in FP)	2.2	4.1



FP Costs & Cost Savings in US\$

	Malawi	Magascar
FP Costs	37	26
Social Sector Cost Savings	77	76
Education (MDG 2)	17	20
Child immunization (MDG 4)	12	13
Maternal health (MDG 5)	30	29
Malaria (MDG 6)	4	3
Water & Sanitation (MDG 7)	14	11
Benefit/Cost Ratio (Return on \$1 investment in FP)	2.1	2.9



FP Costs & Cost Savings in US\$

	Rwanda	Ethiopia
FP Costs	11.0	103
Social Sector Cost Savings	42.8	208
Education (MDG 2)	5.3	23
Child immunization (MDG 4)	13.6	44
Maternal health (MDG 5)	13.1	105
Malaria (MDG 6)	2.9	10
Water & Sanitation (MDG 7)	7.9	26
Benefit/Cost Ratio (Return on \$1 investment in FP)	3.9	2.0



Conclusion

- Many African countries are not on track to meeting the MDGs
- Growing size of the target populations, with implications on the cost of meeting the MDGs
- Opportunity: Increased FP use (based on the latent demand) would:
 - Contribute to the achievement of the MDGs
 - Reduce the cost of meeting the MDGs
- Increased investments in FP may yield savings ranging from about \$2 to \$4 for every extra \$ spent on FP



Acknowledgement & References

- Achieving the MDGs: *The contribution of fulfilling the unmet need for FP*. Moreland S, **Futures Group, 2006**
- Health Policy Initiative (HPI), **USAID**
- FP Saves Lives, **Population Reference Bureau, 2009**
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Thank You

