United Nations

Population Facts

Department of Economic and Social Affairs • Population Division

January 2010 No. 2010/1

Speeding Progress on the Millennium Development Goals

1. Progress on MDGs central to the welfare of women and children is slow or stagnating

- Maternal mortality has shown the least progress of all the health-related MDGs, declining by only 6 per cent in the developing regions* from 480 maternal deaths per 100,000 births in 1990 to 450 deaths in 2005.[1]
- Child mortality declined in the developing regions from 103 deaths per 1,000 live births in 1990 to 74 in 2007,[1] but even the faster annual decline now underway is insufficient to reach the goal of a two-thirds reduction by 2015.[2]
- The number of people newly-infected with HIV also declined but progress in prevention is not sufficient to reverse the course of the epidemic. In 2008 2.7 million people were newly-infected with HIV, including 430,000 children.[3]

2. A key, cost-effective way to speed progress on these MDGs is to strengthen family planning programmes

- **Family planning can intensify a decline in maternal mortality**: Recent estimates show that meeting women's unmet need for modern contraceptives would result in 150,000 fewer maternal deaths a year,[4] and a 27 per cent reduction in maternal deaths per year, by preventing unintended pregnancies.
- **Family planning can reduce child mortality**: Children are more likely to survive when subsequent pregnancies occur at least two years or longer after their birth.

Child mortality would decline by 13 per cent if all women could delay their next pregnancy by at least 24 months and would decline by 25 per cent if women could delay for 36 months.[5]

Rwanda is a recent success story of this association with a rapid rise in the use of modern contraceptive methods among married women from 10 per cent in 2005 to 27 per cent in 2008 and a rapid drop in under-five mortality from 152 to 103 deaths per 1,000 live births[6] resulting from increased Government investment in family planning and in strengthening the health system.

- **Family planning helps prevent mother-to-child HIV transmission**: Helping HIV-positive women avoid unintended pregnancy through contraceptive use reduces mother-to-child HIV transmission[7] and does so at a relatively low cost.
- **Family planning is a cost-effective investment**: For every dollar spent in family planning between 2 and 6 dollars can be saved in interventions aimed at achieving the MDGs for health, education and environmental sustainability.[8]
- **Family planning leverages other investments**: Funding family planning and maternal and newborn services and ensuring their coordinated operation reduces both maternal and infant mortality, and does so for about $1.5 billion less than by investing in maternal and newborn health services alone.[4]

3. Least developed countries have the most to gain by strengthened family planning

- **Many women already have an unmet need for family planning**: On average, 23 per cent of women of reproductive age who are married or in union in

* For purposes of this fact sheet, the less developed regions include all the countries and areas of the world except Australia, Canada, Japan, New Zealand, the United States of America and all countries in Europe. The group of least developed countries (LDCs) includes the 49 countries designated as such by the General Assembly. The rest of the countries in the less developed regions, as a group, are designated by the term developing countries. The developing regions, as used in the MDG reports, are the less developed regions excluding the Commonwealth of Independent States in Asia.

the least developed countries have an unmet need for family planning—that is, they want to delay their next pregnancy or stop childbearing but are not using any method to do so—compared to just 9 per cent of women in developing countries.

Much of this unmet demand is related to barriers in accessing services and supplies.[5]

- **Demand is highest in sub-Saharan Africa, in countries with high fertility and among the poorest women**: The level of unmet need is particularly high in the least developed countries in sub-Saharan Africa (27 per cent), in those countries with total fertility exceeding 5 children per woman (28 per cent),[5] and among the poorest women in a country.[9]
- **Contraceptive use is improving but not enough to meet current demand**: In the least developed countries of sub-Saharan Africa, for example, the use of modern contraceptive methods has doubled since 1995, rising from 6 per cent to 12 per cent, but the current level would have to triple by 2015 in order to satisfy existing demand.
- **External funding is crucial for health budgets, but family planning funding has declined**: Over the past decade, per capita donor funding for family planning dropped by over 50 per cent in 42 of the 49 least developed countries.

Even when looking at reproductive health more broadly (including family planning and maternal health), in 2009 donor assistance for population covered only an estimated 11 per cent of actual costs.[10]

4. Recommended actions from Resolution 2009/1 of the Commission on Population and Development:[11]

- **Prioritize**

Urge Governments and development partners to prioritize universal access to reproductive health care, including family planning.

- **Provide**

Ensure that family planning programmes provide a wide range of safe, effective, affordable and acceptable methods to all women, men and young people.

- **Fund**

Increase financial commitments from donors for family planning to ensure predictable resources for reducing unmet need for family planning.

Ensure that funding lines for family planning programmes and commodities are included in national budget formulations.

Notes

[1] United Nations (2009). *Millennium Development Goals Report 2009* (United Nations Publication, Sales No. E.09.I.12).

[2] You, Danzhen, Tessa Wardlaw, Peter Salama and Gareth Jones. (2009). Levels and trends in under-5 mortality, 1990–2008. *The Lancet*, vol. 375, No. 9709, pp. 100-103.

[3] UNAIDS and WHO (2009). AIDS Epidemic Update, 2009. UNAIDS/09.36E/JC1700E. Geneva. Available from http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf (accessed 29 January 2010).

[4] Singh, Susheela, Jacqueline E. Darroch, Lori S. Ashford and Michael Vlassoff (2009). *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and UNFPA.

[5] United Nations (2009). *World population monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*. Report of the Secretary-General. E/CN.9/2009/3.

[6] Ministère de la Santé (MINISANTÉ), Institut National de la Statistique du Rwanda (INSR) and ICF Macro. (2009). *Enquête Intermédiaire sur les indicateurs Démographiques et de Santé, Rwanda 2007-2008*. Calverton, Maryland: MINISANTÉ, INSR and ICF Macro.

[7] United Nations (2008). *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals*. Report of the Secretary-General. A/62/780.

[8] Moreland, Scott and Sandra Talbird (2006). *Achieving the Millennium Development Goals: The contribution of fulfilling the unmet need for family planning*. Washington, D. C.: USAID.

[9] Westoff, Charles F. (2006). *New Estimates of Unmet Need and the Demand for Family Planning*. DHS Comparative Reports, No. 14. Calverton, Maryland: Macro International, Inc.

[10] United Nations (2009). *Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development*. Report of the Secretary-General. E/CN.9/2009/5.

[11] United Nations (2009). *Resolution 2009/1: The contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*. Commission on Population and Development. E/CN.9/2009/10.