

Family Planning Programmes and the MDGs

John Ross

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Family planning matters most for poorer countries

The focus is on:

- **The 50 countries classified as least developed by the United Nations**
- **Sub-Saharan Africa**

These two groups of countries overlap significantly and their demographic indicators are similar.

Comparison of the LDCs with Sub-Saharan Africa

LDCs exclude 8 SSA countries:

Botswana, Gabon, Ghana, Kenya, Namibia, Nigeria, South Africa and Zimbabwe

LDCs include 6 countries in Asia:

Afghanistan, Bangladesh, Cambodia, Laos, Myanmar and Nepal...

and Haiti in Latin America

Why do the poorer countries matter?

The LDCs or SSA each include about 800 million people or 27 per cent of the population of the developing world (ex. China & India)

That share compounded with their low rankings on the MDG indicators means that the MDGs cannot be attained without major advances in these countries.

Some countries matter more

Six countries account for half the population in

SSA:

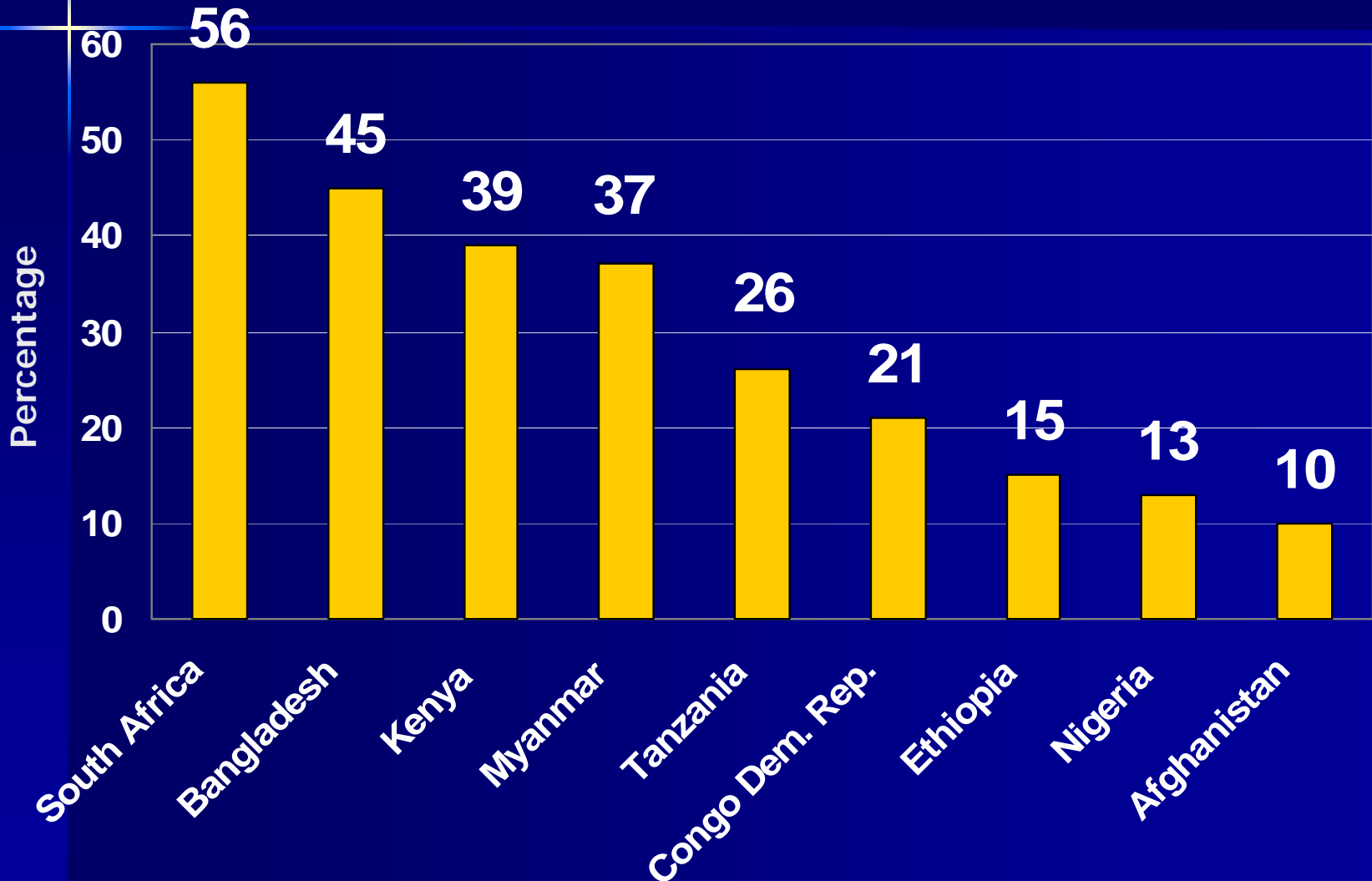
Ethiopia, the Dem. Rep. of Congo, Kenya, Nigeria, South Africa and the United Rep. of Tanzania

Six countries account for half of the population

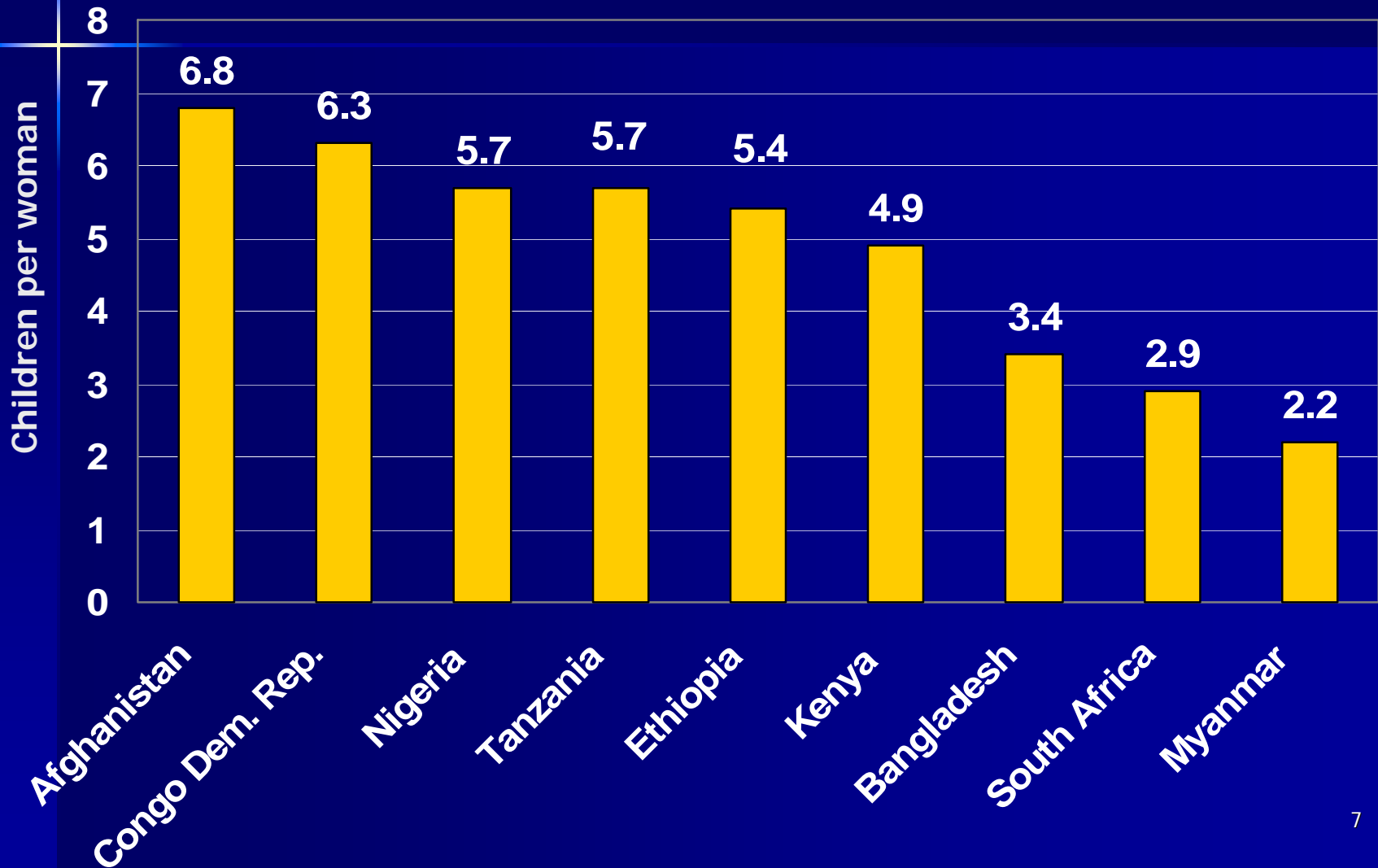
in LDCs:

Afghanistan, Bangladesh, Ethiopia, Dem. Rep. of Congo, Myanmar and the United Rep. of Tanzania

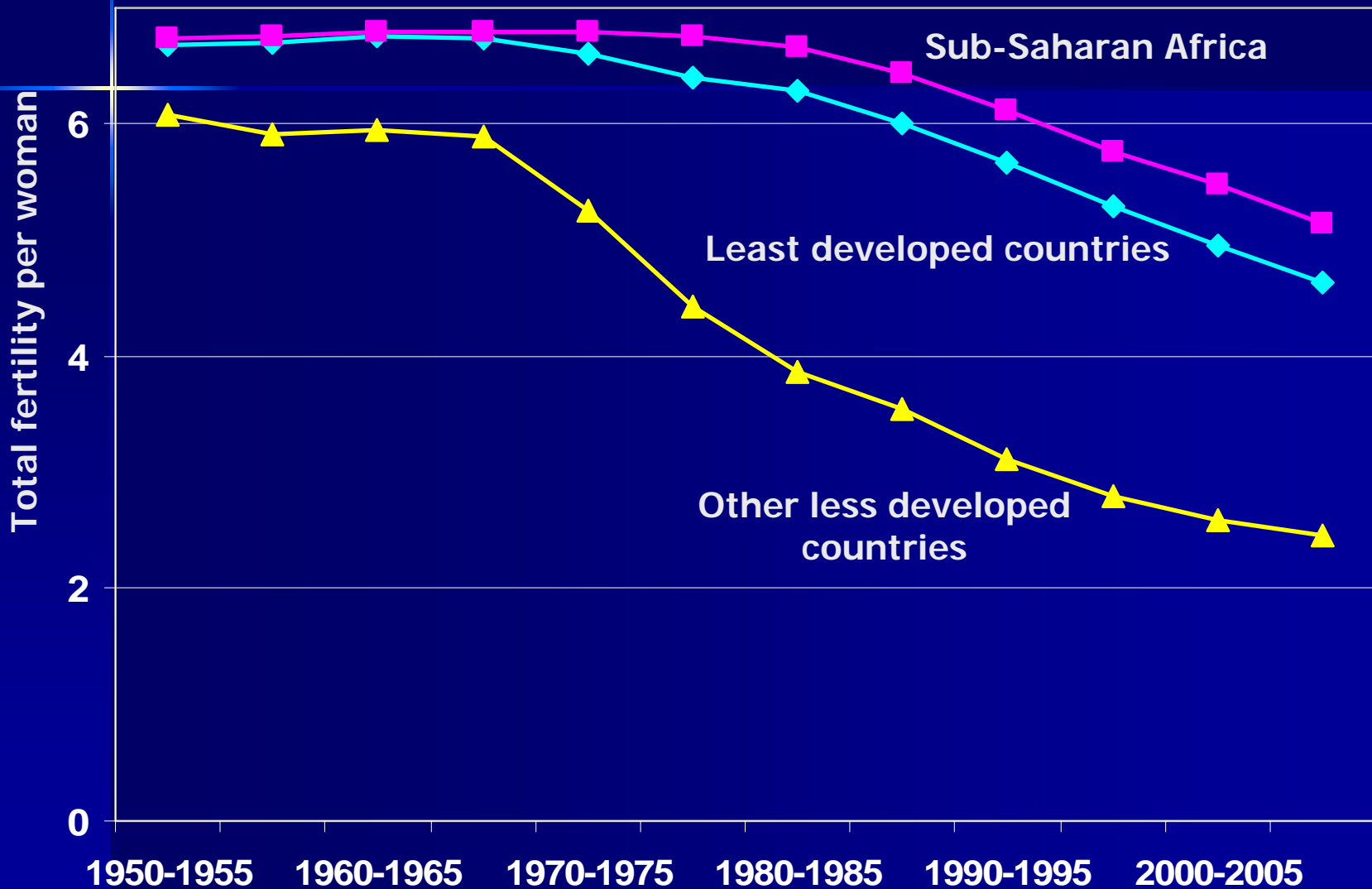
Percentage using contraception for nine key countries



Total fertility for nine key countries

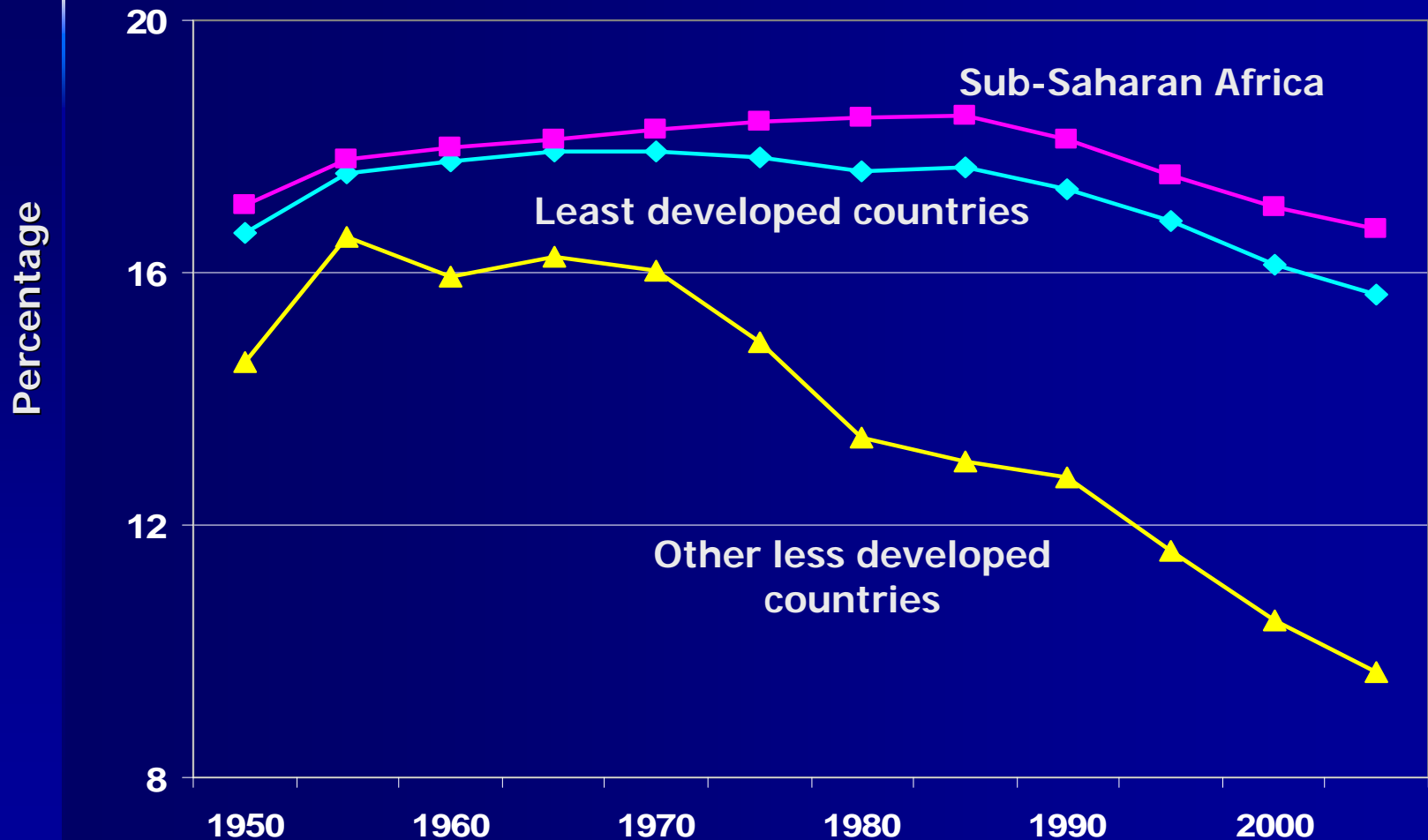


The LDCs and SSA are generally far behind in the transition to low fertility

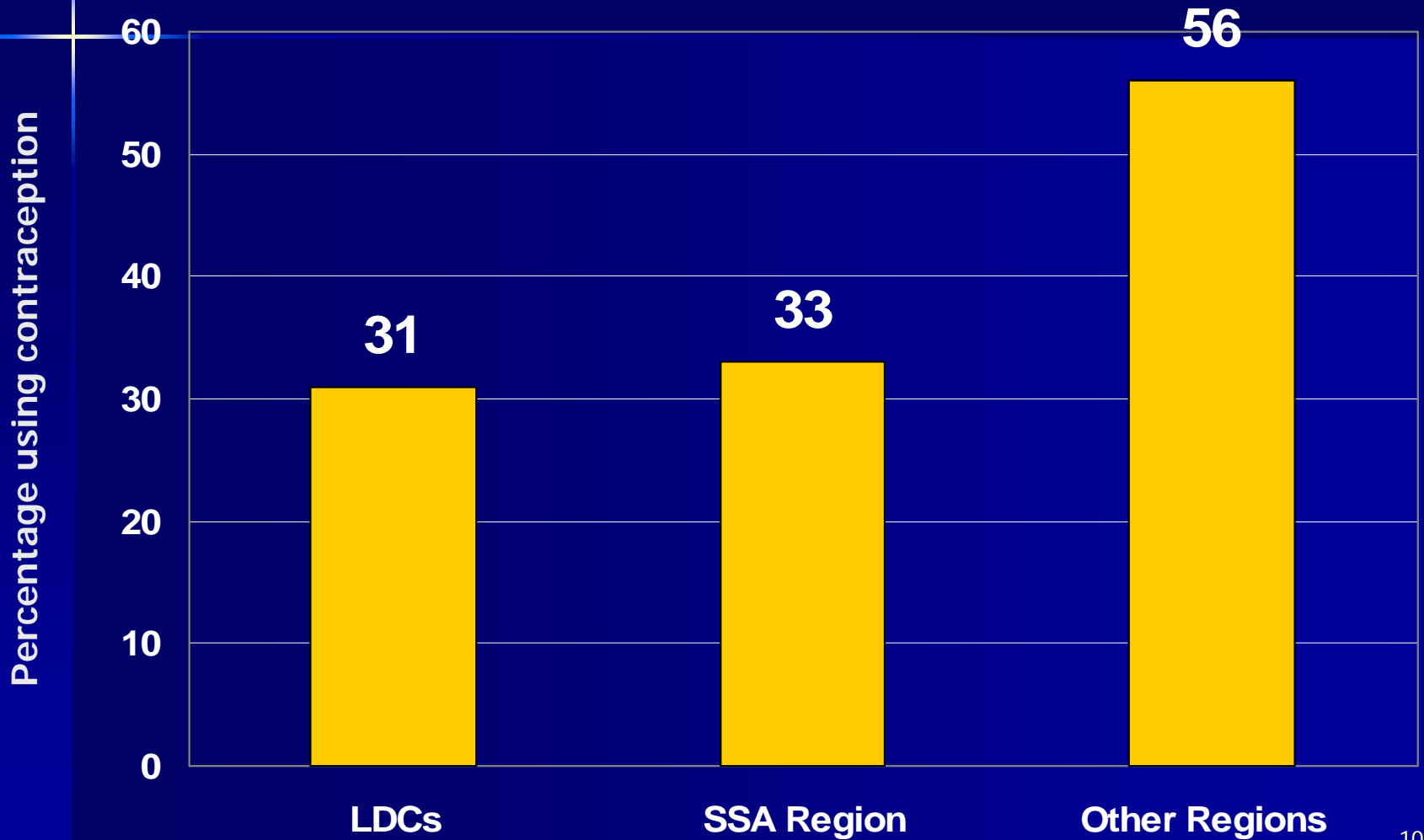


Demographic burdens are greater in poor countries

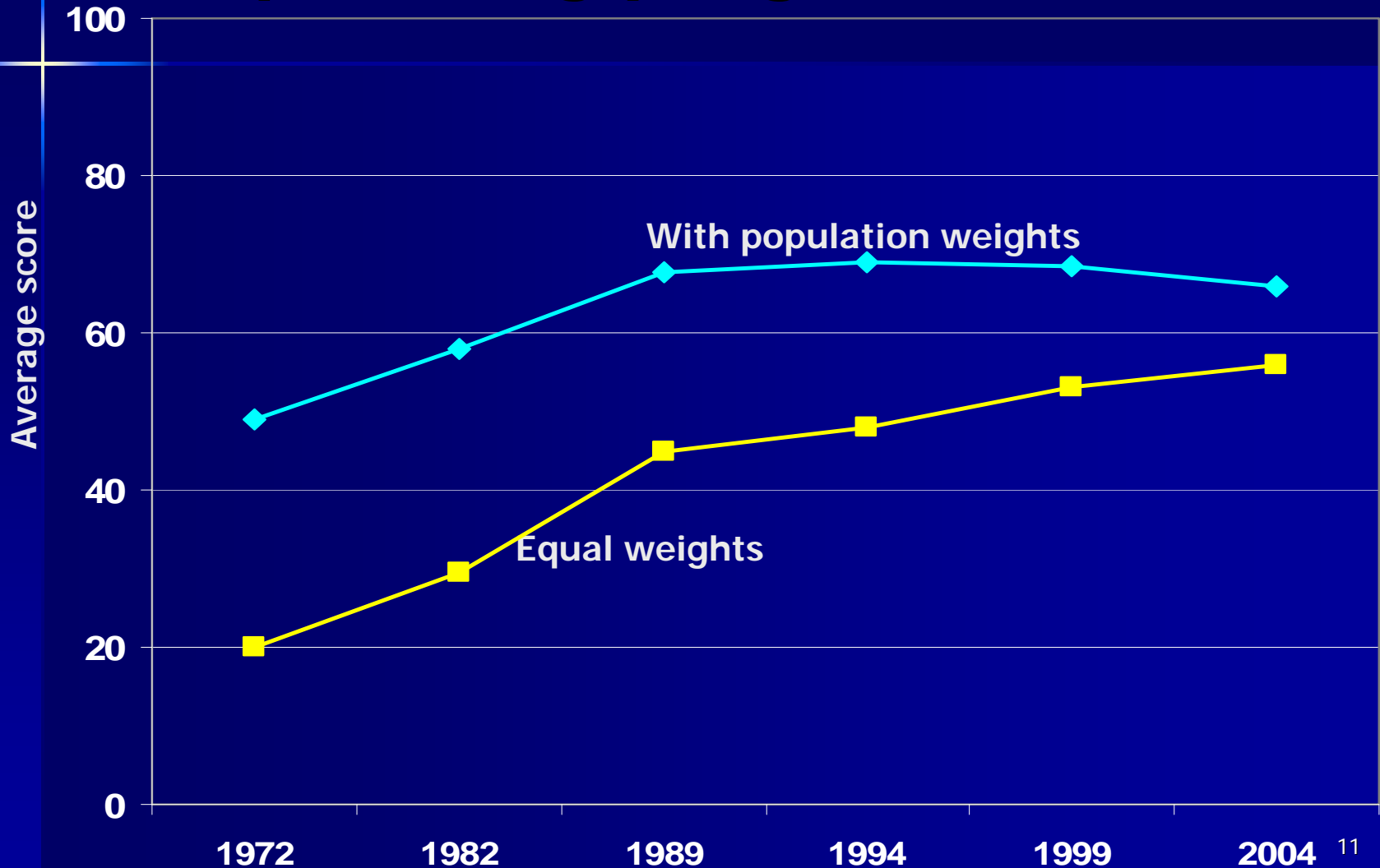
Percentage of population below age five



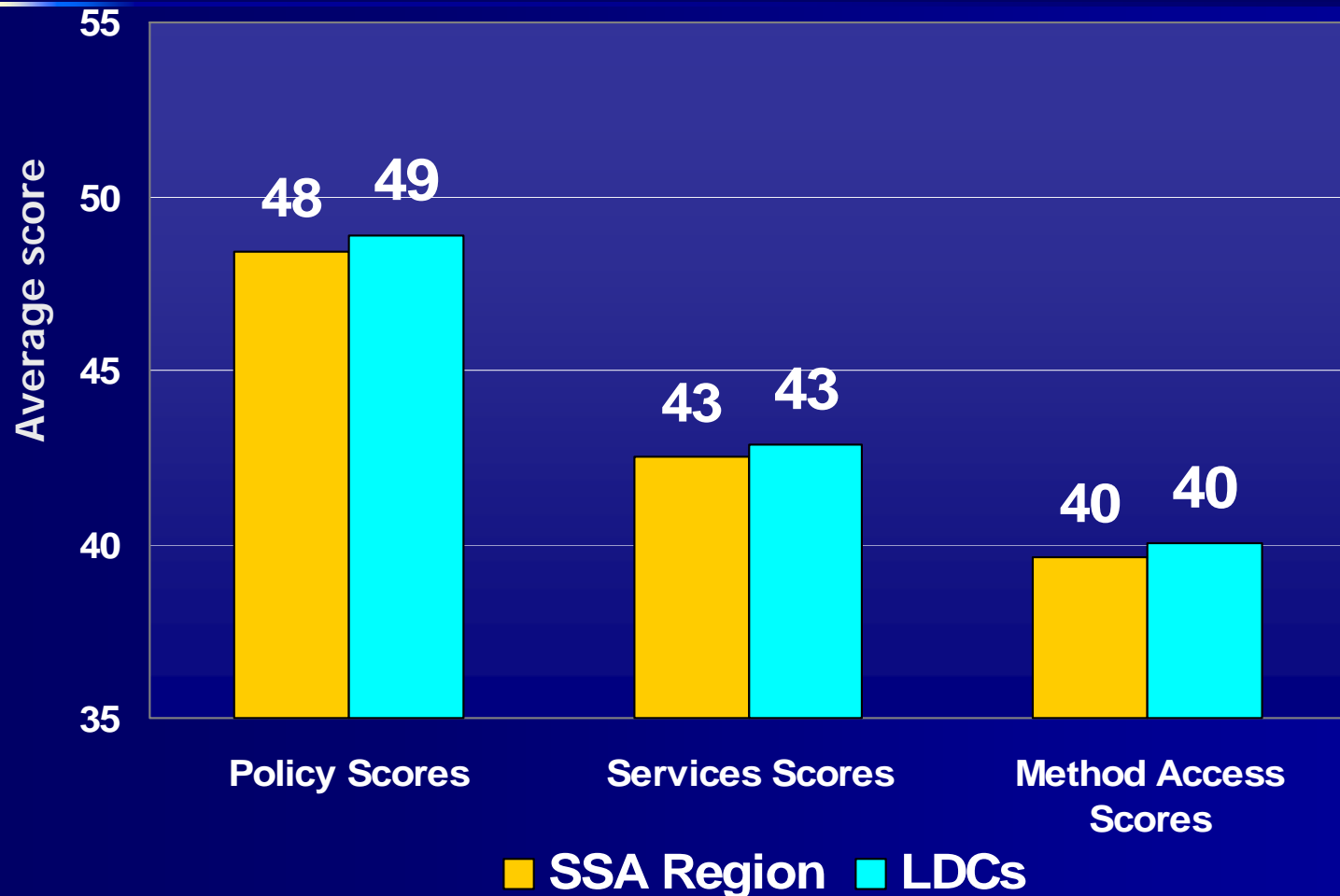
Poor countries lag in contraceptive use



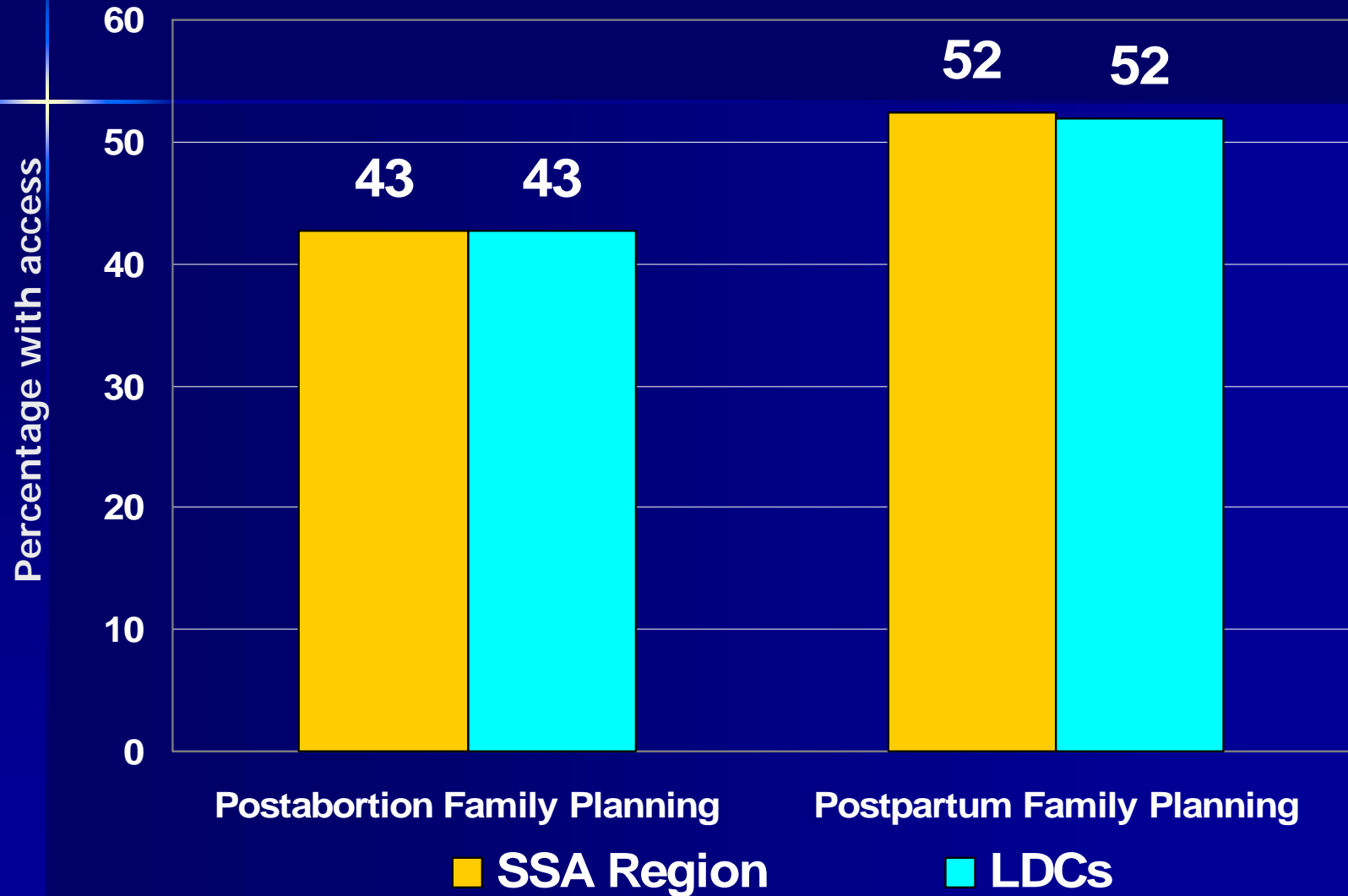
Overall effort scores in 88 family planning programmes



Family planning policies, services and method access for poor countries

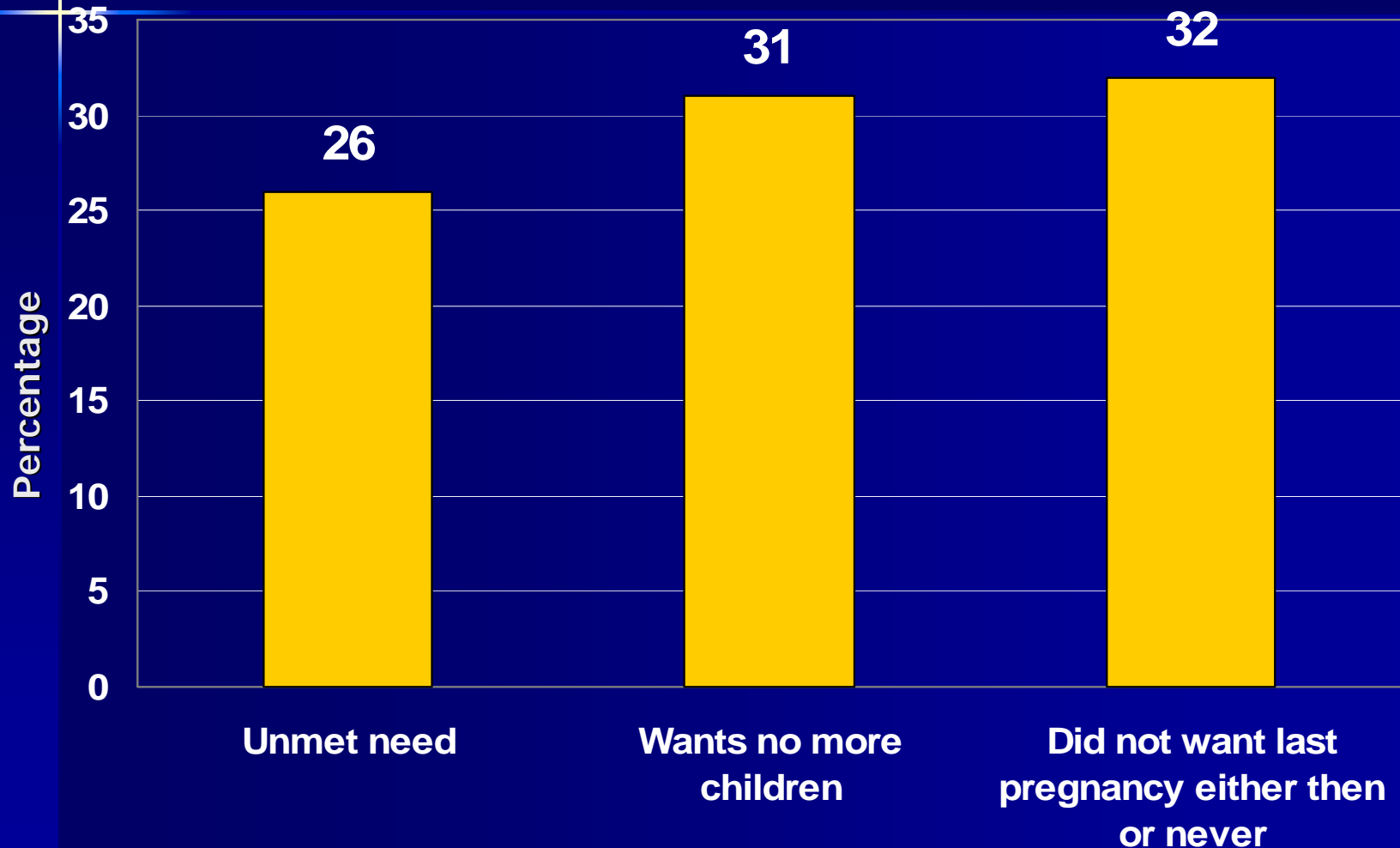


Access to family planning at health centers

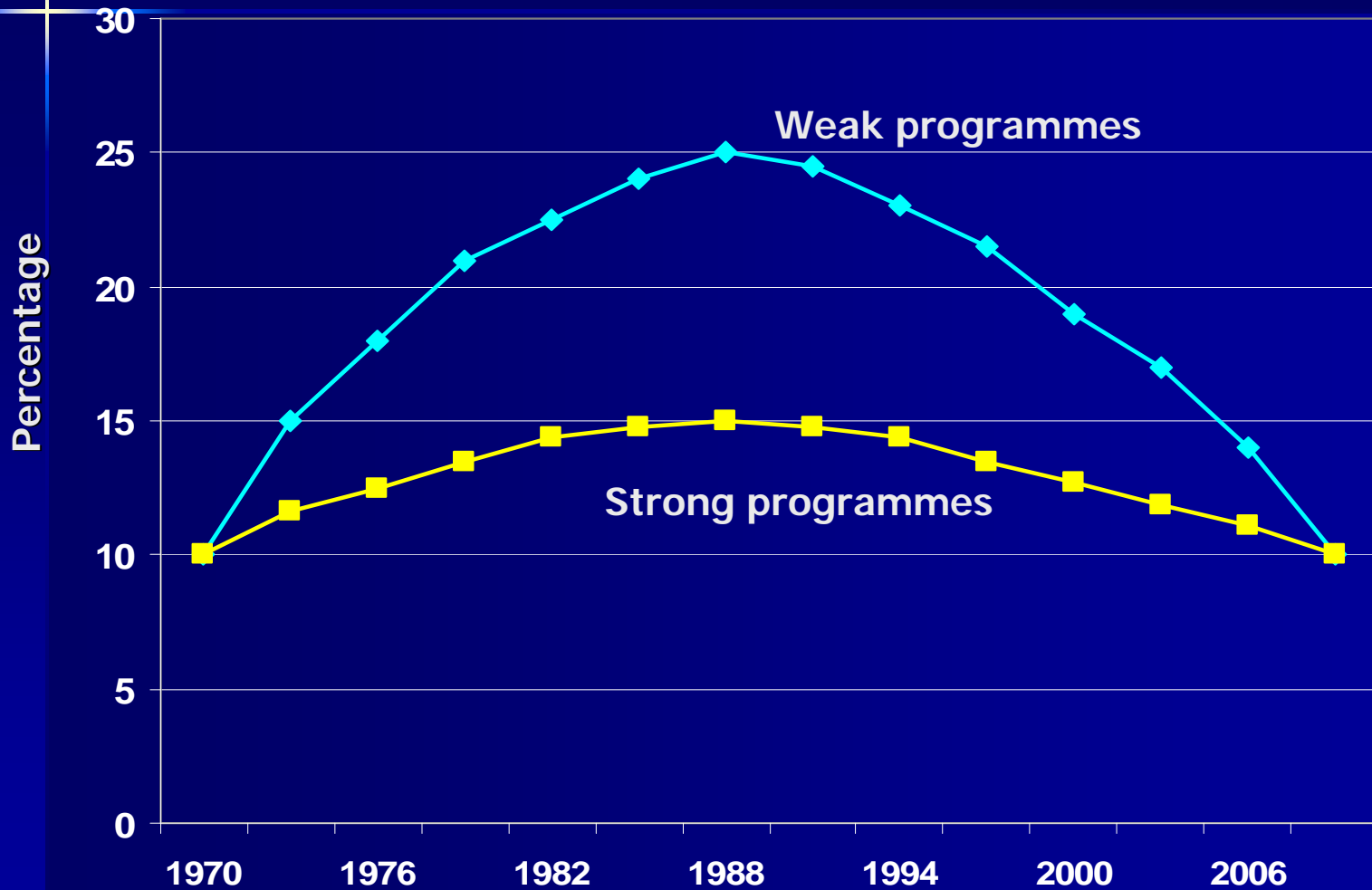


Potential for response to programmes

Percentage in need of contraceptive use in Sub-Saharan Africa



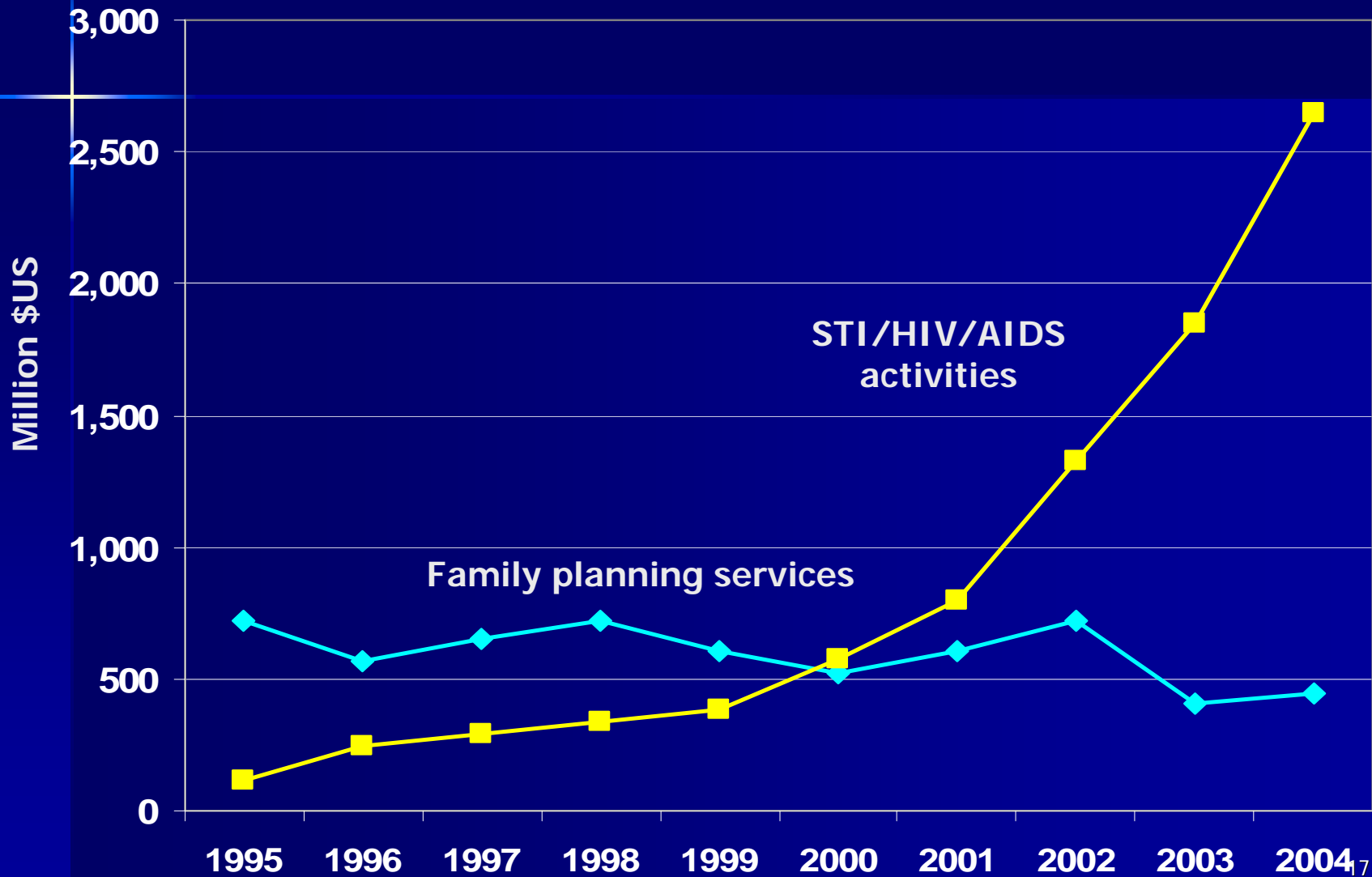
Percentage with unmet need: changes in desired family size vs. changes in programme strength



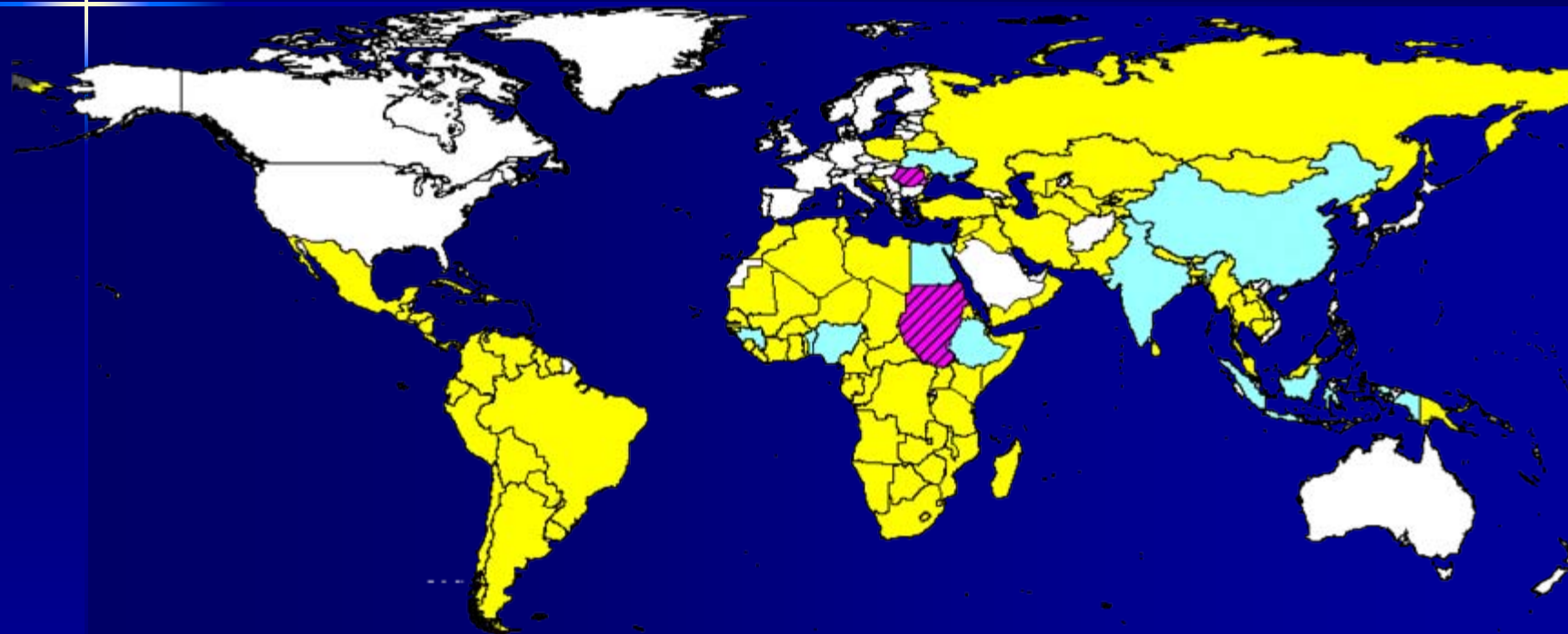
Some Barriers



- Lack of funding as shown in the next slide.
- Policies on paper not implemented.
- Weak infrastructure, training, staffing.
- Overriding HIV/AIDS priorities.
- Lack of choice in contraceptive methods.
- Decentralization and sector reform entail a diffused focus.
- Non-appreciation of family planning leverage.



Donor expenditures for family planning and STI/HIV/AIDS



Percentage change in per capita amount of donor assistance for family planning programmes among woman aged 15-49, 1996 to 2006



 Per capita assistance increased
 Per capita donor assistance declined
(by less than 50 per cent)

 Per capita donor assistance declined
(by 50 per cent or more)
 No data available or not applicable

Relevant policies for stronger programmes: Eight criteria

- There is a formal policy for fertility reduction.
- National leaders make public statements at least annually favouring the programme.
- The director of the programme occupies a high administrative level.
- The legal age of marriage is at least 18.
- Importing contraceptives and in-country manufacture are permitted.
- Commercial advertising of contraceptives is permitted.
- Numerous ministries and agencies assist the programme.
- Local budgets share costs with donors.

What makes a family planning programme successful?

- The final test of a programme is the delivery of contraceptive methods, with full information, to the general population.
- It should also invigorate the private medical sector, and the pharmacies,
- And it should involve NGOs in promoting the small family norm.

Conclusions

- **High fertility will continue, with only modest declines.**
- **Faster declines depend crucially on greater contraceptive use.**
- **Stronger family planning programmes are the key, including involvement of the private sector.**
- **Needs: funding; a committed policy; better implementation; availability of multiple methods; access in rural areas.**
- **Each improvement eases other burdens and brings closer the achievement of all MDGs.**