

Tracking Global Progress in Family Planning

The right of all persons to decide freely and responsibly on the number and spacing of their children, to make informed choices in reproductive matters and to have access to a full range of safe and effective contraceptive methods was enshrined in the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.¹ The goal of ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and of promoting the integration of reproductive health into national strategies and programmes was reflected in the Millennium Development Goals and, more recently, in the Sustainable Development Goals (SDGs) under target 3.7. Tracking progress against benchmarks allows the international community to assess levels of coverage of family planning programmes and services and to understand where more effort is needed.

1. Meeting the demand for family planning with modern methods of contraception improves maternal and child health

Progress toward achieving SDG target 3.7 will be assessed using indicator 3.7.1, which is specified as the proportion of women who have their need for family planning satisfied with modern methods of contraception, among women of reproductive age (15-49 years) who express a need for family planning.

The numerator of the indicator equals the number of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one modern method of contraception. The denominator equals the number of women of reproductive age who have a need for family planning, which is the number of women using some form of contraception and the number who want to stop or delay childbearing but are not using any method of contraception. Thus, the denominator includes women who are using either modern or traditional methods of contraception as well as those with an unmet need for family planning, as derived from survey data on fertility intentions, pregnancy status and fecundity. Levels of demand satisfied by modern methods of more than 75 per cent are considered high, while values of less than 50 per cent are considered very low.

Every year, the Population Division of the United Nations produces two collections of family planning indicators: one with the available data from population surveys, the *World Contraceptive Use* data set,² which forms the empirical basis for the monitoring of SDG indicator 3.7.1 at the country level,³ and another, known as *Model-based Estimates and Projections of Family Planning Indicators*, which provides complete and comparable estimates and projections for countries, regions, development groups and the world for the period from 1970 to 2030.⁴ The model-based estimates and projections are used for the monitoring of SDG indicator 3.7.1 at the regional and global levels.

Definitions of key family planning indicators

Contraceptive prevalence = $\frac{\text{Number of women of reproductive age currently using any method of contraception}}{\text{Number of women of reproductive age}}$

Unmet need for family planning = $\frac{\text{Number of women of reproductive age with an unmet need for family planning}}{\text{Number of women of reproductive age}}$

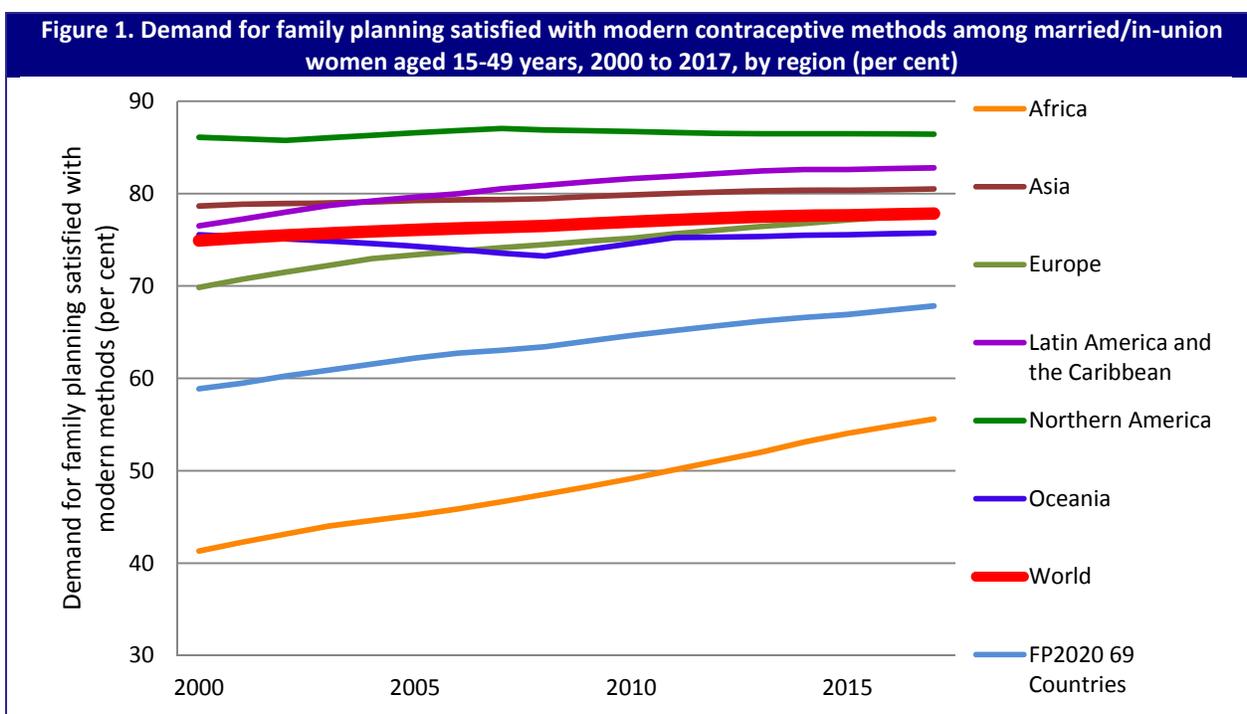
Demand satisfied with modern methods = $\frac{\text{Number of women of reproductive age currently using a modern method}}{\text{Number of women of reproductive age who express a demand for family planning}}$

The information contained in both collections of family planning indicators is currently limited to women who are married or in a union. Work currently in progress aims to extend the coverage of these indicators to include all women.

A key aspiration of the 2030 Agenda is ensuring that no one will be left behind. Accordingly, the indicators used for monitoring progress toward the achievement of SDG target 3.7 should be reported for all women. For this reason, the model-based estimates presented here are being extended so that they will pertain to all women of reproductive age, with disaggregation by marital status (married/in-union versus unmarried/not-in-union) and 5-year age group. The distinction by marital status will provide valuable information about potential barriers faced by women who are not married or in a union when they seek to obtain family planning services.

2. Increasingly, the need for family planning is being satisfied with modern methods

In 2017, a high level of demand was satisfied with modern methods in all regions except Africa (figure 1). Yet, progress has been especially rapid in Africa, where the proportion of the demand for family planning satisfied with modern contraceptive methods increased from 41 per cent in 2000 to 56 per cent in 2017. For the group of 69 countries that are the focus of the Family Planning 2020 (FP2020) initiative, which includes the world's poorest and least developed countries, the percentage of demand for family planning satisfied with modern contraceptive methods increased from 59 per cent in 2000 to 68 per cent in 2017.⁵

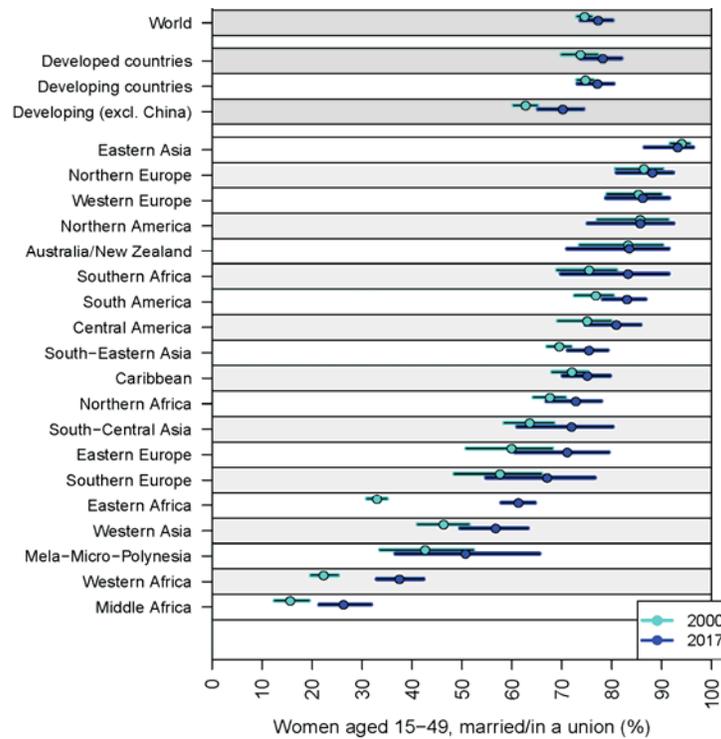


3. In regions where data are sparse, estimates of the demand for family planning satisfied with modern methods are uncertain

Figure 2 illustrates the uncertainty around the model-based estimates of demand satisfied with modern methods due to variability in the statistical samples as well as differences in data availability and in the comparability of survey-based observations. Uncertainty intervals facilitate an assessment of whether the changes over time are larger or smaller than the uncertainty of the

estimates. In regions with low data availability, the uncertainty around the estimates is large, making it difficult to conclude that a change has occurred (e.g. Melanesia, Micronesia and Polynesia). Changes between 2000 and 2017 for Eastern, Middle and Western Africa, on the other hand, are greater than the statistical uncertainty, reinforcing the conclusion that the observed improvements are real and not statistical artefacts.

Figure 2. Estimates, with uncertainty ranges, of the demand for family planning satisfied with modern contraceptive methods among married/in-union women aged 15-49 years, 2000 and 2017

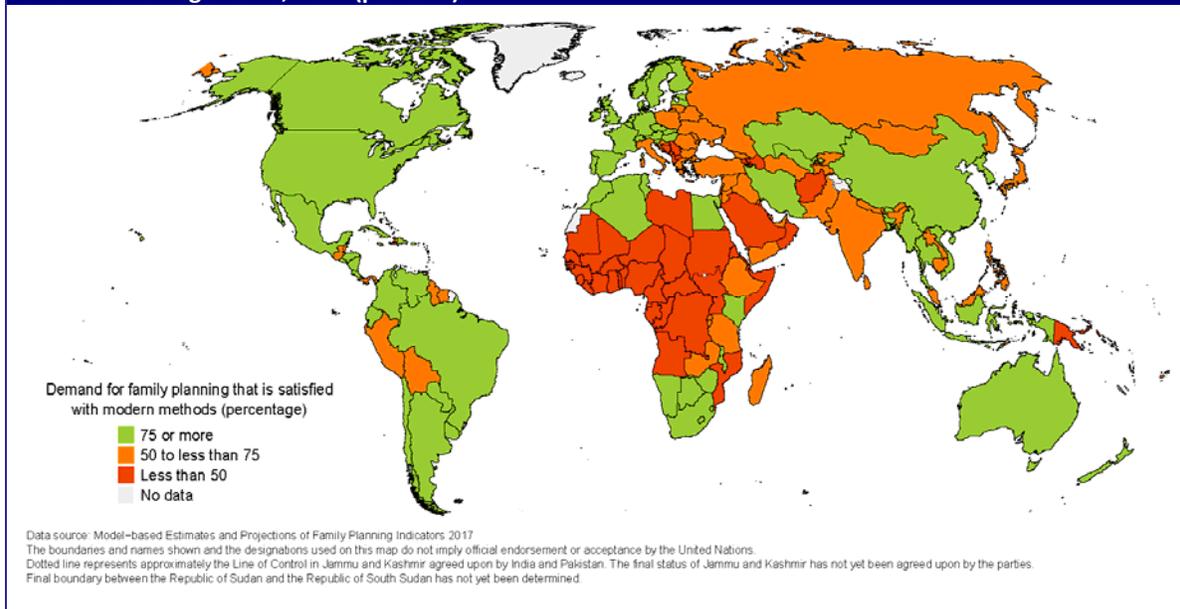


4. Despite progress, large gaps remain across countries and regions

In 2017, the demand for family planning satisfied by modern methods was less than 50 per cent in 46

countries, the majority of which are in Africa (figure 3). In 68 countries of Africa, Asia, and Latin America and the Caribbean, the demand satisfied by modern methods was between half and three quarters of married or in-union women.

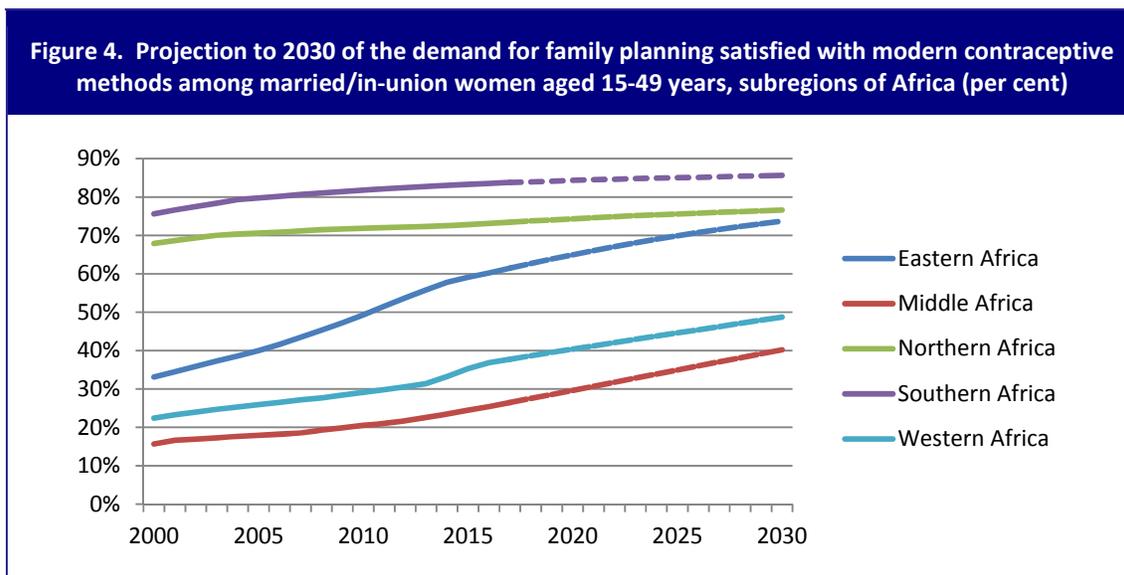
Figure 3. Demand for family planning satisfied with modern contraceptive methods among married/in-union women age 15-49, 2017 (per cent)



5. Achieving universal access to sexual and reproductive health-care services will be most challenging in Middle and Western Africa

Within Africa, the proportion of the demand for family planning satisfied by modern contraceptive methods is

lowest in Western and Middle Africa (figure 4). Although all subregions of Africa have seen improvements in the demand for family planning satisfied by modern methods, the median projections for 2030 in Western and Middle Africa remain below 50 per cent.



In these and other subregions and countries that lag behind in terms of women's access to modern contraceptives, greater effort is needed to accelerate progress towards the achievement of SDG target 3.7. Initiatives such as FP2020, Every Woman Every Child, the United Nations' Global Strategy for Women's, Children's

and Adolescents' Health (2016-2030), and others have helped to showcase the need to redouble efforts to achieve universal access to sexual and reproductive health care and the fulfilment of reproductive rights for all⁶.

NOTES

¹ See: International Conference on Population and Development Programme of Action <http://www.unfpa.org/events/international-conference-population-and-development-icpd>; United Nations Sustainable Development Goals <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

² United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Contraceptive Use 2017*. New York: United Nations

³ Sustainable Development Goal Indicators Global Database <https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.1>

⁴ See United Nations, Department of Economic and Social Affairs, Population Division (2017). *Model-based Estimates and Projections of Family Planning Indicators: 2017 Revision*. New York: United Nations

United Nations, Department of Economic and Social Affairs, Population Division (2017). *Estimates and Projections of the Number of Women Aged 15-49 Who Are Married or in a Union: 2017 Revision*. New York: United Nations; Alkema, L.A. et al. (2013). "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: A systematic and comprehensive analysis." *The Lancet*, Volume 381, Issue 9878, pp. 1642-1652, and webappendix with technical details available at <http://www.un.org/en/development/desa/population/theme/family-planning/index.shtml>

⁵ Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have <http://www.familyplanning2020.org/>. The global partnership focuses on 69 of the world's poorest countries, including 41 countries in Africa as well as 22 in Asia, 4 in Latin America and the Caribbean and 2 in Oceania,

⁶ See Family Planning 2020 (FP2020) <http://www.familyplanning2020.org/>

Every Woman Every Child <http://www.everywomaneverychild.org/>

Global Strategy for Women's Children's and Adolescents' Health (2016-2030) <http://www.who.int/life-course/partners/global-strategy/en/>