Family Planning: The road travelled and the road ahead

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Country focus has evolved over time with early investments/success in Latin America, North Africa, East Asia – current focus on high-need countries in Africa, South Asia.

24 priority countries, represents 1.4 billion population, 4.3 TFR, 24 MCPR
23 additional assisted countries, represents 515 million, 2.8 TFR, 48 MCPR
21 graduate countries, represents 926 million, 2.1 TFR, 64 MCPR
No significant USAID FP/RH assistance historically

Note: The 24 priority countries encompass more than half of the 215 million women with an unmet need today.
Pregnancy intention and outcome in the developing world

There are 184 million pregnancies each year in developing countries.

- 40% of these are unintended, either unwanted or mis-timed.
- Nearly half of these unintended pregnancies end in abortion.

Hence, nearly one in five of all pregnancies in developing countries result in an abortion – and are often unsafe.

Source: “Science”, Bongaarts & Sinding, 2011
“Adding it Up”, Guttmacher & UNFPA, 2009
Maternal Mortality: There are 358,000 maternal deaths annually in developing countries. A core set of proven interventions address the leading causes.

**Preeclampsia/Eclampsia:**
- Magnesium sulfate
- Aspirin
- Anti-hypertensives
- Cesarean section

**Hemorrhage:**
- Active mgt of third stage of labor
- Uterotonics: oxytocin, misoprostol
- Blood transfusion

**Abortion**
- Family planning
- Post-abortion care

**Sepsis**
- Tetanus toxoid
- Clean delivery
- Antibiotics

**Indirect and Other Direct**
- Iron folate supplements
- De-worming
- Malaria intermittent treatment
- Anti-retrovirals

"Access to voluntary family planning could reduce maternal deaths by 25 to 40 percent, and child deaths by as much as 20 percent."

**World Bank, 2009**

Source for Causes: Countdown to 2015
Kenya: Age Structure and Demand for Family Planning for Poorest & Richest Quintiles

- Age structure for the poorest quintile is extremely youthful with expanding cohorts each year, especially so in the last 15 years, but is beginning to slow. The median age is 11.

- The richest quintile experienced a fertility decline 20-25 years ago and is now experiencing an “echo” resulting from the largest cohorts now in their reproductive ages. The median age is 21 – ten years higher than the poorest quintile.

Family Planning Use & Need

- Modern contraceptive use is 48% for the richest compared to just 17% for the poorest quintile – while traditional method use is 7% and 3%, respectively.

- Unmet need, however, is substantially higher in poorest quintile, 38% versus 19%. Of total demand, just 30% is being met with a modern contraceptive in the poorest quintile, compared to 74% in the richest quintile.

Source: KDHS 2008-9
Thank You!

“We are united in our determination to prevent unintended pregnancies, reduce the need for abortion, and support women and families in the choices they make.”  Barack Obama, January 2009
Uganda: Age Structure and Demand for Family Planning for Poorest & Richest Quintiles

- Age structure for the poorest quintile is extremely youthful with expanding cohorts each year, especially so in the last 15 years, but is beginning to slow. The median age is 11.

- The richest quintile has begun to experience a fertility over the past ten years. The median age is 15 – somewhat higher than the poorest quintile.

Family Planning Use & Need

- Modern contraceptive use is 38% for the richest compared to just 7% for the poorest quintile – while traditional method use is 10% and 3%, respectively.

- Unmet need, however, is substantially higher in the poorest quintile, 47% versus 10%. Of total demand, just 13% is being met with a modern contraceptive in the poorest quintile, compared to 66% in the richest quintile.

Source: UDHS 2006
Nigeria: Age Structure and Demand for Family Planning for Poorest & Richest Quintiles

- Age structure for the poorest quintile is extremely youthful with expanding cohorts each year, especially so in the last 15 years, but is beginning to slow. The median age is 13.
- The richest quintile has begun to experience a fertility 20 years ago. The median age is 19 – 6 years higher than the poorest quintile.

Family Planning Use & Need

- Modern contraceptive use is 22% for the richest compared to just 3% for the poorest quintile – while traditional method use is 13% and 1%, respectively.
- Unmet need, however, is identical for both of these quintiles: 18%. Of total demand, just 21% is being met with a modern contraceptive in the poorest quintile, compared to 53% in the richest quintile.

Source: NDHS, 2008