Family Planning’s dividends for global and national health

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Dakar- Senegal
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MDG 5: Improve maternal Health:

**target (a):** Reduce MMR by three quarters.

**target (b):** Universal access to RSH.
Two of the six indicators for achievement of MDG5 are the contraceptive prevalence rate and the unmet need for family planning.
## Contraceptive prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>10%</td>
</tr>
<tr>
<td>1990</td>
<td>50%</td>
</tr>
<tr>
<td>2007</td>
<td>63%</td>
</tr>
<tr>
<td>2011</td>
<td>63%</td>
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</tbody>
</table>

UN Population Division 2007

UNFPA State of World Population 2011
<table>
<thead>
<tr>
<th></th>
<th>Contraceptive Prevalence</th>
<th>Unmet need FP</th>
<th>MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>World Total</strong></td>
<td>63</td>
<td>22</td>
<td>265</td>
</tr>
<tr>
<td><strong>More developed regions</strong></td>
<td>72</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td><strong>Less developed regions</strong></td>
<td>61</td>
<td>23</td>
<td>293</td>
</tr>
<tr>
<td><strong>Least developed countries</strong></td>
<td>30</td>
<td>27</td>
<td>597</td>
</tr>
<tr>
<td><strong>Senegal</strong></td>
<td>12</td>
<td>32</td>
<td>(240-680)</td>
</tr>
</tbody>
</table>

3/7/2012

UNFPA State World Population 2011
Unmet need of 215 million in developing countries translates to:

53 million unintended pregnancies, leading to:

- 24 million abortions
- 6.8 million miscarriages
- 640,000 newborn deaths
- 150,000 pregnancy-related deaths [1/2 in Africa]
  - 60,000 from abortion
  - 90,000 from other causes
- 600,000 orphans

Unsafe abortion accounts for 13% of maternal deaths worldwide and as much as 25% in some countries.


-Rasch V et al 2007. USAID Washington, DC
In Nigeria where safe abortion is very limited the cost of treatment for complications of abortion is four times the cost of providing FP services to prevent these abortions.

Luel E et al 2007

In 12 countries in Central Asia and Eastern Europe, total abortion rates dropped dramatically as use of effective contraceptives increased.

Westoff CF 2005.

DHS Analytical studies, 8 Princeton, NJ & Calverton MD, Office of Population Research, Princeton Univ. & ORC MACRO.
Spontaneous Abortion

31 million women have spontaneous abortions annually. Birth spacing of six months after a spontaneous abortion of a desired pregnancy is recommended for optimal pregnancy outcomes.

-USAID 2007

Unmet need for FP is the root cause for induced abortion, legal or illegal

Smith R et al 209
Population Reference Bureau
Washington, DC
The importance of Voluntary Family planning and its provision by our Member FIGO, ICM, ICN

- Help all women and men of reproductive age, in accordance with national norms, to attain universal access to a full range of FP services.

- Work with other stakeholders at national and international levels to advocate for achievement of this goal.

- Provide leadership to ensure optimal polices and practices for FP service delivery and training of full range of community health workers.
The importance of Voluntary Family planning and its provision by our Member FIGO, ICM, ICN

- Include knowledge, counselling and skills acquisition for FP service provision as basic competencies in pre service education, in-service training and post graduate education of professionals.

- Have member associations promote FP an essential service in their individual members’ clinical practice.
Task-sharing has been practiced successfully to address the critical shortage of medical professionals and to expand access to a range of contraceptives, including injectables.

WHO, USAID and FHI, 2009
Research Triangle Park (NC): FHI
FP: a Key component of post abortion care

- All post-abortion women are at risk, should receive voluntary post abortion FP counselling and the uptake is high.

- A wide range of contraceptive methods including long acting methods, should be offered and accompanied by simple written instructions.
FP :a Key component of post abortion care

-Provision of universal access to post abortion FP should be a standard of practice for doctors, nurses and midwives.

-Re-organising services save costs, staff time and lives.
In conclusion Family Planning: Responds to a panoply of problems

- Enables couples to decide number/spacing of births
- Reduces child mortality
- Reduces maternal mortality/morbidity
- Reduces abortion
- Improves women’s opportunities
- Key intervention in HIV settings
- Essential component of health programs
Family Planning Contributes to Achievement of MDGs

- Reduced child mortality
- Improved maternal health
- Combatting HIV/AIDS
- Environmental sustainability
- Global partnership for development
- Universal primary education
- Gender equity
- Eradication of poverty

Sexual and reproductive health

Adapted from HRP/RHR/WHO
XX FIGO World Congress of Gyn./ and Obs.

Pre-congress Workshops:
- Unmet need of FP.
- Unsafe abortion

http://www.figo2012.org
Thank You