

AT A GLANCE

An estimated 20 million Ethiopian women will be of reproductive age in 2010.

34% of married women have an unmet need for contraception.

37% of all pregnancies are unintended.

Less than 2% of the total demand for FP is met by use of the most effective methods.

41% of FP users discontinue using a method within 12 months.

Addressing the unmet need for FP can avert nearly 13,000 maternal deaths and more than 1.1 million child deaths by the MDG target date of 2015.

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Government of Ethiopia's goal is to reach a modern contraceptive prevalence rate (CPR) of 60% by 2010. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Ethiopia faces a daunting family planning (FP) challenge. The unmet need for FP remains high, at 34% among married women. Although the use of modern FP doubled from 2000 to 2005, this increase was due almost entirely to increased use of injectables. Meanwhile, the population continues to grow. By 2010, there will be 3.0 million more women of reproductive age in Ethiopia than in 2005. To meet the government's contraceptive goal would require 7.7 million FP users.

Yet if the trend from 2000 to 2005 were to continue, by 2010 Ethiopia would reach a modern contraceptive prevalence

of 22%, with only 2.8 million FP users—just over one-third of its goal. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals.

However, the Government of Ethiopia is emphasizing the promotion of short-acting contraception, especially injectables, a method that is discontinued by one out of three Ethiopian women within one year of initiation. Use of LA/PMs in Ethiopia remains low, at 4.1% of all method use.

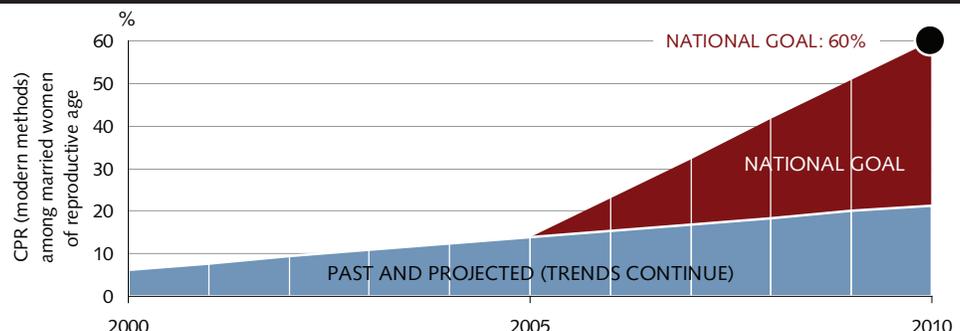
HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Ethiopia could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer

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* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING ETHIOPIA'S NATIONAL GOALS



Sources: 2000 and 2005 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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June 15, 2009

multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

Though IUDs and hormonal implants are the most effective methods for women who want to space their births, spacers in Ethiopia are nearly twice as likely to be using traditional methods as they are to use long-acting methods. (See Figure 2, below.) Among limiters (women and couples who do not want any more children), just as many are using traditional methods as are using LA/PMs. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

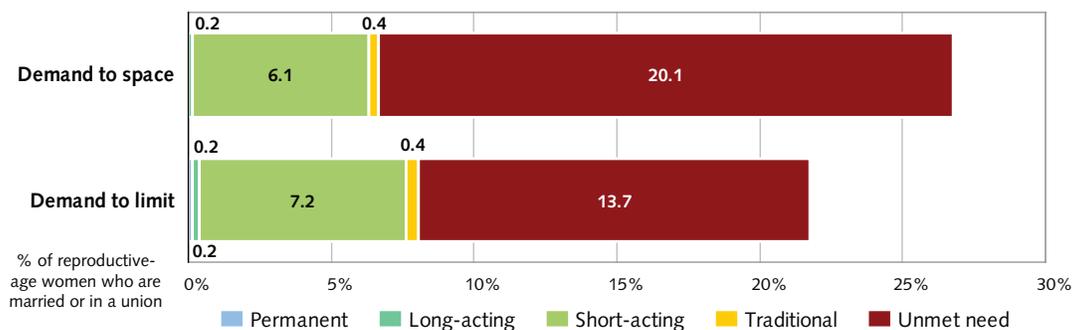
RESPOND TO ETHIOPIA'S NEEDS

The RESPOND Project can help the Ministry of Health and the USAID Mission's

implementing partners to improve RH in Ethiopia by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- Strategies to position specific methods, such as sterilization, the IUD, and implants, including the introduction of Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), for which registration is currently under review in Ethiopia
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels

FIGURE 2: ETHIOPIA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2005 Demographic and Health Survey