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FAMILY PLANNING AND THE NATIONAL VISION IN MADAGASCAR

How the country wants to develop in the future

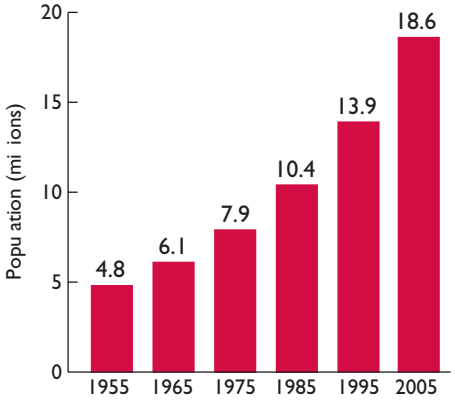
MADAGASCAR NATURALLY

The National Vision: "Madagascar Naturally"—this national vision statement indicates how the country wants to develop in the future. The goal is for Madagascar to become a stable, prosperous economy able to compete successfully in the global market place. The following analysis considers population and family planning and their importance to the social and economic development of the country.

POPULATION CHARACTERISTICS

To set the stage, we first look at some of the key population characteristics of the country. Notably, Madagascar's population has grown rapidly in recent decades. For example, in 1955, the country had an estimated population of 4.8 million people. By 2005, the population had grown to 18.6 million, nearly a four-fold increase in 50 years. In 2008, the population was approximately 20.2 million inhabitants.

Historical Population Growth

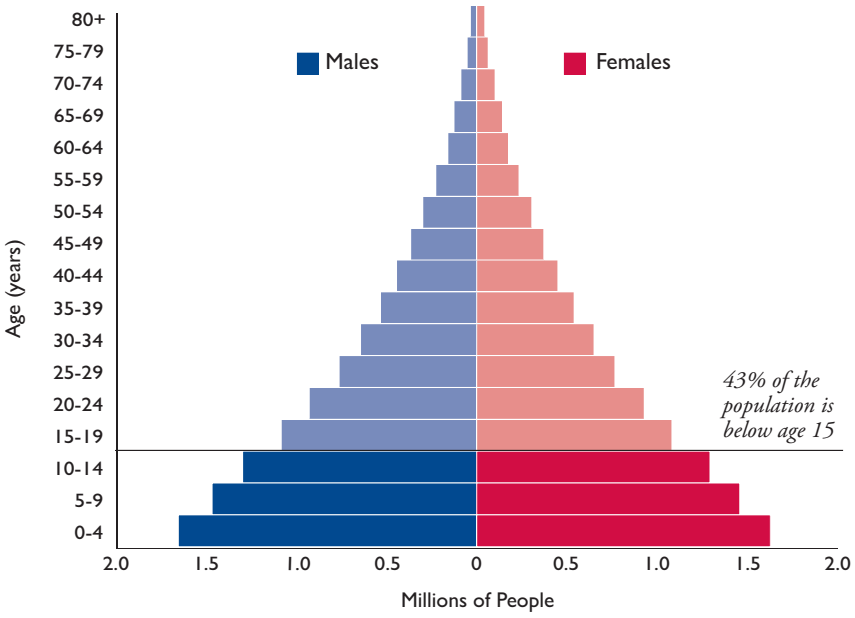


Along with rapid expansion, Madagascar has a very young population. As shown in the population pyramid, about 43 percent of the population is below the age of 15, whereas the worldwide average for this age group is only 28 percent. A large young population places a heavy burden on the working age group, constrains the provision of basic needs and social services, and diverts resources from economic investment.

Also, this high proportion of young people sets up powerful momentum for future population growth. As shown in the graph, the number of females who will soon be entering their reproductive years is larger than in previous generations. Because all of these future mothers have already been born, rapid population growth will continue even if the average family size is reduced.

The population has grown so rapidly and is very young in part because Madagascar has had a high fertility rate. Nonetheless, there is some evidence that the fertility rate has started to decline.

Age Structure of Madagascar's Population in 2008



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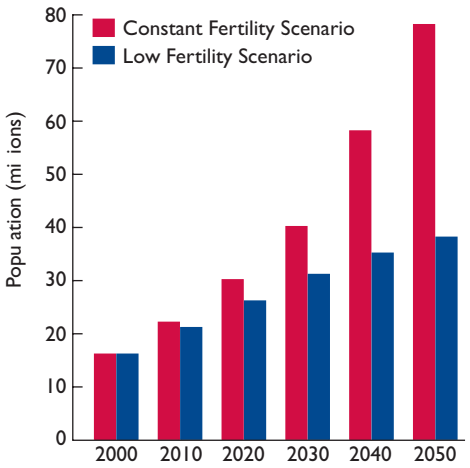
Contraceptive use is an important determinant of future fertility in Madagascar.

The *1997 Demographic and Health Survey* (DHS) reported a fertility rate of six children per woman. Fertility has declined to 5.2 children per woman according to the 2003–04 survey data.

As illustrated in the projections, the population size of Madagascar in coming years will depend greatly on what happens to this fertility rate in the future. With no change in fertility, the population could grow to more than 40 million people in 2030 and nearly 78 million in 2050, according to the United Nations constant fertility projection. By contrast, if fertility declines rapidly, as in the UN low projection, the population size would be 38 million people in 2050.

UN Population Projections



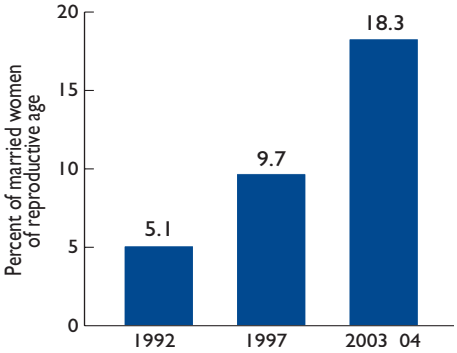
FAMILY PLANNING

Contraceptive use will be one of the more important immediate determinants of future fertility in Madagascar. For this reason, it is useful to look at the family planning situation. Public health analysts often divide contraceptives into modern and traditional methods. Modern contraceptive methods are much more effective than traditional methods. Modern contraception includes injectables, oral contraceptives (pills), intrauterine devices (IUDs), condoms, and male and female sterilization.

Learning about family planning and its various methods is the first step toward the timely and appropriate use of contraceptives. Knowledge of modern family planning methods has increased. In 1992, 62 percent of married women of reproductive age understood the concept of family planning and could identify a family planning method; this proportion rose to 84 percent in 2003–04.

Modern contraceptive use has been increasing. The 1992 DHS reported that 5.1 percent of married women of reproductive age were using modern contraception. The 2003–04 survey data show that this indicator had risen to 18.3 percent.

Modern Contraceptive Use



While this trend is promising, the overall level of contraceptive use is still modest by both African and world standards. For example, at the time of the most recent demographic and health surveys, the proportion of women using a modern contraceptive method was 32 percent in Kenya, 25 percent in Zambia, 20 percent in Tanzania, and more than 58 percent in Zimbabwe. In Thailand and many other countries in Asia and Latin America, approximately 70 percent of married women of reproductive age use modern contraception.

As is true in many African countries, the methods used most often in Madagascar are injectables and oral contraceptives. There has been a conscious effort to promote the use of injectable contraceptives in this country.

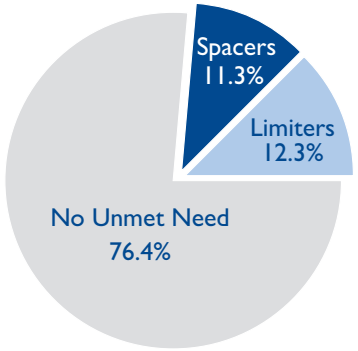
The Goverment of

MADAGASCAR SUPPORTS FAMILY PLANNING

In 2003–04, users of injectables accounted for 56 percent of all modern method users. Women using pills made up another 19 percent of the user population. That means that three out of every four modern method users depended on either injectables or pills as a family planning method.

To understand the potential demand for contraceptives, it is important to look at the unmet need for family planning. Unmet need is defined as the proportion of married women of reproductive age who either do not want any more children (known as limiters) or who want to wait at least two years before having another child (spacers) but who are not using contraception. In countries with adequate reproductive health services for women and men, unmet need is low. In countries with inadequate services, unmet need tends to be high.

Unmet Need for Family Planning, 2003–04



Source: DHS 2003–04

Madagascar has a high level of unmet need for family planning. According to the 2003–04 Madagascar DHS, 24 percent of married women of reproductive age wanted to space or limit their births but were not using contraceptives.

POPULATION AND DEVELOPMENT

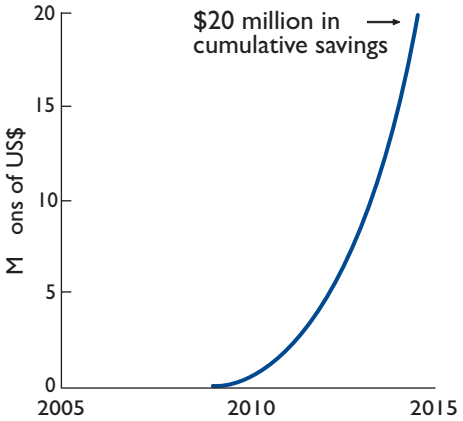
The Government of Madagascar supports family planning for many reasons. Family planning enhances health, especially the health of mothers and children. It helps couples make free and responsible decisions about the size and spacing of their families. Also, family planning can be one factor in enabling the country to achieve its broader social and economic development objectives. We will now look at how addressing unmet need can help the country achieve the Millennium Development Goals, and how family planning can support Madagascar's ambition to emerge as a strong, middle-income economy.

Achieving the Millennium Development Goals

In September 2000, 147 heads of state or government plus representatives from 191 nations, including Madagascar, committed themselves to the Millennium Development Goals (MDGs) in a renewed commitment to overcome persistent poverty and address many of the enduring challenges of human development.

Reducing unmet need for family planning can make it easier for Madagascar to achieve many of the MDGs by reducing the costs of public sector goods and services. Here we consider five factors: cost per primary pupil (education); cost per fully immunized child (immunization); cost per birth (maternal health); cost per clean water beneficiary (water/sanitation); and annual cost per treated net-year (malaria). For example, as the

Cumulative Primary Education Cost Savings (2005–2015)



Family planning enhances health, especially the health of mothers and children. It helps couples make free and responsible decisions about the size and spacing of their families. Family planning can be one factor enabling the country to achieve its broader social and economic development objectives.

graph shows, satisfying unmet need for family planning in Madagascar will reduce the cumulative costs of achieving universal primary education during the MDG period (2000–2015) by approximately US$20 million.

It is telling to look at the costs for the five public sector services described above and compare them with the costs of providing family planning services to reduce unmet need. What we find is that the benefit-cost ratio of public sector savings to family planning expenditures to reduce unmet need in Madagascar would be about 3.0. This means that for every $1 spent on family planning to reduce unmet need, Madagascar would save about $3 in public sector service costs, freeing resources to help Madagascar achieve the MDGs.

Benefit-Cost Ratio of Public Sector Savings to Family Planning Expenditures to Reduce Unmet Need

Benefits: $3 Costs: $1

Building a Middle-Income Economy

Madagascar is striving to become a stable middle-income economy and to reduce poverty. A slower rate of population growth can help. Expert analyses on relationships between population growth and economic development conclude that

- slower population growth creates the potential to raise living standards by increasing the pace of per-capita economic growth; and
- over time, lower fertility can also help nations achieve higher aggregate economic growth rates, creating a path out of poverty for many families.

Much of the current thinking about relationships between fertility decline and economic growth is based on the experiences of the "Asian Tigers"—countries such as Thailand and Malaysia. These were poor countries 40 to 50 years ago, with high rates of population growth and limited prospects for development. But the Tigers surprised the world with unexpectedly rapid social and economic development. What is important to Madagascar is that each of the Tigers experienced a fertility transition from high to low birth rates that was a crucial contributor to their development.

An Example

Thailand is a good illustration. In a single generation, Thailand moved from low-income status to a much more prosperous middle-income nation. During this same time period, fertility declined. In 1960, Thailand had a high fertility rate of 6.4 children per woman, higher than the current level in Madagascar. Fertility steadily declined to 1.6 children per woman today and, in the process, contributed to the rapid emergence of Thailand as a middle-income economy.

How did declining fertility contribute to Asian economic development? The Tigers were able to achieve higher levels of savings and investment in part because there were fewer dependents to support. For example, they

- developed a smaller but more skilled and highly productive labor force by dramatically increasing educational expenditures per student; and
- invested heavily to modernize the agriculture sector.

MADAGASCAR ACCEPTS THE CHALLENGE

POLICY RESPONSE

Since 2002, the government of Madagascar has demonstrated a high level of political commitment to family planning and has recognized it as an important component of national social and economic development. The Ministry of Health changed its name to the Ministry of Health and Family Planning; family planning was included in the *Poverty Reduction Strategy Paper*; and the *National Family Planning Strategy, 2005–2009* was launched to increase the demand for family planning services, improve service delivery, and create a favorable environment.

The Madagascar Action Plan (MAP) 2007–2012 provides a five-year blueprint for national development. Health, family planning, and the fight against HIV/AIDS are among the eight fundamental commitments. The *MAP* notably recognizes that high population growth "puts added strain on national and local resources including the environment, food supply and infrastructure needs." It sets the following goals:

- There will be a reduction in the average size of the Malagasy family to improve the well-being of each family member, the community, and the nation.
- The demand for contraceptives and family planning will be met.

These goals will be achieved through implementation of the family planning strategy.

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REPOSITIONING FAMILY PLANNING

Addressing the high level of unmet need for family planning is key to the national approach. In 2004, Madagascar adopted a *Repositioning Family Planning* initiative to increase demand for and access to family planning services, which in turn will address the high level of unmet need and help to achieve a reduction in the average size of the Malagasy family. Some of the key repositioning strategies have included efforts to build stronger commodity logistics systems to ensure contraceptive security; increase financial support for family planning; expand method mix; expand and improve training programs; develop new information, education, and communication (IEC) initiatives; establish strong monitoring, evaluation and information systems; and promote greater private sector participation in family planning service delivery.

There are good examples demonstrating that Madagascar is making further progress in expanding the demand for and use of family planning services. Due to improved commodity logistics systems, the percentage of surveyed public sector family planning service delivery points that incurred stockouts of injectable contraceptives dropped from 18 percent (nearly one out of five) in 2005 to none in 2008. Also, Madagascar mobilized US$4.3 million in 2007 for expenditures on contraceptives, a three-fold increase from the US$1.4 million mobilized in 2004.

Achieving lower fertility and a lower rate of population growth are necessary to achieving national social and economic development goals.

IN SUM . . .

The government recognizes that achieving lower fertility and a lower rate of population growth are necessary to achieving national social and economic development goals. To accomplish these goals, the strategic approach is to continue building on family planning program successes.

The journey will be a long and challenging one. For Madagascar to achieve replacement-level fertility (a level at which the population will eventually stop growing), more than 70 percent of Malagasy women of reproductive age will have to be using contraception.

However difficult, Madagascar has accepted the challenge, and the journey is underway!

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