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HEALTH POLICY
INITIATIVE

Linking Family Planning to Development Plans, Programs, and Agendas

Examples from Mali and Rwanda

Presenter's Name

Date

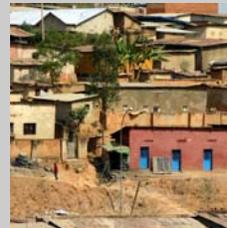


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Population and Development

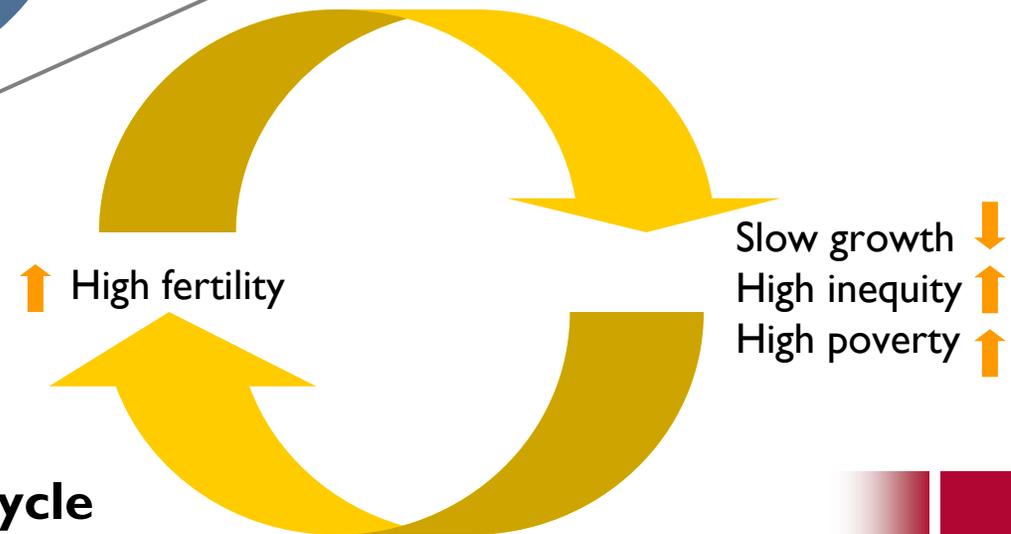
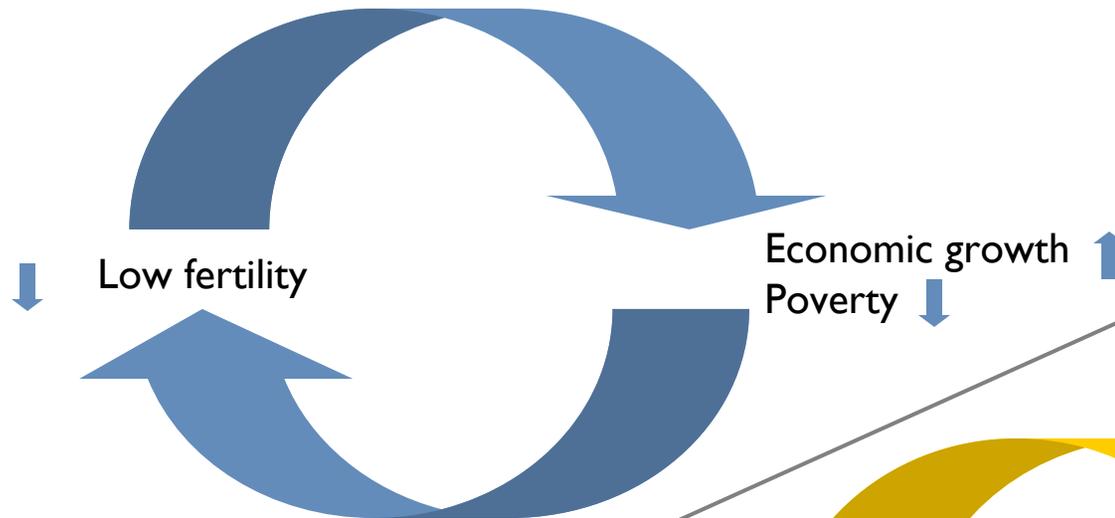
Several economic growth and demographic models suggest that

- High population growth
 - Diminishes availability of limited resources across populations
 - Causes investment diversion from infrastructure to basic needs
 - Leads to higher costs for maternal and child health
- Population from now until 2050 will become
 - Larger
 - Older
 - More urban

Virtuous and Vicious Growth Cycles

The Virtuous Cycle

Source: Berkeley University, 2005



The Vicious Cycle

Including Family Planning in Poverty Reduction Strategy Papers in Mali

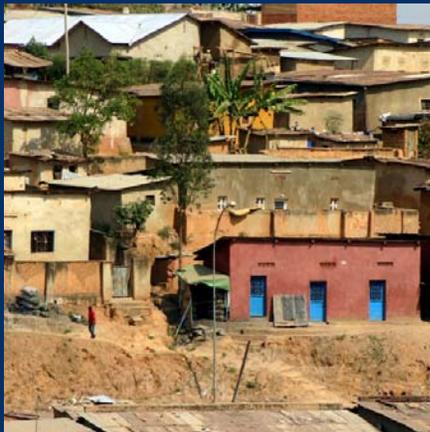
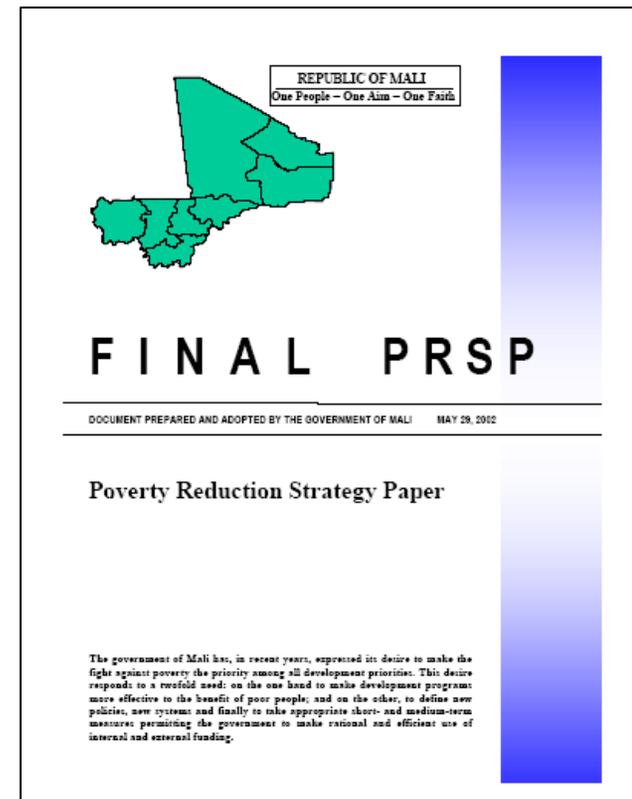


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Poverty Reduction Strategy Papers

- Outline macroeconomic and social policies to
 - Alleviate poverty
 - Accelerate progress on Millennium Development Goals
- Form the basis for loan or debt relief from the World Bank and International Monetary Fund
- Include high-dollar budgets
 - Ghana: \$1.821 billion, 2003–05
 - Malawi: \$530 million, 2002–03



Why Include Family Planning in the PRSPs?

- Reinforces a government's commitment to fund and implement FP initiatives and to achieve the MDGs
- Meets FP needs to foster socioeconomic progress and reduce poverty
- Makes other socioeconomic goals easier to reach

Do Current PRSPs Include FP?

- As of November 2004
 - 11 of 45 PRSPs mentioned FP
 - 19 made only a cursory reference to FP
- Even if FP is mentioned, financing for FP is rarely discussed.

Moving Toward Including FP in PRSPs: A Mali Case Study

Mali



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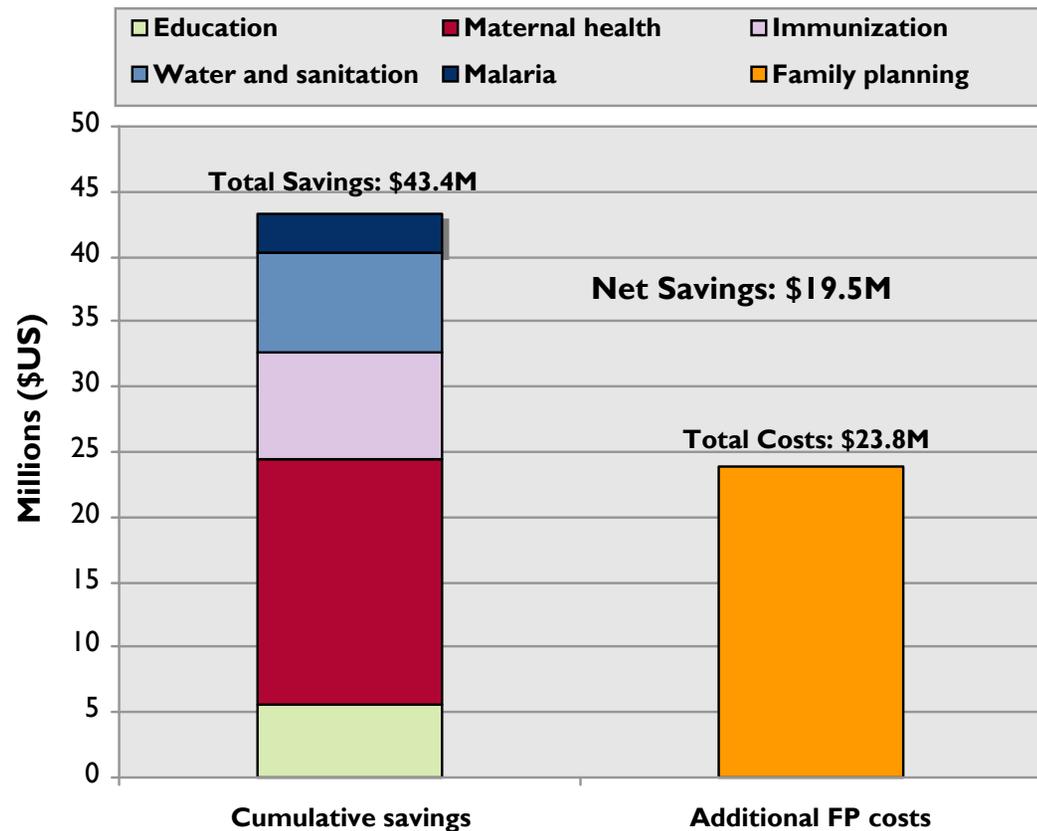
First Draft of Mali PRSP-II

- Language was vague and seemed to assume population growth would slow.
- Minimally referred to the Population Policy of 2005–2009 and paid no attention to implementation.
- Did not link demographic pressure and poverty reduction.
- Did not mention family planning as a strategy to address population and poverty issues.

Health Policy Initiative Strategy for Including Family Planning in the PRSP

- Mobilize civil society to advocate for FP
- Conduct high-level advocacy
- Engage a champion

Cumulative Savings in Achieving Selected MDG Targets in Mali, 2008–2015



Source: DHS 2006 Mali

Key Steps

1. NGO coordinating organization supported the effort.
2. Country director made a presentation to the President's chief advisor.
3. The project's policy champion showed up at every event where PRSP revisions were discussed, in which they
 - Identified allies in the process;
 - Wrote alternative language; and
 - Read every draft carefully.

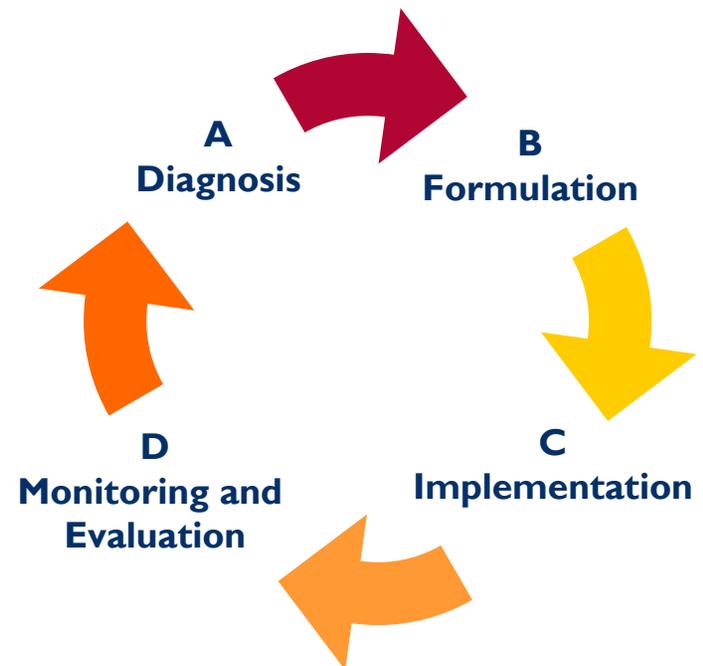
Final Version of Mali PRSP-II

- Identified population growth as an impediment to economic growth and poverty alleviation
- Recognized poor performance of family planning in PRSP-I
- Mentioned meeting unmet need as important
- Listed family planning as a key intervention in the health sector

Lessons Learned

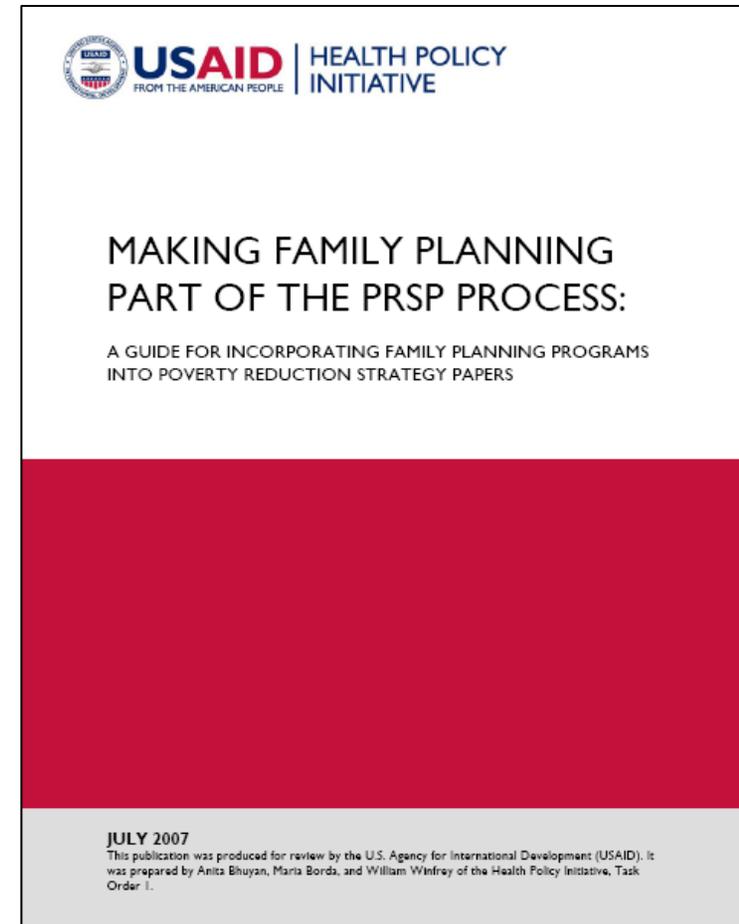
- Understand the PRSP process
- Prepare advocacy messages targeted at the Ministry of Finance (MOF)
- For the MOF, growth and poverty reduction are more important messages than delivering health services to the poor
- Show up early and often in the process

Major stages in the PRSP process:
opportunities for action



Guide for Integrating FP into PRSPs

- Purpose
 - Promote family planning as a national priority
 - Foster an enabling environment for FP
- Content
 - Step-by-step instructions
 - Extensive, Internet-accessible resources



Including FP in Development Plan in Rwanda

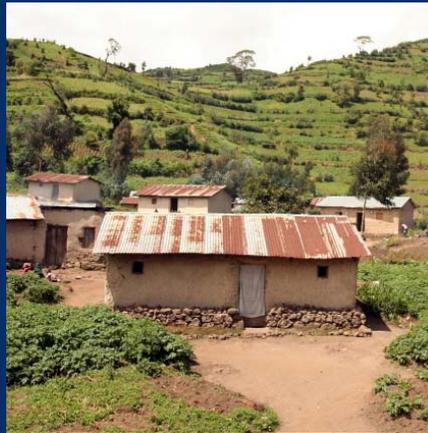


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Rwanda's Population, 2005

Rwanda's fertility rate is
6.1 children per woman.

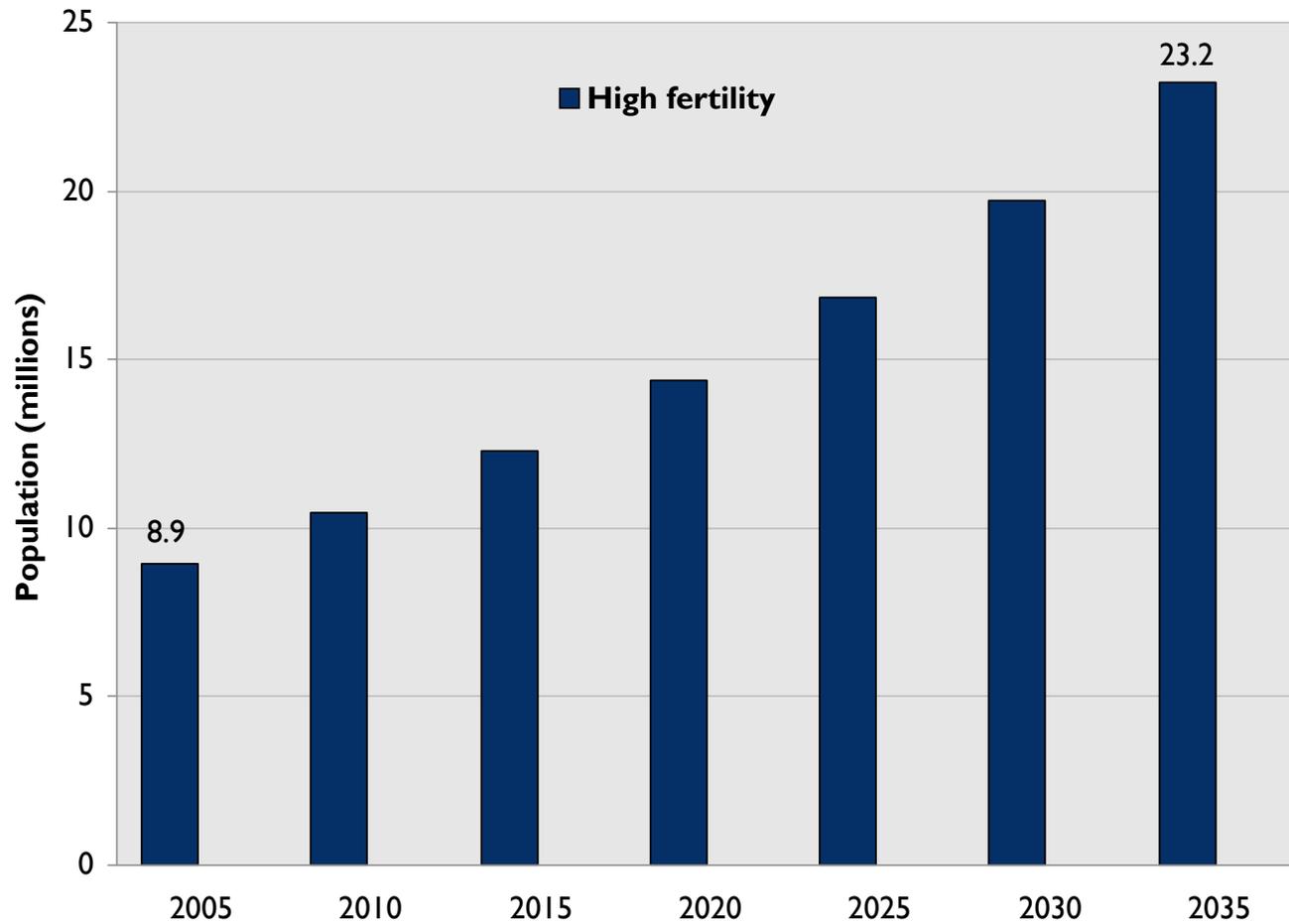


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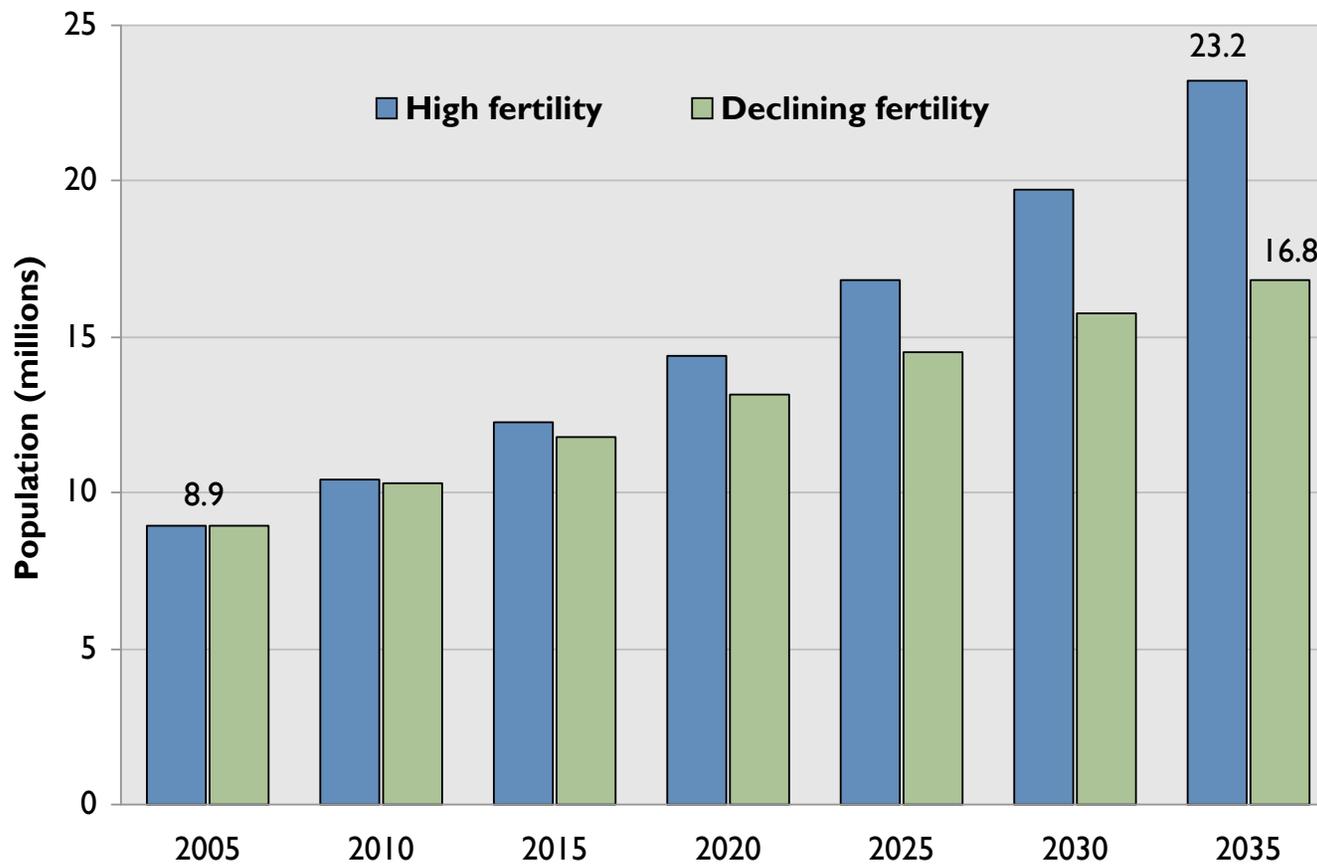
Source: DHS 2005 Rwanda

Rwanda's Population Will Grow Rapidly with Continued High Fertility



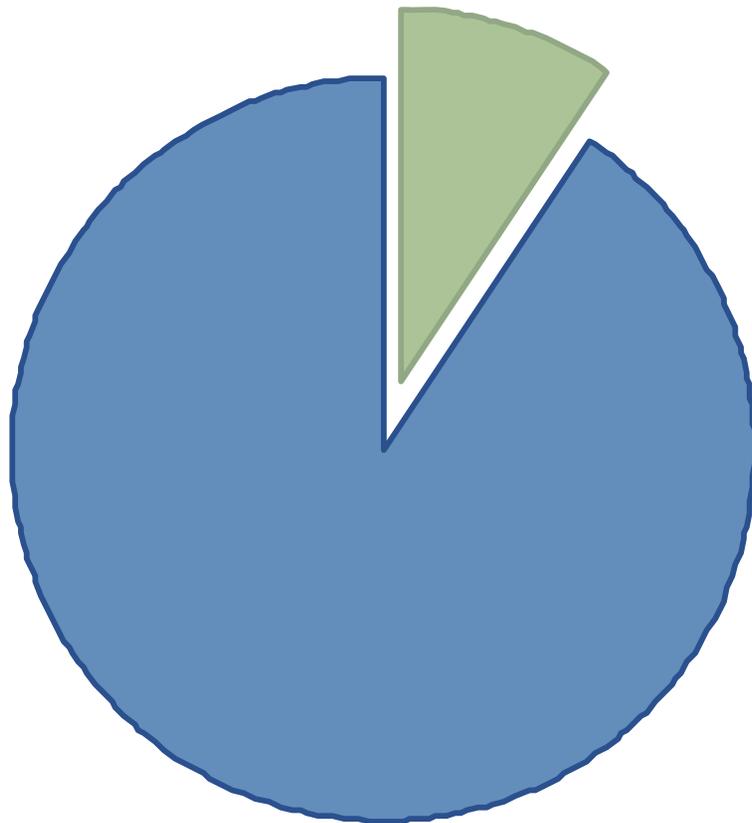
Source: Spectrum System of Policy Models 3.40 Projections, Health Policy Initiative.

Rwanda's Population Growth



Source: Spectrum System of Policy Models, 3.40 Projections, Health Policy Initiative.

Contraceptive Use Is a Key Determinant of Fertility



Rwanda's modern
contraceptive prevalence
rate in 2005: **10.3%**

Source: DHS 2005 Rwanda

A Very Large Unmet Need for Family Planning Already Exists



38% of married women want to space or limit births, but are not using contraceptives.

Less-Developed Country Evidence on Meeting Unmet Need

**Satisfying the unmet need for family planning
inevitably leads to**

- Lower fertility
- Lower rate of population growth

**even when the goal is to space births rather than
to limit their number**

A Realistic Strategy to Address Unmet Need

To satisfy unmet need, a realistic strategy is to ensure that all Rwandan couples who want to space or limit their births have access to high-quality reproductive health services, including a full range of contraceptives consistently available at affordable prices.

Population Is Linked with Social and Economic Development in Rwanda



Education



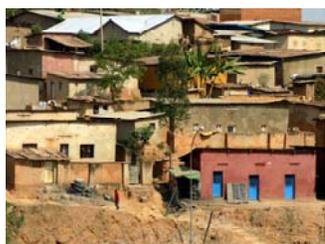
Health



Economy



Food Security



Urbanization



Environment

RAPID projections sparked presidential-level commitment for

- Inclusion of FP in Rwanda's Vision 2020
- Development of a national FP strategy
- Creation of an FP technical working group
- Establishment of a population desk at the Ministry of Finance

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