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Developing a Family Planning Goal for 2015 that Supports MDG-5b

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The United Nations (UN) Millennium Development Goals (MDGs) have served as the primary international guide for a range of programs to improve conditions in the developing world during 1990–2015. With only five years left until the 2015 deadline, UN Secretary-General Ban Ki-moon has called on world leaders to attend a summit to accelerate progress toward achieving the MDGs. This UN High-Level Plenary Meeting on the MDGs, September 20–22, 2010, in New York, is intended to mark a turning point to build political will and mobilize national actions.

The MDG-5b goal, for Universal Access to Reproductive Health, explicitly includes the contraceptive prevalence rate (CPR) as a measure for Goal 5.3 but without a quantitative target as done for some of the other goals. It is now highly desirable to provide world leaders with a concrete objective that can command agreement as an action focus for donors and implementing agencies. This report includes a review of historical rates of growth in CPR among low- and middle-income countries and suggests methods for choosing a reasonable 2015 goal.

Data Sources and Extrapolations

National estimates of contraceptive use are now available for at least 110 developing countries in more than 445 national surveys conducted since 1986. These national surveys include the Demographic and Health Survey series, surveys conducted by the U.S. Centers for Disease Control and Prevention, multiple indicator cluster surveys (MICS) on children's status conducted by the United Nations Children's Fund (UNICEF), and maternal and child surveys conducted by the Pan Arab Project for Child Development (PAPCHILD).

Survey information compiled by the UN Population Division was updated with new data from the "StatCompiler" of Macro International. Time trends were established for most countries to determine the annual pace of CPR increase (annual rise in the percent of reproductive-age women using any contraceptive method), as well as the pace of the MCPR (modern contraceptive prevalence rate). Data were then converted into the number of contraceptive users, based on the UN Population Division's data for numbers of women as well as available data for the proportion of women married or in union. Numbers were also adjusted to include contraceptive use among single women.

China was omitted from the data presented here for several reasons: (1) its large population size; (2) its high CPR (above 90% of married women use contraceptives, based on a 2004 national survey); and (3) the reality that its number of reproductive-age women will not increase between 2010 and 2015. Therefore, China cannot be expected to add more contraceptive users to its current total. Exclusive of China, the five largest developing countries by population (India, Indonesia, Brazil, Pakistan, and Bangladesh) account for half of all contraceptive users. Three-fourths of the women using contraceptives live in the most populous 16 countries, while the other one-fourth live in 94 other countries.

The future "demand" for contraception was based on the historical trend in contraceptive use plus unmet need for family planning—the proportion of married women who risk pregnancy but say they want to avoid any future birth or space it at least two years from the last one. Unmet need for modern contraceptive methods was set at 140 million women in 2008, plus an additional 75 million women using traditional methods, which have high failure rates.[1]

[1] S. Singh et al. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and United Nations Population Fund (UNFPA). See also S. Singh et al. 2003. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York: Alan Guttmacher Institute (AGI) and UNFPA. The authors especially thank the Guttmacher Institute for special tabulations from both publications, provided in July 2010.

The cost of the added contraceptive users was estimated by multiplying the number of new modern method users by the cost per new user, based on estimates from the Guttmacher Institute[2]. The cost estimate includes costs for infrastructure expansion in order to serve a large number of new users. These data show that increased investment in family planning increases the number of modern method users while reducing unmet need for family planning.

Historical Experience

How can we anticipate future trends for contraceptive use? The primary guide must be the historical record, which fortunately is available in considerable detail. Annual CPR increases are customarily based on the proportion of reproductive-age women who are married or in union and are using any contraceptive method. An increase of one percentage point a year, as from 50 percent of women using contraception to 51 percent, would be 10 percentage points in 10 years and would correspond to an increase from 50 percent women using contraception to 60 percent over the decade.

The actual average increase in CPR for all developing countries has been below one percentage point at 0.82. This increase is lower in sub-Saharan Africa but higher elsewhere, with the highest increase in the 19 developing countries with the largest population sizes (see Table 1).

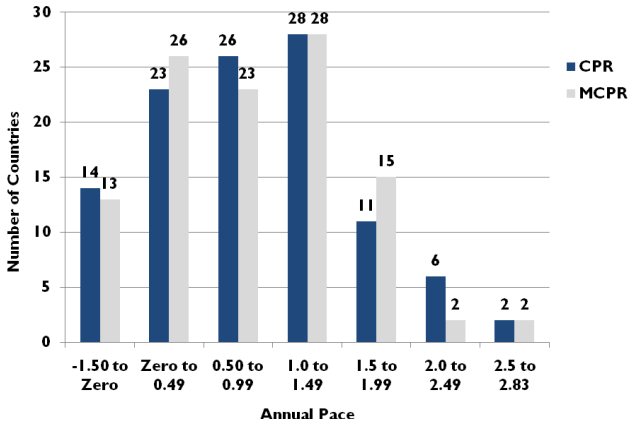
Table 1. Average Annual Increase in Contraceptive Use

Number of Countries		Pace of Contraceptive Prevalence Rate per Year (all methods)	Pace of Modern Contraceptive Prevalence Rate per Year
110	All developing countries (with national survey data)	0.82	0.82
42	Sub-Saharan Africa (SSA)	0.69	0.70
68	All Non-SSA	0.89	0.89
19*	Top 19 most populous countries	0.91	0.92
*Includes 3 SSA countries			

The range of country CPRs around the average shows the potential for some countries to learn from others and for the slower countries to accelerate their pace (see Figure 1).

[2] The total cost is estimated by multiplying the number of new modern method users by the cost per new user estimated by the Guttmacher Institute in M. Vlassoff et al. 2004. *Assessing Costs and Benefits of Sexual and Reproductive Health Interventions*. Occasional Report No. 11. New York: Alan Guttmacher Institute. The cost estimate includes costs for infrastructure expansion in order to serve a large number of new users.

Figure 1. Countries Distributed by Annual Pace of Increase for CPR and MCPR (Means = 0.82 and 0.82 respectively)



Analysis of Alternative CPR Goals

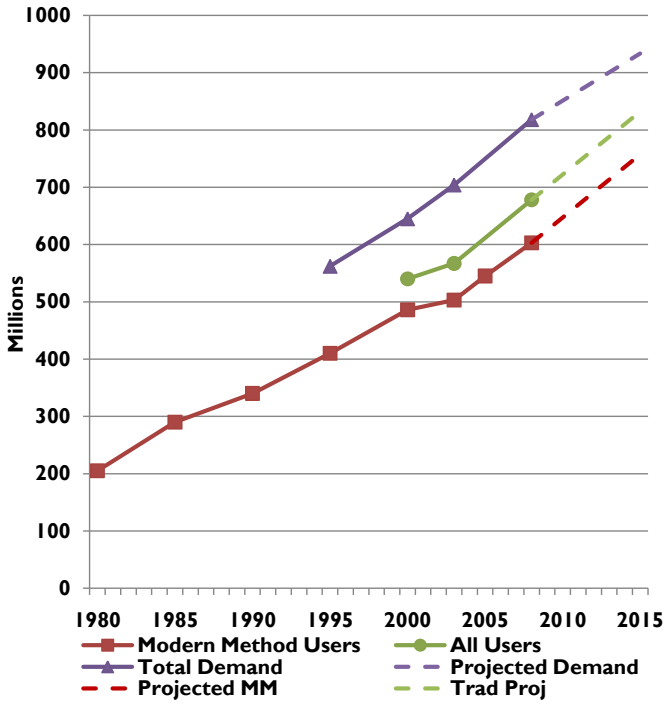
The plausibility and the effects of potential goals for 2015 were analyzed by examining the required rate of increase in CPR compared with the historical experience and the implied changes in unmet need and in the use of traditional methods. Projections were based on the following assumptions:

- Total demand (all contraceptive use plus unmet need) increases at the historical rate for all low- and middle-income countries except China, which is excluded throughout.
- The number of women using traditional methods is projected to remain constant at 75 million.
- Growth in modern method users will depend on the scenario.
- Unmet need is calculated as total demand minus modern and traditional method users.

Several scenarios were examined, including the following three.

- **Historical:** This scenario assumes that the historical rate of growth in each country continues from 2008 to 2015. This implies 64 million new modern method users in low-income countries and 42 million in middle-income countries—for a total of 106 million new modern method users in all low- and middle-income countries during 2008–2015.
- **Intermediate:** This scenario produces an average annual growth in MCPR of 2 percentage points per year in low-income countries due to increased donor funding. This adds 89 million modern method users in low-income countries during 2008–2015, equal to the current level of their unmet need. Growth in middle-income countries remains at historical rates, adding 50 million modern method users, for a total of 139 million.
- **100 Million:** This scenario produces an average annual growth in MCPR of 2.3 percentage points per year in low-income countries due to increased donor funding. This adds 100 million new modern method users in low-income countries during 2008–2015. This is 56 percent higher than the historical growth rate. In addition, contraceptive use is assumed to rise in middle-income countries, since they will benefit indirectly from the increased global effort, as donors increase their involvement across the board and as the augmented policy environment stimulates governments to undertake greater efforts. MCPR growth increases above the historical trend at one-half the increase in low-income countries, adding 54 million new modern method users. This leads to a total of 154 million new modern users, as shown in Figure 2.

Figure 2. Number of Users by Method and Total Demand



Number of new modern method users by 2015	154 million
Number of new modern method users by 2015 at historical rates of increase (excluding China)	106 million
Implied annual increase in CPR among countries that have CPR < 80	2.0 points

Note: China contributes to the historical trend but is not expected to have any growth in users between 2010 and 2015.

Table 2 shows the implications of the three scenarios:

Table 2. Goals for Three Scenarios

	2008	2008–2015		
		Historical	Intermediate	100M
Goals				
Increase in modern method users—low-income countries		64M	89M	100M
Annual increase in MCPR—low-income countries (points per year)		1.3	2.0	2.3
Increase in modern method users—middle-income countries		42M	50M	54M
Increase in modern method users—all 110 countries		106M	139M	154M
Annual increase in MCPR—all 110 countries (points per year)		1.1	1.7	2.0
Indicators—All 110 Countries				
Modern method users	603M	709M	742M	757M
Traditional method users	75M	75M	75M	75M
Total users	678M	784M	817M	832M
Unmet need	140M	149M	116M	101M
Total demand	818M	933M	933M	933M
Costs	$3.1B	$4.9B	$5.4B	$5.7B
M=million B=billion				

Summary

A clear goal for family planning, related to MDG-5b, is needed for consideration by the September meeting of the UN High-Level Plenary Meeting on the MDGs. The Health Policy Initiative project has used historical trends along with an exploration of alternative scenarios to assist in the selection of that goal. In addition, to make explorations rapid and convenient, links were established between contraceptive use, unmet need, and demand that permitted rapid exploration of alternative action assumptions. That kind of analysis can be employed in the future for updates and related applications, in addition to aiding the pending decision on an international family planning goal for MDG-5b for 2015. Agreement on a quantitative objective for contraceptive use by 2015 can focus donor and government energies to enlarge access to alternative contraceptive methods, with improved quality of service, through both public and private channels.

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