



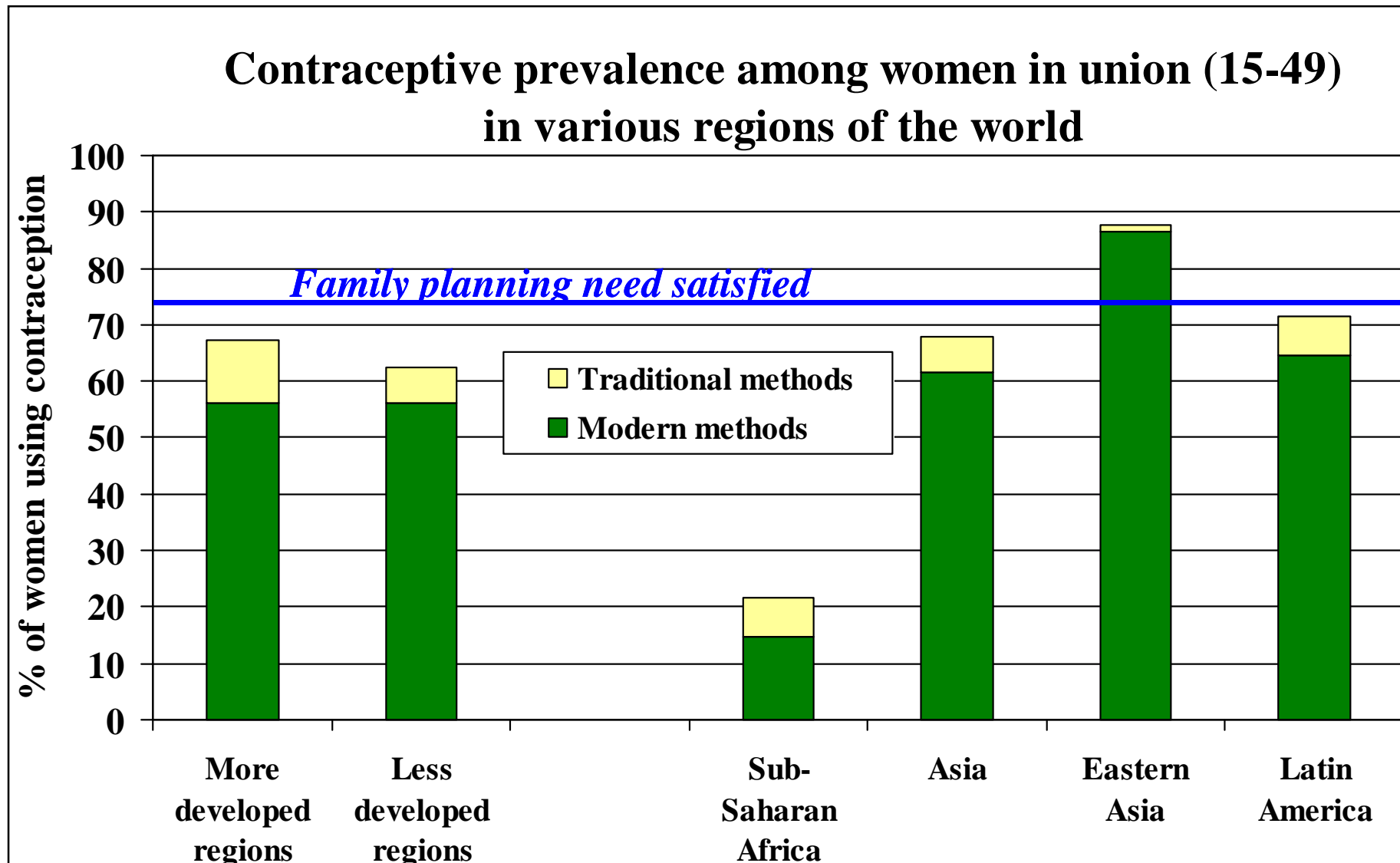
Prerequisites to meet Family Planning Unmet Needs in Sub-Saharan Africa

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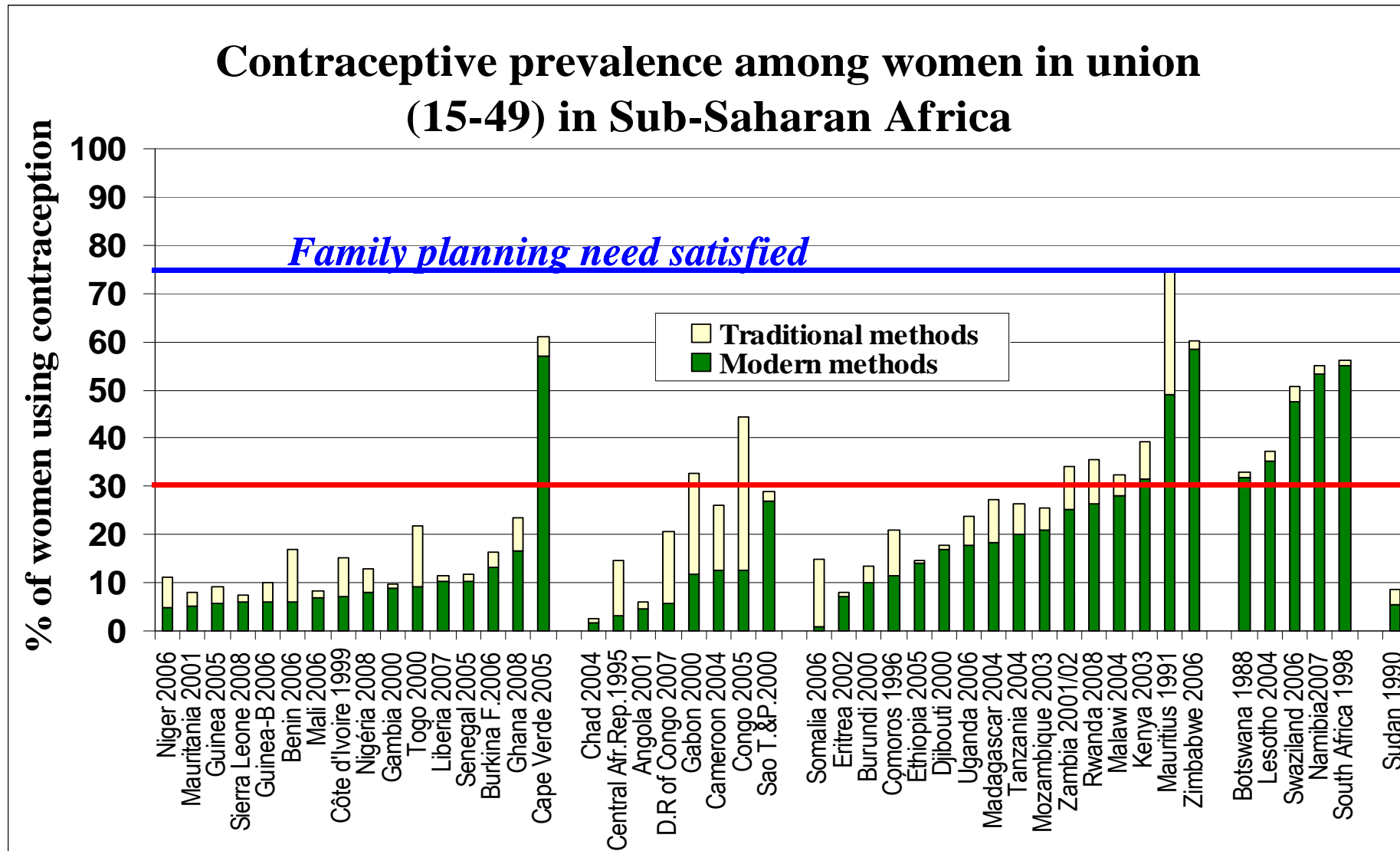
**International Conference on Family Planning:
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Increase in contraceptive use in Sub-Saharan Africa has been disappointing



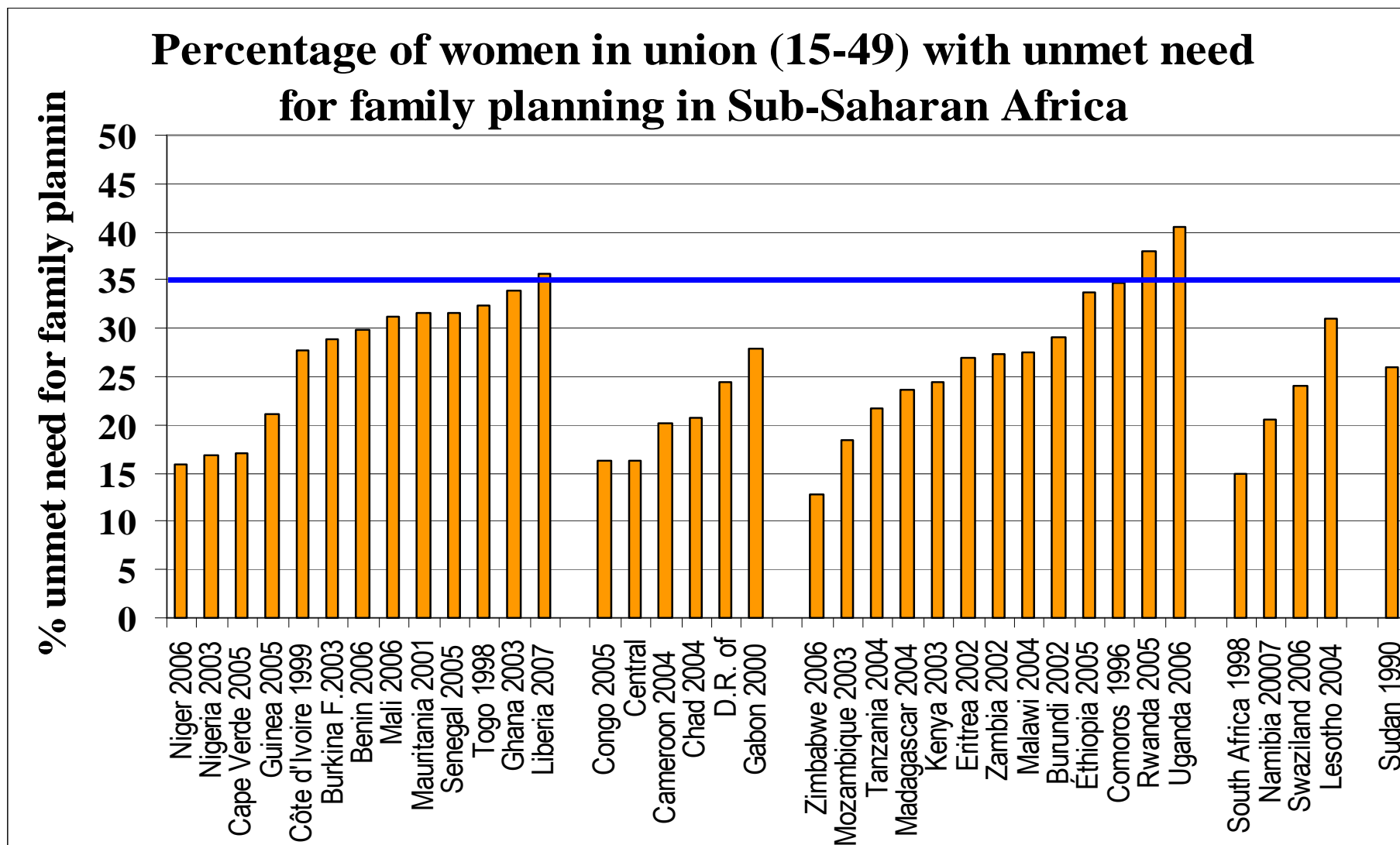
Source: World Contraceptive Use -2007 – UN Population Division

Levels of modern contraceptive use: 5 to 30 percent in most countries



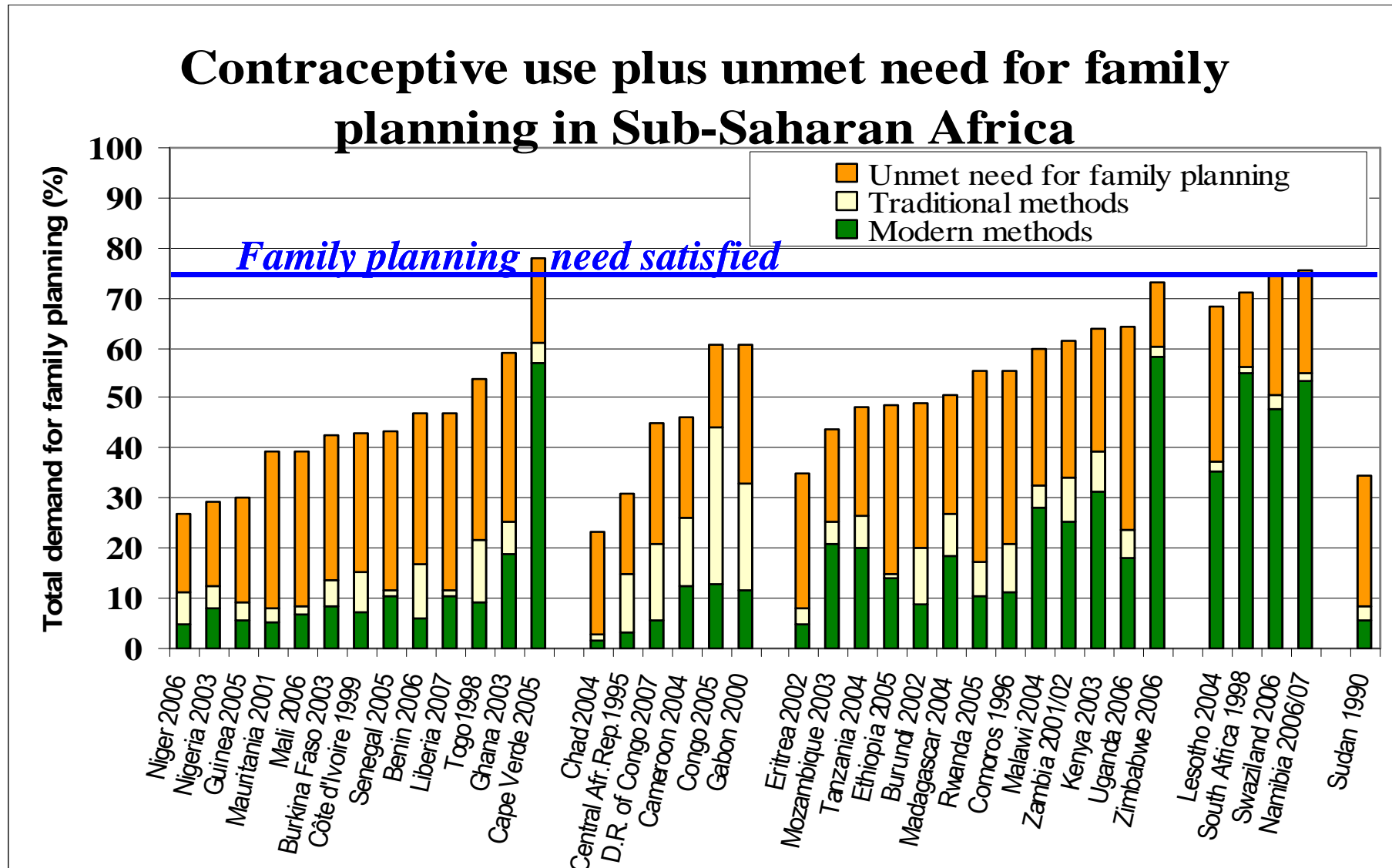
Source: DHS, 2009, UN Population Division

Unmet need: 15 to 35 percent of women in union (often two to three times current use)



Source: DHS, 2009, UN Population Division

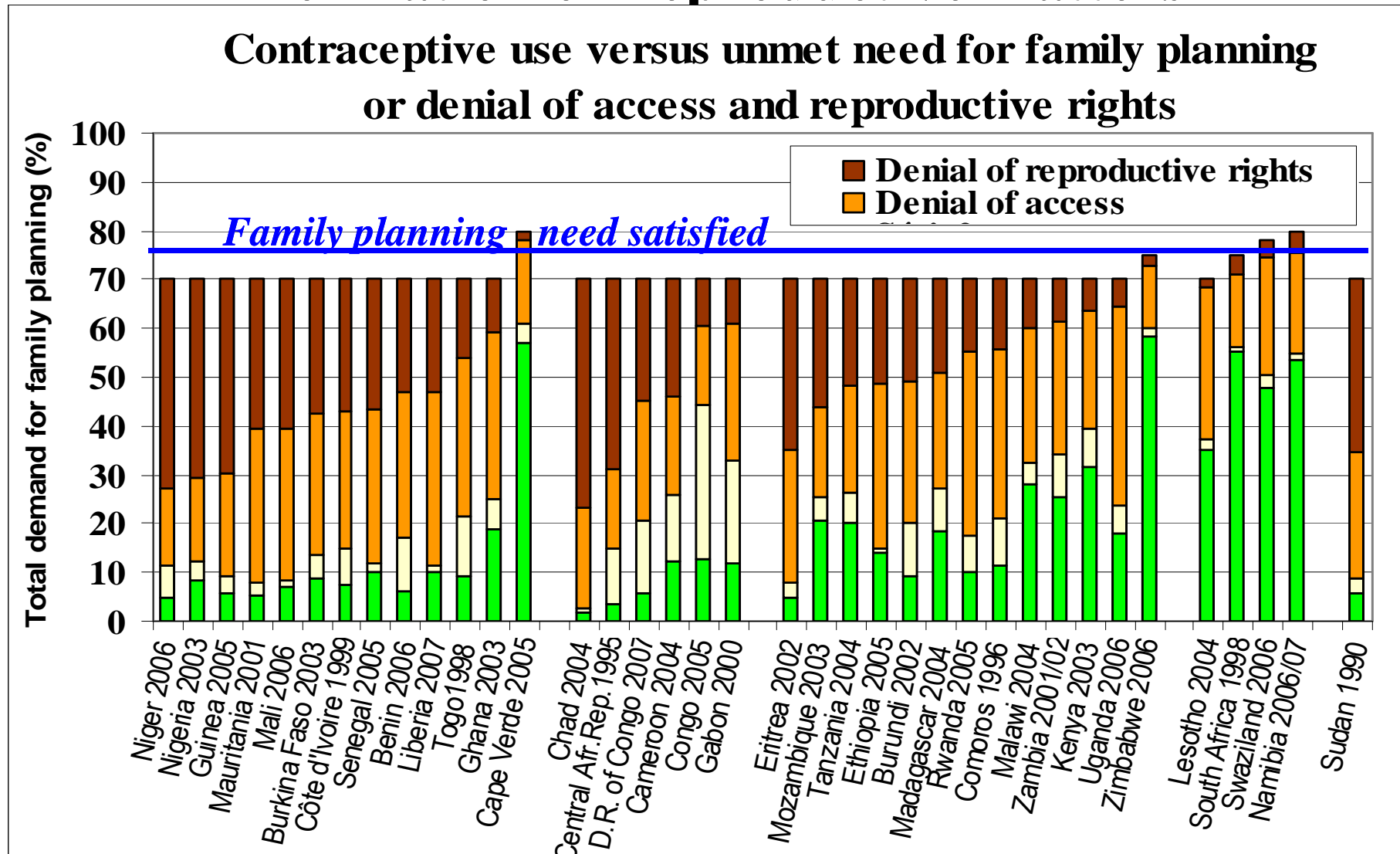
Total demand for family planning is low: between 25 to 50 per cent of women in union



Source: DHS, 2009, UN Population Division

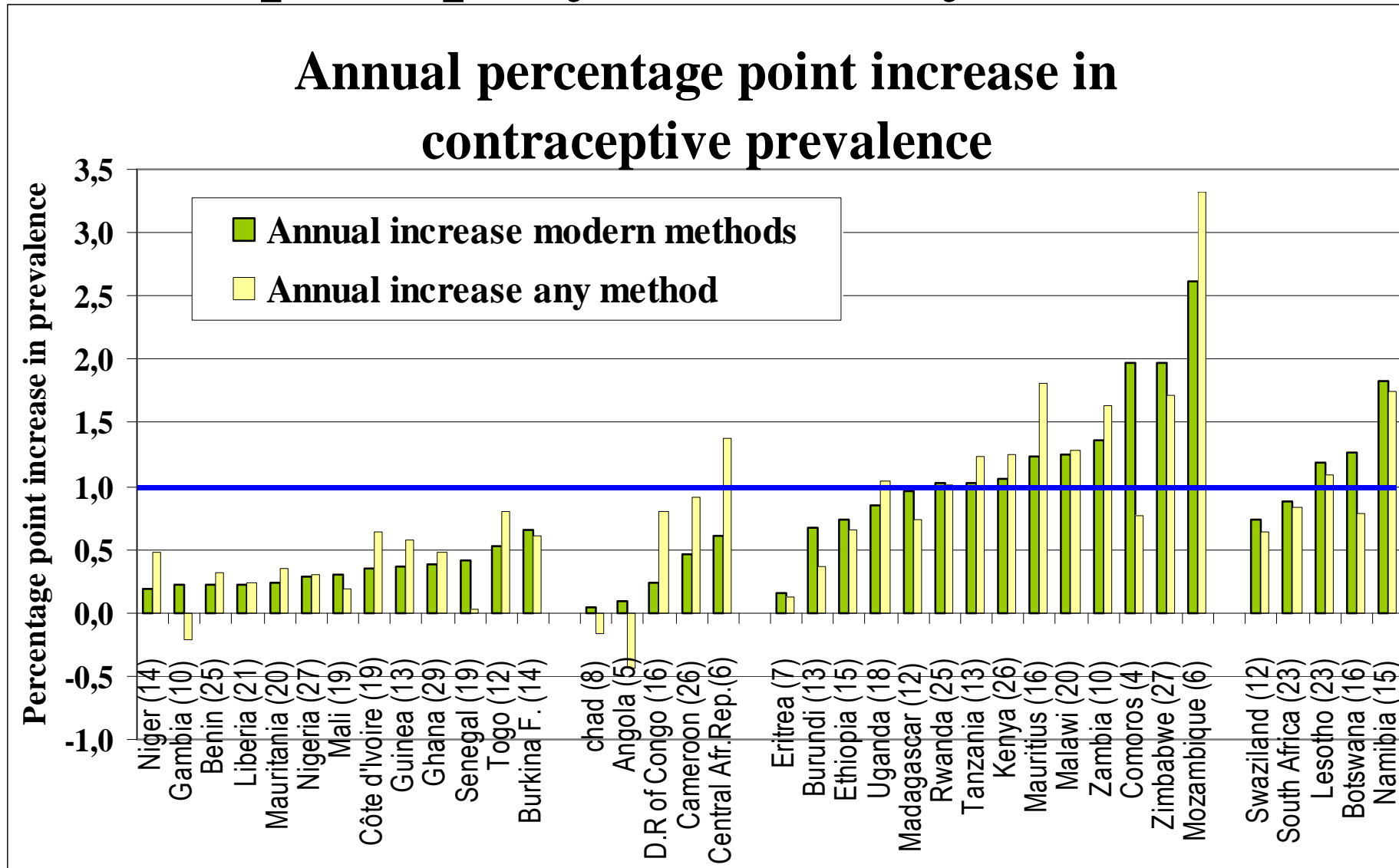
This low demand might be the reflection of 1-lack of access, 2-lack of women's empowerment and information on reproductive matters

Contraceptive use versus unmet need for family planning or denial of access and reproductive rights



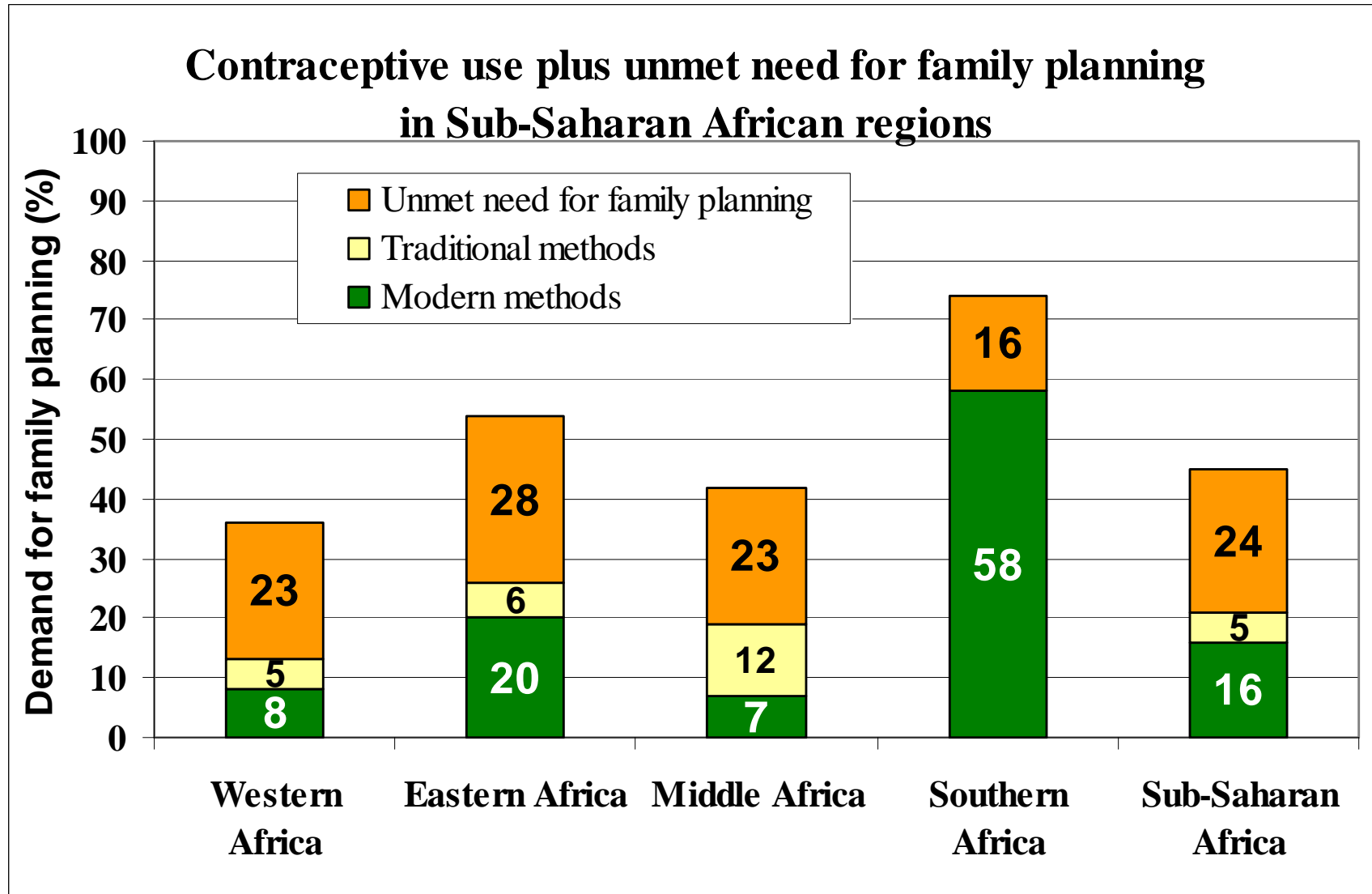
Source: authors' calculation from DHS, 2009, UN Population Division

Increase in contraceptive use: from 0.5 point to 1 point per year in many countries



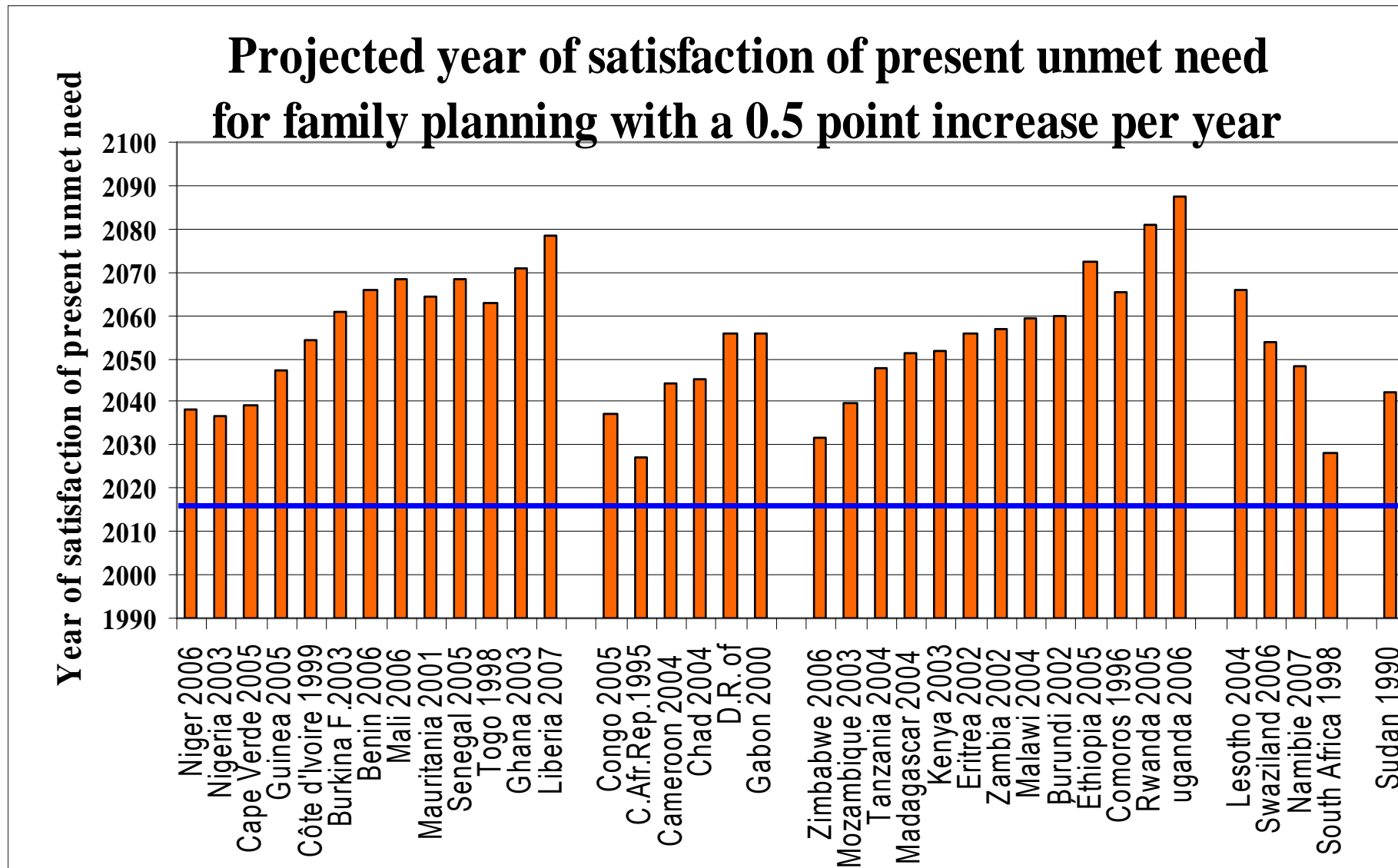
Source: authors' calculation from DHS, 2009, UN Population Division

It will take 50 years to satisfy present unmet need with 0.5 point increase per year, 25 years with 1 point per year, far from the 2015 Cairo objective



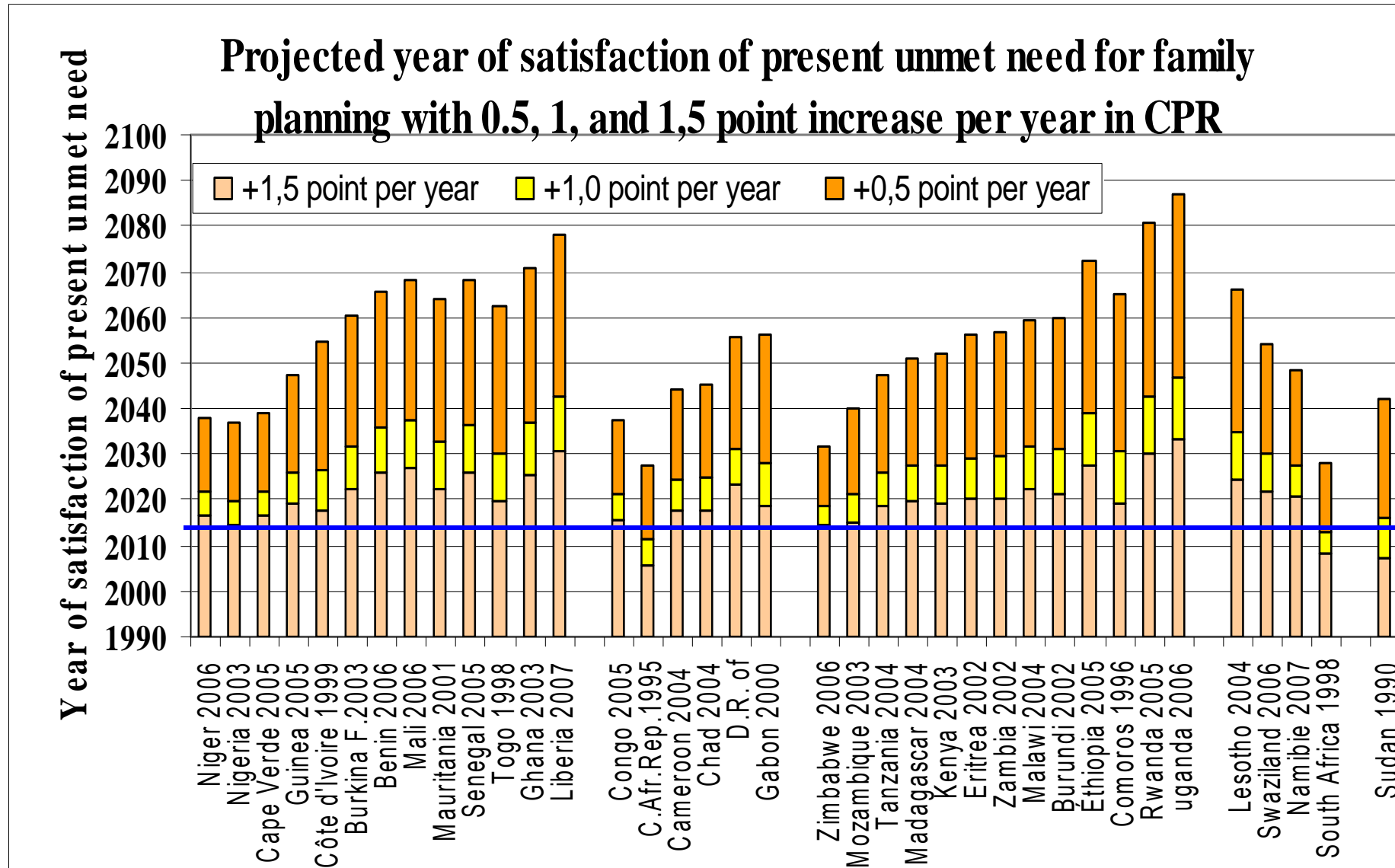
Source: PRB 2008

With +0.5 point increase per year, most countries will reach the Cairo objective only between 2040 -2050



Source: authors' calculation from DHS, 2009, UN Population Division

With +1.5 point increase per year, most countries will reach the Cairo objective, sooner, between 2020 -2030



Source: authors' calculation from DHS, 2009, UN Population Division

How to interpret these results?

1. Unfavourable socio economic environment (high infant mortality rates, low levels of education and urbanization, poverty)?
2. Value of children, desire for large family, demand mainly for spacing, globally low demand for family planning?
3. Lack of supplies, lack of services, lack of access, however, the demand is there and growing even for limiting?

What can be said

1- Opposition to family planning, lack of real commitment of Governments, and NGO'S, poorly designed population policies, disinterest of donors whose priorities have changed

2- Lack of coherence between Ministries' policies, lack of coordination between donors, poor Monitoring and Evaluation, complacency

3- In our opinion, lack of legitimization of family planning, and resistance to the recognition of women's reproductive rights

What to do? Simplify the concept of Reproductive Health

1- Focus on 5 components:

- 1 - Mother's health,
- 2 - Children's health,
- 3 - Family Planning
- 4 - Sexual Transmitted Deceases
- 5 - Violence's against women

2 – Integrate these 5 components, allocate a more equitable share of funding for each

3 – Set an objective for Family Planning:
i.e 1.5 point increase per year in CPR

Launch a 10 years' initiative to meet African women family planning need

1 – Where appropriate, set an objective of +1.5 point increase per year in CPR for the 2010-2020 period

2 – Initiate IEC and CCC campaigns at country level to fill gap of access in family planning

3 – Make provision to triple contraceptive supplies and plan for the accompanying services

4 Integrate the +1.5 point per year objective in Health, RH, SRHS policies and in PRSP