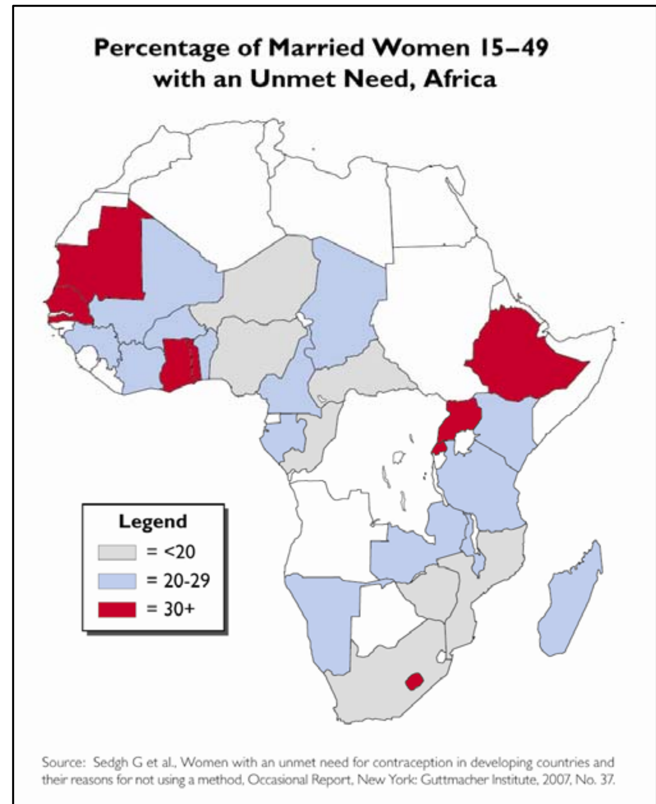
USAID
FROM THE AMERICAN PEOPLE

BRIEFING PAPER

The Status of Family Planning in sub-Saharan Africa

Sub-Saharan Africa has the highest fertility rates of any world region – 5.4 births per woman on average – double that of Asia (excluding China) and more than three times that of Europe. Every hour of every day, at least 30 women die from complications of pregnancy and childbirth in sub-Saharan Africa – about 270,000 deaths every year.



Source: Sedgh G et al., Women with an unmet need for contraception in developing countries and their reasons for not using a method, Occasional Report, New York: Guttmacher Institute, 2007, No. 37.

One of the factors underlying high maternal mortality rates is the low use of modern contraception. Only 18 percent of married women in sub-Saharan Africa use modern methods of family planning. This figure, however, does not reveal important sub-regional differences: Modern contraceptive use is 58 percent in Southern Africa, 22 percent in Eastern Africa, and only 7 and 9 percent in Central and Western Africa, respectively.

An estimated 35 million women in sub-Saharan Africa have an unmet need for family planning. They want to delay or stop childbearing but are not using any contraceptive method. In 28 of 31 countries where unmet need is measured, at least one-fifth of married women ages 15–49 have an unmet need for family planning. In four countries – Ethiopia, Rwanda, Togo, and Uganda, an estimated 35 percent or more of women have an unmet need. By meeting women's desires for family planning, *the number of unintended pregnancies and abortion would drop; maternal mortality would decrease, and population growth would slow.*

Population growth has become an increasingly important issue for Africa. There is a common misconception that high mortality rates due to HIV/AIDS in Africa are curbing rapid population growth. In reality, birth rates in the region are so high that the population will double in less than 28 years. Countries such as the Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Niger, Nigeria, Sierra Leone, and Uganda are anticipated to grow by at least 200 percent by the year 2050. The largest cohort of young people in human history is now reaching reproductive age – 1.2 billion in this decade, the majority of whom reside in sub-Saharan Africa. With approximately 43 percent of its population under the age of 15, this is the youngest region in the world. High birth rates have contributed to the tremendous size of this youth cohort. As these youth enter their reproductive years, they will join the estimated 35 million women in the region who already have an unmet need for family planning. Current family planning programs do not have the capacity to meet the existing high levels of demand and face even greater strain as these young people enter their reproductive years and desire to plan their families.

Africa faces unique challenges that prevent this demand from being satisfied. Over the last decade, attention and resources for family planning programs have decreased worldwide, with sub-Saharan Africa being particularly affected. For example, Kenya undertook a major family planning initiative in the 1980s and 1990s, following a 1979 survey demonstrating one of the highest fertility rates in the world (7.2 children per woman in 1979). By 1998, the

fertility rate had fallen to 4.8 births per woman. However, this rate subsequently stabilized and then rose in the poorest segments of the population. One reason for the fertility stall is changes in funding. The U.S. Agency for International Development's (USAID's) annual allocation for AIDS in Kenya rose from $2 million per year in 1995 to $108 million in 2006, and the allocation for family planning fell from $12 million to $8.9 million per year.

In addition, health sector reforms have created new management challenges, including the decentralization of authority to lower administrative levels, where family planning may not be seen as a priority. New financial mechanisms from donors and lenders, such as sector-wide approaches and Poverty Reduction Strategy Papers often omit family planning. These trends have contributed to family planning becoming a lower priority among many countries in recent years.

Progress in family planning in the region has been mixed. In Rwanda, the percentage of women using modern contraceptives increased from 10 to 27 percent from 2005 to 2008; and in Madagascar, the modern contraceptive prevalence rate increased from 9 to 24 percent from 1997 to 2006. However, many other countries are experiencing stalls in their fertility declines: Nearly two-thirds of sub-Saharan African countries experienced no decline in total fertility between 1998 and 2004.

USAID currently provides direct support to 21 countries in this region: Angola, Benin, DR Congo, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe. With the exception of Liberia and Sudan, USAID has been funding family planning programs for 10 years or more in all of these countries. *USAID funding for these countries could easily be doubled, given the levels of need and the fact that the Agency has existing programs on which to build.*

In addition to the 21 countries with USAID Missions, there are 17 other countries that are served by regional programs: Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Equatorial Guinea, Eritrea, Gabon, Gambia, Guinea-Bissau, Mauritania, Niger, Sierra Leone, Somalia, and Togo. Together, these countries have an average contraceptive prevalence of 7 percent, compared to 18 percent in countries with a dedicated USAID family planning program. To meet the needs of West Africa, the regional program should be ramped up and complemented by supporting in-country managers with assistance activities.

Family planning and reproductive health programs must be expanded and improved. Recognizing the growing demand and unmet need for family planning in the region, USAID has nearly doubled its investments between 2003 and 2009 from $86 million to $208 million. Even so, USAID's capacity to support program innovation and knowledge sharing and monitoring and evaluation of programs and to provide specialized technical assistance to country programs has been limited. Expansion and improvement will require increased resources from all sources, including donors, if there is to be success in meeting the increasing demand for family planning information and services.

Additional resources would enable USAID to pursue the following priorities:

- Increase political commitment to and financial resources for family planning in sub-Saharan African countries
- Expand community-based family planning programming
- Ensure access to high-quality contraceptive methods for limiting and spacing births
- Improve contraceptive security through strengthened planning and logistics systems
- Increase access to long-acting and permanent methods of family planning
- Test and implement approaches for the integration of family planning into HIV/AIDS and maternal and child health programs

References
John Cleland et al. *Family Planning: The Unfinished Agenda*. *The Lancet* Sexual and Reproductive Health Series, October 2006.
Rhonda Smith, Lori Ashford, Jay Gribble and Donna Clifton. *Family Planning Saves Lives, 4th Edition*. Population Reference Bureau, 2009.