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Meeting Demand for Family Planning within a Generation: the Post-2015 Agenda

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Expanding access to family planning has been a key aim of health and development programming for more than 40 years. During that time, significant gains have been made in reducing unmet need for family planning, increasing contraceptive prevalence, and preventing unintended pregnancies. Over the last two decades, however, the pace of these gains has slowed, especially in several countries in sub-Saharan Africa and South Asia. Not only does family planning enable individuals and couples to achieve their childbearing (family building?) goals, an ever growing body of research shows the wider beneficial impact of family planning on improving maternal and child health and survival, increasing economic well-being of individuals, families and communities, and empowering women.^{i, ii}

Today, the international community and many developing countries are aiming to accelerate progress, as made evident by the collective embrace of FP2020. Simultaneously, the world is reflecting on achievements reached and on gaps remaining in the years since the United Nations Conference on Environment and Development (Rio) of 1992, the International Conference on Population and Development (ICPD) of 1994, and the Millennium Summit of 2000, which established the Millennium Development Goals (MDGs). A post-2015 agenda is quickly coming into focus, aiming to merge the streams of Rio+20 sustainable development goals, ICPD Beyond 2014, and the post-MDG development agenda. Consensus is mounting on the vision and benchmarks for ending preventable child deaths, eliminating preventable maternal deaths, and creating an AIDS-free generation. Now is the time to put

ⁱBy preventing unintended pregnancies, FP has reduced maternal mortality by 44 percent and could reduce it by another 29 percent if all women with unmet need for family planning became contraceptive users.

Maternal deaths averted by contraceptive use: an analysis of 172 countries [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60478-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60478-4/abstract)

ⁱⁱBy preventing closely spaced births, FP could save the lives of more than 2 million children every year.

Shea O. Rutstein, "Effects of Preceding Birth Intervals on Neonatal, Infant and Under-Five Years Mortality and Nutritional Status in Developing Countries: Evidence From the Demographic and Health Surveys," *International Journal of Gynecology and Obstetrics* 89 (2005): S7-24.

forward a post-2015 agenda that also reflects the importance of family planning to the sexual and reproductive health and rights agenda already embraced by these three streams.

The U.S. Agency for International Development, together with the UN Population Fund and many other organizations and individuals, has started the process to define a measure and benchmark for the family planning component of the post-2015 sexual and reproductive health and rights agenda. Measuring family planning progress is imperative for driving improved policy and programming. Also imperative is choosing a measure that reflects family planning's aim—to support individuals' and couples' right to choose whether and when to have a child by providing them the means to implement their decisions—a measure that promotes voluntarism, informed choice, rights, and equity.

Endorsed by technical discussions and analyses, our process has led us to this measure—percent demand for family planning met with modern contraceptive methods.^{1,2}

This measure reflects voluntarism and informed choice—it neither sets contraceptive prevalence nor fertility targets, but rather emphasizes the imperative to satisfy individuals' and couples' own choices regarding number and timing of children. It can be disaggregated by a host of equity factors, including wealth, age, education, and residence. Furthermore, the measure's focus on modern contraceptives reflects prioritization of more effective methods, use of which results in fewer unintended pregnancies and improved achievement of individuals' and couples' reproductive intentions.

In terms of benchmarking, the data show that in Organisation for Economic Co-Operation and Development (OECD) countries, demand for family planning is met with modern contraceptives at an average of 78 percent, ranging from <60 percent in outliers Greece, Poland, and Turkey, to nearly 95 percent in the United Kingdom (Figure 1). But, today, less than 75 percent of demand is met with modern methods in XX countries, of which XX are low income. Improvement is possible. Several less developed countries (LDCs), such as Bangladesh, are fast approaching that level of met demand, as are several regions though most countries of sub-Saharan Africa and Western Asia lag far behind (Figure 1). In other LDCs, data show that demand has been met at the OECD level among certain subpopulations. For example, in Ethiopia, 75 percent of demand has been met with modern contraceptives among women in the highest wealth quintile. Indeed, across LDCs, the top wealth quintile has 50 percent more demand met on average than all wealth quintiles combined (analysis not shown), underscoring the need for more targeted policies and programming to assure equity in met demand and universal access.

¹Total demand for family planning is currently defined as the percent of married or in union women aged 15-49 who want to delay or limit childbearing, though the definition is undergoing revision and is likely to be modified to include all sexually active women age 15-49 regardless of union status, UNDP personal communication. It is measured by adding the proportion of this population currently using any contraception to those with unmet need, defined as seeking to stop or delay childbearing but not using contraception. Demand for family planning met is then defined as the proportion using modern contraception divided by total demand for family planning [MCPR / (CPR + Unmet Need)].

²Modern contraceptive methods are those with higher efficacy than traditional methods (rhythm, withdrawal, breastfeeding) and include female and male sterilization, the contraceptive pill, intrauterine contraceptive device, injectables, implants, female and male condoms, diaphragm, contraceptive foam and jelly, lactational amenorrhea method, standard days method, two-day method, emergency contraception, cervical cap, and contraceptive sponge.

The developed and developing world alike must strive to meet everyone's demand for family planning. In less than a generation—by 2035—it will be possible to reach levels of met demand for family planning in developing countries equal to those currently of OECD and several developing countries. Reaching this benchmark of at least 75 percent in all countries will, however, only be possible if the global commitment to family planning progress surpasses the United Nations' projected trend (Figure 2). At currently projected rates of growth, only 8 of the 49 least developed countries would meet this level by 2035. For the rest, much faster progress will be needed requiring a sharper focus on both stimulating demand for family planning and improving access. To that end, it is crucial that the FP2020 goal of extending access to modern methods to 120 million more women in the 69 poorest countries be realized and sustained.

Renewed commitment, financial support, and increased attention are required. In the short term, focus on the FP2020 goal and commitments is crucial. Nearly 30 LDCs are already committed to the goal, and donors and LDCs have already pledged more than \$4.6B additional funds. Now is the time to act if we are to see these commitments and pledges translate into improved access.

In as few as 20 years, with amplified and sustained global effort, individuals and couples in all countries can experience levels of met demand for family planning now enjoyed in OECD ones.

This achievement in human development will require working together toward a shared post-2015 vision, measure, and benchmark. Our suggestion for further consideration and adoption—at least 75 percent demand for family planning be met with modern contraceptives in all countries of the world—is a starting point for the remarkable future that awaits us.

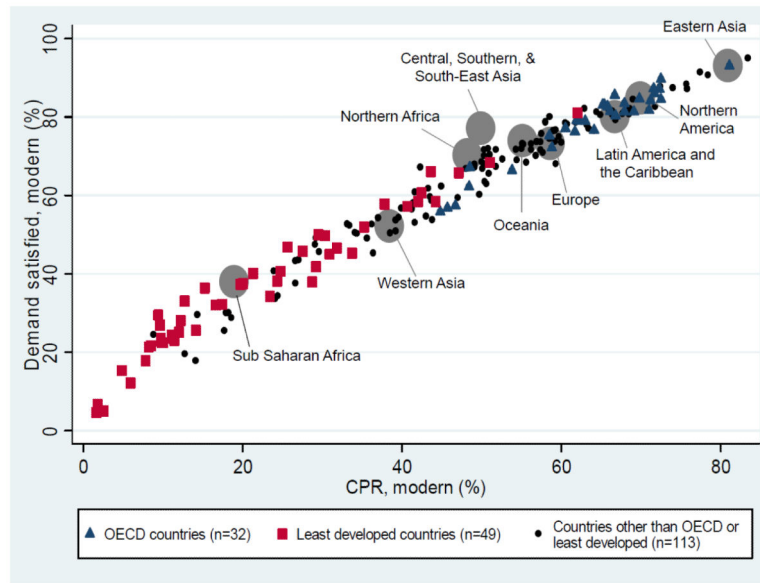


Figure 1. Percent of demand for family planning satisfied with modern contraceptive methods and modern contraceptive prevalence rate, 199 countries in 2010.
 Source: Estimates and Projections of Family Planning Indicators: 2013 Revision (United Nations Population Division, 2013) http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml

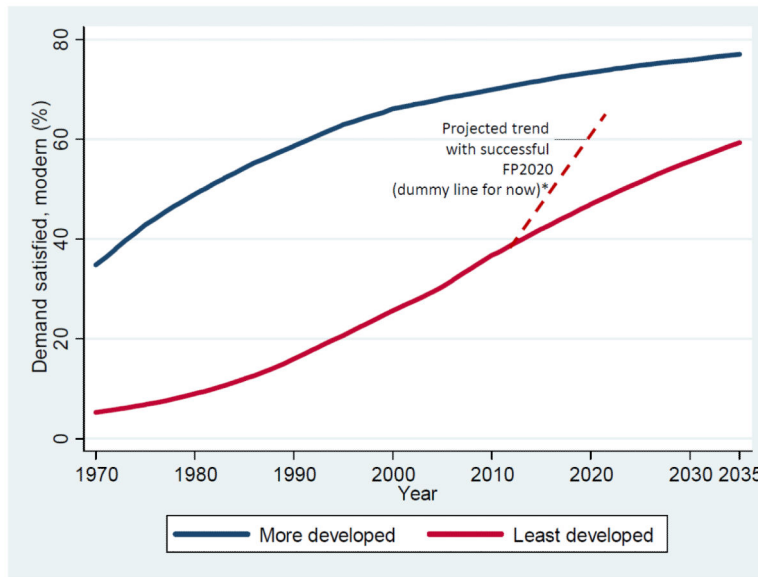


Figure 2.

Percent demand for family planning satisfied with modern contraceptive methods: 1970-2035

Unweighted average by year across 42 more developed and 49 least developed countries, according to country classification in UN World Population Prospects 2012 Revision. Least developed countries are a subset of 152 less developed countries. Dotted line is simply a straight line between the 2012 value and 75% in 2035. The progress will not necessarily linear.

Source: Estimates and Projections of Family Planning Indicators: 2013 Revision (United Nations Population Division, 2013) for 1970-2030. For year 2035, projections between 2025 and 2030 were linearly extrapolated in each country.