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Family Planning Program Overview

FAMILY PLANNING SUCCESS AND GRADUATION: The United States Agency for International Development (USAID) has been the leading donor in international family planning for more than 40 years – both in terms of financial resources (in most years making up 40–50% of all donor funds) and technical leadership (advancing new technologies and supporting program innovation, implementation and evaluation). Investments in its first two decades were focused on countries in Asia and Latin America. Today, many of these countries have reached advanced levels of program maturity and are being "graduated" from assistance. USAID has recently graduated seven countries from family planning assistance: Dominican Republic (2009), El Salvador and Paraguay (2010), Nicaragua and South Africa (2011), Honduras and Peru (2012). All have reached high levels of modern contraceptive use (ranging between 51 and 70%) and low levels of fertility (ranging between 2.3 and 3.1 children per woman). This brings to 24 the number of countries USAID has graduated.

24 PRIORITY COUNTRIES: As countries graduate from assistance, we have shifted funds to high priority countries: Initially, 13 priority countries were identified in 2003 to which 11 have been added under the Global Health Initiative – mostly in Africa and South Asia. Of the 24 priority countries, 23 are priorities for Maternal and Child Health (MCH) programs as well – they were selected intentionally to maximize the opportunities for integration and synergy. Between 2002 and 2012, funding to these 24 countries has more than tripled – from $134 million to $437 million.

TECHNICAL PRIORITIES:

- ***Healthy timing and spacing of pregnancy*** advances policies and program approaches that encourage healthy birth spacing to maximize the health impacts of family planning programs.
- ***Community-based approaches***, including utilizing front-line community health workers to bring information, services and referrals to women who are not easily reached through fixed facilities.
- ***Contraceptive security*** that ensures that adequate stocks of contraceptives are planned for and that supply chains are able to deliver supplies and avert stock-outs down to the community level.
- ***Long-acting and permanent method*** access that provides women with a range of method choice that meets their spacing and limiting needs.
- ***Integration with HIV programs***, ensuring that HIV-positive women and men have quality counseling and access to family planning information and services.
- ***Integration with MCH programs***, tapping the synergies between these programs, particularly reaching women in the postpartum period when demand for spacing is highest.

PARTNERSHIPS: USAID has forged partnerships with the United Kingdom, Australia, France and the Bill & Melinda Gates Foundation (the Gates Foundation), among others, in the areas of family planning and maternal and newborn health. The Alliance for Reproductive, Maternal and Newborn Health, is focused on 10 countries and has resulted in greater coordination to achieve common objectives. To date, nearly $50 million has been transferred to USAID to support our programs (rather than create duplicative mechanisms), a testament to the value they place on our approaches and mechanisms. The Ouagadougou Partnership (with France, the Gates Foundation and The William and Flora Hewlett Foundation) is focused on improving access to family planning in eight countries in francophone West Africa, where access lags behind all other regions of the world. The French government has committed 100 million euros to support this work over the next 5 years.

CONTRACEPTIVE UNIT PRICES: This past year, largely in partnership with other donors, we have negotiated lower unit prices (10–50% reductions) for the "most in demand" contraceptives: two implants (Implanon/Merck and Jadelle/Bayer) and one injectable product (Depo-IM/Pfizer).

INNOVATION: USAID has been a leader in developing new/improved methods of contraception and contributed to the development of nearly all innovations in the past 40 years, including the Copper-T intrauterine device, contraceptive implants and the levonorgestrel intrauterine system. Three new/improved methods will become available over the next 2–3 years: depo-subQ in uniject, the 1-year combined hormonal vaginal ring and the unique one-size-fits-most diaphragm. When combined with antiretroviral compounds, the last two of these products have the potential to provide protection against HIV transmission – which is the focus of the new multipurpose prevention technologies initiative that USAID is co-leading with the National Institutes of Health and the Gates Foundation.

RESULTS: Demographic and Health Survey results released over the past 3 years show marked increases in modern contraceptive use in seven or our long-standing priority countries:

- Ethiopia: 14–29% between 2005 and 2011
- Kenya: 32–39% between 2004 and 2009
- Madagascar 18–29% between 2004 and 2009
- Malawi: 28–42% between 2004 and 2010
- Tanzania: 20–27% between 2004 and 2010
- Uganda: 18–26% between 2006 and 2011
- Rwanda: 10–45% between 2005 and 2010

These increases translate to improved maternal and child health (magnified through healthier timing and spacing of pregnancies) and reduced abortions. They also translate to improved family well-being, poverty reduction and elevated development prospects, including contributions to the demographic dividend.

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