



FERTILITY AND FAMILY PLANNING IMPLICATIONS OF ETHIOPIA'S FP2020 TARGET

Brief

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Photo by: Health Policy Project

Introduction

In 2012, more than 150 political leaders at the London Summit on Family Planning committed to provide 120 million women in the world's poorest countries with access to contraceptives by 2020. Ethiopia committed to increase its contraceptive prevalence rate (CPR) to 69 percent, reduce its total fertility rate (TFR) to 4 children per woman, and reach an additional 6.2 million women and adolescent girls with family planning (FP) services by 2015. The Federal Ministry of Health (FMOH) is also working to reach a contraceptive prevalence rate of 73.3 percent by 2020. Ethiopia has made progress toward these goals and the current trend in family planning use is encouraging. To inform program implementation going forward, the USAID-funded Health Policy Project (HPP) analyzed the demographic and FP program implications of these commitments.

Methods and Assumptions

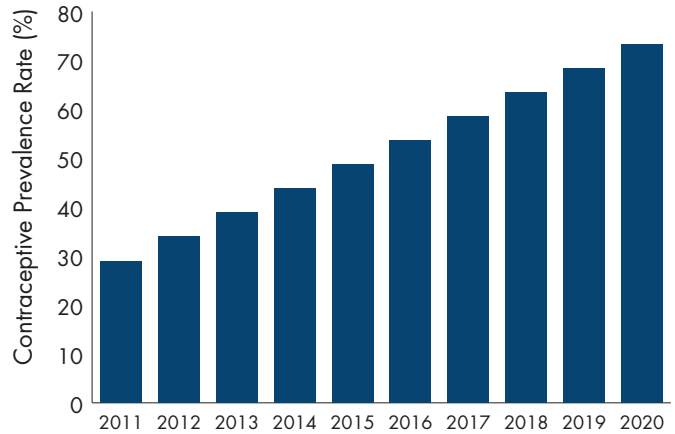
The analysis was performed using the FamPlan model developed by HPP, which projects the need for reproductive health services and demonstrates the consequences when service needs are not met. Data were obtained from the Ethiopian Demographic and Health Survey (EDHS) 2011 and scenarios were developed based on the FP2020 targets set by the Federal Minister of Health. The national goal of increasing CPR to 73.3 percent by 2020 and the mix of contraceptive methods available in Ethiopia informed the projection. Outputs for TFR, population growth rate, CPR, total number of contraceptive users, and total number of acceptors were generated for each year between 2011 and 2020.

Results

Contraceptive Prevalence Rate (CPR)

Ethiopia has seen a dramatic increase in CPR over the last decade, from a low of 8.2 percent in 2000 to 14.7 percent in 2005 and 28.6 percent in 2011—an average increase of 2 percent per year. The FMOH plans to reach a contraceptive prevalence rate of 73.3 percent by 2020. Projecting the expected trend is essential to help monitor progress toward achieving the country’s FP2020 goals.

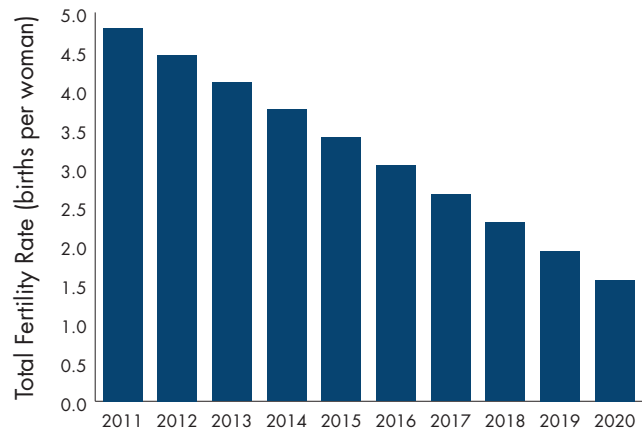
Figure 1. Trend of Contraceptive Prevalence Rate (CPR), 2011–2020



Total Fertility Rate

The total fertility rate reached a high of 7.7 births per woman in the early 1990s before decreasing to 5.9 in 2000 and 4.8 in 2011. In the projected FP2020 CPR scenario, TFR would fall to 1.56 in 2020, contributing to slower population growth and lower dependency ratios. Near the end of the target period, the fertility rate will be below replacement level.

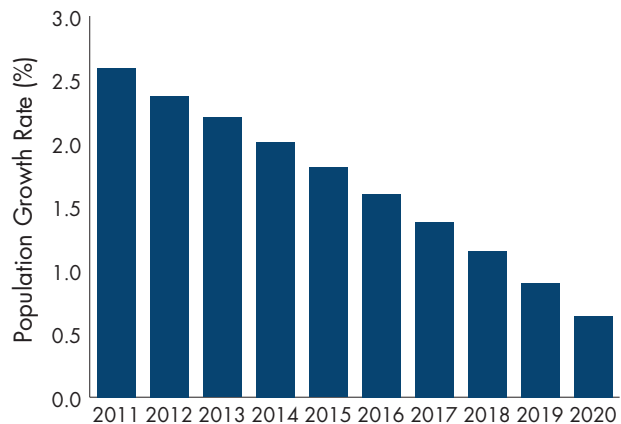
Figure 2. Trend of Total Fertility Rate (TFR), 2011–2020



Annual Population Growth Rate

Figure 3 suggests that the population growth rate in Ethiopia peaked at 2.6 percent in 2011, and has declined since then. In the projected FP2020 CPR scenario, an annual population growth rate of less than 1 percent will be observed by 2020.

Figure 3. Projected Population Growth Rate, 2011–2020



Contraceptive Users to be Recruited

The increases in CPR shown in Figure 1 will result from an increase in the number of women who voluntarily adopt family planning to limit or space their children. Around 2020, the total number of contraceptive users is projected to reach 11,885,401. Figure 4 shows a yearly increase in the number of women who practice family planning.

Figure 4. Total Number of Contraceptive Users, 2011–2020

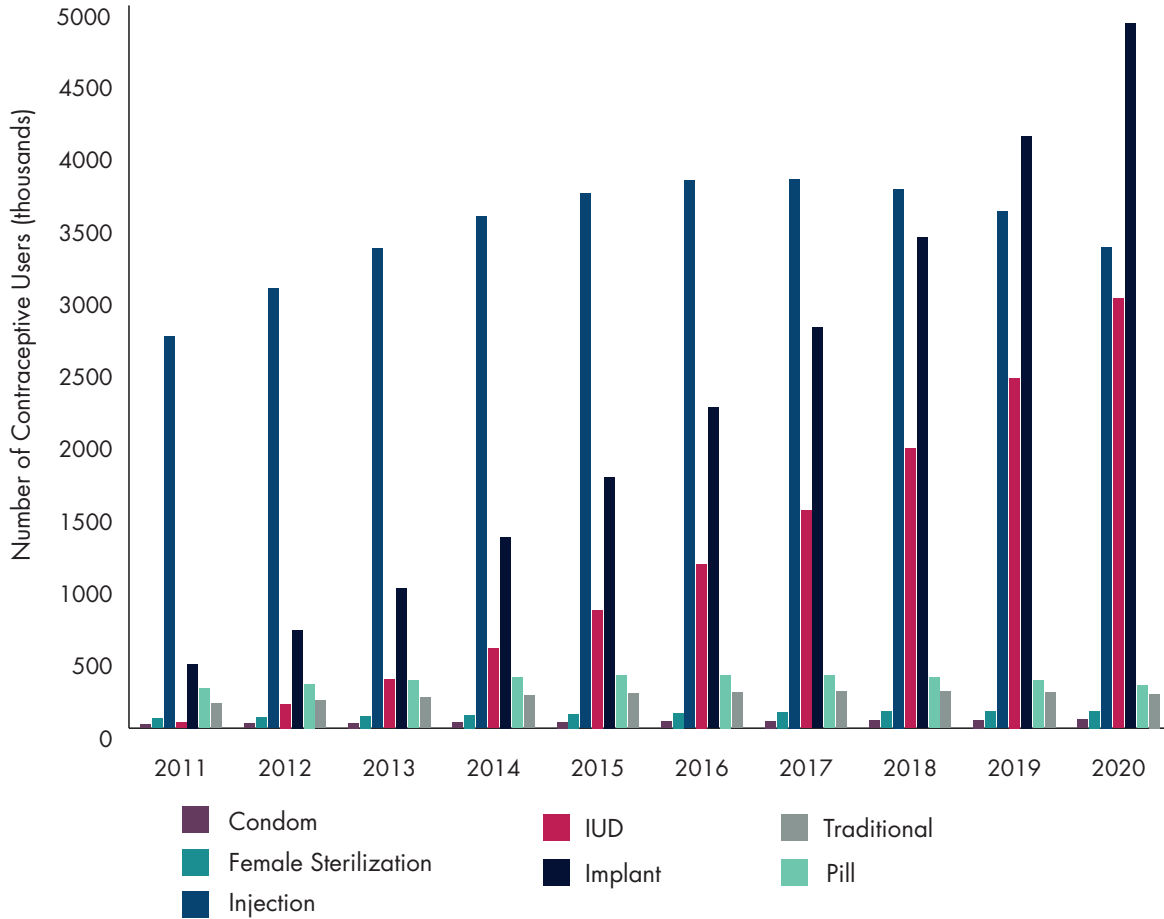
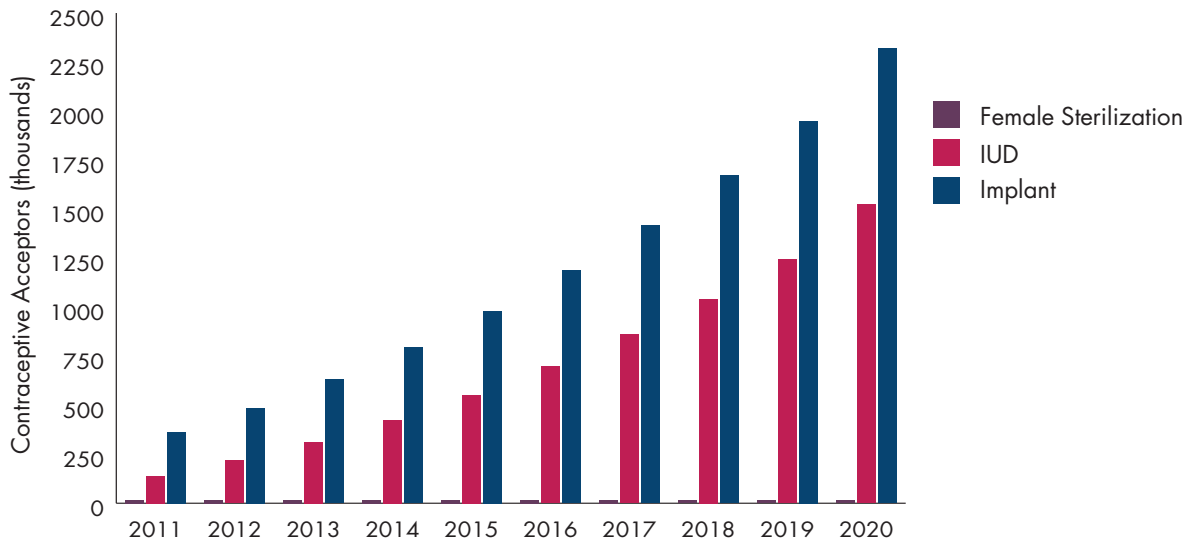


Figure 5. Trends of Contraceptive Acceptors, 2011–2020



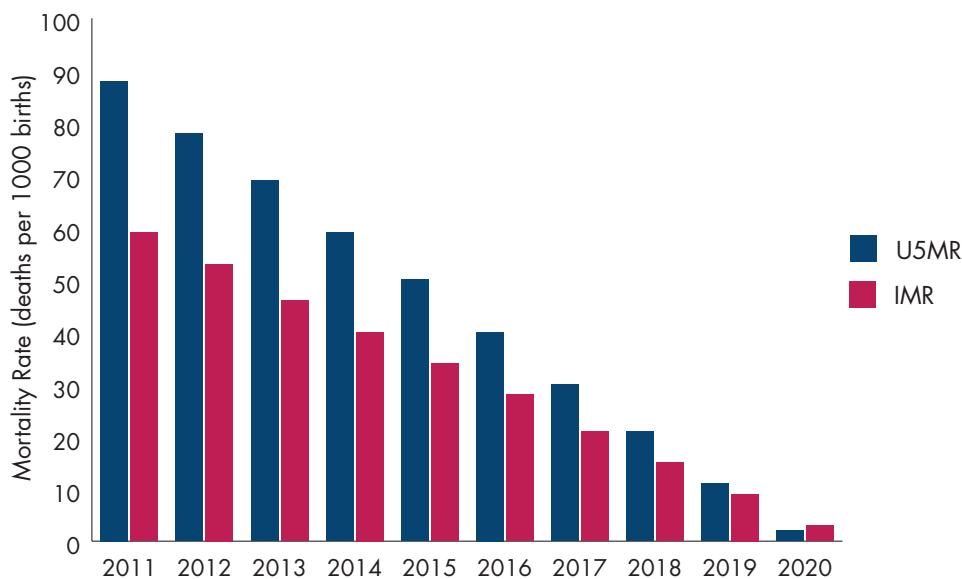
Trends of Contraceptive Acceptors

In FamPlan, acceptors are calculated only for long-term methods (intrauterine devices [IUDs], female sterilization, and implants) where acceptance requires specialized health services. One of the targets of Ethiopia’s FP2020 plan is to improve the method mix by increasing the proportion of long-acting FP methods to 66 percent of the overall CPR by 2020. Figure 5 shows the sharp increase in new acceptors from 2011 to 2020 that is needed to reach the target. This indicates that more women must be recruited to use long-acting contraceptive methods.

Under-five and Infant Mortality Rates

Family planning is one of the best interventions to reduce maternal and child morbidity and mortality. The projection in Figure 6 shows significant reductions in the under-five and infant mortality rates (U5MR and IMR) if Ethiopia achieves a 73.3 percent CPR by 2020.

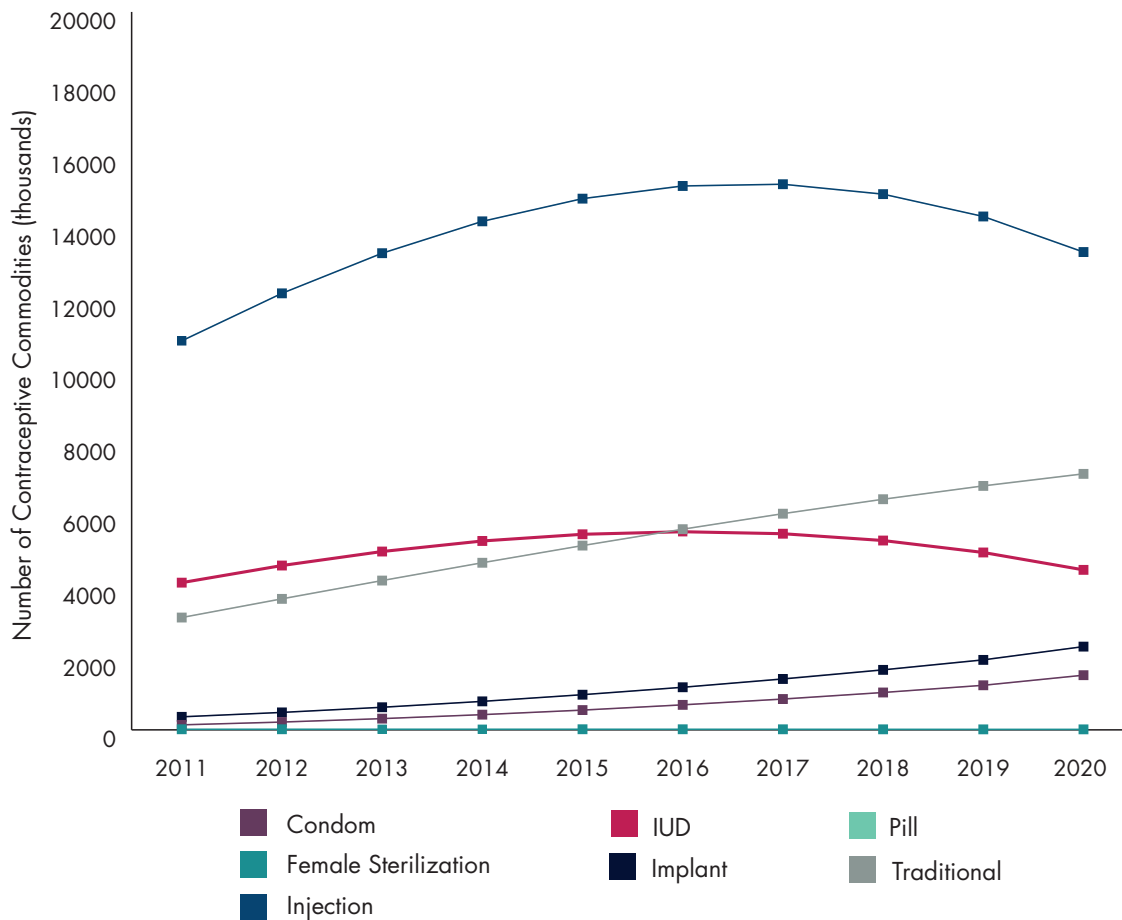
Figure 6. Trends of Risk Adjusted U5MR and IMR, 2011–2020



Projecting Contraceptive Commodities

To ensure contraceptive security, there is a need to accurately forecast the quantities and types of commodities required. Figure 7 shows estimated amounts of commodities needed in each couple year of protection (the total amount of protection conferred by all methods to all acceptors practicing FP for any length of time).

Figure 7. Projected Amount of Contraceptive Commodities Required, 2011–2020



Conclusions and Recommendations

The FP2020 initiative sets ambitious targets for increases in contraceptive use and improvements in method mix. In countries like Ethiopia, increased investment in family planning would contribute to a substantial reduction in the fertility rate and improved infant and child health outcomes by reducing family size and creating economic balance in households so children will be better fed, and have better access to healthcare. Based on HPP's analysis, to achieve its FP2020 goals, Ethiopia must consider FP program requirements to meet stated targets and adopt realistic strategic approaches to help satisfy family planning needs.

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