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Priority Actions

The Government of Ethiopia should increase investment in family planning to foster immediate health benefits.[9] Increased access to family planning in Ethiopia would vastly improve the health and lives of millions of women, children, and families. To make this possible, parliamentarians should

- Continue making family planning a multisectoral issue by securing family planning commitments from all relevant sectors and at all leadership levels;
- Make more domestic funding available for family planning;
- Focus more efforts on adolescent girls by expanding youth-friendly services;
- Scale up the delivery of services to hard-to-reach groups; and
- Monitor the availability of contraceptives by using innovative approaches.

Resources

[1] *World Health Organization. 2010. Trends in Maternal Mortality 1990–2008. http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf.*

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[4] *Federal Ministry of Health. 2005. Health Sector Development Program III 2005.*

[5] *Federal Ministry of Health. 2006. National Reproductive Health Strategy 2006–2015.*

[6] *Personal Communication by the Federal Ministry of Health. June 24, 2012.*

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[9] *USAID | Health Policy Initiative, Task Order 1. 2010. The Cost of Family Planning in Ethiopia. http://www.healthpolicyinitiative.com/Publications/Documents/1091_1_Ethiopia_Brief_FINAL_7_12_10_acc.pdf.*

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FAMILY PLANNING IN Ethiopia

November 2012

Family Planning Improves Maternal Health

Family planning plays an essential role in improving maternal health, which is one of the eight Millennium Development Goals (MDGs) world leaders have pledged to achieve by 2015.[1] Family planning is a low-cost yet effective way to lower maternal mortality by reducing the number of high-risk births. Pregnancies that are too early, too close, too many, or too late pose adverse health consequences for the mother, child, and family. In Ethiopia, the probability of an adult woman dying from a maternal cause during her reproductive lifespan is about one in 40.[1] When a woman dies in pregnancy or childbirth, this affects not only the well-being of the family but also the social and economic development of the community and nation. Further, the surviving newborns often suffer from poor health and are at a greater risk of dying before reaching age 5.

Waiting at least two years from the previous birth to attempt another pregnancy reduces the risk of illness and death for mothers, as well as newborns, infants, and children. In addition to the health benefits, spacing births allows parents to devote more time to each child in the early years, easing pressures on the family's finances and giving parents more time for income generating activities.[2]

An Ethiopian woman bears an average of five children in her lifetime. As of 2011, 29 percent of married

Ethiopian women of childbearing age (15–49) use any method of family planning;[3] this is a dramatic increase from 2005—when only 15 percent of married women of childbearing age were using any form of contraception. However, 25 percent of married women do not want any more children or want to wait for two or more years before having another child but are not currently using any form of contraception. Family planning efforts need to expand to address this "unmet need" for family planning-particularly among young women ages 15–19 who have the highest unmet need (33%).

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HEALTH POLICY PROJECT

Ethiopia has made progress

Ethiopia has made commendable efforts toward fulfulling its national socio-economic development goals and is one of the few countries that has made significant progress toward achieving the MDGs, particularly those related to health.

Through a 20-year Health Sector Development Program (HSDP), currently in Phase IV, the government has made family health a priority, particularly maternal, neonatal, and child health.

Further, the Federal Ministry of Health (FMOH) has identified family planning as a key intervention in achieving the HSDP targets and MDGs, as well as broader socio-economic growth.[4]

Over the last 15 years, the FMOH has made unreserved efforts to expand access to family planning information and a range of family planning method options. In addition to the usual static facility-based service, the ministry has substantially increased access to family planning services through its Health Extension Program, which has deployed more than 34,000 rural health extension workers (HEWs) capable of providing family planning information and short-term family planning methods (e.g., condoms, oral pills, and injectables). Over the last five years, the FMOH has been giving increased attention to expanding the family planning method mix, especially the expansion of services for long acting methods (non-permanent and permanent methods). To this end, the ministry has revised the national family planning guide and introduced task shifting. In 2009, an initiative began to scale up family planning implants, and as a result, HEWs are currently providing an implant called Implanon at the community level. In 2010, the scale-up of intrauterine family planning devices was initiated in more than 100 districts and will be extended throughout the country.

And beginning in the next Ethiopian fiscal year, the FMOH plans to scale up permanent family planning services at hospitals and selected health centers.[5]

As a result of these efforts, Ethiopia has made tremendous progress in doubling the contraceptive prevalence rate (CPR) over the last five years (from 15% in 2005 to 29% in 2011). However, the CPR is highly dependent on short-term family planning methods (e.g., nearly 21% for injectables), and unmet need for family planning is still high for spacing births (16%) and limiting (9%). Recognizing this situation, the FMOH, under HSDP IV, has set a target CPR of 66 percent by 2015. To achieve this goal, the FMOH has considered the important role of long acting non-permanent and permanent methods and aims to provide 20 percent of all family planning clients with these long-acting methods.

Despite these significant efforts and achievements, however, higher authorities-such as parliamentarians, community leaders, associations, government and nongovernment officials, and other policy makers-need to foster a stronger enabling environment for family planning by raising awareness and delivering compelling public statements at all levels (national, district, and local). In addition, the government and donors need to increase funding for family planning to make achieving the set targets possible.[5]

Increased contraceptive financing is needed

In the past few years, Ethiopia has made considerable progress toward achieving contraceptive security-the ability of every woman and man to access contraceptives. An important element in achieving this goal is allocating adequate funding to contraceptive procurement. Historically, almost all contraceptives have been donated to Ethiopia by the U.S. Agency for International Development, United Nations Population Fund, and UK Department for International Development. However, in 2007, the federal government earmarked a budget line item for contraceptive procurement for the first time.

In fiscal year 2007–2008, the government spent US$910,000 of its own internally generated funds and used US$12 million from basket funds to purchase contraceptives, representing 59 percent of total spending for public sector contraceptives that year.

In 2009, total government spending increased to 68 percent, with US$20 million from basket funds. In 2010, the MDG Pool Fund, a funding arrangement in addition to the basket funding arrangement, began to finance contraceptives. For 2010–2011, US$5 million were allocated from the MDG pool fund, US$9 million from basket funds, and about US$919,000 from internally generated funds. Similarly, recognizing the importance of contraceptive security, Ethiopia's four major regions-Oromia; the Southern Nations, Nationalities and Peoples (SNNP); Amhara; and Tigray-have all committed their own funds to support contraceptive security. The amounts range from approximately US$30,000 to US$400,000. The commitment of these regions is also evident in their respective policy documents, such as their five-year health strategies.[6]

While funding has been rising, family planning use is concentrated on short-term methods, such as pills, injectables, and condoms. Increased allocations for the procurement of long-acting methods (permanent and non-permanent) are needed, as well as for family planning services and education more broadly.

Family planning is a smart investment

Investing in family planning improves maternal and child health and also has benefits for Ethiopia across several sectors. For example, fulfilling unmet need for family planning would generate significant cost savings in meeting five of the MDGs-achieve universal primary education; reduce child mortality;improve maternal health; ensure environmental sustainability and combat HIV/AIDS, malaria, and other diseases. The savings would be more than two times greater than the increased costs of family planning.[7]

Satisfying unmet need for family planning by 2015 would meet the desires of women and men for their families and save the lives of nearly 13,000 mothers and more than 1 million children. In addition, meeting unmet need would generate $23 million in savings in the education sector and $26 million in the water and sanitation sector.[8]

Addressing the high unmet need for family planning will help Ethiopia fulfill its national vision of reducing poverty and becoming a middle-income country.