Making family planning a national development priority

We believe that every person should have the right and an equitable opportunity to live a healthy, productive, and fulfilling life. We are committed to steering the development of our countries and uplifting the wellbeing of our people by achieving the Millennium Development Goals (MDGs). We attest that development efforts should strike a sustainable balance between the wellbeing of people and the natural environment for the sake of current and future generations.

We are pleased with the progress being made by our own countries, and many others in Africa, on MDGs and we recommit ourselves to reinforce action on MDGs where progress has been slow. Progress has been particularly slow on MDG 5, which focuses on improving safe motherhood and ensuring universal access to family planning and other reproductive health services.

We believe that it will be difficult for us to make sustained progress on MDGs without making methods of family planning universally accessible to all women who would like to use them. This is because family planning makes a major contribution to improving the health of mothers and children, while also empowering women to participate more in economic productivity and enabling families to invest more in education of their children. Family planning also helps to slow the high levels of population growth in our countries, which would enhance the capacity of our governments to make necessary investments to improve the quality of human capital, reduce poverty and hunger, preserve natural resources, and adapt to the consequences of climate change and environmental degradation.

Family planning is about listening to what parents want, not dictating what they should do; it is about enabling women and their partners to decide freely when and how many children they want to have. Current estimates show that more than 40 million women in sub-Saharan Africa alone would like to stop or postpone childbearing but are not using family planning; this is a serious cause for concern and a lost opportunity to bolster our development efforts.

The demand for family planning in our countries is likely to increase substantially in the near future, as more people decide to have fewer children and more women and men enter their fertile years. The unmet need for family planning in Africa is particularly high among young people, who require targeted interventions to improve their access to reproductive health information, services, and supplies.

Rates of maternal mortality in most African countries are unacceptably high. There is an urgent need for concrete action to reduce the burden of disease among women that results from starting childbearing at a young age and giving birth frequently. In The Lancet’s Series on Family Planning, John Cleland and colleagues report that access to family planning can reduce maternal deaths by 40%, infant mortality by 10%, and childhood mortality by 21%. But we also know that family planning is a key investment: it helps to reduce the broader costs of health care since there will be fewer mothers seeking care for pregnancy complications, unsafe abortion, and delivery.

Rapid population growth occurs when women and girls are not able to decide on the timing and number of children they have. Many countries in Africa have made progress in reducing the proportion of people living in absolute poverty, but partly as a result of population growth the actual number of people living in poverty has increased in many countries. Similarly, while sub-Saharan Africa as a region has reduced the percentage of urban residents living in slum settlements from 70% to 62% between 1990 and 2010, the actual number of slum dwellers has doubled to 200 million. Rapid population growth...
also undermines the capacity of communities and nations to adapt effectively to the consequences of climate change and environmental degradation.\(^1\)

Family planning empowers women to take charge of their lives whilst also enhancing their contributions to family wellbeing and overall national development. Some progress has been made towards improving gender equity so that women have greater involvement in decision-making processes and positions in government. Increasing educational opportunities for girls protects them from premature marriage and helps address gender inequalities in economic participation.\(^11\) However, the large annual increase in the number of school-age children each year in our countries dilutes the investments that families and governments are able to make towards universal secondary education. We believe that improving education and improving access to family planning are not alternatives: they are rather complementary policies that African governments and the international community must pursue.

We recognise these wide-ranging contributions to development and are committed to prioritising family planning and reducing the barriers to contraceptive use. We are proud of the progress that is being made to increase contraceptive use in our countries. In Rwanda, the percentage of married women using contraception rose from 13% in 2000 to 52% in 2010.\(^12\) In Ethiopia, contraceptive use increased from 8% to 29% between 2000 and 2010.\(^13\) But challenges remain. For example, 25–35% of married women in these countries, most of whom are the poorest people in our communities, still have unmet need for family planning.

Despite variations in the ways in which we have achieved this progress in our countries, the broad factors are strikingly similar. First, through open and multisector discourse, political leaders, policy makers in government, and other key stakeholders have prioritised family planning and put in place appropriate policies and intervention programmes to facilitate the delivery of contraceptives to people who need to use them, irrespective of their capacity to pay for the services.

Second, we have strengthened the capacity of our health systems to deliver family planning—for example, by reinforcing local planning and evaluation capacity, enhancing supply-management systems, and improving training of health workers and enabling lower level health workers to assume more responsibility in the provision of previously restricted family planning methods.

Third, we have extended family planning provision to communities through the direct involvement of community members. This has helped overcome the geographical and financial barriers that many women encounter and has facilitated the direct involvement and support of men and other family members.

Fourth, we have promoted and facilitated the involvement of social marketing and a wide range of private health providers in the provision of family planning. We have also forged strong partnerships with religious and traditional leaders, whose support and buy-in are valuable for successful family planning programmes.

Finally, through close cooperation with our strategic partners, we have ensured that family planning is allocated the requisite funding to ensure a steady flow and supply of contraceptives to all parts of our countries. However, to ensure sustainable programmes, we call upon other African leaders to increase funding for family planning commodities and related services from national budgets.

We are hopeful that the evidence in The Lancet’s Series on Family Planning will add immense value to ongoing efforts to reposition family planning as a key development intervention among African governments and the international community.

Pierre Damien Habumuremyi, Meles Zenawi
Office of the Prime Minister, Government of Rwanda, Kigali, Rwanda (PDH); and Office of the Prime Minister of the Federal Democratic Republic of Ethiopia, Government of Ethiopia, Addis Ababa, Ethiopia (MZ)

PDH is Prime Minister of Rwanda. MZ is Prime Minister of the Federal Democratic Republic of Ethiopia. We declare that we have no conflicts of interest.

5 Bloom DE, Canning DE. Booms, busts and echoes: how the biggest demographic upheaval in history is affecting global development. Finan Dev 2006; 42: 8–13.


