

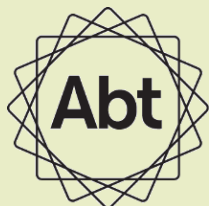


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Regional trends in private and public provision of long- and short-acting contraceptive methods

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May 1, 2014



SHOPS is funded by the U.S. Agency for International Development.
Abt Associates leads the project in collaboration with
Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

Objective

What have been the trends in the use of modern contraceptives (LA/PM and short-acting methods) sourced from the private sector (for-profit or commercial) over the past 20 years?

Why is it important to look at source of family planning method (private vs public)?

- We have to use all possible channels in order to achieve global family planning goals.
- The public sector and NGOs may not be able to cover all unmet need alone

Why is it important to look at use long-acting vs. short-acting methods?

Compared to short-acting methods, LA/PMs:

- Are more effective at preventing pregnancy
- Have higher continuation rates
- Have lower cost per couple-year protection (CYP)

Questions

Over the past 20 years, what have been the trends in the following indicators?

- Private sector versus public sector (source mix)
- LA/PM versus short-acting (method mix)
- Source and method mix combined

Data and methods

- DHS surveys from 36 countries, according to the following criteria:
 - At least *three* DHS surveys between 1992 and 2012
 - At least one survey from each of the following periods:
 - Period 1: 1992-2000
 - Period 2: 1998-2006
 - Period 3: 2006-2012
- Regional averages are unweighted

Data and methods

- Three regions:
 - South Asia, Southeast Asia, and Near East (Asia)
 - Latin America and the Caribbean (LAC)
 - Sub-Saharan Africa (SSA)
- Unit of analysis: women of reproductive age either married or living in union

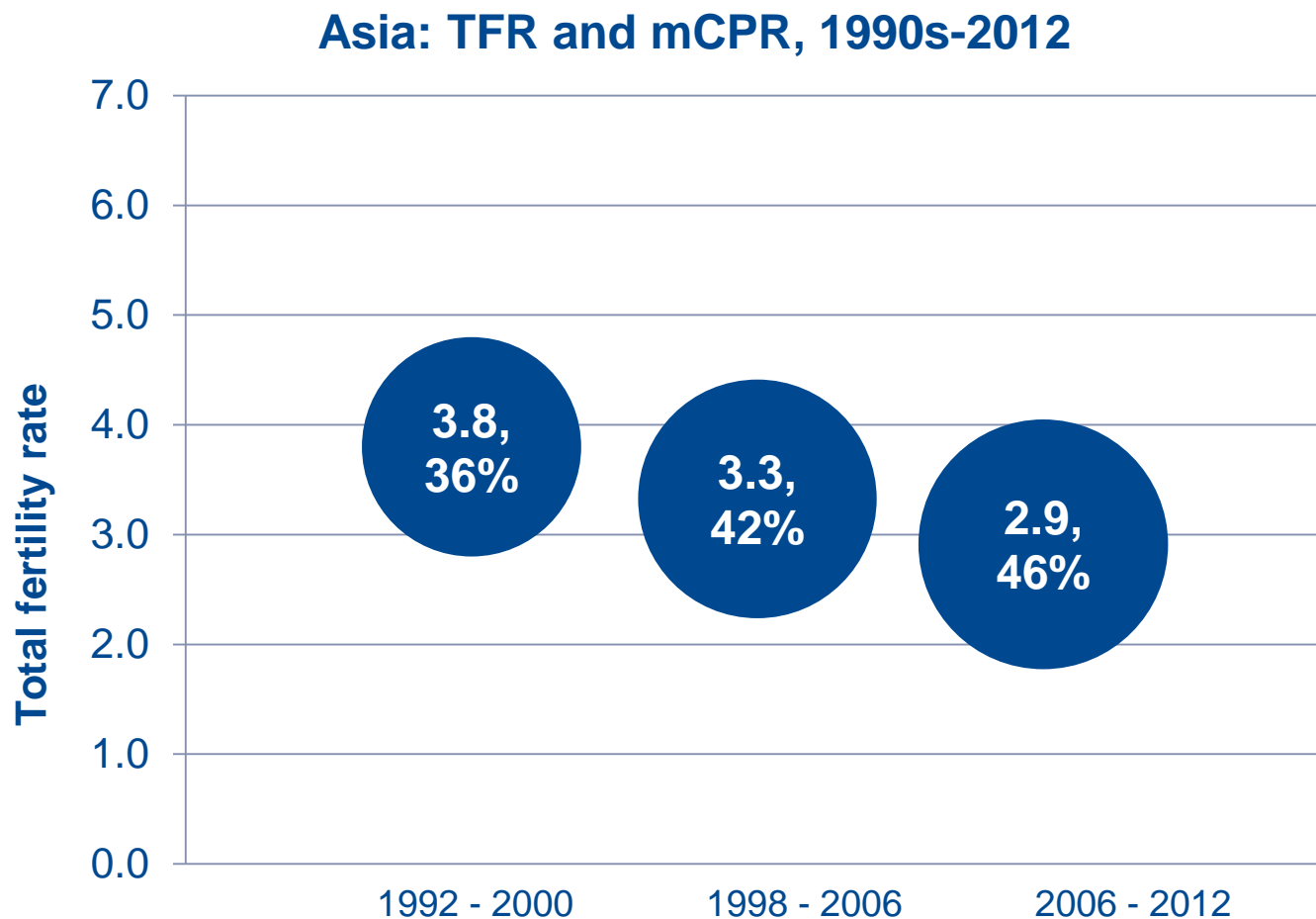
List of 36 countries

Demographic Health Surveys (DHS): 1992-2012		
<u>Sub-Saharan Africa (SSA)</u>	<u>Asia/Near East</u>	<u>LAC</u>
Benin	Bangladesh	Bolivia
Burkina Faso	Cambodia	Colombia
Cameroon	Egypt	Dominican Rep.
Ethiopia	India	Haiti
Ghana	Indonesia	Peru
Kenya	Jordan	El Salvador
Madagascar	Nepal	Guatemala
Malawi	Philippines	Honduras
Mali		Nicaragua
Namibia		Paraguay
Niger		
Nigeria		
Rwanda		
Senegal		
Tanzania		
Uganda		
Zambia		
Zimbabwe		

TFR and mCPR: Regional trends

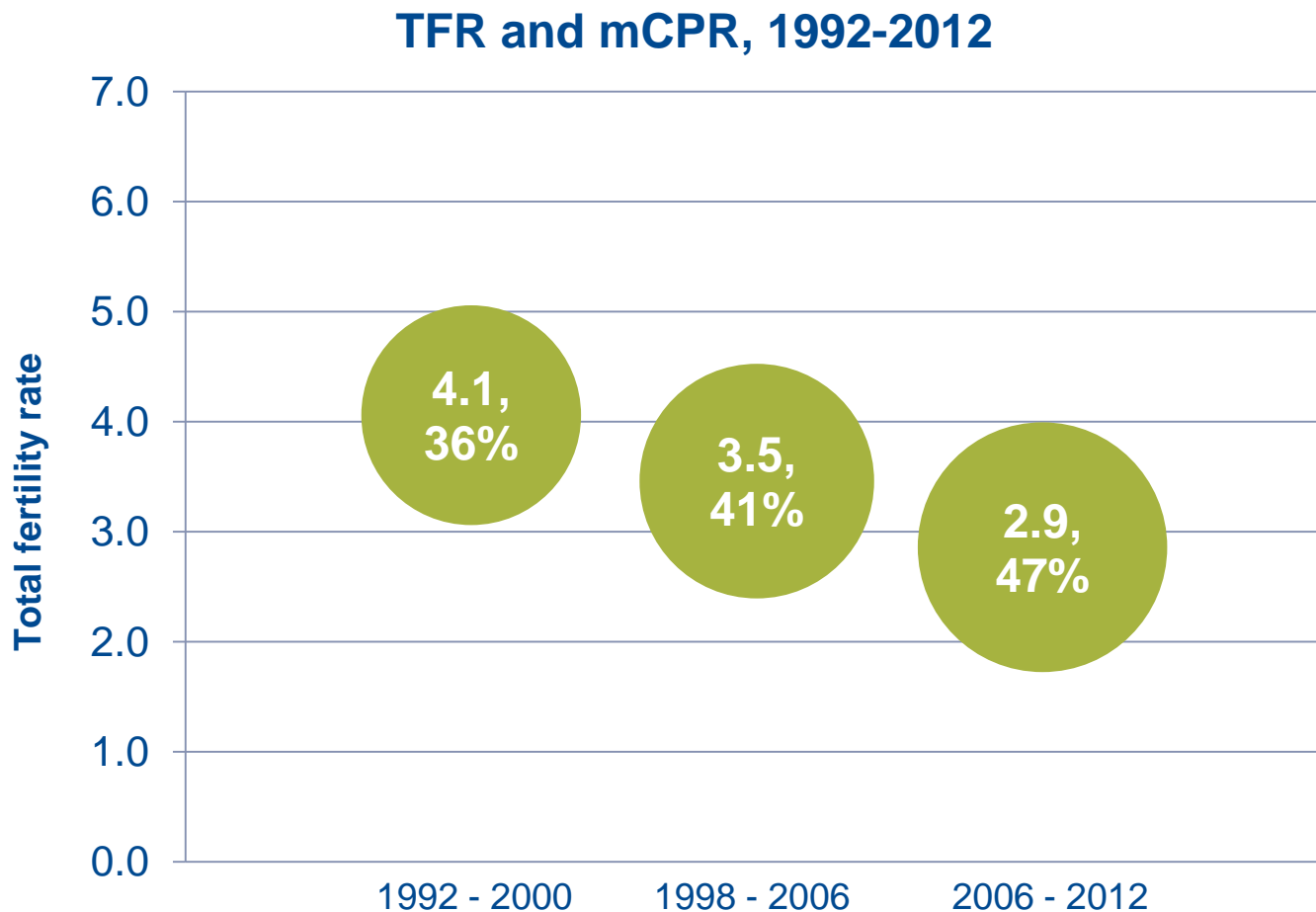
What have been the trends in total fertility rates (TFR) and modern contraceptive prevalence rates (mCPR) across the three regions?

In Asia, TFR went down and mCPR increased



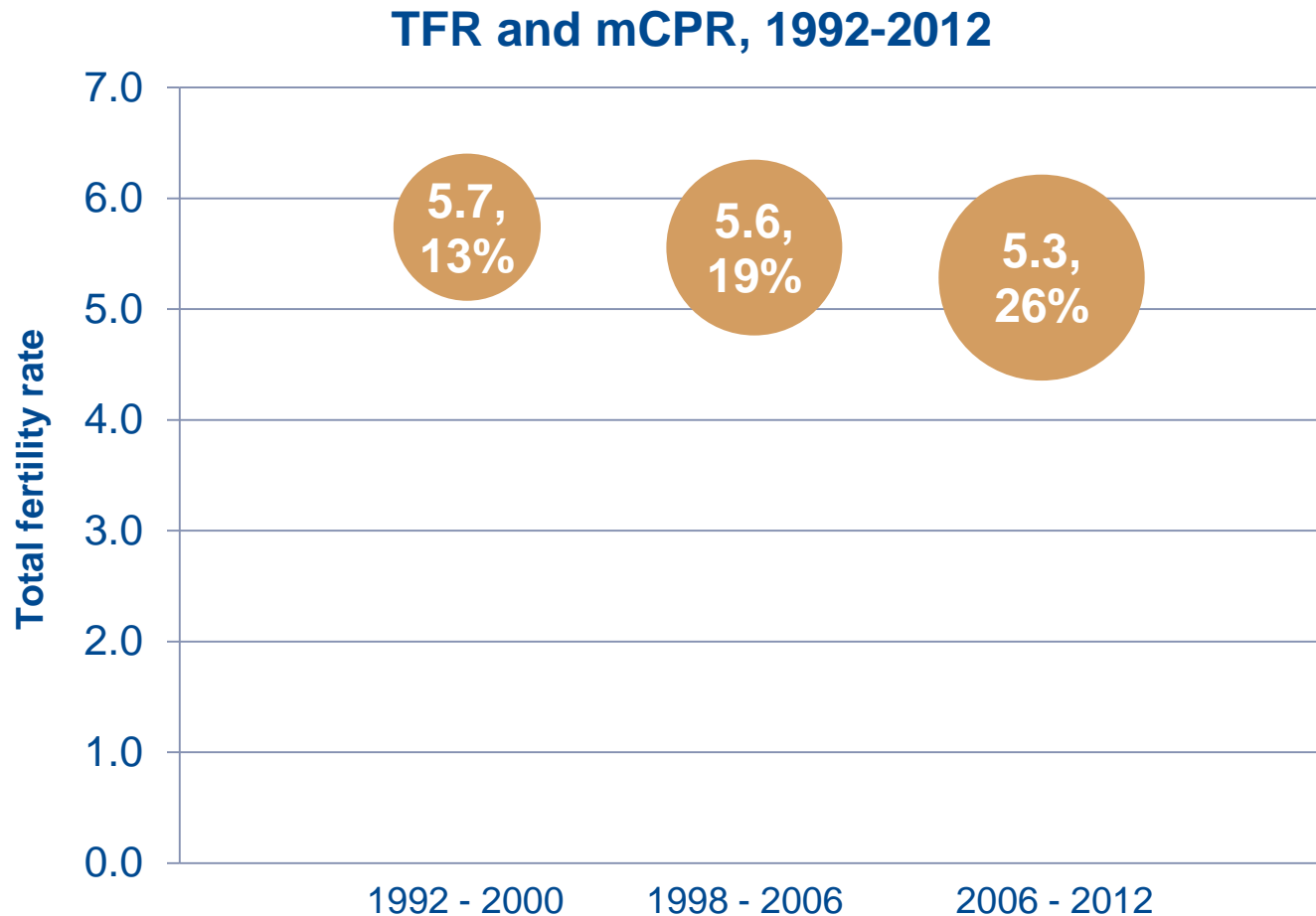
Source: Demographic Health Surveys (DHS)

Similar trend in Latin America and the Caribbean



Source: Demographic Health Surveys (DHS)

But in Africa, while mCPR doubled, TFR barely decreased in 20 years

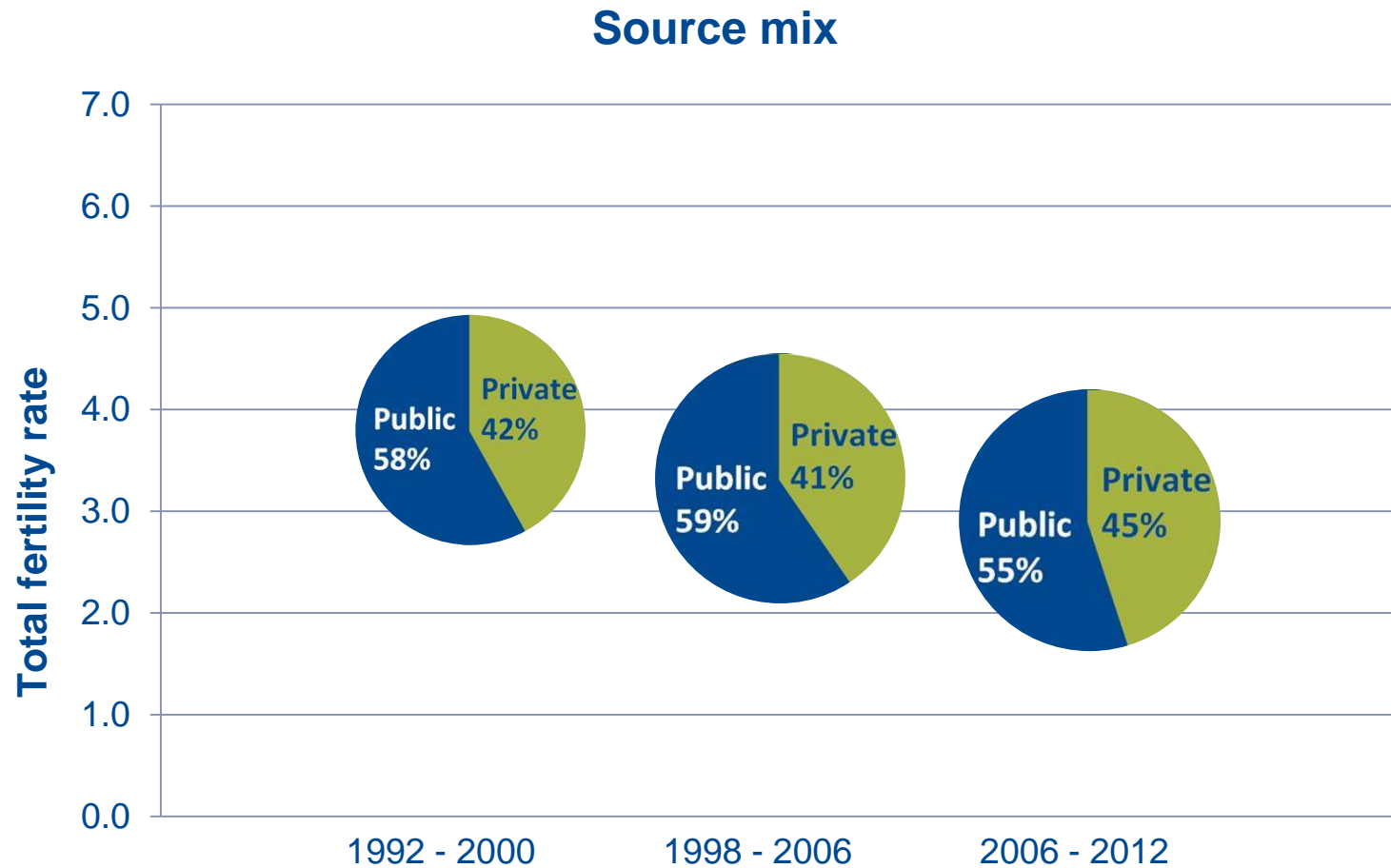


Source: Demographic Health Surveys (DHS)

Source mix: Regional trends

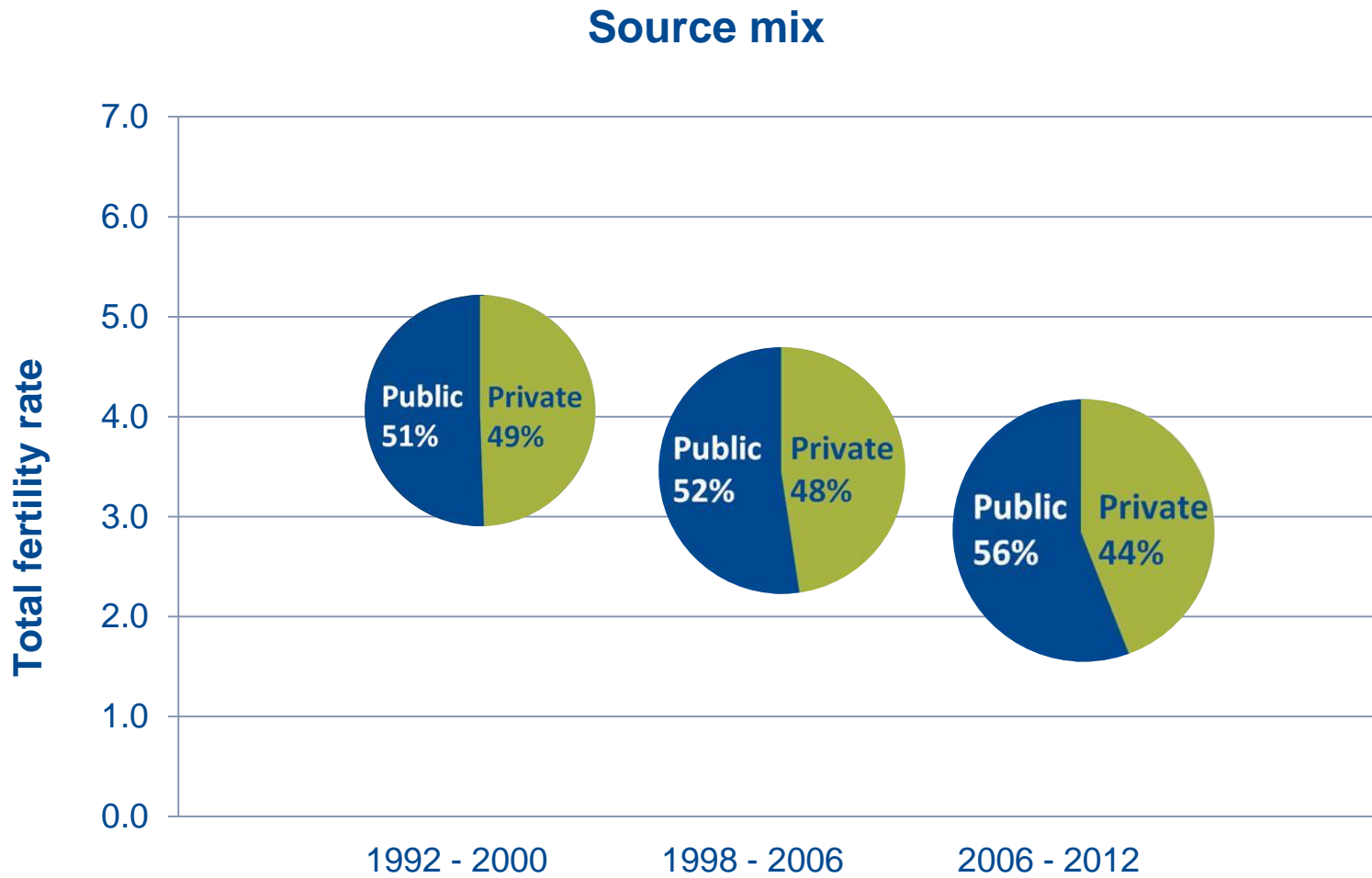
What have been the trends in the source mix across the three regions?

In Asia, the private sector's role has remained large and stable



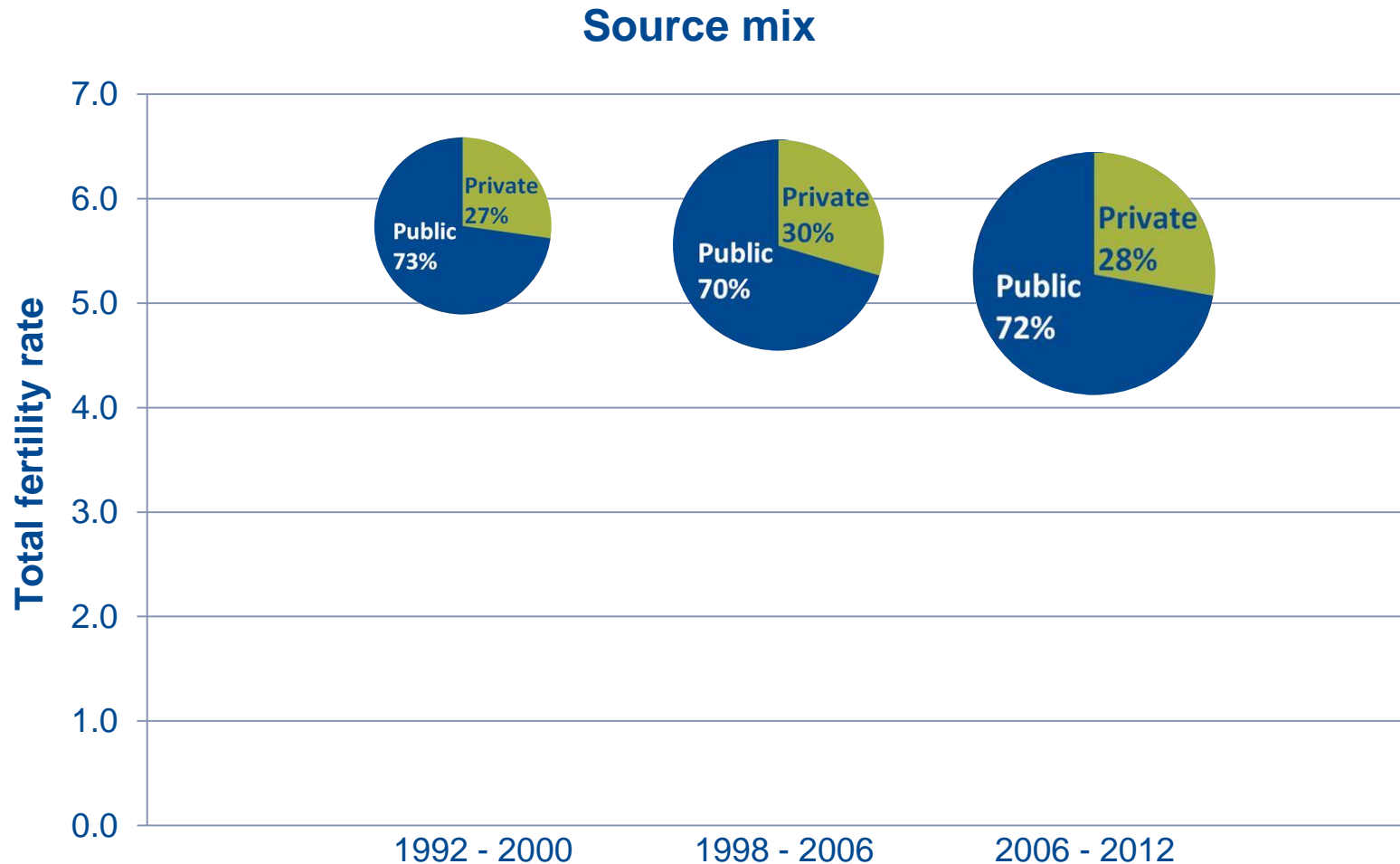
Source: Demographic Health Surveys (DHS)

Latin America and the Caribbean has a very similar story



Source: Demographic Health Surveys (DHS)

In Africa, the private sector's share is smaller but remains unchanged



Source: Demographic Health Surveys (DHS)

Summary: Source mix

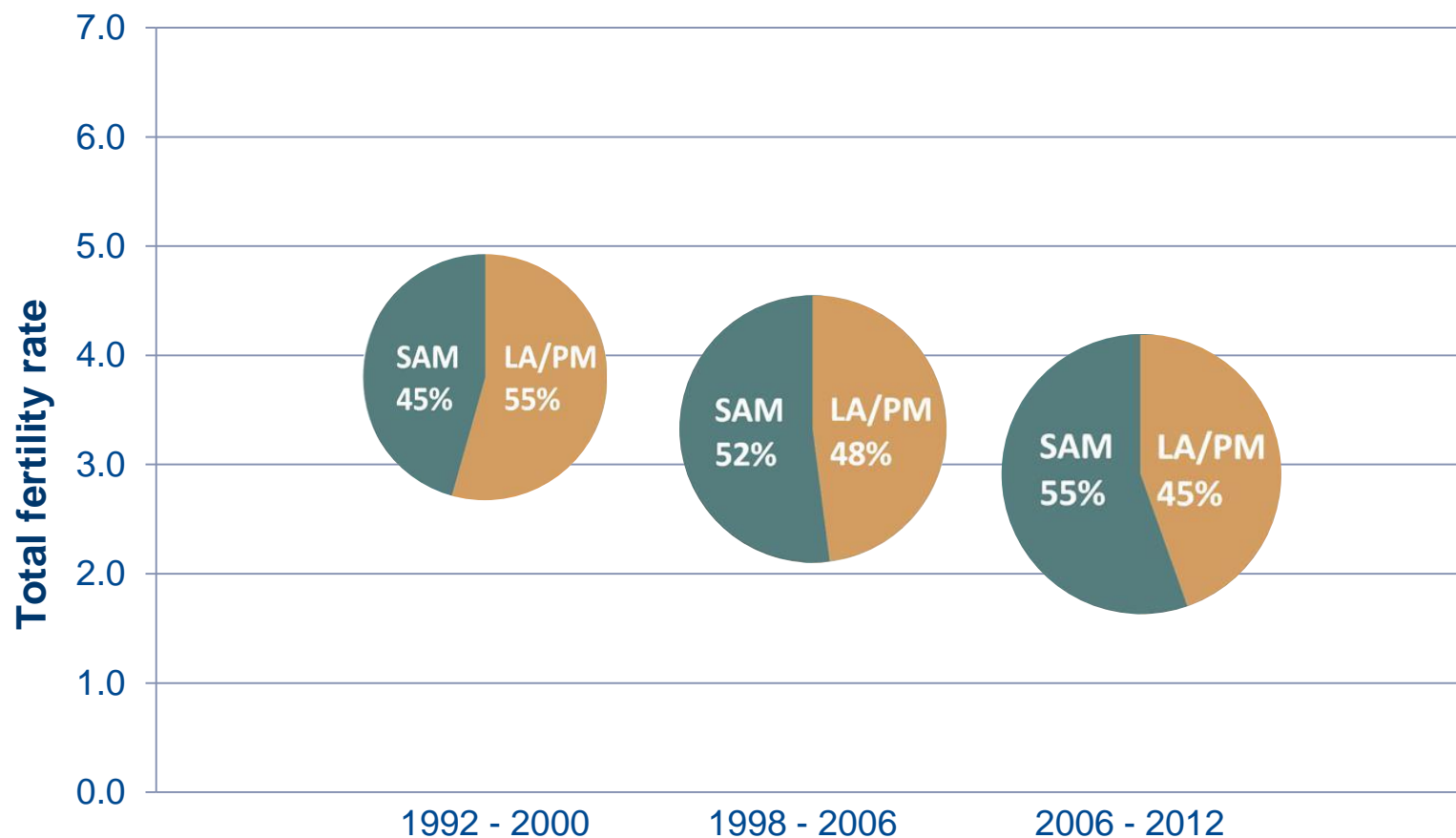
- In all three regions, the private sector share of the market has remained stable over time
- In Asia and LAC, the private sector represents almost half of all modern contraceptive use
- In Africa, private sector market share is less than a third of the market

Method mix: Regional trends

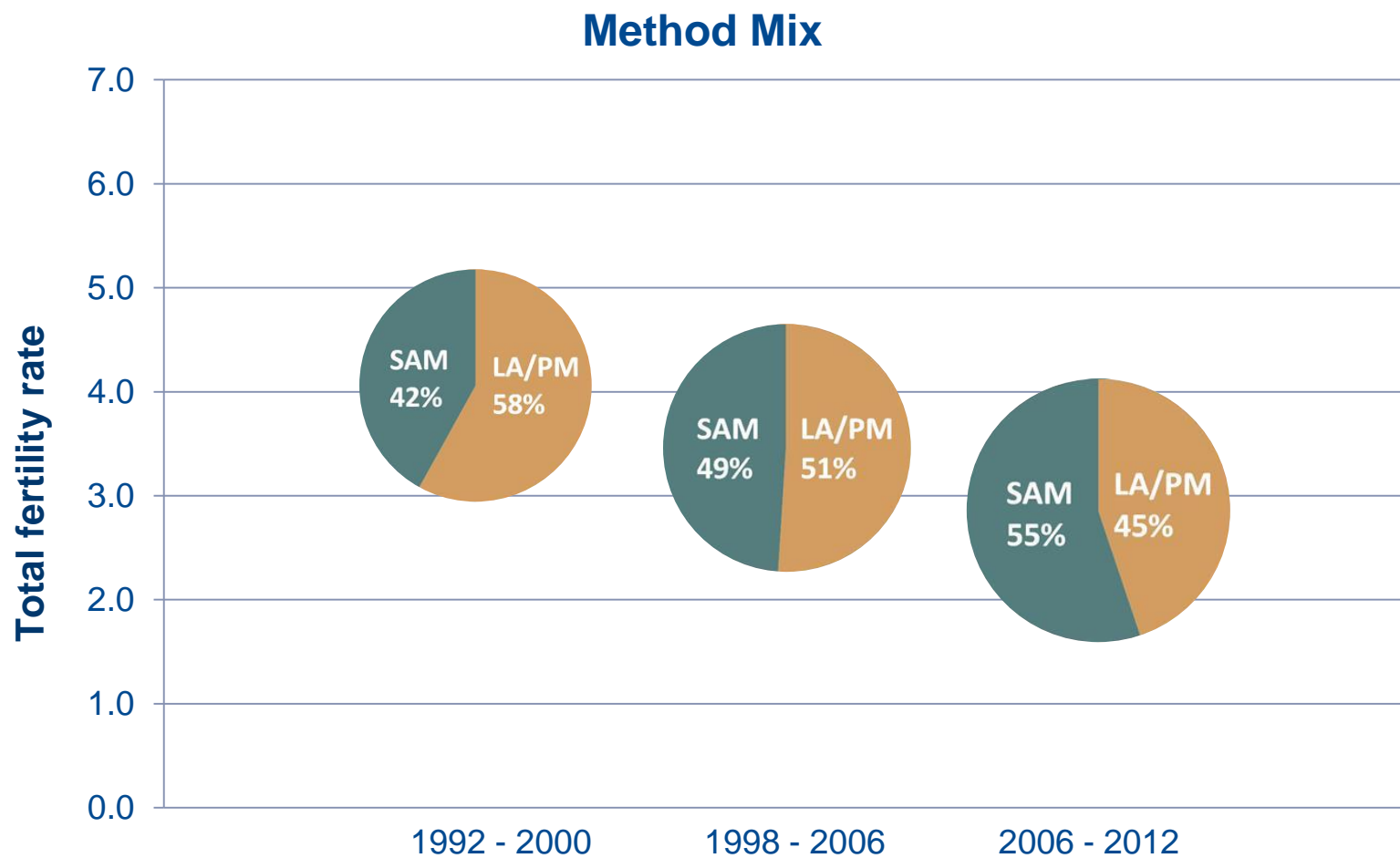
What have been the trends in the method mix — short-acting methods and LA/PMs — across the three regions?

In Asia, LA/PMs are a large proportion of mCPR

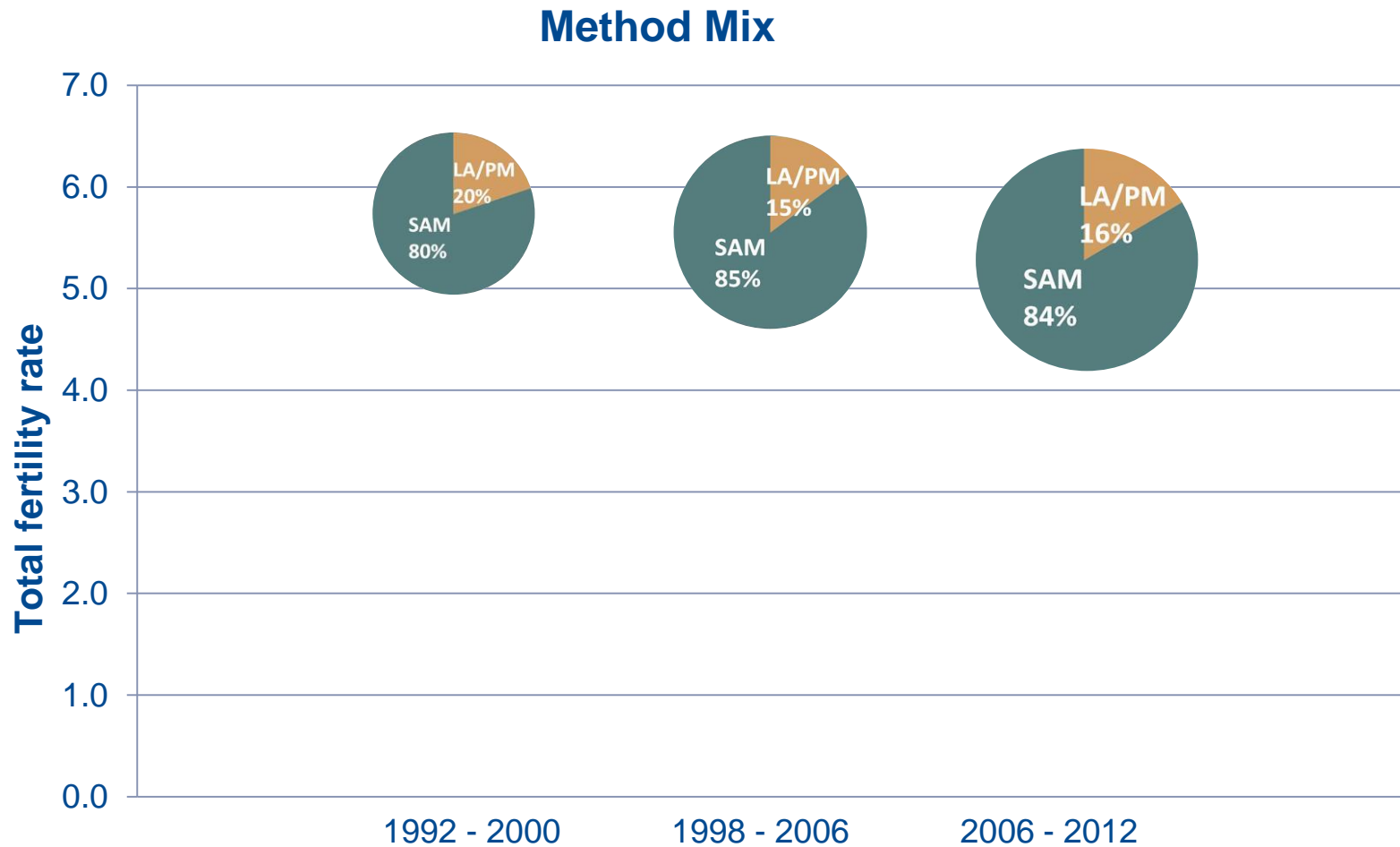
Method Mix



In LAC, LA/PMs also large proportion of mCPR



In Africa, the proportion of women using LA/PMs has remained stable, but at a low level



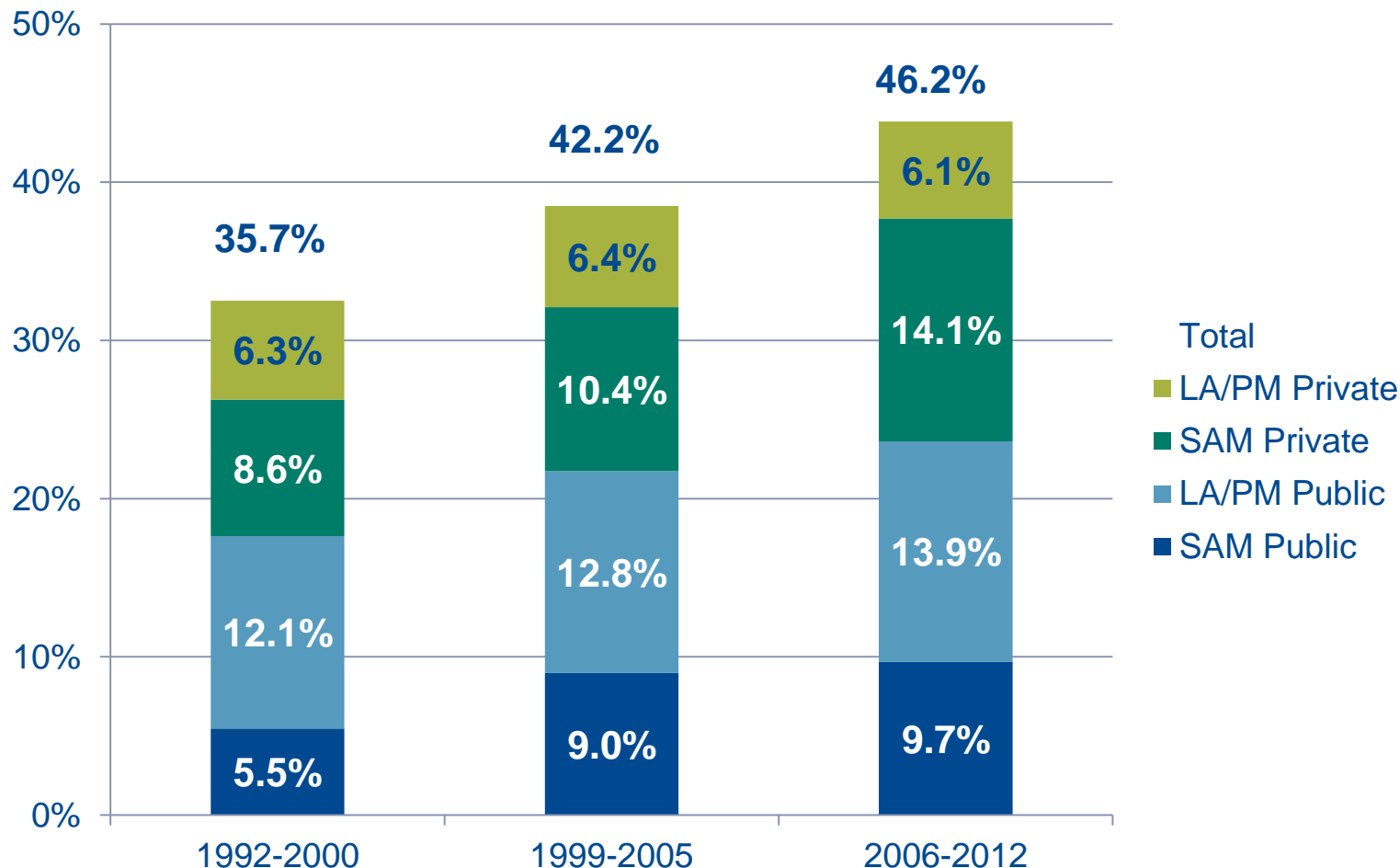
Summary: Method mix

- In Asia and LAC, LA/PMs represent about 45 percent of the modern method mix and have been decreasing over time
- In Africa, LA/PMs represent less than 20 percent of the method mix and have not changed over time

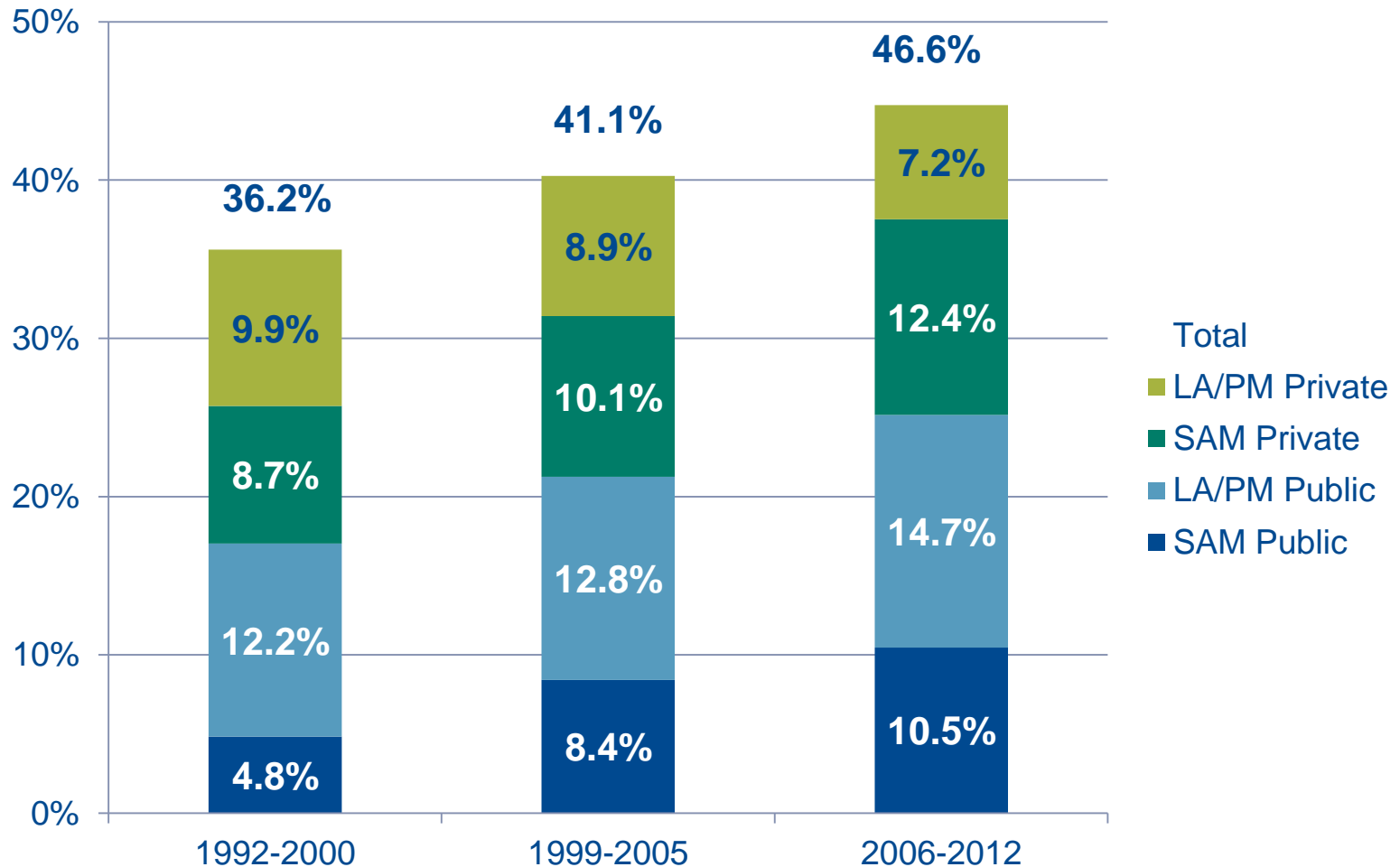
Trends of the method mix and the source mix

What have been the trends in the method and the source mix combined?

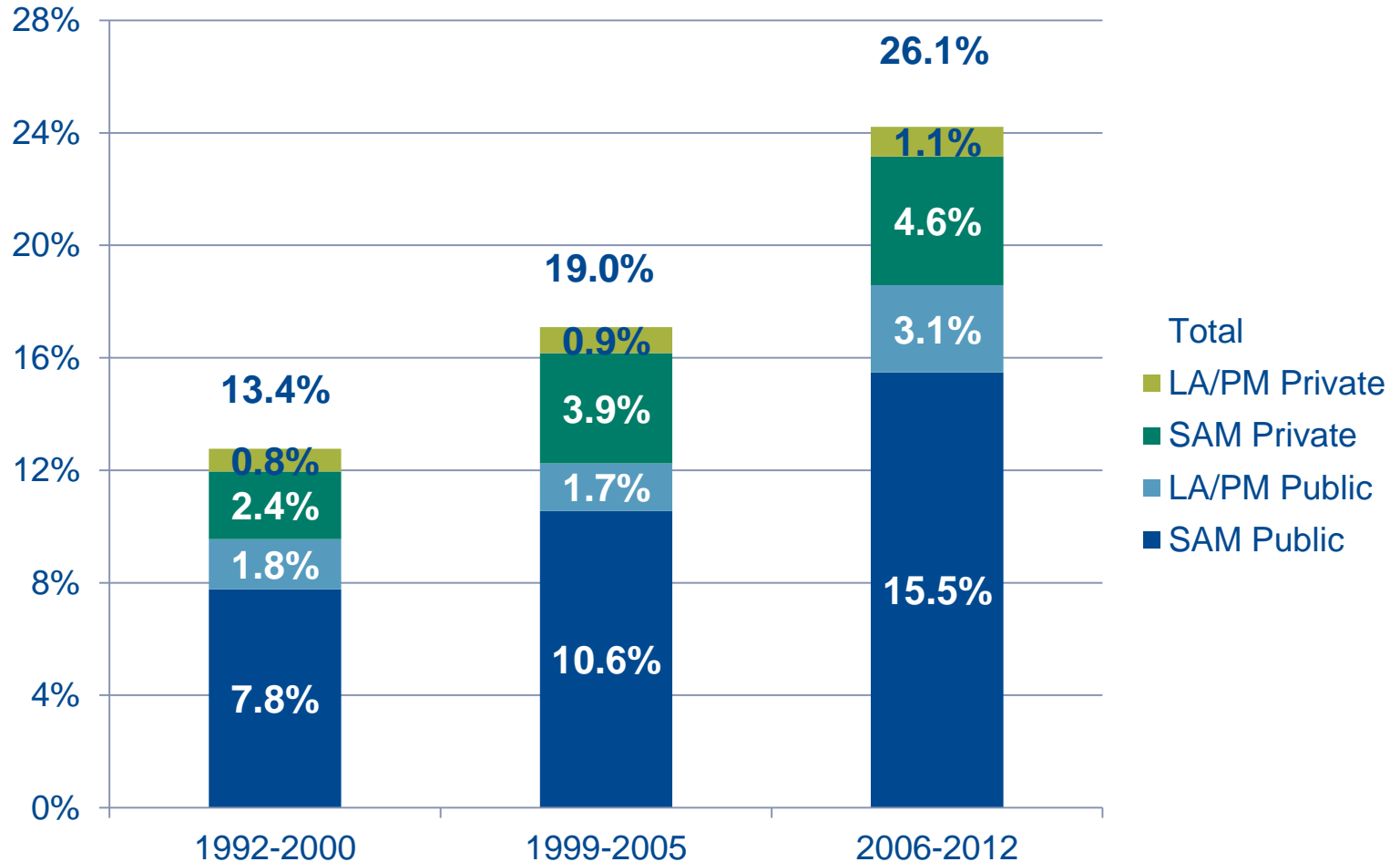
In Asia, growth in mCPR is driven mainly by increasing use of short-acting methods from the private sector



In LAC, increase in short-acting method use from both sectors contributed to rising mCPR



In Africa, short acting method use increased substantially, particularly from public sector



Summary: Asia and LAC

- In Asia and LAC, much of the growth of mCPR in the last two decades has been due to the increased use of short-acting methods sourced from the public and the private sectors

Summary: Sub-Saharan Africa

- In Africa, modern contraception has increased mainly due to greater use short-acting methods sourced from both public and private sectors
- Progress in terms of LA/PM use through the private sector remains very limited
- The distribution of mCPR in SSA by source and method is heavily skewed towards the public sector and short-acting methods in ways that were not observed in Asia or LAC even 20 years ago



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Strengthening Health Outcomes
through the Private Sector



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