

Lessons from Malawi's FP Program About Successful Private Sector Provision of LA/PMs

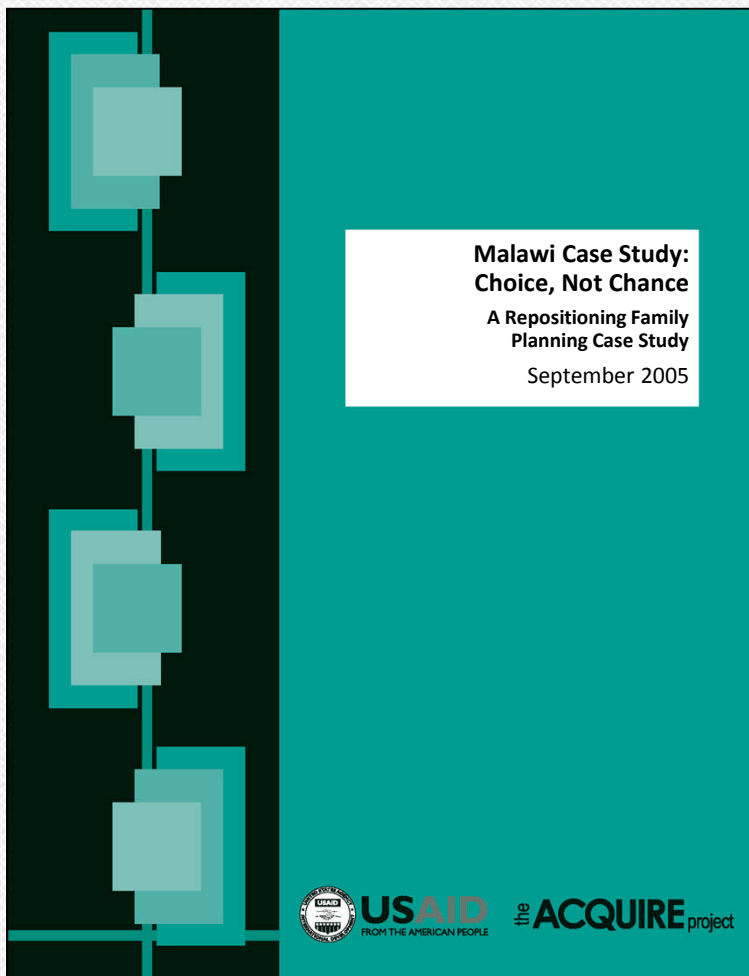
SHOPS LA/PM e-Conference
May 8-10, 2012

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EngenderHealth



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Commentary

Fragile, Threatened, and Still Urgently Needed: Family Planning Programs in Sub-Saharan Africa

Roy Jacobstein, Lynn Bakamjian, John M. Pile, and Jane Wickstrom

Many family planning (FP) programs in sub-Saharan Africa are fragile; recent performance has fallen off and future performance is challenged. Yet robust and well-functioning FP programs are still urgently needed if countries are to meet their health, equity, poverty-alleviation, and economic development goals. In support of these observations, we present data on FP parameters in sub-Saharan Africa overall and in eight of its countries, including Nigeria, the most populous African country; Kenya, a long-time leader in FP in the region; and Uganda, with fertility among the highest in Africa and a population projected to more than triple in the next 40 years to become sub-Saharan Africa's fourth-most-populous country. We also draw upon findings of individual case studies of the contraceptive programs of Ghana (Solo et al. 2005c), Malawi (Solo et al. 2005a), Senegal (Wickstrom et al. 2006), Tanzania (Pile and Simbakalia 2006), and Zambia (Solo et al. 2005b), as well as a synthesis of some of these case studies (ACQUIRE Project 2005).¹ All eight of these countries, which together comprise 40 percent of the population of sub-Saharan Africa, are facing the same difficult dynamics in terms of threat and need.

Trends and Current Status of Family Planning

The use of modern contraceptive methods² is very low in sub-Saharan Africa, far lower than it is in other regions

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of the world. Only 18 percent of married women use a modern method of contraception, compared with 63 percent in Latin America and 61 percent in Asia (48 percent excluding China). This level of contraceptive use represents only a small rise in the contraceptive prevalence rate (CPR) for modern methods from the level of 13 percent seen in sub-Saharan Africa in the late 1990s to 2001 (PRB 2002 and 2008).

Unmet Need for Modern Contraception

Although the use of modern contraceptives is low in sub-Saharan Africa, unmet need for modern contraception is high. Twenty-nine of the 31 sub-Saharan African countries where a recent DHS has been conducted report levels of unmet need for modern-method use exceeding 20 percent; 19 countries report levels between 30 percent and 49 percent. In contrast with other regions, little or no reduction in unmet need for modern family planning has occurred during the past decade in sub-Saharan Africa. Unmet need for modern-method use is higher than current use (that is, met need) in many sub-Saharan African countries, in some cases substantially higher. Whereas 18 million married women in sub-Saharan Africa use modern contraceptives, 25 million lack modern means of managing their fertility (Westoff 2006).

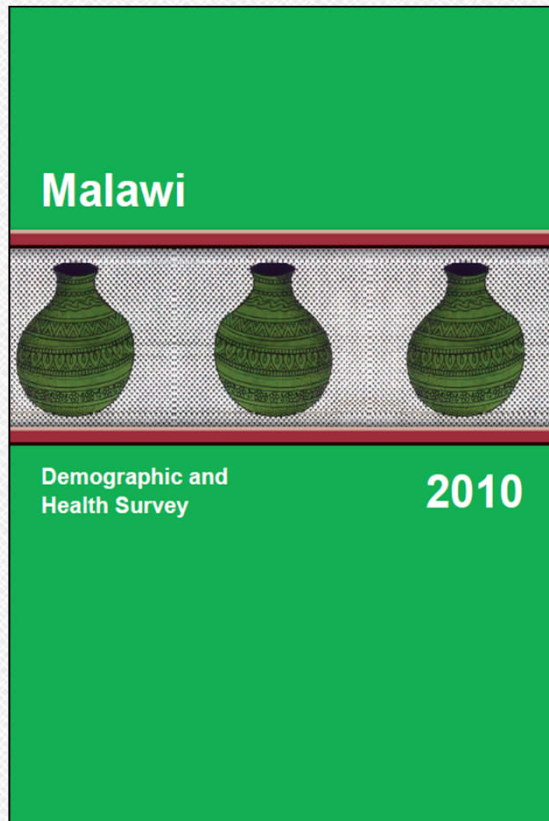
Fertility and Population Growth

A concomitant to this low prevalence of use and high unmet need is very high fertility and rapid population growth: sub-Saharan Africa's total fertility rate (TFR) is 5.5 lifetime births per woman, substantially higher than the TFR of Latin America (2.5 births) and Asia (2.4 births [2.8 births, excluding China]). Fifteen of the 31 sub-Saharan African countries with a recent DHS have TFRs that exceed six births per woman (PRB 2007). This



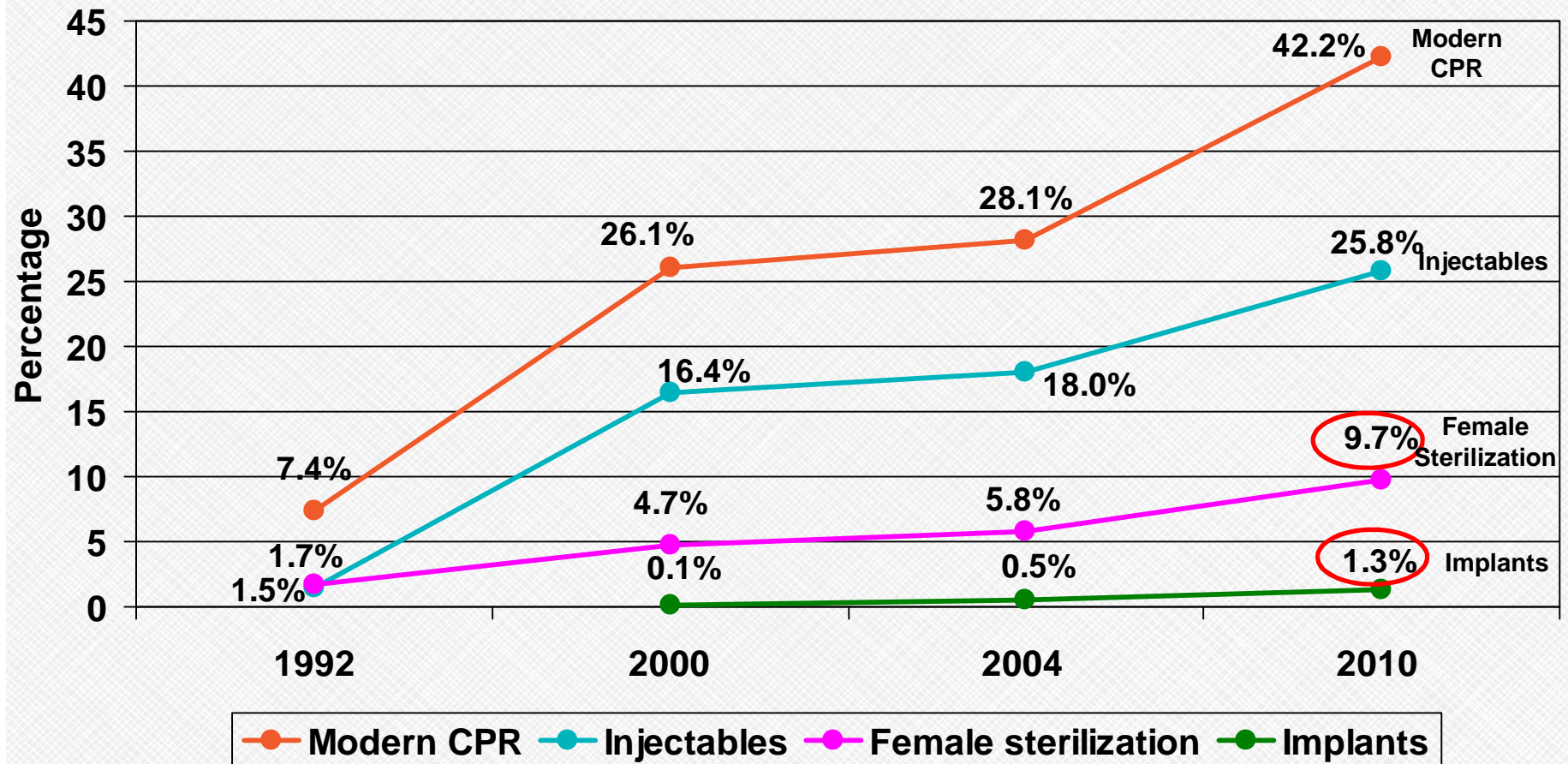
- Population: 15 million (growth rate ~2.8%/yr)
- One of the 10 poorest countries in the world
 - 76% live on less than \$2/day; 42% < \$1/day
- Residence: 81% rural / 19% urban
- Female literacy: 68% (9% completed primary)
- HIV prevalence: 11%
(15% in 2000; 12% in 2004)
- Maternal mortality: 675 per 100,000 live births
(984 in 2004)
- Life expectancy at birth: 44 (M) / 51 (F)

Sources:

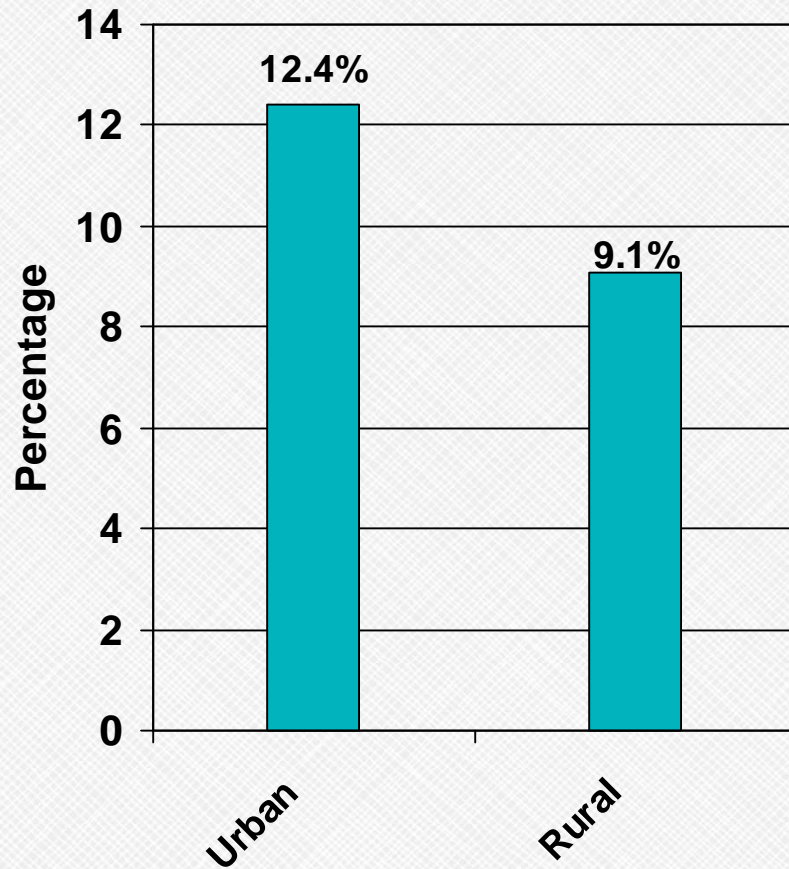


- Universal knowledge of FP
(99.7%, including 93% for female sterilization, 86% for implants)
- Total demand for FP is high: 72%
- Demand to limit is greater than demand to space
(38% demand to limit versus 35% demand to space)
- Modern FP use (CPR) rising quickly: 42%
(28% in 2004)
- Use of LA/PMs is high: >11% among MWRA
- Fertility still disappointingly high
 - Total fertility rate (TFR) 5.7 (6.0 in 2004; 7.3 in 1966)
 - Higher than wanted fertility of 4.5

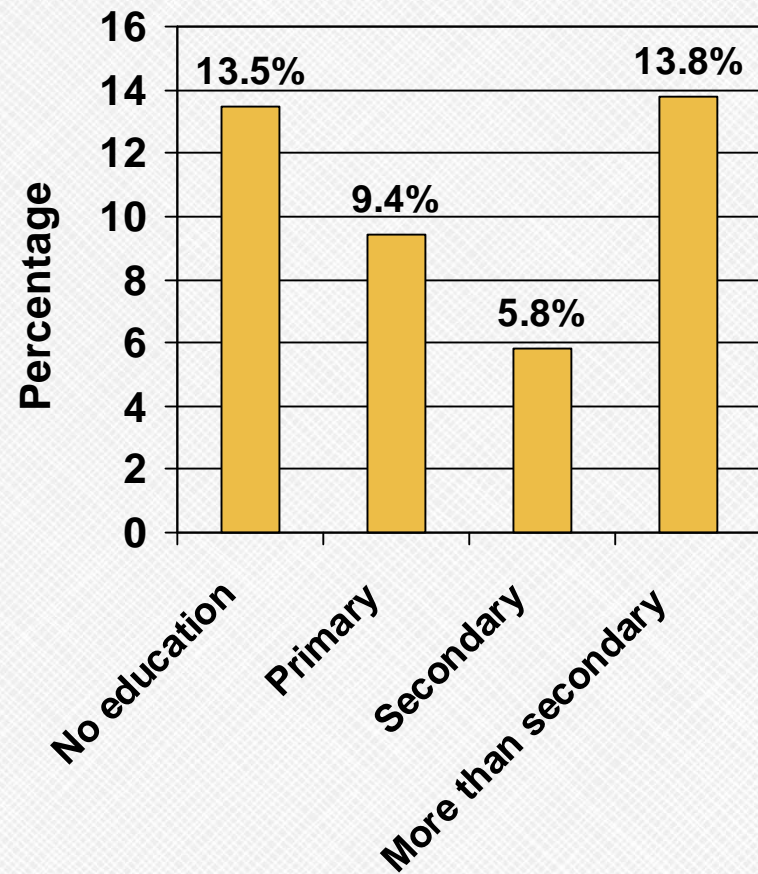
Trends in Use of Modern FP in Malawi



Use of FS by residence



Use of FS by education level



- Positive government policies
- Strong and consistent donor support
- Almost universal knowledge of LA/PMs
- Service delivery at community level
- Task-shifting of method provision to more cadres and sites
- Effective public-private partnerships with strong NGOs



	All Modern Methods*	Female Sterilization	Implants
Public sector	74%	54%	83%
Christian Health Association of Malawi (CHAM)	9%	10%	6%
Banja La Mtsogolo (BLM) (Malawian affiliate of MSI)	9%	33%	9%
Private sector	4%	4%	2%
Other source	4%	1%	0%

- Longstanding GOM public-private partnership with CHAM and BLM
- National network and reach by BLM:
 - 31 clinics, in 22 of Malawi's 28 districts
 - Mobile outreach teams from clinics to rural areas in 27 of 28 districts
 - > *Mainly for LA/PMs; often provided in MOH or CHAM facility*
 - > *LA/PMs free of charge (whereas fees charged in clinics)*
 - > *90% of BLM's LA/PM services provided via these mobile teams*
 - All female sterilizations performed by clinical officers, not by doctors
 - Large service volume:
 - > *Over 115,000 female sterilizations in past three years*
 - > *Rapid and marked increase recently in implants (Jadelle and Zarin) due to better supply and lower price: over 21,000 implants in 2011 versus 2600 in 2010*

- Modern FP, including female sterilization and implants, can be provided widely and equitably in Africa despite severe shortages of health personnel, other disease burdens, and poverty.
- Community-level provision of services and task-shifting are critical for widespread LA/PM access and use to occur.
- The not-for-profit private sector, in partnership with the public sector, can make a major contribution to widespread access to LA/PMs, and have national-level impact on contraceptive prevalence.
- Rapid uptake of modern contraception, including LA/PMs, can occur without necessarily resulting in large declines in fertility.

- Mobile outreach services—with FP-dedicated providers and services free to clients—can greatly increase LA/PM access and use.
- Malawi’s success in providing wide access to FP, including LA/PMs, via effective private-public partnerships is not intrinsically sustainable.
(because much of it is dependent on technical assistance and/or direct service delivery by international and NGO partners, and on steady, adequate donor funding)
- The for-profit private sector’s role will likely remain limited.
(due to Malawi’s high poverty levels, limited human resources for health and private sector health infrastructure, as well as the cost sensitivity of LA/PMs)
- Malawi’s success in providing LA/PMs is built on a positive enabling environment, without which it would be difficult to replicate elsewhere.



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