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## Meeting demand for family planning within a generation: the post-2015 agenda

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Expanding access to family planning has been a key aim of health and development programming for almost 50 years. During that time, important gains have been made in addressing unmet need for family planning, increasing contraceptive prevalence, and preventing unintended pregnancies. Over the past two decades, however, the pace of these gains has slowed, especially in several countries in sub-Saharan Africa and south Asia.<sup>1–3</sup> Meanwhile, an ever growing body of research shows the wider beneficial effect of family planning on improving maternal and child health and survival, increasing economic wellbeing of individuals, families, communities, and nations, fostering environmental sustainability, and empowering women.<sup>4–8</sup>

The international community and many low-income countries are aiming to accelerate progress in family planning, as made evident by support for FP2020.<sup>9</sup> Simultaneously, the world is reflecting on achievements and on gaps remaining in the years since the United Nations Conference on Environment and Development of 1992, the International Conference on Population and Development (ICPD) of 1994, and the Millennium Summit of 2000, which established the Millennium Development Goals (MDGs). A post-2015 agenda is emerging that aims to join the streams of Rio+20 sustainable development goals, ICPD Beyond 2014, and the post-MDG development agenda. Consensus is mounting on the vision and benchmarks needed to end preventable child deaths, eliminate preventable maternal deaths, and create an AIDS-free generation.<sup>10–13</sup> Now is the time to advance a post-2015 agenda that reflects the importance of family planning as part of what UN Secretary-General Ban Ki-moon describes as the “fundamental sexual and reproductive rights [component of the post-2015 conversation]” already embraced by these three streams.<sup>14</sup>

USAID, together with UNFPA, has been working with many other organisations and individuals to define a measure and benchmark for the family planning component of the post-2015 sexual and reproductive health and rights agenda. Measurement of progress in family planning is imperative to drive improvements in policy and programming. It is important to select a measure that reflects the aim of family planning—to support the rights of individuals and couples to choose whether and when to have a child by providing

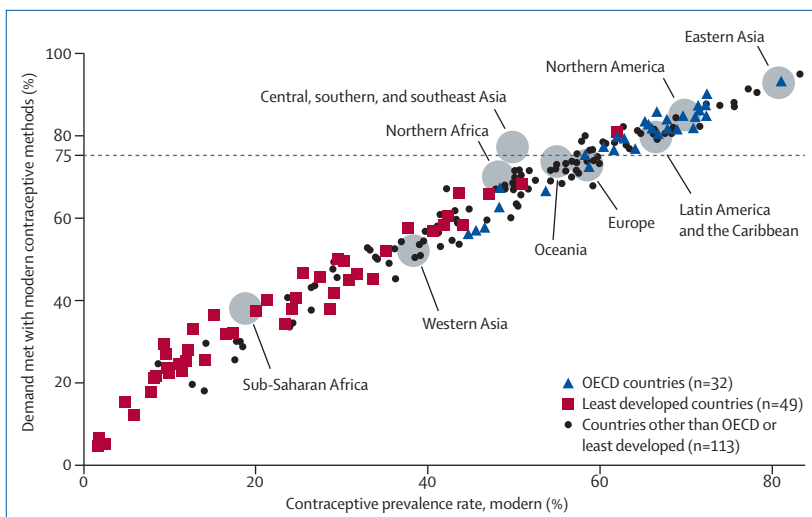
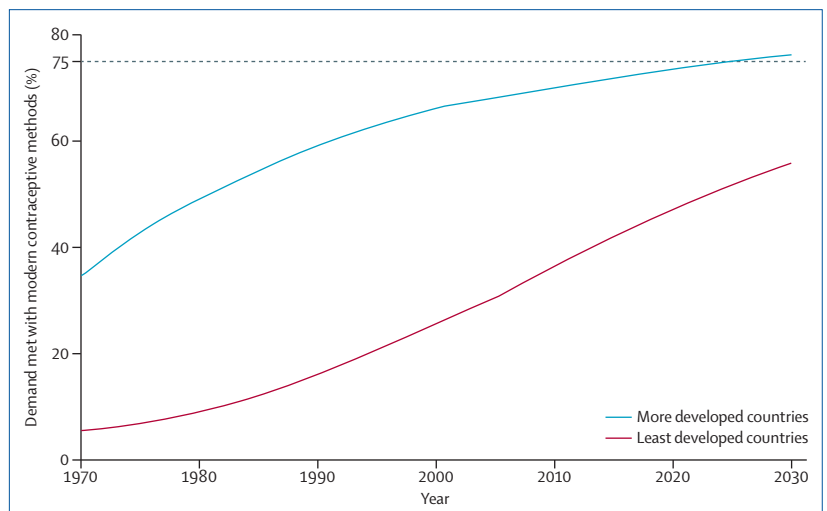


Figure 1: Percent of demand for family planning met with modern contraceptive methods and modern contraceptive prevalence rate in 194 countries in 2010  
Data are from UNPD's Estimates and Projections of Family Planning Indicators: 2013 Revision.<sup>16</sup>

them the means to implement their decisions—and promotes voluntarism, informed choice, rights, and equity.<sup>15</sup> Endorsed by technical discussions and analyses, our process has led us to this measure, already widely used and accepted by UNPD, FP2020, and the Commission for Information and Accountability for Women's and Children's Health, among others: percent demand for family planning met with modern contraceptive methods.

Total demand for family planning is currently defined as the percent of married or in union women aged 15–49 years who want to delay or limit childbearing, although we intend to revise the definition to incorporate all sexually active women of reproductive age as data and projections become available. It is measured by adding the proportion of this population currently using any contraception to those with unmet need, which is defined as seeking to stop or delay childbearing but not using contraception. Demand for family planning met with modern contraceptive methods is then defined as the proportion who use modern contraception divided by total demand for family planning ( $M CPR / [CPR + unmet\ need]$ ). Modern contraceptive methods are those with higher efficacy than traditional methods (rhythm, withdrawal, breastfeeding), and include female and male sterilisation, oral contraceptives, intrauterine contraceptive device, injectables, implants, female and male condoms, diaphragm, contraceptive foam and jelly, lactational amenorrhoea method (although this is considered a traditional method in UNPD estimates and projections), standard days method, 2-day method, emergency contraception, cervical cap, and contraceptive sponge.

Percent demand for family planning met with modern contraceptive methods is a measure that reflects voluntarism and informed choice—it neither sets contraceptive prevalence nor fertility targets, but rather emphasises the imperative to satisfy individuals' and couples' own choices with regard to number and timing of children. This measure can be disaggregated by a host of equity factors, including wealth, age, education, and residence. Furthermore, the measure's focus on modern contraceptives reflects prioritisation of these more effective methods, use of which results in fewer unintended pregnancies and improved achievement of individuals' and couples' reproductive



**Figure 2: Percent demand for family planning met with modern contraceptive methods: current estimates and projections for 1970–2030**

Our computation is based on unweighted average by year across 42 more developed and 49 least developed countries, according to country classification in UN World Population Prospects 2012 Revision. Least developed countries are a subset of 152 less developed countries representing the “poorest and weakest segment of the international community” based on a set of criteria defined by the UN.<sup>18,20</sup> Data are from UNPD's Estimates and Projections of Family Planning Indicators: 2013 Revision.<sup>16</sup>

intentions. Although it does not represent all of the measures required for monitoring progress in sexual and reproductive health and rights, it is a key, necessary measure thereof.

In terms of benchmarking, model-based estimates and projections show that in Organisation for Economic Co-operation and Development (OECD) countries, demand for family planning is met with modern contraceptives at an average of 78%. This met demand for family planning in OECD countries ranges from less than 60% in outliers Greece, Poland, and Turkey, to nearly 95% in the UK, with modern contraceptive prevalence ranging from about 45% to 80% (figure 1).<sup>3,16</sup> Several low-income countries, such as Bangladesh, are fast approaching the OECD average level of demand for family planning met with modern contraceptive methods, as are several regions, although most countries of sub-Saharan Africa and western Asia lag behind (figure 1). In other low-income countries, data show that demand has been met at the OECD level among certain subpopulations. For example, in Ethiopia, 75% of demand has been met with modern contraceptives among women in the highest wealth quintile.<sup>17</sup> Indeed, across low-income countries, the top wealth quintile has 50% more demand for family planning met with modern

contraceptive methods on average than all wealth quintiles combined, underscoring the need for more targeted policies and programming to assure equity and universal access. Meanwhile, the historical experiences of formerly low-income countries, such as South Korea and Thailand, indicate that with focused attention and widespread support, low levels of demand for family planning met with modern contraceptives can increase to 75% in 20 years or fewer.<sup>18</sup>

Industrialised and low-income countries alike must strive to meet everyone's demand for family planning. In less than a generation—by 2030—it will be possible for countries to reach levels of demand for family planning met with modern contraceptive methods equal to those of OECD and several low-income countries. Reaching the benchmark of at least 75% in all countries will, however, only be possible if the global commitment to progress in family planning surpasses the UN's projected trend (unweighted average, figure 2).<sup>16,19,20</sup> At currently projected rates, only six of the 49 least developed countries would meet this level by 2030; much faster progress is needed in the other countries, especially given rapid population growth. A sharper focus is required to stimulate demand for family planning and improve access. To that end, it is vital that the FP2020 goal to extend access to modern contraceptive methods to 120 million more women and girls in the 69 poorest countries be realised and sustained.<sup>9</sup>

Renewed commitment, policy development, financial support, and increased attention are required to ensure that family planning is an integral part of the post-2015 agenda. In the short term, focus on the FP2020 goal and commitments is necessary. Nearly 30 low-income countries are already committed to the goal, and donors and countries have pledged more than US\$4.6 billion additional funds. Now is the time to act if we are to see these commitments and pledges translate into improved access.

In as few as 15 years, with amplified and sustained global effort, all countries can achieve levels of demand for family planning met with modern contraceptive methods now enjoyed in OECD ones. This achievement in human development will require working together towards a shared post-2015 vision, measure, and benchmark. Our suggestion for further consideration

and adoption—at least 75% demand for family planning is met with modern contraceptives in all countries—is a starting point for the remarkable future that awaits us.

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## Renal medicine—a call for papers

In 2016, *The Lancet*, in collaboration with the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA), will again devote an issue of the journal to health care and clinical research in renal medicine. *The Lancet* recognises the importance of high quality evidence in the delivery of excellent care and is committed to publishing cutting edge, practice-changing research from leading international researchers. We invite original submissions that reflect the rich variety of research in kidney disease (figure). Priority will be given to randomised trials that strengthen the evidence base in treatment of disease, but any studies that have the potential to change or challenge clinical and public health practice are welcome. Authors of accepted papers will be invited to present their research at *The Lancet*/ERA-EDTA symposium during the annual Congress of the ERA-EDTA, which is being held in Vienna, Austria, on May 21–24, 2016.

Please submit via our online submission system, EES, before Nov 2, 2015, stating in your covering letter that the submission is in response to this call for papers. Late-breaking clinical trials will be considered for fast-track review to allow online publication immediately after presentation at the annual Congress. For late-breakers the deadline for submission is March 14, 2016. If also submitting the results of your research to ERA-EDTA as an abstract for the annual Congress, please

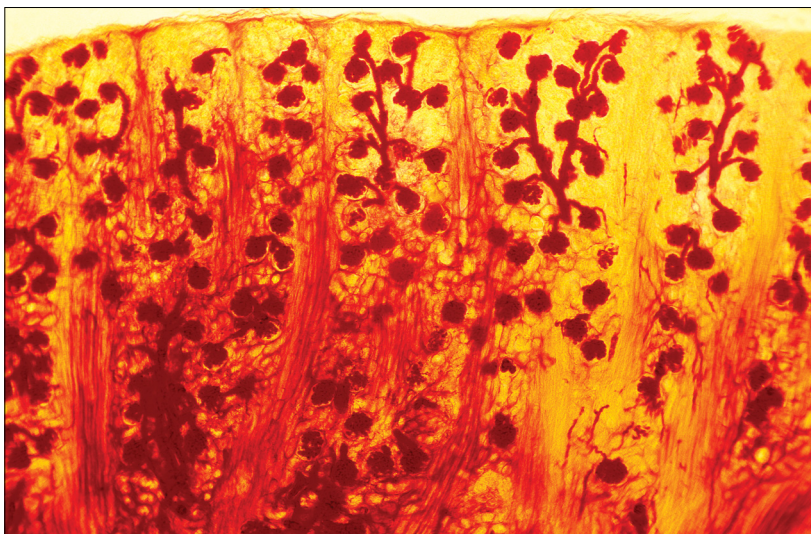


Figure: Light micrograph with contrast showing blood supply to renal corpuscles

inform the organisers of your simultaneous submission to *The Lancet* so that publication can be scheduled appropriately.

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