

## Maintaining the Momentum: Highlights from the Uganda International Conference on Family Planning

**Tuesday, March 16, 2009** Woodrow Wilson International Center for Scholars

## Edited Transcript—Rhonda Smith

Let me start by giving you some context for this presentation. PRB is implementing a new project called ENGAGE, which stands for Eliminating National Gaps—Advancing Global Equity. It's a global initiative that's supported with private funds and we're working in four countries: Ethiopia, Kenya, Pakistan and Uganda. The project is designed to engage policy audiences and promote policy dialogue around the issues of high fertility and high unmet need for family planning and their costs, consequences, and solutions. We have a special emphasis on saving women's lives and improving women's health.

As you all know, we're always looking for new, more innovative ways to engage leaders in our efforts to bring attention to family planning. A central feature of this project is developing multimedia presentations that use a variety of graphic technologies, including a pioneering Trendalyzer software which was developed by Dr. Hans Rosling and his family. They developed this software for the purposes of better visualizing data, making it more exciting, and drawing their audiences in. Hans works through the Gapminder Foundation, which he created in 2005 and is located in Stockholm, Sweden. I'm sure many of you have seen him present, and some of you may have been here last fall when he presented at the 25th DHS anniversary and regaled us with his riveting presentation style, as only Hans can do.

This presentation, "Uganda on the Move," was presented for the first time at the Family Planning Conference as a prototype example of what we are doing under ENGAGE. The storyline and the messages were shaped by a large, multidisciplinary group of stakeholders in Kampala over a period of several months, and the project is being implemented in Uganda by the Makerere University School of Public Health. Before I start, I should mention that these presentations are designed to reach out to non-technical policy audiences and influentials, so we do our best to avoid using technical terms like TFR and CPR, and we try to use simple language and describe what appears on the screen.



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What has been happening in Uganda over the last 50 years? Well, there have been some remarkable changes. [music] Ugandans are healthier with improved child survival. The economy is growing with a higher national income. Ugandans are also living longer with an improved life expectancy, and they're becoming more educated, with more graduates every year. Uganda is a nation on the move with a lot to be proud of, so let's take a look at some of this progress over the years.

Here we have the Trendalyzer graph, where we can look at changes and trends over time. We're going to focus specifically on child health and life expectancy. Over here on the left axis is the number of under-five child deaths per 1,000 live births, going from zero up to 500. On the bottom axis is life expectancy at birth, or the length of life in years going from 25 up to 80. The countries are color-coded to the regions of the world of which they're a part. This is what the world looked like back in 1960. Starting with red, we have East Asia and the Pacific, orange is Europe and Central Asia, yellow is North and South America, green is the Middle East and North Africa, light blue is South Asia, and dark blue is sub-Saharan Africa. The dark blues are clustered more toward the top left-hand corner with high child deaths and low life expectancy.

The countries clustered on the bottom right-hand corner have low child death rates and high life expectancy. The size of the bubble corresponds to the population size of the country: the bigger the bubble, the bigger the population.

Here is Uganda, back in 1960, with a child death rate of 224 and a life expectancy of about 44. What does a child death rate of 224 really mean? It means that about 22 percent of children died before the age of five. So, compared to other countries, child deaths were high and life expectancy low. Many developing countries in the bottom right-hand area had less than 5 percent of children dying back in 1960.

Now let's run this and see what happens to the world over time. Right away we see child mortality going down and life expectancy going up, as the bubbles move to the right. You'll also see, in a second here, a blue bubble shooting out to the left: that's Rwanda losing ground on life expectancy during the 90s with so much loss of life. And there's some other sub-Saharan African countries popping out to the left because of loss of life from HIV/AIDS; here we have Zambia, Swaziland and Zimbabwe.



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When we get to 2006, most countries have moved down into that lower right-hand corner. Sub-Saharan Africa has, of course, made progress, but it's still catching up to the rest of the world. And where is Uganda? Right here. It's doing better with only 13 percent of children dying before reaching the age of five and an estimated life expectancy of about 50. Now Uganda has about the same expected life expectancy as some of its neighbors, like Tanzania and Kenya, but Uganda is still catching up to countries like Ghana and Senegal, both of which have longer life spans at around 60.

Let's take a look at this again and we'll run it fast. What this graph shows us is that when the number of child deaths decrease, it directly contributes to improvements in life expectancy.

Now Uganda has also seen improvement in its economic growth and here we are now looking at a different Trendalyzer view. On the left axis is gross national income per capita. This is adjusted for inflation, and it's going from zero up to \$1,900. The gross national income, remember; is different from GDP because it includes both the GDP and incoming receipts and remittances from other countries. On the bottom is time, going from 1982 through 2005. Uganda started here, in 1982, with an average of \$520 of purchasing power per person. If we play this forward, we see a few little bobbles there in the 90s, but Uganda made great progress moving all the way up to about \$1,500 per person of per capita GNI—very steady progress for two decades. So the economy is growing. Even though the overall national income per person has gone up, however, when we look at poverty levels, about one out of three Ugandans are living in poverty. That's one third of the country living on less than a dollar a day.

How can we make sure that Uganda's families are better off and that fewer people are living in poverty? One way is by addressing the reproductive health needs of Uganda's women. Research is shedding light on how family planning services improve the health of women, boost social and economic development, and contribute to reducing poverty. In fact, women's economic contribution to the country is crucial for reducing poverty because women make up about half of the labor force. More than three-quarters of employed women are currently working in agriculture, and every time I look at this photo I am reminded of the heavy burden women bear. When women can't decide how many children to have and when to have them, they are more likely to suffer from poor reproductive health and it becomes that much harder for them to earn an income and to meet the needs of their families.



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More recently we are seeing that desired family size is changing. Surveys show that couples want to have smaller families today than their parents and grandparents. Older parents said they wanted between six and seven children. But young couples today say they only want between three and four children and women across the country report on average that they want two less children than they actually have.

Now let's go back to Trendalyzer. We are going to compare Uganda's progress to Zimbabwe, which had the same number of children per woman in the early 1970s. On the left axis is the number of lifetime births per woman, going from one up to 8.5. On the bottom axis is time. In 1973, both countries had about seven births per woman. But in the early 1970s, Zimbabwe's government strongly supported the country's family planning efforts. When we look at the trends, we can see that Zimbabwe's family size began to decrease dramatically, even by 1980. This drop is due to a very strong community distribution program and a population policy that supported family planning and made sure that women in rural areas could access contraceptives. That sustained political commitment and investment has enabled Zimbabwe to bring family size down to about three births per woman. Uganda's family planning program has not made as much progress. You see it's flat-lining there across the top of the screen and today has an average of between six and seven births per woman.

Because the number of births per woman in Uganda has remained so high, Uganda has one of the fastest growing populations in the world. Every year, Uganda adds one million more people to its population. That's about 4,000 births a day, or it's like adding the entire population of Swaziland to Uganda every year.

It's interesting to take a historical look at Uganda's population, starting way back several centuries ago in the 1500s, to get a different perspective on growth. We see that the population remained very low throughout most of Uganda's early history. This is much like the majority of countries around the world. Historical demographers estimate that back in the 1500s, Ugandaland's population was around 1.5 million. It took about four centuries—until 1900—for the population to double to three million, and then it only took 150 years, between 1800 and 1950, for the population to double again to about five million people in 1950.

After that came what is known around the world as the 20th century population explosion, which started right about in 1950 in Uganda. Because of improvements in public health services like vaccinations and antibiotics, Uganda's population shot up to around 30 million





by 2008. Death rates decreased, but birthrates did not.

No one really predicted this type of population increase and, given Uganda's high number of births per woman today, the population is going to continue to climb very rapidly. At the current growth rate, even with HIV/AIDS, the population will double from 30 million in 2008 to 60 million by 2030. That's almost twice as many people in just one generation, and this isn't some remote possibility. Many of the young people who are entering into their reproductive years and who will be having babies and contributing to the 60 million have already been born. So, without a Herculean effort starting now to slow that population growth, 60 million is an approaching reality.

Of course, this growing population has also brought about some amazing changes in Uganda, especially in the cities. Here's a photo from the mid-1960s. Some of you might recognize that's the road from Entebbe to Kampala. If you look closely, you can see a few vehicles there and a truck in the center. Here are the roads today. [clip with traffic sounds] This is typical of the daily commute to work in Kampala. Of course, this also illustrates some of the bigger challenges in keeping up with the infrastructure needs of Uganda's rapidly growing cities and towns.

Turning now to our Google Earth satellite map, we're going to take a close-up view of Uganda and zero in on where the family planning conference was held in Munyonyo. This is a bird's eye view of the Speke Resort Conference facilities right there on the shores of Lake Victoria. You can see the lake coming up there to the right, and we were all sitting right under that roof there, in that building, making this presentation the first morning. But as we move up the road to Kampala Center, you can see how built up the area has become, all the way from the lakeshore to the Center. That's a relatively new phenomenon. It only happened in about the last 15 or 20 years.

Looking over the city we appreciate how much Kampala has grown, from a about .5 million in 1980 to more than three times that size today at 1.8 million. A lot of the former agricultural and vacant lands around the city have built up very quickly. They are very concentrated areas, many of them unplanned, not well serviced, and of lower quality housing. By 2017, it's estimated that Kampala could reach about 2.1 million people.

Now we're moving up to Lira in the north. You often hear people say in Uganda, "Oh, there's lots of land and the population density is low—we don't really have to worry about a





growing population." Well, it's important to remember that it's not density per se, but the number of people in an area, relative to its resources, and the capacity of the land to sustain human activity. The phenomena of land fragmentation—and this is what we're looking at here—is very serious in Uganda, with farms becoming cut into smaller and smaller plots over time. That's putting new pressures on each generation, and it's also fueling conflicts over competition for those scarce resources. How well the next generation will make it if these farms are further subdivided is a big question. It's a question they're asking in Uganda these days. Since the number of rural households that are farming the land has also increased, in highland areas like Kabale and Kusuro and in the cattle-grazing districts like Mbarara and Rakai, 75 to 90 percent of the land has become severely affected by erosion. And the problem is only getting worse as the population continues to grow.

Are there any good things that come out of this vast population growth? Will a fast population growth increase per capita GDP? Well, only if Uganda has a healthy workforce, enough jobs, educated workers, and modernized infrastructures in several of their sectors. The growing population means more people in need of social services, and that means more schools and expanded healthcare services. And these are services that the government is going to have to provide. With so many people still living in poverty, access to food will also become even more of a challenge. All of this will put pressure on the government's budget and may crowd out other spending and investments, which could mean slower economic growth for the country.

Turning this around, and by managing the size of the population, Uganda could address these issues and contribute to economic development at the same time. One place to start is by meeting the reproductive health needs of Uganda's women so that they can better plan and space their children. According to the most recent national survey, only 18 percent of Ugandan women are using modern methods of family planning. However, almost twice that number, or about two in every five women, would like to space their next birth or stop having children altogether, are not using any method of family planning. These women are considered to have what we call an unmet need for family planning.

One of the consequences of high, unmet need is large numbers of unplanned pregnancies. In Uganda, almost half of all pregnancies are unplanned—that's one of the highest percentages of unplanned pregnancies in sub-Saharan Africa. That means that more than 827,000 women become pregnant every year without intending to have a child at that time. When family planning use is low and the demand for family planning is not met, we can expect to see



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these high rates of unplanned pregnancies, just as we've seen here, and here are two of the consequences. On the one hand, at the national level, unplanned pregnancies can lead to higher levels of fertility which, in turn, lead to continued population growth. As we mentioned earlier, at the national level, population growth can strain the country's economic development.

On the other hand, at the individual level, unplanned pregnancies can also lead to high-risk pregnancies and large numbers of unsafe abortions, which can result in maternal deaths and injuries. At the household level, we know that the loss of women means that families continue to struggle and that the cycle of poverty continues. At the national level, this loss of women means a loss of economic productivity for the country. In Uganda, there are a total of about 6,000 deaths related to pregnancy or childbirth every year, and of those deaths, more than 1,200 are the results of complications from unsafely performed abortions. But that's not the whole story because, for every one woman who dies from maternal causes, 20 to 30 women suffer short and long-term disabilities.

Now, translating these losses into costs, economists conducted a special study in Uganda to see just what the impact of maternal death and disability is on the national economy. Here's what they found. Between 2004 and 2013, if the situation remains the same, Uganda could lose the equivalent of 700 billion Uganda shillings—that's about \$350 million—in lost productivity due to maternal deaths. During the same period, maternal disability could cost Uganda another 1.5 trillion Uganda shillings. That's about \$750 million. But if we could reduce maternal deaths and disability by 50 percent by 2013, that would result in an economic gain of 500 billion shillings, or about \$250 million. This would be a start. It would also help Uganda to achieve its MDG 5, which is improving maternal health.

Is there a quick win? Well, family planning is one of our best buys in today's financially strapped environment. From 2007 to 2015, the additional family planning costs for meeting the unmet need would be about \$107 million. That translates into savings because, as women have fewer children, the government doesn't have to spend as much money to meet the needs of the population and it can save money on costs related to maternal health, immunizations, water and sanitation, education, and malaria. As you can see here, the government saves more than it spends. In fact, by the year 2015, Uganda will have saved about \$200 million—about twice the amount the government would have to spend to meet the unmet needs for family planning. The cost savings it has gained in these five areas, which are all instrumental in meeting five of the MDGs, outweigh the additional costs by a



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factor of two to one.

So there's a lot possible for Uganda's economic future and, in fact, we've seen this kind of economic progress happen quickly in other countries around the world, especially in East and Southeast Asia, the Asian Tigers. Let's go back to the Trendalyzer one last time. Here on the left axis we're looking at the number of children per woman, ranging from one to seven. On the bottom we have gross national income per person, ranging from 600 to 20,000. And this red bubble here is Thailand back in 1975, with between four and five children per woman and a gross national income of about \$740 per person. Let's play it forward through time and see what happens. Immediately, we see the bubble moving down as Thai women had fewer and fewer children. At the same time, the country's gross national income per person is increasing as the bubble moves to the right. In 2005, Thailand has about two children per woman and a gross national income per person of about \$8,500. That's quite a remarkable improvement in just 30 years.

Now we can see a similar pattern if we bring all the countries back. Looking at all the countries of the world here, again on the left side, we're still looking at the number of children per woman. On the bottom, we have gross national income per person, this time going from 200 up to about 40,000. And remember that the red is East Asia and the Pacific and the big red bubble is China, with four births per woman and about \$230 gross national income per person back in 1975. The orange is Europe and Central Asia and many of these countries are already clustered at the bottom right, indicating fewer children per woman and a higher gross national income per person. And the dark blue is sub-Saharan Africa. These bubbles are clustered up at the top left with many children per woman and low economic growth.

Let's play this forward and see what happens. As we look at the trends, you can see that as women have fewer and fewer children, the bubbles move down. Gross national income per person increases as the countries move to the right. And they are all moving toward that bottom, right-hand corner. As women have fewer children, income per person is going up. Here is 2005. All the countries of the world have moved from that top, left-hand corner down to the bottom, right-hand corner. Although sub-Saharan African countries have made progress, however, they still have many children per woman and a low gross national income per person.



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And where is Uganda? Here is Uganda, with between six and seven children per woman and a gross national income of around \$1,400 per person. Some sub-Saharan African countries—such Swaziland, Namibia, and Botswana—are doing very well with their economic growth, which rises as high as \$12,000 per person. And one of the main reasons that Thailand and others have been able to make so much economic progress is that women started having fewer children, and that set the stage for the country to better manage its population size. But this kind of economic progress isn't automatic. It requires a series of investments: expanding family planning programs so women and couples can plan and space their families; investing in health systems, which is important not only to improve child survival, but for the health of the general population; improving educational enrollment and retention, especially girls' enrollment and retention, which is a huge problem in Uganda; and, finally, stabilizing economic conditions so that more jobs that can be created, making sure that there are economic opportunities for those young men and women coming into the workforce.

In order for Uganda to make this kind of economic progress, it means stepping up the pace of its policy and program implementation to make every effort to ensure that family planning is a key component of all national development strategies. That includes the poverty reduction strategy and action plans, increasing budget allocations for contraceptives in national and district health budgets, and regularly issuing those public statements supportive of family planning to mobilize both political and popular support. Through a simple, cost-effective intervention like family planning, Uganda can have healthier women, help break the cycle of poverty among Uganda's families, and ensure women's full contribution to the nation's economy. By working together and building on this strong foundation that exists in Uganda, the nation can move forward. Uganda can achieve its economic and development goals and move toward a more prosperous future. Thank you.



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