Sub-Saharan Africa, because it has the highest fertility rates and lowest contraceptive use rates, as well as the lowest program effort ratings in our studies, especially on actual access to contraceptive methods. In addition, it suffers from the greatest burdens of HIV and AIDS, and the most severe poverty indicators.

To tease out differences within the region, we divided Sub-Saharan Africa by francophone and anglophone countries, and by those that receive aid under the United States’ President’s Emergency Plan for AIDS Relief initiative (PEPFAR) and those that do not. PEPFAR was initiated in 2003 with a commitment of $15 billion over five years to address the global HIV crisis; in 2008, the U.S. Congress approved up to $48 billion over five years for an extension of the program. The funds themselves are divided between treatment and prevention in varying ratios depending on the country. PEPFAR was never designed to advance family planning activities, which were explicitly excluded from its funding and programs of action, and funds from other sources grew very rapidly for HIV/AIDS, while those for family planning did not. Given the size of those commitments and the competition they posed to attention to family planning (and other health ministry programs), it is important to monitor the strength of the associated family planning programs in the countries affected.

We were also interested in examining how—apart from their higher averages—stronger programs differ from weaker ones in their profiles across the 31 ratings. To explore that question, we divided the 81 countries that participated in the 2009 cycle into quartiles by their total score for that year. The top three quartiles consisted of 20 countries each, while the fourth consisted of 21.

Finally, we conducted further subgroup analyses among countries that had once received technical and financial support from the U.S. Agency for International Development (USAID), but had ceased to after their programs were judged to have become stable and relatively successful. These “graduated” countries are of special interest because they present an opportunity to trace how programs fare after the termination of major external support. We examined the family planning programs of the nine graduated countries with available information, using the survey cycles most closely preceding and following termination of support.

RESULTS
Trends in Total and Component Scores
The average total score across all features among all countries rose from 53% of maximum in 1999 to 56% in 2004 and 57% in 2009 (Figure 1). When the figures are weighted by population size, however, the trend is toward decreasing scores over the decade (from 69% to 65%). That is, the rating pertaining to the average person has fallen, primarily because of declines in a few of the largest countries (as well as the exclusion of a few countries that had high scores in previous years). For example, scores fell between 1999 and 2004, and again between 2004 and 2009, in Bangladesh, Mexico, Nigeria and Pakistan (not shown).

The score for Ethiopia—the second most populous African country—declined from 1999 to 2004, but recovered in 2009; scores for Brazil, China and Indonesia fell between 1999 and 2004, but then held steady in 2009.

For the 61 countries that were included in all three surveys, the average total score increased about two points from 1999 to 2004, and another two points from 2004 to 2009.