

Technical Brief: Rolling Baselines

Why do we need a baseline?

FP2020 seeks to enable an additional 120 million women to use modern contraception by 2020. In order to measure additional use, the total number of users in 2020 must be compared to some baseline number of users to see how many *more* users there are in 2020. For FP2020, the baseline year is considered 2012; therefore, each year additional users will be the number of users that are above this baseline number—e.g. the difference between the number of users in the current year and the number of users in 2012.

What is a rolling baseline?

As more data becomes available each year, we are able to make better estimates of contraceptive use—including improving our estimates of past contraceptive use. Therefore, rather than comparing to the 2012 figures estimated in 2012, we will recalculate the full trend (starting with 2012) each year using the new and best data available. We are calling this concept a “rolling” baseline because we are not using the static number that was calculated for 2012 in 2012.

Why do baseline estimates change?

There is often a lag time of a year, and sometimes longer, before the surveys used to calculate mCPR are released. In addition, updated population estimates (including WRA) often include retrospective modifications of past estimates based on newly released census data and other sources. Consequently, as new data become available, they affect not only current year estimates but those for prior years as well (e.g. if a 2014 survey is not released until mid-2015, it will not be available at the time the initial 2014 estimates are made).

Why is a rolling baseline better?

Continuously incorporating new data improves our ability to monitor progress, so that by 2020 our estimates for all years (2012 to 2020) will represent the most comprehensive and accurate data available. The advantage of using rolling estimates is seen by comparing the estimate of the number of users of modern contraception that was calculated for the London Summit on Family Planning in 2012 (258 million) to the updated estimate for 2012 that we used in the 2013-2014 progress report (265 million). Our calculation incorporates new DHS surveys and updated

population estimates for 2012 that were not available at the time of the London Summit, and as a result we now consider the total number of users in 2012 to be 7 million greater than we previously thought. Were we to use the old estimate for 2012 as our baseline figure, it would overestimate the increase in additional users, putting the figure at 15.4 million instead of the correct number of 8.4 million (see graph).

