Family Planning for Health and Development:

Actions for Change

In November 2009, two major rivers – family planning and development – joined at the International Conference on Family Planning in Kampala, Uganda, to create a powerful flow of knowledge, ideas, and information.

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On the one hand, participants shared evidence and experience that show how to make contraceptive services available to women and men who want to choose the number of children to have and thus exercise a basic human right. At the same time, experts made the convincing case that the health of women, families, and broader communities – including ultimately a country's social and economic health and development – depends on making family planning services available to all who want them.

For three days, more than 1,300 researchers, program managers, and ministry of health officials from across the globe generated momentum to push the enormous unmet need for family planning into the forefront of broader health agendas. Improved access to contraception has the potential to reduce poverty and hunger, avert 32 percent of maternal deaths and nearly 10 percent of childhood deaths, contribute substantially to women's empowerment, and help achieve universal primary schooling and environmental sustainability – and thus contribute significantly to addressing the Millennium Development Goals (MDGs) set forth by the United Nations.[1]

About one of every four married women in sub-Saharan Africa has an unmet need for family planning.[2] Use of modern contraception has leveled off in many developing countries, especially in Africa. Conference participants offered proven and effective practices and approaches to address these issues.

Dr. Khama Rogo, of the World Bank and the African Development Initiative for the Private Sector, told health and finance ministers as the conference began: "Family planning is to maternal survival what a vaccination is to child survival." He pointed out that policy makers would not consider a child health program without immunization, so how could we think about women's health without family planning?

Country leaders and others echoed this sentiment, from the First Lady of Uganda at the opening plenary to participants throughout the conference. All agreed: countries need to promote family planning as a way to enhance women's and men's lives and to improve the overall health and development of their countries. Again and again, policy makers called for more attention to the MDGs and to the ways in which family planning can help achieve these goals (see box). The holistic needs of women, families, and the broader community emerged as the focal point of action within a reproductive health and overall health agenda.

Beyond the MDGs, family planning has a direct influence on improving lives worldwide by enhancing national security and optimizing a country's financial resources. Family planning can help stabilize societies where high birth rates produce a steadily increasing population of young people who lack reasonable expectations of education and suitable or steady employment. Experts cautioned that national demographic youth bulges can undermine national transitions to democracy. Investing in family planning can also save money. Preventing unintended pregnancy is less expensive than treating maternal/infant complications of pregnancy.

During the first two days of the conference, more than 500 presentations, roundtables, posters, and workshops captured a broad range of knowledge and evidence of successful practices, challenges, and achievements. The third day focused on putting knowledge into action, with panels and capacity building workshops on how to implement and scale up successful family planning projects. Discussions following the Kampala meeting have led to a synthesis of the full conference into the following five key areas, where actions are needed to address family planning efforts and move towards attaining the MDGs.

As 2015 approaches, more country leaders now realize the challenges in achieving the Millennium Development Goals (MDGs). The Kampala family planning conference helped both longtime family planning advocates and policy makers in related fields to understand that family planning may indeed be one of the most cost-effective development investments. Here are specific ways that family planning can help achieve the MDGs.

Adapted from: Cates Jr W. Family planning: the essential link to achieving all eight Millennium Development Goals. *Contraception* 2010;81(6):460-61.

Footnotes on back cover.

1 Cleland J, Bernstein S, Ezeh A, et al. Family planning: the unfinished agenda. *The Lancet* 2006;368:1810-27.

2 Sedgh G, Hussain R, Bankole A, et al. *Women with an Unmet Need for Contraception in Developing Countries and Their Reasons for Not Using a Method*. New York: Guttmacher Institute, 2007.

Family Planning and the Millennium Development Goals

End poverty and hunger. Per capita gross national product has a correlation with the prevalence of modern contraceptive methods, and family planning reduces the aggregate demand for increasingly scarce food products.[1] Better birth spacing reduces incidence of low birth weight and poor maternal nutrition. Family planning results in more wealth and less hunger.

Universal education. Girls often have to drop out of school due to unintended pregnancy or to help care for younger siblings. Fewer than half of all African girls complete primary school. Family planning prolongs education and helps girls in particular to achieve their dreams for the future.[2]

Gender equality. Unplanned pregnancies divert women from other life plans. In Egypt, women who use contraception are more likely to be employed than nonusers. In Brazil and Indonesia, use of long-acting or permanent contraceptive methods was associated with a greater likelihood of working for pay.[3] Using family planning empowers women; involving men in family planning can lead to changes in gender norms. Empowering women in many ways, including their ability to achieve their desired family size, is the most important driver of modern development efforts.[4]

Child health. About 1.2 million infant deaths are averted globally each year by preventing unintended pregnancies. If we could meet all demands for contraception, another 640,000 newborn deaths would be prevented. Family planning increases child survival.[5]

Maternal health. Universal access to reproductive health including family planning is designated in MDG 5B. Also, if a woman seeks to terminate an unintended pregnancy, the risks associated with unsafe abortion are among the main causes of maternal death, especially in young women.[6] If she wishes to continue the pregnancy, in low-resource settings without safe delivery services, the risks of maternal mortality are also high, as are morbidities that are often permanent.

Combat HIV/AIDS. Contraception is the best-kept secret in HIV prevention. Women with HIV who have unintended pregnancies run the risk of transmitting the virus to their children. Preventing unwanted pregnancies among HIV-positive women reduces the number of HIV-positive births and is three times more effective as a prevention strategy than providing antiretroviral treatment to mothers during pregnancy, birth, and breastfeeding.[7]

Environmental sustainability. Many women want fewer children, and 217 million have unmet needs for contraception. A family with fewer children needs less food, land, and water and puts less pressure on a country's forests and tillable land.[8] Moreover, family planning is five times less expensive than conventional green technologies for reducing atmospheric carbon dioxide that leads to climate change.[9]

Global partnerships. Four decades of global investment in family planning programs have contributed to strong collaboration among international agencies, governmental ministries, multinational organizations and local community groups.[10]

Promote Family Planning in Policies and Implementation Plans

Challenge: In many countries, unmet need for contraception remains high, while family planning remains a low priority for ministries of health, planning, education, youth, and finance. Supporting budget line items with sufficient funds for family planning is challenging to many ministries.

Evidence: To help achieve the MDGs, the contraceptive prevalence rate needed to increase an average of 1.5 percent per year in countries with large levels of unmet need, beginning in the year 2000. This has not happened. Now, the prevalence rate must increase at a higher level. Faster increases have occurred, as in Rwanda, where political will and innovative approaches are evident.

Increase Access, Options, and Demand for Family Planning Services

Challenge: Many countries rely heavily on "short-term" contraceptive methods, which require adherence to daily regimens (e.g., pills) or use in every episode of sexual intercourse (e.g., condoms). These methods do not meet the preferences of many, are less effective than long active alternatives, and require a regular supply of contraceptives. Long acting and permanent methods – implants, intrauterine devices (IUDs), vasectomy, and female sterilization – require more provider training, lower cost options, community stakeholder support, and demand creation. Short-term methods also need to be more widely available. Unmet need remains high, for healthy timing and spacing of pregnancies and especially for limiting family size. Thus a range of methods are needed, including permanent methods.

Evidence: An analysis of data in eight sub-Saharan countries showed that while the use of modern methods jumped in the 1990s, it has generally leveled off or increased only modestly in the 2000s.[3] One recent project (reported at Kampala) emphasized both demand creation and provider training as key for providing 200,000 new IUD insertions in 15 countries in one year, utilizing multiple delivery systems.

3 Jacobstein R, Bakamjian L, Pile JP, et al. Fragile, threatened, and still urgently needed: family planning programs in sub-Saharan Africa. *Stud Fam Plann* 2009;40(2):147-54.

In Rajasthan, India, an elderly woman advises young women in her village to space their children, showing the value of involving community members in building awareness of family planning. She is explaining the benefits of their husbands using condoms.

Improve Supply Systems and Broaden Financing Options

Challenge: Supply systems that support family planning are not reliable, which results in poor access to quality assured contraceptive supplies and equipment and in inadequate financing options for individuals and governments. Stock-outs of contraceptives occur regularly due to forecasting problems, inadequate systems of supply and logistics management, and limited funding due to lack of national budget lines and a dependence on international donors. Contraceptives – and the budget, equipment, and supplies needed to provide them – are not always included in the list of national essential medicines.

Evidence: Increased collaboration among multiple funders of family planning can improve the delivery of commodities and reduce stock shortages. Systems to assess need and track contraceptive pipelines and creative financing systems can remove barriers to access. Social marketing, franchising systems, and other public-private partnerships have functioned with reliable supplies, multi-tier pricing linked to clients' ability to pay, and guidance for consumers on quality.

Integrate Family Planning with Other Health and Non-Health Services

Challenge: Health sectors compete for limited resources and often develop separate "vertical" delivery systems, with attention recently focusing on HIV/AIDS and maternal health while neglecting family planning. Non-health sectors have been slow to embrace family planning as a core aspect of their program. Management and coordination issues pose major challenges because multiple delivery systems function without good coordination. Approaches to task shifting or task sharing are slow to take hold among some policy makers, even as evidence accumulates to show how it can help to integrate services into communities.

Evidence: The integration of family planning with HIV services is reaching a "tipping point" of acceptance, as more policy makers recognize that integrated services can offer more opportunities for clients and may be more cost-effective than maintaining separate points of care. An analysis in Uganda showed that family planning is cost-effective in preventing mother-to-child transmission of HIV, compared to anti-retroviral treatment for mothers. Postpartum IUD insertion by trained midwives was successfully integrated into urban clinics in Zambia. In Madagascar, Uganda, and other countries, community health workers have successfully provided injectable contraceptives. Microfinance services, environmental projects, and the education sector are increasingly welcoming partnerships with family planning organizations to improve overall family health and attain development goals.

Move beyond Traditional Focus on "Married Women" to Include Men and Underserved Youth

Challenge: Just as women do not conceive alone, neither should they bear the entire responsibility for family planning. Even so, men are often slow to support family planning, for their partners or themselves. Services are traditionally geared to married women and do not focus on the needs of men or unmarried youth. In many developing countries, about half of the population is under the age of 24. Menarche is occurring at a younger age and age of marriage is higher, leaving a longer period of time for potential sexual activity among unmarried youth. Girls in particular suffer when they have to leave school due to pregnancy or to help care for younger siblings. Reaching out-of-school youth is equally challenging. Young newly married woman are often underserved as well.

Evidence: Men who do not embrace the term "family planning" have shown openness to supporting smaller families for economic stability and better health. A project in Rwanda is showing that with adequate demand-creation activities and provider training, men stand in line for vasectomies. Evaluations have found that good sex education curricula and peer education programs have produced positive behavioral choices among youth such as delay in initiation, fewer partners, and more condom use. Evidence on youth-friendly services shows that promotion and community engagement is needed to ensure girls and those in need use these services. In many cultures, condom use is normative behavior among youth.

Moving Knowledge into Action

The family planning field has a full array of contraceptive methods, service delivery strategies, and evidence regarding successes. In large part, we know what to do. However, to meet the large unmet needs, we must use these evidence-based practices in new and visionary ways. We must focus better on scaling up what we know works and nurture broader collaborations within and beyond the health field. Working together with global, national, and local leaders, the family planning community can expand rights-based reproductive choices to address unmet contraceptive need through comprehensive sexual and reproductive health services as part of strengthened health systems.

So how does the family planning field build on proven practices and appeal to a broader development community? How do policy makers concerned about broad health and development issues learn to emphasize family planning? What should we do? Three overarching approaches can guide five areas of action. These emerged from the experiences and research presented in Kampala, combined with existing global evidence.

■ **Utilize evidence, tools, and experience.** Many evidence-based resources exist on which to draw (see resources on back cover). The World Health Organization provides many tools for guidance regarding medical eligibility criteria and other issues. The U.S. Agency for International Development and the United Nations Population Fund provide many resources, as do international nongovernmental organizations and others. The Implementing Best Practices (IBP) Initiative has worked with teams in Benin, Egypt, Ethiopia, India, Jordan, Kenya, and Zambia to identify and scale up specific practices in those countries that have been proven to work well there.

■ **Foster change through scaling up successful approaches.** While not a new concept, scaling up successful practices into sustainable family planning services continues to be a challenge. A missing link has been the connection of evidence-based knowledge with the application of known approaches to change on a large scale. A process of sustained change is required to support the introduction, adaptation, application, and scale up of effective practices. A broad range of stakeholders must be involved from the beginning of project design in order for scale up to proceed successfully. Implementation at a larger scale involves determining which components of a project are critical for scale up through the use of tracking tools, cost data, policy issues, and effective advocacy strategies. Sustainability must also be considered, by addressing among other issues budgeting and implementation of training, supervision, and monitoring systems. A number of models and resources have emerged to support the idea of fostering change and sustaining the scale-up of successful approaches to family planning programs.

■ **Promote and expand partnerships.** Discussions about the conference, including the "Kampala Conversations" online forum launched in April 2010, signal a sense of hope. But we must work to harmonize our efforts among traditional allies and in reaching out to non-health sectors. Competition for limited resources can be fierce. The cross-cutting influence of reducing unintended pregnancies across all eight of the MDGs illustrates the importance of finding ways to work together to achieve our common goals.

Actions for Change

1 Promote investments in family planning in national policies and development plans.

Advocates need to help governments increase line-item budgets, gain commitments from planning and finance ministries, and implement plans with specific costs identified and addressed, such as the recently developed Tanzania Family Planning Costed Implementation Program. Also, including family planning in comprehensive sexual and reproductive health and overall health plans strengthens political support.

2 Expand access to and demand for a broader mix of contraceptive methods by involving community stakeholders and others.

Faith leaders, village elders, the media, women's groups, men, and youth can all help generate acceptance and interest in family planning. Multiple strategies can help achieve access, such as engaging community-based advocates, integrating services with maternal and child health and HIV programs, using the media, and integrating family planning into ongoing systems. Efforts need to make less expensive and long-acting methods more available, including Sino-Implant and a subcutaneous version of the injectable DMPA.

3 Increase collaboration among contraceptive suppliers and support multiple financing systems for family planning.

More inter-country planning is needed to help shift available inventories when needed. In countries emphasizing decentralization and using "basket" funding approaches, training is needed at lower tiers of government to help ensure good planning for and access to commodities and supplies. Also, support is needed not only for public clinics but also for social marketing approaches, franchising systems, and private insurance schemes.

4 Integrate family planning services both within and beyond the health sector.

Access to contraception at the community level can increase if information and referral services are coordinated and available through HIV/AIDS and maternal and child health systems. Family planning can also be promoted as complementary to the missions of agricultural, environmental, and other projects. Consolidated services and innovative alliances with multiple sectors can help extend the reach of information and services, especially as innovative approaches are scaled up. Without such actions, the family planning field and related development partners will continue to miss opportunities for providing information and services to women, men, and youth.

5 Reach beyond married women to engage men and address the needs of unmarried youth regarding contraception.

Couple communication about family planning needs more emphasis, as do programs that engage men in reflection on gender norms, the impact of family size on land and food, and the option of vasectomy. Family planning approaches – traditionally offered through health centers and among married couples – need to expand to reach more young people, promoting access to contraceptives especially to those who are sexually active, single, living in large cities, or newly married and underserved. Condoms need promotion for dual protection for unintended pregnancy and disease prevention. Gender-based violence needs to be a priority, as girls are often forced into sexual initiation or unwanted pregnancies. Programs need to answer questions that concern men and youth and offer the services that they want.

Family Planning for Health and Development: Selected Resources

Publications

Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health (2009). This publication shows how family planning investments can vastly improve maternal and newborn health. *http://www.unfpa.org/public/publications/pid/4461*

A Guide for Fostering Change to Scale Up Effective Health Services (IBP, 2007). This guide explains why fostering a change process is key to scaling up services and describes the four steps involved in initiating and supporting change in health practices. *http://www.who.int/reproductivehealth/publications/health_systems/fostering_change/en/index.html*

Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health (2007). This document presents five steps for social analysis and action (SAA) in a program cycle, four case studies, and 12 tools to implement SAA. *http://www.care.org/careswork/whatwedo/health/downloads/social_analysis_manual.pdf*

Reality √: Family Planning Forecasting Tool (2007). This tool shows how to use an Excel workbook to assess past trends in the contraceptive prevalence rate and test scenarios for specific geographic areas, among other tasks. *http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/Reality_Check_User_s-Guide-Dec._2007_v1.pdf*

Repositioning Family Planning: Guidelines for Advocacy Action (2008). This toolkit includes a guide for developing an advocacy plan to engage such groups as policy makers, community leaders, nongovernmental organizations, media, and others. *http://www.who.int/reproductivehealth/publications/family_planning/fp_advocacy_tool/en/index.html*

Online Resources

Elements of Family Planning Success. This toolkit includes materials organized by the 10 essential elements of family planning success, the process used to identify these elements, and more. *http://www.k4health.org/toolkits/fpsuccess*

ExpandNet. This network promotes ways to scale up health services innovations. *http://www.expandnet.net/*

Global Health E-Learning Center. This Web site offers free access to 34 online courses, many of them related to family planning. *http://www.globalhealthlearning.org*

Implementing Best Practices (IBP) Initiative. The IBP Web site provides reproductive information through links to the sites of the IBP partners and many other sites, including the "knowledge gateway"; this gateway supports a virtual reproductive health network with online forums, communities of practice, and more. *http://www.ibpinitiative.org*

To join "Kampala Conversations" and other communities of practice: *http://my.ibpinitiative.org/public//kampalaconversations*

International Conference on Family Planning. This is the official site of the 2009 conference in Kampala, Uganda and includes the presentations, conference proceedings, and much more. *http://www.fpconference2009.org/*

United Nations (UN) and the Millennium Development Goals (MDGs). This Web site describes the roles played by UN agencies in promoting the MDGs, including work by UNFPA on MDGs 3, 5, and 6. *http://www.un.org/millenniumgoals/*

United Nations Population Fund (UNFPA). This section of the UNFPA site links to global documents related to ensuring that every pregnancy is wanted. *http://www.unfpa.org/rh/planning.htm*

U.S. Agency for International Development (USAID). This is USAID's home page for family planning, with links to many resources, including the agency's Population, Health and Environment (PHE) programs. *http://www.usaid.gov/our_work/global_health/pop/index.html*

World Health Organization (WHO). This section of the WHO Web site links to many sexual and reproductive health publications, such as WHO's *Medical Eligibility Criteria for Contraceptive Use*. *http://www.who.int/reproductivehealth/publications/en/*

IBP Implementing Best Practices in Reproductive Health

The International Conference on Family Planning, held in Kampala, Uganda, 15-18 November 2009, was sponsored by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and by the School of Public Health at Makerere University, together with the Implementing Best Practices (IBP) Initiative and more than 50 organizations. The IBP Initiative is a partnership of 31 international agencies supported by the World Health Organization, Department of Reproductive Health and Research (WHO/RHR), in collaboration with the U.S. Agency for International Development (USAID), and the United Nations Population Fund (UNFPA). The partners of the IBP Initiative worked in collaboration with the conference organizers to coordinate the third day of the conference, which focused on taking knowledge into action. All IBP partners, through their support for this conference, provided information that contributed to the body of knowledge that has been synthesized into the key outcomes and actions for change required to put family planning firmly on the health and development agenda. Family Health International is the lead author of this report, and the IBP Secretariat at WHO/RHR supported its formulation and production.

This work is made possible by USAID, WHO, and UNFPA. The responsibility for the interpretation and use of the material lies with the reader and does not reflect the policies of USAID, WHO, UNFPA, or Family Health International.

Family Planning and the Millennium Development Goals

Footnotes

1 Barnett B, Stein J. *Women's Voices, Women's Lives: The Impact of Family Planning*. Research Triangle Park (NC): Family Health International, 1998 (Table 4, p.52); Brown L. Could food shortages bring down civilization? *Scien Am* 2009;300:50–7.

2 Lloyd CB, Mensch BS. Marriage and child birth as factors in dropping out from school: an analysis of DHS data from sub-Saharan Africa. *Pop Stud* 2008;61:1–13.

3 Barnett B.

4 Kristof N, WuDunn S. *Half the Sky*. New York: Random House, 2009.

5 Singh S, Darroch JE, Ashford LS, et al. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and UNFPA, 2009.

6 Singh S, Wulf D, Hussain R, et al. *Abortion Worldwide: A Decade of Uneven Progress*. New York: Guttmacher Institute, 2009.

7 Wilcher R, Cates Jr W, Gregson S. Family planning and HIV: strange bedfellows no longer. *AIDS* 2009;23(Suppl I):S1–6; Reynolds HW, Janowitz B, Wilcher R, et al. Contraception to prevent HIV-positive births: current contribution and potential cost savings in PEPFAR countries. *Sex Transm Inf* 2008;84(Suppl II):ii49–53.

8 Speidel JJ, Weiss DC, Ethelston SA, et al. Family planning and reproductive health: the link to environmental preservation. *Pop Environ* 2007;28:247–58.

9 Wire T. *Fewer Emitters, Lower Emissions, Less Cost*. London: London School of Economics, 2009.

10 WHO and UNFPA. *Sexual and Reproductive Health and HIV – Linkages: Evidence Review and Recommendations*. Geneva: WHO, 2009. *http://whqlibdoc.who.int/hq/2009/who_hiv_2009_eng.pdf* [accessed March 30, 2010].