

**What Did We Hear?
What Do We Know?
What Do We Do?**

**Ward Cates
Family Health International**

**International Conference on Family Planning
Kampala, Uganda
November 18, 2009**

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- **Is this just another conference?**
 - **Are we talking to ourselves again?**
 - **How do we do things differently?**

Goal for Day 3:

**To move toward implementing more broadly
what we have heard**

Day 3: Research to Practice

Knowledge to action – how do we do it?

- **Synthesize the knowledge – 10 pearls**
- **Link “pearls” of information to areas of action (morning panels)**
- **Share and build action steps to inform your work (afternoon workshops)**

Synthesize Knowledge: Pearls 1-5

Core Family Planning Issues

- **National FP policy/advocacy**
- **Contraceptive use**
- **Contraceptive technology**
- **Service delivery approaches**
- **Commodity security/franchising**

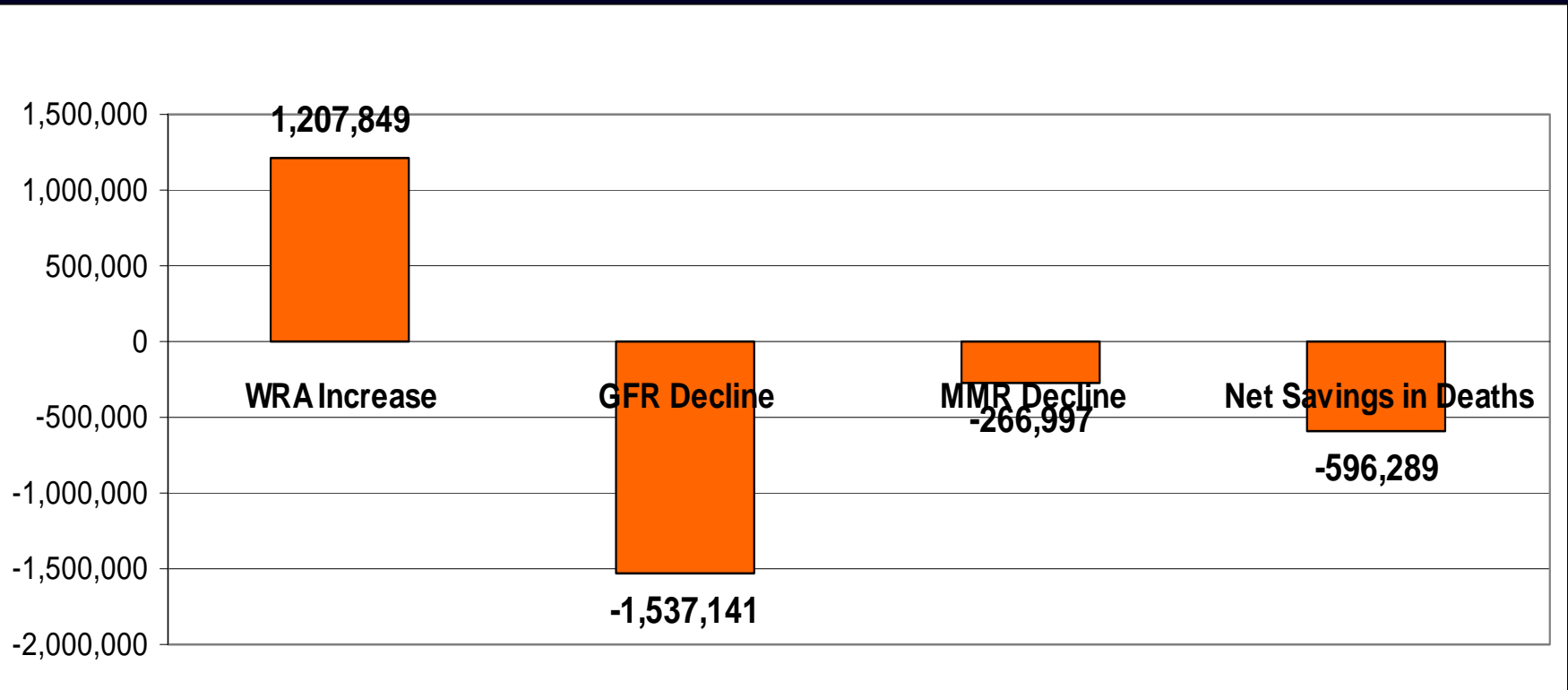
Pearl 1. Policies/Unmet Need

- **FP – essential for all MDGs**
- **MDG FP strategy requires increasing CPR by 1.5% a year**
- **Lifetime burden of unmet need on women is much higher than cross-sectional measure**

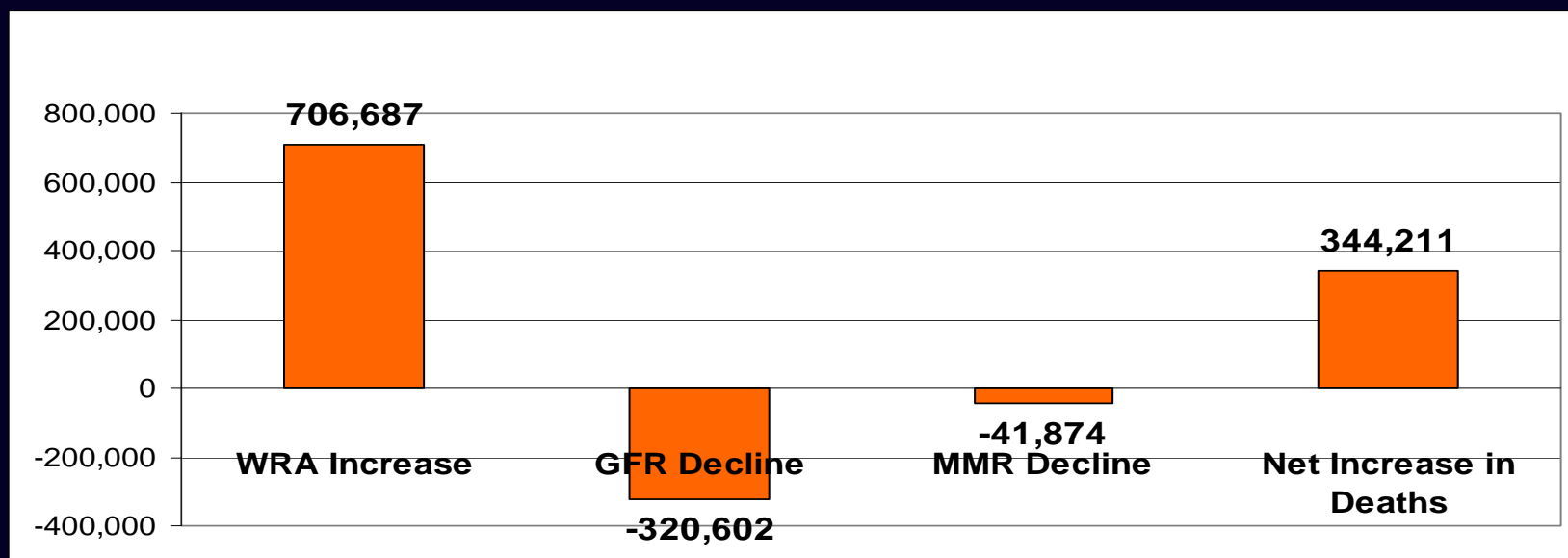
“When I got to the Gates Foundation, no one mentioned the MDGs. Now, that’s all we talk about. Bill Gates demands that everything we do must contribute to achieving the MDGs. And most important, **without family planning resources, the MDGs are difficult, if not impossible, to achieve.**”

-- Oying Rimon, BMGF

Upward and Downward Forces on Maternal Deaths Developing Countries, 1990-2005



Upward and Downward Forces on Maternal Deaths Sub-Saharan Africa, 1990-2005



Pearl 2. Contraceptive Use

- **“Overuse” of short-term methods – “adherence factor” & “supply factor”**
- **Contraception continuation crucial – need longer-term methods**
- **IUDS – demand creation and training have led to ~200K insertions in one year**

Pearl 3. Contraceptive Technology

- **Less expensive alternatives imminent - Sino Implant and Sub Q DMPA**
- **Prepare for additional products that may be ready in next 5 years**
- **Consider dual protection implications – hormonals/microbicides with vaginal rings**

Pearl 4. Service Delivery

It's the community, stupid!

- **Need to involve community for buy-in**
- **Successful community-based distribution models used multiple strategies:**
 - **CBD workers,**
 - **MCH integration,**
 - **Engaging local leaders,**
 - **Awareness raising (radio, mass events)**

Pearl 5. Commodities/Franchising

- **Funder collaboration is improving on delivering commodities**
 - assess needs
 - plan procurement
 - know pipeline
 - move commodities between countries
- **Creative franchising systems available, including multi-tiered pricing**

Synthesize Knowledge: Pearls 6-10

Newer “Core” Family Planning Issues

- FP/HIV Integration
- FP/Other Integration
- Cost/financing
- Youth/men
- Concluding themes

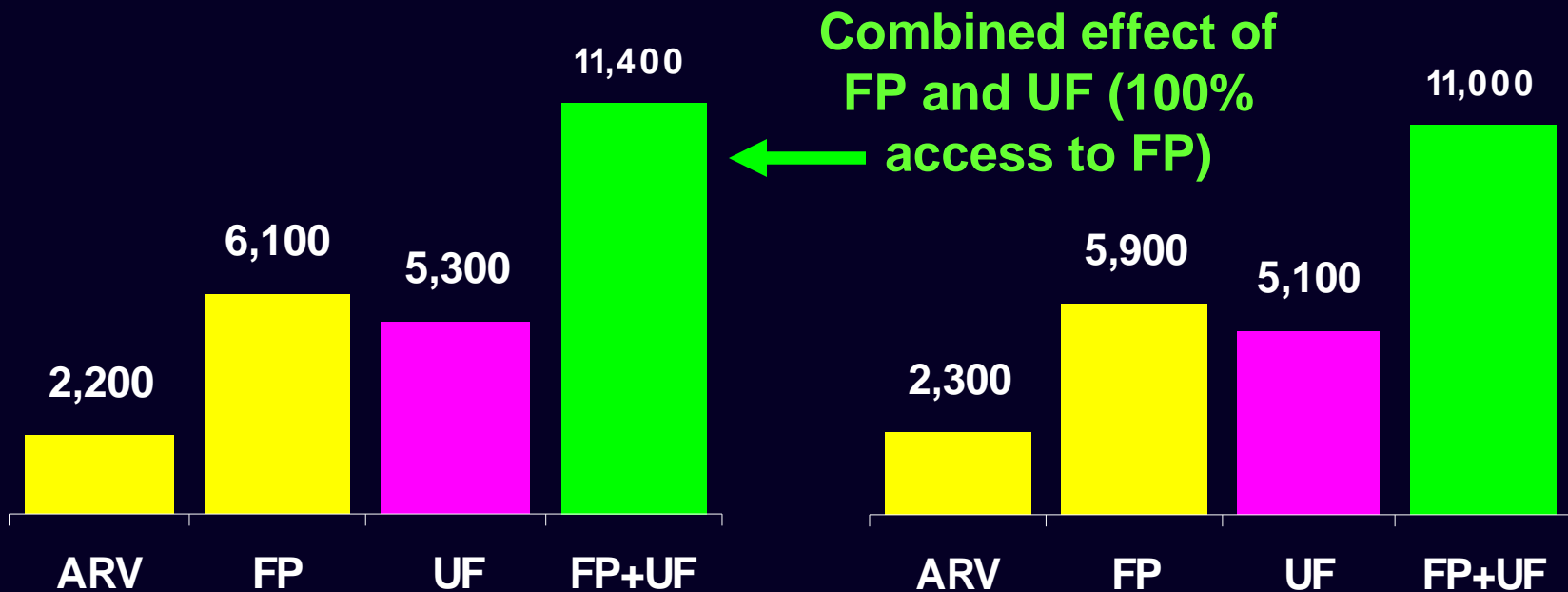
Pearl 6. FP/HIV Integration

- FP/HIV integration reaching a “tipping point” of acceptance
- New models of FP/HIV integration must demonstrate leveraged costing to justify continued investment
- FP emerging from being “the best kept secret” in HIV prevention

Effects of ARV-PMTCT, FP, Unwanted Fertility (UF) - 2007

Vertical infections
averted / added

Pediatric ART need
averted / added



Pearl 7. FP/Other Integration

- **MCH - Postpartum IUD insertion integrated successfully with urban clinics by trained midwives (Zambia)**
- **MCH – Immunization clinics as points of counseling/contraception (Tanzania)**
- **Primary Health Care – FP integration more challenging for providers with multiple disease responsibilities**

Pearl 8. Cost/Financing

- Total global financing of FP/RH equals <10 days of military action worldwide
- Assessment of costs often left out of FP program evaluation metrics
- Public-private initiatives in FP financing essential

“We have two eyes. Why would we want to look out of only one?”

-- Khama Rogo, World Bank

Pearl 9. Youth/Men

- **Vasectomies – need to do much more work to reduce taboos**
- **Semantics - “FP” does not resonate with men, so emphasize ways to improve lives**
- **Youth – culturally appropriate community based communication increased contraceptive use (India)**

Pearl 10. Concluding Themes

- **We know what to do – we need more action, especially scaled up programs**
- **Our efforts must be harmonized to reduce duplication**
- **If we work collaboratively, we are powerful force for change**
- **African leaders have to take ownership**

“We wouldn’t consider a child health program without immunization. How can we think about women’s health without family planning?”

-- *Khama Rogo, World Bank*