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

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Edited Transcript—Amy Tsui

It's a real privilege to be here. It is also a tremendous delight to see so many people who were at Kampala. I think we haven't been able to get our fix and we are always drawn back to talking about Kampala. Kampala was the work of a community. It happened to have a little bit of allowance from the Gates Institute but, really, much of it depended on so many people who were there and who came forward. And like certain things, maybe, some tipping points: it's just one of those events that happened at a time where the conditions were ripe for it.

I am the opening act because I'm going to set the stage. I've actually told Rhonda that the reason I came was because I missed her presentation twice in Kampala, so I really am looking forward to hearing it. I'm also very much looking forward to hearing Sahlu's comments because he's been traveling the continent, works in the field, and will definitely have the ground-level view of all the changes that are going on.

We had this conference, and the Gates Institute has conferences like this. We do them to try to build the leadership capacity of our academic partners, and so we've had meetings in Baltimore, Ethiopia, Abuja in Nigeria on youth, and then we did this one. This one sort of took us by surprise because of the groundswell of interest in it. We are an academically-based program with probably larger expectations than we warrant, but it was just wonderful to be able to work with so many people and so many organizations who actually showed how much they cared about family planning.

The conference was opened by the First Lady of Uganda, Mrs. Janet Museveni, who is also Minister of Karamoja—I think it's the area. Even since the conference's completion she has become a spokesperson for family planning. Very recently, Rhonda shared an article from *The Monitor*, which, again, repeated not only some of the themes she had set at the Kampala conference in November, but since then, some newer themes. And she said, “family



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planning needs to be promoted as a key strategy in reducing maternal health.” She's encouraged men to support their wives or their partners' reproductive health needs and, very recently, has called on the corporate sector to also participate and support improved reproductive health in the country.

So, why did we go to, or choose, Uganda? It has probably the second highest unmet need for contraception in the world, at 41 percent. I always say if you think about a disease that had 41 percent prevalence, you would have done something. That is an epidemic. But for so many years, not much has been done in the field of family planning. So, we thought, Uganda would be a good place to shine the light on the needs of family planning for the world as a whole, but certainly also for sub-Saharan Africa.

In many of those countries, the unmet need exceeds the actual use and in Uganda 24 percent—the CPR is 24 percent. It's been successful in HIV/AIDS control efforts but it hasn't really thought about the needs, at least in the reproductive health and family planning areas. Because it hasn't really addressed the sort of the unmet demand the population has, it is rapidly growing. It's growing at 3.1 percent, which is a doubling time of about 17 years—17 to 20 years—and half of its 30 million population is under 15.

In terms of the conference, we were lucky that 50 organizations came forward. We hadn't really properly reached out as we should have, but we said to a number of the partners we worked with for the Abuja meeting, “would you like to partner again?” They said yes, and then additional organizations came forward as well. I want to let you know that we are hoping to do another conference in 2011, and the platform we use is one that's used by professional associations here, which is you do a call for abstracts and it's peer-reviewed. So, it's nobody's particular agenda and participation is open to academics, program people, and government people.

We had 50 organizations partnering. That included USAID for which we were very, very grateful because they allowed so many people to come, even though allowing people to attend meetings is not a priority for the use of their funds. The UNFPA, World Bank, WHO, the Gates Foundation, and the Packard Foundation, as well as Partners in Population Development partnered with us.. In this case I want to make a special acknowledgment to Dr. Jotham Musinguzi, who is the head of the Africa Regional Office, because it was really his ties and connections in Uganda that enabled us to have the very significant policymaker meeting that you'll hear about, and also other key NGOs—including Family Health



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International, PSI, and Gender Health—and all of the ones that are represented here: The Futures Group, AB Associates, and so on. You can see that this was well represented in terms of the international organizations.

We had 1,372 registrants from 61 countries, from Afghanistan to Zimbabwe. Outside of the United States, the country with the next largest number of participants was Nigeria, and then Ethiopia and Kenya. I think those were the three, and so we were well represented from the largest countries on the continent.

I show this chart only to show you that I was tracking registrations over time. And we started here, in February, and as we went along and we got closer to the conference, we had increasing interest.

As I mentioned, the Partners for Population Development, African Union, and World Bank sponsored an invitation-only policymaker seminar on the first day of the conference. This received funding from the Packard Foundation—and Sahlu was instrumental in all of this, as he was instrumental in the whole conference, including choosing the venue. This was a policymaker seminar on financing the health-related Millennium Development Goals. One of the outcomes from that seminar, I believe, was really increased ownership by the country participants.

At the conference Khama Rogo said that "family planning is to maternal survival what vaccination is to child survival." This particular statement resonated with a lot of people. This is not picture is not of Khama. This is Minister of Finance and Planning and Economic Development, Mr. Kamutu of Uganda. Here is the African Union Commissioner for Social Affairs, Bience Gwawansas, who was one of the sponsors. There were presentations on capitalizing on the global aid architecture, on the national health accounts, particularly the reproductive health accounts, which are very important for showing the tracking of resources by donors, governments, households, and NGOs on spending in reproductive health and family planning. Futures helped support the presentation of the RAPID model from Malawi that was presented by Dr. Mahongo of the Ministry of Health, and then we had "Uganda on the Move," which you'll see shortly.

There were altogether five plenaries, 260 oral presentations, 113 posters, nine capacity building sessions, and it was like the 12 days of Christmas. You can see these were the luncheon roundtables that were very—I thought very effective in having experts meet more



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people, so we weren't just sitting and watching PowerPoints. We had the Contraceptive Cafe. This is the cycle bead—you can't quite see it, but the cycle bead's being shown. And this is a female condom being demonstrated by a gentleman in this audience. And then this one probably had one of the best titles. This presentation was, "Is that a vasectomy in your pocket?" Right. It was about promoting vasectomy.

Ward Cates, who is here actually, pulled out research highlights and presented them on the third day. That was very helpful in framing how knowledge to action would proceed. And the third day of the conference is sponsored by the WHO Implementing Best Practices Consortium. Here are some of the highlights. First of all, integrating family planning into HIV care can prevent vertical and pediatric transmission, but it needs to be cost effective. There was a supplement to the *Journal of AIDS* that was distributed freely, had just been released, and it's actually got a tremendous amount of evidence-based wisdom in it.

Integrating family planning into post-abortion, postpartum, child, and other primary health care points of entry is also cost-effective, but there needs to be improved concordance or correspondence of the type of method with the fertility goals or preferences of the couple. A very major theme was "expanding the use of community health workers for delivering contraception," not only injectables, but also implants, and then increasing outreach to youth and men, and capitalizing on public and private innovations in service delivery and financing, including social marketing and social franchising. So there was a lot of best practice information shared about innovative ways to finance.

This is self-promoting because it's the Gates Institute and CCP and others, but Advanced Family Planning is a new advocacy initiative that's funded by the Gates Foundation and Packard, and it's led by Duff Gillespie. You can see this is Musimbi Kanyoro and Oying there. This initiative was launched during the meeting.

Interestingly enough, you learn something about organizing conferences: if you wanted to get a lot of media hype, you have to have somebody ready to say, "I'm giving money for 'x'." So, the amount of money was \$12 million. In this audience, that's pocket change, but it was a big media piece that went around the continent. One of my favorite parts was that we asked for a couple from the community, a Ugandan couple, to come and just share their impressions about family planning. And PSI helped us identify the Muwesi family. This is Mr. Zuvira Muwesi and he has six children. He stopped by in the beginning and also at the end. At the very end, he got up and gave his impressions and said, "I am really committed now to educating my children. I don't want to have them sit in an audience where they can't



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understand what's going on in a great meeting, in a professional meeting." And if you want to see the whole thing, I found it on YouTube. [laughter] That's the address for it. You can type "unmet family planning Uganda" and you'll get it in the search.

What was achieved and what next? You'll hear about a lot more "what next" from the others, but probably one of the key things was this palpable level of excitement and renewed energy for family planning. As I mentioned, it was just an event that happened at the right time. One woman came to me and she said—and we've had several people ask us to replicate this in Latin America and other countries and South Asia and so on—but she came and she said, "I'm so glad to hear about this. I'm so tired of hearing about HIV disease." I think it's just a positive complement to all of our efforts for infectious disease.

We pulled out 32 global commitments that have been made to family planning since the 1968 Turin Declaration of Human Rights. We listed them all and decided that, instead of a new call for action, we would just reaffirm what was already there. So, that's available if you are interested, and there have been a number of follow-up activities that have been planned by partner organizations. As I mentioned, we now plan to repeat it in 2011. We're interested in locations and, of course, welcome anybody who wants to help with it. We did solicit submissions on some of the presentations to see if they would merit going into a supplement for the journal and we are looking at the *African Journal of Reproductive Health* as a supplement. They've agreed, and we're just in the process of that.

Some of the things that I've noticed, and not because of Kampala, but that have happened—one of the best things is the increase in the foreign assistance budget for this area. What is it? From 600—it went to 450, around 450 million to 600, to 715 million in the next fiscal year budget, I think? The Global Health Initiative has identified maternal child health and family planning as one of the main priority themes, which I think is wonderful. In January, the Secretary of State made very positive and supportive remarks about both girls' education and family planning and reproductive health at the ICPD+15 anniversary. The June conference this year by Women Deliver identified family planning as a third pillar of maternal health, so it wasn't in the London conference but now it's clearly been embraced. And then I also found that in India FOGSI, the OB/GYN Society, is having one of its meetings on contraception and beyond, which I think is very important for India, particularly northern India.

If you are interested in any of the materials, they are all available online, and there is a blogspot for which you have the brochure. So everything is available. It can be downloaded,



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all the media materials. We're going to keep it live so that we can keep updating things.
Thank you.



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