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

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I just want to share my experience. I was informed about this meeting this weekend, so there is no science to my presentation. I just wanted to share what happened in my country and in a few countries that I visited since the Kampala conference as a result of that meeting.

For me, after 10 years of clandestine work, virtual clandestine work, it was just coming out of the closet, you know? Here we are 1,500, 1,200 to 1,500 people from all over the world, mostly Africans, talking about family planning. And actual family planning, not reproductive health, not maternal and child health, and not using all kinds of euphemisms to hide what we are doing. That was probably the single most important lesson or revelation that I took from the Kampala conference.

For almost a decade, we in the family planning world had three priorities. One was just to keep the family planning momentum alive at the level where it was 10 or 15 years ago so that it would not be destroyed by ideological. political, or other considerations. That was one priority that we had for 10 years—just to live, survive.

We were also struggling for 10 years to make sure that family planning got mention in the health priorities of the countries in which we were working, just mention without being accused of all the kinds of crimes that we haven't committed, obviously. The third one was to support organizations that were victims of discriminatory funding decisions, the kind of organizations that were pioneers for family planning, not only in Africa, but in the world. These were our priorities and we were performing them as discreetly as possible so as not to hurt the sensibilities or sensitivities of the powers that be.

Kampala changed that completely. It came at a time that other things were happening at the same time, including, obviously, the change of administration here in America and the change of discourse in family planning. Amy mentioned Clinton's speech at ICPD +15. You

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know, when I heard that speech, I sent an e-mail to Duff, asking him: "Did you write her speech?" I just couldn't believe a political leader in the United States could say the things that she said. It was great.

But there were other things that were happening at the same time as well. I don't know if you heard in October, but a few weeks prior to the Kampala conference there was a high-level meeting in Addis Ababa of health and finance ministers from all over the world. They made an urgent call to action, what is now called the Addis Ababa Urgent Call to Action. It was an incredible conference. That's the first conference I attended in my 30 years of experience in reproductive health where government officials actually got together and said "family planning is our priority." I'm just going to quote a few of the recommendations that they made at that meeting.

They said, "We will endeavor to prioritize family planning. One of the most cost-effective development investments is ensuring access to oral contraception. If we do that, we will prevent 40 percent of maternal deaths." And these are not the family planning people. These are the development officials—Ministers of Finance and Ministers of Health. They said, "We will endeavor to integrate MDG 5b on universal access to reproductive health, international development plans, and plans and budgets and report on implementation and results as part of the national MDG report." They said, "Family planning is an investment. It is not an expenditure." These are the kind of things that we would never hear in the previous decade. Finally, they said, "We will increase budget allocation for reproductive health services and supplies, including voluntary family planning, and ensure that resources are equitably distributed to reach marginalized populations in our countries."

So that was in October, and the Kampala conference was in November. But soon after the Addis Ababa conference, there was a conference of West African Ministers of Health that took place in Nigeria. As most of you know, West Africa is where most of the African countries are located. The ministers passed a resolution in Nigeria saying that, "Mothers in our region are dying from unsafe abortions. If we change the law to make abortions safe, we'll reduce maternal mortality." And they actually recommended—these are Ministers of Health—that their governments liberalize the law in West Africa to make safe abortion available for the region's women.
It's in all of these movements that the Kampala conference took place and, as Amy said, it was really a momentous time. There were over 1,200 participants—mostly from Africa, I think, the majority of them from Africa—talking openly about family planning and sharing

experience from their respective countries. It was—for me, it was a breath of fresh air, you know? It was just an incredible feeling. But the fact about Kampala is that it did not end in Kampala. It's still having an impact in the countries where programs are being implemented, and I know that because I see what's happening in my country. I'm going to give you some of examples of what has happened in Ethiopia, not because Ethiopia has been doing anything special, but because Ethiopia is a country that I know better. I'm there, and I participate in these activities. I have no doubt the same kind of things are happening across the rest of the continent.

In Ethiopia, the Kampala conference may have created momentum that can potentially transform the country's family planning landscape. As most of you know, Ethiopia has a very positive policy environment for family planning. DHS 2005 showed that CPR has actually doubled in the five years prior, and talk today is that that CPR may have doubled in the last 5, from 6 or 7 percent in 2000-2001 to probably about 30 to 32 percent currently. So we don't really have a policy issue in Ethiopia. We have a very supportive government and a very active Minister of Health. Rates of unmet need in family planning, however, are still some of the highest on the continent. Maternal mortality is very high and the need for the expansion of family planning services is strongly felt by people, like us, who are in the field. I think the Kampala conference may have reinforced that message.

The conference was the first of its kind in which a sizable number of Ethiopians participated. I think there were around 30 of us. Ethiopians not only participated, but actually made quite a few presentations. This is quite remarkable for Ethiopians because Ethiopians don't like talking about what they do. They just want to do it and be left alone. [laughter] One of the biggest problems I had was to convince my Ethiopian colleagues to share. "Please go out and tell the story. You are doing a fantastic job," I said. We have the best adolescent reproductive health program. We have an excellent reproductive health leadership program. We have a very strong women's movement. Nobody talks about them. They just don't believe it's important to talk about what they are doing, and Kampala changed that.

As I said, there were more than 2,000 participants. That involvement gave my fellow Ethiopians a huge moral boost. The first thing they did when they went back was to get together and say, "Okay, now what next?" So on December 4, and this is just days after the Kampala conference, 14 organizations—about 20 people—came to our office. They sat down and said, "We need to do something. You know, we cannot just participate in this kind of conference and then forget about it." They spent quite a lot of time—I think a full day—

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just discussing what we learned at Kampala. They listed some of the lessons that they learned from it. Just to mention a few, they said, "We learned in Kampala that development, national development, can be achieved through the advancement of family planning programs; that meeting the unmet need for family planning is an extremely important objective that can contribute to achieving the millennium development goal; and that community-based family planning programs are an important component of reproductive health."

As some of you know, Ethiopia has a very extensive community-based reproductive health program that has never been widely discussed outside of the community. So Kampala was an opportunity for them. Actually, after our moral development association made a presentation, and some others made presentations, they saw the enthusiasm with which they were received and said, "We're doing a good job so we need to start to expand and do even better."

They decided that it's important that they document what they do and develop their research capacities. They agreed that generating evidence was an important part of their work; their work was not just service delivery, and that therefore they had to strengthen their monitoring and evaluation program. That actual idea of integration is here, I think. PHE is probably the furthest expanded program in the continent, but they didn't know that it was such a big deal. They developed a sense of the appreciation for integrated programs and decided that they should work on them. They learned about new tools, like RealityCheck—I don't even know what that is—but also the RAPID model, which I do know. Gapminder and things like that—they said these are things that we need to be connected with and to use as management tools. And they said that they were really, really delighted that family planning is finally coming back to the spotlight. These are the kind of things that they decided.

And they said, "Okay, we were lucky enough to go and participate in the Kampala conference, but we need to share this with the larger reproductive health community in Ethiopia." So, as we speak, the Minister of Health, Packard and a third group—I forget which one—are working together to call for a national conference on post-Kampala to think about what we learned and how can we take it forward. The only reason why they are not holding it yet is because of the Rwanda meeting that USAID has called and they must participate in that conference. In all these activities, one of the most interesting items is that the Minister of Health is very closely involved in and, in fact, is leading the work to make sure that Kampala is not forgotten.

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They are preparing for the Women Deliver project. If we can learn so much by attending a conference like that, they thought, we shouldn't be shy anymore. So there is this consensus that we need to tell the story after all. And these are the kind of things that are happening in Ethiopia, but, as I said before, I don't think just in Ethiopia. I'm sure the same thing is happening in many African countries. In the last few months, I visited Kenya, Uganda, Tanzania, and Rwanda, and in every one of these countries that I visited, there is a "Kampala fever." You know, people saying, "Let's do something about family planning." Whether or not they are related to Kampala, there have been some developments. For example, I know that the governments of Kenya, Nigeria and Ethiopia have budgeted specifically for family planning in their annual plans. Just a couple of weeks ago the government of Ethiopia, the Minister with the Ministry of Health Initiation, sent instruction to regional governments that family planning should be in their budgets when they're passed to the national government. The government of Nigeria has put $1 million in for contraceptives. That's unheard of. Of course, $1 million is a very small amount of money, less than what a minister probably gets as a bribe.

So that's what's happening. The question then is, what do we do now? Where do we go from here? I hope this is a beginning of dialogue among us to keep the momentum alive; to build upon it and push it forward. As Amy said, her institute is planning for full-on conferences in 2011 and 2013, and I hope we work together to make that happen. But in the immediate future, I am hoping that we will work together to encourage national level efforts to implement post-Kampala recommendations to make sure that family planning stays where it is now and that it's not abandoned. There are a lot of positive signs that we can do that.

My foundation is already working in this area in many ways. As Amy mentioned, we are co-funding the Advanced Family Planning Project. But in addition to that, we just gave a grant to IPPF so that they can mobilize African women leaders. These leaders need not necessarily be involved in reproductive health, but in any area so that they can advocate for reproductive rights in their respective countries.

We are working with the Aspen Institute to ensure that three or four African countries include family planning in their health priorities and actually train Ministry of Health officials in how to include family planning in their programs. We're working with another partner in 11 African countries to make sure that family planning is included in their IEC and education programs. And currently, as we speak, we are reviewing a proposal from Gender Is My Agenda. This is a network of 43 women's organizations across the continent and the

proposal is designed so that family planning and reproductive health can become part of their advocacy work. We're also working with the original WHO Africa office as they develop their five-year strategy to make sure that family planning is a priority not only in their supporting activities, but also in each country's health program.

So, these are the kind of things that we're doing now, but I realize this isn't much. It is very little and probably not very significant. We need to do more. I know our society is doing much more in the area of family planning. We need to hold hands and work together. I hope, as I said at the beginning, that this is the start of collaboration among the different actors so that what we were able to achieve in Kampala continues to lead our strategy for family planning. Thank you.

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