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London Family Planning Summit: What it means for USAID

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September 17, 2012

Key Ingredients to Successful Family Planning Programs

Commitment

- International-level
- Country-level
- Local-level
- And sustained



Resources

- Government
- Private/NGO
- Donor
- Civil Society/Advocacy



Know-How

- Program Componentry
- Innovation/Technology
- High-impact Practice
- Utilization/Scale-up

International Family Planning: Three Eras

Era One: 1965-1995 Priority Attention

- Dramatic growth in donor attention and funding
- UNFPA established, regular international conferences held
- Early policies/commitment/resources in LAC, Asia, North Africa
- By early 1990s, country graduation began
- Demographic and health rationale primary

Era Two: 1996-2008 Growing Neglect

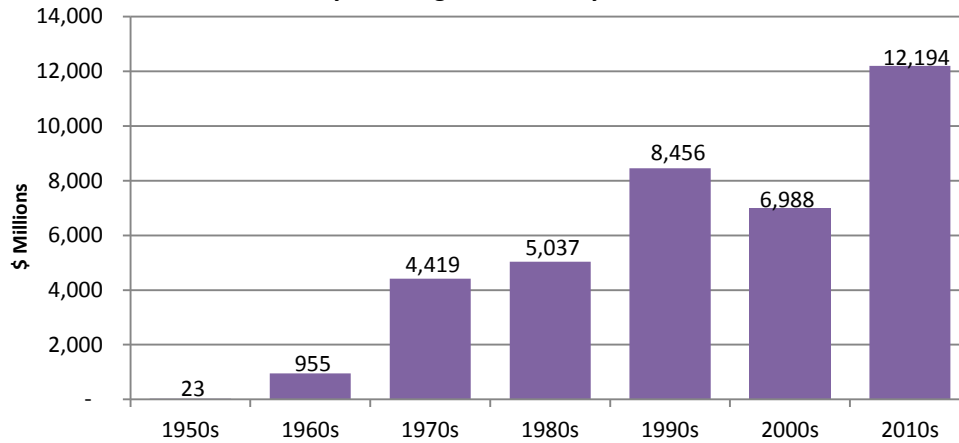
- Donors attention shifts to other health priorities
- Increased use of basket funding approaches
- Greater disparity between middle/low income countries
- USAID funding declines from 1995 peak
- Rights and health rationale become primary

Era Three: 2009-2020 Revitalization

- Growing attention and partnerships
- USG funding and attention increased under GHI
- DFID & BMGF exert leadership, sponsoring 1st ever Summit
- Attention focused on high need/low income countries
- Growing recognition of demographic/economic in addition to rights and health rationale

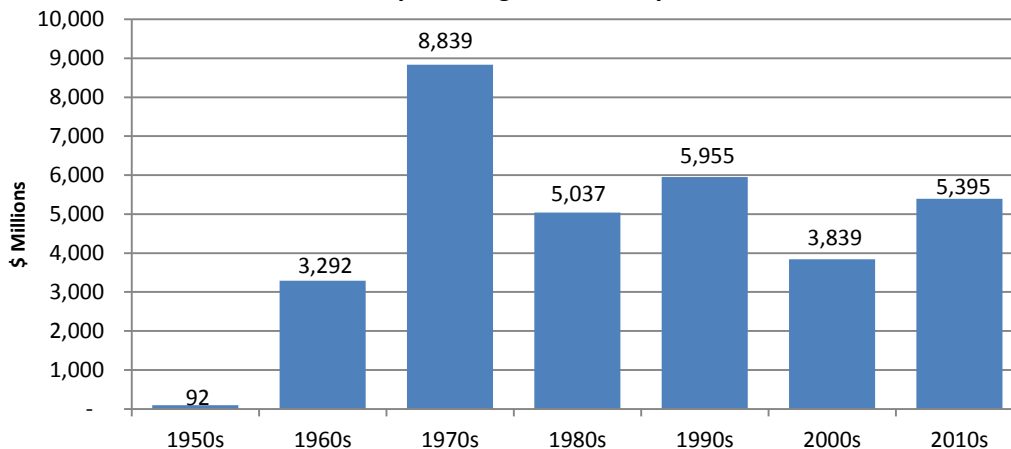
International Family Planning Assistance by Decade

International Family Planning Assistance by Decade: Current Dollars



- Donor funding has increased each decade, until decline in 2000s
- Donor funding estimated to rebound in 2010s based on recent, London Summit commitments
- Based on current dollars

International Family Planning Assistance by Decade: Constant Dollars



- Trends change markedly when controlling for inflation (indexed to 1985 dollars)
- In real terms, 1970s was the highest funded decade
- 2010s still a rebound over funding levels in 2000s

USG Commitments

- Building on the commitments made at the “*Child Survival Call to Action*”:
- Remain the leading donor for family planning, increasing by 40% in the past 4 years from \$470 to \$640 million annually
- Strengthen partnerships with governments, donors, and private sector
- Continue leading role in contraceptive development, with a focus on technologies that prevent pregnancy and HIV/STI transmission
- Partnership with DFID & BMGF to expand access to depo-Sub Q in-uniject in 5-6 countries
- Co-leadership on the “*Statement for Collective Action for Post-Partum Family Planning*” to encourage integration and maximize health impacts of FP



Statement for Collective Action for Postpartum Family Planning

This statement for collective action is for all programs that reach postpartum women during the first year following a birth to integrate PFFP counseling and services into their programs.

Programs should prioritize reaching postpartum women, the group of women with the greatest unmet need for FP, in their strategic and operational plans and budgets, including updating the knowledge and skills of a range of providers, offering integrated PFFP services in facilities and communities, and ensuring that a broad range of contraceptive options are available to women, men and couples.

What is Postpartum Family Planning?

Postpartum family planning (PFFP) is the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirth. Not only do pregnancies during this period hold the greatest risk for mother and baby, the first 12 months after childbirth also present the greatest opportunities in terms of number of contacts with health care services.

Continuum of Health Care Contacts with Opportunities to Offer PFFP

Antenatal → Labor and → Postpartum → Care → Well-Child Care

Why is PFFP Important?

Even though PFFP saves lives, women in the extended postpartum period often do not receive adequate attention or the family planning (FP) services necessary to ensure access to lifesaving contraception during this vulnerable time.

- According to an analysis of Demographic and Health Survey data from 27 countries, 55% of women who are 0-12 months postpartum want to avoid a pregnancy in the next 12 months but are not using contraception.¹
- FP can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than two years apart.² Closely spaced pregnancies within the first year postpartum are the riskiest for mother and baby, resulting in increased risks for adverse outcomes such as preterm, low birth weight and small for gestational age. Pregnancy occurring within six months of the last delivery holds a 7.5-fold increased risk for induced abortion and a 1.6-fold increased risk of stillbirth.³
- Postpartum women may not realize they are at risk of pregnancy even if they are breastfeeding. A study in Egypt found that 11% of breastfeeding women, who were not using the Lactational Amenorrhea Method of contraception, conceived prior to resumption of menses.⁴

Strategies to Address Unmet Need for PFFP⁵

Raise Awareness of FP Needs of Postpartum Women: Providers, women, their families and communities, as well as policymakers and program managers, are often unaware of the need for PFFP and/or don't know that a woman's fertility can return in the early months after birth and that with timely initiation most contraceptive methods are safe for the breastfeeding mother. In addition, policymakers need compelling arguments to expand their focus beyond antenatal care, labor and delivery care, and child care, to address postpartum care, including PFFP.

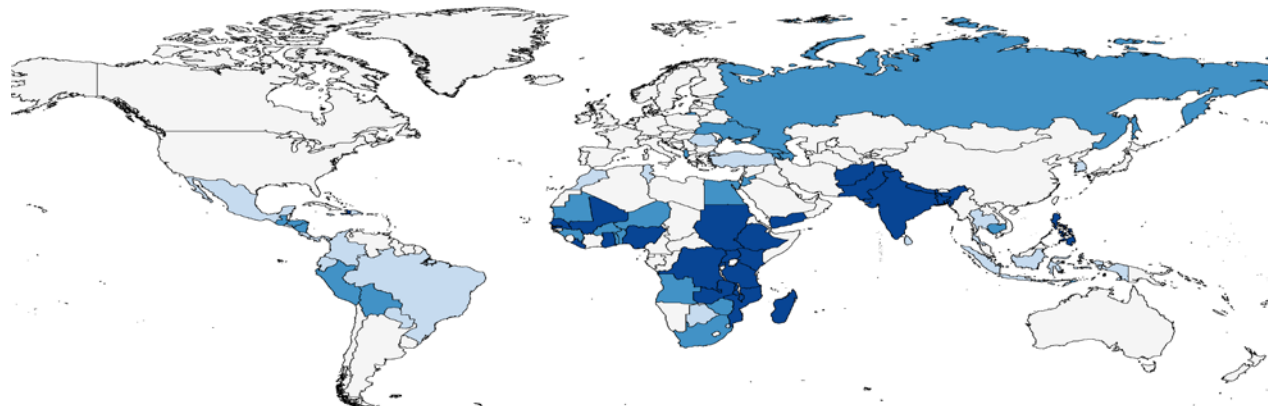
Ensure No Missed Opportunities across the Continuum of Care: The continuum of care throughout a woman's pregnancy, childbirth and postpartum provides an array of opportunities to reach her with FP counseling and services. Between 50% and 90% of pregnant women make prenatal visits or have contact



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Summit Implications for USAID & Implementing Partners

- Expanding the circle of commitments and voices to FP
- Focus on countries with highest need/commitment for FP will dovetail in many cases with USAID
- USAID's expertise in innovation/high impact practices can be tapped & built upon
- USAID can assist countries in developing effective plans for expanding access
- Working in partnership is key to success
- An unprecedented opportunity for progress in Africa & South Asia



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Thank you for your attention



“Reproductive rights are basic human rights. Women everywhere should have the right to decide when and whether to have children. But too often, in too many places around the world, these rights are denied. Millions of women and young people across the globe don’t have access to modern forms of contraception. Today, you are demonstrating the solidarity of the international community behind a woman’s right to make decisions about the timing, number, and spacing of her children, which is critical to the advancement of women, their families, and their communities.”

-- Secretary of State Hillary Rodham Clinton, July 11, 2002