Women march for reproductive health and rights

CONNECTIONS
Global development is changing. In the era of the Sustainable Development Goals, countries and partners are moving toward integrated, collaborative approaches that span multiple sectors. This calls for holistic strategies that allow us to combine our strengths and tackle our challenges together.

Success also requires that we identify catalysts: key interventions with the ability to spark big changes across the board. Family planning is one of those catalysts. Voluntary, rights-based family planning—ensuring that women have the ability to make their own choices about whether, when, and how many children to have—is a game changer.

Why is family planning so powerful? Because women and girls are a powerful force for development. Unlocking that potential is a linchpin strategy for any country aiming to improve the health of its citizens, break the cycle of poverty, grow the economy, and even cope with climate change.

In these chapters we explore the vital connections between family planning and other sectors. We share examples of progress from FP2020 countries and partners, and highlight new collaborations that are just now taking shape. We also review the legal, social, and health care frameworks necessary to ensure that family planning programs are rights-based and truly meet the needs of women and girls.

The era of siloed development is ending. Our goals, and our solutions, are connected.
FAMILY PLANNING AND UNIVERSAL HEALTH CARE

All people, no matter who they are or where they live, have a right to “the highest attainable standard of health.” No one should suffer because they can’t afford to buy medicine or see a doctor. That’s the basic premise of universal health coverage (UHC), which is emerging as the guiding principle for health program design and financing.

UHC is based on two important ideas: that access to high-quality health services is a human right, and that those services should be financially within reach. The core of UHC is the concept of “health for all,” with high-quality primary health care, including family planning, available to everyone. UHC adds the crucial element of financial protection, recognizing that governments can and should use their purchasing power and health financing mechanisms to ensure that health services are affordable for all.

The method of achieving UHC will be different for each country, depending on its health system and economic resources. Some countries already have strong primary health care systems they can build on, while others are starting with fewer reliable systems in place. One thing, however, remains constant: family planning plays a pivotal role in making UHC work.

Why? Three reasons:

Family planning is part of the foundation of good health.
Family planning helps women live longer, healthier lives and leads to improved health outcomes for their children. Numerous studies show that the ability to plan pregnancy is directly and unequivocally linked to lower maternal mortality, lower infant and under-5 mortality, lower mother-to-child transmission of HIV, and a whole host of improved health indicators. (Just one example: when a woman spaces her births by at least three years, her newborn baby is twice as likely to reach its first birthday.)

**Family planning is part of the core package of benefits on the progressive path to UHC.**

Most countries on the path to UHC will need to aim for progressive universalism: starting out with a basic but critical package of benefits that will have maximum impact for the largest number of people—especially the poorest and most vulnerable—and then building from there. It’s essential that family planning be included in that initial package. Few interventions are as cost-effective and transformative.

Visit the FP2020 website for more information about Family Planning's Return on Investment.

Family planning is critical to *economic and social development*—for individuals, families, and countries—and is an important mechanism to enable countries to afford UHC in the long run.
Widespread access to rights-based family planning programs and voluntary use of modern contraception puts a country on the path to achieving the demographic dividend: the burst of economic growth that can happen when fertility drops and there are more working adults contributing to the economy. With fewer dependents to support, families can invest more in the children they have and a country can invest more resources in health, education, infrastructure, and job development. This in turn can lead to a vibrant modern economy, increased financial self-sufficiency, and the prosperity that will enable a country to expand and maintain its UHC program.

Photo by Kate Holt _MCHIP Photo_
Rwanda

Rwanda is a notable example of the progressive realization approach to UHC. In 2004 the Ministry of Health launched Mutuelle de Santé, a community-based health insurance scheme to cover those Rwandans not already enrolled in private or government-sponsored health...
In 2014, **Indonesia** launched *Jaminan Kesehatan Nasional* (JKN), a national health insurance program that aims to achieve UHC by 2019. As of July 2018, the program had enrolled 77% of the total population. Family planning services are covered, but challenges remain. JKN...
Rwanda is committed to reaching everyone with healthcare so no one is left behind. Expansion of the Community Based Health Insurance highlights our country’s efforts to achieve its Sustainable Development Goals agenda, and family planning is integral. Using our maternal health services and child immunization programs as opportunities to inform and educate clients about family planning is contributing to an increase in family planning uptake. Women and girls are accessing family planning services as never before.


When a woman or adolescent girl can decide for herself whether and when to get pregnant, she can shape the trajectory of her own life. She’s more likely to finish school, pursue higher education, and embark on a career if she wishes. She can delay childbearing until she’s ready, and space her children in a way that makes sense for her health and her life.

Family planning empowers women because it unlocks a whole spectrum of opportunity. And empowered women are economic dynamos: joining the global labor force, starting their own businesses, and investing in their communities. This sparks a ripple effect that generates multiple benefits across society, driving growth, prosperity, and sustainability.

It’s been estimated that if women were able to participate in the economy at the same level as men, it would add some US $28 trillion to the global gross domestic product by 2025. Women are half of the world’s working-age population; no country can hope to achieve its development goals without enabling women to reach their full economic potential.

But while family planning is crucial to women’s empowerment, it’s not the only necessary element. Women must to be able to exercise their full human, civil, and reproductive rights. Development strategies need to challenge the discriminatory social norms that hold women and girls back and focus on the tools they need for success: educational opportunities, workplace readiness skills, fair market access, affordable childcare, and financial services like bank accounts, credit, loans, and insurance.
For the private sector, investing in women’s empowerment makes good business sense. When female employees lack access to voluntary family planning and childcare, the result is lost productivity. When laws restrict women’s access to financial services, the market misses out on new entrepreneurs and companies lose out on new consumers. When women face barriers to professional advancement, companies forego the creativity, drive, and genius they could have brought to the table.

Photo by Frederic Courbet _Bill & Melinda Gates Foundation_
Copper Rose Zambia

Copper Rose Zambia is a small organization with a big ambition: to empower women and girls to achieve their full potential and be effective leaders and change agents in their community.

The founder of Copper Rose, Dr. Natasha Salifyanji Kaoma, recognizes that sexual and reproductive...
CARD-MRI (Center for Agriculture and Rural Development—Mutually Reinforcing Institutions) is the largest micro-finance institution in the Philippines. It was founded in 1986 as a social development organization, with a vision of establishing a bank that would be owned by landless poor women. In...
Rosemarie Muganda, Deputy Country Director at PATH, Kenya

I think often times, actually a lot of times, family planning is reduced to just two things: limiting the number of children and spacing. I see family planning as going much beyond that. When you invest in comprehensive education programs, adequate supplies of family planning commodities, and when you make sure that those commodities are available where woman – the people who need them – can access them, then you are giving women the opportunity to make decisions that give them control not just over their bodies but over their lives.

Young people are the heart of the Sustainable Development Agenda. More than 40% of the world's population is under the age of 25.1. Young people are the inheritors of the future, the leaders and workers of tomorrow, and the generation poised to create the demographic dividend that is the centerpiece of many countries' long-range development strategies.

But if today's adolescents and youth are to fulfill their enormous potential, they must be able to take charge of their own reproductive health. Young people need the freedom to stay in school and launch careers without being derailed by unintended pregnancy or child marriage—or even by lack of menstrual hygiene products. They need accurate information about their bodies, and access to contraception in ways that work for them—through school-based referrals, adolescent-friendly clinics, and pharmacies that stay open late. They need to be able to solve their sexual and reproductive health needs in one place—HIV/AIDS, STIs, and contraception—and to do so without stigma or discrimination. They need laws and an enabling environment that guarantee their rights and allow them to participate in the policy process.

Youth-oriented development strategies can only succeed if young people's reproductive health needs are met and their rights respected. FP2020's approach to meeting the needs of young people encompasses three interrelated, complementary areas:

Implementing evidence-based interventions for adolescent health.
Many young people choose to be sexually active during adolescence and need access to both contraception and protection from STIs and HIV. Others are vulnerable to sexual coercion, exploitation, and early or forced marriage. Regardless of the reason girls are sexually active, adolescent pregnancy poses health risks to young mothers, including anemia, obstetric fistula, unsafe abortion, and death. Babies born to adolescent mothers are also at increased risk of preterm birth, low birth weight, under-nutrition, and infant mortality. It’s crucial that all adolescent girls—including married adolescents, who account for the majority of early births, and unmarried adolescents, who are at particular risk for unsafe abortion—have access to adolescent-friendly SRHR information, services, and counseling.

**Collaborating and partnering with young people on issues that impact their lives.**

To ensure that young people are involved in decision making, FP2020 incorporates the youth perspective at every level of the partnership. Two young people are members of the Reference Group, the highest level of FP2020 governance, where they help shape global strategy. At regional and country levels, youth representatives attend FP2020 focal point workshops and collaborate with local decision makers to determine solutions to their country’s most pressing challenges. FP2020’s Rapid Response Mechanism issues grants to youth-led projects, enabling young people to take direct action in their own countries. And youth-led organizations make formal commitments to the FP2020 partnership, asserting their role as drivers of success as well as beneficiaries.

**Tackling adolescent and youth measurement issues.**

Understanding the lives of adolescents and youth and their information and service needs is critical for developing effective health programs. This year’s report includes a review and discussion of the data on adolescents and youth, the gaps that exist, and what we can learn from the data we have: Special Analysis: Understanding Data on Adolescents and Youth.
THE DEMOGRAPHIC DIVIDEND

Most developing countries are in the early or middle stages of the demographic transition: the shift from high rates of mortality and fertility to low rates. Mortality rates have already fallen significantly—especially infant mortality—but fertility rates are still high. The result is rapid population growth and a huge generation of young people.

Photo by Natasha Fillion _Bill & Melinda Gates Foundation_
If this rising generation of young people chooses to have fewer children than their parents and grandparents did, that will unlock the possibility of a **demographic dividend**. The demographic dividend is the burst of economic growth that can happen when a country’s dependency ratio changes, shifting from a society with many dependent children and relatively few working-age adults to a society with many working-age adults and fewer dependent children.

But the demographic dividend won’t happen automatically. A country has to make the right investments in health, gender equality, education, and jobs. Most importantly, countries must invest in rights-based family planning. It’s the fundamental building block—the basic first step—that enables people to decide how many children to have and positions countries to reap the demographic dividend.
International Youth Alliance for Family Planning

The International Youth Alliance for Family Planning (IYAFP) is a youth-led organization dedicated to cultivating a new generation of family planning leaders between the ages of 15 and 30. IYAFP...
Burkina Faso

The population of Burkina Faso is very young: almost half of Burkinabé are under the age of 15, and two-thirds are under the age of 25. Burkina Faso has made the demographic transition the...

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India

With 600 million people under the age of 25, India has the largest youth population in the world. The government is committed to increasing access to contraception for young people, but...

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Many young people are sexually active. Many are building families, or willing to do. So they need to know about family planning. It's important for them to choose when and how many children they want to have because most of them are still in a phase of building themselves and their countries. So they need to plan to have the child at the right time to be able to bear it financially, but most important, physically and psychologically.

Abdou Gado Mariama, Young Ambassadors Network for Reproductive Health and Family Planning, Niger


FAMILY PLANNING AND CRISIS RESPONSE

Crisis, displacement, and migration are multiplying around the world at unprecedented rates. Conflict and natural disasters affect more people today than at any time since World War II. In 2017 alone, more than 30 million people from nearly every country in the world were displaced from their homes or communities by one of these factors.\(^{11}\) (see map). Millions more became international refugees.\(^ {12}\) Globally, it’s estimated that 134 million people are currently in need of humanitarian assistance. Approximately one-fourth of these individuals are women and girls of reproductive age.\(^ {14}\)
Women and girls whose lives have been upended by conflict or disaster are uniquely vulnerable. Health systems are severely strained and women’s usual reproductive health care is disrupted. Being pregnant or giving birth adds serious and potentially life-threatening complications to what is already a desperate situation. The incidence of sexual violence is tragically high, affecting more than 70% of women and girls in some crisis settings. And adolescent girls are at heightened risk of forced early marriage and early pregnancy, with profound and potentially devastating consequences for the rest of their lives.

For women and girls in crisis settings, family planning is one of the most life-saving, empowering, and cost-effective interventions possible. And demand for contraception is fierce, with many women and couples in humanitarian settings expressing the desire to space or limit pregnancies. If we are truly to leave no one behind, we must ensure that voluntary, rights-based family planning programs and a wide range of modern contraceptive methods are available and accessible to populations affected by or at risk of crisis.

Read first-person story from Jennifer Schlecht, Senior Advisor, Emergency Preparedness and Response for FP2020

Crises are varied, complex, and changing—from acute natural disasters to protracted conflicts and long-term displacement. Each context calls for a specific approach:

**Preparedness:** In areas that we know are at high risk of conflict or natural disaster, we must build resilient systems and continue to expand access to family planning. Conflict and instability place a heavy burden on a government’s capacity to respond and recover. Preparedness efforts are essential for building resilience so that health systems can better rebound and countries can continue to deliver much needed services.
Acute response: Family planning must be embedded as part of a life-saving package of health services in any acute crisis response. The Minimum Initial Service Package (MISP) for Reproductive Health, the established standard for the provision of reproductive health care from the onset of an emergency, has been updated to include the prevention of unintended pregnancy as a priority objective. The updated MISP also emphasizes the importance of a full mix of contraceptive methods from the first days of a response.

Protracted crises and recovery: The majority of crisis-affected populations are in areas of intractable conflict or living for years in refugee or internally displaced person camps. In these situations it is incumbent on the international community and national governments to ensure that comprehensive family planning services—including adolescent-friendly services—are readily available.

Few countries are adequately prepared to meet the reproductive health needs of women and girls in the event of a crisis. Closer collaboration between the family planning and humanitarian communities can help close that gap.

An innovative partnership between FP2020 and CARE is helping to expand global leadership and drive progress toward achieving universal access to family planning within emergency preparedness and response. On the country level, FP2020 is working with governments and implementing agencies to identify their preparedness and response needs. The focus is on building strong, resilient systems that will enable countries to respond effectively and reach the hardest-to-reach.
UNFPA Supplies, which distributes emergency reproductive health kits (including contraception) to crisis settings all over the world, is also working to help countries build resilient supply chains that can respond to emergencies. UNFPA is piloting a forecasting tool that will help country and global partners better identify where the needs are, route the supplies more efficiently, provide a broader range of contraceptive methods, and ultimately make the transition from crisis and recovery to normal supply chains. And a number of humanitarian response agencies are working to document their successes in integrating family planning with emergency health response and preparedness efforts across a wide range of contexts.
SPOTLIGHT

Bangladesh

Since August 2017, violence in Myanmar’s Rakhine State has forced hundreds of thousands of Rohingya to flee across the border to neighboring Bangladesh. Nearly one million Rohingya refugees are now crowded into Cox’s Bazar District, more than half of them women and girls. They have endured horrific trauma—including gang rape, torture, and witnessing the murder of their children, parents, or families—and their health needs are urgent.

The Government of Bangladesh is graciously...
Family Planning in crisis situations is a matter of choice for the affected people, not the humanitarian community. As an evidence-based, needs-based, and rights-based intervention, family planning ranks among the top life-saving humanitarian interventions that can help restore the dignity of girls and women in crisis situations. Denial of the right to contraception is a form of gender-based violence and there should be zero tolerance for it!


FAMILY PLANNING AND MATERNAL HEALTH

Every year more than 300,000 women and girls die in childbirth or from pregnancy-related complications, including unsafe abortion. Almost all of those deaths occur in developing countries, and almost all of them could be prevented. Although maternal mortality has fallen significantly since 1990, it remains an urgent global health challenge.

One of the most effective strategies for saving maternal lives is healthy timing and spacing of pregnancy (HTSP). Evidence shows that when a woman gets pregnant it has an enormous impact on her health on her health and the health of her baby. HTSP identifies four types of high-risk pregnancies:

- Those too closely spaced (a birth-to-pregnancy interval of less than 24 months)
- Those that occur too early in a mother’s life (before the age of 18)
- Those that occur too late in a mother’s life (at or after age 35)
- Those that occur to a mother who has had many (five or more) live or stillborn births already

That’s why family planning is such an important part of the maternal continuum of care. It’s estimated that if all the women and girls with an unmet need for family planning were able to use contraceptives, 29% of maternal deaths would be prevented. And thousands of mothers would be spared the suffering and anguish of childbirth-related complications, like obstetric fistula and eclampsia.
For many FP2020 countries, family planning is a central strategy for bringing down high rates of maternal and infant mortality. One of the most effective areas of collaboration between the family planning and maternal health communities is the movement to expand access to **postpartum and post-abortion family planning (PPFP/PAFP)**. Women in the postpartum/post-abortion period typically have very high unmet need for contraception, and since 2015 the PPFP/PAFP movement has worked with countries to expand access to family planning during this critical time. **Data analysis from Track20** indicates that PPFP/PAFP contraceptive use is increasing in a number of countries.

But we can go further, and make family planning an essential and standard component of the entire maternal care package. In fact there are numerous opportunities to integrate family planning with the maternal health life cycle:

**Antenatal:** Antenatal visits are an ideal opportunity for providers to talk with mothers about birth spacing and limiting, and to counsel them on their future contraceptive options. Women can even plan ahead to have a clinical contraceptive method initiated on the day of delivery, such as the postpartum IUD.

**Birth and postpartum care:** These are moments when women and their babies are in contact with health providers for essential services, so they’re crucial opportunities to ensure that women’s contraceptive needs are met. Family planning information can be integrated with counseling on breastfeeding, child immunization, postpartum return to fertility, and healthy timing and spacing of pregnancy.
Post-abortion care: For many post-abortion patients, the lack of family planning counseling and services quickly leads to another unintended pregnancy and/or induced abortion, because fertility returns within two to three weeks after miscarriage or induced abortion. It’s essential that family planning counseling and contraception be offered to all women who seek abortion services or present for emergency obstetric or post-abortion care.

Immunization, well-baby, and child health visits: The majority of women in developing countries seek immunization services for their children, providing an ideal opportunity to reach mothers with family planning information. In areas where child health visits are standard, these checkups give health providers another opportunity to ask mothers of children under age 2 if they are protected against unintended pregnancy, HIV, and other STIs.
**Sierra Leone**

Sierra Leone has the highest maternal mortality ratio in the world, with an estimated 1,360 maternal deaths per 100,000 live births....
Mauritania

Access to family planning services is still relatively limited in **Mauritania**, with childbirth often the only time a woman comes in contact with health care providers. The government has accordingly placed a strong emphasis on PPFP as part of its overall family planning strategy...
Realizing the right to choose if, when, and how many children to have is central to achieving maternal health goals. It is irrefutable that family planning contributes significantly to reducing maternal mortality, making access to and the ability to choose their own healthcare services vital tenets of respectful and dignified care for women and girls. White Ribbon Alliance is proud to partner with FP2020 to help realize our mission as a people-led movement for reproductive health and rights.

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FAMILY PLANNING AND FAITH

More than eight out of ten people worldwide describe themselves as people of faith. Many of the countries with the greatest unmet need for family planning are countries where religious faith is especially strong, and the potential for faith-based actors to advance family planning is great.

Faith and family planning interact in key ways. Religious beliefs shape the decisions people make about their sexual and reproductive lives; faith leaders are influential figures in society; and faith-based organizations are deeply involved in global health and development. In sub-Saharan Africa, for example, faith-based organizations provide as much as 40 percent of all health care, including family planning.

Many faith traditions are comfortable with contraception, while others oppose it. Some accept certain methods but reject others, such as sterilization. But virtually all faith traditions support the concept of healthy timing and spacing of pregnancy, which plays such an important role in the health of both mother and baby.

Faith-based organizations that promote family planning see it as a way to contribute to the wellbeing of their communities and to uphold values of health and good stewardship. For family planning programs, working with faith groups can inspire ministries of health to collaborate, increase access to family planning, overcome social barriers, dispel misinformation, improve communication between couples, and engage men.
In many FP2020 countries, faith actors are closely involved with the family planning program. In Zambia, the Churches Health Association of Zambia (CHAZ), a network of Catholic and Protestant health institutions, is the largest non-government health provider. Together with other CSOs, CHAZ successfully lobbied for community-based distribution of injectables and helped shape Zambia’s renewed FP2020 commitment, presented at the 2017 Summit on Family Planning. CHAZ now serves as the lead of the Advocacy Subcommittee for Zambia’s Family Planning Technical Working Group, making it the only faith-based organization leading advocacy efforts for a country.

In West Africa, the countries of the Ouagadougou Partnership work closely with faith leaders to develop family planning programming and messages that are aligned with religious beliefs. Many large Muslim-majority countries in Asia, such as Pakistan and Bangladesh, have longstanding family planning programs that are popularly accepted as in keeping with Islamic principles. Afghanistan, which joined FP2020 in 2016, commissioned a behavioral study in 2017 on attitudes toward contraception, including religious beliefs. The recommendations of that study are reflected in Afghanistan’s first family planning costed implementation plan, finalized in 2018.
SPOTLIGHT

Faith to Action

Faith to Action Network is a global interfaith network of more than 100 Bahai, Buddhist, Christian, Confucian, Hindu, and Muslim faith organizations. Its member organizations are united by their...

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Cordaid

Cordaid (Catholic Organization for Relief and Development Aid) is an international NGO driven by Catholic social values. Cordaid's JeuneS3 program (“Santé, Sexualité et Sécurité”) works to prevent...

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Kenya Muslim Youth Development Organization

The Kenya Muslim Youth Development Organization (KMYDO) is a national youth-led Muslim organization dedicated to improving the health of Muslim youth, women, and families. KMYDO works closely...

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“Without family planning I would not be in the position I am today in the church and in the continent.”

By Rev. Dr. Lydia Mwaniki

Director of Theology, Family Life and Gender Justice, All Africa Conference of Churches

I was born and raised in Kirinyaga County, Kenya, the second-oldest in a family of five girls and one boy. Large families were common in my village when I was growing up. Since many of the parents were poor subsistence farmers, they couldn’t always afford to pay school fees as well as feed their children. Girls were usually married off rather than sent to secondary school, even when they were better students than their brothers. The common belief was that education for a girl was not required for marriage. In fact, many neighbors mocked my father (who was a school teacher) for educating his five daughters rather than marrying them off.

When I got married, my husband and I agreed to use contraception to plan and space our children. My husband was an Anglican priest and I was a university student working on my first degree in theology. Family planning enabled me to time my three pregnancies so I could concentrate on my studies as well as take care of my children. One of my favorite subjects was Greek, which was difficult and very time consuming. I took first class honors in it and also got high marks in the other subjects.
My husband died when our children were still young (aged 10, 12, and 14) and I was just about to embark on a PhD program in biblical studies. Fortunately, the scholarship I was given enabled me to support myself as well as feed, clothe, and educate all three children. This would not have been possible with a larger family. I would not have my PhD today if I hadn’t been able to use contraceptives as a young married woman. It might have been difficult for me to finish even my first degree.

Today I work with the All Africa Conference of Churches (AACC) as the Director of Theology, Family Life and Gender Justice. I am also an ordained priest in the Anglican Church of Kenya, Diocese of Nairobi. The AACC is the largest grouping of faith organizations on the African continent, with 183 member churches in 42 African countries.

One of the mandates of our gender program, approved by the 11th AACC General Assembly in July 2018, is to promote women’s reproductive health by providing information, education, and services through churches and health facilities. This of course will include family planning, which has numerous benefits. The use of contraception empowers women to pursue education and a good career in life. It enables the healthy timing and spacing of pregnancy, which improves the health of both mother and baby. Contraception also contributes to the health of a woman, which is otherwise weakened by frequent unplanned births.

I know from my own experience that family planning can have an enormous impact on a woman’s life. Family planning enabled me to pursue my education, without which I would not be in the position I am today in the church and in the continent. I want all women to be able to enjoy the benefits and opportunities that family planning makes possible.
FAMILY PLANNING AND HIV/AIDS

The global HIV/AIDS epidemic is in the midst of a prevention crisis: declines in new HIV infections have been too slow, and global HIV prevention targets are being missed by what UNAIDS describes as “a wide margin.” Globally, some 1.8 million people became newly infected with HIV in 2017. The epidemic takes a heavy toll on women and girls of reproductive age. In sub-Saharan Africa, where HIV incidence is highest and millions of young people are entering their reproductive years, girls account for three out of four new infections among 15–19 year olds.

Meeting the needs of adolescents and young people is key to staying ahead of the epidemic. Many women and girls are simultaneously at risk for both unintended pregnancy and HIV infection. Linking family planning with HIV services makes good sense—for women and girls as well as their sexual partners, for health care providers, and for the global HIV and family planning sectors.
Integrating family planning and HIV services can lead to an increased uptake of both. Women, men, and key populations who might not seek out HIV services because of stigma or other barriers can be reached through reproductive health services. Integrated reproductive health programs—including family planning, maternal health, and sexual health—have the potential to meet all the sexual and reproductive health needs of women and young people and to empower them with knowledge and awareness.

On the global level, the HIV and other sexual and reproductive health sectors, including family planning, have begun taking important steps toward a new era of alignment and partnership:

- At the International AIDS Conference in July 2018, UNFPA and the World Health Organization launched a Call to Action for linking sexual and reproductive health and rights and HIV prevention, treatment, and care.

- Also at the International Aids Conference, FP2020 and AVAC co-hosted a session on "Hormonal Contraception and HIV Risk at the Crossroads: What do the latest research, advocacy, and program developments mean for women, providers, and programs?"

- UNAIDS and FP2020 have agreed to undertake a mapping exercise in support of the Global HIV Prevention 2020 Roadmap. The focus will be on the sexual and reproductive health and rights of women and adolescents in high HIV incidence FP2020 countries.

- FP2020 is collaborating with a group of multi-sectoral partners to support and measure the efforts of countries to achieve a coordinated response to family planning and HIV.
- FP2020 and PSI are planning to develop a rights-based FP/HIV counseling tool for women in high HIV prevalence areas.

- The Inter-Agency Working Group on SRH and HIV Linkages has launched a series of webinars in collaboration with the IBP Initiative to share updates on key activities and resources.

Every woman and girl has the right to safe, voluntary family planning, regardless of her HIV status. And everyone has a right to the information, education, and services they need to prevent HIV and treat AIDS. Linking family planning and HIV services is crucial for achieving our FP2020 and Sustainable Development Goals and for realizing the global dream of an AIDS-free generation.

Photo by Jonathan Torgovnik _Getty Images Reportage_
DUAL PROTECTION AND METHOD CHOICE

Hormonal contraceptives do not protect against HIV or other sexually transmitted infections (STIs). The only contraceptives that do are condoms (both male and female). Women using hormonal contraceptives must also use a condom or take other measures to protect themselves against HIV. All individuals at high risk of HIV or other STIs need ready access to prevention strategies, such as condoms and, where appropriate, pre-exposure prophylaxis.

Women also need access to a full range of contraceptive methods, including emergency, short-term, long-acting reversible, and permanent methods. By stocking a comprehensive range of methods, family planning programs can meet the needs of women and girls in a variety of circumstances throughout their reproductive lives.
SPOTLIGHT

The ECHO Study

Since 1991, the World Health Organization (WHO) has been tracking evidence on whether there is a connection between the use of hormonal contraceptive methods and HIV. Some observational studies suggest that women who use progestogen-only injectable contraceptives—particularly depot medroxyprogesterone acetate (DMPA)—may be more likely to acquire HIV, while other studies do not suggest such an association. The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study is designed to...
Mitchell Warren, AVAC

The question is not why I invited FP2020 to be represented on a panel at the International AIDS Conference. The question is why they weren’t invited sooner. For as long as we’ve had the HIV epidemic, discussions about integrating the two communities have taken place. A young woman at risk of HIV has enormous reproductive health needs, but we see so many programs that only deal with one aspect of her health. That’s why the discussion at the AIDS conference was so important, and we couldn’t have it without FP2020. No matter what the results of the ECHO trial are, there are things we should have been doing for years: making sure that contraceptive method mix and informed choice are a reality for all women and girls.


FAMILY PLANNING AND ENVIRONMENTAL SUSTAINABILITY

The family planning and environmental sectors are natural allies. Both are ultimately concerned with health: of individuals, communities, and ecosystems.

People and nature are interdependent. Environmental degradation, including loss of biodiversity, has serious effects on human health and wellbeing. Population dynamics can create significant stress on environmental resources. And the impacts of climate change are intensifying, posing a vital threat to natural and human habitats around the world.

Population, health, and environment (PHE) projects acknowledge and address the complex connections between humans, their health, and their environment. The goal of these projects is to simultaneously improve access to health services while also helping communities manage their natural resources in ways that strengthen their livelihoods and conserve the critical ecosystems they depend upon.

PHE projects typically operate in remote landscapes where communities have little access to health services, particularly family planning, and poor access to improved water sources and sanitation. Women living in these remote areas have some of the worst maternal mortality indicators in the world. They also bear heavy economic and physical burdens, shouldering responsibility for their families' food, water, and fuel. Ensuring these women have access to voluntary, rights-based family planning means that they'll be better able to protect their health, plan their lives and their families, invest in education, and make wise decisions about the use of resources.
PHE programs also offer a unique opportunity to engage men. Most PHE programs provide community training on environmentally-friendly livelihoods as well as reproductive health, so the messaging reaches both men and women. Engaging men in conversations about family planning while involving women in discussions about sustainable livelihoods can help break down barriers and improve gender equality.

FP2020 is working with the Margaret Pyke Trust, which runs the Population & Sustainability Network, to launch a new advocacy effort to strengthen the links between the environmental and family planning sectors. An upcoming report to be published on World Population Day 2019 will make the case for increased PHE advocacy, research, and programs, and highlight why removing barriers to family planning is a way to empower sustainable environmental conservation.

FP2020 is also hosting a series of webinars to explore links, approaches, and solutions to population and environmental issues. The first webinar, co-hosted by FP2020, the Population Reference Bureau, and Population Institute, focused on adaptation finance. Multilateral climate funds, such as the Green Climate Fund and the Adaptation Fund, provide financial support to projects that help vulnerable populations adapt to climate change. These investment frameworks could become important new pathways for financing PHE projects.
The Bale ecoregion in Ethiopia is one of the world's most precious biodiversity hotspots. It includes the Bale Mountains National Park, home to wild coffee, the endangered Ethiopian wolf, and miles of cloud forest. The region also has high levels of maternal and infant mortality. PHE projects in...
Madagascar and Blue Ventures

In Madagascar, Blue Ventures works with coastal communities to rebuild fisheries and preserve marine ecosystems. Blue Ventures’ holistic approach recognizes the inextricable links between environmental degradation, climate change, food insecurity, poor health, and unmet family planning needs....

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Family planning, cheetah conservation, and cross-sector collaboration

How combining rights-based family planning with sustainable livelihood initiatives can help humans and wild cheetahs co-exist—and thrive

Interview with David Johnson, CEO of the Margaret Pyke Trust, with the Population & Sustainability Network

David Johnson is the chief executive officer of the Margaret Pyke Trust, which coordinates the Population & Sustainability Network. The Network is a global alliance promoting reproductive health and rights as a critical element of sustainable development. Through joint advocacy, project design, and implementation, Network members work together to address human and planetary health needs in communities with poor health care provision and high unmet need for family planning.

The Cheetah Conservation Fund (CCF), the world’s leading organization dedicated to saving the wild cheetah, teamed up with the Margaret Pyke Trust earlier this year to co-publish a policy paper on applying the PHE approach in cheetah country: The importance of human reproductive health and rights for cheetah conservation. The Margaret Pyke Trust and CCF are now seeking funding for a pilot project in Namibia, home to the largest remaining wild cheetah population. A PHE program would combine family planning programming and outreach services with the livelihood training that CCF is already conducting.

How did the cheetah connection come about? Did you reach out to the Cheetah Conservation Fund or did they reach out to the Population & Sustainability Network?
Dr. Laurie Marker, the founder and director of the Cheetah Conservation Fund, was aware of our work and contacted us. They already had close relationships with their rural partner communities and although they knew that there were barriers to family planning, they knew it wasn’t their field of expertise. We spoke about PHE and it became clear that it would be an obvious way to benefit both human and ecosystem health.

**Why is cheetah conservation a good candidate for PHE programs?**

Perhaps a better question is why CCF is a good partner organization for a health NGO to implement PHE. The answer to that is that they have worked in partnership with marginalized rural communities (in particular in relation to generating sustainable livelihoods) for decades, and are extremely well regarded by the community. As this is rural Namibia, it means they are the hard-to-reach last-mile communities that the health sector is particularly concerned about. CCF is an expert in their field, and wants to work with expert health organizations to collaborate. So as a starting point, CCF is a conservation partner we would recommend, in the same way we would also recommend working with MSI or Pathfinder. As we have our feet in both health and conservation sectors, we know who would make good partners.

Then, considering the cheetah, in our policy paper we looked particularly at Namibia. That is the CCF base and the most important cheetah range state. Some 90% of Namibia’s cheetahs live outside protected areas, making them particularly susceptible to anthropogenic impacts such as human wildlife conflict and habitat loss. These and other impacts intensify as human populations grow and land use becomes more intensive. Also, cheetahs are good for PHE simply because they are cheetahs. They are beautiful and iconic (as well as being critically endangered, with only around 7,000 wild cheetahs left on earth). From an advocacy perspective we are keen to promote the PHE model, and it helps if one of the species benefitting from the approach is likely to draw media and policy attention.
Furthermore, many PHE projects are connected to marine and fresh-water ecosystems (with livelihoods connected to sustainable fishing and population pressures being on fish stocks). To help PHE go to scale, we want to highlight that it is appropriate for a diversity of ecosystems and habitats, not just coastal communities. Rural marginalized Namibian communities, far from the sea and relying on their arid lands to eke out a meagre living, are also appropriate communities for PHE. Launching a PHE project with CCF would therefore serve both programmatic, advocacy, and publicity purposes.

**How would the pilot program be structured? With CCF handling the livelihood/conservation aspects, which partner or partners would implement the family planning component?**

It is a fundamental to us that just as family planning nurses don’t do conservation, conservation NGOs don't do contraception. The Margaret Pyke Trust has developed an institutional family planning training methodology known as USHAPE. We could ourselves be the reproductive health partner if we were to gain funding; if we were able to get funding for a larger health organization we would connect CCF with one of the organizations which are respected.

**What advice would you give to other organizations considering a PHE approach?**
The absolutely fundamental point for us is that if the health sector wants to convince another sector (whatever that sector is), it is not good enough to use health arguments for why they should work with us. Of course family planning is good for SDG 3 and SDG 5, but conservation NGOs don’t work under those SDGs. We need to learn about the SDGs they do work under, learn about their treaties, their frameworks, their strategies, their missions, their priorities, and then adapt our arguments for family planning to fit under them.

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The sector we have chosen to focus on is the conservation sector, and that means we must (and are) learning about what arguments convince them, not what arguments we are most used to. It is because of this that a British zoo is funding our family planning training program at Bwindi Community Hospital; that the UK government Department for Environment, Food & Rural Affairs (not DFID) is funding us to design the PHE project in a different part of Uganda with the International Crane Foundation, Endangered Wildlife Trust, and Nature Uganda; and that we were able to set up our first PHE project with the Endangered Wildlife Trust in South Africa. Advocates undertaking cross-sector advocacy need to be more aware of the other sector to be successful.

FAMILY PLANNING IN CONTEXT: CREATING A SUPPORTIVE FRAMEWORK

Family planning is a powerful catalyst across the whole development spectrum, with the potential to complement and enhance the work of numerous other sectors. But just adding a family planning component to a development strategy isn’t enough.
To be effective and to genuinely meet the needs of women and girls, family planning programs must be grounded in human rights, supported by social norms, and enabled by a positive legal and regulatory framework.

**RIGHTS-BASED FAMILY PLANNING**

A rights-based approach to family planning is one in which all phases of a program are viewed through the lens of respecting, protecting, and fulfilling human rights. Rights-based family planning is driven by the needs and rights of the people the program is meant to serve.

There are three main pillars of rights-based family planning:

- Right to reproductive self-determination
- Right to sexual and reproductive health services, information, and education
- Right to equality and non-discrimination

The illustration shows how these three pillars form the basis of FP2020’s Rights and Empowerment Principles, and how FP2020’s Core Indicators measure various dimensions of rights-based family planning. More information and resources are available at [Rights-Based Family Planning](http://10.20.4.161:8082/content/connections) on the FP2020 website.
Human rights and related principles that apply to family planning have been affirmed by international consensus in treaties, conference documents, and declarations.

The three pillars of reproductive rights are grounded in these international conventions.

**RIGHT TO REPRODUCTIVE SELF-DETERMINATION**
Individuals and couples can choose whether, when, and how many children to have.

**RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INFORMATION, AND EDUCATION**
They can act on those choices through high-quality services, information, and education.

**RIGHT TO EQUALITY & NON-DISCRIMINATION**
They have access to those services free from discrimination, coercion, and violence.

**FP2020 RIGHTS AND EMPOWERMENT PRINCIPLES**
These 10 principles build upon human rights principles and are critical to growing sustainable, equitable, and effective family planning programs with lasting impact.

**AGENCY AND AUTONOMY**
Individuals must be able to choose a contraceptive method voluntarily, free of discrimination, coercion, or violence. Core Indicator 16

**EMPOWERMENT**
Individuals are empowered as principal actors and agents to make decisions about their reproductive lives. Core Indicator 16

Several FP2020 Core Indicators measure dimensions of rights-based family planning:
- Core Indicator 9: Method Mix
- Core Indicator 10: Stock-outs
- Core Indicator 11: Method Availability
- Core Indicator 14: Method Information Index
- Core Indicator 15: Counseling
- Core Indicator 16: Decision Making & Method Switching

For Core Indicator analyses and Estimate Tables, please see the Measurement Section of the report.

**ACCEPTABILITY**
Healthcare facilities, trained providers, and contraceptive methods are respectful of medical ethics and individual preferences, are sensitive to gender and life-cycle requirements and respect confidentiality. Core Indicator 18

**ACCESSIBILITY**
Healthcare facilities, trained providers, and contraceptive methods are accessible—without discrimination, and without physical, economic, socio-cultural, or informational barriers.

**AVAILABILITY**
Healthcare facilities, trained providers, and contraceptive methods are available to ensure that individuals can exercise full choice from a full range of contraceptive methods. Core Indicators 10 & 11

**QUALITY**
Individuals have access to contraceptive services and information of good quality that are scientifically and medically appropriate. Core Indicator 18

**INFORMED CHOICE**
To exercise full, free, and informed decision making, individuals can choose among a full range of safe, effective, and available contraceptive methods. Core Indicators 9, 14, 15 & 16

**TRANSPARENCY AND ACCOUNTABILITY**
Individuals can readily access meaningful information on the design, provision, implementation, and evaluation of contraceptive services, programs, and policies, including government data.

**VOICE AND PARTICIPATION**
Individuals, particularly beneficiaries, have the ability to meaningfully participate in the design, provision, implementation, and evaluation of contraceptive services, programs, and policies.

**EQUITY AND NON-DISCRIMINATION**
Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion, and violence.

To highlight disparities in contraceptive use, unmet need, and demand satisfied, FP2020 publishes estimates for Core Indicators 2, 3 and 4 disaggregated by age, urban/rural residence, and wealth quintile. In addition, Core Indicators 14-16 are disaggregated by wealth quintile. See Disaggregated Estimates*

*Adapted from a graphic developed by Karen Huntsman, lyn kennedy, Lynn Batogangi, kota, amy mathies, garrett ellen, and liz redfearn luedl under the guidance offered by kathleen
Cultural attitudes are one of the most important factors in determining whether women and girls can access and use family planning. While many women share their culture's preference for large families, others feel pressured by these same expectations. In some countries there is a lack of evidence-based information about contraception, and an abundance of harmful misinformation. Restrictions on women's rights, and notions that it is somehow wrong for women to plan their families, can be serious barriers. Identifying and understanding cultural norms and beliefs are important first steps in helping communities work together to overcome barriers and empower women and girls to make decisions about their own lives.

Social and behavior change (SBC) programs are an essential element of any family planning initiative. SBC strategies help to open a public dialogue about family planning, improve general knowledge about methods and access points, and bring family planning discussion into everyday life. Engaging men as both family planning users and champions can overcome obstacles and improve health outcomes for women, men, and families.

LEGAL FRAMEWORK

Family planning programs that are not accompanied by, and based upon, positive structural changes in governance are at best fragile and, ultimately, unsustainable. Government policies, laws, regulations, and funding priorities can either help or hinder the delivery of family planning services. Barriers to accessing contraception often have their roots in obsolete or conflicting policies that will need to be addressed to make progress on family planning goals.
Supportive policies ensure that family planning has a prominent place on the national agenda, that adequate financial resources are allocated, that individual reproductive rights are respected and protected, and that clinical guidelines are up-to-date and appropriate. Less formal but no less important is political will: the commitment of individuals in positions of authority to enable and encourage progress on family planning.

Since joining the FP2020 partnership, numerous countries have passed or implemented laws to promote and protect sexual and reproductive rights and expand access to reproductive health care, including family planning (see box).

**ENGAGING MEN**

Harmful gender norms and inequalities can be a significant barrier to rights-based family planning. Changing those norms requires male engagement—not in the form of men in charge of women’s reproductive decisions, but rather men as full, equitable partners invested in their own health and supportive of women’s autonomy.

**UPDATED REPRODUCTIVE HEALTH LAWS IN FP2020 COUNTRIES**

**Lao PDR**

*Health Care Law* revised and implemented in 2018, allowing private providers to offer family planning services.

**Madagascar**
Earlier this year, FP2020 and Promundo collaborated to produce a framing document to advance the conversation on male engagement. *Getting to Equal: Engaging Men and Boys in Sexual and Reproductive Health and Rights (SRHR) and Gender Equality* highlights guiding principles, identifies 10 priority action areas, and outlines advocacy goals for engaging men and boys as allies in improved SRHR.

**Reproductive Health and Family Planning Law** passed in 2017, overturning colonial-era law and legalizing contraception.

**Mauritania**

*Reproductive Health Law* passed in 2017, recognizing family planning as a right guaranteed under the Mauritanian constitution. Regulatory decree to begin