

OPINION ARTICLE

The Global Roadmap to Universal Access to Family Planning: From Cairo to Kampala

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Afr J Reprod Health 2010; 14[4]: 13-15

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In 1994, the International Conference on Population and Development (ICPD) was held in Cairo, Egypt.¹ It brought forward faith leaders, clinicians, researchers, program managers, and government officials to unite around a common vision: universal access to reproductive health and education. The ICPD focused on girls and women, their economic empowerment, their reproductive rights, and the role of family planning in reducing maternal and child mortality. On January 8, 2010, more than 15 years after this landmark event, Secretary of State Hillary Clinton reaffirmed the United States' dedication to the "Cairo commitments," while recognizing that we have not yet reached them.²

Universal access to family planning is not only one of the Cairo commitments but also key to achieving each of the eight Millennium Development Goals (MDGs).^{3, 4} In November 2009 in Kampala, Uganda, the first International Conference on Family Planning addressed years of pent-up demand for evidence on the topic.⁵ More than 1,300 participants from across the globe convened to share the latest advancements in contraceptive technology and the best practices in family planning program implementation. Conference participants left Kampala with a shared sense of responsibility for reinvigorating the global commitment to family planning. As Khama Rogo of the World Bank put it, "We wouldn't consider a child health program without immunization; how can we think about women's health without family planning?"⁶ Secretary Clinton's reaffirmation of the Cairo commitments reminds us that we must act upon lessons learned since Cairo to be able to carry forward the momentum begun in Kampala.

What did we learn in Kampala and, most importantly, what do we do in the second decade of the new millennium? Let's start with what we learned. Three themes framed much of the dialogue:

- **Family Planning and the MDGs:** Rights-based family planning choices, where individuals are empowered with knowledge and

supported to determine their own reproductive intentions, free from coercion, are important to achieving all eight of the Millennium Development Goals.^{3, 4}

- **Evidence-Based Policies:** A comprehensive body of evidence has demonstrated the effectiveness and cost-effectiveness of family planning in advancing women's education, child and maternal health, HIV prevention, and environmental sustainability.
- **African Ownership:** African leaders must provide the leadership to promote family planning in their countries, because without such ownership, we cannot achieve universal access.

How did these key themes emerge? The Kampala conference attracted a unique mix of researchers, program managers, care providers, government officials, and funder representatives. We have synthesized the evidence and experience presented there into eight categories to help us answer the question, *What do we do now?*

- 1) **Make Unmet Contraceptive Need a National Priority:** Political will must change. If countries with large levels of unmet need had prioritized family planning access in 2000, they would have needed to increase their contraceptive prevalence rate an average of 1.5 percentage points per year to reach the MDG for reproductive health. However, unmet need was not a priority, and now national family planning policies and programs will need to double this average increase to nearly 3.0 percentage points per year.^{7, 8}
- 2) **Increase Use of Longer-Acting Contraceptive Methods:** Many countries still rely heavily on contraceptive methods requiring adherence to daily or coitally-related regimens. These methods are less effective than longer-acting alternatives, and they require a regular supply of contraceptives. We need to increase

use of “forgettable” methods,⁹ including implants and IUDs. This is achievable: one 15-country initiative to increase demand and train providers led to 200,000 IUD insertions in one year.¹⁰

- 3) **Expand Access to the Emerging Contraceptive Technologies:** Less expensive, more effective contraceptive methods, such as Sino-implant (II) and subcutaneous DMPA, are making headway.^{11, 12} Additional improvements to current products, including easier-to-use barrier methods and low-cost vaginal rings, will also soon be available.¹³
- 4) **Strengthen Community Participation in Service Delivery:** Communities need to play a stronger role in the design and implementation of family planning programs. Their buy-in is critical to supporting novel contraceptive distribution approaches. Successful service delivery models use multiple strategies to achieve access, including community-based distribution workers, integration with maternal and child health and HIV programs, and effective use of advocacy and media.^{14, 15}
- 5) **Improve the Contraceptive Supply Chain:** Increased collaboration among multiple funders of family planning is improving delivery of contraceptive commodities and reducing stock shortages.¹⁶ Systems to assess need and track contraceptive pipelines are being evaluated.¹⁷ Creative financing of programs, including public-private partnerships, franchising, and multitiered pricing, should be further explored.^{18, 19}
- 6) **Increase Integration of Family Planning with HIV Services:** After years of advocacy, FP/HIV integration is finally reaching a “tipping point” of wider acceptance.²⁰ The costs of integration are lower than those of maintaining separate points of care. Contraception is also a vital HIV prevention tool. In Uganda, family planning was shown to be an effective complement to antiretroviral therapies in preventing mother-to-child transmission of HIV.²¹
- 7) **Increase Integration of Family Planning with Other Public Health Services:** Postpartum IUD insertion by trained midwives was successfully integrated into urban primary care clinics in Zambia.²² In Rwanda, child health services have effectively provided contraceptive counseling and methods which in turn improved child survival.²³ Applying lessons learned and scaling up successes, we can consolidate services and strengthen health systems.²⁴
- 8) **Engage Men in the Family Planning Dialogue:** Engaging men in family planning needs to be a priority. Vasectomy is among the most underutilized contraceptive methods.²⁵

While the term “family planning” may not resonate with men, they have shown openness to the evidence that smaller families improve economic stability and lead to better health for all members.

In conclusion, the Kampala roadmap has been drawn. The Cairo vision remains. Working together with global, national, and local leaders, we must expand rights-based reproductive choices to address unmet contraceptive need. Fifteen years later, the cross-cutting influence of reducing unintended pregnancies will accelerate progress toward delivering the Cairo commitments and achieving all eight MDGs.

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