

FAMILY PLANNING

STRATEGY OVERVIEW

OUR MISSION

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. Our Global Health and Development Programs are dedicated to this mission by helping to ensure that lifesaving advances reach those who need them most.

We focus on problems that have a major impact on the poor in the developing world but that get too little attention and funding. Where proven tools exist, we support sustainable ways to improve their delivery. Where they don't, we invest in research and development of new interventions, such as vaccines, drugs, and diagnostics.

Our financial resources, while significant, represent a very small fraction of the overall funding needed to improve global health on a large scale. We therefore advocate for policies and financial resources to promote greater access to health solutions. Strong partnerships are also essential to our success in making a difference and saving lives.

THE OPPORTUNITY

Family planning is hailed as one of the great public health achievements of the last century, and yet over 200 million women worldwide who want to use contraceptives don't have access to them.¹ The world's poorest women and men are not empowered to decide the number of children and timing of their births, despite the fact that complications during pregnancy and childbirth are a leading cause of death for women in Africa.² Voluntary family planning empowers women and men to decide when to have a child and to avoid unintended pregnancies and abortions. This results in healthier families, communities, and nations. In addition, some methods of family planning prevent both pregnancy and sexually transmitted infections, including HIV.³

The number of women who do not have access to an effective method of family planning remains unacceptably high. Less than 20 percent of women in sub-Saharan

Africa and 34 percent of women in South Asia use modern contraceptives.⁴ As a result, each year, there are 75 million women in developing countries who experience unintended pregnancies; 20 million of whom resort to unsafe abortions.^{1,3} It is estimated that providing these women with access to modern contraceptives would reduce maternal deaths by 25 percent, newborn deaths by 18 percent, and unintended pregnancies by 73 percent.^{3,5}

By 2050, the global population is expected to grow to over 9 billion people, an increase of more than 50 percent over 2005 levels.⁶ This growth will only exacerbate the current health inequities for women and children, put pressure on social services and resources, and contribute significantly to the global burden of disease, environmental degradation, poverty, and conflict. Family planning is one of the best investments a country can make in its future.

OUR STRATEGY

Our vision of success is that all women and men in developing countries know about and have access to quality family planning. We support voluntary family planning as a means to meet the needs of men and women and to significantly reduce maternal and infant deaths.

At the global level, our strategy seeks to revitalize family planning as indispensable to achieving the Millennium Development Goals (MDGs). We are investing in raising awareness of the importance of family planning among donors, country governments, and the private sector; enhancing the efficiency of contraceptive procurement and distribution; and engaging donors, governments, and civil society to better coordinate efforts and increase resources to fund family planning.

Our strategy at the country level is to increase modern contraceptive use and improve family planning services for the growing number of urban poor in sub-Saharan Africa and South Asia using innovative, low-cost interventions that address the supply of and demand for family planning.

Our strategy prioritizes the creation of innovative contraceptive technologies to satisfy the global unmet need for high-quality and affordable contraceptives. To gain better efficiencies in spending and healthcare delivery, we are also investing in researching how to best integrate family planning into existing HIV and broader maternal and child health services and programs. Each of our main intervention areas is described below.

INTERVENTION AREAS

Advocate for more and better use of funds and raise the visibility of family planning

There are significant challenges in the financing and procurement of contraceptives—high price of quality mid-to long-acting contraceptives; volatile and unpredictable donor funding; uncoordinated and antiquated global procurement processes. The challenges create inefficiencies, add to costs, and lead to stock-outs of contraceptives, wastage of products, poor management of in-country supply chains, and variable product quality.

Our strategy aims to address these challenges by discovering and developing new contraceptive technologies that meet women's needs, advocating for increased funding for family planning, better coordination among donors and governments to deliver products, and enhanced efficiency of contraceptive procurement and delivery. Our investments to support these goals include the following initiatives:

- advocacy for funding and improved policy commitments at all levels of national governments, among bilateral and multilateral donors, and from the private sector
- strengthening the capacity of civil society organizations to promote family planning
- advocacy for the integration of family planning and HIV with the Country Coordinating Mechanisms for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
- conducting an economic analysis of the return on investment of family planning expenditures on policy goals such as the MDGs

Increase the use of contraceptives in urban areas among the poor and vulnerable

In 2008, the urban share of the world's population reached 50 percent for the first time.⁷ It is predicted that most future global population growth will occur in towns and cities in developing countries. In particular, urban populations in Africa and South Asia—the most rapidly growing regions in the world—are projected to double between 2000 and 2030.⁷ Urban births are concentrated among the poorest

populations; a significant number of these births are unintended; and the maternal, infant, and reproductive health status of the urban poor is comparable to—or worse than—that of rural residents.⁸

Our strategy focuses on enhancing the delivery of family planning services to people living in impoverished urban areas. Our main investment in this area is the Urban Reproductive Health Initiative, which aims to provide high-quality, cost-effective, and voluntary family planning services to some of the world's most vulnerable people—the urban poor of Asia and sub-Saharan Africa. The initiative harnesses the private sector and demand channels while linking country-level implementation teams in India (Uttar Pradesh), Nigeria, Kenya, and Senegal to identify and share the most effective approaches for meeting the family planning needs of the world's urban poor. The initiative also has a strong measurement and evaluation component to ensure data-driven implementation, rigorous evaluation, strengthened approaches related to equity, and widespread sharing of evidence to scale up and replicate findings.

Develop innovative contraceptive technologies

There are many reasons why women do not use contraceptives even when they want to avoid pregnancy. Some women have misperceptions about their risk of becoming pregnant, while others have concerns about the side effects of modern contraceptive methods. In some cases, opposition from husbands or family members may discourage contraceptive use. Lack of access to an adequate mix of modern contraceptives is another barrier.⁹

Our objective is to address barriers to nonuse and accelerate the uptake of contraceptives in sub-Saharan Africa and South Asia through the discovery and development of new technologies.

We are now investing in the quality assurance, regulatory approval, and careful introduction of two products in selected countries of sub-Saharan Africa and South Asia. The first is Sino-implant (II)[®], by Shanghai Dahua Pharmaceuticals in China. Sino-implant (II) is a long-acting, effective, and low-cost implant that is now registered in 20 developing countries. Efforts are now underway to finalize the prequalification of this product, negotiate public sector price ceiling agreements, work with distributors to secure regulatory approvals, and provide technical assistance for its introduction in various countries.

The second product is depo-subQ provera 104[®] in the Uniject™ injection system (DMPA-subQ in Uniject), a new subcutaneous presentation of the popular injectable contraceptive depot medroxyprogesterone acetate (DMPA,

brand name Depo-Provera®). Currently, DMPA is delivered through intramuscular injection, necessitating a health worker to provide the method in most countries. The new DMPA-subQ in Uniject, which is manufactured by Pfizer, has the potential to be delivered by nonmedical providers, such as trained community health workers, and possibly by women themselves. Implants and DMPA are especially popular in sub-Saharan Africa, and we are hopeful that these new methods can increase coverage and use of family planning. Efforts are now underway to assess the training, systems, policies, and infrastructure necessary to sustainably implement DMPA-subQ in Uniject.

Additional contraceptive methods are needed to address the diverse needs of communities around the world. We are investing in additional products that we hope will meet the needs of women and couples. These investments include an on-demand oral contraceptive pill, the Nestorone®-ethinylestradiol vaginal ring, a 6-month injectable, and potential innovations in nonhormonal methods and nonsurgical female sterilization.

Close key knowledge gaps in family planning

There remain several critical knowledge gaps related to increasing access to family planning. Our strategy supports investments to address these gaps by conducting intensive research and development to:

- test models for integrating family planning with HIV prevention and care services to increase access to family planning among HIV-positive men and women
- determine whether the integration of family planning into maternal and child health, HIV, postpartum, and post-abortion services results in a significant increase in modern contraceptive use
- Obtain more definitive data on HIV acquisition with the use of hormonal contraceptives to inform policy and program implementation

PROGRESS

Our partners have had some successes in strengthening donor contributions and coordination affecting contraceptive supply. Some examples of this include:

- In September 2010, the Alliance for Reproductive, Maternal and Newborn Health was launched to accelerate progress toward MDGs 4 and 5. U.S. Secretary of State Hillary Clinton, UK Deputy Prime Minister Nick Clegg, Australian Minister Kevin Rudd, and Melinda Gates, co-chair of the Gates Foundation, launched the alliance at the United Nation's Summit on the MDGs. During its first year, the alliance focused on forging effective partnerships

and improving family planning programs in 10 high-need countries in sub-Saharan Africa and South Asia.

- The Reproductive Health Supplies Coalition grew from 18 member organizations to over 100 members, which coordinate donors and address the fundamental technical and advocacy issues regarding contraceptive supplies.
- In February 2011, donors jointly funded the Francophone West Africa Conference—Population, Development and Family Planning conference in Burkina Faso, which was attended by nine country delegations that included ministers of health, finance, and planning. Each of the country delegations presented action plans for strengthening their national family planning programs and policies. At the meeting, the Government of France pledged €450 million (euros) over the next five years in support of MDGs 4 and 5 in West Africa with a focus on family planning.¹⁰
- In Uganda, a policy prohibiting community health workers from providing injectable contraceptives was reversed.¹¹ Another policy change allowed NGOs to access contraceptives from the central warehouse of the National Medical Stores.¹²
- In late November 2011, more than 2,200 participants came together for the historic Second International Conference on Family Planning, the largest ever to focus on family planning. The participants represented 88 countries, and included researchers, program managers, clinicians, parliamentarians, policy makers, and journalists. The conference drew top-tier political commitment including the President of Senegal's pledge to commit an additional \$1 million (U.S.) for contraceptives in Senegal, and DFID's pledge of an additional 40 million pounds for global commodity security.

CHALLENGES

A large challenge to our work in family planning is that the global community, including both private and public sector stakeholders, is still not sufficiently galvanized to fund family planning to meet the unmet need for contraceptives among women in sub-Saharan Africa and South Asia. Governments and other donors are focused on other health priorities, and family planning is competing for scarce monetary and human resources at the country and global levels. We are working hard to hold national governments and the global donor community accountable for their pledges to improve family planning by communicating the importance of voluntary family planning in reducing maternal and child deaths, enhancing the livelihood of women, and reducing poverty.

Shortages of contraceptives are a major challenge that undermines our country programs' ability to achieve results. We are funding an in-depth assessment to assess the strengths, limitations, and performance gaps within the contraceptive supply chain to allow for a deeper analysis of forecasting, financing, procurement, inventory management, and distribution of contraceptives in both the public and private sectors.

Another challenge is that some current contraceptives remain too costly for procurement groups and in some cases, for the women who use them. In the area of implants, we have begun discussions with manufacturers to address the high cost of implants, and the potential for volume purchases and price reductions for developing countries. We are also helping manufacturers in developing countries gain prequalification from the World Health Organization in order to expand the market and allow for more competition and low-cost options for procurement groups.

WORKING TOGETHER

Reaching the millions of women and couples who desire effective family planning methods requires the dedication of all of our government, donor, private sector, research, nongovernment, and community partners. Because our resources are limited in relation to what is needed to address the unmet need for family planning globally, we work closely with existing and emerging donors to ensure that funds are spent well, improve policies, enhance the efficiency of procurement and delivery of services, and ultimately, to save and improve lives.

TO LEARN MORE

About the Global Health Program:
www.gatesfoundation.org/global-health

About Family Planning:
www.gatesfoundation.org/familyplanning

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Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Jeff Raikes and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

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