

FAMILY PLANNING

RHSC Annual Meeting
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A photograph of Melinda Gates, a white woman with brown hair tied back, wearing a teal button-down shirt and sunglasses on her head. She is looking off to the side with a thoughtful expression. She is surrounded by a diverse group of African women, some wearing colorful headwraps and traditional patterned clothing. The background is slightly blurred, focusing attention on Melinda.

■ *“Family planning and access to contraception—including information, supplies, and services—is an issue that I am passionate about, and it has become one of my personal priorities at the foundation. I believe it’s one of the most urgent issues of our time.”*

—Melinda Gates

OUR GOALS

Today to 2020

Bringing access to family
planning to an additional
120M WOMEN
without coercion or
discrimination

Beyond 2020

Progress toward
**UNIVERSAL
ACCESS**
to voluntary family planning

OUR APPROACH

We support national governments that are leading the development and implementation of their national plans for family planning.

We also invest in innovative technology, supply and demand approaches to expand high-quality, voluntary family planning.



KEY PRINCIPLES

- Voluntarism
- Quality of Care
- Innovation
- Equity
- Local Ownership
- Partnerships



FIVE INITIATIVES FOR DRIVING CHANGE



Principles – respect rights¹; promote equity; include youth; leverage partnerships

* India, Nigeria, Indonesia, Pakistan, DRC, Ethiopia, Kenya, and Ouagadougou Partnership (demonstrations in Senegal & Niger)

1. Defined as voluntarism, informed choice, participation, accountability, protection against coercion

November 5, 2014

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STRENGTHEN POLICY AND ADVOCACY

We work to keep family planning on the global agenda and improve funding and policy support.

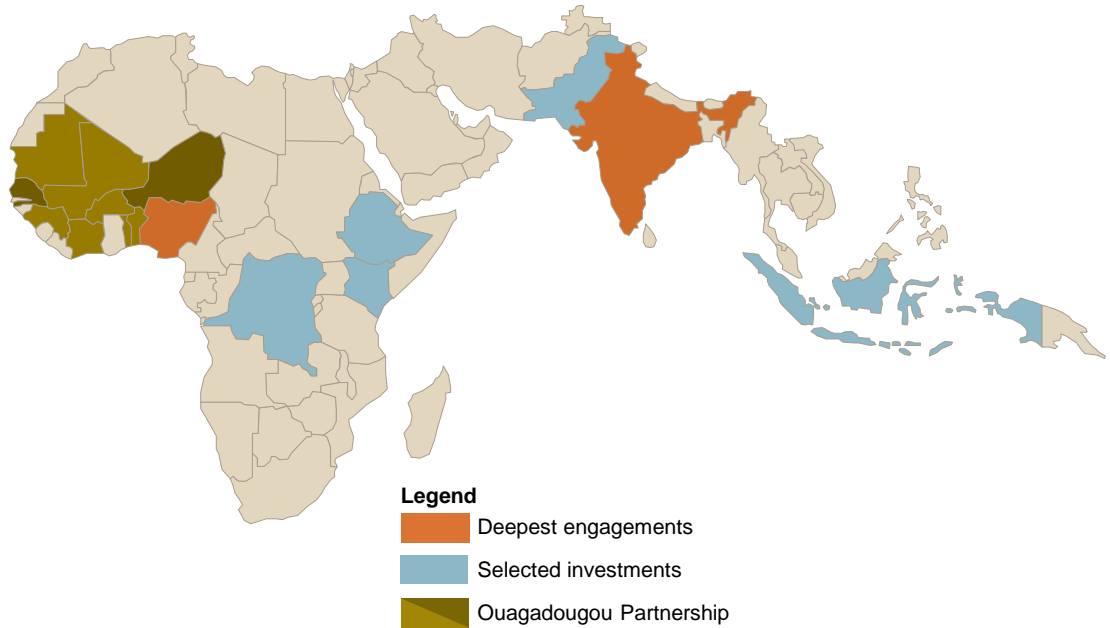
- Holding donors and developing countries accountable
- Advocating for better family planning policies
- Providing advocacy and communications support to partners



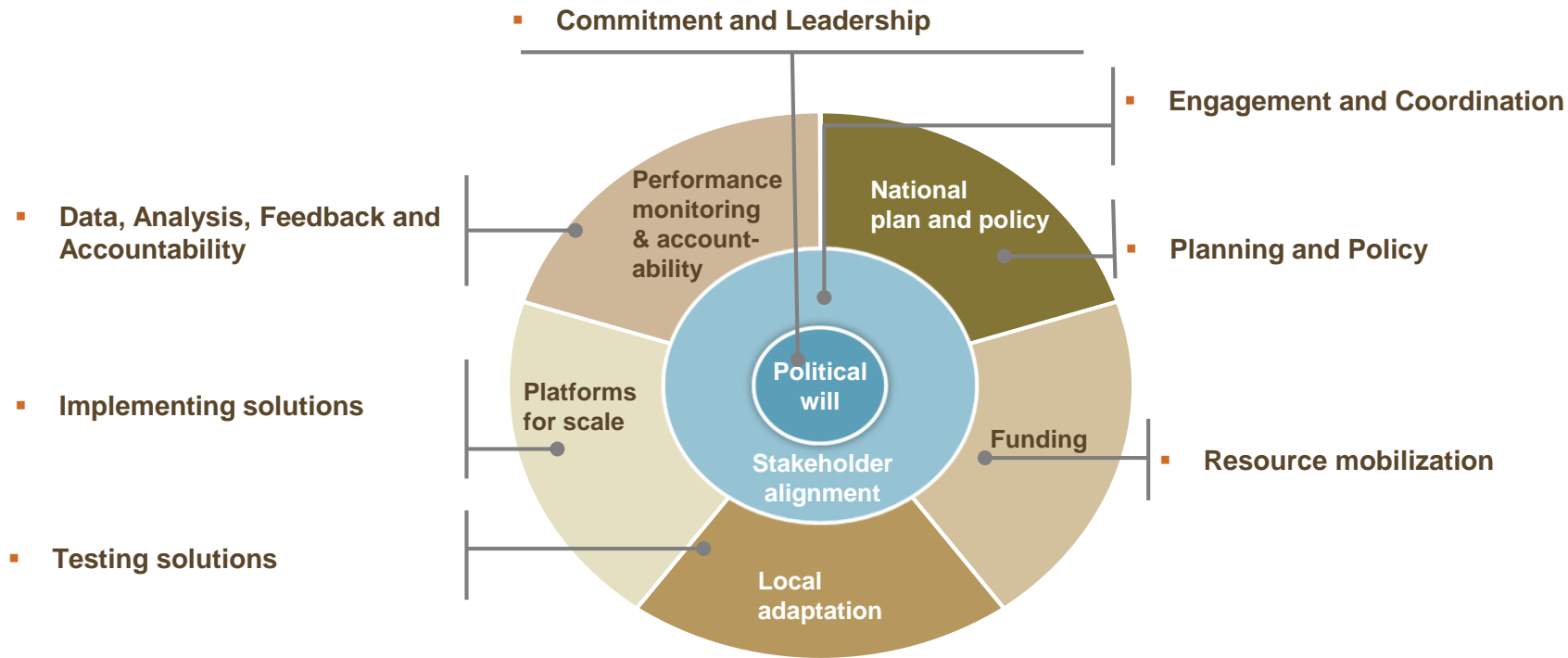
ACCELERATE COUNTRY ACTION

We support countries that are committed to expanding access to high-quality, voluntary family planning to reduce maternal and newborn mortality and improve family health.

- India and Nigeria
- Indonesia, Pakistan, Ethiopia, Kenya, and Democratic Republic of the Congo
- Senegal and Niger—supporting the Ouagadougou Partnership



7 CRITICAL COMPONENTS TO SUPPORT ACCELERATION OF NATIONAL FP PROGRAMS

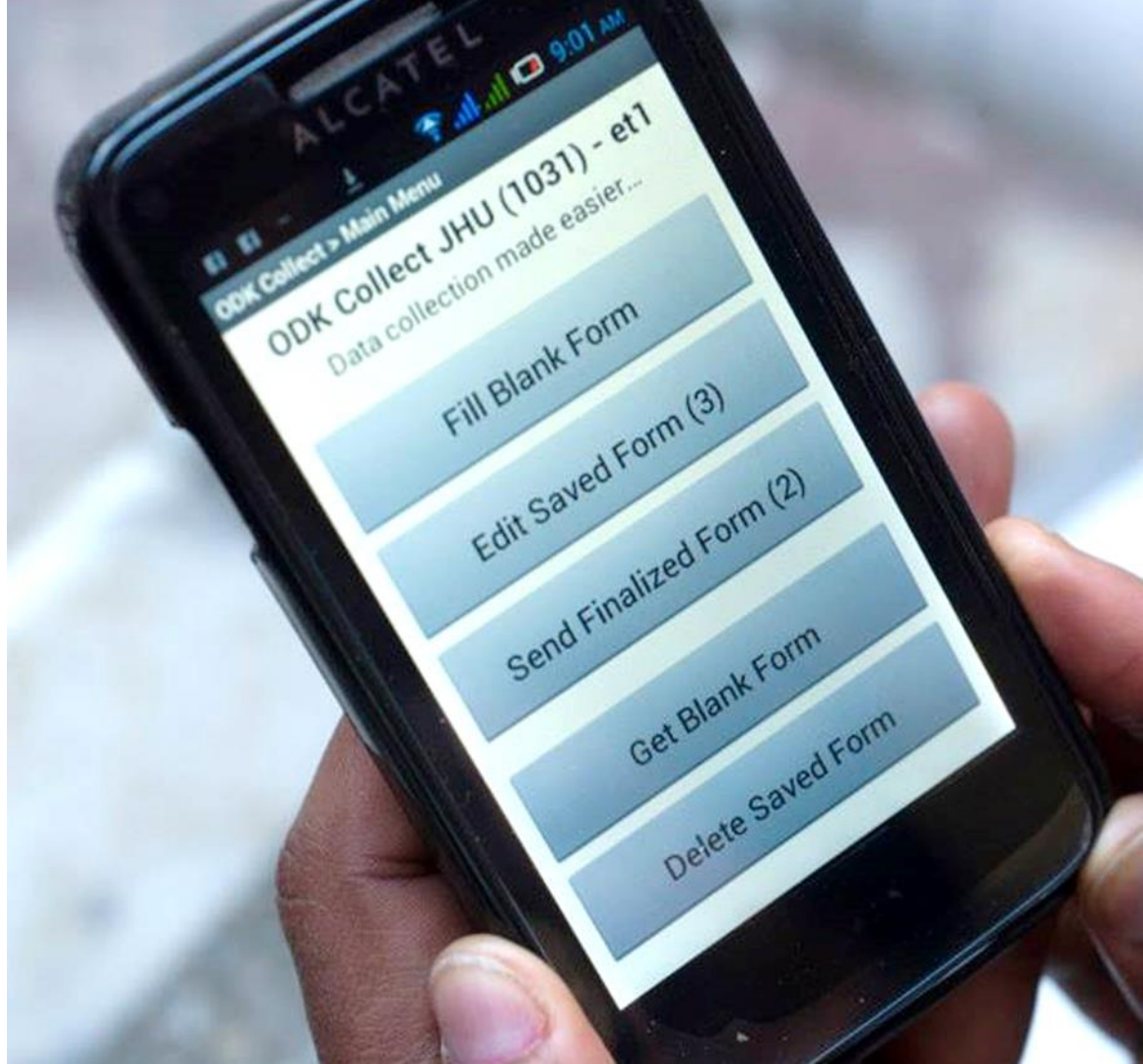


Source: Adapted from “Elements of Success in Family Planning Programming” (USAID Series J, Number 57) based on team analysis & stakeholder input

MONITOR PERFORMANCE AND PROMOTE ACCOUNTABILITY

We invest in monitoring systems to track changes in contraceptive use and help all FP2020 countries monitor progress toward their goals.

- Results every 6 and 12 months (to supplement country surveys every 3 to 5 years)
- Better service delivery statistics
- Standard metrics
- Reliable data at national and sub-national levels



BUILD EVIDENCE TO IMPROVE SERVICE DELIVERY

We build evidence about what works to address supply and demand barriers on a large scale and in multiple countries.

- Identifying and scaling up effective solutions
- Understanding complex barriers to contraceptive access and use
- Bringing promising research findings and practices to donors, countries, and partners



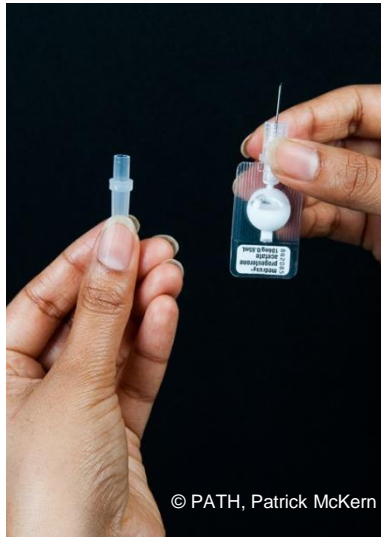
INVEST IN NEW CONTRACEPTIVE METHODS

We invest in innovation to address barriers to contraceptive use and meet the needs of women at different stages of life.

- Developing technologies that meet the needs and address barriers for use
- Expanding contraceptive options to include next-generation implants, longer-acting injectables, and on-demand methods
- Collaboration with the foundation's HIV program to develop new technologies that prevent both pregnancy and HIV acquisition



© Population Council,
Karen Tweedy-Holmes



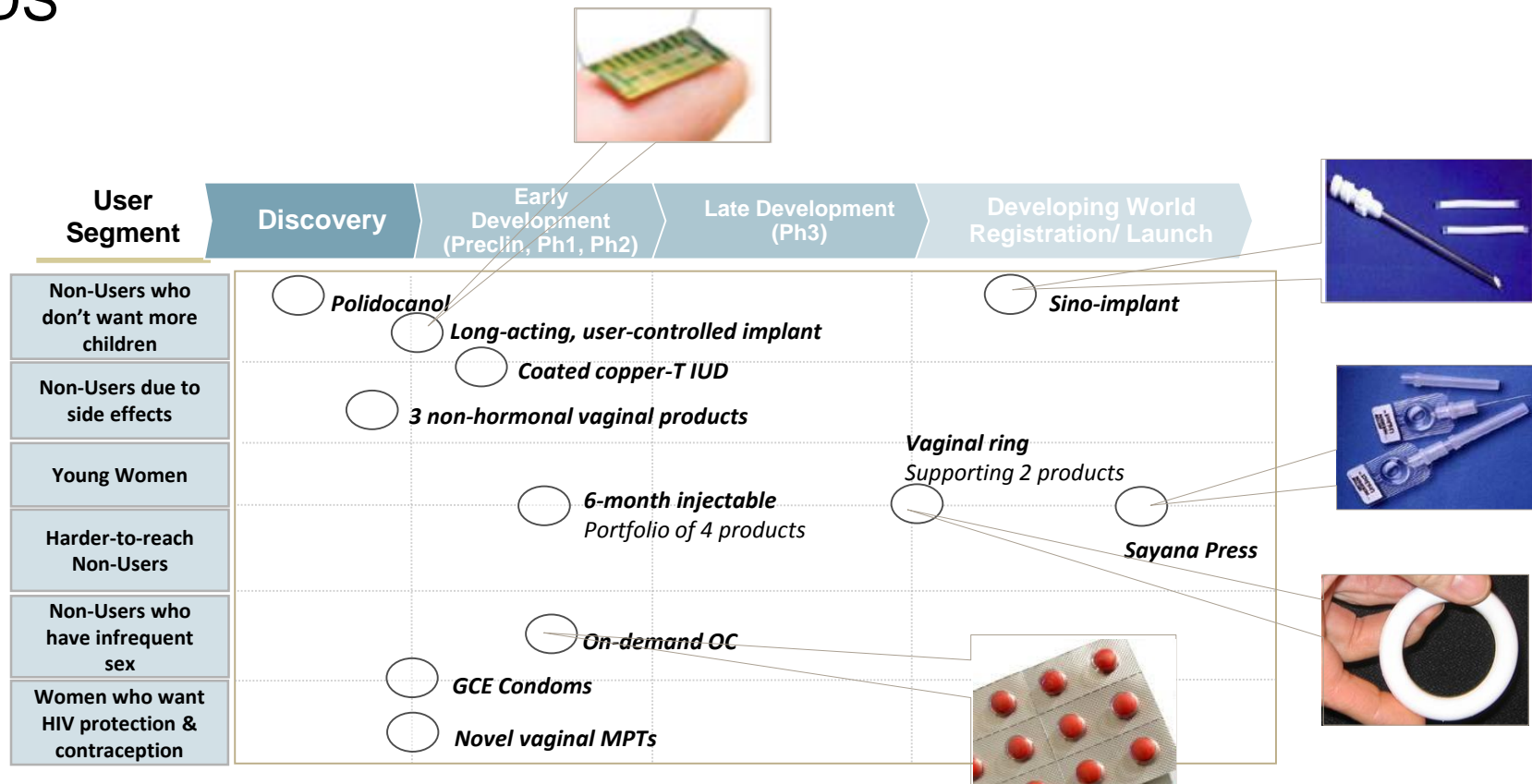
© PATH, Patrick McKern



CT PRIORITY USER GROUPS

User Group Profile	Profile Description
Non-users who don't want more children	<ul style="list-style-type: none">• Women who do not want more children• Need highly effective contraceptive methods that are longer lasting than current methods (e.g. more than 10 years)
Non-users due to side effects	<ul style="list-style-type: none">• Not using or discontinued use due to side effects• Includes documented side effects, either through experience or as a reason to prevent adoption
Youth	<ul style="list-style-type: none">• Age 15-24• Sexually active• Has a need for discretion and wants to prevent pregnancy
Non-users who are harder to reach	<ul style="list-style-type: none">• Not easily reached via traditional FP programs, vulnerable• Often poor and uneducated
Non-users who have infrequent sex	<ul style="list-style-type: none">• Women who have infrequent sex• Often do not understand risk of pregnancy or think benefits of contraception outweigh issues of use
Women who want HIV protection & contraception (MPT)	<ul style="list-style-type: none">• Women who believe they are at risk of HIV and would like to use a single method to protect against HIV and contraception

CURRENT PIPELINE OF PRODUCTS TO MEET WOMEN'S NEEDS



REMOVAL OF MARKET BARRIERS TO ENSURE RAPID, SUSTAINED ACCESS TO QUALITY, AFFORDABLE PRODUCTS



1. 1 and 2 rod implants

Unstable/unpredictable demand due to high price

Volume guaranty to reduce price and increase access

- 50% increase in implants distributed from '12-'13 and
- ~\$140M in savings through 2014

2. 3-month injectables

Unstable supply (sole supplier) and unknown quality

Technical support to generic manufacturers to achieve WHO Prequalification and increase supply; decrease overall price