

# Media Advocacy for Contraceptive Security:

## Key Findings and Recommendations from an Asia Regional Workshop

September 28 - October 1, 2003



Health Communication Partnership

DELIVER

POLICY

Population Action International

The United States Agency for International Development





PENANG, MALAYSIA

# Media Advocacy for Contraceptive Security:

## Key Findings and Recommendations from an Asia Regional Workshop

**September 28 - October 1, 2003**

Compiled by Jennifer Bowman and Juan Carlos Negrette  
Health Communication Partnership

Hosted by the Health Communication Partnership  
in collaboration with  
JSI/DELIVER  
The Futures Group/POLICY  
Population Action International



Prepared by Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs with primary support from the United States Agency for International Development under the Health Communication Partnership project (GPH-A-02-00008-00)

**Suggested Citation:**

Bowman, J. (June 2004). *Media Advocacy for Contraceptive Security: Key findings from an Asia regional workshop*  
Baltimore: The Health Communication Partnership based at:  
Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs

This publication may be reproduced without permission provided the material is distributed free of charge and the Health Communication Partnership is acknowledged. Opinions expressed in this report are those of the participants and do not necessarily reflect the views of sponsoring agencies.

Design: Teresa Tirabassi, Multimedia Services at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs

# CONTENTS

<b>Foreword</b>	iv
<b>Executive Summary</b>	vi
<b>PART I A Workshop to Address Media Advocacy for Contraceptive Security</b>	1
<b>Introduction</b>	1
<b>Background</b>	1
<b>Workshop Objectives</b>	1
<b>PART II Fundamentals and Perspectives of Media Advocacy for Contraceptive Security</b>	3
<b>What Is Contraceptive Security?</b>	
Tony Hudgins, DELIVER	3
<b>The Media as Partners for Contraceptive Security: A Generic Perspective</b>	
Jose G. Rimon II, HCP	4
<b>Contraceptive Security and the Media: Perspectives From Mexico, Turkey, and the Philippines</b>	
Mexico: Dr. Gregorio Perez-Palacios, School of Medicine, National University of Mexico	
Turkey: Nurcan Müftüoğlu, Turkish Family Health and Planning Foundation	
Philippines: Donald Dee, Employers Confederation of the Philippines	5
<b>Tools and Approaches for the Media</b>	
Chris Wright, Communications Strategist, DELIVER	
Edson Whitney, Regional Director for Asia, HCP	7
<b>PART III Country Team Presentations: Key Findings and Lessons Shared</b>	9
<b>Framing Contraceptive Security</b>	9
<b>Obstacles in Achieving Contraceptive Security and Implications for Media Advocacy</b>	9
<b>Opportunities for Applying Media Advocacy to Reduce Obstacles Related to Contraceptive Security</b>	11
<b>Key Messages and Players in Developing a Media Advocacy Plan for Contraceptive Security</b>	12
<b>PART IV Recommendations for Further Action by Country Team Members</b>	13
<b>Participants</b>	15
<b>Workshop Agenda</b>	19



# Foreword

**T**he success of family planning programs, continued growth in the number of women of reproductive age, and the growing response to curb the HIV/AIDS pandemic are increasing demand for contraceptives, including condoms, worldwide. Countries are faced with the challenge of ensuring that this demand can be sustainably met. Financing is not keeping pace. The problem is also often one of disruptions and vulnerabilities in the systems that need to work well, and work together, to ensure that reproductive health supplies are available to people.

To focus on the financing challenge, by 2015, the global gap in financing for subsidized contraceptives could reach \$210 million annually. The gravity of this situation will be severe. The United Nations Population Fund (UNFPA) estimates that for every \$1 million shortfall in contraceptive supply assistance, there are 360,000 unintended pregnancies, 800 maternal deaths, and 11,000 infant deaths. These numbers are unacceptable.

It is essential for the global health community to work together to implement strategies that ensure countries are able to establish and maintain supplies of contraceptives and condoms. Contraceptive security exists when people are able to choose, obtain and use high quality contraceptives and condoms when they want them for family planning and HIV/STI prevention.

I want to emphasize two concerns. First and foremost, contraceptive security is about people. We have not done our job if, despite the best logistics, policies, and other improvements, people are not getting the supplies they want. Second, contraceptive security is about long term assurance. It means that contraceptives and condoms are available when people want them and they can obtain them. This requires long-term commitments from households, the private sector, governments, and donors.

The road to contraceptive security is rarely straight. The environment is dynamic and progress is punctuated by unforeseen challenges as well as opportunities. It can be severely tested by economic crises, changing politics, scarce resources, and competing priorities. Though programs for contraceptive security are nascent in many countries, one clear lesson is the need for constant awareness-raising and advocacy for governments, donors, and other stakeholders to commit to contraceptive security.

Media Advocacy for Contraceptive Security: An Asia Regional Workshop – the first workshop of its kind – brought together key stakeholders from Bangladesh, Indonesia, Nepal, Pakistan and the Philippines. Participants representing government agencies, non-governmental organizations, and the media developed a common understanding of contraceptive security. They identified obstacles, opportunities and key messages and players in working with the media to advocate for contraceptive security. And, they developed near and medium term action plans to partner with the media to support country-led contraceptive security goals.

The results were immediate. Within one month of the workshop, more than 15 newspaper and web articles were published in the five countries. Indonesia has launched a new “Coalition for Healthy Indonesia” website featuring contraceptive security information, while Nepal has held an awareness seminar for journalists. Next steps planned at the regional level include a listserv, a “one-stop” web-based information source for reporting on contraceptive security, and a media toolkit.

This report summarizes the proceedings of the workshop and is accompanied by a CD that showcases the materials presented at the workshop. Contraceptive security is a high priority for USAID and I thank the Health Communication Partnership Project (led by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs), Deliver Project (John Snow, Inc.), Policy Project (Futures Group International), Population Action International, and Commercial Market Strategies Project for their collaboration in organizing the workshop. I also thank the USAID Bureau for Asia and Near East for their financial support. Above all, I thank the workshop participants for their contributions and support during and since the workshop. This workshop was an important step for improving contraceptive security in Asia, and USAID looks forward to continued progress.

## **Margaret Neuse**

---

Director, Office of Population and Reproductive Health  
U.S. Agency for International Development

# EXECUTIVE SUMMARY

**D**onated contraceptive supplies are not meeting the increasing public demand for contraceptives. UNFPA projects that the number of contraceptive users in developing countries will rise by a staggering 40% by 2015. Securing a reliable contraceptive supply is critical for ensuring that men and women have the means to plan their future, protect their health, and enjoy a better quality of life. By definition, contraceptive security exists when people are able to reliably choose, obtain, and use quality contraceptives and condoms for family planning and HIV/AIDS/STI prevention when they want them.

In the first international conference on contraceptive security in Istanbul, Turkey, in 2001, stakeholders agreed that working with the media was a key element to achieving contraceptive security. Through various outlets, the media have the potential to carry and advocate messages nationally and reach a variety of audiences. Media advocacy is a process of engaging the media to cover issues and placing them on the public agenda.

Eighty-seven representatives from donor organizations, governments, the private and NGO sectors, and the media from five countries in Asia convened in Penang, Malaysia, to address ways in which media advocacy could be used to build a constituency for contraceptive security. The meeting, “Media Advocacy for Contraceptive

Security,” was held in September 2003. It brought together participants from Bangladesh, Indonesia, Nepal, Pakistan, and the Philippines to develop country-specific media advocacy action plans for

contraceptive security. In planning for action, country teams committed to a series of activities including preparing press releases; devising overall strategies; increasing the media’s access to relevant data, messages, and human interest stories; awarding excellent coverage; and organizing television and radio talk shows.





# A Workshop to Address Media Advocacy for Contraceptive Security

## Introduction

From September 28 to October 1, 2003, representatives from donor organizations, governments, the private and NGO sectors, and the media convened in Penang, Malaysia, to address ways in which media advocacy could be used to build constituencies for contraceptive security. Entitled “Media Advocacy for Contraceptive Security,” the meeting was supported by the United States Agency for International Development (USAID), and organized by a planning group led by the Health Communication Partnership (HCP), and composed of representatives from JSI/DELIVER, Futures/POLICY, and Population Action International (PAI). HCP is a global communication initiative led by Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) in partnership with the Academy for Educational Development, Save the Children, the International HIV/AIDS Alliance, and Tulane University’s School of Public Health and Tropical Medicine. The main goal of the workshop was to bring different stakeholders together to develop media advocacy action plans for contraceptive security in their respective countries.

**“Contraceptive security is about people. Contraceptive security interventions must ensure people have the ability to secure, obtain and use methods they need. We have not done our job when people are not getting supplies they need.”**

- Alan Bornbusch

## Background

In May 2001, representatives from donor organizations and developing countries came together in Istanbul, Turkey, to address the challenge of ensuring contraceptive and reproductive health supplies. The meeting, “Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention,” brought stakeholders together identify areas of action to advance the contraceptive security agenda at both the international and national levels.

Participants in Istanbul agreed that:

- There is an urgent need to build awareness of and generate action on the contraceptive security crisis
- Response strategies must be country-specific, be designed and led by governments that fully involve civil society, and be supported by donors.

To ensure a consistent, adequate, and appropriate supply of reproductive health products, the Istanbul participants outlined necessary advocacy actions required to build political commitment and mobilize

adequate financial resources around contraceptive security. Utilizing the media to advocate for contraceptive security was considered a necessary follow-on action. USAID responded with support for the “Media Advocacy for Contraceptive Security” workshop in Penang to address this essential advocacy component. Workshop participants numbered some 87 with delegations from Bangladesh, Indonesia, Nepal, Pakistan, and the Philippines, representing donor, government, media, NGO, and the private sectors.

## Workshop Objectives

The objectives for the three-day workshop included the following:

1. Develop a common understanding, including definition and scope, of contraceptive security.
2. Share lessons learned as well as obstacles and opportunities in media advocacy programs to improve contraceptive security.
3. Identify tools needed for effective advocacy in contraceptive security.
4. Discuss country-level contraceptive security action plans, identifying opportunities for media advocacy.

The workshop was successful in meeting its objectives by combining thematic country panel discussions with expert presentations. As the highlight and main output of the workshop, participants presented media advocacy action plans that defined the country teams’ plans over the next three months and year.

To view country or expert presentations, workshop agenda, photos, and participant contact list, please refer to the CD-ROM enclosed in the back cover of this publication.

# Fundamentals and Perspectives of Media Advocacy for Contraceptive Security

In order to provide a common reference and context for the issue, presenters provided an overview for contraceptive security and media advocacy in relation to contraceptive security.

## What is Contraceptive Security?

by Tony Hudgins, Coordinator for Country Programs, DELIVER

Contraceptive security exists when people are able to reliably choose, obtain, and use quality contraceptives and condoms for family planning and HIV/AIDS/STI prevention when they want them. The significance of this goal lies in the following:

1. Every person — man, woman, youth, married, and unmarried — should be able to reliably choose the contraceptives and condoms they want.
2. Contraceptive security is customer-focused, based on what “security” means to the individual user; it is achieved one customer at a time.
3. Contraceptive security is not just about getting contraceptives in the hands of clients, but providing them a choice of methods they can obtain and use. Choosing involves information; education and communication; behavior change; informed consent; no provider bias; and reliable availability of meaningful choices. Choice means the customer drives security.
4. Obtain involves the supply chain and the six “rights”: the right quantities of the right product are available to the customer at the right time, in the right place, in the right condition, at the right price.

5. Use only exists when the client is able to correctly use the products she or he has chosen, to their maximum effect and benefit.

A major driver of contraceptive “insecurity” and looming gaps in financing for contraceptives and condoms stems from growing demand. UNFPA estimates that the number of contraceptive users in developing countries is projected to rise by a staggering 40% by 2015. With the HIV/AIDS pandemic, the need for condoms is also growing enormously. In the past, donated supplies have roughly met need, but the gap in financing for public sector supplies is now expected to reach between \$140 and \$210 million annually by 2015.

**“Contraceptive security is not just about getting contraceptives in the hands of clients but providing them a choice of methods they can obtain and use. Choosing involves information, education and communication; behavior change; informed consent; no provider bias; reliable availability of meaningful choices; etc. ‘Choice’ means the customer drives security.”**

- Tony Hudgins

Many elements are involved in securing contraceptive supplies. Within the context of the broader environment — determined by socioeconomic conditions, political and religious concerns, competing health priorities, health sector reform — commitment and coordination by government, donors, and other

stakeholders at all levels help ensure supportive policies, resource mobilization, and effective allocation of resources. Human and systems capacity affects the entire system and must exist for a range of functions including forecasting and procurement, logistics, service delivery, advocacy, and data-driven decision-making. Programs need to:

- Accurately forecast their needs, when supplies are needed, and where;
- Finance those requirements;
- Procure supplies in a timely and efficient manner; and
- Deliver them to customers reliably.

Governments, the private sector (employers, insurers, and other third parties), households, and donors are all key participants in contraceptive financing. Client utilization — the bottom line for contraceptive security — results from demand and successful efforts in fulfilling that demand with distribution and service provision through a range of public and private sector channels to respond to the needs of different clients.

## **The Media as a Partner for Contraceptive Security: A Generic Perspective**

by Jose G. Rimon II, Project Director, HCP

Media advocacy is a process of engaging the media to cover issues by placing them on the public agenda and advocating for particular positions. Hopefully, over a period of time, the media as an institution can and will advocate for contraceptive security independently. One can frame or position contraceptive security a variety of ways, including:

- As life-saving commodities (as has been done with vaccines);
- As meeting unmet needs;

- As part of meeting the needs of the poor;
- As part of health sector reform;
- As a woman's right and a human right; and
- In the context of quality and choice.

In addition, the way contraceptive security is framed must resonate with the intended audience. Facts are important, but human-interest stories are the most appealing. How contraceptive security is framed will guide activities and give consistency to the development of public opinion. The goal is to achieve “media legs” or self-sustaining discussion of the topic.

**"When the media advocates for contraceptive security on their own, a media constituency will have been developed."**

- Jose Rimon II

Effective media relations and advocacy always rely on honesty, credibility, and trust. The five Fs of media relations are fast, factual, frank, fair, and friendly. To be able to effectively engage the media or be engaged by them, one should understand the comparative advantages of different media outlets. One's message must fit the type of media outlet and the type of journalist one is talking to. When needed, professional help from media practitioners should be sought out. Beyond the traditional media, understanding the influence of new media, including the Internet, cell phones, and text messaging is critical. Remember: this is the era of rapid media dissemination and democratization of information. Rapid dissemination has the risk of rapid misinformation.

Controversies attract media attention and can always be managed when one learns the skills needed to anticipate and manage them. At the very least, controversies can place items on the national agenda so one should not fear controversy. Instead, empower and train spokespeople to deal effectively with the media.

To understand when media advocacy succeeds, one must plan for evaluation from the very start by developing realistic benchmarks and indicators for progress. Do not be afraid of mistakes, as they provide valuable lessons. When the media advocate for contraceptive security on their own, a media constituency will have been born.

## **Contraceptive Security and the Media: Perspectives From Mexico, Turkey, and the Philippines**

Three expert presentations from the workshop highlighted lessons learned in applying media advocacy for contraceptive security.

### **Mexico**

by Dr. Gregorio Perez-Palacios, Professor and Coordinator of Research, School of Medicine, National University of Mexico

Early in 1990, the government of Mexico learned from USAID about the phase-out plan for contraceptive donations. By 1995, the government would be responsible for acquiring all needed by the public health sector. Mexico was firmly convinced that contraceptive security represented the key not only to improve family planning, reproductive health, and environmental health, but also to improve demographic, social, and economic development.

There were a number of different factors that made it possible to overcome the obstacles to contraceptive security encountered at the time of the phase-out and thereafter:

- High contraceptive demand already generated by the national Family Planning Program.
- Political willingness and commitment towards the Family Planning Program during and after the phase-out process, which coincided with the International Conference on Population and

Development (ICPD) held in Cairo in 1994, where the holistic concept of reproductive health was coined and accepted by more than 160 state members of the United Nations.

- In 1994, a regulation for the provision of family planning services was issued by the Secretariat of Health. This was followed by an intensive training of health providers. Technical guidelines for the uses of all modern contraceptive methods were also elaborated, printed, and distributed.

Media advocacy efforts contributed to sustaining the contraceptive security program in Mexico. The media advocacy strategy not only focused on maintaining the contraceptive prevalence, but also expanding the services to a number of other high priority population groups. Mexico produced several materials that were used in the urban areas of the country, including posters, flipcharts, booklets, and electronic screen displays. These communication materials promoted family planning use and acceptance. Other programs for adolescents and the private sector contributed to promoting family planning use as well. Training and refresher courses on family planning were also provided.

The results indicate that Mexico's transition to securing contraceptives was successful. The national prevalence of contraceptive use among women of fertile age increased from 63.1% in 1992, when the phase-out plan started, to 70.8% in the year 2000. Even more, the regional and state differences observed in the first years of the program have diminished. Today, in 21 Federal States, the prevalence of contraceptive use is well above 70%; the prevalence is below 60% in only four states.

## Turkey

by Nurcan Müftüoğlu, Deputy-Executive Director, Turkish Family Health and Planning Foundation

In 1995, the Turkish Ministry of Health (MOH) and USAID agreed that the MOH would gradually move towards self-reliance in the national family planning program during the period of 1996-2000. During this period, the MOH committed to securing funds to procure contraceptives and, with the Ministry of Finance, agreed to a cost-recovery system whereby poor clients would continue to receive methods for free while financially able clients would be asked to make a donation.

To enable this cost-recovery shift, an advocacy network for women (KIDOG) developed an advocacy campaign to address the potential problems that the MOH would face if it continued to dispense free contraceptive commodities to all. The goal of the advocacy campaign was to achieve contraceptive self-reliance in Turkey. Research found that 56% of users of modern methods relied on a public sector provider. KIDOG identified opportunities to influence the policy process at the national level by targeting the president, Prime Minister, and other key cabinet members with messages on Turkey's commitment to support the quality of life for women.

The objectives of the campaign were two-fold. First, the campaign applied pressure on policymakers to place contraceptive self-reliance at the top of their agenda. Second, the campaign raised public awareness related to the contraceptive self-reliance need in Turkey and its effects on women's health and status. The activities were designed from two complementary perspectives: convincing policymakers and parliamentarians to purchase contraceptive commodities and increasing public awareness through working with the media.

The main domain of the campaign was the policy formulation process, with the main audience being policymakers. The role of the media was complementary rather than central to this process. The media was used to bring visibility to contraceptive

self-reliance needs aimed at the public and its officials. After a major press conference, contraceptive security was covered by two national television networks, three television stations, four radio stations, and the print media.

**"Another success in Turkey's self-reliance program is the communication and collaboration among the government institutions, the NGO network, and the private sector. The continuation of this partnership is a necessity to reach a sustainable contraceptive self-reliance program."**

- Nurcan Müftüoğlu

There were two main obstacles to the advocacy campaign. First, the political environment in Turkey is changing at a rapid pace. The coalitions in the governments raise conflicting attitudes on many issues. Additionally, the relatively high turnover of public officials affects decision-making processes. Continuous advocacy is the only way to manage the self-reliance program. Second, there is a pervasive sense of entitlement to free family planning services among the public and politicians. KIDOG worked through its civil society network to make personal visits to key stakeholders, effectively using information kits to overcome this barrier.

## Philippines

by Donald Dee, President of the Employers Confederation of the Philippines (ECOP)

What can the business sector do to respond to the high population growth and poverty rates in the Philippines? Some of the highlights of ECOP's work to promote population management in the Philippines include the following:

- ECOP established a Healthy Workplace Committee to strengthen the capacity of enterprises to promote

and implement occupational safety and environmental health laws. The committee tackles issues on substance abuse, HIV/AIDS, healthy lifestyle, and family welfare (population management and reproductive health).

- ECOP passed the Resolution on Population Management during the 24th National Conference of Employers in May 2003. Here, ECOP urged its members to initiate an awareness campaign on responsible parenthood and family planning and set aside funds for a program where employees and their spouses can get necessary health and family planning information, as well as advisories and assistance on responsible parenthood and child birth spacing
- ECOP is establishing a Population Management Action Center (PMAC), which aims to establish a mechanism to provide technical assistance to its member firms wishing to implement FP/RH programs. The PMAC will also be responsible for coordinating the advocacy activities of ECOP as well as maintaining a media unit to disseminate updates on business sector activities on FP/RH concerns.
- ECOP works with the Trade Union Congress of the Philippines, Commercial Market Strategies (CMS), and the Population Commission to conduct nationwide workshops on “Managing FP/RH Programs in the Workplace.” The objective of this employer-initiated intervention is to come up with a pro-forma FP/RH work program that can be replicated in different firms. This activity is significant because it indicates the commitment of both management and labor to work together in the formulation of programs for employees.
- ECOP is finalizing arrangements with DKT Philippines for the distribution of oral contraceptives and condoms in company stores of ECOP members. This will complement its strategy of promoting the

establishment of in-house FP/RH clinics and outsourced services among its members.

While the view of the general public as gleaned from surveys is generally favorable to the use of modern contraception and reducing population growth, it appears that such views have not been influential in public policy decisions and the views of the Church. Given the absence of a clear policy from government supporting family planning, the responsibility for contraceptive security now rests on the shoulders of the private sector.

## **Tools and Approaches for the Media**

by Chris Wright, Communications Strategist, DELIVER, and Edson Whitney, Regional Director for Asia, HCP

Broad consensus exists on the obstacles to contraceptive security, with lack of access to information as a top concern. There are a number of organizations devoted to contraceptive security at the global and country levels, including UNFPA and the Supply Initiative. Some have local offices providing useful and presentable quotes and data, as well as a place for the media to reach reliable spokespersons. Media practitioners should use these resources to develop common references and language. Several sources of information for media practitioners are outlined below.

UNFPA has information about the global supply of reproductive health commodities including contraceptives, as well as contextual details about the impact that funding gaps and the resulting supply shortages can have on the health of mothers and infants.<sup>1</sup>

JSI, PATH, Population Action International (PAI), and the Department of Social Welfare and Development have created the Supply Initiative, a consortium of reproductive health organizations and

---

<sup>1</sup> For more information, please visit: [www.unfpa.org/supplies/essentials/index.htm](http://www.unfpa.org/supplies/essentials/index.htm)

donors that address the need for better coordination between major donors of reproductive health supplies. One feature of the Supply Initiative is the RHInterchange,<sup>2</sup> a web-based database that consolidates country-level procurement data from the major contraceptive donors, providing a single source for information about donated contraceptives in a given country.

PAI has an extensive library of publications devoted to advocacy on reproductive health and contraceptive security.<sup>3</sup> PAI also published “Meeting the Challenge: Securing Contraceptive Supplies,” a group of publications on contraceptive security.

In addition to these resources, USAID, UNFPA, JSI, The Futures Group, CMS, and other organizations have collaborated to develop the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) tool. SPARHCS was developed as a diagnostic tool and can be used to develop an in-depth examination of a country’s situation on contraceptive security. For journalists, SPARHCS can be used as an interview guide to ask intelligent questions that help build newsworthy stories. The SPARHCS tool can also be a question guide for advocates who want to be prepared for expected questions. The true advocate is someone well-prepared to accurately inform journalists. SPARHCS can be used to help develop a needed press kit for journalists.

Currently, there are only a few tools that exist for applying media advocacy to contraceptive security<sup>4</sup>. CCP designed the A-Frame for Advocacy, a brochure that provides a systematic process for developing advocacy strategies. Several countries have used the A-Frame, which guides the reader through the stages of analysis, strategic planning, mobilization, action, evaluation, and planning for continuity and continuous monitoring.

Another tool — a handbook developed by Family Health International under AIDSCAP, entitled, “Partnerships with the Media: Working with the Media for HIV Prevention” — provides step-by-step guidelines for working with the media for effective advocacy programs. The *Population Reports* issue entitled “Helping the News Media Cover Family Planning” is a comprehensive guide for building strategic media relations to develop public support for family planning, including contraceptive security. Finally, the Media Advocacy manual from the Benton Foundation is a guide for social issue programs and includes the formation of objectives, target audience, research framing, and media tactics. These guides and tools provide a framework, or a systematic roadmap, for developing media advocacy action plans.

---

<sup>2</sup>For more information, please visit: [www.rhsupplies.org](http://www.rhsupplies.org)

<sup>3</sup>For more information, please visit: [www.pai.org](http://www.pai.org) and [www.populationaction.org/resources/publications/commodities/index.htm](http://www.populationaction.org/resources/publications/commodities/index.htm)

<sup>4</sup>The materials mentioned can be found at [http://www.hcpartnership.org/Topics/contraceptive\\_sec.php](http://www.hcpartnership.org/Topics/contraceptive_sec.php)

# **Country Team Presentations**

## **Key Findings and Lessons Shared**

### **Framing Contraceptive Security**

Due to an increasing demand for contraceptives, all countries realize the need to secure the future supply of contraceptives. However, country teams differed slightly on how they would frame contraceptive security in regard to benefits to the economy and individual. Specifically:

#### **Bangladesh**

Bangladesh framed contraceptive security as saving lives, economically and socially beneficial, and capable of improving the quality of life. It was agreed that, “Contraceptive security exists when every person in Bangladesh is able to choose, obtain, and use quality contraception whenever he or she needs it, consistent with social values.”

#### **Nepal**

Nepal agreed that the formal definition of contraceptive security would be the ability for “...every person to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever she or he needs them.”

#### **Indonesia**

Indonesia listed eight issues by which to frame contraceptive security: quality; availability for everyone, including adolescents; access, including access to information; reality; affordability; choice, including addressing provider bias and providing the right method mix; rights and increasing the awareness and empowerment of the public; and dependency on re-supply methods that can be alleviated by promoting cost effectiveness and long-term methods.

#### **Pakistan**

Pakistan framed contraceptive security as moving away from a free to a pay culture.

#### **Philippines**

Noting the impact of contraceptive security on savings and development in the Philippines, contraceptive security was represented by a family planning program that improves self, life, and family.

### **Obstacles in Achieving Contraceptive Security and the Implications for Media Advocacy**

All countries shared several commonalities in terms of what obstacles thwart achieving contraceptive security. Most notably, weak commitment at the policy level, low budget allocation, dependence on short-term methods, over-reliance on the public sector/absent private sector, and donor phase out were common obstacles faced by all countries.

#### **Bangladesh**

In Bangladesh, the burden for financing contraceptives is born by the public sector, with limited involvement from the private sector. As some users have the ability to pay, government should focus on providing commodities to the rural poor. In the past, there has been no organized and concerted effort by the media to cover contraceptive security. The media has addressed contraceptive security on a piecemeal basis.

## Indonesia

Decentralization is the main obstacle in Indonesia and this started in January 2004. District leaders need assistance in both commodity security and strategic financial planning. The second major obstacle is related to service delivery: how do we guarantee that clients can access contraceptives at an affordable price? The third major obstacle is the private sector: how can we expand the reach of the private sector in the rural areas? Expansion and coverage in rural areas are needed to protect client choice. It is important to involve social marketing and private organizations to assist in providing family planning in the rural areas. Indonesia relies on media to continue to create demand for contraceptives. The media will play an important role in influencing religious leaders, mobilizing support for contraceptives, and increasing the role of NGOs.

## Nepal

A challenge in Nepal is the difficult terrain and seasonality in gaining access to remote areas. Additionally, Nepal relies heavily on one media outlet, the radio, since television and print materials have limited reach. A final obstacle is the different prices for contraceptives in Nepal, as contraceptives are either free, highly subsidized, or marginally subsidized.

## Pakistan

A free and over-subsidized contraceptive market provided by the government in Pakistan creates an uneven playing field for commercial and subsidized social marketing family planning products. Additionally, unfavorable media censors limit the ability to promote and sell family planning. The media is very important in creating client ownership to pay for family planning. Media advocacy can address these obstacles by targeting audiences to promote family planning as a basic right.

## Philippines

The Philippines also faces the obstacle of improving the Department of Health's (DOH) system of allocating

reduced commodities to local government units (LGUs). There is a need to improve logistics management and include contraceptives in the current system of drug procurement. Additionally, the present policy of free contraceptives discourages the private sector from providing them for a fee.

## Function-based Team Outputs

In addition to country reports on the main obstacles for contraceptive security, function-based teams listed their own top obstacles. The teams were divided among the media, the government, and private/NGOs, and there was significant overlap on defining obstacles. Similarities between the groups included a lack of knowledge or interest in contraceptive security, contraceptive security not being “sexy” enough to report on or compete with other newsworthy items, lack of respect between the media and the government, and the concern that the topic may be too controversial. Other obstacles include the following:

**Media practitioners** agreed that obstacles included: a lack of access to information, lack of training on the issue among media, media seeing contraceptive security as a low priority and assigning junior staff to cover the issue, and a lack of human interest on the topic. The lack of strong advocacy groups and champion groups makes the issue less appealing. Platforms and figureheads are needed to explain the importance and relevance of contraceptive security.

**Private sector and NGO professionals** defined understanding the dynamics of the media as an obstacle.

**Government representatives** included a lack of understanding of the contraceptive security issues and their effects on development.

## Opportunities for Applying Media Advocacy to Reduce Obstacles Related to Contraceptive Security

National media reach continues to grow and provide more opportunities to apply media advocacy to contraceptive security. Country teams reported that media-specific events can raise the level of awareness and provide opportunities to advocate for contraceptive security. Specific events include the following:

### Bangladesh

Important opportunities for Bangladesh include television and radio spots, discussions, talk shows, and enter-educate programs, together with news articles and printed materials to advocate for contraceptive security. Interpersonal communication through grassroots level workers, interactive forums with opinion leaders, mobile video units, and cinemas are additional outlets where contraceptive security messages can be displayed.

### Indonesia

Indonesia can collaborate with leading media outlets to increase coverage. This can include a journalist tour and discussion forum. A media-friendly event will be arranged where the key stakeholders make their opinions known to the media. Policy options can be presented to the media for developing editorials or feature articles. Then, the opinion-making process on contraceptive security can be influenced in the media by producing fact sheets.

### Nepal

In Nepal, health providers are the most important communication channel because they interface with users via interpersonal communication. Other opportunities include electronic media, print material, cinema street dramas, and school health programs.

### Pakistan

In Pakistan, community activities such as dramas, chat groups, and audiocassettes encourage particularly good

forums. Mass media should also be supported by non-traditional media, addressing both men and women as users.

### Philippines

Media interventions in the Philippines should address user needs by using public relations to influence leaders and mass media to influence users. The key message for any contraceptive security campaign should be that there is a critical and present need for contraceptive security. This should be supported by a wide clamor from end-users that demand effective contraceptive methods. What will follow will be a groundswell of support by groups and leaders. This opportunity will influence policymakers to positively respond to the need.

### Function-based Team Outputs

In addition to country reports on the opportunities for applying media advocacy to reduce the obstacles related to contraceptive security, function-based teams produced the top opportunities within their own group. Besides attracting media attention by hosting large events, other similarities between the groups included offering awards for coverage on contraceptive security, training/sensitizing journalists on contraceptive security, developing fact sheets for the media, integrating contraceptive security with other development issues, and positioning contraceptive security as a human interest story. Other opportunities per group include the following:

**Media practitioners** felt that in order to gain attention, “sexy” is the key word. In addressing the lack of knowledge and access of journalists, a media-friendly website should be developed. As to the adversarial relationship between government and media, the team suggests developing effective public relations in government offices, establishing trust and credibility, and creating incentives and awards for media advocating contraceptive security at all levels. A long-term calendar of contraceptive security events can be developed and celebrities should be identified and used as spokespeople.

**Private and NGO professionals** suggested that accurate, informative resources on contraceptive security for the media be developed to address the lack of knowledge and access of journalists. As for combating the fear of controversy, they proposed organizing and arranging groups of media to write joint opinions and report on other countries' successes. Regarding the adversarial relationships with the media, they felt it was important to engage the media at the outset and lobby with media leaders.

**Government representatives** agreed that it was important to set aside money for media promotion, create policies for mandatory air time on development issues, and make an appeal to media owners to answer the call for social responsibility to draw further attention to the issue.

## **Key Messages and Players in Developing a Media Advocacy Plan for Contraceptive Security**

Key messages formulated for a media advocacy plan for contraceptive security addressed the promotion of contraceptives, involvement of the private sector, and support for long-term method use. Countries reported that key players would include government officials, religious sectors, media professionals, community leaders, development partners, donors, private sector companies, and the general public. Specific messages per country team include the following:

### **Bangladesh**

In Bangladesh, the key messages will stress the essential need for a continuous and reliable supply of contraceptives; promote permanent and long-term methods based on increased awareness, access, voluntarism, quality of service, and affordability; and encourage those who can afford to pay to do so through market segmentation.

### **Indonesia**

Indonesia's key message is that everyone, especially the poor, has the right to access family planning products and services.

### **Nepal**

The key messages for Nepal will be that contraceptives save lives, increase the quality of life, support development, and lead to prosperity.

### **Pakistan**

In Pakistan, key messages will include making contraceptive security and family planning a national priority; shifting clients from a free to pay culture; promoting Islamic counsel to nurture children for a minimum of two years, implying support for family planning; empowering women; and supporting healthy mothers, who have healthy babies, contributing to healthy societies.

### **Philippines**

For the Philippines, key messages include Filipinos want family planning, family planning saves lives, and that family planning is an investment for a better life.

## **Recommendations for Further Action by Country Team Members**

**I**n planning for action, country teams committed to a series of activities for the next year. All groups agreed that the first step would be to prepare immediate press releases or news items for the media. Groups also outlined the need for developing an overall strategy or concept paper for contraceptive security media advocacy; for creating ways that allow the media to easily access data, messages, and stories, either through websites, press briefings/orientations, or press kits/media friendly packages; for awarding excellent media coverage on contraceptive security; and for organizing television and radio talk shows with experts, political and religious leaders, and public celebrities. They specified the following actions that each country would take:

### **Bangladesh**

The team from Bangladesh will debrief the Secretary of Health and Family Welfare on the plan prepared at the workshop. Additionally, a joint orientation on contraceptive security is planned with district-level journalists and Ministry of Health officials. The team will link with advocacy groups such as the Center for Policy Dialogue and develop human-interest stories for television, private radio, and print publications. The Bangladesh team will hold briefings for Parliamentary Standing Committees for Health and Family Planning, LGRD, and the Ministry of Information.

### **Indonesia**

The Indonesia team will create media events around the UNFPA Executive Director's visit and National Poverty Alleviation Day on October 17, 2004. Additionally, they will introduce the contraceptive

security topic in monthly meetings with editors and will mobilize radio broadcasts through the established networks of 150 radio stations, the most expansive network in Indonesia. They will convene a national conference of stakeholders for contraceptive security. A local-level media strategy through the creation of a local media forum, training journalists through co-sponsorships, and publishing success stories from selected districts will be conducted. The team will mobilize a CEO forum on contraceptive security to further expand support for contraceptive security. Additionally, they will develop a strategy to make contraceptive security part of every party's platform in the upcoming election year. They will work closely with religious organizations and the Ministry of Social Welfare to develop specific media advocacy initiatives and events. Lastly, the team will work with KOMPAS, the leading national newspaper, to include contraceptive security in the regular district columns.

### **Nepal**

The Nepal team will publish news items reporting the Penang conference and at least one feature article on contraceptive security by the Health Journalists Association of Nepal (HEJAN). A subcommittee for media advocacy will be developed under the existing contraceptive consensus/forecast committee under the Director General of Health with all stakeholders. They will propose that the next global theme for World Population Day (July 11, 2004) be contraceptive security. Preparatory work within MOH will be conducted to organize a consensus workshop on contraceptive security and will conduct similar workshops with support from External Development Partners (EDPs) for policymakers, (I)NGOs, FNCCI,

social marketing, and private sector groups. Additionally, they will network with the Federation for Nepal Chamber of Commerce and Industry to explore opportunities under existing laws to promote contraceptive security in the organized sector. Lastly, the team will strengthen existing health resource centers with information on contraceptive security.

### **Pakistan**

The Pakistan team will mobilize the media to cover contraceptive security as a social responsibility. By partnering with the NGOs and commercial sector to promote contraceptive security by holding media workshops at both the national and local levels, they will develop a partnership with these groups to highlight contraceptive security issues. They will advocate to both parliament and government for a greater budget allocation for contraceptive security, especially for logistics management. With adolescents, they will hold workshops to obtain feedback on population advocacy campaign messages.

### **Philippines**

The Philippines team will foster a conducive environment using action-oriented messages that advocate for endorsements from business leaders and briefings with potential investors. They will launch a population-environment digitized map and integrate the issues into the fourth POPDEV week activities. Over the next year, the team will start building up activities on the presidential candidates' positions on family planning by hosting a series of tripartite meetings on "family planning in the workplace" and link Valentine's Day activities and Women's Day with contraceptive security messages. "Wake up, leaders. It's time to act" will be the main media advocacy message and this can be used on print ads to call for action among policymakers.

# PARTICIPANTS

## Bangladesh

### **Sarwat Ahmad**

Marketing Director, Mediacom; sarwat@agni.com

### **Reazuddin Ahmed**

Editor, News Today; today@gononel-bd.com

### **Sharadindu Dey**

Director BCC Unit, DFP; dgfp@dhaka.agni.com

### **A.K.M Helal-uz-Zaman**

Joint Secretary, MOHFW; dgfp@dhaka.agni.com

### **Nurul Hossain**

Chief of Party, DELIVER; nurul@deliver-bd.com

### **Rafiqul Islam**

Project Director, Swanitvar Bangladesh; swo9@agni.com

### **A.S.M. Maruf Kabir**

Focal Person CS Strategy, BCCP;  
mkabir@bangladesh-ccp.org; marufkabir@hotmail.com

### **Nazmul Huda Khan**

Logistics Advisor, DELIVER; nazmul@deliver-bd.com

### **Charles Llewellyn**

Bangladesh Team Leader, Population Health and Nutrition,  
USAID; cllewellyn@usaid.gov

### **MD Nasiruzzaman**

Project Management Specialist PHN, USAID;  
mnasiruzzaman@usaid.gov

### **Perveen Rasheed**

SMC; prsmc@bol-online.com

### **Mohammad Shahjahan**

Director, BCCP; mshahjahan@bangladesh\_ccp.org

### **Syeda Samira Sharmin**

POLICY Project; samira\_sharmin@yahoo.com

### **Nazmul Alam Siddiqui**

Secretary, Ministry of Information, HCP;  
informationsecy@yahoo.com

## Indonesia

### **Bimo**

Advisor of Program Management, STARH/JHPIEGO;  
bimo@jhpiego.net

### **Yulia Bulu**

Reporter, INDOSIAR TV; joully231@yahoo.com

### **Christiana Tri Desintawati**

Program Support, STARH/CCP;  
christiana.t.desintawati@jhuccp.or.id

### **Molly M. Gingerich**

Director of Health, Population and Nutrition Office,  
USAID; mgingerich@usaid.gov

### **Suarhatini Hadad**

Team Leader of KUIS; tini.hadad@jhuccp.or.id  
tinihadad@cbn.net.id

### **Maria Hartiningsih**

Journalist, Kompas; maria@kompas.com

### **Christie Natasha Hu**

Program Support, STARH/CCP;  
christie.natasha@jhuccp.or.id

### **Monica Kerrigan**

Public Health Advisor, USAID; mkerrigan@usaid.gov

### **Harni Koesno**

Chairman, IBI; ppibi@cbn.net.id

### **Mark Lediard**

Senior Technical Advisor, KUIS; mark.lediard@jhuccp.or.id

**Gary Lewis**

Team Leader, STARH/CCP; glewis@jhuccp.or.id

**Richard J. Makalew**

Program Coordinator, UNFPA; rmakalew.unfpa@un.or.id

**Wahyu Nurcahyadi**

Reporter, TV7; wahyu\_n@tv7.co.id

**Nurhanita**

Deputy Team Leader of KUIS; nurhanita@jhuccp.or.id

**Fitri Putjuk**

Communication & Advocacy Advisor, STARH/CCP;  
hari.f.putjuk@jhuccp.or.id

**Achmad Lufti Sabrie**

Director, Advocacy IEC; lufti@bkkbn.go.id;  
alufsa@yahoo.com

**Parulian Simanjuntak**

Chairman, Pharmaceuticals Producer Association;  
parsi@indo.net.id

**Lalu Sudarmadi**

Principal Secretary, BKKBN; lalu-s@bkkbn.go.id

**Zumrotin Susilo**

Indonesian Women Health Organization;  
ykesehatan\_perempuan@yahoo.com; indocrp@indocrp.or.id

**Daniel Thompson**

Contraceptive Security Advisor, STARH/JSI;  
daniel\_thompson@jsi.com

**Mexico****Gregorio Perez Palacios**

Professor and Coordinator of Research; gperezpal@aol.com  
gperezpal@hotmail.com

**Nepal****Laxman Adhikari**

President, Health Journalists Association of Nepal;  
lxman@hotmail.com

**Nirmal K. Bista**

Director General, Family Planning Association of Nepal;  
fpandg@mail.com.np

**B.D Chataut**

Director General DoHS; bdchataut@hotmail.com

**Bishwa Nath Dhakal**

Joint Secretary, MOH

**Sushila Malla**

Director, ICH; drsmalla@hotmail.com

**Pancha Kumari Manandhar**

Sr. Advisor USAID/Nepal, USAID; pmanandhar@usaid.gov

**Ramesh Chandra Neupane**

Director of NHEICC; rcneupane@hotmail.com

**Bishnu Prasad Pandit**

Chief Specialist, Policy Planning and Foreign Aid Division  
MOH; drbpandit@yahoo.com

**Y.V. Pradhan**

Director, Family Health Division DoHS; fnd@wlink.com.np

**Ajit Singh Pradhan**

Chief Demographer, FHD;  
apradhan@apradhan.wlink.com.np

**Ashoke Shrestha**

Deputy Chief of Party/NFHP; ashrestha@nfhp.org.np

**Jyoti Raj Shrestha**

SPHA, MOH; jrshrestha@hotmail.com

**Diane Summers**

CCP Country Representative; dsummers@nfhp.org.np

**Tika Man Vaidya**

Executive Director, Nepal Fertility Care Center;  
nfcc@mos.com.np

**Pakistan****Ghazala Ahmed**

Social Marketing Director, Spectrum Communication;  
ghazala@spectrumdyr.com

**Naveed Gilani**

General Manager, Commercial and Administration,  
Green Star Social Marketing Ltd.; [ngilani@greenstar.org.pk](mailto:ngilani@greenstar.org.pk)

**Mahmood Hussain**

Journalist; [mohmoodhussainis@hotmail.com](mailto:mohmoodhussainis@hotmail.com)

**Jawad Khan**

Amin Marketing Director, Zafa Pharmaceuticals;  
[zafaph@attglobal.net](mailto:zafaph@attglobal.net)

**M. Akhtar Qureshi**

Logistics Director; [aqureshi@fpapak.org](mailto:aqureshi@fpapak.org)

**Mian Muazzam Shah**

Director, Social Marketing Contraceptive, Ministry of  
Population Welfare; [mozainshah@yahoo.com](mailto:mozainshah@yahoo.com)

## Philippines

**Carlo Arvisu**

Communication Advisor, TSAP AED; [arvisu@aed.org.ph](mailto:arvisu@aed.org.ph)

**Dolores Castillo**

Director IV, Center for Health Development, DOH –  
Southern Mindanao; [dcastillo@philwebinc.com](mailto:dcastillo@philwebinc.com)

**Honorata Catibog**

Director III, National Center for Disease Prevention and  
Control, DOH

**Mike de la Rosa,**

Director, PCCP; [mikepccp@mozcom.com](mailto:mikepccp@mozcom.com)

**Donald Dee**

President of the Employers Confederation of the Philippines;  
[dgdee@pacific.net.ph](mailto:dgdee@pacific.net.ph)

**Cecilia Victoria Orena Drilon**

TV Journalist, ABS-CBN Business News Group;  
[ces-drilon@abs.pinoycentral.com](mailto:ces-drilon@abs.pinoycentral.com)

**Ester Isberto**

Advocacy Advisor, TSAP - FP Project AED;  
[ecisbert@info.com.ph](mailto:ecisbert@info.com.ph)

**Rina Jimenez-David**

Journalist; [rinajdavid@hotmail.com](mailto:rinajdavid@hotmail.com)

**Virgilio Lacaba**

President, Raya Media Services; [vflacaba@yahoo.com](mailto:vflacaba@yahoo.com)

**Rafael E. Mapalo**

Assistant Program Manager; [rem52@hotmail.com](mailto:rem52@hotmail.com)

**Nemesia Y. Mejia**

Provincial Health Officer II, Pangasinan;  
[pangpho2@yahoo.com](mailto:pangpho2@yahoo.com)

**Grace Migallos**

Country Representative; [gmigallos@cmsproject.com](mailto:gmigallos@cmsproject.com)

**Tomas Osias**

Executive Director, POPCOM; [osias@popcom.gov.ph](mailto:osias@popcom.gov.ph)

**Angelo B. Palmones**

Radio Broadcaster, DZMM;  
[angelo\\_palmones@abs.pinoycentral.com](mailto:angelo_palmones@abs.pinoycentral.com)

**Babes Perez**

County Director, POLICY; [aeptfg@compass.com.ph](mailto:aeptfg@compass.com.ph)

**Gilbert Cesar C. Remulla**

Representative, House of Representatives,  
Republic of the Philippines; [gcremulla@yahoo.com](mailto:gcremulla@yahoo.com)

**Pinky Serafica**

Communication Specialist; [rserafica@usaid.gov](mailto:rserafica@usaid.gov)

**Carina Stover**

Chief, Office of Population, Health and Nutrition, USAID;  
[cstover@usaid.gov](mailto:cstover@usaid.gov)

## Turkey

**Nurcan Müftüoğlu**

Deputy-Executive Director, Turkish Family Health and  
Planning Foundation; [nurcanm@tapv.org.tr](mailto:nurcanm@tapv.org.tr)

## USA

**Jane T. Bertrand**

Principal Investigator; HCP; [jbertrand@jhuccp.org](mailto:jbertrand@jhuccp.org)

**Alan Bornbusch**

Contraceptive Security Team Leader; USAID;  
[abornbusch@usaid.gov](mailto:abornbusch@usaid.gov)

**Jennifer Bowman**

Program Officer II, HCP; jbowman@jhuccp.org

**Paul Crystal**

Communication Officer, DELIVER; paul\_crystal@jsi.com

**Imelda Z. Feranil**

Senior Advocacy Advisor, Policy; i.feranil@tfgi.com

**Tony Hudgins**

Coordinator for Country Programs, DELIVER;  
tony\_hudgins@jsi.com

**Shyam Lama**

Country Team Leader-Nepal, Bangladesh, India; DELIVER;  
slama@jsi.com

**Juan Carlos Negrette**

Senior Technical Advisor, HCP; jnegrette@jhuccp.org

**Nora Quesada**

Country Team Leader-Indonesia, Philippines, DELIVER;  
nora\_quesada@jsi.com

**Jose Rimón II**

Project Director, HCP; jrimon@jhuccp.org

**Gary Saffitz**

Deputy Director, CCP; gsaffitz@jhuccp.org

**Carol Shepherd**

Director of Planning and Finance for Reproductive Health,  
POLICY Project; c.shepherd@tfgi.com

**Edson Whitney**

Regional Director for Asia, HCP; ewhitney@jhuccp.org

**Chris Wright**

Communications Strategist, DELIVER; cwright@jsi.com

# WORKSHOP AGENDA

September 28 - 31, 2003

## DAY 1 Sunday, September 28th

Country participants arrived and preparatory country meetings held

## DAY 2 Monday, September 29th

**8:45 am** Welcome & Overview,  
Jane Bertrand, Principal Investigator, HCP

**9:05** USAID Perspective,  
Alan Bornbush, Contraceptive Security Team Leader, USAID

**9:25** Plenary Speaker:  
Mexico Contraceptive Security Experience  
Dr. Gregorio Perez-Palacio, Professor and Coordinator of Research, School of Medicine, National University of Mexico

**9:50** What is Contraceptive Security?  
Tony Hudgins, Coordinator for Country Programs, DELIVER

**10:50** What is the Role of Media Advocacy in Contraceptive Security?  
Jose G. Rimon II, Project Director, HCP

**11:15** Panel Discussion:  
Framing Contraceptive Security

Presenters:  
Representatives of invited countries

Panel Moderator:  
Gary Lewis, Team Leader STARH Program, JHU/CCP, Indonesia

**1:15 pm** Country Teamwork Session/Discussion on Framing Contraceptive Security (output: clear/common statement of definition on contraceptive security)

**1:55** Country Teamwork Presentations

**2:45** Panel Discussion: What Obstacles Exist in Achieving Contraceptive Security and What are the Implications for Media Advocacy?

Presenters:  
Representatives of invited countries

Panel moderator:  
Daniel Thompson, Contraceptive Security Advisor, DELIVER, Indonesia

**4:00** Function Based Team Work Session/Discussion on Identifying Three Top Media Obstacles to Achieve Contraceptive Security, Outline Implications for Media Advocacy

**5:00** Function-Based Teamwork Presentations

## DAY 3 Tuesday, September 30th

**8:45 am** Plenary Speaker: Turkey Contraceptive Security Experience, Nurcan Müftüoğlu, Deputy Executive Director, Turkish Family Health and Planning Foundation

**9:10** Panel Discussion: Opportunities to Apply Media Advocacy to Reduce Obstacles Related to Contraceptive Security.

Presenters:  
Representatives of invited countries

Panel Moderator:  
Md. Nurul Hossain, COP DELIVER, Bangladesh

Video Presentation Bangladesh

**10:45** Function-Based Teamwork Session/Discussion on Identifying Opportunities

**11:45** Function-Based Teamwork Presentations

**1:15 pm** Panel Discussion: Identifying Key Messages and Players in Developing a Media Advocacy Plan for Contraceptive Security.

Presenters: Representatives of invited countries

Panel moderator: Mohammad Shahjahan, Director, BCCP

**2:15** Country Based Teamwork Session/Discussion on Identifying Key Messages for Key Players

**2:55** Country Teamwork presentations

**4:00** Panel discussion: Working Toward an Effective Media Advocacy Strategy: Identifying Media Advocacy Tools and Approaches Currently Available and Still Needed

Presenters:  
Representatives of Co-Sponsor organizations

DELIVER: Chris Wright, Communications Strategist

POLICY: Imelda Feramil, Senior Advocacy Advisor

HCP: Edson Whitney, Regional Director Asia

Moderator: Gary Saffitz, Deputy Director, CCP

**DAY 4 Wednesday, October 1st**

**8:45 am** Plenary Speaker: Advocating to Private Sector: Philippines Experience, Donald Dee, President of the Employers Confederation of the Philippines

**9:10** Country Team Presentations. Recommendations for Development of a Media Advocacy Plan and Open Forum for Country Presentations Discussion

Facilitators:  
DELIVER: Tony Hudgins, Coordinator for Country Programs

POLICY: Carol Shepherd, Director of Planning and Finance for Reproductive Health

HCP: Jose G. Rimon II, Project Director

Moderator:  
Juan Carlos Negrette, Senior Technical Advisor, HCP

**4:15** Closing Remarks, Jane Bertrand, Principal Investigator, HCP

**4:40** Evaluation

**4:50** Press Briefing for Media Practitioners, Communiqué developed by Rina Jimenez David, Journalist

Coordinator: Paul Crystal

