

1 The population field has shifted

- ICPD re-oriented our landscape and lexicon
- Governments committed to universal access to reproductive health rather than population control
- More supportive political leadership in U.S.
- Yet 15 years later, donor funding for family planning is declining—only ¼ of ICPD commitment

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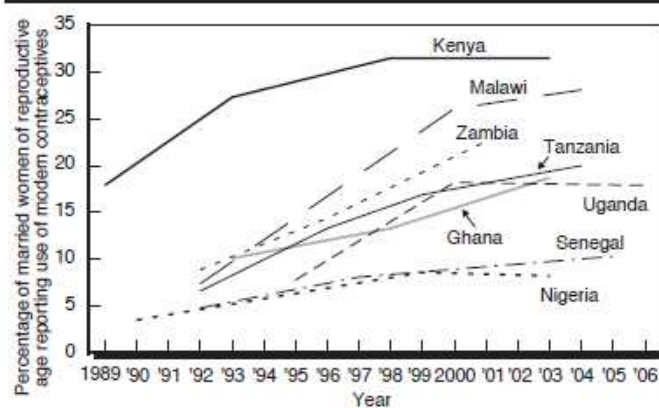
2 Population growth is still important for development

- World population will reach 9.2 billion in 2050—only with significant further progress in FP
- Africa's population will reach 2 billion in 2050
- Fertility rates have stalled across much of sub-Saharan Africa, limiting potential for demographic dividend
- Important to provide health care, education, jobs and rights for world's largest generation of young people
- Countries with young age structures more likely to face civil conflict and autocracy

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Contraceptive prevalence rates

Figure 1 Modern contraceptive use among married women of reproductive age in eight sub-Saharan African countries, 1989–2006



Source: DHS final country reports.

Total fertility rates, wanted fertility rates, met and unmet need for modern contraception for 4 sub-Saharan African countries.

Country	Total Fertility Rate	Wanted Fertility Rate	Met need for Modern contraceptive	Unmet need for Modern Contraception
Ghana (2003)	4.4	3.7	18.7	34.0
Kenya (2003)	4.9	3.6	31.4	24.5
Nigeria (2003)	5.7	5.3	8.2	16.9
Senegal (2005)	5.3	4.5	10.3	31.6

Source: DHS final country reports from Studies in Family Planning

③ Population and climate change linkages need highlighting

- Population and access to FP/RH have not been on the agenda related to climate change
- Population considerations are recognized in most national development plans and national climate plans (NAPAs)
- Few NAPAs state the role of FP/RH as an adaptation strategy
- FP/RH advocates are missing at national and international dialogue, negotiations and policy formulation on climate change and development

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④ Gender inequities inhibit progress towards universal access to RH

- Need for husband/partner permission to access RH services
- Clandestine use of contraceptives common
- Inability to negotiate condom use
- Increased gender-based violence that is socially accepted by both men and women
- Restricted access to education for girls and women

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5 Population crowded out by HIV/AIDS

- In 2006, 68% of donor population assistance was directed to STIs/HIV/AIDS activities
- This share has grown from 9% in 1995
- Meanwhile, FP funding has fallen to 5% of total population assistance
- HIV/AIDS programs such as PEPFAR have neglected opportunities for integration with existing FP/RH programs

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6 Linking SRH and development without losing our integrity

- Collaboration with broader communities (maternal health, climate change, security) increases awareness of population and development yet can restrict open discussion of politically sensitive issues like abortion, youth
- Is there a middle ground between progressive and pragmatic?
- Need for nuanced expectations and understanding of policy process

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RH/FP and HIV/AIDS Challenges

7 The Reproductive Health Challenges

- Enormous task in tackling unmet needs of RH in developing world
- Over 200 million women have unmet need for FP (UNFPA)
- In sub-Saharan Africa, nearly one in four women have unmet need for FP (UNFPA)
- 350 million women lack access to full range of contraceptive methods
- 120,000 HIV + women get pregnant each year

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The Reproductive Health Challenges (cont'd.)

- # of young people 10-24 yrs increased by 50% in 30 yrs
- By 2015, 3 billion people will enter reproductive years
- 500,000 women die a year from pregnancy related causes (UNFPA)
- CPR remains low and unmet need is high for most countries in Sub Saharan Africa
- Both Unmet Contraceptive need and Adult HIV Prevalence are high

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⑧ HIV/AIDS Challenges

- 33 million people HIV+ worldwide; approx.67% in SSA
- 7,397 new daily infections (mainly through sexual contact)
- Women and young people especially vulnerable
 - 45% new infections in 15-24 yr olds
 - 50% new infections among women
- Annually 1.8 million infected pregnant women deliver approx 600,000 infected infants (UNICEF)

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9 Effect of unmet need and high HIV prevalence

- Estimated 16.5 million women living with HIV
- 25% of these 16.5 million women have an unmet need for contraception
- In sub-Saharan Africa, more than 60% of new infections are occurring among women.
- 74% unintended pregnancies among women in an ART program in Rwanda ,2007 *(Rochat et al., JAMA 2006;295:1376-8;)*

Source: UNAIDS, Report on the Global AIDS Epidemic, July 2008

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10 Definition/Why integrate?

- “Arrangement for the provision of multiple but related services concurrently during a same visit”
- *Provider of one service actively encourages clients to use other services during the same visit*

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11. Why Integrate RH and HIV/AIDS Programmes?

- FP and HIV/AIDS services are both elements of reproductive health care, aimed at improving reproductive health of individuals.
- FP is a key strategy in reducing vertical transmission of HIV.
- To maximize use of scarce financial and human resources, and respond to client needs by offering services to meet multiple needs of clients

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Why Integrate RH and HIV/AIDS Programmes? (cont'd)

- Both have similar socio cultural determinants
- Both programs serve essentially same target groups.
- Both rely on effective prevention.
- Both promote responsible sexual behavior among others.
- Both require and use similar medical/health skills and /or facilities.
- Both address sensitive sexuality issues

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12. Challenges to Integration

- Policy issues (e. g. restriction on certain service provision by certain categories of HCWs)
- May create additional burden on providers
- May meet resistance by service providers
- Existing parallel programs may resist integration
- Continuous availability of RH commodities
- Community perceptions/commitment

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13. Conclusion

- Integrating FP/RH and HIV/AIDS programs have great benefits to providers and clients
- Political will, commitment and change in orientation is required to ensure that integration happens
- Challenges are inevitable but can be overcome
- Integrating FP/RH and HIV/AIDS services is feasible in spite of HR and financial constraints.

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14. Growth in services: Public or private sector?

- In sub-Saharan Africa, private sector is source for 54% of modern contraceptives (DHS)
- Market segmentation: Ensuring that the poor have access to free or subsidized services, and those who can afford to pay are directed to private or retail outlets
- Need to ensure availability of generic supplies and market environment that promotes complementarity across sectors

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15. Ongoing reproductive health supplies problems

- Policies are strong on paper but weakly implemented
- Funding is fragile in the context of donor withdrawal, sector/budget support, and under spent line items
- Supplies are most often disrupted at facilities
- Advocates are key promoters and monitors of government commitment

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