Keynote Address

Improving Universal Access to Reproductive Health and Family Planning Services for achieving the ICPD POA and the SDGs

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Outline

• ICPD 1994 Plan of Action, the SDGs
• Perspective
• Achievements so far
• What still needs to be done
• How do we do it?
• Take-away messages
International Conference on Population & Development: Cairo 1994

179 states, International organisations, NGOs,
New consensus on population growth
20 year Programme of Action

- **Emphasis:** linkages between population and development
- **Focus:** meeting women’s reproductive health and rights
ICPD POA Principles

• Interrelationships between Population and Sustained Economic Growth and Development

• Gender Equality, Equity and Empowerment of Women

• Population Growth and Structure

• Reproductive Health and Rights

• Health, Morbidity and Mortality

• Population, Development and Education

• Technology, Research and Development

• International Cooperation, Partnerships with NGOs
2030 Agenda for Sustainable Development

Related Aspirations/Documents:
Africa Road Map on Harnessing the Demographic Dividend 2017
Africa Agenda 2063
Perspective – the Audience

• Legislators
  – Policy makers
  – Represent communities

• Other decision-makers
  – Technocrats
  – International Organisations
  – Funding Agencies
  – Non-governmental Organisations

• Researchers/Academia

• Media
Achievements

ICPD@25 Nairobi November 12-14, 2019

• Reduction of people living in extreme poverty, from 36% in 1990 to 10% in 2015;
• Reduced MMR by 44% since 1990;
• Halved U5MR since 2000;
• Achieved parity in primary education in the majority of countries;
• Halted the spread of HIV/AIDS
What has been achieved so far

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MMR /100,000 lb</th>
<th>LE at birth years</th>
<th>Total Fertility Rate</th>
<th>Skilled birth attendance</th>
<th>CPR</th>
<th>Unmet need for FP</th>
<th>Adolescents birth-rate per 1000</th>
<th>Popn change rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>216</td>
<td>72</td>
<td>2.5</td>
<td>79%</td>
<td>63%</td>
<td>12%</td>
<td>44</td>
<td>1.1%</td>
</tr>
<tr>
<td>East &amp; South Africa</td>
<td>455</td>
<td>64</td>
<td>4.3</td>
<td>62%</td>
<td>42%</td>
<td>22%</td>
<td>93</td>
<td>2.7%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>676</td>
<td>58</td>
<td>5.1</td>
<td>52%</td>
<td>22%</td>
<td>24%</td>
<td>114</td>
<td>2.7%</td>
</tr>
<tr>
<td>Cote d’Ivore</td>
<td>645</td>
<td>55</td>
<td>4.7</td>
<td>74%</td>
<td>20%</td>
<td>25%</td>
<td>129</td>
<td>2.5%</td>
</tr>
<tr>
<td>Ghana</td>
<td>319</td>
<td>64</td>
<td>3.8</td>
<td>71%</td>
<td>33%</td>
<td>27%</td>
<td>76</td>
<td>2.3%</td>
</tr>
<tr>
<td>Malawi</td>
<td>634</td>
<td>64</td>
<td>4.4</td>
<td>90%</td>
<td>62%</td>
<td>16%</td>
<td>136</td>
<td>2.9%</td>
</tr>
<tr>
<td>Uganda</td>
<td>343</td>
<td>61</td>
<td>5.3</td>
<td>74%</td>
<td>40%</td>
<td>28%</td>
<td>140</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Marked Regional Variations in most indicators

Worldwide, there has been remarkable progress in addressing maternal mortality, with a decline of nearly 44 per cent in the maternal mortality ratio since 1990. Such progress, however, differs greatly between regions.
What has been achieved so far

Marked variations within countries
Where do we want to go?
2030 Agenda for Sustainable Development

- Goal 1: End Poverty in all forms everywhere
- Goal 2: End hunger, achieve food security & improved nutrition
- Goal 3: ensure healthy lives and promote well being at all ages
- Goal 4: Ensure inclusive and equitable quality education
- Goal 5: Achieve gender equality & empower all women & girls
- Goal 8: Promote sustained, inclusive and sustainable economic growth full and productive employment
- Goal 10: Reduce inequality within and among countries
Goal 3: ensure healthy lives and promote well being at all ages

By 2030:

• Reduce global MMR to <70/100,000 live births

• End preventable deaths of new-borns & children U5; NMR to <12/1000 & U5MR<25/1000 live births

• Ensure universal access to sexual and reproductive health care services including for Family Planning, information and education, and the integration of Reproductive Health into national strategies and programmes

• Achieve Universal Health Coverage including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
“Equally important is the need to acknowledge that we will never achieve real development if some sectors of society continue to be marginalized. The role of children and women, as well as other disadvantaged groups in our communities, in advancing the global development agenda, must be further enhanced.”

H.E. PM Pakalitha B. Mosisili
Lesotho

Africa Road Map on Harnessing the Demographic Dividend 2017
How do we get there?
Improving Universal Access to RH & FP

A. Governance for RH and FP

B. Health Services Delivery

C. Community Ownership and Demand for RH and FP

D. Education, Empowerment, Economy, Environment

Universal Access to RH and FP services is NOT just a health sector issue
Improving Access – Governance

• Explicit Supportive Legislation and Policies
  – Different contexts, cultures and baselines

• Unified Country Strategies
  – Alignment to country needs, prevents fragmentation
  – Roadmap

• Financing Plan
  – Costing of strategies, Mobilising resources
  – Who bears the Cost?

• Monitoring and Accountability (mutual)

• Inclusive Participation
  – Broad-based participation of stakeholders – government, development partners, NGOs, other private sector, media

Major role for legislators
“Family planning is good for the health of the mother, good for the health of the children. It [family planning] is good for the welfare of the family; [it] is good for the welfare of the country.”

— H.E. Yoweri Kaguta Museveni, President of Uganda
National FP Conference, 28 July 2014
Family Planning Costing Implementation Plan: Uganda 2015-20

The graph shows the annual costs from 2015 to 2020, with the following breakdown:

- **Demand**
- **Service Delivery**
- **Contraceptive Security**
- **Policy and Enabling Environment**
- **Financing**
- **Stewardship, Management and Accountability**
- **Commodity Costs**

The pie chart on the right side illustrates the funding sources for the period, with the following distribution:

- Household: 74%
- Private Others: 2%
- NGO: 17%
- Public: 7%
Improving Access: Health Services Delivery

Integrated delivery of RH and FP services

• Continuous care across life stages - from the home to the health facility

• Focus to ensure access for high burden population
  – geographic, age-group, socio-economic
  – Adolescent friendly services

• Apply Evidence-based high-impact interventions
  – Skilled birth attendance
    • reduction in MMR & NMR

  – Antenatal and Postnatal Care
    • Early identification of at-risk mothers and children
  – Family Planning
    • High unmet need for FP
    • reduce unintended pregnancies including teenage pregnancies - Reduce MMR, IMR, U5MR

  – Post-abortion care
Improving Access: Health Services Delivery

Strengthen health systems

• Functional referral system
  – Gaps in access to Comprehensive Emergency Obstetric Services

• Health Work force
  – Skills, numbers, motivation

• Commodities
  – Ensure regular supply of contraceptives and RH medicines and supplies

• Partnerships – Public, Private

• Innovations and Research
  – Eg. Voucher schemes and other Results Based Financing

Advocate for Strong Health Systems for Quality health Services delivery
“I wanted to use contraception, but when you have no money, it is not affordable.”
Mediba

UNFPA State of the World Report 2019

Unfinished Business: the pursuits of rights and choices for all
Improve Access: Community Ownership & Demand

• Community Health Systems
  – Services close to and appropriate to population
  – Different models have been tried – mostly not scaled up

• (Positive) Demand Creation including addressing negative cultural beliefs
  – preference for large families
  – Early marriages
  – Female Genital Mutilation

• Relate family size with sustainability of resources – access to land, education
Improving Access: Education, Empowerment, Economy, Environment....

• Education of girls and women
  – Increase age at first sex, and marriage
  – Increases chances of paid employment of women

• Empowering women to make decisions

• Addressing environmental factors
  – Sanitation and Hygiene
  – Water and Energy for households

Advocate for and facilitate Multi-sectoral Collaboration
Adolescent pregnancy declined from 31% in 2000-01 to 25% in 2006 - since stalled has been related to improvements in girl enrollment in skill which has since stagnated
Key Take-away Messages

• Build on achievements under ICPD PoA and Millennium Development Goals for attainment of SDGs

• Broad Stakeholder Coalitions are key for Improving Access to RH and FP services

• Legislators have major roles in improving access to RH and FP especially in regard to:
  – Governance – policy formulation and mobilising resources;
  – Supporting Health System Strengthening and Service Delivery
  – Facilitating Community Ownership and Creating Demand
  – Facilitating Sustainable Economic Development

• Learn from best practices in the different countries