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REVITALIZING AND EXPANDING COMMITMENT TO FAMILY PLANNING

SUMMARY OF THE FP2030 ANGLOPHONE AFRICA WORKSHOP, JUNE 2023

Voluntary family planning (FP) fosters the right of women to decide freely and for themselves on whether, when, and how many children to have. Yet of over 900 million women of reproductive age (15–49 years) in low- and middle-income countries (LMICs) who want to avoid a pregnancy, over 200 million have an unmet need for modern contraception.¹ This unmet need is higher among the adolescents aged 15–19 (43%). Over 111 million unintended pregnancies still occur in LMICs each year, accounting for over 49% of all pregnancies.²

In 2012, Family Planning 2020 (FP2020) was launched as a global partnership comprising several governments and organizations, to reignite the global commitment to meet women's unmet need for modern contraception, through empowering the voluntary use of modern contraception by an additional 120 million women and girls around the world by 2020. In the last decade, many countries succeeded in increasing access to modern contraception for millions of women and girls. As 2020 ended, the **FP2030** partnership was formed to build on, extend, and expand the successful work that had been steered by FP2020.

In June 2023, Population Council, Kenya was a delegate at the first FP2030 Anglophone Africa Focal Point workshop in Kampala, Uganda, which was convened by the FP2030 East and Southern Africa (ESA) Hub. The theme of the workshop was to call on partners and country FP focal points to review and strengthen their country's commitments toward achieving their FP2030 goals of expanding access and uptake of FP across the region.

The 4-day workshop (5–8 June 2023) brought together over 120 delegates from 17 Anglophone countries to share experiences of successes, challenges, and learnings in operationalizing their FP commitments; recall and review high impact practices (**HIPs**) for implementation and



Kenya FP2030 Focal Point representatives, with Zoe Nakuya, Population Council

scale-up in the region; revitalize the focal point structure and relationships; promote mutual accountability amongst focal points; and establish a **North, West and Central Africa (NWCA)** and **ESA** hub brand, roles, and way of working in the region in partnership with country focal points.

Key Issues Discussed

In the lively participatory discussions and exchanges between countries, there was a call to develop mechanisms and strategies to:

- Increase domestic resource mobilization and reduce the high dependency on donor funding for FP services and commodities to ensure sustainability;
- Address the supply chain challenges that limit access to FP commodities;
- Expand engagement with the private sector as key partners in expanding access to FP services;
- Build and use robust data systems for evidence-based decision-making for investments and policy for FP;

- Ensure availability, access to and uptake of FP services during emergency and humanitarian situations;
- Identify, implement, and scale up HIPs suitable for the different country contexts; and,
- Engage and advance adolescent and youth partnerships to increase access and voluntary uptake of FP services by young people who need them.

the communities themselves provides a synergistic advantage to improving availability, access, and uptake of FP services.

Successes Reported by Countries

Over the last decade, many countries have reported successful and promising approaches that have contributed to improved access and uptake of FP services. Some of these include:

- Increasing government and legislators' commitment toward policies, leadership, ownership, financing and the rights-based approach to reproductive health and FP services enables institutionalization of FP into mainstream health service structure, with some countries mandating its inclusion under countries' universal health coverage/insurance schemes and integration into the essential medicine and supply chain at all levels; this rights-based approach not only improves general access to FP services, it also reduces stigma toward use of FP.
- Involving adolescents and the youth as champions and advocates combined with provision of stigma-free youth friendly services encourages peer-led advocacy and promotes uptake amongst the youth.
- Community engagement through trusted and established community health structures and providers to empower the community members in their social spaces, as well as the empowerment of trusted community champions and role models as advocates for FP services increases uptake.
- Engagement of men through identifying and empowering respected community male role models cultivates awareness, support and acceptance of FP and helps to mobilize the community for uptake of FP services.
- Engaging key media stakeholders and representatives in discussions, communications, and joint learning about FP to demystify and correct misinformation about FP facilitates appropriate communication about FP to the public.
- A multisectoral approach that includes all key stakeholders including the education and development sectors, civil society, the private sector, as well as

Challenges Faced by Countries in Implementing FP Services

While there is progress in expanding FP services, several challenges and gaps were identified by the focal points with a call to strategically address them to reduce the barriers that impede access to the full range of FP services.

Within the Kenya focal point, which comprised of representatives from United Nations Population Fund (UNFPA), UK Foreign, Commonwealth & Development Office, National Council for Population and Development, MoH, Bill & Melinda Gates Foundation, US Agency for International Development, and youth organizations, it was agreed that although **Kenya had made major strides in expanding FP services, one of the major areas to address was the financing mechanisms for FP services and strengthening of partner collaboration and coordination for FP services.** To ensure sustainable, timely and responsive disbursement and utilization of available resources for implementation of FP programs, focal points agreed to work synergistically and strategically as a united body of partners working together with government and ministry of health to advance the FP agenda in the country.

Domestic financing of FP services in the region remains well below targets and is one of the major areas being addressed in the FP2030 commitments. To successfully operationalize and implement their commitments, country governments were called upon to make a minimum domestic financial contribution toward FP commodities, which would be matched by UNFPA funding for supply chain support through the [UNFPA Country Compact Agreement](#). The compact agreement is made to improve transparency, coordination, partnership, and accountability among committing countries and partners.

The region is still grappling with high numbers of teenage pregnancies and young people still face numerous barriers to accessing FP services particularly stigma from providers and the community, as well as myths and misinformation about FP. Engaging the youth, and addressing their needs through friendly and responsive approaches that inspire their interest, and address misinformation and stigma, will go a long way in effectively increasing uptake of modern contraception among the young people and reduce the burden of teenage and unintended pregnancies, and missed opportunities in education and employ-

ment. In countries where the youth have been brought on board and given the opportunity to champion FP efforts among young people, there has been remarkably increased engagement with and uptake of services.

Inclusive and robust systems and mechanisms that collect, analyze, and report data are needed to support evidence-based advocacy, policy, investment, and implementation decisions for FP services. Many countries in the region have a huge gap in data systems and therefore called for increased financial and technical investments to support expansion of FP provision and uptake.

The limited or lack of men's involvement in and support toward FP is still a huge barrier in many countries in the region. Given that the region is largely patriarchal with men determining the allocation of resources and access to services, bringing them on board is critical and approaches to achieve that need urgent consideration and investment by governments and FP stakeholders.

The private sector is a major but highly untapped stakeholder. Private sector stakeholders have the potential to contribute to many stages of the chain of delivery of FP services. This includes contributing to policy and strategy as well as different stages of implementation and delivery. Engaging them and collaborating with them, while ensuring quality and standards can expand access to FP services and commodities.

Conclusion

The FP2030 workshop was an opportunity for sharing and exchange of knowledge, experiences, and learnings about context-relevant strategies to address FP challenges in the anglophone countries in the NWCA and ESA region. Identifying, adopting, and contextually adapting successful HIPs; building robust data and information systems that support evidence-based policy and investments for FP; expanding community approaches that build ownership and self-care within the communities as well as expand services to hard-to-reach areas; bringing the private sector on board; and embracing emerging technology to expand access to information and services were seen as approaches worth investing in to reduce the unmet need for modern contraception.

Way Forward

To operationalize and actualize FP2030 Commitments for the expansion of access and uptake of FP services, focal points agreed to work with their governments to foster government leadership in financing, legislation, policy, and implementation of rights-based approaches to FP as a human right and as a strategy for meeting development goals.

The FP2030 regional hubs will continue to work with the country focal points to build partnerships and collaboration, mobilize technical assistance for regional FP focal points and stakeholders, and support governments to remain accountable and on track toward achieving their FP commitments.

Key Links

Tool for tracking contraceptive uptake and use across countries: <https://www.track20.org>

UNFPA Supplies Partnership for the Country Compact Agreement: <https://www.unfpa.org/unfpa-supplies-partnership>

Potential of private sector session information: <https://sites.google.com/view/fp2030aafpw/day-one-mon-05-june/tapping-into-the-potential-of-partnership-with-the-private-sector>

Countries present

Botswana	Nigeria
Ethiopia	Rwanda
Ghana	Sierra Leone
Kenya	South Sudan
Liberia	Tanzania
Malawi	Uganda
Mozambique	Zambia
Namibia	Zimbabwe

References

¹Sedgh, Gilda, Lori S. Ashford, and Rubina Hussain. 2016. "Unmet need for contraception in developing countries: Examining women's reasons for not using a method." New York: Guttmacher Institute. <https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries>

²Guttmacher Institute. 2020. "Provision of essential sexual and reproductive health care would reduce unintended pregnancies, unsafe abortions and maternal deaths by about two-thirds," News Release, 20 July. Accessed 1 October 2023. <https://www.guttmacher.org/news-release/2020/provision-essential-sexual-and-reproductive-health-care-would-reduce-unintended>

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