

SEPTEMBER 2019

THE FUTURE OF FAMILY PLANNING CONVENING



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Bill & Melinda Gates Institute for
Population and Reproductive Health

Convening Report



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Convening report prepared by:

Sophie Weiner, Johns Hopkins Center for Communication Programs

Christina ChereI, Bill & Melinda Gates Institute for Population and Reproductive Health

Sarah Harlan, Johns Hopkins Center for Communication Programs

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MESSAGE FROM THE DIRECTOR

Although almost a year has passed since the 2018 International Conference on Family Planning (ICFP) in Kigali, Rwanda, I still feel inspired, energized, and ready to take on the myriad challenges facing the family planning and reproductive health community today. We've shown that when given access to the right resources, best practices, bold policies, and new ways of programming, the family planning community is capable of achieving more and can continue to bend the curve toward both the 2020 and the 2030 goals—but the larger question remains, how exactly do we get there?

The "Beyond 2020: Thinking Beyond Imagination" session at the 2018 ICFP presented a unique and timely opportunity for both retrospective and prospective explorations of the kind of positive disruptions and game changing collaborations needed in the future. That's what inspired us to plan and host the *Future of Family Planning Convening*, a special two-day gathering that brought together representatives from crucial family planning sectors to explore "business unusual" ideas that have the potential to reshape the family planning and reproductive health agenda to ensure universal access by 2030.

When I first started my career in reproductive health many years ago, there was a certain tangible "magic" within the family planning community. We worked hard, but we had fun. I watched in awe as fearless pioneers like Mechai Viravaidya, Thailand's *Cabbages and Condoms* entrepreneur, Haryono Suyono of Indonesia's pace-setting National Family Planning Coordinating Board, and Fernando Tamayo of ProFamilia Colombia, launched bold ideas and charted courses of action which were then *beyond imagination*.

The two days at the Convening we spent sharing, debating new ideas, and challenging each other recreated that magical feeling. This magic is special—often "big ideas" are what get the family planning community excited about the future. And that's what I felt there during those two days working, strategizing, and planning for the future of family planning with these passionate participants.

Together, we charted a bold course toward universal access to reproductive health coverage by 2030, and the ideas to get us there are contained in this report. *I encourage you to learn more about the convening outcomes by taking a deep dive into this document, and to contact us if you are interested in funding an idea presented in this report or partnering with any of our participants to bring them to life (contact Kellie Welborn, kwelborn@jhu.edu).* In two days, we barely scratched the surface of what is possible, with bold ideas emerging. I encourage you to continue this inclusive and exciting collaboration that may spark the solutions of tomorrow.

This *Future of Family Planning Convening* report is the culmination of the hard work of many individuals and organizations, and I thank every single one of them for the dedication and passion they bring to this work. Thank you, also, to all our participants for sharing these brilliant new ideas. Finally, thank you to our co-sponsors, Palladium, Center for Communication Programs (CCP), Population Council, and Bayer AG, for making this a fruitful—and fun—two-day event. I hope that you feel as energized as I do by the ideas put forth by this exceptional group—from youth leaders in Sub-Saharan Africa and Asia to CEOs of the world's most prominent family planning and reproductive health organizations in the world.

Collectively, we are shaping the future of family planning for the next decade and beyond—and I can't wait to see what magic this report might inspire next.



Jose "Oying" Rimón II
Director, Bill & Melinda Gates Institute for Population and Reproductive Health



Grace Ebum Delano & Yejide Wyse

BACKGROUND

A multi-pronged approach to explore "business unusual" and positively disruptive ideas

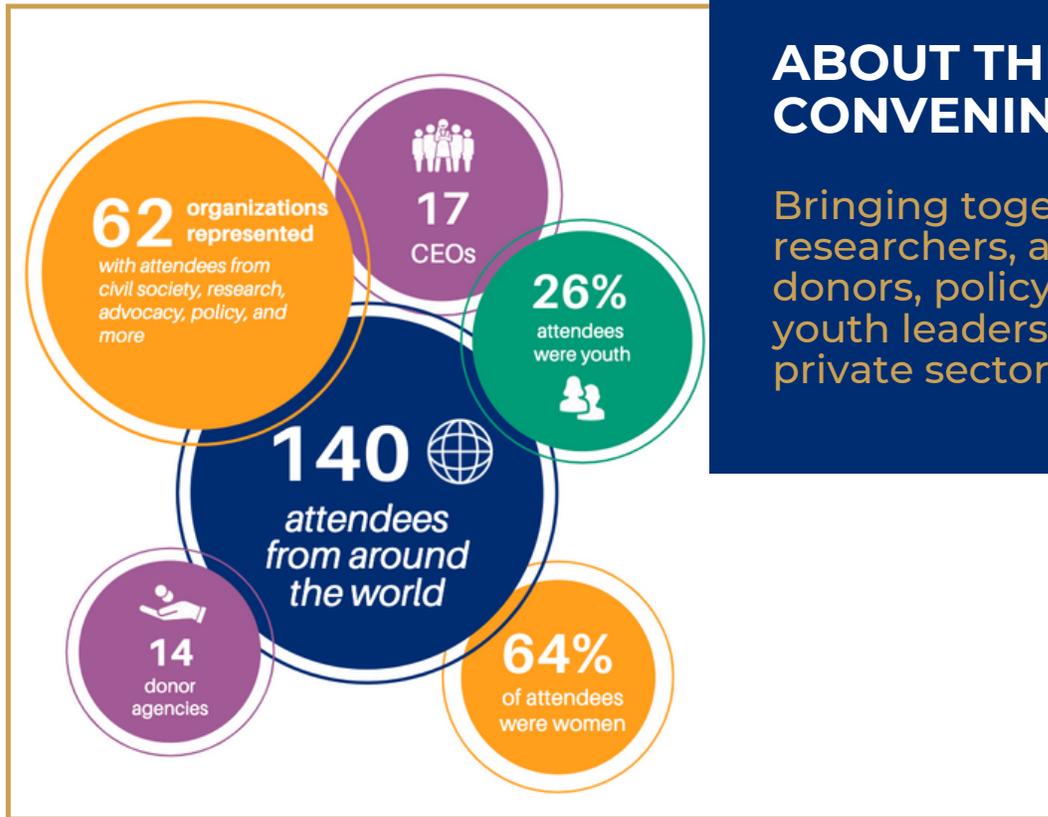
Building upon the "Beyond 2020" session at the 2018 International Conference on Family Planning (ICFP), the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health rolled out a multi-pronged approach to bring together representatives from crucial family planning sectors to explore "business unusual" and positively disruptive ideas to reshape the family planning and reproductive health agenda to ensure universal access by 2030.

Seven years after the Family Planning 2020 commitments were made during the 2012 Family Planning Summit in London, the world has observed an unprecedented increase of over 46 million additional users of modern contraceptives among women and girls. In some regions, such as the Ouagadougou Partnership in Francophone West Africa, the increase in modern contraceptive uptake in the past seven years was much larger than what was observed in the previous 30 years altogether. Nevertheless, the present rates may not be fast enough to meet the Family Planning 2020 goal (although, a recently published paper by Dr. Saifuddin Ahmed and colleagues suggests that in Africa, family planning uptake may be progressing faster than what is currently being reported).

The family planning community is at its most challenging stage thus far, attempting to find new ways of doing business to disrupt the "status quo" in family planning programming.

Different systems and communities have been able to harvest the lowest-hanging fruit by developing new policies and establishing programs to accelerate modern contraceptive uptake. However, with the current increase in modern contraceptive users observed, different countries, particularly those with frail systems, are facing challenges in sustaining this growth.

The world is facing an increasing shortage in funding relative to need for family planning programs. There is growing insecurity, and there are limited human resources to ensure access to family planning services in many regions. As conflicts intensify, large numbers of women and girls are forced into urban slums and humanitarian crisis settings. Further, global and regional partnerships are critical to successful family planning programs, but some regions are not optimizing such opportunities, with minimal investments in such efforts.



ABOUT THE CONVENING

Bringing together researchers, advocates, donors, policy-makers, youth leaders, and the private sector

The Bill & Melinda Gates Institute for Population and Reproductive Health and the other convening partners solicited powerful new ideas from across all sectors of the family planning community and beyond and invited presenters to share their ideas at the *Future of Family Planning Convening*. This two-day gathering brought together key researchers, advocates, donors, policy-makers, youth, and the private sector to explore ways to catalyze progress toward realizing universal access to rights-based family planning by 2030. The convening was an opportunity for working sessions made of an intentional mix of young family planning leaders and experienced CEOs, researchers, advocates, and front line implementers. Among the participants were 18 *T20 under 40* winners, 36 youth leaders, and 17 CEOs. Ultimately, the goal was to formulate an innovative and inspiring collective “Beyond 2020” vision to inform the FP2020 Core group.



Welcome Remarks

During the welcome remarks, Gates Institute Director Jose “Oying” Rimon II inspired the participants using an image of a *Girl Sitting in a Chair Holding a Cat*, observed from a variety of perspectives and distances to emphasize the fact that the best way to achieve our collective *Convening* goal was to:

- ADAPT our own lenses to see different perspectives,
- CHALLENGE our assumptions, and
- THINK *beyond imagination* as we strategize the future of family planning beyond 2020.

KEY INSIGHTS ON ACCELERATORS OF PROGRESS

Prominent themes from panelist-audience discussions on where the family planning community needs to focus its efforts in order to "bend the curve"

Listen - and Listen More - to What Women Want

There is a proven disconnect between women's desires and current family planning commodities and services. Our best chance for improving method choice and quality of care requires the entire family planning community (advocates, decision makers, programmers, product designers, service providers, etc.) to take a more person-centered approach at all levels and functions. Speaking directly and honestly with clients, working to understand their perceptions and attitudes, and determine their priorities for quality sexual and reproductive health will not only lead to better outcomes, but also more effective and sustainable solutions for change.

We're also seeing that results from client surveys on unmet need for family planning do not always match the testimonials that we hear from women "on the ground." We need to therefore put women and contraceptive users at the center of problem-solving discussions and ask the right questions that will help M&E experts design more accurate methods of measuring not only women's contraceptive preferences, but also unmet need for family planning.

"Funding contraceptives that men and women want – not what they need – is our biggest challenge. The contraceptives that are available today have not evolved from what women want or what works for them. Rather they have evolved from very restrictive research."

*–Lester Coutinho,
Bill & Melinda Gates
Foundation*



Form Strategic Alliances with Other Sectors

In many ways, the family planning and reproductive health community operates in a silo, disconnected from other development sectors. This lack of communication and collaboration with other sectors cuts us off from critical ideas and information, creates missed opportunities, and makes our work less efficient. In order to reach more women and girls, we need to break out of our silos and build multi-sectoral, integrated approaches. This could mean coordinating with the private sector, the educational sector, environmental groups, urban planners—or even the porn industry.

Advocate for Priority Policies

Well-constructed and implemented family planning policies can facilitate access for millions of new users of modern contraception. The future of family planning policy should be a policy environment that makes it as easy as possible for people to obtain equitable, accessible, and high-quality family planning services.

Empower, Engage, and Enable Youth to Lead

Young people are often left behind in current models for family planning programming, whether it's due to outdated terminology that doesn't resonate with them or denying youth a voice where decisions are being made. As a result, youth are not always able to make informed decisions about their sexual and reproductive health - resulting in unplanned pregnancies and sexually transmitted infections. By funding youth-led organizations and giving a voice to youth advocates to develop youth-driven solutions, we can improve the health and well-being of one of our most vulnerable populations.



“We know that we are the magic makers. Policy implementation is the magic that translates policies into results. That includes following through on commitments with adequate resources, trained providers, operational policies, and guidance that are responsive to local needs and are based on best practices.”

–Jay Gribble, Palladium



Leverage Networks and Platforms

Networks and platforms are vital in advocating for—and accelerating progress towards—universal access to contraception. Panelists and participants highlighted positive outcomes to successful partnerships such as: increased country ownership, strengthened links between youth-led organizations that give a voice to the youth community, and a widened reach when partnering with other sectors. Learning from FP2020, the Ouagadougou Partnership, the Challenge Initiative, and other networks and platforms, progress in family planning is achievable if governments, civil society organizations, bilateral and multilateral organizations, private sectors, religious leaders, and other implementing partners come together around a common goal with a clear definition of targets and responsibilities.

Fund Strategically

Family planning is a relatively small field and we don't always have the resources needed to implement the programs we want. Philanthropists, therefore, need to fund strategically, for instance, by taking an asset-based approach—listening to local voices (including women and youth), funding locally-driven research, and supporting local organizations—to ensure solutions are high-impact, country-led, and sustainable.

Explore New Technologies in Digital Health

Our world has made great advances in technology, and yet the family planning and reproductive health community has not realized the full potential of these innovations. We can no longer be complacent about the current state of contraception products and services that leave so many women behind. We need to leverage the latest technologies to increase access to unreached populations and develop better methods for preventing infection and pregnancies.



“We have seen a lot of success in the first wave of digital health—sending information via mobile phones. But we need to take it to the next level in terms of access and supply. Inventions often have minimal effect, or the effect diminishes over time. We need to think about: What digital platforms can people review before they meet with providers? How can we provide information throughout the process to support women individually? Can digital health help us provide transparency over whether stock is available?”

—Alice Cartwright, FHI360

Increase Opportunities for Self-Care

With more and more people living in humanitarian crisis settings, the rising cost of health care, and an estimated shortage of 18 million health workers anticipated by 2030, self-care interventions are considered a promising new approach to global health. For family planning and reproductive health, this can take the form of self-injectable contraception, home-based ovulation predictor kits, HIV self-testing, or over-the-counter oral contraceptive pills. The World Health Organization has developed global guidelines on self-care for sexual and reproductive health and rights to provide a conceptual framework for implementation.

“We know that the evidence and context keeps changing. We have to be keenly alert, ready to be flexible, listen to people on the ground, and continue to refine our work based on values, evidence, and context.”

—Tamara Kreinin, The David & Lucile Packard Foundation

YOUTH SPOTLIGHT

Innovative programs developed by youth for youth

With more than half of the world's population comprised of youth, the issues that affect youth - including education, employment, teenage pregnancy, gender equity - need to be taken seriously by all sectors of the family planning community, and development community more broadly. Adolescents and youth should be integrated in all aspects of the process, from design to implementation to evaluation. There is an opportunity to capitalize on the energy, innovation, talents, and skills of young people to promote equitable access to family planning information and services, including self-care.

During the youth-led panel *Youth Shaping the Future of Family Planning*, youth advocates discussed innovative programmatic ideas that they have implemented in their respective countries, as well as new promising areas for exploration.



Laraib Abid
120 Under 40
Ingenuity Fund
Winner

FP/SRH Youth-friendly Services App in Pakistan

Pakistan is the fifth most populous country in the world with youth making up 64% percent of the population below the age of 30. Mobile computing presents an opportunity to address the reproductive health and concerns of this large population that have remained unaddressed for too long. Bridge the GAP (Giving Access to Planning) is a free mobile and web application available in English and Urdu that provides information on all types of contraceptive methods for both men & women, including HIV/AIDS information and myths. The app geo-tags Family Health Clinics that provide free family planning services in the user's respective city and is connected with free helplines situated within public hospitals that offer counseling to youth.



Megan Christofield
Future of Family
Planning Thought
Leadership Fund
Winner

The Future of Family Planning is in Our DNA: Harnessing Scientific Advances for Contraceptive Choice

The average American woman tries three different methods of contraception by age 40, and 30 percent try five or more methods by that age. The majority of women won't find their perfect fit the first time, and still others - a third of women with unmet need - won't even try due to concerns over side effects and health risks. Herein lies an opportunity to harness precision medicine advances to improve contraceptive fit. This idea focuses on the exploration of pharmacogenomic and implementation science to develop and ensure women's access to DNA testing that could predict personalized efficacy, side effects, and non-contraceptive benefits from each contraceptive method *prior to use*.

To view all *Future of Family Planning Thought*
Leadership Fund winners, please see page 24-26.



William Otuck
 2019 120 Under 40
 Winner, Future of Family
 Planning Thought
 Leadership Fund
 Winner

Project MUSE: Using Music and Entertainment to Reach Key Family Planning Populations

Project MUSE (Music, Youth, Sexual Health & Empowerment) builds on the experience of successful social movements that have utilized art and music to bring together local and international artists to support a social issue. Project MUSE focuses on a range of reproductive health solutions, especially those involving adolescents and youth. This movement seeks to motivate, empower, and mobilize global artists to work as individuals and as a collective to catalyze social and behavior change by leveraging the power of music and art through collaborations with NGOs, corporate partners, and youth networks.



“Having a mentor who sees something in you is the best and most exciting thing for a young person.”

–Frank Strelow, Bayer AG



Ashish Srivasdava
 Future of Family
 Planning Thought
 Leadership Fund
 Winner

Empowering Adolescents for Comprehensive Health Services Through Self-care Approach Using Immersive AI

In today’s business sector, social media platforms are utilized to successfully reach youth within their target audience. These platforms can be leveraged to deliver family planning self-care solutions with a life cycle approach through the development of an integrated chatbot on social media platforms for precise and personalized information to facilitate informed decision-making. This platform will utilize global standards provided by the World Health Organization to provide standardized answers to an extensive variety of queries before prompting users to a virtual reality experience for a better understanding of sexual and family planning behaviors and choices. The chatbot will also provide information on service delivery points.



Lucy Wilson
 120 Under 40 Ingenuity
 Fund Winner

How Porn Informs Youth Approaches to Sex

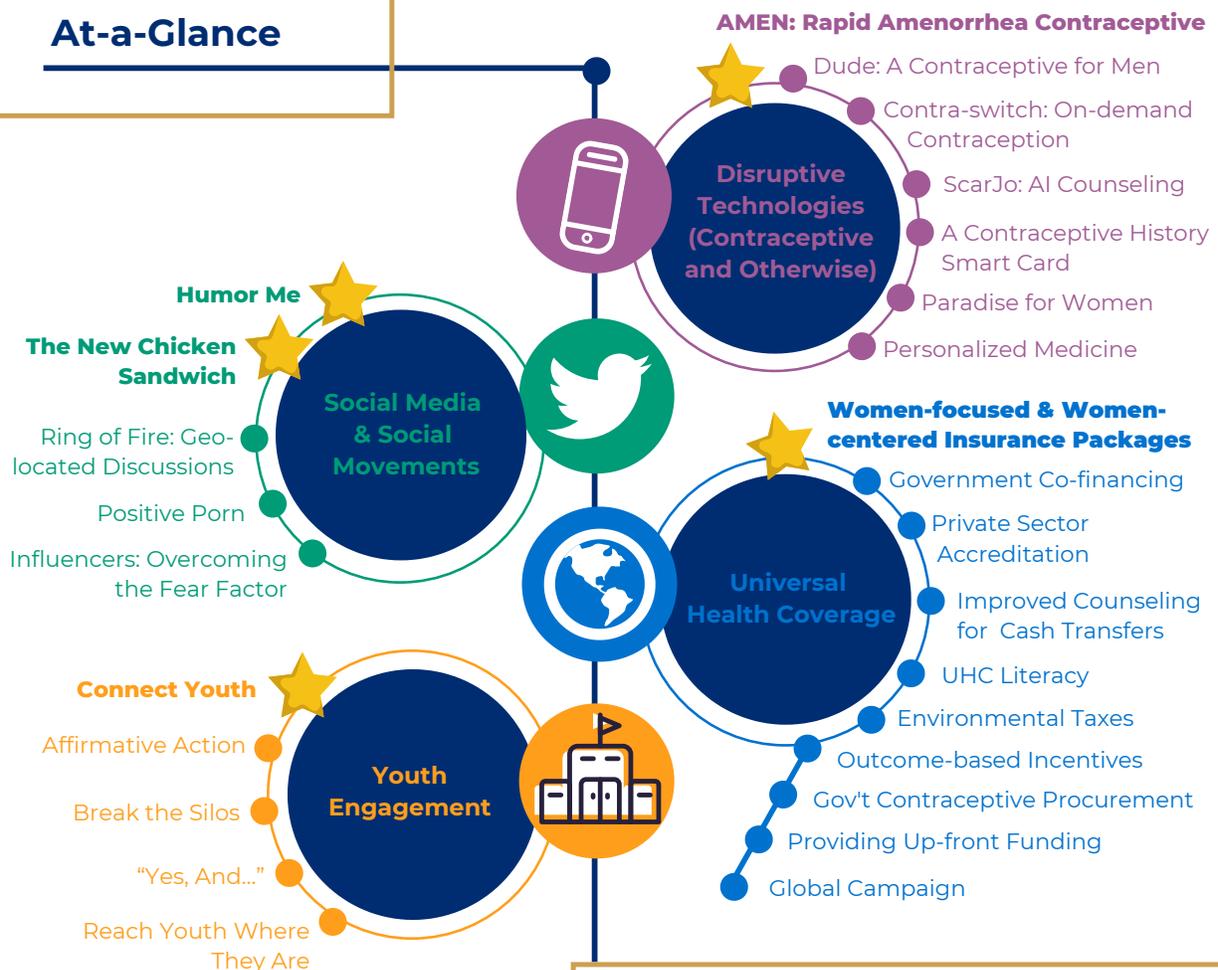
Pornhub is the 25th most visited website in the world, and six porn sites are within the *Top 100*. As internet and smartphone access increases around the world, youth will use it to stream pornography. Because porn is increasingly accessible and socially acceptable, many young people have already watched numerous sex acts by the time they have their first live sex act with another person. Porn can potentially have both positive and negative effects. It may increase acceptance of LGBTQIA populations and encourage learning about pleasure. It may also increase sexual violence or discourage condom use. This project will raise awareness among SRHR practitioners of the need to take account of pornography in our work and begin to develop interventions to respond to those impacts—addressing the negative and highlighting the positive.



IDEAS THAT WILL TRANSFORM THE FAMILY PLANNING AGENDA 2020-2030

Using the collective brain power of *Future of Family Planning Convening* attendees from an array of family planning sectors, expert-led roundtable groups worked together to ideate innovative approaches and solutions that could have a powerful impact on the field of family planning within the next decade. Groups focused on developing promising ideas and thinking through execution, local ownership, and measures of success.

At-a-Glance



"People's Choice" ideas.

Convening participants identified their favorite ideas during the *Disruption and Inspiration Gallery Walk*. These fan favorites are indicated with stars.





Disruptive Technologies (Contraceptive and Otherwise)

- Chair: James Sailer, Executive Director, Center for Biomedical Research, Population Council
- Co-Presenter: Laneta Dorflinger, Distinguished Scientist and Director, Contraceptive Technology Innovation, FHI360
- Notetaker: Madeleine Short Fabric, USAID Public Health Advisor, 2019 120 Under 40: The New Generation of Family Planning Leaders Winner

Dude: A Contraceptive for Men.

Surveys show that men are interested in becoming more active contraceptive users, and yet the only male contraceptive methods available today are condoms and vasectomy. “Dude” is the idea for a highly efficacious male implant that is reversible, non-surgical, and trustworthy for women (visible to the eye)—the first of its kind! Other benefits include: moderate performance enhancement capabilities; limited to no side effects; affordable. Desirable male contraceptive options like this will lead to more male engagement, fewer unintended pregnancies, and greater equities. “Male contraception. Because Dude, it’s about time!”



AMEN: Rapid Amenorrhea Contraceptive Method.

Do you value your long-acting contraception for its safe and efficacious protection against pregnancy? But are you also just tired of having a period? Or worse, are you tired of your irregular bleeding? Women of reproductive age spend 20%-25% of their reproductive lives managing their menstruation, which disrupts their lives in many ways. If you just want your friend to go away—and you don’t want to go through weeks or months of inconsistent bleeding to get to amenorrhea, consider AMEN, the first and only LARC that offers rapid amenorrhea (cessation of bleeding). This contraceptive is reversible, immediately effective, and can offer health benefits such as alleviating symptoms related to anemia. For everyone who doesn’t want a period, stand up and say “AMEN!”

Contra-switch: On-demand Contraception.

Homelessness, budget deficits, crime...Elizabeth Warren has a solution for that. But male and female on-demand contraception? The makers of ContraSwitch have an app for that! ContraSwitch is the idea for the first FDA-approved contraceptive that is highly effective, very safe, and works instantly by entering a code into an app. Are you interested in having sexual activity and want to turn your contraception on? Just log in, enter your secure code number, and you’ll be protected in 10 minutes. “ContraSwitch gives a whole new meaning to phone sex.”

ScarJo: An AI Counseling Tool.

Remember the movie *Her* where Scarlett Johansson played an artificial robot that Joaquin Phoenix fell in love with? Scarlet will now be the voice of an AI counseling tool designed to support health care providers and clients in selecting contraception. The backend will be connected to a large database of method options and user experiences that will constantly learn, improve, and evolve to provide better information to counselors and users. The AI will adapt to the user’s situation to ask questions and provide user-specific information in response to a personal, private, stigma- and judgement-free environment. Information for you, counseling by ScarJo.

A Contraceptive History Smart Card.

Take the smart card with you to doctors or clinic visits, and the team will be able to read your contraceptive history—this will not only help healthcare providers counsel clients on what methods are good options, but will provide them with very useful data on what’s working in the method mix and what might work for others. The smart card by American Express: *Don’t leave home without it.*

Personalized Medicine.

Extra pickles? No tomatoes? A meatless hamburger? Much in the same way that Burger King lets you customize your meal order, this product idea will use personal biodata to tailor contraceptive methods based on individual needs and preferences. Do you need a lower dose progestin to reduce headaches? A little extra estradiol to assist with bleeding control? An IUD with an extra shot of Levonorgestrel? Just like Burger King, we'll make it your way.

Paradise: A Pleasure-inducing Contraceptive.

So, you're having sex—Great! You want contraception? Terrific! This is a judgment-free environment and we support you. But let's be candid, is sex always as much fun as you'd like it to be? The makers of Paradise understand. Paradise will be the first and only female contraceptive that is clinically proven to increase enjoyment during sex. Paradise is a female-controlled, female-initiated product that is undetectable to the male partner. And it's been built for different stages of the reproductive lifestyle. For women who have partners with high stamina, it lasts a full hour. For others, it lasts 10 minutes. Not only is this product safe and highly effective, it is the only contraceptive that has increased happiness right on the label. Paradise: If you'd like to have just a little more fun.



Social Media
& Social
Movements



- Chair: Susan Krenn, Executive Director, Johns Hopkins Center for Communication Programs
- Notetaker: Sophie Weiner, Communication Specialist, Johns Hopkins Center for Communication Programs

Ring of Fire: Geo-located Social Media Discussions.

The idea is to use social media to start conversations at the community or sub-national level to generate momentum around key topics. Since these online conversations will be public and locally-driven, they will put increased pressure on decision-makers to make changes in policies and budget allocation as politicians and leaders will better understand how important and relevant these issues are to their community. This geo-located social media campaign will help create a new corps of champions and increase accountability.

The New Chicken Sandwich.

Popeyes' new fried chicken brioche sandwich was so popular this summer that it sold out—and in fact, the fast food franchise even invited customers to BYOB (bring your own bun)! Popeyes is now in an online battle with Chick-fil-A over who has the better sandwich. Building off this idea, we want to rebrand contraception to make the language more accessible. "Family planning" resonates best with the family planning community—and not with the people we're actually trying to reach. Informed by market research, the revolutionary terminology will reflect the sense of pleasure and intimacy as well as the personal aspect of sex that resonates with a broader audience (including youth, non-couples, and LGBTQ). We want to use language that normalizes sexuality, sexual choice, and contraceptive choice.

Dealing with Porn.

Since pornography is so ubiquitous, we want to take advantage of its massive online presence by working with the industry to find champions (porn stars, porn producers) to model safe, healthy, pleasurable sex in order to combat the current misconceptions and negative behaviors that can result from such widespread consumption. We would like to position a new Positive Porn Product line that can help fund comprehensive sexuality education—giving us a new definition for PPP!

Influencers: Overcoming the Fear Factor.

Let's develop a network of local and high-profile global influencers—from socialites like Kim Kardashian to actor-activists like Emma Watson and political comedians like Trevor Noah. Let's take advantage of influencers that have a large and established following, bring them into our circle, and support them to speak to the world on our behalf. We also want to find other platforms to bring up lesser known but passionate champions for family planning. This could take the form of a YouTube interview series that solicits simple questions (i.e., "When and where was your first sexual encounter?") from everyday people. By breaking out of our conservative and structured approaches, we can better engage with the world and become more comfortable with taking risks.



"Our conversations centered around reframing the language around family planning, escalating the discussion, and breaking out of current boundaries. We also recognize that with social media and social movements we can cede and catalyze conversations, but we cannot control them—so we have to be willing to let go a little bit."

—Susan Krenn, Center for Communication Programs



Humor Me.

Humor Me is an international comedy competition or festival that identifies comedians representing different countries across the globe. The event will provide a platform for locally selected comedians to share funny stories and create a dialogue around sexuality and sexual and reproductive health in a fun, light-hearted way. Talking about these often "off-limits" subjects in an entertainment setting can help people break through the taboos and awkward conversations and normalize controversial issues. And since people love to share funny content online, the stories and messages told on stage will have high potential for going viral. Let's fast track this idea to coincide with #ICFP2021 by hosting a special comedy night in Thailand!

- Chair: Rodio Diallo, Bill & Melinda Gates Foundation
- Notetaker: Jessica Mirano, Program Officer, The Challenge Initiative, Bill & Melinda Gates Institute for Population and Reproductive Health

Government Co-financing.

Encouraging governments to match donor funds and invest in their own family planning programs can increase sustainable domestic resources for family planning. In addition to targeting donors, governments, and ministries of health, ministries of finance and treasury should also be involved. This idea will work at the national and sub-national level, in situations where the governments already understand what is at stake and where civil society organizations are socialized. Having women leaders could also facilitate the process. Since behavior change of government leaders is involved, a phased approach would help.

Global Campaign.

A global campaign (similar to The Global Fund's Product RED) would be established, channeling a percentage of profits from popular consumer products to fund family planning programs. This taps into the private sector market and the network of private sectors that want opportunities to give back to the community (e.g. through conducting corporate social responsibility initiatives). This will work best in settings where the retail sector is thriving and there is a strong purchasing power among women.



Private Sector Accreditation.

Private facilities and health providers would be accredited for revenue generation, which will be re-invested in family planning. Many countries are moving towards accreditation already, so this will take advantage of existing momentum. Private sector accreditation can lead to greater access and improved quality of care. An “accreditation fund” can provide resources for smaller programs that will contribute to Universal Health Coverage (UHC). This idea would work best where countries are already starting to talk about UHC (for example, Indonesia) and where there is a viable private sector and strong professional associations.

Improved Counseling for Conditional Cash Transfers.

Conditional cash transfers (CCTs) have been proven effective in improving healthy behaviors among those living in poverty. In this scenario, cash would be transferred to women participating in family planning programs that provide proper counseling for women to ensure informed choice when adopting a method. In other words, this approach would prevent coercion. If governments participate, this can be a highly sustainable program. Advocacy with the government can ensure rights-based family planning services. This will work best where CCT programs already exist (even for other health areas), where government accountability is high, and where community empowerment is strong.



Women-focused & Women-centered Insurance Packages.

Women understand their own needs best. For this reason, local women groups, especially in the informal sector, will lead the design of an insurance package that addresses their needs. This would help achieve greater equity in accessing maternal and child health and family planning services. It could also help leverage sustainable domestic funding, as it taps into local resources and capacity strengthening. This idea could launch easily if specific communities of women are targeted—women business groups, women in the informal sector, etc.

Universal Health Coverage Literacy.

Governments would undergo UHC literacy training to ensure a common understanding of UHC. This strategy would include corresponding legislation and accountability indicators that will be measured and tracked over time. This idea promotes transparency and greater accountability and financial protection. It would work best in countries where UHC is already being envisioned and designed, and where policy and legal frameworks exist for family planning.

Environmental Taxes and Internal Growth Rates.

Similar to a “sin tax,” we would generate revenue by taxing oil, mining, and other companies that contribute to environmental degradation. These funds would be channeled into family planning and UHC. In addition, a determined percentage of internal growth rates would be dedicated to family planning. This is a promising idea because it brings the perspective of a multi-sectoral approach and highlights the role of family planning as a development catalyst. In addition to promoting family planning and UHC, this could lead to healthier communities and reduced chronic diseases.

Outcome-based Incentives.

We would pay incentives to healthcare providers based on reach and quality of care indicators. This is a promising idea because it increases coverage, increases quality of care, and reduces inequities. This idea will work best in areas with reliable data systems and strong government ownership of family planning programs. If done in a setting with a conducive policy environment, this should ideally take a year or less to put into place. The government should lead this program to ensure sustainability.

Contraceptive Procurement by Governments.

Government (as opposed to donors or NGOs) would commit to buying a certain volume of contraceptive supplies for multiple years. It would solve non-availability of products, improve government commitment, and help remedy the cost of bad forecasting. This may also lead to lower prices for contraceptives. This is a promising idea because it allows for stability of supply, stability/reduction of prices, and increases motivation of supplier to expand capacity to provide the products consistently. This would affect both public and private sectors, show government commitment, and would be a step towards reducing donor dependency.

Providing Up-front Funding.

Donors and investors would provide up-front funding for UHC and family planning, which would be paid back over time by the government, from savings accrued due to improved health outcomes. This mechanism improves access, expands family planning choice, and may also lead to accelerated contraceptive uptake. The possibility for scalability is also a big advantage of this model. This approach provides women increased contraceptive choices, accelerates uptake, reduces system costs, and can be codified as part of UHC roll-out.



Youth
Engagement



- Chair: Victoria Watson, Executive Director, International Youth Alliance for Family Planning
- Notetaker: Keitra Thompson, Johns Hopkins University School of Nursing, 2019 120 Under 40: The New Generation of Family Planning Leaders Winner

Affirmative Action.

Big and small organizations—including donors and implementing partners—must include a specific and measurable percentage of positions for youth in boards and other leadership positions. Applications to these positions should be inclusive, removing unnecessary barriers (for example, requiring 15+ years of experience for leadership positions). This will lead to increased diversity and more representative key stakeholders contributing to research, program development, and implementation. More youth will be in charge of funding and programming decisions that directly impact them and future generations.

Count Youth.

The family planning community has a number of great data projects and systems—increasing the visibility of youth in these data systems could help us create more evidence-based programming for young people. To do this, we need to make sure that program managers and policy makers focusing on youth are directly working with—and have access to—data sets related to youth demographics, needs, and trends.

Reach Youth Where They Are.

Scaling up and ensuring quality, comprehensive, and safe services for all young people requires applying a gender, socioeconomic, regional, ethnic, and cultural lens to our work with youth. Youth services need to reach them where they are (as well as when they are available). Working with clinical organizations, community organizations, and youth advocates, we can build the capacity for youth to be engaged and recognize their assets. This will also build civil engagement among youth, empower them to make healthy decisions in their own lives, and encourage them to become advocates in their communities. Shifting our language from family planning to sexual and reproductive health—and not being afraid to address the pleasure-seeking of adolescents and all people in regard to sex—will ensure more comprehensive, inclusive, and accessible programs.

Break the Silos.

The lives of youth are more complicated than one program or one focus area alone can address. It's not enough to simply talk about family planning without addressing economic conditions, education, employment opportunities (or lack thereof), etc. Working across sectors to provide comprehensive services to young people, we can both address all the needs of youth and make better use of funding.

“Yes, and...”

We need to ensure safe, open, and inclusive environments for youth to contribute in the family planning space. Giving youth a seat at the table is a nice gesture, but we need to ensure opportunities for youth to effectively communicate and lead. Being inclusive means listening to their ideas. Rather than shutting down their innovative ideas, build on them (by saying “yes, and...”). Addressing “imposter syndrome” is also critical—make sure youth know we are all still learning and that and we value their contributions. Finally, a comprehensive gender equity lens within the organization will ensure inclusivity. These efforts would foster meaningful youth engagement and leadership at the global, national, and local levels.

- Chair: Elizabeth Leahy Madsen, Program Director, International Programs, Population Reference Bureau
- Notetaker: Kate Cho, Senior Program Officer, Advocacy, The Challenge Initiative, Bill & Melinda Gates Institute for Population and Reproductive Health



Go “Back to School.”

The family planning community needs to integrate with other sectors—by regularly attending non-family planning meetings and understanding their issues. Recognizing that women and families have a host of concerns—not just family planning—will help us better meet them where they are. By listening and having honest conversations, we can forge better and stronger partnerships. Only then can we make the strategic connections that help us find creative, successful multi-sectoral programs—for example, integrating family planning into food distribution sites, scaling up workplace programs, or engaging better with the conservation community.



Integrate with Community-level Environmental Projects.

At the community level, climate, farming, land use, and conservation issues are interwoven with health. Addressing these issues together will unite groups that don't typically work in partnership. But we need to speak their language, start conversations on topics they know well, like farming or livelihood, and let them make connections. One community coined the phrase, “We learned to space trees when we plant them, we now see the need to space babies.” For those resistant to modern methods, we can make parallels between farming technology and fertility innovations. Beyond this, distribution of agricultural supplies in rural areas reaches the last mile. By tapping into this, we can reach a large population in need of family planning.

Be Less Dogmatic and More Pragmatic.

Family planning isn't everyone's main focus, and that's ok. But by showing other sectors how family planning relates to their key issues (i.e., by showing what's in it for them), we can nurture powerful partnerships. Perhaps family planning is just a subplot for some of our partners—but we need to show them how and why our issues impact theirs. We can think of fun, creative ways to do this, whether through local media, Nollywood, or stories. But instead of leading with family planning, we can bring it in through more subtle approaches, showing how it fits within the other issues they care about. And if we stop using jargon, but instead speak about family planning in plain language that everyone can understand, they will be more likely to come on board.

Work with Environmental Activists.

Understandably, climate change is top of mind for communities around the world. We can do a better job of relating rights-based family planning to the issue of climate change, and to encourage environmentalists to think about sexual and reproductive health within their framework. Getting young people involved, who clearly understand the connection between conservation and reproductive health—and using their language—will help us connect better to broader audiences. Our community cannot deny the impact of family planning's impact on the environment, and we need to use clear language to make this link obvious for others as well.

Emphasize the “Whole Person.”

When visiting the doctor, a client speaks about all their concerns, not just family planning. We need to recognize this and emphasize holistic care. We can start where people are—understand their ambitions, dreams, and challenges—and introduce the idea of family planning through that lens. This would also appeal to ministries of health, many of which are beginning to focus on primary health care, breaking down silos of issue-specific care. Holistic programs also contribute to lower overall healthcare costs, and can leverage funds from multiple sectors (e.g., maternal and child health, HIV, family planning, malaria, and non-health sectors). For example, establishing youth centers—including vocational support, job linkages, as well as health services—would help multiple sectors buy in, and would appeal to the broad needs of young people.

Technology for FP and HIV Service Integration.

Mobile technology can be used as a self-care approach to better meet the needs of vulnerable groups—including people living with HIV, who may have unique contraceptive needs. For example, users could get personalized HIV test results and contraceptive information, along with medication reminders, through their mobile devices. These apps could also help mitigate issues around stockouts—for example, a facility could be notified of a woman's contraceptive preference, and that facility could make sure to stock a certain contraceptive. Apps could also help young people determine which facilities have contraceptive services/methods available—and could help disseminate this information through social media. In short, technology can eventually offer more personalized, individualized medicine at the exact time the client needs it.

- Chair: Christopher Purdy, President and CEO, DKT International
- Notetaker: Maheen Malik, Senior Program Officer, East Africa, The Challenge Initiative, Bill & Melinda Gates Institute for Population and Reproductive Health



Behavioral Approaches

Interactive Video Games with Artificial Intelligence.

Teenagers spend on average 3-4 hours per day playing video games. Let's take advantage of their widespread popularity and use this form of entertainment as a way to insert messages about healthy sexual behavior. Outcomes could include: reduced stigma around taboo topics, lowered barriers to open conversations with youth, and creation of positive social norms. We can measure the product's success by tracking the number of downloads or through product surveys providing immediate feedback.



Conditional Cash Transfer with Accountability.

Conditional cash transfer can be used for many intervention areas. It can be used to empower women and girls, which in turn would increase decision-making and decrease vulnerability. This can include incentives to delay a woman's first childbirth or marriage. Cash transfers can also be leveraged for youth by incentivizing them to complete a university degree. Lastly, we can offer cash transfer to providers (HCP, pharmacists) to incentivize better quality family planning counseling—the goal wouldn't be to promote any particular method; however, it would be to discourage discontinuation. These transfers would need to be accurately tracked to ensure accountability.

360 Mass Media Campaign on FP & Fertility.

This campaign aims to re-frame family planning as a favorable practice by highlighting its ability to protect fertility. Many men do not know that use of condoms can protect them from acquiring STIs. The messages would be incorporated into popular shows and other established platforms (Facebook, Google, Yahoo) to counteract the myth that family planning is damaging. The campaign would reinforce the message that family planning does not harm fertility, rather unsafe practices do.

Revolutionizing Comprehensive Sexuality Education to Include FP.

Comprehensive Sexuality Education (CSE) empowers populations to make decisions for themselves. It can keep girls in school and lead to fewer teenage pregnancies, unsafe abortions, and child marriage. The multi-sectoral campaign requires coordination between ministries of health, ministries of education, communities, and parents. There is clear evidence that CSE has a positive impact on sexual and reproductive health, notably in contributing to reducing STIs, HIV, and unintended pregnancy—and as a result, many countries are already revising their policies and approaches to scale up sexuality education.



- Co-Chair: Scott Radloff, Director, Performance Monitoring for Action, Bill & Melinda Gates Institute for Population and Reproductive Health
- Co-Chair: Ann Blanc, Vice President, Social and Behavioral Science Research, Population Council
- Notetaker: Meagan Byrne, PMA Agile, Bill & Melinda Gates Institute for Population and Reproductive Health



Linking Women to Facility Data.

We need to understand the environment in which services are being provided and how service quality impacts contraceptive dynamics and individual behavior. Facility data may help inform why discontinuation occurs and can help inform postpartum family planning services. We can use technology like barcodes and phone company data in innovative, new ways to better link individuals with facilities.



Hot Spot Mapping/Community Focus Groups.

This research will use secondary data analysis to identify geographic hot spots within countries that have had poor indicators over time. We would follow those hot spots by tapping into the knowledge and wisdom held by communities by organizing community focus groups to help us understand the reasons for these poor indicators.

Longitudinal Studies on Women and Their Partners.

You can only answer the "big questions" using longitudinal data. Research has often been limited to women only, and yet conducting longitudinal studies with both men and women that consider long-term trajectories is the only real way to understand fertility and contraceptive use dynamics—questions around adoption, contraception switching, discontinuation, and failure, etc. This longitudinal data collection can build upon an existing data collection platform.

Scale-up Studies on Program Implementation.

It's important that we carefully document the process of program implementation so that people can benefit from each other's experiences. We need to understand what's working, what's not, and how to fix problems—including the introduction of new methods.

Accelerating Research on Understudied Groups.

This research aims to fill knowledge gaps on under-studied groups and populations (LGBTQ, migrants, young adolescents 10-14 years old, people with disabilities, etc.) who are often underserved by health systems and often invisible in family planning research. This research also addresses issues of inequity experienced by marginalized and/or under-represented groups in health services. This sort of research will require special methods. However, we could use promising existing methodologies and techniques from the HIV research space and tailor methods to different subgroups.



“We all need to agree to stop saying ‘research is too expensive.’ What’s expensive is wasting money on ideas that haven’t been proven to work.”

–Ann Blanc, Population Council

“Big Picture” Research for Policymakers.

We need research that paints a more comprehensive and accurate picture in order to understand and contextualize the positive and negative implications of population growth. “Big picture” questions include climate change, fertility trends, demographic trends and causes of the demographic dividend, mortality, migration, etc. As a community we have an obligation to ensure that policy-makers understand these “big picture” policy questions, and our expertise can shed light on them.

Panel Studies with Phone Follow-up.

Use new and existing technology to conduct panel studies where the initial round of data collection is done in-person and follow-up rounds are done by phone. This approach is cost-effective, which can allow for larger sample sizes and deeper analysis. While PMA and others are already doing panel studies this way, it needs to become standard practice.

- Chair: Pape Gaye, President Emeritus & CEO, Intrahealth
- Notetaker: Estefania Miramontes, Johns Hopkins, Centro SOL

Measuring and Evaluating the Quality of CHWs.

Community Health Workers (CHWs) are providing valuable family planning and reproductive health services, and the quality of these services need to be measured and evaluated in a systematic way.

Positioning CHWs at the Center of Self-care.

CHWs have a lot of power as they are deeply embedded and respected in their communities. As such, they should be made an integral part of the self-care process from the start.



Community Health Worker Models



Youth-friendly CHWs.

As is the case in traditional health service delivery, young people are often left behind in the current CHW system. We can correct this by identifying, mentoring, and creating a corps of young CHWs to ensure that the FP/RH needs of young people are being met.

Apply Principles of Strategic Task-shifting.

This idea responds to the problem of family planning and reproductive health communities operating in a silo. It suggests creating a multi-sectoral approach by developing a formal network of CHWs.



“Community health workers are part of the health system, not simply an appendix. They should be recognized, legitimized, and compensated.”

–Pape Gaye, Intrahealth

Create a Pan-African Network of CHWs.

This kind of network strives to promote the exchange of ideas and South-to-South collaboration. For instance, countries in Sub-Saharan Africa could learn from countries in Southeast Asia about how their family planning and reproductive health progress was accelerated thanks to the diversity of CHWs.

- Chair: Martha Brady, Program Leader, Reproductive Health, PATH
- Notetaker: Katie Gray, Senior Policy & Advocacy Associate, PATH



Drones, Amazon, and Vending Machines.

If we diversify channels and mechanisms for delivery, we can improve access to family planning and reproductive health commodities. For example, distributors can use drones to deliver contraceptives to health centers, individuals can order products online through "Amazon-esque" online stores, or individuals can purchase products in-person through conveniently located vending machines.

Cooking Pots & Condoms.

Inspired by the successful Tupperware lady parties of the 1950s, the idea is to figure out how to bundle and co-package consumer products with sexual and reproductive health products. By linking commercially sold products with SRHR products, we would leverage the for-profit sector through a user-centered approach.



Scale-up Self-care.

We know that self-care approaches already exist—in fact, women have been practicing self-care from the beginning of time, for instance, by managing pregnancies and childbirth. But now we have better tools, diagnostics, drugs, and devices that make self-care healthier and safer. This idea strives to scale-up successful and promising interventions using these latest resources in order to remove the gatekeepers that limit access and equity around the globe. Self-care practices can also save money, improve client autonomy and decision-making, and encourage task-shifting to relieve burdens on the health system. Self-care interventions should be linked to primary health care to maintain quality and maximize the use of integrated services.

Apply Deep Tech and Artificial Intelligence to SRH.

Artificial Intelligence (AI) is already being used in cervical cancer research through the application of algorithms to conduct diagnostics. It's also being used in the cosmetics industry, where AI matches women with the best facial creams based on their skin needs. Let's leverage these data-driven tools for SRH to accelerate change, improve access and equity, and increase opportunities for personalized, private care.

The Democratization of Information.

Everyone should have equitable access to accurate FP/RH information. This will not only help clients make the best decisions for their health and well-being, it will also reduce the power asymmetry between provider and client. One way in which access can be improved is by changing the way information is presented based on a client's learning style preference, for instance, via infographics for visual learners.



Private Sector (NGOs and For-profits)

- Chair: Karl Hofmann, President & CEO, PSI
- Notetaker: Laetitia Lemoine, Senior Technical Advisor, Family Planning and Reproductive Health, PSI



“What incentives do we need to have in place? How does the private sector look at risk and incentives? How will the incentives drive us to where we need to go?”

–Karl Hofmann, PSI

Commercial Social Franchising.

Many of us in FP/RH already do social franchising (using the existing indigenous private sector to help deliver high quality services, particularly in reproductive health), but that is based on a subsidy model, and subsidies are disappearing. Let's drive that social franchising model to a more commercial, cost-recovery, surplus-generating model. The beauty is that those medical entrepreneurs–business people providing medical services–are already out there. We all think of consumers/beneficiaries as clients, but with this approach we need to shift our mindset to think about the provider as our client. How can we incentivize and support the provider to do things differently?

Volume Guarantees and Pooled Procurement.

We have seen this approach work well in other global health initiatives—in the vaccine community and with HIV self-testing. There's potential particularly for self-care products.

Private Capital, Blended Finance, and Impact Investing.

There is a wave of money available from philanthropists who are looking for socially impactful projects to tackle. There is a need for intermediation between this big pool of capital and our work at the grassroots level. Leveraging this capital would allow us to diversify our funding sources, rely less heavily on single donors, and free up public sector resources.



Market Development (Led by Pharmaceutical Companies and Manufacturers).

Borrowing a concept used in the education field in which for-profit textbooks are sold to promote certain products, this idea will invite pharmaceutical and contraceptive companies into the classroom as a way to help build life skills education programs. Life skills education is creating a future market for products that manufacturers are producing. You can attract them into training teachers and nurses around use of those products. In order to support contraceptive innovators to bring new and edgy products to market, we want to create a Silicon Valley for reproductive health research and development.



- Chair: Ellen Starbird, Director, Office of Population and Reproductive Health, USAID
- Notetaker: Alexandria Mickler, Research Division, USAID

Intentional Capacity Building.

Local ownership is not only about financial resources, but also about the sustainability of skills, processes, and infrastructure. Local organizations need concrete skills like budgeting, administrative support, proposal writing, monitoring and evaluation, and clinical training. Yet, funding recipients are often unable to meet the minimal criteria (in terms of capacity) to transition from donor dependency. For example, while improving the skills of clinical providers will increase the quality of the services provided, it's also important to create a mechanism to identify larger systems-level technical assistance that can be prioritized to ensure sustainable infrastructure.



“Matching” Funding.

We would use a hydraulic co-financing model where recipients invest some of their own funding in order to get donor funding. This model builds joint funding expectations and milestones for all parties. Allowing other donors or NGOs to make some of the investment thereby removes some of the risk and visibility that local governments may wish to avoid. As greater understanding and consensus is built, governments are more likely to get on board. Through a matching approach, donors can support governments in sequencing the amount of investment they make over time. This would lead to decreased donor dependency and eventual self-reliance, as well as greater government understanding of the importance of funding efforts like family planning.

Harness the Power of Local Advocacy Groups.

Advocacy groups promote local accountability and ensure that the demand for a service or resource is coming from civil societies. For example, India's district working groups have effectively used this approach to encourage donors to invest in what the local governments want funded, and also help the government to understand the priorities of local constituents. This will work best in areas with organizations that conduct significant advocacy and policy work in sectors directly or indirectly related to family planning.

Flip the Paradigm of Technical Assistance.

This approach puts countries and communities in the “driver's seat” to determine what they need—emphasizing south-to-south learning and local approaches. The result would be ownership and self-sufficiency with regard to technical assistance, and less reliance on US- and European-based technical assistance. Increasing the availability of local technical experts would also alleviate the “brain drain” often caused by high turnover rates in Ministry of Health positions.

Donors Hold Each Other Accountable to Do Business Differently.

In heavily donor-dependent settings, it is often hard for the recipients to hold donors accountable. If donors depend on each other to fulfill their end of the bargain in order to achieve shared goals, there may be more incentive to follow through on their commitments to “do business differently.” This approach would lead to improved collaboration among donors, including more intentional efforts to ensure donor agendas are informed by collective asks from recipient communities.

WHAT GIVES US HOPE FOR THE FUTURE OF FAMILY PLANNING?

Convening participants shared what gives them hope for accelerating progress in the field.

Teamwork
Asset-based approaches
Engagement of the FP community
new technology
Generational change
social venture capital
equitable access

Action
Frustration with the status quo
sustainable solutions
Young people
Audacity
Openness

Self-care
political will
un-siloing
creativity
Collaboration between health and environment
Frustration with the status quo
sustainable solutions
Young people
Audacity
Openness
social venture capital
equitable access

Ideas
new technology
Generational change
social venture capital
equitable access

women's empowerment
Passion
De-medicalization
connection

THE FUTURE OF ADVOCACY

An options paper requested by The Bill & Melinda Gates, the David and Lucile Packard, and The William and Flora Hewlett Foundations

Highlights from 13 international and domestic convenings with over 175 participants:

- 1** Advocacy for FP/SRHR has a strong track record
- 2** With the rise of nationalism and hostility towards the CSO community, advocacy is more important now than ever before
- 3** Advocacy for FP/SRHR needs to be more strategic and coordinated
- 4** More strategic decision-making and funding oversight should be shifted to the Global South
- 5** Shift to the Global South requires investments in capacity building of CSOS
- 6** Challenging advocacy issues, e.g., gender equality, require a long-term, multi-pronged approach
- 7** Rather than making a major investment in rigorous evaluation of advocacy, more attention should be spent on learning through case studies and storytelling
- 8** Monitoring advocacy outputs is essential, monitoring outcomes is desirable



FUTURE OF FAMILY PLANNING THOUGHT LEADERSHIP FUND WINNERS

As a follow-up to the 2018 International Conference on Family Planning, the Bill & Melinda Gates Institute for Population and Reproductive Health and *Future of Family Planning Convening* partner, Bayer AG, launched a new *Future of Family Planning Thought Leadership* funding opportunity, in order to support the imagination of researchers, scholars, advocates and practitioners to advance cutting-edge ideas born out of the 2018 ICFP. More than 300 of our 2018 ICFP participants submitted a 1,500-word essay outlining the positively disruptive idea that they felt had the potential to significantly change the field of family planning within the next decade. These awardees were funded to attend the *Future of Family Planning Convening* to explore these innovative ideas with this illustrious group of attendees and will also be funded to attend the 2021 ICFP in Thailand.



**Uwimana Jean
Berchmans**
Rwanda

Flavors of Family Planning: Disrupting Male Engagement in Family Planning through Innovative Video Programming

Men around the world have long considered FP a women's issue, and the family planning community has not been very innovative in involving men in family planning. The "Flavors of Family Planning" video series aims to disrupt the way family planning information and equitable participation in family planning programs are communicated to men. Filmed in the style of a cooking show, this multimedia platform will attract men and women, young and old, and will become a venue for family planning experts to convey crucial messages.



Alice Cartwright
USA

Digital Health, Biomarkers, and Youth: What's Needed And What's Next?

The synergy between digital health and precision public health presents an opportunity to address family planning quality challenges posed by weak health systems with an increasing burden of disease. A simple pin prick blood test or oral saliva swab could use hormone levels to predict side effects or return to fertility, which could increase contraceptive uptake. These innovations could allow for self-monitoring of biomarkers and behavioral and environmental factors that could inform the choice of the most appropriate contraceptive methods.



Dr. Priti Chaudary
India

Use of Artificial Intelligence for Family Planning Counseling

Family planning counseling services in India are mostly unavailable at health facilities and even when they are offered, the quality of counseling has emerged as one of the key challenges. To address this issue, this idea proposes establishing a "Speech Enabled Intelligent Kiosk" named Snehi (meaning "friend"), at health facilities that can provide automated family planning counselling sessions to the clients. Snehi will use various technologies like AI, a digital avatar, speaker-independent speech recognition, an array microphone for noise cancellation, a database system, a dynamic question answering system, and a cutting-edge touch panel technology for large display, and will address the needs of both literate and illiterate people.



Anne Coolen
USA

Breaking Out of Our Bubble: Strategic Tailoring of Advocacy Messages for Politicians about Family Planning

It is time to break out of our bubble and look past the echo chamber that is our family planning community to achieve the impact we desire in the next decade. The key to transformational change is leadership and accountability. As a community we need to better understand our audience, mingle with those that are not in our camp and repackage our message such that they can actually hear it. There is a need to acknowledge the importance of politicians' agendas, goals and career objectives, and we must package messages to that they see the short-term benefits that they can reap within their incumbency. We must also create movements of constituents who demand and value sexual reproductive health and rights and hold leaders to account through an effective straightforward accountability framework.



Dollarmam Fatinato
Kenya

Digital Family Planning Scorecard on Politicians and Policymakers

With over half of the world's population being under 25 years of age, voting youth can help decide which politicians will take office. This puts young people in a position to become a body of accountability for family planning policies and implementation. The creation of a digital Family Planning Scorecard that allow voting youth to assess politicians based upon their support for family planning programs both at the national and sub-national level could be utilized to hold policymakers accountable and give family planning advocates an edge in negotiating for new investments or interventions.



Dr. Vicente Jurlano
Philippines

#COUNTME: Tapping Big Data Analytics for More Inclusive Information on Family Planning

The surveys currently available to the family planning community do not capture data from girls and boys 15 years old and under, men and women 50 years old and over, and even men 15-49 years old. These surveys also do not provide segmented data at the sub-regional level. The #COUNTME project aims to develop an information technology application that will "scrape" public posts from social media, retrieving data on people's awareness and perceptions about family planning. The application will analyze data from anonymized users and produce a "heat map" to show the differentiated sentiments, practices and challenges of the population. This data can not only be used to better inform the public, it could also be available to policy makers to guide policy investment, amendments and enforcement.



Nandita Kapadia
Kunduo
India

Mohallah Outcome Mapping and the Digital Relay: Online and Offline Digital Innovations for Social Behavior Mapping

About 303,000 Indian women die annually from maternal causes and almost 208 million women still have an unmet need for family planning, which affects both women's and children's health. This idea will develop and promote maternal and child health interventions through a digital solution, Mohalla "Village" Outcome Mapping, that converts monitoring data into simple village cluster maps. These maps provide outcome-level data and health behavior profiles for each individual on the cluster map. This digital platform will also be coupled with an offline digital relay that utilizes short-distance wireless technology to enable the transfer of persuasive health films and audio content to the phones of community members.



Emmah Njeri Mwangi
Kenya

Tujikidhi: Sustaining and Scaling Up National FP Programs through Locally Led Philanthropy Efforts

Countries with heavy donor support are expected to continue their family planning programs and sustain achievements attained once the donor support has ended. Recognizing that every community may have philanthropists, “Tujikidhi” (meaning “Let us sustain ourselves,” in Swahili) aims to develop a new platform to promote local philanthropy that utilizes existing public and private resources and technologies to fuel successful and sustainable sub-national and national family planning interventions and programs.



Costase Ndayishimiye
Rwanda

Bridging the Gap in FP/SRHR of People with Hearing Impairments Created by Communication Barriers

The 2018 International Conference on Family Planning held in Kigali was a motivation and an inspiration for Rwandan youth to address the often-neglected issue of SRHR and FP needs of people with hearing disabilities. It has been identified that there are gaps in sign language which need to be filled in order for a person with a hearing disability to be able to distinguish between terms such as “sexual intercourse” and “rape” and the difference between various methods of contraception. This idea proposes to develop SRHR and FP sign language that can be adapted to form a more specific and local dialect for interpreters and teachers.



Lindsay van Clief
Netherlands

Queering Pregnancy: The Importance of Non-normative Spaces for Non-normative Pregnant Folks

The ‘mommy-sphere’ on the internet is large, vocal, and one of the most judgmental spaces to be found on the internet, and it is often reinforced by mainstream commercial enterprises. This project will increase the space for a variety of narratives and help queer the ‘mommy-sphere,’ building an alternative digital community that disseminates information without customary assumptions about relationship structure, partner(s) gender, familial structure, race, or socioeconomic status. This project will ideally inspire mainstream programs to be more mindful about their language, assumptions, and visualization around pregnancy to develop a wider understanding of gender, sexuality, and relational constructs.



APPENDIX

Convening Agenda

THURSDAY, SEPTEMBER 12

Welcome Remarks

Jose Oying Rimón II, Director and Senior Scientist, Bill & Melinda Gates Institute for Population and Reproductive Health

Opening Remarks

Lester Coutinho, Deputy Director of Family Planning, Bill & Melinda Gates Foundation

Plenary - Looking to the Future from Where We Stand and Identifying Where We Want to Be

Facilitator: Jotham Musinguzi, Director General, National Population Council Uganda

Panelists:

- Priya Emmart, Deputy Director, Track 20 Project and Senior M&E Specialist, Avenir Health;
- Saifuddin Ahmed, Professor Population, Family and Reproductive Health, Biostatistics, Johns Hopkins Bloomberg School of Public Health
- Jay Gribble, Senior Fellow and Deputy Project Director, Palladium
- James Kiarie, Coordinator, Human Reproduction Team, World Health Organization
- Jean Christophe Rusatira, Demographic Dividend Technical Lead, Bill & Melinda Gates Institute for Population and Reproductive Health and 2016 120 Under 40: The New Generation of Family Planning Leaders Winner
- Alice Cartwright, Research Fellow, FHI 360, PhD student, University of North Carolina at Chapel Hill and Future of Family Planning Thought Leadership Fund Awardee
- Peter Ngure, Policy Team Lead, Pathways Public Institute - Kenya and 2017 120 Under 40: The New Generation of Family Planning Leaders Winner and Ingenuity Fund Awardee

Plenary - The Essential Role of Networks and Platforms: Design and Configuration to Accelerate Progress Towards Universal Access by 2030

Facilitator: Benoit Kalasa, Director, Technical Division, United Nations Population Fund

Panelists:

- Giselle Carino, CEO & Regional Director, International Planned Parenthood Federation Western Hemisphere
- Kojo Lokko, Executive Director, The Challenge Initiative, Bill & Melinda Gates Institute for Population and Reproductive Health
- Fatimata Sy, Senior Advisor and Former Coordinator of the Ouagadougou Partnership, Intrahealth
- Jason Bremner, Director, Data and Performance Management, FP2020
- Victoria Watson, Executive Director, International Youth Alliance for Family Planning

Pitch Presentations by the Future of Family Planning Thought Leadership Fund Awardees**Disruption and Inspiration: Searching for New Ways of Doing Business Roundtable Discussions****Disruption and Inspiration Gallery Walk****Bill & Melinda Gates Institute for Population and Reproductive Health's 20th Anniversary Celebration**

FRIDAY, SEPTEMBER 13

Plenary - Youth Shaping the Future of Family Planning

Facilitator: Frank Strelow, Vice President, Global Healthcare Programs, Bayer AG

Plenary - The Role of Philanthropy in the Future

Facilitator: Beth Fredrick, Executive Director, Advance Family Planning, Bill & Melinda Gates Institute for Population and Reproductive Health

Panelists:

- Lester Coutinho, Deputy Director of Family Planning, Bill & Melinda Gates Foundation
- Tamara Kreinin, Director of Population and Reproductive Health Program, The David & Lucile Packard Foundation
- Miles Kemplay, Executive Director, Adolescence, Children's Investment Fund Foundation
- Shaurya Seth, Managing Director, Tresor Systems Pvt. Ltd.
- Neena Prasad, Lead Obesity Prevention & Reproductive Health Programs, Bloomberg Philanthropies

Plenary - Disruption and Inspiration: Searching for New Ways of Doing Business Roundtable Report Out

Closing Remarks

120 Under 40 Ingenuity Fund Winners

Thank you to Bayer AG for funding the 120 Under 40: New Generation of Family Planning Leaders Ingenuity Fund winners.

- Laraib Abid - Pakistan
- Peter Ngure - Kenya
- Kizanne James - Trinidad & Tobago
- Alison Hathaway- USA
- Morenike Fajemisin - Nigeria
- Lucy Wilson - USA



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INTERNATIONAL CONFERENCE ON FAMILY PLANNING

More than a conference.

It's a movement.

It's a platform.

It's a community.



Thailand



FEB. 1-4, 2021



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